

**Meeting**

**Barnet CHILDREN'S PARTNERSHIP BOARD**

**Date and time**

**Thursday 29TH FEBRUARY, 2024**

**At 4.30 PM**

**Venue**

**Virtual MEETING - ONLINE**

[Click here to join the meeting](#)

**To: Members of Barnet CHILDREN'S PARTNERSHIP BOARD (quorum 3)**

Chair: Chris Munday

Vice Chair:

Pauline Coakley Webb

B Thomas

L Robinson

C McCarthy

R Morris

M Miah

E Burton-Lee

J Baines-Holmes

G Bradley

N Marlow

J Matthewson

J Kelly

T Howarth

C Spybey

E Waters

M Serrao

C Posen

L Longworth

E Rosen

S Sands

Giulia Monasterio

**Substitute Members**

S Olusanya

J Osbourne

D Bezalel

N Taylor

C Collier

V Wicks

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Monday 26 February 2024 at 10AM. Requests must be submitted to Scarlett Ryan [Scarlett.Ryan@Barnet.gov.uk](mailto:Scarlett.Ryan@Barnet.gov.uk)

**You are requested to attend the above meeting for which an agenda is attached.**

**Andrew Charlwood – Head of Governance**

Governance Service contact: Scarlett Ryan [scarlett.ryan@barnet.gov.uk](mailto:scarlett.ryan@barnet.gov.uk)

Media Relations Contact: Tristan Garrick 020 8359 2454 [Tristan.Garrick@Barnet.gov.uk](mailto:Tristan.Garrick@Barnet.gov.uk)

**Assurance Group**

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## **Barnet Children's Partnership Board**

### **MINUTES OF MEETING HELD ON 16 November 2023 AT Virtual meeting - Online**

### **AGENDA ITEM 2**

#### **PRESENT:**

Cllr Pauline Coakley Webb	Councillor Pauline Coakley Webb - Cabinet Member Family Friendly Barnet
Cllr Giulia Monasterio Chris Munday (Chair)	Executive Director for Children and Family Services
Ben Thomas	Assistant Director Education, Strategy and Partnerships
Collette McCarthy Rebecca Morris Neil Marlow	Assistant Director Commissioning Participation Officer Director of School Improvement and Traded Services (BELS)
Janet Matthewson Joanne Kelly Liz Longworth (Co-Optee) Sarah Sands (Co-Optee)	Chief Executive Officer, Young Barnet Foundation Community PRU Headteacher Head of Northside School Garden Suburb Infants

#### **ALSO PRESENT:**

Karen Flanagan	Director SEND and Inclusion
Debra Davies (LBB)	Assistant Head of Service, Child and Family Early Help
Marion Neuman	Whittington Health NHS Trust
Alexander Sexton (LBB)	Capital Delivery Portfolio Lead Highways and Transport
Daniel Morgan	NHS North Central London ICB
Kate Bayley	Whittington Health NSH Trust
Jessany Wooding	NHS North Central London ICB
Anjola Oluwo (LLB)	Graduate Trainee

#### **1. WELCOME**

The Chair welcomed everyone to the meeting and allowed everyone to introduce themselves.

#### **2. MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting held on 13 July 2023 be agreed as a correct record.

#### **3. ABSENCE OF MEMBERS**

Apologies were received from Lisa Coffman - the Barnet Parent Carer Forum and a Director of BELS.

Apologies were received from Janet Matthewson who had to leave during the meeting early.

#### **4. MY SAY MATTERS**

Liz Shaw, Practice Standards Manager - Children's Services, updated the board on behalf of the Young People who were unable to attend. It was reported that the current Young People representing the Youth Democracy would be coming to the end of their term and the process to elect two young people for the Youth Parliament and two Youth Ambassadors was imminent. The Practice Standards Manager asked the Board for help and support in distributing and advertising the candidate pack which holds all the information on how to stand for either position, as the service previously relied on school support to inform and encourage young people to stand for election.

Councillor Coakley Webb raised the question of how the Practice Standards Manager ensures gender balance within the Youth Parliament and Youth Ambassador positions. In response, the Practice Standards Manager outlined that they aim for candidates to be representative of their borough, but it is a democratic process with candidates being elected by their peers.

The Chair thanked the Practice Standards Manager - Children's Services for her update and asked the Board Members for their support and engagement.

The Board noted that further information relating to the Children and Young People's participation was available at the link below:

<https://barnetyouth.uk/Children-and-Young-People-Participation-across-Barnet>

#### **5. SCHOOL ROAD CONSULTATIONS**

Alexander Sexton, Capital Delivery Portfolio Lead Highways and Transport informed the board of the Schools Streets Programme. The Capital Delivery Portfolio Lead Highways and Transport reported the progress of 'school streets.' It was explained that a school street is a scheme whereby restrictions were placed on roads outside of a school, prohibiting the majority of vehicles from entering during school drop off and pick up. The scheme aims to create a safer environment for those travelling to and from school as well as helping to tackle air pollution and promote active travel such as walking or cycling. A number of schools have a school street such as Wren Academy Primary and Secondary School, St Agnes Roman Catholic Primary School, St Paul's Church of England Primary School, Colindale Primary School, Summerside Primary School and Garden Suburb Infant and Junior School, with many more schools to follow. The Capital Delivery Portfolio Lead Highways and Transport outlined to the Board that the consultation period on school streets has recently ended, and a decision will be made by Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change.

The Chair thanked the Capital Delivery Portfolio Lead Highways and Transport for the update and opened the discussion to the board for questions.

Councillor Coakley Webb declared a personal interest in the item as a School Governor at Danegrove, and raised the question whether the Schools Streets Programme will be looking at both Danegrove Schools alongside East Barnet School as their close proximities would directly impact each other. In response the Capital Delivery Portfolio Lead Highways and Transport explained to the Board that a joined-up approach would be taken.

In response to questions raised, the Capital Delivery Portfolio Lead, Highways and Transport explained to the Board that when school streets are implemented, they are monitored for six months, any findings are then analysed, and a decision is made whether to keep the school street permanently.

Neil Marlow (BELS), Chief Executive and Director of Education and Learning raised a concern about the lack of signage on school streets. The Capital Delivery Portfolio Lead, Highways and Transport outlined that early warning signs will be looked at and consideration would be given regarding the feasibility of the installation of illuminated signs.

The Chair noted the report and invited the Capital Delivery Portfolio Lead, Highways and Transport to return to the Board in six months to report the data and impact the school streets have had.

## **6. EARLY LANGUAGE AND SUPPORT FOR EVERY CHILD**

Karen Flanagan, Director SEND and Inclusion, presented a report on Early Language and Support for Every Child (ELSEC) to the Board. This is a programme of early intervention in speech and language which will be piloted in Barnet by the Whittington Hospital Trust. There is a specific model which will be tested.

The London Borough of Barnet is the lead Local Authority (LA) for the London Challenge Programme Partnership (CPP). As the Lead LA, Barnet received the first tranche of funding for the partnership at the end of September 2023. This funding can be allocated for therapy staffing needs and upskilling schools further.

Pilot schemes were taking place across the 9 Department for Education's (DfE) regions and are focused on delivering the improvements set out in the DfEs Special Education Needs and Disability (SEND) and Alternative Provision (AP). Schools must request to take part in the pilot and are being asked that all works continue after the pilot scheme ends; the overall main aim being early intervention.

Each of the CPPs would be taking a test and learn approach by trialling the following: national standards; establishing SEND and AP partnerships; trialling a standardised Education, Health and Care Plan (EHCP) template; providing tailored lists to parents of suitable placements; a three-tiered approach to AP; an Introduction of Inclusion dashboards so parents and professionals can see how the SEND system is performing at local and national level; and provide data in terms of the CPPs system of funding EHCPs to explore the feasibility of national banding and tariffs.

The Director SEND and Inclusion, provided a brief update on therapies. It was outlined to the Board that the service has worked hard to secure long term funding. The Director SEND and Inclusion highlighted that the first point of contact within the service had improved. It was brought to the attention of the Board that due to the concerted efforts of those at Whittington Health there had been an improvement in recruitment and improved links and relationships between schools and families.

The Chair thanked and noted the report.

## **7. COLLABORATE PROJECT - UPDATE ON VOLUNTARY SECTOR INITIATIVE**

Janet Matthewson, Chief Executive Officer at The Young Barnet Foundation, updated the Board on the Collaborate Project. The Collaborate Project was funded by John Lyons Charity Fund to create a 'Home – School – Community'.

The project brings together a cluster of three to four organisations to address identified needs that have been exposed because of the COVID-19 pandemic. Themes focused on are:

- Carers,
- Mental Health – whole schools approach with Parental Support,
- Mental Health – Individual/Group Counselling with Parental involvement,
- Crime – diversionary activities & whole school engagement,
- Crime – gender specific – DV,
- Healthy relationships,
- Physical activities and SEND – inclusion, outreach.

Janet Matthewson reported to the Board plans, work and progress by St Mary's St John's (SMSJ) within the project. Members of the board asked questions and commented on the diversity of the offer. The Chair would like to invite SMSJ to present the progress and findings to the Board within the next year.

The Chair thanked the presenter and noted the report.

## **8. PARENT CHAMPION UPDATE**

Debra Davies, the Assistant Head of Service, Child and Family Early Help – Family Services provided an update on Parent Champions.

Parent Champions are parent volunteers who contribute a few hours per week to engage with fellow parent/carers, offering guidance on accessing organisations that can provide them with support, such as local Children's Centres, Youth Service, Early Help and Family Information Services.

The current network is made up of three strands Coram, EPEC and VRU. The three strands enable with infants through to secondary school. This proactive approach ensures that parent/carers are well-informed about the services available to them and their children within their borough. Barnet Parent Champions are able to use their own experiences to support other parent/carers.

Empowering Parent Empowering Communities (EPEC) (ages 4 to 11)

- This 8-week parenting course is led by parents who have completed an accredited EPEC training and receive ongoing training, supervision and support from parenting specialists.
- EPEC groups are highly interactive, involving an engaging and creative blend of small and large group discussion, role play, demonstrations, information sharing and reflection. Parents practice and use new skills in everyday life to achieve specific goals.
- The parent group leaders receive ongoing supervision and support from parenting specialists and have fulfilled DBS and other mandatory requirements.



Coram (ages 0-5)

- Coram Family and Childcare is the leading national charity in the field of policy, research and advocacy on childcare and family issues, working closely with government, local authorities, businesses and charities to achieve positive and long-lasting change for families across the UK. Their vision is a society where all families are well-supported and have genuine choices about their lives. Coram Family and Childcare was formed when the Family and Childcare Trust joined the Coram group of charities in August 2018.

VRU (ages 9-18)

- The London Violence Reduction Unit has provided funding to sustain Barnet's thriving Parent Champion Programme. This programme empowers parent/carers to support one another by sharing information about available resources within the borough and using their own personal experiences to offer support, guidance and the ability to signpost, all with the aim of reducing youth violence.

Parent/carers encounter various challenges, including:

- Accessing information for children with Special Educational Needs (SEN)
- Managing school transitions
- Managing behaviours
- Uncertainty about meeting their children's needs
- Increased anxiety related to youth violence in the community
- Growing concerns about children's mental health and support
- Worries about exclusion and rising NEET (Not in Education, Employment, or Training)

The two Parent Champions gave an overview of their experiences. They outlined that Parent Champions have had positive effects such as increase of attendance to workshops due to the relatable experiences of other parents.

The Chair asked the Assistant Head of Service, Child and Family Early Help, and the two Parent Champions how the board could further support the programme and make the role of a Parent Champion more influential. In response, one of the Parent Champions outlined that being invited and attending things such as the Barnet Children's Partnership Board and building networks and connections is important to the role.

The Chair urged the board to use the Parent Champion programme if they ever require the views and/ or engagement from parents.

The Chair thanked the Parent Champions and Assistant Head of Service, Child and Family Early Help for the report.

## **9. ATTENDANCE AT SCHOOL**

Neil Marlow (BELS), Chief Executive and Director of Education and Learning thanked the Board for everyone's continued collaboration to support attendance. It was reported to the Board that the rate of attendance in Barnet was better than the national average. However, the attendance rate in special schools is lower and is being investigated. He further reported to the Board that on 6<sup>th</sup> May 2022, the Department of Education (DfE) published new guidance for Schools. The DfE were currently in consultation about how Local Authorities and schools use and issue fixed penalty notices, with the intention of setting a national standard to unify the process and ensure equity across boroughs. The

DfE intend for this to become statutory by September 2024. In response to the 'Working Together to Improve Attendance' Guidance from the DfE, BELS had recruited to the position of Attendance Support Team Officer as a move towards the responsibilities in the guidance. This role was relatively new and therefore the impact could not be seen yet but would be reported in due course to the Board. In response to the 'Promoting Education for Children with a Social Worker' guidance published in June 2022 by the DfE, the Education Welfare Team has co-created the Children with a Social Worker (CWSW) Attendance Forum, which identified and reduced barriers for those with severe absence who were subject to a child protection plan. It was noted by the Board that there would be no extra funding available for the implementation of the Guidance.

The Chair noted the report and thanked Neil Marlow (BELS), Chief Executive and Director of Education and Learning for the report.

## **10. LIFE CHANCES UPDATE**

Ben Thomas, Assistant Director Education Strategy and Partnership, provided a brief overview of the report, which asked providers to focus on the impacts on life chances of children.

The Chair thanked Ben Thomas, Assistant Director Education Strategy and Partnership, for the overview of the report and thanked partners for their contributions in support children and young people in Barnet.

## **11. FORWARD WORK PROGRAMME**

The Board were invited to send suggestions for inclusion in the Work Programme at any time to the Chair.

The Chair suggested the Police alongside the Safe School's Team should be invited to attend the next meeting to give an update on 'Clear, Hold, Build' from viewing it from a child's perspective.

The Chair also mentioned that the Home Office should be invited to the next or a future meeting to provide an update on Asylum Seeker children living in hotels.

**The Forward Work Programme was noted.**

## **12. LIST OF ABBREVIATIONS**

The list of abbreviations was noted.

## **13. ANY OTHER BUSINESS**

There was none.

The meeting finished at 5.50 pm

# Barnet Children's Partnership Board Report

AGENDA ITEM 6

**Title:** SEND & Alternative Provision Action Plan

**Meeting Date:** 29 February 2024.

**Author:** Karen Flanagan, Director SEND and Inclusion

**Service/ Dept.:** Education and Learning

**Report to be Presented By:** Karen Flanagan

## 1. Summary

1.1 The Children and Families Act<sup>1</sup> (CFA) was enacted in 2014. Part 3 of the Act relates to children and young people in England with Special Educational Needs and/or Disabilities (SEND). The aims of the reforms were for children's needs to be identified earlier; families to be more involved in decisions affecting them; education, health and social care services to be better integrated; and support to remain in place up to the age of 25 where appropriate.

1.2 Since then, there has been much criticism about the system from families, Councils and wider professionals<sup>2</sup>.

1.3 In response to the widespread concerns and findings, the DfE published a Green Paper in March 2022 'SEND Review: Right Support, Right Place, Right Time'<sup>3</sup>. A year later in March 2023 the DfE published its SEND and Alternative Provision (AP) Improvement Plan<sup>4</sup>.

1.4 Following the publication of the SEND and AP Improvement Plan the DfE asked for Expressions of Interest (EOI) from high performing councils,

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<sup>1</sup> [Children and Families Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

<sup>2</sup> National Audit Office report in SEND 2019. <https://www.nao.org.uk/wp-content/uploads/2019/09/Support-for-pupils-with-special-education-needs.pdf>  
Local area SEND inspections: one year on', Ofsted and Care Quality Commission, October 2017;  
<https://www.gov.uk/government/publications/ofsted-annual-report-201920-education-childrens-services-and-skills>

Ofsted Annual Report 2019/20: education, children's services and skills', Ofsted, December 2020  
<https://www.gov.uk/government/publications/ofsted-annual-report-201920-education-childrens-services-and-skills>

Inquiry by the House of Commons Select Committee October 2019

<https://publications.parliament.uk/pa/cm201919/cmselect/cmeduc/20/2002.htm>

<sup>3</sup> [SEND Review - right support, right place, right time \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

<sup>4</sup> [Special Educational Needs and Disabilities \(SEND\) and Alternative Provision \(AP\) Improvement Plan \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

including Barnet, to lead a partnership in each of the 9 DfE regions (appendix 1).

1.5 . Barnet were selected to be the lead LA for the London region, our partner boroughs are Camden, Enfield and Islington. Across the partnership we will receive funding of £6.3m across the 4 LA partnership over two years. This also includes £500k for the Early Language Support for Every Child (ELSEC) programme which is only being delivered in Barnet.

1.6 Areas of testing include:

<b>Enablers</b>	<b>Ordinarily Available Provision</b>	<b>EHC Plan Reform</b>	<b>Standards &amp; Commissioning</b>
National and Local Inclusion Dashboards	AP Three-Tier Service	EHCP Reform: Standardised EHCP template and advice templates (TBC)	National Standards
Local SEND and AP Partnerships and Local Area Inclusion Plans	Promotion of AP Specialist Taskforce model	EHCP Reform: Multi Agency Panels	Bands and Tariffs
Improve Transitions in Early Years and Post-16	Early Language Support for Every Child (ELSEC)	Advisory Tailored Lists	
	The promotion of innovation, early identification and good classroom practice	Strengthened Mediation	

1.7 We have secured a Change Programme Partnership (CPP) Director and established a multi agency Steering group chaired by Chris Munday, Executive Director Children & Families. We will use the funding across the partner LAs to trial the DfE proposals and tailor to each LAs needs, such as creating bespoke Alternative Provision pathways and recruiting additional staff to support earlier disagreement resolution.

1.8 We have issued over 20 EHCPs on the new DfE template and are working with our partner boroughs to look at the advice templates.

1.9 We have submitted our CPP Action Plan which has been approved.

1.10 Barnet already have a multi-agency panel for decision making which includes parent/carer representation to inform decision making. We have shared how we do this with wider LAs, including out of London, the most recent conversation was with Leicestershire.

1.11 We are currently recruiting an engagement and participation officer so we can develop the Communication Strategy across the partner LAs

1.12 We have attended all DfE information sessions and fed back our views including those of Mediation and Advisory tailored lists of schools.

1.13 Our CPP steering group has been established and comprises a wide variety of stakeholders and partners.

## **2. Ofsted and CQC Inspection arrangements.**

2.1 From 2016 Ofsted and the CQC were commissioned to inspect local area SEND arrangements. Following a consultation about the proposals that finished in September 2022, a new inspection framework<sup>5</sup> has been published and been in use since January 2023.

2.2 Barnet was last inspected in January 2022. It received an extremely favourable inspection outcome. The feedback letter can be found [here](#).

2.3 The purpose of the inspection is to provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND who are educated in Alternative Provision (AP) settings and where appropriate, recommend what the local area partnership should do to improve the arrangements.

2.4 There is significantly greater emphasis on the experiences of children and young people with SEND, or who are educated in AP settings and their families in the new framework. Following the inspection, each local area will receive an overall judgement as well as an outcome letter that details key strengths and areas for improvement.

2.5 There are 3 inspection Judgements:

*1: The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.*

*2: The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.*

*3: There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.*

2.6 In addition to the full inspection there will also be annual engagement meetings between Ofsted and the CQC's representatives and representatives of the local area partnership to review their self-evaluation and action plan and discuss what is happening in the area, including any challenges and how leaders are addressing them.

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<sup>5</sup> [Area SEND inspections: framework and handbook - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/111111/area_send_inspection_framework_and_handbook.pdf)

### 3. Actions.

- 3.1 Barnet is utilising the DfE funding to implement the DfE's proposals outlined in the SEND and AP Improvement Plan, as well as developing areas that external inspection or internal evaluation has identified as requiring further improvement.
- 3.2 We are currently developing our first **Local Area Inclusion Plan (LAIP)**. This document will provide a summary of key information in relation to our SEND and AP cohort and services in one overarching document. This will include data and information from across Health, Care and Education.
- 3.3 The data and information within the LAIP will help us to better understand the strengths and challenges of our Local Area so we can target our commissioning arrangements for SEND and AP services more effectively.
- 3.4 The gathering of this information is taking considerable effort and staff time; however, we are working with the Insight Team and are hoping that once we have this data, we can put more automated systems in place, so this is not so resource intensive going forward.
- 3.5 The LAIP will also include our Self Evaluation Form (SEF), which will be required ahead of any full AREA SEND and AP Inspection, as well as the annual CQC/OfSTED engagement meeting.
- 3.6 Barnet has not yet had its first annual engagement meeting, our annual DfE advisor meeting will take place on the 22 February 2024.
- 3.7 We have established our **SEND and AP Strategic Board, since** then there has been further DfE guidance with respect the Terms of Reference and its status. The DfE guidance is that the Board should report to our Health and Wellbeing Board and that it should meet six times a year. Currently the SEND and AP Strategic Board reports to the Barnet Children's Partnership Board and meets three times a year. Our next meeting is scheduled for the 20 February 2024 where this, as well as a number of key draft strategies /policies, will be discussed including the draft SEND and AP priority Areas.
- 3.8 The SEND and AP Strategic Board is currently codesigning our refreshed SEND and AP Strategy (2024-2027). This will go out to formal consultation at the end of May following the local area elections and the ending of the purdah period (appendix 2). The final strategy will be published September 2024.

3.9 Our next Area SEND Inspection is due in January 2027, the SEND and AP Strategy will be updated thereafter in accordance with the Inspection outcome grade.

3.10 As part of the early codesign phase of the SEND and AP Strategy we will be consulting on 8 key priority areas – please note these will be subject to change as we continue through our codesign phase and of course following the formal consultation.

#### **4. The draft SEND and AP Strategy Priority Areas.**

**(Note: These are not in any particular order)**

##### **4.1 What?**

We will continue to improve the educational progress, outcomes and experiences of our children with SEND and in AP, across all phases and types of institution from early years to post-16, including transitions and progress into independent living, apprenticeships, supported internships, higher education, training or employment.

##### **How?**

- Maintain our standards of attainment for all pupils with SEND so they are above the national comparators.
- Maintain our low number of children and young people with SEND that are NEET and increase the number of young people with SEND accessing supported apprenticeships/internships.
- Ensure there are appropriate curriculum pathways in our secondary schools to provide an engaging and stretching curriculum and accreditation at a range of levels for every learner irrespective of level of need including life skills.
- Learn from our partners in the CPP regions nationally and locally to co-produce clear guidance for best practice at key transition points for all SEND and vulnerable pupils and those educated in Alternative Provision.
- By coproducing an updated ordinarily available offer and increasing range of support and provision that is available.
- By ensuring independence is embedded throughout everything we do across education care, health, transport and employment.
- By coproducing an updated ordinarily available offer and increasing range of support and provision that is available.

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*“It is most important to me to receive high quality support and learning skills to become independent for the future”.*

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##### **When?**

- August 2025

##### **Evidence?**

- Updated Ordinarily Available document is published.

- ELSEC training has been delivered to a minimum of 12 primary pupils, referrals for specialist SLT are slowed or reduced.
- Published expectations of early years settings, schools and post 16 providers with regard expectations around transitions, including coproducing templates, self-audits or wider supportive documentation as appropriate.

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*I would also like to achieve a transition into the workplace and travelling independently. I would like to learn more about independently using my money and using a bank account.*  
(SI learner)

*The school needs to be aware of supporting me through a transition to sixth form and on to University (St Michael's)*

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## **4.2 What?**

Putting in place earlier intervention and support to children and young people who have health (including mental health) or development needs including those who are waiting for a diagnosis and their families.

### **How?**

- Developing more support for children and young people whilst they are waiting for formal assessment so they 'wait well'.
- Reduce waiting times for specialist assessments and advice.
- Embedding of the universal offer in Barnet, including access to a depository of therapy support.
- Baselineing and increasing take up rates of annual health checks of young people 14+ who have Learning Disability.
- Maintain or improve take up of 2 year old health checks.
- Continue to monitor the number of antenatal contacts.
- By developing further, the early intervention offer including embedding ELSEC, continuing to fund the Language Enrichment Programme, to learn from our pilot Nurture and EBSA work.
- Embedding our mental health strategy and support including I -thrive and mental health support teams in schools.
- Working with our NCL partner boroughs in the development of the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme.
- Remaining up to date with research including the use of technology and adopting best practice wherever possible.

### **When?**

- Baselineing of take up for health checks/antenatal contacts by December 2024 and monitored annually thereafter.

### **Evidence?**

- Wait times are reduced.
- Number of children accessing the 2 year old health check increases as does the offer of antenatal contact.



### **4.3 What?**

More families feel listened to and able to participate in shaping service developments and have a greater sense of co-ownership.

#### **How?**

- Continue to ensure we have parent/carer representation at all strategic boards.
- Codesign an annual survey for parents and carers to complete so we can use their lived experience to identify gaps and improve our service.

#### **When?**

- 1st survey to take place December 2024.

#### **Evidence?**

- We will publish an annual 'you said, we did' document which will provide an update on our coproduced Local Area Inclusion Plan and show how we have listened to and acted on feedback.

### **4.4 What?**

More young people with SEND irrespective of whether they have an EHCP or not, feel listened to, valued and seen and are respected for who they are.

#### **How?**

- Codesign an annual survey for children and young people so we can use their lived experience to identify gaps and improve our service.
- Work with education providers to ensure the arrangements for consulting young people with special educational needs about, and involving them in, their education is made explicit in their SEN information reports, that they are involved in the school's student council (or equivalent) and their achievements are celebrated.
- Make sure our young person's zone on our local offer page is updated and includes information about services in the community as well as clubs and activities opportunities outside of education.
- Ensure that all children and young people are valued and welcomed so they feel confident in being their authentic individual self.

#### **When?**

- 1st survey to take place December 2024.
- Young persons zone to be updated by December 2024.
- SEN Information reports to be reviewed and updated annually.

#### **Evidence?**

- We will publish an annual 'you said, we did' document which will provide an update on our coproduced Local Area Inclusion Plan and show how we have listened to and acted on feedback.
- SEN Information reports are updated by April 2025, following an annual report to the SEN Governor which focuses on pupils with SEND in terms of attainment and progress, adaptations to the curriculum and learning environment, engagement in the activities of the school (including physical activities), emotional, mental and social development and individual achievement.

- We will have reviewed and updated our [‘things to do’](#) on our young person’s zone of the Local Offer

---

*“I would like to have my voice heard more; I would like to be asked about my support needs more often”.*

*“I would like to find out more information about local services”.*

*“I am not currently active in the community and would like to see if there are any clubs or groups I can join”*

---

#### **4.5 What?**

We will refine and improve our local offer as well relationships with children and young people with SEND and their families by adopting a ‘family friendly’ approach to processes, support and information.

#### **How?**

- We will use the Change Partnership Programme (CPP) funding to employ a dedicated early disagreement resolution officer. We will learn from this role in terms of how to better engage families at an earlier stage, to avoid the need to register an appeal to SENDT.
- We will develop a communication strategy so we can engage with our parent/carers more effectively, to ensure they are aware of our early disagreement resolution processes and their advantages.
- We will ensure transparency and timeliness of support for families and children and young people through early help and social care including short breaks.
- We will increase our understanding of the reasons for absence so we can better tailor or commission support where the need is greatest and improve the attendance of children and young people with SEND attending special schools and Alternative Provision wherever possible.
- We will further develop our support for children who are not attending due to emotional based school avoidance (EBSA).
- We will increase our materials and resources to support families who are Electively Home Educating (EHE) and make clear the duties on families where they EHE, so they can make informed choices.
- We will further improve our compliancy rates for annual reviews and maintain our high rates of compliancy for newly issued EHCPs.

#### **When?**

- Assistant Educational Psychologist dedicated to developing training to schools to better support pupils in this cohort will be in place by September 2024.
- Dedicated early resolution officer to be in place on or before 1 September 2024.

#### **Evidence?**

- Increased attendance rates of pupils in special schools and AP.
- Timeliness for Annual Reviews is improved.

- The number of requests for EHE for children and young people for reasons other than lifestyle choice is reduced.

The rate of appeals to SENDT which was 3.7% in 2023 – higher than the national average is reduced or the increase slowed by August 2026 and the number of hearings is reduced.

#### **4.6 What?**

Develop our Alternative Provision Pupil Referral Unit (PRU) pathways so they are in line with the three tiered approach as set out in the DfE's Improvement Plan.

#### **How?**

- We will utilise both the expertise and the funding available as part of the CPP programme to develop a three tiered approach for children and young people with Social, Emotional and Mental Health (SEMH) needs. This will include in reach, short term outreach and longer term placements to prepare children and young people with SEMH needs through their transition to their next phase of education.
- We will review our pathways, decision making and criteria into and out of each pathway including those children and young people with medical needs.

#### **When?**

- By September 2025.

#### **Evidence?**

- Exclusions and Suspensions continue to be below national average.
- AP pathway and support offer reviewed and published on the Local Offer website.
- Referral processes and criteria reviewed and updated and published.

#### **4.7 What?**

There are sufficient high-quality school places in Barnet including specialist and additionally resourced provisions, from early years through to post 16 to meet current and future demand to ensure children and young people with SEND are able to access appropriate provision that is as close to home as possible.

#### **How?**

- Through the development of the Local Area Inclusion Plan we will better finesse our forecasting so we can plan in a strategic way to ensure sufficiency of need.
- We will continue to offer training and support to mainstream schools, so they are confident to meet the needs of pupils with a range of needs.
- We will establish a working party to review the curriculum offer at secondary.

#### **When?**

- To be reviewed annually as part of the LAIP updates.

#### **Evidence?**

- Reduction in number of children and young people placed in independent placements due to lack of capacity locally.
- Reduce the number of requests for EHE for children and young people for reasons other than lifestyle choice.
- Maintain our high rate of inclusion of pupils with SEND in mainstream settings.

All of the above priorities need to be delivered within the funding available in the DSG High Needs Block (HNB) which needs to be monitored carefully in order to ensure continued viability of the High Needs Budget and avoid cuts in services. Alternative, more flexible, methods of funding need to be explored and there needs to be a focus on better equity of provision – being clear about those who have the highest levels of need.

## **5 Improvements made since our last Area SEND Inspection.**

### **Therapy Provision**

- Both the ICB and the Council have increased funding for therapy in order to:
  - address waiting times for children and young people across Speech and language Therapy (SLT), Occupation Therapy (OT) and Physiotherapy. Waiting times from referral to assessment and advice has reduced across all therapy services; and
  - enhance the universal support offered in the borough.
- The creation of a North Central London (NCL) Autism Hub to target longer waiting times across NCL, this resulted in a reduction of those waiting by around 1,000.
- Receipt of national trailblazer funding of £1m over two years to pilot Early Language and Support for Every Child (ELSEC) in Barnet. The programme will be piloted in schools in Barnet from April 2024 onwards.
- Additional investment in the form of Mental Health Support Teams in schools, the roll out of the Barnet Home Treatment Team and additional funding to the local CAMHS provider (BEH MHT) so that they can reduce waiting times.
- Put in place a new provider Whittington Health, which has seen a marked improvement in performance and levels of staff turnover. In May 2021 the percentage of vacant posts was 36%, in April 2023, the vacancy rate was reduced to 11%.
- Commissioned additional independent therapists where required.

- Commissioned additional speech and language training across schools and colleges – the Language Enrichment Programme.
- Funded additional training and input for therapists from the High Needs Block as part of the Communication Sensory and Functional Skills programme.

**We have Changed our equipment provider and will continue to monitor the effectiveness of this change.**

**Increased the number of specialist places available in ARPs and Special schools.**

- We have continued to increase the numbers of commissioned places in both our special schools and mainstream ARPs including the building of a brand new all age specialist Autism school, the Windmill, in 2024 which will provide 90 places from Key Stage 1 to Key Stage 5 when at capacity.
- We have also developed satellite provisions for Oakleigh Special school on the Queenswell site and a satellite site for Northway school which opened in September 2022 on the Grasvenor site.
- We opened a new secondary ARP for cognition and learning at the Friern Barnet school in September 2022, followed by a 28 place ARP for primary children with cognition and learning needs in September 2023 at Queenswell. Our existing ARPs all increased the number of pupils they could admit.
- We also built a brand new purpose built Pupil Referral Unit (PRU) for the [Pavilion](#) which opened in 2023.

**Improved the compliancy rates for Annual reviews.**

- We have invested in additional staffing to focus on annual reviews, we have increased our rates of compliance from 37% in February 2023, to 70% in February 2024.

**Antenatal contact**

- From September 2022, all expectant mothers have been offered an antenatal appointment. A new Public Health Nursing S75 agreement is being closely monitored.

**Quality of EHCP Plans**

- We continue to have a multi-agency audit including parents and carers for 10% of newly issued plans. The Barnet EHCP template was amended to include the Aspirations at the top of Section E (Outcomes)

- We are also trialling the DfE developed EHCP template as part of the Challenge Programme Partnership for the London region – you can find out more details with regards the DfE SEND and AP Improvement plan [here](#).

### **Put in place online information sessions for parents and carers.**

- These have comprised of two repeat sessions covering each topic, one at lunchtime and one at 6pm, to increase the number of parents and carers that can attend.
- Topics have included – SEN including EHCNAs, annual reviews and phased transfer processes, all things autism and all things social care.
- We will continue with these and ensure a rolling programme of the sessions most requested from parents and carers and change the evening session from 6 to 7pm based on feedback.

## **6 Our Strengths**

### **Co- production.**

- We are very grateful that so many parents/carers and young people continue to give of their time to sit on strategic and operational boards such as the [Barnet's Childrens Partnership Board](#) , the Mental Health and Wellbeing Partnership Board which shaped our [Mental Health Wellbeing Charter](#) .
- We have parent representatives on the BELS Board of Directors and of course our SEND and AP Strategic Partnership Board and the [Health and Wellbeing Board](#).
- Parents and carers are an integral part of the interview processes for key posts such as the Director SEND and Inclusion and our Dedicated Clinical Officer (DCO).
- All relevant [strategies](#) and plans are codesigned and developed with parent/carers and informed by the experiences of children and young people.
- We are proud to have representatives from our [Barnet Parent, Carer Forum](#) in their roles as professionals by experience take part in our decision making processes relating to requests for Education, Health Care Needs Assessment process and those with EHCPs.

### **Compliance rates for newly issued EHCPs.**

- Since 2017 Barnet has maintained compliance rates above 97% with regards the 20 week timescale for newly issued plans.

- In 2022-2023 (Jan 2023 SEN 2 census data) the percentages of EHCPs issued within the 20 week target (both including the excluding exceptional cases) remained some of the highest in England. At 97.9%, the proportion of EHCPs issued within 20 weeks (excluding exceptional cases) was particularly high, compared to the England average of only 49.2%, placing Barnet 11th out of all 152 local authorities in England.

### **Attainment and progress.**

- In recent years children's achievements in Barnet's schools and settings at all key stages have been among the very best in the country. Over 95% of Barnet pupils are at schools and settings which were graded good or better at their last Ofsted inspection.
- Achievement for children and young people with SEN in Barnet is strong in comparison to national at all Key Stages and children identified as requiring SEND support in Barnet made better progress between KS2 and KS4 than children nationally with no recorded SEN.
- In Barnet, 9% of EHCP pupils achieved a Good Level of Development at EYFSP in 2023. This was the highest proportion among statistical neighbours and the eighth highest in England.
- In 2023, 28% of EHCP pupils and 56% of SEN Support pupils met the year 1 phonics standard, both ranking Barnet in the top quartile of all local authorities in England.
- KS1 SEND pupil performance was strong again in 2023, with Barnet consistently ranking in the top 10 local authorities in England for EHCP pupils, and in the top 30 for SEN Support pupils. In particular, 23% of EHCP pupils reached the expected standard or higher in KS1 reading, compared to 12% across England and ranking sixth of all local authorities in England.
- Both the SEN Support and EHCP cohorts performed well at KS2, with Barnet consistently ranking in the best performing quartile of local authorities in England.
- Maths attainment was particularly strong at KS2, with 58.3% of SEN Support pupils achieving the expected or higher standard, the seventh highest rate in England.
- SEN Support and EHCP pupils also made more progress from KS1 and KS2 than their peers in Barnet's statistical neighbours and across

England, consistently ranking in the top quartile of local authorities in England.

## **Youth Justice**

- Barnet's Youth Justice Service works with children aged between 10 and 18 years who have come into contact with the criminal justice system and supports them to help make changes in their lives, so they do not re-offend or cause further harm to the community.
- Barnet Council's Youth Justice Service has been awarded Youth Justice SEND (special educational needs and disability) Quality Lead Status with a Child First Commendation, which recognises consistently high levels of practice with children who have SEND.
- Youth Justice SEND Quality Lead Status is awarded to teams that provide evidence and case studies of improved outcomes for children in their borough achieved through effective partnership working.

## **7 Consultation and Engagement.**

3.1 Continued early co production to draft the SEND and AP Strategy overseen by the SEND and AP Strategic Board and presentations at senior strategic Board and via the overview and Scrutiny Committee.

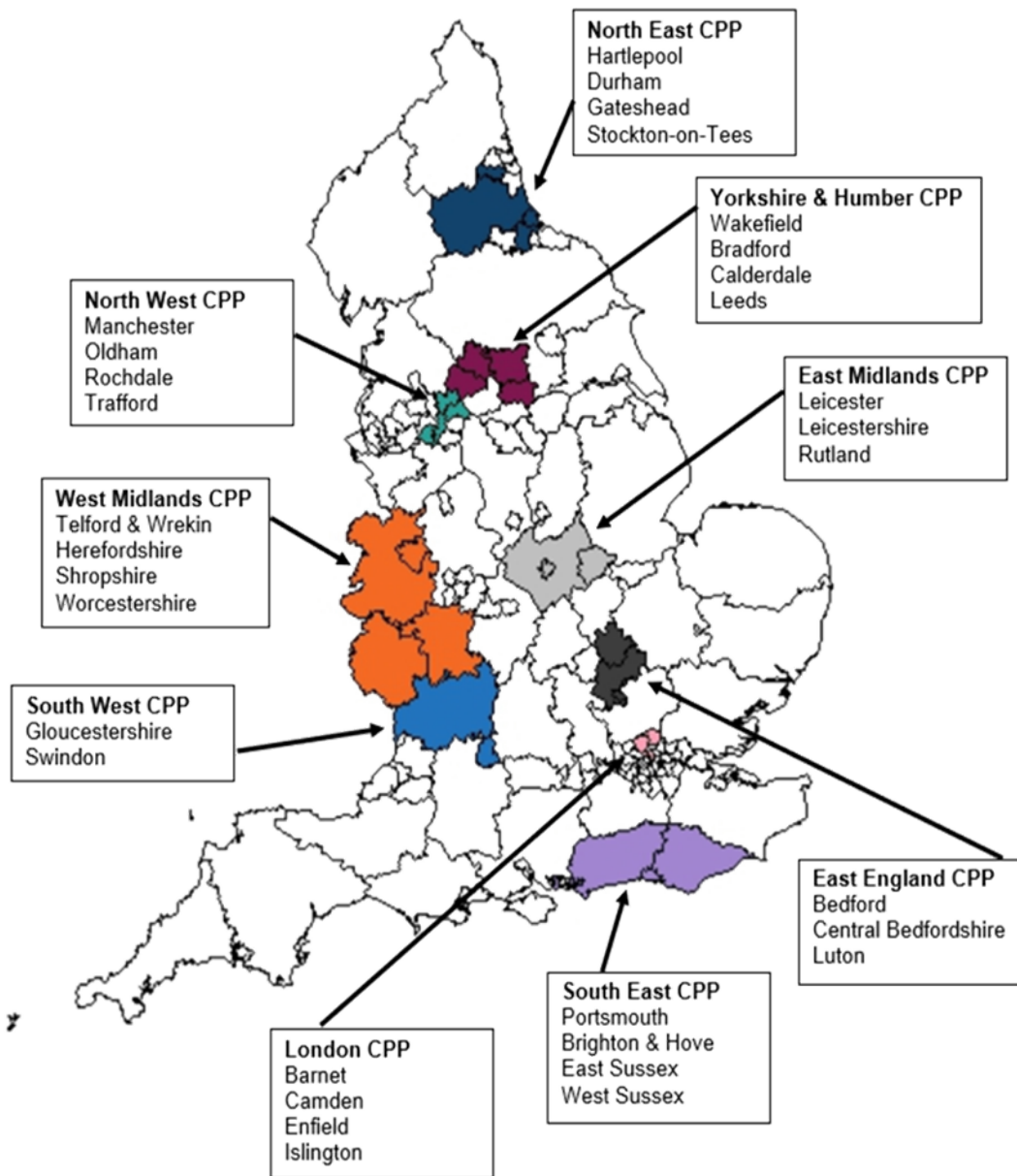
3.2 Formal consultation will be held on [Engage Barnet](#) and take place over May and June 2024.

## **4 Conclusion and Recommendations.**

4.1 Children's Partnership Board to note the contents of this report, including the progress on necessary actions.

## **Appendix 1: The 9 DfE regions.**





**Appendix 2: SEND and AP Strategy – Timescales.**

## • SEND and AP Strategy Refresh: Timescales

10/23

- 31 October SEND and AP Strategic Partnership Board
- initial draft strategy to be discussed and co designed with partners and stakeholders , then coproduced via online collaboration

2/24

- 20 February SEND and AP Strategic Partnership Board - draft strategy and next steps agreed
- 29 February Children's Partnership Board - strategy and next steps reported to the Board
- 7 March Children and Education Overview and Scrutiny Sub-Committee KF to confirm timescales for report clearance

3/2024

- 19 March Purdah starts
- Draft strategy to be presented by Parent, education, health and care reps

4/23

- 11 April Children's Partnership Board
- draft strategy to be presented by Parent, education, health and care reps
- 12 April Cabinet Forward Plan published
- 18 April reports must be submitted to the Clerk of the Cabinet. Cabinet members briefed at 7PM
- 26 April. All cabinet reports cleared by cabinet

5/23

- 2 May - local Elections
- 3 May reports and agenda for cabinet published
- 14 May Cabinet meeting
- draft strategy to be presented by Parent, education, health and care reps
- 22 May cabinet call in expires

6/23

- 23 May start of the formal consultation
- 18 June SEND and AP Strategic Partnership Board

7/24

- 4 July 2024 formal consultation ends
- Consultation feedback analysed
- 25 July Children's Partnership Board

9/24

- SEND and AP Strategy Published

# GROWING UP IN BARNET

AGENDA ITEM 7

AN ETHNOGRAPHIC STUDY INTO THE LIVES OF DISABLED CHILDREN AND ADOLESCENTS





# ACKNOWLEDGEMENTS

We would like to express our gratitude to the children, young people and parents who took part in this research study. Thank you for your time and willingness to share your stories, and for allowing us to draw on your experiences.

A heartfelt thank you to the educational settings, community and voluntary sector organisations for facilitating access to disabled children and young people. A special thanks to the 0-25 Disabilities Service team for supporting the recruitment process, and linking us to educational settings and participants. Your collaboration enabled wide participation and helped us engage with a range of children and young people across the borough.

For the purposes of this report, we adhere to the principles and values of the Social Model of Disability, meaning that we acknowledge that disability is created by society, and disabled people face structural and social barriers that cause disabling conditions ([Inclusion London, 2023](#)). Throughout this report, we use the term disabled but recognise that not all children and young people who took part identify as disabled. Language around disability is fluid, and we recognise that disabled children and young people play an important role in feeding into and shaping the use of language in line with the principles of the Social Model of Disability.

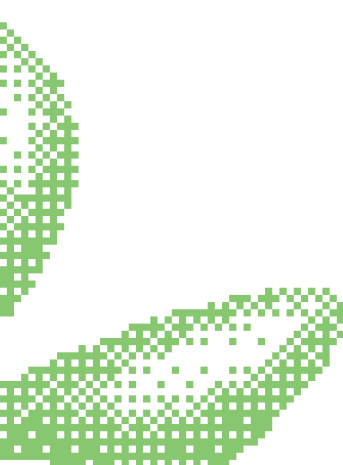
## ***A note on the report***

This report has been structured to present key findings across the main themes to concentrate on the experiences of the children, adolescents and young adults who took part. We define children as those between 5-10 years of age; adolescents as being between 11-15 years of age; and young adults as being between the ages of 18-23.

We have separated the report to reflect overall findings, as well as those that speak to each specific age group to take into account differences in experiences. Each section draws on a set of personas, case studies and stories to bring to life the experiences collected.

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# KEY MESSAGES

## ***Inclusive spaces allow children and young people to be their authentic selves.***

For children and young people to feel they can be their authentic selves, they need to feel safe, seen and heard. Not all children and young people feel confident in being themselves in public, and some may require specific conditions to help them feel safe and able to be themselves.

Disabled children and young people share intersecting identities, which include their gender identity, ethnicity, religious beliefs as well as their disability. Understanding how children identify, and their experiences of navigating the world around them is key to creating inclusive spaces. This also acknowledges that some children or young adults identify as disabled, whilst others do not. Creating opportunities where young people are able to identify openly becomes important for them to feel seen, as well as providing them with ways to explore and express their identity.

Integrated and intergenerational activities fulfil a need and are important in creating inclusive spaces for children and young people. In some instances, having mixed groups to include non-disabled and disabled children and young people can create opportunities for socialisation which may be otherwise limited. This can bridge experiences and help cultivate a sense of belonging.



**We have a lot of aspirations... a lot of things we've planned for ourselves. So we hope that we get the necessary support to push them forward.**

---

## ***Trusted relationships and relational approaches can make a lasting difference to children and young people.***

Person-centred and highly relational approaches to supporting children and young people can result in transformative outcomes. Trusted relationships with professionals such as social workers, community or key workers can lead to children and young people achieving positive outcomes. It can be transformational when children and young people's physical and emotional needs are recognised and responded to in a holistic way that also includes the whole family.

How professionals at educational and play settings interact with children and young people can also have a lasting impact and support them in feeling more confident to socialise and interact with people. Play, physical touch and personal connection can present opportunities for children and young people to develop trust. Finding ways of engaging and interacting with disabled children and young people in a way that speaks to their lived experience can present opportunities to better support them. In the long term, this can ensure that young people grow up to have positive experiences and perceptions of statutory services and professionals.

***Considering how children and young people experience transitional stages and providing the right support at the right time is key.***

Each child and young person experiences transitions in different ways. Some find transitions (however big or small) stressful, which can lead them to withdraw or disengage, whilst others see it as an adventure. Oftentimes, transitional phases can be highly stressful and lead to changes in behaviours. Allowing children and young people to share their experiences is key, and creating space for this to happen can be highly valuable, particularly if a young person is experiencing difficulties.

In creating positive transitional experiences, children and young people may require specific support. This can prevent a small issue from compounding and can be an effective early intervention approach. In cases where young people have not received adequate support, this has led to dropping out of school or isolating from family and friends. Creating opportunities where children can access the right support at the right time can minimise tension points over time.

***Connected parents lead to connected children.***

Children and young people are not separate from their families. Being aware of the context and circumstances of each family, such as immigration status, housing, as well as financial stability is important in finding ways of supporting children and young people. Acknowledging the barriers families face can in turn minimise challenges that children and young people are likely to experience. This also promotes a holistic and equitable way of ensuring all children are able to access the support they need.

Barriers around lack of information or know-how can hinder opportunities for social interaction and informal support mechanisms. This was expressed by parents, adolescents and young adults who rely on word of mouth to find out what's available and what they are eligible for. There is an appetite for adolescents and young adults to be part of a community, however, opportunities aren't always clear. This results in some young residents missing out on social connection, skills and training as well as civic engagement.



# INTRODUCTION

Barnet's Area SEND Inspection in January 2022 found that 'Children and young people with SEND enjoy their time in education and in their social lives. They like living in Barnet. They feel well supported by the professionals who help them. The support they receive helps them to access learning at school and college more easily' (London Borough of Barnet, 2022).

Barnet Council's Children and Young People's Plan 2023-2027 sets out how the council will support children and young people to ensure they are at the heart of all decisions that affect them. The vision for the council is to ensure that all children who live and study in the borough have the best start in life, and for every child and young person to achieve positive outcomes. This vision aligns with the council's commitment to tackling the gap and fighting inequalities.

## **Aim and objectives**

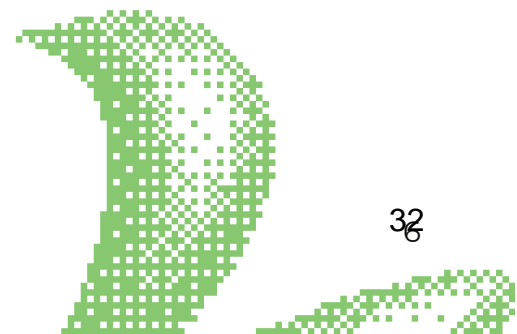
The council's action plan highlights important steps to support children and young people with SEND. Insights from the Young People's Resident Survey (YPS) revealed that children and young people with a disability are less likely to say they are happy with their local area as a place to live and would like support to help them live happy and fulfilled lives. To support the council in responding to the needs of disabled children and young people, Habitus Collective were commissioned to conduct a short in-depth study to capture the voices and experiences of disabled children and young people who live and study in Barnet.

This research project is part of a wider ethnographic study which examined disabled resident's experiences of living in the borough. Through in-depth interactions with a set of disabled adult residents who live and work in the borough, Habitus collected insights into what everyday life looks like, including barriers that residents experience when engaging with community life. What was missing from the study was the voices of children and young people themselves. We wanted to understand how children and young people see themselves, how they form friendships and take part in social life, including services and social activities they engage with.

Insights and stories collected by Habitus Collective will help Barnet Council gain a deep understanding of the lives of a small cohort of disabled children and young people, and shape their Children and Young People strategy.

The research questions explored as part of this study were:

1. How do disabled children and young people identify, and how does this vary depending on their age group, disability experience, gender identity and ethnic heritage?
2. How do disabled children and young people form friendships and connections?
3. Where do disabled children and young people have opportunities to be their authentic selves?





# THE CONTEXT: DISABLED CHILDREN AND YOUNG PEOPLE IN BARNET

**5,912**

children and young people with Special Educational Needs are estimated to live in Barnet

**14%**

of pupils have a statement or EHC plan or are receiving SEN support \*

**4%**

of pupils in Barnet have an education, health and care (EHC)

[Barnet Children and Young People's Plan 2023 – 2027](#)

[Young People's Perception Survey \(2022\)](#)

**77%**

of disabled youth who live in Barnet are satisfied in local area compared to 94% of all young people

**50%**

of disabled youth want support with long-term health problems or disabilities

**43%**

of disabled youth want support with emotional and mental health problems

It is well evidenced that disabled children and young people face numerous barriers to everyday life, which cause restrictions on their lives. Studies have shown that disabled youth may experience isolation and have fewer opportunities to take part in social activities and to form friendships and relationships ([Parsons and Platt, 2013](#)). Parents can also be more protective of disabled children ([Martin et. al, 2011](#)).

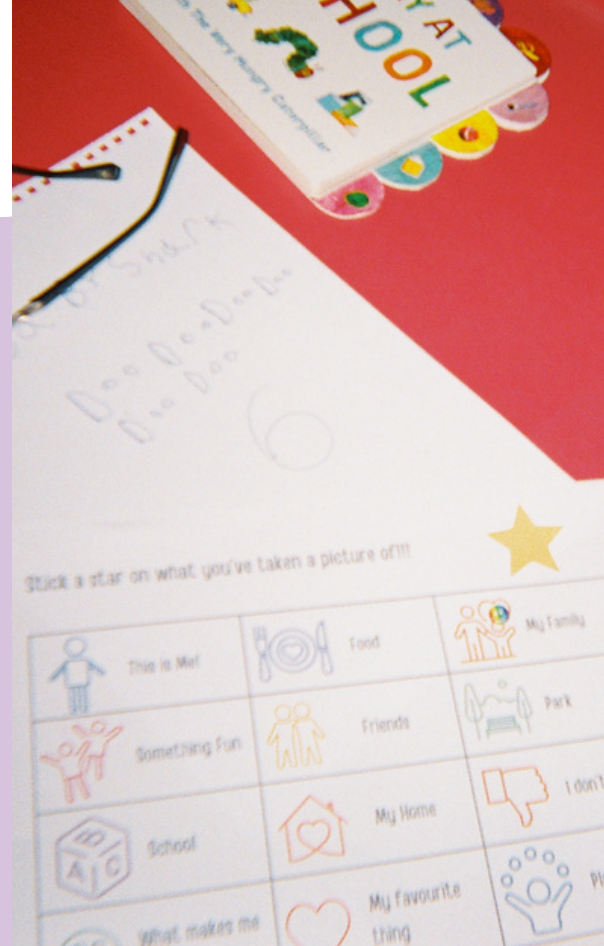
Studies have also shown the differences in how young people identify and view their disability, and how in some cases their disability is perceived as the dominant status which means that other aspects of their identities are side-lined ([Watson et al., 2011](#)). There is much to be said about how disabled children and young people navigate barriers, form friendships and identify. Finding ways of engaging disabled children and young people in meaningful ways can unlock deep insights that can help address some of the ongoing barriers.

# METHODOLOGY

Drawing on the principles of rapid ethnography (RE), Habitus conducted observations and visits at specific community settings and spaces and spent time with children, young people and families.

Our approach was shaped by how children, young people and families wanted to engage in the study, and before visits and interactions, researchers asked participants how they wanted to engage with the study. Habitus offered a range of ways which shaped the observational interactions, which will be discussed in the subsequent section.

Below is an illustration of our approach which was co-developed with children, young people and parents.



## Phase 1: Community observations and engagement



Figure 1: Engagement Phases

## Phase 2: Observations and interactions with Children and Young People

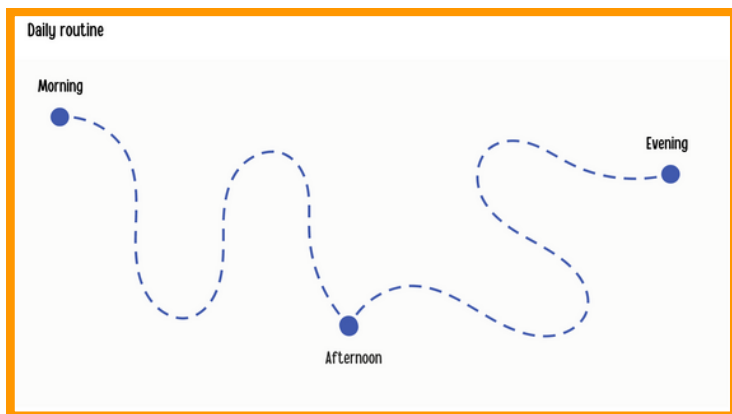
This involved in-depth fieldwork with a cohort of children and young people and their families in the home, at local libraries and online.

- 7** Home visits incl in-depth observations of routines and speaking to children and young people
- 2** Observations and interactions at a library setting
- 4** Online interactions and conversations

# TOOLS AND DATA COLLECTION

Drawing on participatory tools, the research team designed a set of 'Activity Packs' to interact with children and young people with varying needs. These included sheets where participants were able to draw or write about themselves, their schooling life, some of their favourite things as well as their dreams and aspirations (see [Appendix A](#) for an overview of tools). Participants were also invited to take part in a photo collage project, and Habitus offered disposable cameras as well as the option to take pictures on their smartphones. [1]

The research team also interacted with younger and non-verbal children through play and the use of cue cards. Using a range of tools allowed the research team to meaningfully engage and build connections with participants.



'All About Me' Activity Packs to capture young people's ideas and views relating to their family, school, and things they enjoy.

'About Me' Drawing Sheets for younger children and children who may have learning needs.

'Photo Project': for children and young people to capture pictures that describe their day to day life, things that inspire them or they enjoy taking part in.

Jamboard conversation starter: for young adults who prefer to interact online. This included a set of prompts as well as creative tools

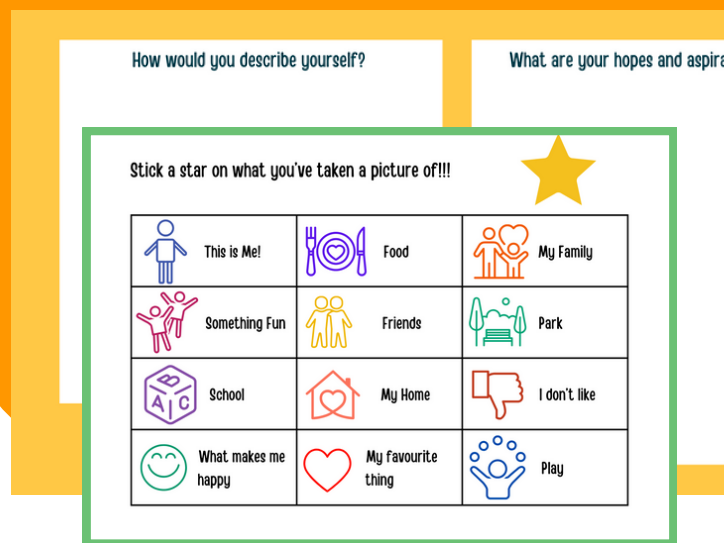


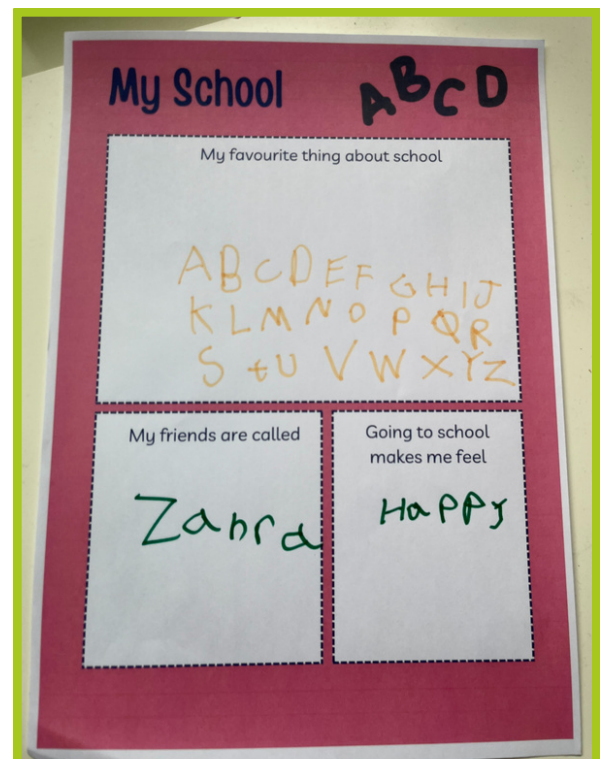
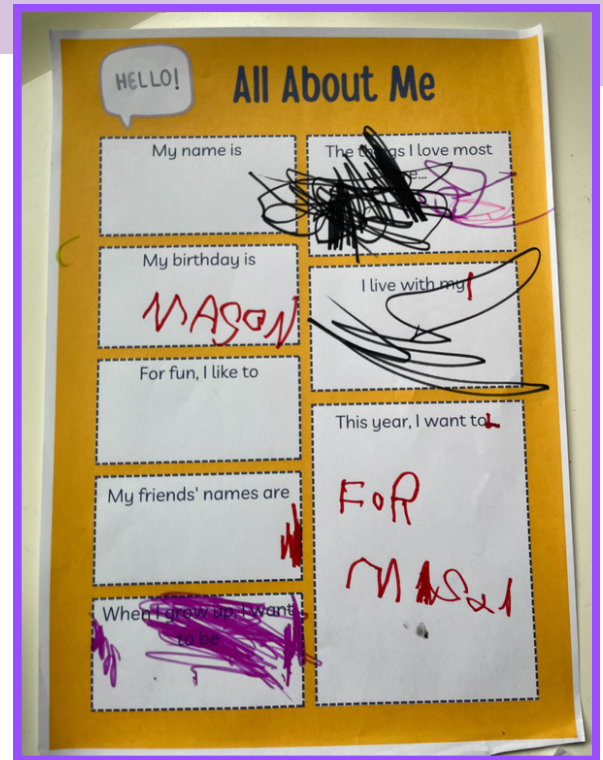
Figure 2: Fieldwork tools

[1] The majority of participants preferred this option; however, it was difficult to collate pictures as many children and young people not sending these through.

# PARTICIPATORY TECHNIQUES

Below are some considerations for future engagement activities with disabled children and young people:

- Not all disabled children and young people want to engage in the way that we thought. Allowing for flexible approaches and being led by the child/young person was incredibly important.
  - Providing participants with options as to how to engage can lead to meaningful, inclusive and equitable participation. This can be using cue cards, or creative activities like drawing, taking pictures or using smart devices to initiate conversations.
  - For children, having a parent/caregiver present meant that we were able to forge connections more easily, and observing/interacting with the family unit rather than the child alone provided much insight into the family's context and dynamics.
- Allow enough time for interactions – whether this is around the completion of activities or responding to questions. We realised we needed to hold space and allow time for participants to respond to questions. This also meant deviating from our plan and following the child or young person's cue.
- Using objects that children are familiar with can be key to meaningful engagement – we found that children liked to use their mobile phones or tablets to show us pictures or watch TV shows or clips. This was a good way of understanding their preferences, routines and likes.

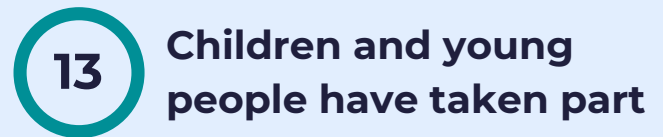
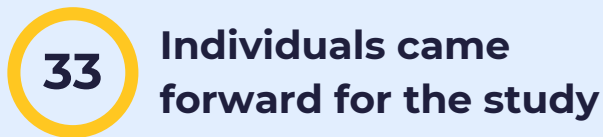


# ENGAGEMENT AND REACH

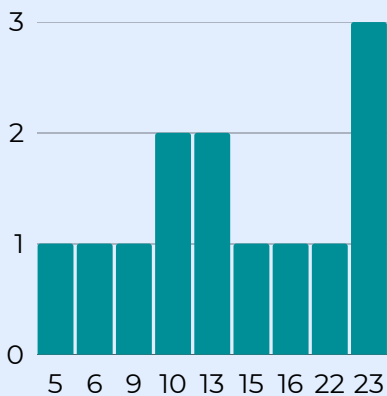
In total, 33 expressions of interest were received, though some participants were not eligible, whilst others 'dropped off' after the initial contact.

Owing to the scope of this study, Habitus had a relatively small sample size of 13 disabled children and young people. 5 of these were in-depth observational interactions in the home and at a library setting. The demographic data presented in the dashboard below is of the children, adolescents and young who took part.

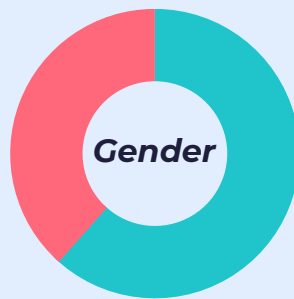
## ENGAGEMENT DASHBOARD



### Age

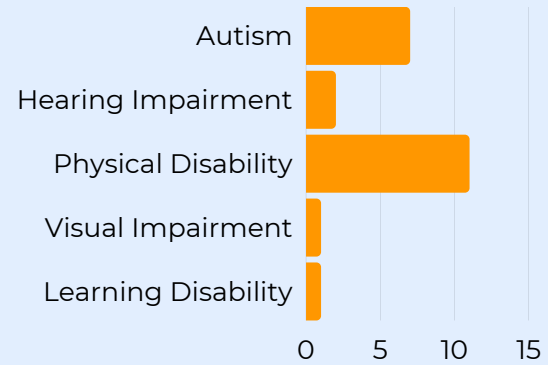


Female  
5



Male  
8

### Category of Impairment\*



\*some young people experience multiple impairments

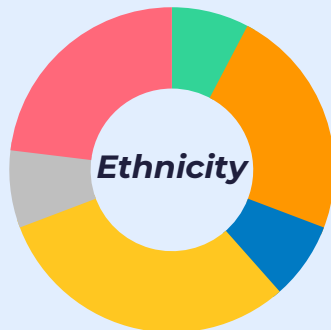
White Jewish

White British & European  
1

Arabic  
1

Did not disclose  
4

### Ethnicity



South Asian  
3

Black British/Caribbean/African  
1

### Education / Employment Status

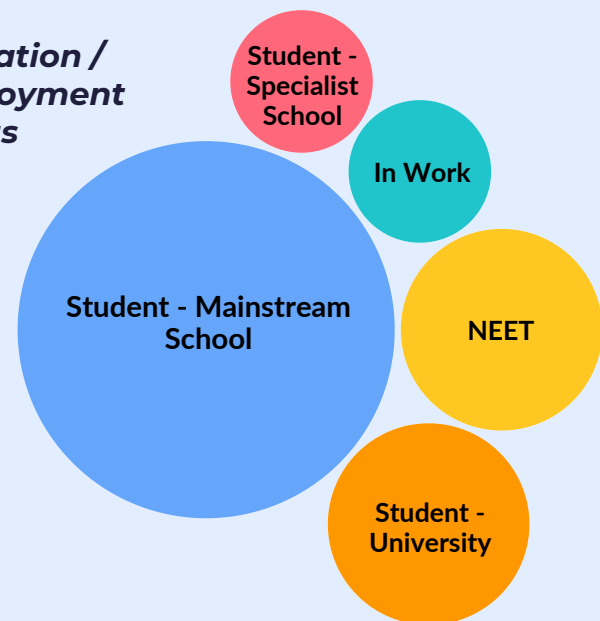


Figure 3: Participant demographics

Some areas of consideration are listed below:

- There is a greater representation of children and young people who identified as male (n=8) compared to female (n=5). This suggests that outreach and engagement activities have been successful in engaging typically 'difficult' population groups, including adolescents, male participants as well as individuals from minoritised ethnic communities.
- Disability experiences vary; however, we noted a higher representation of children and young people specifically those who are neurodivergent.
- The majority of participants attended mainstream schooling, with the exception of two participants who completed/are in special schools.

It's also worth noting that engaging adolescents between the ages of 15-18 was difficult. One young person withdrew their participation on the day of the visit, and another did not want to interact with the research team when in the home. Both were between the ages of 15-17 years of age. Despite extensive outreach and engagement to specifically encourage uptake from this cohort, our experience tells us that young people between this age group may be less likely to want to take part in engagement and research activities.

## Research Ethics

Habitus developed a robust ethical process and framework which was implemented throughout this project and worked with Barnet council's project steering group to oversee ethical responsibilities. Given the project took place during the summer holidays, and involved observations at a range of community and Short-Break settings, the research team ensured minimal interruption to children and young people's routines or schedules. The research team undertook active observations, ensuring they immersed themselves in the setting.

With respect to consent, Habitus provided parents and caregivers, setting providers and children and young people with information sheets during observations and ahead of in-person visits. Consent (verbal and written) was sought by children and young people throughout, with opportunities for participants to withdraw at any time. Parents and caregivers were also asked to sign consent forms. Consent from non-verbal children was obtained both through the parent or caregiver, and the children were allowed to refuse interaction with Habitus at any point during the team's visit.

Participants received a gift voucher of £30 for taking part.

## Limitations

When considering the findings of this study, the following limitations should be taken into account:

1. Whilst the cohort was diverse in the range of disabilities and ethnicities of participants, there was an under-representation of female participants, as well as participants aged 17-19.
2. All of the participants, including parents and caregivers who engaged in the study self-selected to take part. The sample of the participants who engaged also do not serve to speak to the various experiences of disabled children and young people. As such, findings from this study serve to provide nuanced insight into the lives of a select number of participants.
3. Fieldwork period was short and spanned the latter part of the summer holiday. Whilst this was sufficient to observe specific settings and interact with a small cohort of children and young people, many participants were not available to take part owing to summer holiday plans. A longer data collection period, and access to educational settings would have allowed for a broader sample of children and young people.

# CREATING INCLUSIVE SPACES TO ALLOW CHILDREN AND YOUNG PEOPLE BE THEIR AUTHENTIC SELVES

For children and young people to be their authentic selves, they need to feel safe, seen and heard. Understanding how children identify, and their experiences of navigating the world around them is key to being able to create inclusive spaces. This is also acknowledging that some children or young adults identify as disabled, whilst others do not. Children and young people also share multiple and intersecting disabilities as illustrated in the [Engagement Dashboard](#). Creating opportunities where young people and young adults can identify openly becomes important in feeling seen and creating opportunities to explore and express their identity.

## ***Identity and ways of identifying differ and these can shape how children and young people navigate the world around them.***

How children and young people identify, and in turn, how they engage with their social and community support varies depending on age, their disability as well as who they are. We found that exploring and pinning down concepts of identity and ways of identifying can be difficult, especially for younger children and those with learning needs.

We found that participants share multiple and intersecting identities – whether that is ethnic heritage or disability experiences.

There is a marked difference in how children and young people talk about themselves (see Figure 4). Therefore it is important to take an intersectional approach by recognising how intersecting identities influence lived experience, particularly for children and young people from multiple minoritised groups.

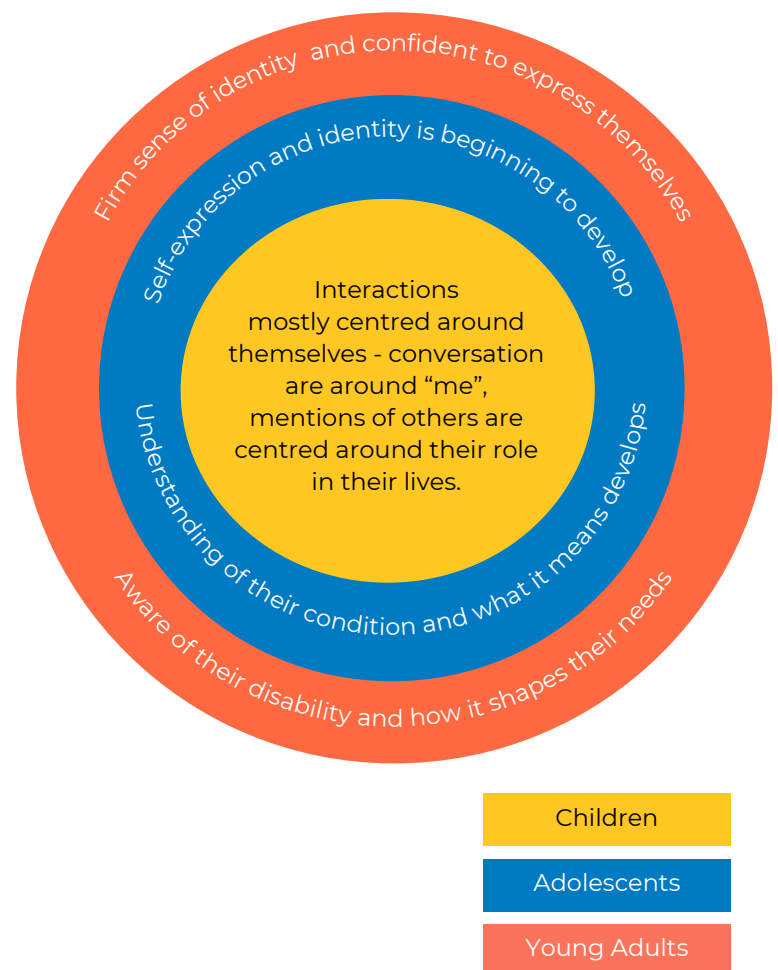


Figure 4: Stages of Awareness

Below are three stories which reflect the experiences of disabled children and young people. These highlight the different ways in which children and young people think about their identity and who they are. These stories tell us that understanding lived experience and a young person's context is important in creating opportunities for them to be able to identify in different ways.

### Kwame and Imani

Kwame (6 years old) and Imani (9 years old) come from a large family who have been settled in the London area for 20 years. They live at home with their mum and three brothers. Although both Kwame and Imani are both Autistic and non-verbal, they communicate and interact with people and places in very different ways. Kwame is more open to interacting with people and likes to use gestures and expressions to help him communicate. Imani prefers to not make eye contact and will reach out by touching someone's hand if she needs something. Both siblings also share very different characters, with Imani preferring to spend time by herself watching videos. Kwame loves to play with car toys, and this can be a great way to interact with him.

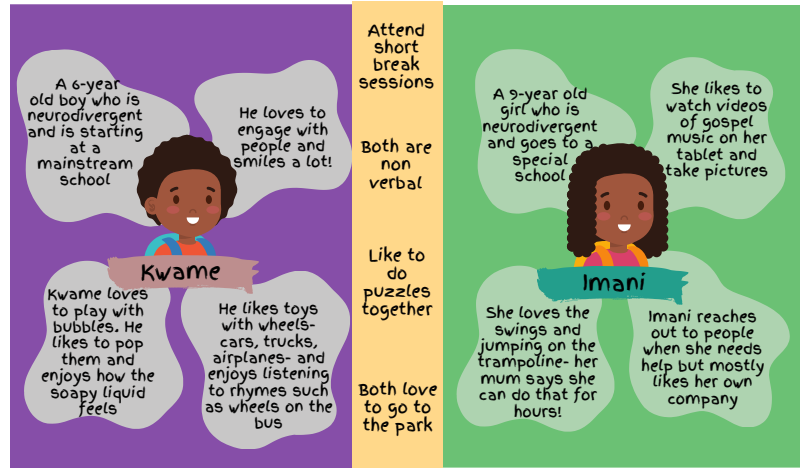


Figure 5: The lives of Kwame and Imani

### Taylor

Taylor is 13 years old and is neurodivergent. She goes to a mainstream school which she enjoys and spends her evenings and weekends either at home or at her grandparents. She is aware that she is Neurodivergent, but this doesn't stop her from doing things she loves. Taylor loves musical theatre, writing songs and reading about politics and history. She is confident and sure of herself and what she likes and doesn't like. She uses how she dresses or what she listens to as forms of self-expression.

Taylor spends her free time taking part in a range of activities – from rock climbing to spending time alone to drawing in her colouring book, which she finds therapeutic. Apart from her family, Taylor does not really hang out with people her age, and prefers the company of her SEN support worker or her teachers. She prefers to spend time alone, do the things she enjoys, and finds being in crowds quite difficult. Taylor has very strong beliefs, particularly relating to feminism and gender equality, and she expresses these confidently.

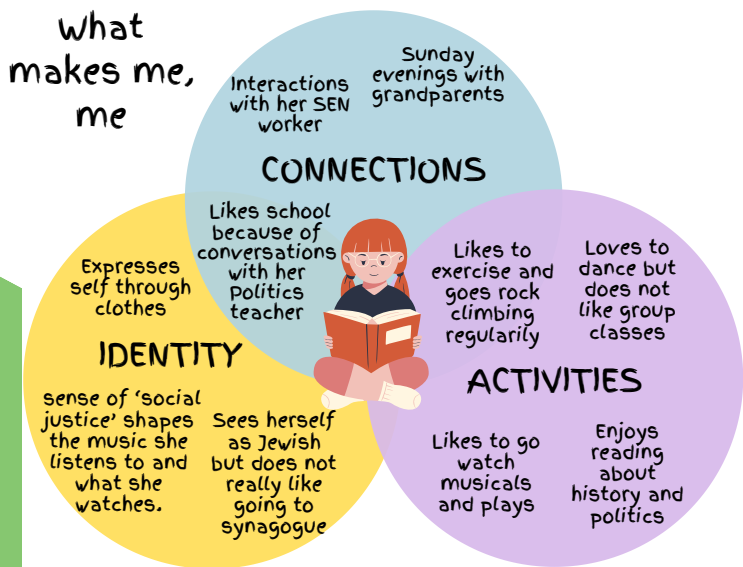


Figure 6: Different aspects of Taylor's identity



## Samuel

Samuel is in his early 20s and has grown up in Barnet for the most part of his life. He identifies as Black British, but in respect to his disability, Samuel prefers to identify as 'partially blind' or as 'having poor vision' rather than as disabled. Although Samuel sees his disability as part of who he is, he doesn't feel like he's always given the opportunity to identify in the way that he wants to. He's found this to be the case especially when trying to access support, for instance for benefits or work, where eligibility assessments are based on his disability rather than need. This makes Samuel hyper-aware of his disability. He feels that he is made to choose how he can identify, even though this may not speak to his experience. How Samuel discusses his identity is shaped by his social surroundings. He uses the word "being allowed" when speaking about how he is able to identify in a way that speaks to him.

Samuel lives a 'normal' life by working as a freelancer whilst pursuing his studies. He sees himself as a normal young adult and wants to challenge perceptions about how people perceive him. Samuel is highly motivated to challenge the perceptions of disabled people and has aspirations for setting up his own marketing agency.



*It depends on the space where I am at. In some spaces, probably for some applications you have to put in. You don't see things like partially blind. It just asks you, are you disabled or not? And you just have a yes or no answer. So in those spaces, I don't have any option to identify as disabled, or physically disabled. If I'm in spaces where I'm allowed to give details and allowed to talk more about the specific condition, I'll prefer to identify as being partially blind.*

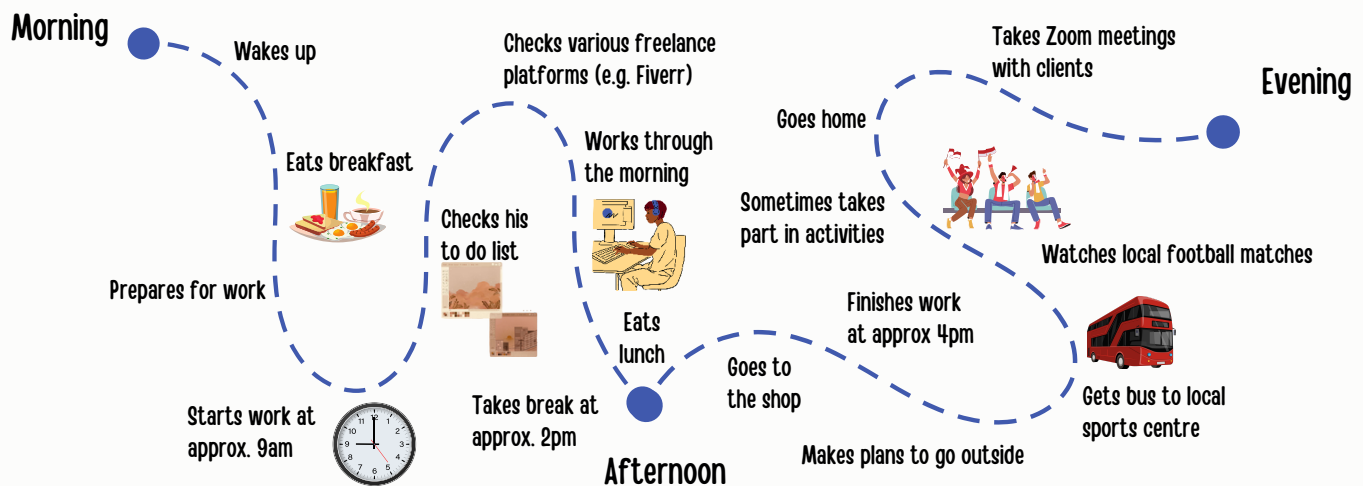


Figure 7: Samuel's daily routine

## Hassan

Hassan, also in his 20's, has lived in Whetstone for much of his life. He went to a mainstream school and is an active member of his community. For Hassan, his disability is part of who is he, and finds that it is other's perception of his disability that becomes a barrier.



*I wouldn't say I identify as disabled even though people can have different opinions about it. I just know when people are talking about disability, they're talking about the 'lack of'... I don't allow it to stop me from doing whatever I want. I have second thoughts on what I could do or couldn't do. But then I really don't allow that to determine a lot about my life.*

***Integrated and intergenerational services fulfil a need and are important in creating inclusive spaces for children and young people.***

Educational and community settings become highly important in creating opportunities for friendship and connections and preparing children and young people for key stages of transition. Some children we spent time with preferred to play on their own, whilst others struggled with interacting with their peers. This was raised as a concern for parents who worried their children would become isolated. For some children like Rosie, short-Breaks were their first introduction to educational or community-based settings outside of the home. These spaces are important in supporting transition into primary school by providing children with structured routines, and opportunities to develop social skills to feel confident and comfortable in new spaces and settings.

**Rosie**

Rosie is 5 years old, and she attended her first Short-Break at a special school in Barnet. Rosie is new to a class setting, her parents enrolled her for the summer to get her ready for primary school starting in September. Her parents could set some learning goals for Rosie to meet during this time, and it has given her the opportunity to socialise with peers and provide a structured schooling routine. She enjoys coming to the setting and has learnt how to eat by herself and communicate using cues. She is now more confident and better able to express her needs more openly.

Ensuring that children and young people from different backgrounds and experiences have opportunities to mix and socialise is also incredibly important. Despite there being an appetite for opportunities to spend time with peers who go to mainstream schools, these spaces aren't always available.

This can result in disabled children and young people being siloed, which in some cases can lead them to feel 'othered'.

**Alicja**

Alicja attended a drama school this summer delivered by a large theatre company in Barnet. This was Alicja's first time going to a setting that had children from mainstream schools as well as disabled children. For Alicja, this was an opportunity to meet young people of similar ages but of different backgrounds and experiences. She initially found the space to be overstimulating and it took her some time to settle and become accustomed to it. This was facilitated by the support worker who helped Alicja when she was feeling overwhelmed or stressed. Over the coming weeks, Alicja began interacting with new people, something she had previously struggled with. Since then, she has taken up more drama classes and is looking forward to the next summer camp. For Alicja's mum, this setting has helped her realise that her daughter can and wants to take part in more inclusive and open activities.

It is important to recognise that specialist settings have trained staff and resources to support disabled children and young people in a way that many public spaces do not. For instance, trained support staff, accessible toilets, hoists and 'quiet rooms' are not always available, which can be a key barrier to disabled children and young people accessing mainstream settings.

Recognising these barriers and finding ways of bridging siloed ways in which services operate can be an important element in creating a truly inclusive borough that celebrates difference in all forms.



## CONSIDERATIONS!

- Professionals, or those working with disabled children and young people, need to adopt a range of approaches when engaging with them. Play becomes important when interacting with younger children, whereas older adolescents may prefer to interact through conversations. Leaving enough time for them to respond and being led by what children and young people want to talk about is key.
- Young adults have a stronger grasp of who they are and how they want to identify. Some identify as disabled whilst others do not. What impacts this is the spaces and places that allow them to identify in ways they want to, including who they are interacting with.
- Looking at how community settings and services can be designed to bring together disabled children and peers can transform how the borough embeds Equity, Diversity and Inclusion. This means also looking at how offers and services can be integrated to allow for an exchange of experiences and create a sense of belonging and connection.
- Recognise that making friends can be difficult for some children and young people who prefer their own company. Finding ways of supporting them to interact and play with peers in a way that feels comfortable can be important in building their confidence and socialisation skills.

# SUPPORTING CHILDREN AND YOUNG PEOPLE THROUGH RELATIONAL AND TRAUMA-INFORMED APPROACHES IS VITAL

Person-centred and highly relational approaches to supporting children and young people can result in transformative outcomes. How professionals in educational and play settings interact with non-verbal children through touch, play and personal connection can instigate meaningful connections. In turn, this can facilitate trust and create a sense of safety that allows children to engage meaningfully. Observations conducted in a range of settings revealed the varying ways in which staff embed relational and trauma-informed approaches.

Finding ways of engaging and interacting with children and young people in a way that speaks to their lived experiences can present opportunities to better support them. In the long term, this can also ensure that young people grow up to have positive experiences and perceptions of statutory services and professionals. For instance, regular and consistent communication and familiarity with a professional can be highly important for children and young people to build trust. The Barnet disability study on disabled adult residents found that a lack of consistency, poor communication from professionals and negative experiences early on can result in individuals disengaging with council and community services (Habitus Collective, 2023).

Conversations with young people who had experiences engaging with a range of professionals highlighted the importance of person-centred and trauma-informed approaches. Having a professional who listens, can relate to, understands the young person's circumstances, and supports them holistically can instigate a wave of change, as highlighted by Hassan's story below.

The children in Blossom Class love coming to class during the summer holidays. Their favourite part is sensory story time where they get to sing and have a massage whilst Miss Vanja tells them stories. Miss Vanja and the team let the children in class hold hands or give hugs when they want to. This is especially nice for children like Oscar who sometimes struggles to settle down. When he needs some quiet time, he can make eye contact with Miss Vanja who will pick him up and cuddle him before settling him on the comfy chair. Miss Tina and Esme are also great with Raza and Savannah who need a bit of help sitting up. They tell Raza and Savannah what they're going to do so they can both prepare and know what's happening next. This is important because it gives the children in Blossom Class an opportunity to respond to what is happening around them. These small but very important approaches help children like Oscar, Raza and Savannah communicate, but also provide them with opportunities to make decisions for themselves.

Hassan describes himself as being passionate about helping people. One of his aspirations in life is to “give back to the community” the support he received while growing up. He is currently studying for a diploma in Social Work and was inspired to pursue this field after interacting with a charity programme coordinator who was also a wheelchair user. Hassan spoke fondly of this person and explained *“I think he was such a lovable person. He was also a disabled person and for me that helped because I saw someone like me. He had so much positive energy, and he was able to help me a lot because of the work he did I felt like there is a lot that I can do for myself, and I think all of the things that drives me. So he was like more like a mentor or like somebody that inspired me.”*

Hassan’s story shows how relational approaches can lead to young people feeling inspired and hopeful. These can be powerful mechanisms that can create the conditions for children and young people to thrive.

## CONSIDERATIONS!

- Building a rapport with parents and caregivers is important when engaging with disabled children and young people. It is necessary to consider the role these adults play in a young person’s life and engaging with them is a key part of taking a relational approach.
- Positive role models are integral while growing up. Young disabled adults described how interactions with the adults around them during their childhood shaped their hopes and aspirations for the future.



# EXPERIENCES OF TRANSITIONAL STAGES: PROVIDING THE RIGHT SUPPORT AT THE RIGHT TIME IS CRUCIAL

Interactions and conversations with young people and parents revealed that having a range of informal and formal support mechanisms, and access to the right support at the right time can make a huge difference during periods of transition. Not all young people, parents or families know about the types of support that exist to help during challenging periods, which in some instances can lead to heightened barriers and difficulties.

Findings from conversations, reflections and observations reveal that having access to the right information and support in accessible ways can lead to difficulties being addressed and prevent these from becoming larger issues leading to negative outcomes.

***Transitions can be stressful and lead to children and young people experiencing difficulties and stress.***

Children and young people experience transitions in different ways. Some find changes to their daily routine or structure (however big or small) stressful, which can lead them to withdraw or disengage. For some youth, like Zain (see below), these can be exciting moments, which allow them the opportunity to try new things or 'push themselves' in a different way. Without the right support, transitional phases can be highly stressful and lead to negative changes in behaviours. What emerged from conversations with young people and parents was the importance of allowing them to share their experience.

Creating space for this to happen can be highly valuable. Educational and community settings become highly important in creating opportunities for friendship and connections and preparing disabled children and young people for key stages of transition. For some children, accessing Short-Break settings helped them transition into primary school. These settings can help children prepare for structured routines, whilst also developing social skills to feel confident and comfortable during transition stages.

Holly is a 13 year old Autistic girl who loves academic work but has had a difficult time adjusting at school. She previously attended a mainstream primary school, which she enjoyed and her mother felt was 'a good fit'. As she got older, she had less in common with other students in terms of accessibility and interests and could not connect with them. She attended a special school for secondary, which Holly describes as 'okay for the first year but afterwards it was all downhill'. While her physical needs were supported- toileting and accessible spaces- her mental and emotional needs were overlooked. It is difficult for Holly to reach out and express these needs, with staff reporting her as 'being absolutely fine at school' and that she should 'just tell us what she needs'. These experiences led to her leaving school. Currently Holly is waiting for the result of her educational assessment and hopes to continue learning at home.

There are many different transitions that children and young people experience. This can be from a play setting to school, school to higher education or from living at home to independent living. These periods can be highly stressful for children and young people – they can disrupt routines and, a sense of familiarity and cause changes in behaviours. It can also make young people feel vulnerable, particularly if this is their first experience of doing something on their own. Conversations with young adults revealed that transitioning from primary to secondary school required adjustment – and many found mainstream schools to be challenging because of the attitudes of peers.

Making friends was raised as being difficult because of the pressures around fitting in, or lacking the skills to build relationships, particularly with others who also find this challenging. As such, professionals such as teachers and SEN support workers were considered as ‘friends’ for a number of children in this study.

Though transition periods are part of growing up, they can impact disabled children and young people over time. Parents, extended family, and friendship groups can be important in supporting youth during change periods. Friendships in particular can easily get lost in this transition. There may be instances where professionals can support children and young people to navigate new experiences. Stories from young people reveal that having support and being able to share their concerns or experiences can be important in not feeling alone.

**Zain**



Zain is a 16-year-old wheelchair user. He moved to Barnet from Lebanon 3 years ago with his mum and twin sisters. This was a tricky time for Zain because he had to adjust to a whole new way of life. It was made harder because Zain started school - something new to him as he'd been home-schooled in the past. Zain describes his first few days at school as scary, but he had a support worker who helped him settle. He knew that “trying new things is always scary” but having someone to support helped him settle and be confident in going to school. He has now made friends and enjoys going to school. For Zain, school is the only place where he can socialise with his friends and engage in activities that he likes such as swimming and art classes. While he wishes he was able to do these things outside of school, it is difficult as his mother (his primary caretaker) would have to be there to support him. He has explored going to local activities, but found that these are usually catered to younger children.

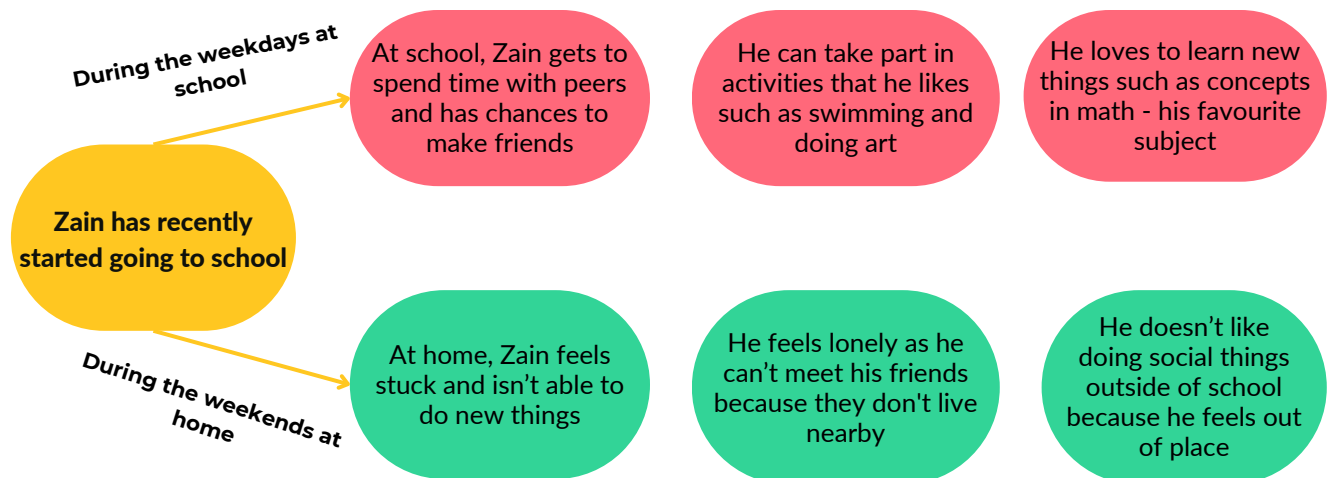


Figure 8: Zain's experiences

**Access to the right support at the right time can be key in creating conditions for disabled children and young people to thrive.**

We found that like adult disabled residents in Barnet, children, young people and families rely on the council to have their basic needs met. This is particularly important if families are isolated, or do not have strong community connections. For disabled children and young people who share multiple and, in some cases, complex needs, knowing where to go for support can be transformational. This combined with access to person-centred holistic support, and accessible information relating to benefits, education, employment and eligibility can help ensure children and young people achieve the best possible outcomes.

Conversations and observations revealed that Short-Break settings and community groups are important and can be key sources of information and support. Parents discussed drawing on each other's experiences to find out about different providers, or information about sessions in and around the borough. Accessing information through formal routes appears to be a barrier for many. Young adults especially said they wanted to know more about what they could be eligible for, particularly around housing, training, and employment. Providing information about these areas in ways that reach young people is important in ensuring information is made available inclusively and equitably. Suggestions from young adults included the use of social media, whilst others suggested posters at libraries, cafes as well as in educational settings like colleges. Hosting information sessions in assemblies or 'seminars' at educational settings on services available to disabled youth can also be powerful in ensuring young people have access to information and support when they need it.



*A standout barrier is access to different services. I was only lucky to be aware of these services through some of my friends... there's not so much information around this about the services. I know where to look out for information, but even then there is still information that I miss. And I'm not aware of why. I feel like having all this information coordinated and, in a space, makes it easier for different people to know and be aware of the different services and support that is available for them. (Adan, 23).*

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What emerged from conversations with participants is the importance of equalising opportunities, particularly for disabled children and young people. There are instances where the support received by the council and educational settings led to young people gaining independence and opportunities to thrive.



*When reaching out to young people, it's important to reach out with a message about why it's important to them. So like training or employment - this is to get their attention and work with the right channels to reach them. (Hassan, 21).*

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Andre moved out of his family home soon after he finished school. Now in his early 20s, Andre lives independently and shares a flat with two friends. Before moving out of home, Andre explained that he had no idea about how to go about finding an accessible flat, sorting out benefit entitlements and accessing the support that would allow him to thrive. He explains that this was because *“my dad was concerned with all of those things when I was at home. I didn’t know anything. When I was young, I used to think it would be easy to get my first house on my own. The reality was that I knew very little.”* Andre approached Barnet council and was provided with support from a Housing Officer. The Officer helped Andre find an accessible apartment that had enough space and was in good condition. He was able to get support with budgeting, filling application forms and information about how to sign a contract and maintain a tenancy agreement. Because of this, Andre has been living independently which he says is important to him as a young disabled resident. Andre is now settled and pursuing higher education in Public Administration at Middlesex University. He has also established himself in the community and loves living in Barnet.

In contrast, in cases where focus has been placed on one aspect of a young person’s life, this can lead to negative outcomes. Acknowledging and responding to disabled children and young people’s physical and emotional needs becomes an important part of upholding the Social Model of Disability. This includes opportunities for children and young people to be able to express themselves and the difficulties being experienced. Often, stigma relating to poor mental health and disability can result in young people disengaging from services, which in the long term impacts the outcomes they can achieve. Having a range of services to support multiple needs also can minimise the reliance that families have on council services, and in turn, offer a more holistic approach to support young people. Continued funding for community-based and specialist services can be important in being able to adequately support young people, particularly during transition phases.

The two examples highlight the importance of taking into consideration both mental and physical well-being when supporting disabled youth and young adults. As many young people explained, their disability is part of who they are, and though they may require support relating to accessibility or accessing specific support, they also require access to services for their mental well-being.

Sally is 13 years old and enjoys learning. She is verbal, neurodivergent, uses a wheelchair and is confident in getting out and about. She attends a specialist secondary school as she found it very difficult to connect with her peers and make friends as she got older.

Holly recently had a bereavement in her close family, which has left her needing emotional support. Both she and her parents feel like her emotional support needs went unnoticed at school as Sally finds it challenging to let others know how she is feeling and ask for support. This has led to Sally feeling like school is a negative space for her now.



## CONSIDERATIONS!

- Transitional periods can be difficult for young people but also affect their caregivers. As caregivers are spending time engaging with professionals to access services, it takes away time to support the young people.
- It's important to take a 'whole self' approach when supporting disabled children and young people. This means recognising and responding to physical as well as emotional and psychological needs.
- While feeling connected and able to interact with peers when younger, transitional periods have been identified to highlight differences. Recognising that change can bring uncertainty and be a period of anxiety requires focused support to help children and young people manage periods of transition.

# CONNECTED PARENTS LEAD TO CONNECTED CHILDREN

Children and young people are not separate from their families, and taking the familial context, including immigration status, housing, as well as financial stability is important in finding ways of supporting children and young people holistically. Embedding a Think Family approach to practices helps minimise the challenges that disabled children and young people are likely to experience by looking at familial circumstances. This can help promote an equitable practice by ensuring that the planning of care packages includes the whole family.

## **Understanding familial context**

Children and young people take part in a range of activities within their community. This is often determined by the family's context. We found that some parents were well connected to their area, and had strong networks, which led to children and young people engaging in a range of activities - for instance, rock climbing classes or activities led by community organisations. Having links and connections also meant parents were able to find out about local services through word of mouth and broaden awareness around the type of activities and services they could access with their children.

In contrast, less connected parents have less awareness of activities and services available, which impacts how disabled children and young people engage in community life. How well a parent is connected can shape how a disabled child or young person is connected to their community and can either limit or enhance opportunities for socialisation.



Kwame and Imani's family arrived in the UK 20 years ago. Kwame and Imani's mother, grandparents and their mother's brothers and sisters all moved over together.



They don't get to see their grandparents much as they'd like to because their grandparents are caregivers to a relative who is disabled. They still speak over the phone every week.



They see their uncle very often, and he looks after them when Mum needs some time for herself. Kwame, Imani and their brothers love spending time with their uncle. They get to go to the park and leisure centres all the time.



They also have family friends nearby who have children around Kwame and Imani's age. Their mother says they love coming to play with Kwame and Imani. Mum also finds out about new activities through her friends which means Kwame and Imani get to try new activities.

Figure 9: Kwame and Imani's social networks

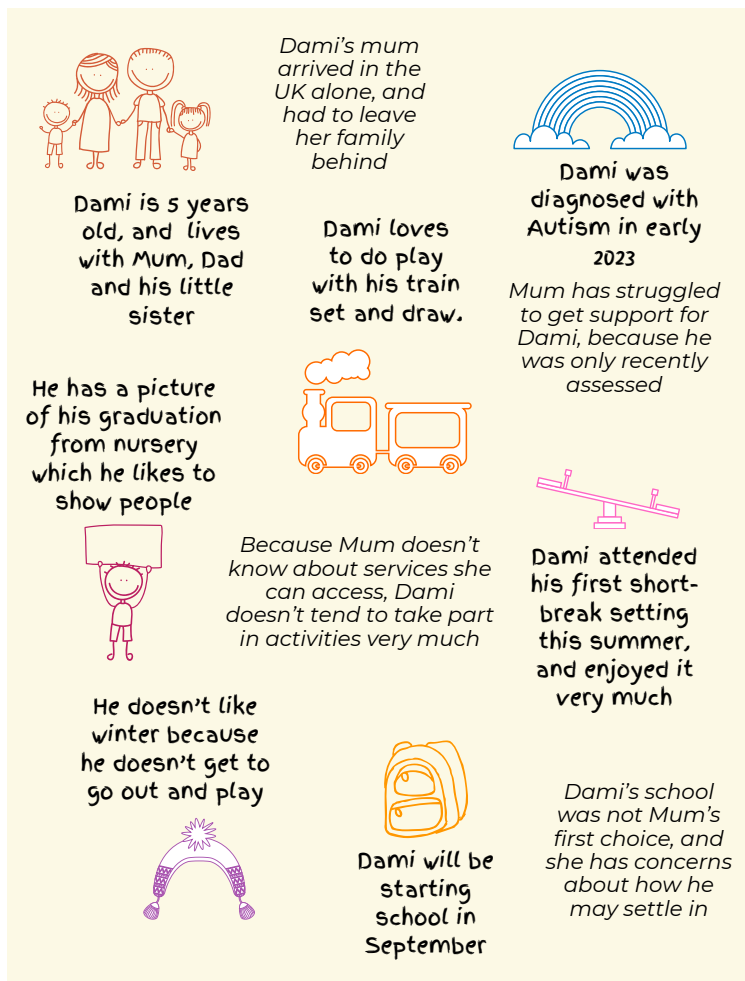


Figure 10: Dami's context

Dami is five years old and arrived with his mum and sister a few years ago from Albania. They are a migrant family, and Dami's mum does not have any family or connections in Barnet. Dami was only recently diagnosed with Autism, and his mum has not been receiving support until very recently. Figure 10 shows Dami's family's context and provides a glimpse into the wider familial context. It shows that Dami's experiences are not formed in isolation.

Dami's mum has been trying to access support since arriving and has been in contact with a range of professionals and organisations. She is worried that Dami may struggle without the right support, but because she is new to Barnet, she does not know what she can access or what they are entitled to. Despite Dami being diagnosed with Autism earlier this year, Mum does not feel like he is getting the right support at the right time, which she fears will impact his educational and well-being outcomes in the long term.

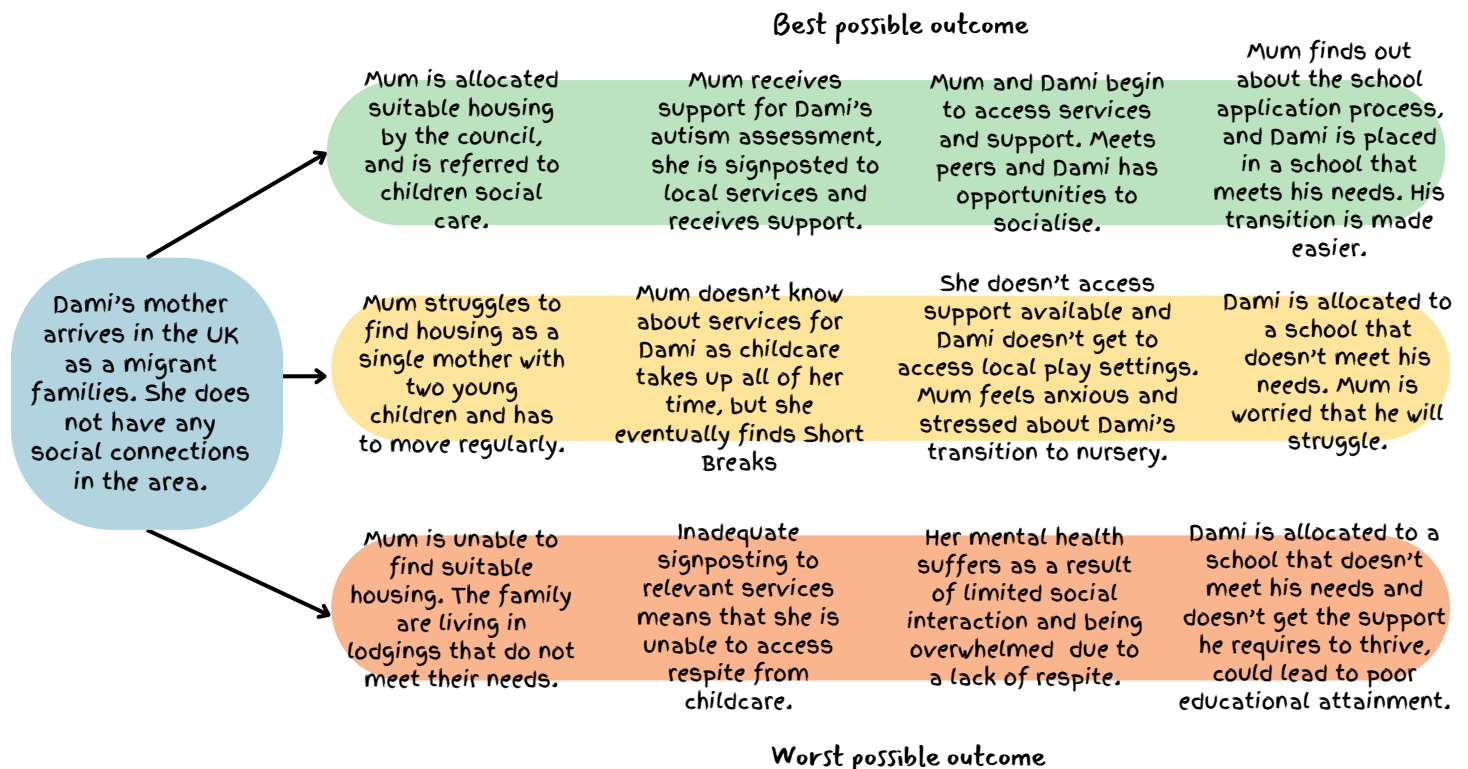


Figure 11: Outcomes for Dami's mother

## ***Finding belonging and community – what young people want***

All the disabled children and youth who took part in this study spend the majority of their time in Barnet. This included accessing educational settings as well as Short-Break and community activities. Six of the thirteen participants accessed Short-Break settings, and an additional three are currently being supported by the council's 0-25 Disabilities Services. Of the four young adults, only one engaged with a community-based voluntary organisation which they had done since they were adolescents.

Many of the parents who have lived in Barnet for some time had a good understanding of the services available and used their social networks to find out information and keep up to date. There were a handful, like Dami's mum who were new to Barnet and were still finding their feet. Some parents like Alicja's mum noted not being aware of Short-Break providers and community sessions close by to them and instead travelled across the borough to take their children to classes which met their interests and individual needs. When told about local activities, parents expressed willingness to sign up for these. What this suggests is an appetite for parents and disabled young people to engage in a range of community-based activities, as Alicja's mum explained:



***I want the best for her (Alicja), she is very sure of what she likes and it's sometimes difficult to find activities that will interest her. We try and find drama and arts-based classes, but apart from the one in North Finchley, I don't know of many nearby.***

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The young adults who took part had a strong sense of belonging to Barnet and their community. Almost all explained that they didn't feel a 'need' to venture outside of the borough because they had 'everything they needed' in Barnet. As Samuel explained:



***If there's a serious need for it I'll go out of Barnet, but there's not so much of a need for me to go outside the valley. On weekends I visit the cinema or parks with friends, but that's all in Barnet.***

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What young people want is more spaces and opportunities to socialise with friends, including peer-led spaces where they can share stories, advice, information and importantly find meaningful connections with others. Having spaces where disabled youth can feel empowered, and find out about initiatives and support offers available to them is important in helping them feel part of a diverse and equitable borough. Many young adults want to become disability advocates and work closely with the council and community services to improve barriers for all disabled people across the borough. The willingness of young people and adults to be involved in decision-making processes is a testament to them already feeling like they belong in Barnet.



***I love living in Barnet, you have different kinds of people - you have people from the upper-class middle-class and lower-class all living in Barnet, and I like the fact that it's also a sound environment. I think there is so much less of the city noise. In Barnet, I enjoy the trees and parks. (Adan, 23).***

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## CONSIDERATIONS!

- Parents of disabled children and young people need respite. While Short-Breaks and local activities have been useful in providing space and time for caregivers, many parents do not have the time to connect with their community as much of their day goes to supporting their children. Providing opportunities for parents to engage with their community allows children and young people to go out and engage as well.
- Disabled young people are eager to participate in activities, but they lack information about access to events and services nearby. It is important to reach out and connect with young people in places that they frequent as well as using ways that work for them- going to them instead of waiting for them to come to us.
- Considering how disabled youth access information or keep up to date is important, especially in making them feel part of Barnet and within their community. Using social media or creative means to circulate what's happening can be an important way of getting them to participate in council and community life.

# RECOMMENDATIONS

The recommendations outlined below mirror those of the Barnet Adult Disability study as there are overlapping themes in the findings from both.

## **1 Understanding how disabled children and young people identify and want to be identified is key to meaningfully engaging them.**

- Minimising barriers to how children and young people can identify is important – for instance, having forms which ask whether individuals have a disability or not can remove opportunities for youth to identify in a way that speaks to them. It may also lead to children and young people feeling 'othered'.
- Embedding a 'whole self' approach when supporting disabled children and young people, including responding to physical as well as emotional and psychological needs and involving them in decision-making processes is central to equitable practice.
- Using play or creative methods can facilitate conversations with disabled children and young people, and allow them to engage in ways that help them connect.

## **2 Consider how disabled children, young people and their families access information and find different modes of making this accessible.**

- Considering how disabled youth access information or keep up to date is important, especially in making them feel part of Barnet and within their community. Using social media or creative means to circulate what is happening can be an important way of getting them to participate in council and community life.
- Using community networks and links to share information about services and local activities using simple and accessible language can help families and disabled children find out about what is available across Barnet.



***I think what we need is for the council to bring out empowerment initiatives, to help disabled people feel empowered. I think this will strengthen the local community and help disabled people like me feel like there are things for us in our area.***

### **3 Community matters – working with voluntary sector organisations can help disabled children, young people and their families engage meaningfully in community life.**

- Building a rapport with parents and caregivers is important when engaging with children and young people. Taking a ‘Family First’ approach is necessary to ensure children, young people and families are supported in the right way.
- Linking and collaborating with community organisations that offer a range of offers can help disabled children and young people feel part of a community. This includes broadening peer spaces so that children and young people can develop a sense of belonging.

### **4 Create opportunities to enable disabled youth and their families to engage in community life and civic participation in different ways.**

- Looking at how community settings and services can be designed to bring together disabled children and peers can transform how the borough embeds Equity, Diversity and Inclusion. This is also looking at how offers and services can be integrated to allow disabled children and young people to take part in mainstream activities and vice versa.
- Broadening opportunities for engagement in consultations, and council and community meetings can help disabled children and young people feel part of a dynamic borough. Using social media platforms and word of mouth can be useful ways of sharing opportunities.



***I wanted to get involved in this study because I want to improve and contribute to improving services. I want to feel like making changes to better the situation for disabled young people in Barnet.***

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# CONCLUSION

This study is part of a larger research project to develop an understanding of the experiences of disabled residents in the borough of Barnet, to centre disabled children and young people. Key findings from the study include:

1. **Diverse and inclusive spaces allow disabled children to be their authentic selves.**
2. **The importance of creating environments where trusted and peer relationships can flourish.**
3. **Taking a whole-person approach during transitional stages is crucial to disabled children and young people having the right support at the right time.**
4. **Connected parents lead to connected children.**
5. **Young people want to be included in decision making and creating solutions.**

While findings from the adult study emerged here and remain important - lack of awareness of services, intersecting identities, and the need for community - for the disabled children and young people that participated in the study highlighted different aspects of these broader findings. Growing up in Barnet presents disabled children and young people with a range of opportunities to achieve key milestones. However, barriers faced echo those experienced by disabled adult residents.

For the disabled children and young people who took part, how they identify can be tricky. We found differences between ages, disability experiences and protected characteristics. What is clear though is that their perspectives of identity are constantly changing. How disabled children and young people are able to identify is also contingent on the spaces and people they interact with. In some instances, disabled youth feel like they are not given opportunities to identify in the way they want to. Taking an intersectional lens, and understanding that children share multiple and intersecting identities which shape their experience is key to being able to support them. This also means embedding new ways that allow young people to identify in ways that speak to them.

This also requires considering how processes can be adapted to allow children and young people to express themselves in ways that they see fit, rather than what we expect expressions of identity to look like.

Meeting young people where they are and in ways that they want to be approached is essential in creating trust and hearing from them about their experiences. Relational approaches are integral here as familiarity and trust make it possible for young people to reach out and seek help. Role models, as illustrated through Hassan's example can be incredibly important for disabled youth to feel seen. This can also influence their aspirations for the future.

Much like findings from the adult study, the familial context becomes extremely important. Disabled children and young people cannot be viewed in isolation as much of their lives involve their parents and caregivers. It is necessary to consider the support that families of disabled children have to adequately address the needs of children and young people. A Think Family approach, as outlined can be an important practice-based way of supporting families in the borough.



Growing up in Barnet can be exciting – the borough offers diverse and inclusive opportunities for disabled children and young people to socialise, access support and have their needs met. Despite this, the needs of disabled children, young people and families are growing. The stories and case studies presented in this study highlight some of the barriers and challenges faced. It seeks to bring to light to their lived experiences and nuanced insights into the day-to-day life of a small cohort of disabled children and young people. Many of the participants who took part want to have a say and have solutions to the barriers faced.

Continuing to create a range of opportunities for them to voice their experiences can instigate meaningful changes and help them feel part of a strong, more inclusive and equitable borough.



***These photos are a collection of pictures taken by children who took part in the study. They took pictures of the things that make them happy.***

# APPENDICES

Appendix A: 'Activity Packs'- various tools used to engage with children and young people

## My School ABCD

My favourite thing about school

My friends are called

Going to school makes me feel

## HELLO! All About Me

My name is

The things I love most are...

My birthday is

I live with my

For fun, I like to

This year, I want to...

My friends' names are

When I grow up, I want to be

## My Family

The people in my family are

Together, we like to

My family is special because

## Things I Love

These are a few of my favorite things:

Food:

Movie:

Book:

Animal:

Game:

Song:





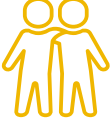







Dessert:

Interesting Things About Me

What makes me smile?



Stick a star on what you've taken a picture of!!!

 This is Me!	 Food	 My Family
 Something Fun	 Friends	 Park
 School	 My Home	 I don't like
 What makes me happy	 My favourite thing	 Play

We're inviting Disabled young people who live in Barnet to capture their day-to-day lives through photos. We've included some prompts below:



Want to share your daily routine? This can include what your day looks like and what you tend to do.



Any barriers or difficulties that you wanted to capture?



Have you seen something that has inspired you, or made you feel a certain way?



Have you taken part in any activities, events or outings? This could be something new you've tried or you've wanted to do for ages.

How to take part:

1. Take a picture or a set of pictures that inspire you, make you feel a certain way, or capture your experiences as a young person.
2. Send these to us via WhatsApp or message to 0777 819 2139 or email at [Khushi@habituscollective.co.uk](mailto:Khushi@habituscollective.co.uk)



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# NCL Start Well Programme

AGENDA ITEM 8

# Context and objectives

- Today's session is an opportunity to brief you on the proposals that have been developed as part of the Start Well Programme. This Programme of work was initiated in 2021 to ensure maternity, neonatal, children and young people's services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities.
- This is a long programme of work, and no decision has been made on the changes. The ICB Board agreed at its meeting on Tuesday 5 December 2023 to initiate a 14-week consultation period, from 11 December 2023 until 17 March 2024. A decision on the proposals is not expected to be made until Autumn/Winter 2024/25.
- The programme has developed a set of proposals to improve maternity and neonatal and children's surgical services in NCL. The purpose of the briefing today is to:
  - Provide some context on the programme, outline the rationale for change and how the options have been developed
  - Describe the options being put forward for public consultation
  - Outline the potential impact these proposals may have on different populations, including Barnet
  - Capture your views and feedback on the approach to consultation and how best to engage with the populations in Barnet who may be potentially impacted
- The link to the consultation website where you can find more information and details about the programme is: [nclhealthandcare.org.uk/start-well](https://nclhealthandcare.org.uk/start-well)



# Background and context

# The drivers for this programme and the need for change are rooted in our relentless focus on improving outcomes and reducing inequalities within our population

North Central London ICS has an ambition to provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who choose to use our services.

We know that care received at the beginning of life is a powerful force against health inequalities and a catalyst for improved life chances which is why Start Well is a key priority in our Population Health and Integrated Care Strategy.

Central to the Start Well programme are the needs of pregnant women and people and their babies. We want to ensure our services are in the best position to support families through the life changing journey of pregnancy and birth.

## We have ten principles which will guide our new ways of working

To make our transition to a population health and integrated care system that is needs-driven, holistic and integrated, we have identified 10 principles to guide us and given examples of what that looks like in terms of changed ways of working.

 <p><b>Trust the strengths of individuals and our communities</b> <i>We listen to our communities and develop care models that are strengths-based and focussed on what communities need, not just what services have always delivered</i></p>	 <p><b>Break down barriers and make brave decisions that demonstrate our collective accountability for population health</b> <i>We understand each other's viewpoints and take shared responsibility for achieving our ICS outcomes and our role as anchor institutions</i></p>	 <p><b>Build from insights</b> <i>We create digital partnerships and use integrated qualitative and quantitative data to understand need</i></p>	 <p><b>Strengthen our Borough Partnerships</b> <i>We build a system approach for local decision making and accountability to support local action on physical and mental health inequalities and wider determinants</i></p>	 <p><b>Mobilise our system's world class improvement and academic expertise for innovation and learning</b> <i>We build the evidence base for population health improvement and innovative approaches to improve integrated working</i></p>
 <p><b>Break new ground in system finance for population health and inequalities</b> <i>We shift our investment toward prevention and proactive care models and create payment models based on outcomes.</i></p>	 <p><b>Build 'one workforce' to deliver sustainable, integrated health and care services</b> <i>We maximise our workforce skills, efficiencies and capabilities across the system</i></p>	 <p><b>Support hyper-local delivery to tackle health inequalities and address wider determinants</b> <i>We make care more sustainable by creating local integrated teams that coordinate care around the communities they serve</i></p>	 <p><b>Relentlessly focus on communities with the greatest needs</b> <i>We embed Core20PLUS5 in all our programmes with a particular focus on inclusion health to make sure no-one is left behind</i></p>	 <p><b>Deliver more environmentally sustainable health and care services</b> <i>We prioritise activity which impacts our communities' health and environment, such as transport</i></p>

Source: North Central London ICS Population Health and Integrated Care Strategy

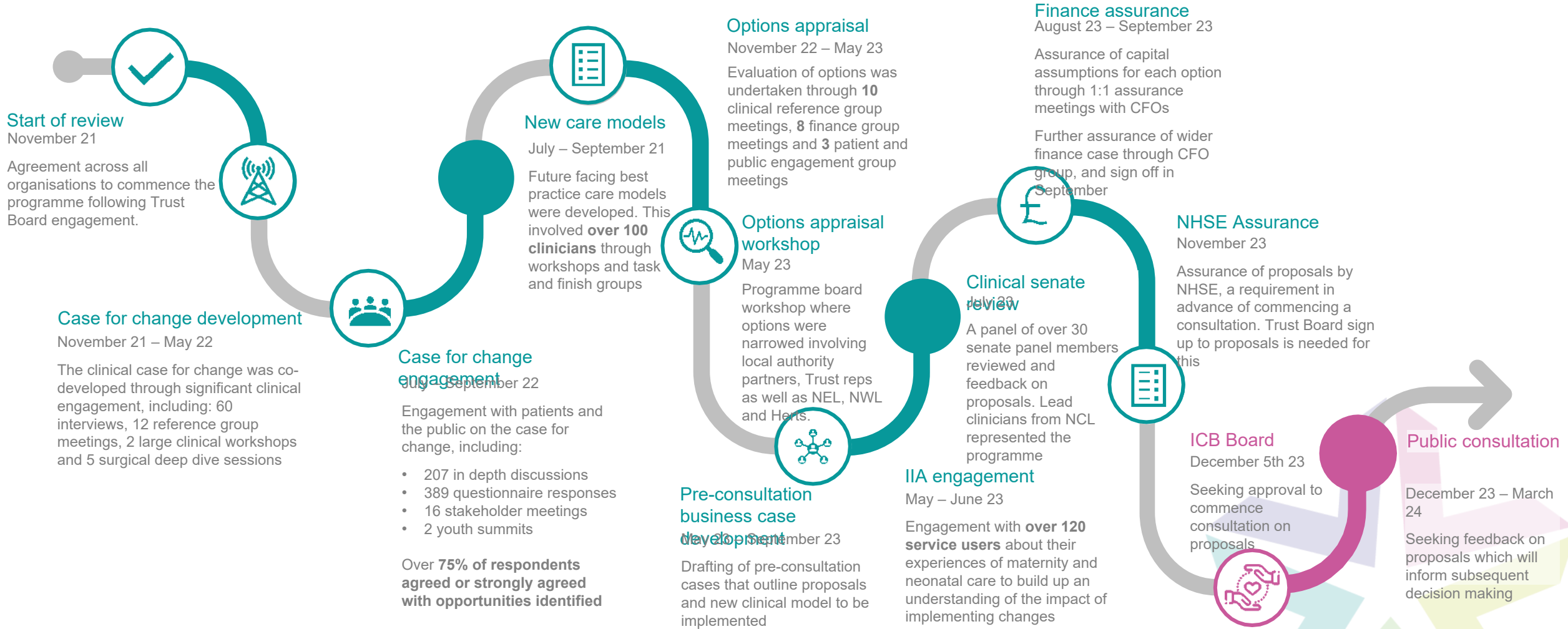
# The Start Well programme will support us to tackle inequalities and improve population health outcomes

**The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities**

- Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes
- There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others
- The quality of services could be improved, and some service users face differential outcomes and experience
- Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care
- Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care

The ICS also has a number of other programmes which are aiming to achieve population health improvements and integration of care such as a review into community services, mental health services and the implementation of a Long Term Conditions Locally Commissioned Service for Primary Care.

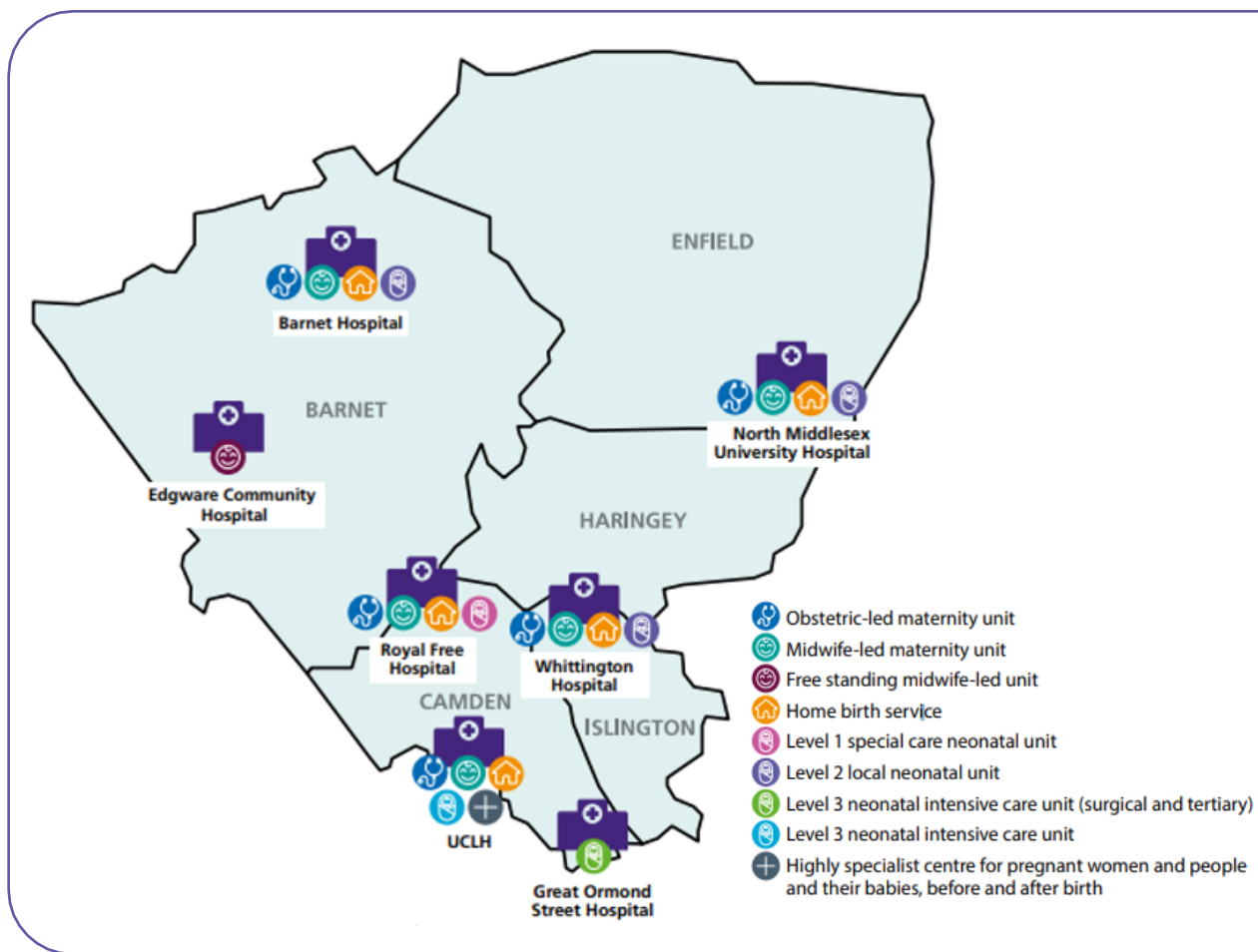
# Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners



The programme, which began in November 2021, has benefited from extensive clinical and service user input.

# Maternity and neonatal services proposals

# How maternity and neonatal care is currently organised in North Central London



In our five boroughs we have **five maternity and neonatal units** and a **standalone midwifery led birth centre**:

- Five obstetric units
- Five alongside midwifery-led units
- One standalone midwifery-led unit at Edgware Community Hospital
- One special care neonatal unit (level 1)
- Three local neonatal units (level 2)
- Two NICUs (level 3 – one of which is at GOSH and out of scope of the proposals)

Pregnant women and people can access maternity care at their unit of choice. This means people who live within Barnet, Camden, Haringey, Enfield or Islington may choose a hospital outside of these area and those who live outside the NCL boroughs can access maternity care at a hospital within NCL

# There are important clinical drivers for change in our maternity and neonatal services



**NCL has a declining birth rate, with increasing complexity of service users.** There is insufficient activity and staff to sustain five maternity and neonatal units in the long term



**Staffing levels do not always meet best practice guidance** and there are high vacancy rates which frequently compromise service provision. This often leads to the inability to staff birth centres – meaning the choice of midwifery-led care is often compromised



**The level 1 unit at the Royal Free Hospital was only 37% occupied in 2021/22.** The number of admissions to the unit have been falling and there are expensive and complex mitigations in place to maintain its safety. This unit does not provide equitable care to service users and it represents a clinical risk, which requires a long-term solution as identified by the London Neonatal Operational Delivery Network and the Trust



**The maternity and neonatal estate at the Whittington Hospital does not meet with modern best practice building standards.** It has no ensuite bathrooms in its labour ward, its neonatal unit is cramped with risks around infection control. These risks are actively mitigated by excellent staff and clinical processes; however, this does create increased pressure on staff to safely deliver the service



**Maternity CQC re-inspections has identified challenges with maternity services in NCL** and there are opportunities to improve their quality

**Edgware Birth Centre supports an ever-decreasing number of women to give birth – in 22/23 only 34 women gave birth there.** Given the declining birth rate and increasing complexity of births it is unlikely this will increase in the future

# Our vision for maternity and neonatal care is delivered through our new care model

## The new care model proposes:

- **Bringing together maternity and neonatal care into four units as opposed to our current five**
- **Three level 2 neonatal units as well as the specialist NICU at UCLH**
- **No longer having a level 1 neonatal unit**
- **No longer having a standalone midwifery-led birth centre**

## Our vision for maternity and neonatal services



**Provision of high-quality equitable care:** all units being able to provide the same level of neonatal care will address the current inequity of having a level 1 neonatal unit as local provision for those closest to that level 1 unit is less comprehensive than the local provision for those closer to any of the level 2 centres



**Units that provide sustainable activity numbers:** through consolidation, we will have larger units which are more clinically sustainable in the long term given the declining NCL birth rate and the need to make best use of our scarce workforce



**Workforce resilience:** units staffed in line with best practice, supporting our teams to deliver high quality care. Delivering this over four units as opposed to five means increased workforce resilience and units will be less vulnerable to short term closures – ensuring that choice of birth setting can be facilitated in a more consistent way. This may also help deliver greater continuity of care to parents, which is currently a challenge to deliver as our workforce are spread thinly



**The right capacity to meet demand:** ensuring that NCL has access to the right level of capacity to meet changing needs of our population – including access to specialist care where it may be needed



**Environment that provides a positive patient experience:** investing in our estate and making improvements that will address current issues. We will invest in making sure we have optimally sized units, meaning better value for money and wider benefits of adopting the new care model



# Options for consultation – maternity and neonates

## Our preferred option

### Option A: UCLH, North Mid, Barnet, Whittington

UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Maternity and neonatal services would cease to be provided

### Option B: UCLH, North Mid, Barnet, Royal Free

UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Maternity and neonatal services would cease to be provided

## Closure of the birthing suites at Edgware Birth Centre

# Both options being put forward for consultation are deemed to be implementable

## The status quo is not an option for consultation because:

- The way services are currently set up won't meet the long-term needs of our population and doesn't resolve the challenges identified in our case for change
- Staffing services across five sites as opposed to four would continue to be a challenge and not make best use of our skilled workforce
- The neonatal unit at the Royal Free Hospital would continue to need support to maintain the skills of staff and this does not represent a long term, sustainable solution

**Both proposed options being put forward for consultation have been deemed to be implementable and we are consulting on both options.**

## Option A has been identified as the preferred option for consultation because:

- it would mean fewer staff needing to move to a new location
- option B would mean some people would need to go to hospitals in North East London that would struggle to have capacity for this because of rising birth rates in some parts of North East London
- while option A would mean some people would need to go to hospitals in North West London, those hospitals have confirmed they have capacity for this as the number of births in North West London is falling

# Future flows have been projected for each option, using an approach which considers choice

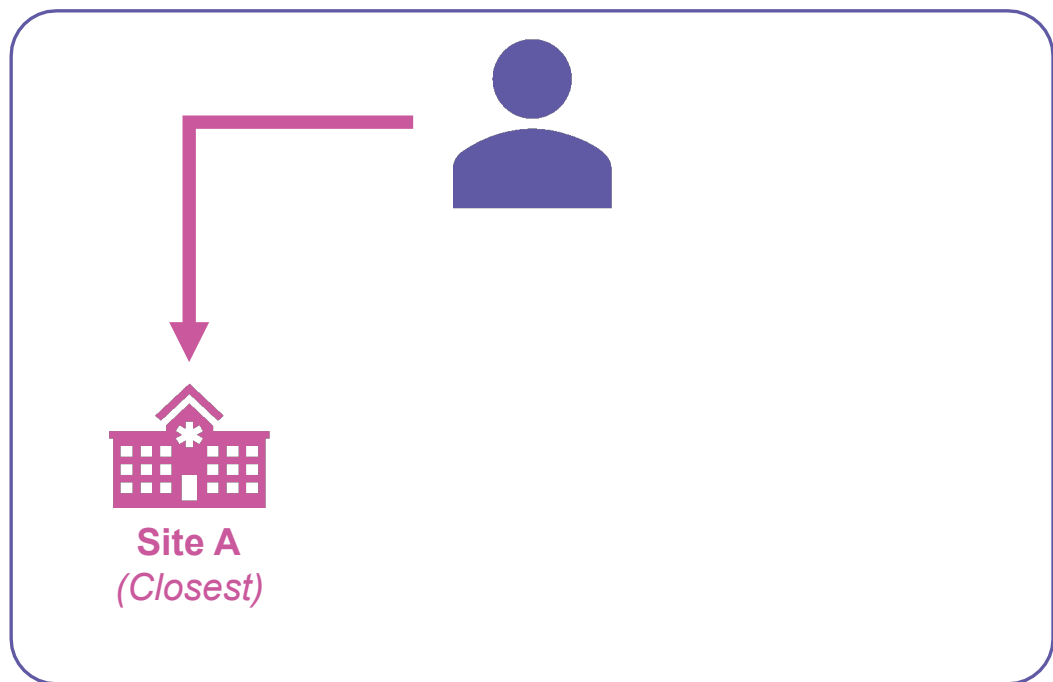
**Note:** LSOA is a Lower Super Output Area and is the smallest granularity of geography that is used for travel time analysis. Typically, there are 1,000-2,000 residents within an LSOA.

Approach	Description
<p>1</p> <p>For each LSOA identify the closest hospital for the catchment population</p>	<ul style="list-style-type: none"> <li>• The catchment population for the patient flow analysis has been defined as all LSOAs in NCL where there was activity in the 2021/22 baseline year and any LSOAs for whom an NCL site is the closest hospital, this includes any populations living in neighbouring boroughs.</li> <li>• The neighbouring ICSs have been defined as all London ICSs plus Hertfordshire and West Essex ICS</li> <li>• The closest hospital is found using the Travel Time API (Google), calculating the travel time in minutes at peak time</li> </ul>
<p>2</p> <p>Calculate the number of deliveries at each in scope hospital in 21/22 by LSOA</p>	<ul style="list-style-type: none"> <li>• The volume of activity at each of the in-scope hospitals has been calculated for each of the LSOAs in the catchment population</li> <li>• The hospitals that are in scope of this work are all acute NCL hospitals and the following neighbouring units: St Mary's, Chelsea and Westminster, Northwick Park, Homerton, Whipps Cross, Royal London, Princess Alexandra, Watford General, Newham, Luton and Lister Hospitals</li> </ul>
<p>3</p> <p>Understand in each LSOA the number of people giving birth at their closest unit or choosing to give birth elsewhere</p>	<ul style="list-style-type: none"> <li>• It is modelled that <b>everyone in an LSOA flows to their nearest unit by travel time (car/driving at peak times)</b>. If this unit is modelled as closed, then the population will be modelled as flowing to the next nearest.</li> <li>• However, if over 80% of people in any LSOA are currently choosing to go to a unit further away than their nearest by travel time, then everyone in that LSOA is modelled to travel further to the unit of choice.</li> <li>• In each option, when a unit closes, everyone who was modelled to go to that unit is then modelled to <b>go to their nearest hospital instead</b></li> </ul>

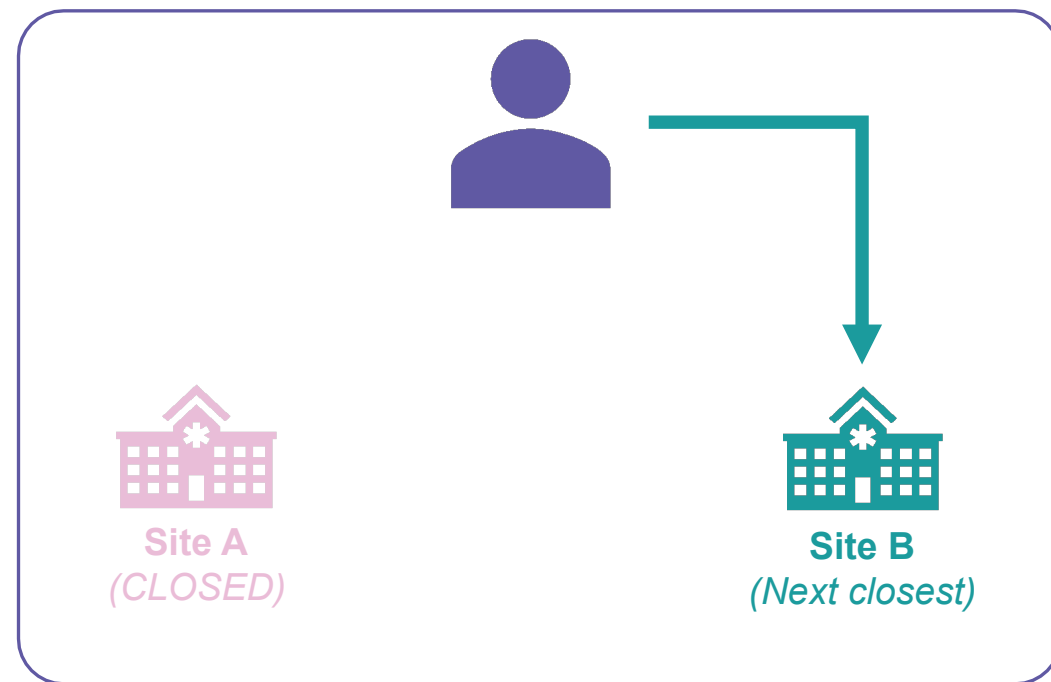
# We identified the people who may be impacted by the proposals

- We looked at where people currently live and identified geographies whose closest hospital is Royal Free (option A) or Whittington (option B)
- For the impacted populations we looked at what the next closest hospital would be and projected the activity to the next nearest unit. All activity in that LSOA is flowed to this hospital.
- This modelling is based on historic activity and a set of assumptions and therefore is indicative. Whilst the modelling approach has factored in choice there may be individuals within the impacted LSOAs who choose a hospital that is further away than the closest.

Currently: where people go now (the closest)



Future: Predicted flow if maternity unit at Site A closed

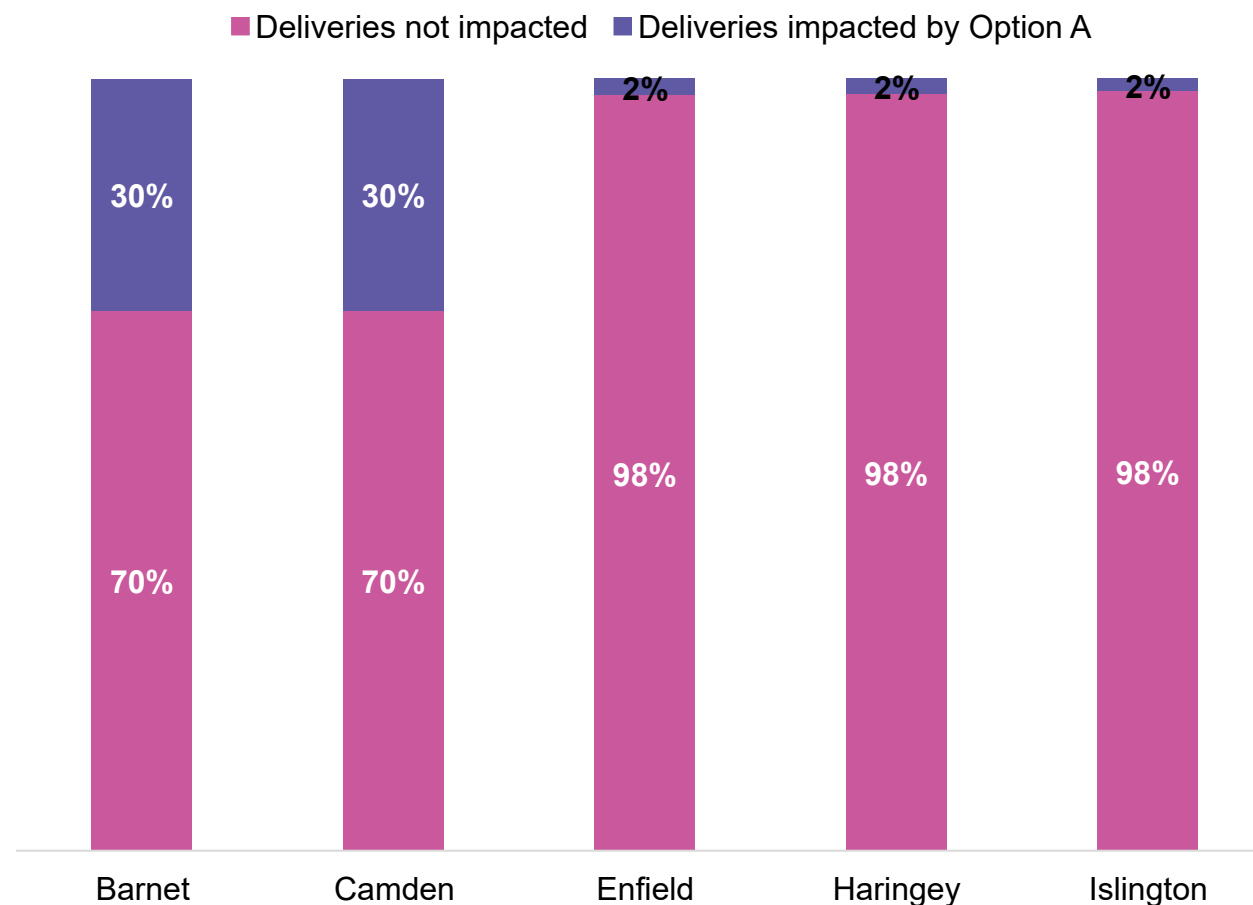




## The proposals in option A would result in 2,560 deliveries being moved to another unit

- Based on future activity modelling, in option A, 2,560 deliveries are would be moved from the Royal Free Hospital to another unit. This includes units that may be outside of NCL.
- Of the 2,560, 73% (1,860) are NCL residents and the remaining 27% (700) are non-NCL residents.
- Of the NCL residents impacted:
  - 1,211 live in Barnet
  - 475 live in Camden
  - 77 live in Enfield
  - 61 live in Haringey
  - 36 live in Islington
- The proportion of total deliveries impacted by NCL borough is set out in the graph to the right

Proportion of activity which may being impacted by borough

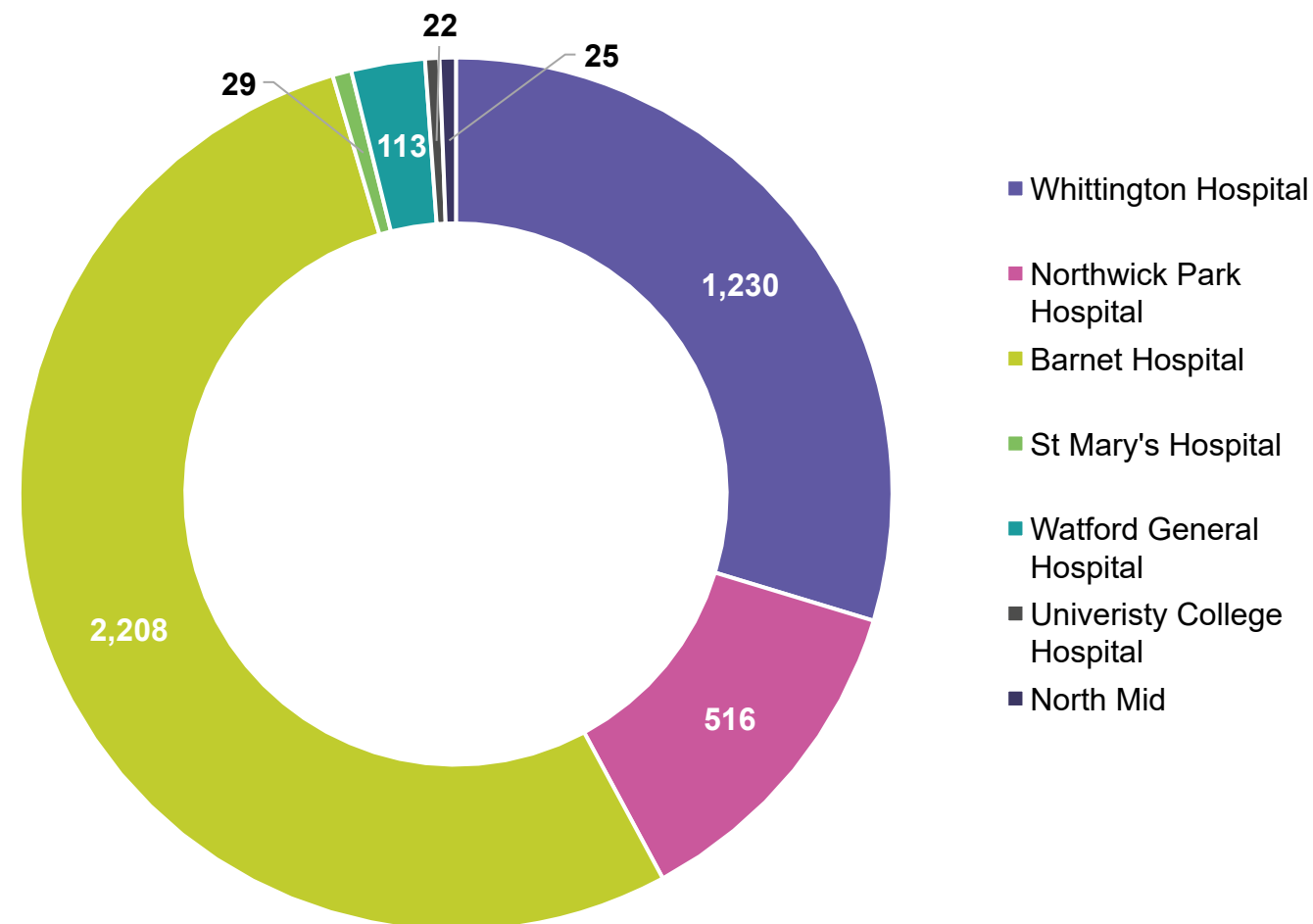




# In Option A 70% of activity for Barnet residents would remain at the same hospital

- Based on future activity modelling, in option A, 70% of deliveries for individuals who live Barnet, would remain at the same unit. This includes individuals who live in Barnet but are actively choosing to deliver at a unit further away than the closest.
- 30% of individuals would be required access maternity care at a different unit if the Royal Free Hospital was modelled as closed (1,211 deliveries in total).
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Whittington Hospital (+ 618 deliveries)
  - Barnet Hospital (+243 deliveries)
  - Northwick Park Hospital (+267 deliveries)
  - Watford General Hospital (+56 deliveries)
  - St Mary's Hospital (+22 deliveries)
  - University College Hospital (+ 5 deliveries)
- The graph to the right highlights in option A where all deliveries for individuals who live in Barnet would be. This includes deliveries where the unit would not change.

Option A: Projected deliveries by site for all Barnet borough residents

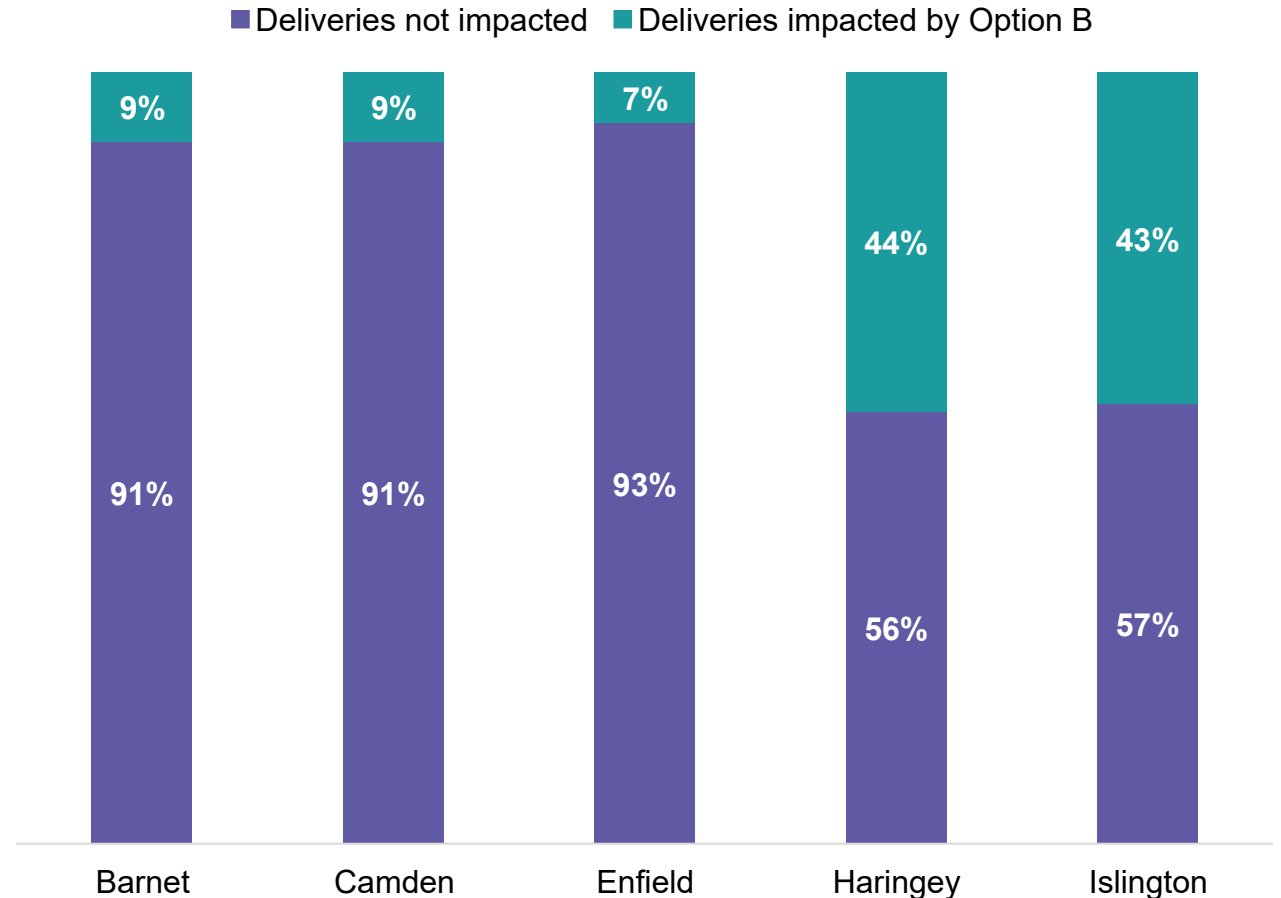




## The proposals in option B would result in 3,391 deliveries being moved to another unit

- Based on future activity modelling, in option B, 3,391 deliveries are would be moved from the Whittington Hospital to another unit. This includes units that may be outside of NCL.
- Of the 3,391, 88% (2,978) are NCL residents and the remaining 11% (413) are non-NCL residents.
- Of the NCL residents impacted:
  - 360 live in Barnet
  - 151 live in Camden
  - 230 live in Enfield
  - 1,294 live in Haringey
  - 943 live in Islington
- The proportion of total deliveries impacted by borough is set out in the graph to the right

Proportion of activity which may being impacted by borough

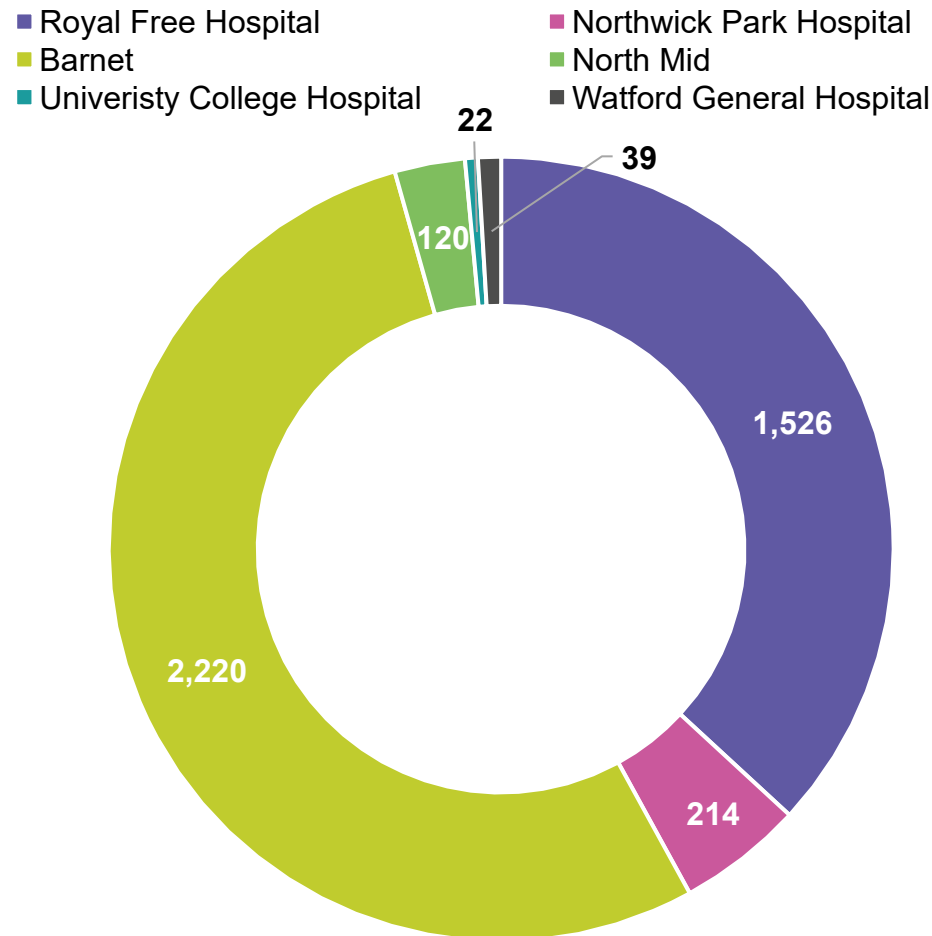




# In Option B 91% of activity for Barnet would remain at the same hospital

- Based on future activity modelling, in option B, 91% of deliveries for individuals who live Barnet, would remain at the same unit. This includes individuals who live in Barnet but are actively choosing to deliver at a unit further away than the closest.
- 9% of individual would be required to deliver at a different unit if the Whittington Hospital was modelled as closed (360 deliveries in total).
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Barnet (+133 deliveries)
  - Northwick Park Hospital (+3 deliveries)
  - North Mid (+50 deliveries)
  - Royal Free Hospital (+171 deliveries)
  - University College Hospital (+3 deliveries)
- The graph to the right highlights in option B where **all deliveries** for individuals who live in Barnet would be. This includes deliveries where the unit would not change.

Option B: Projected deliveries by site for all Barnet borough residents





# We have built up an understanding of the impact of our proposals through our Interim Integrated Impact Assessment

Our IIA draws on multiple strands of work which has supported us to build a picture of what the impact of our proposals could be, and who may be impacted:

1. Our case for change took a population health approach and identified service users with characteristics who may be at risk of health inequalities
2. We undertook a supplementary literature Review to identify inequalities in maternal and neonatal outcomes undertaken by public health professionals
3. We engaged with potentially impacted groups to understand their views on the possible impact of proposals
4. We have undertaken extensive analysis on:
  - Accessibility (travel time, cost, parking, public transport access, car ownership)
  - Population demographics
  - Sustainability impact by looking at carbon emissions

We have identified the following impacts of our proposals:

- **Accessibility:** relatively small average increases in travel time across both options (both by public transport and car)
- **Cost of travel:** additional expenses when travelling by taxi on average of £4, but close to the closing sites up to £11
- **Accessing an unfamiliar hospital site:** changes may mean people having to travel to and navigate around a hospital site which they are unfamiliar with
- **Understanding changes:** service users need to be able to understand their choices of maternity care and what change could mean for them



- 1. Understand proposed service changes**
  - Understand current services and where they are delivered
  - Review the proposed changes to the model of care
  - Understand where services will be delivered for each potential option
- 2. Identify potentially impacted populations**
  - Assess which local people may be impacted by the proposals
- 3. Understand the potentially impacted groups**
  - Understand the demographics and location of the population
  - Understand populations who might be disproportionately impacted by the proposals or who are vulnerable
- 4. Assess impact of proposals on populations**
  - Understand the overall potential impact on moving services on quality, outcomes, patient experience, access, sustainability and geographical areas
  - Assess this impact for those populations who may be disproportionately impacted or who are vulnerable
- 5. Agree mitigations**
  - Agree steps to mitigate against any negative impacts and enhance any benefits

**IIA engagement reach**

-  38 engagement meetings facilitated
-  124 patients, residents and staff have been involved
-  9 sessions with parents who have recent experience of neonatal care
-  5 meetings with specialist midwives supporting women with complex needs

**Start Well**

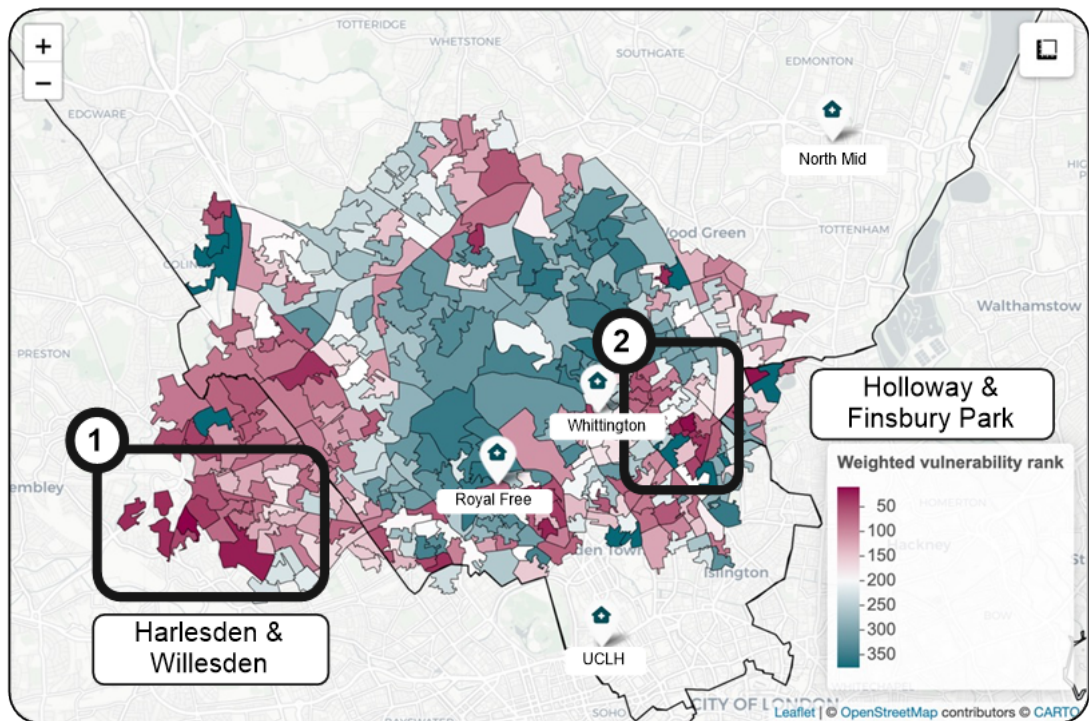
*Literature Review to identify inequalities in maternal and neonatal outcomes to support the NCL Integrated Impact Assessment (IIA)*

**Executive Summary**

This work involved a review of the literature to identify studies that reported on maternal and neonatal outcomes across several population groups known to experience inequalities. It found the following:

- **Deprivation:** Women living in deprived areas were up to 50% more likely than those in less deprived areas, to experience a stillbirth or neonatal death
- **Protected Characteristics:**
  - o **Age:** Advanced maternal age is associated with a range of adverse pregnancy outcomes including low birth weight, pre-term birth, and stillbirth
  - o **Ethnicity:** Pregnant women in the UK from mixed or multiple ethnic backgrounds experience a mortality rate 1.9 times higher than White women; with Black women having 4.1 times higher mortality rate. Babies that are Black, or Black British Asian or Asian British have a more than 50% higher risk of perinatal mortality compared to White
  - o **Single parent:** For unmarried women there are increased chances of preterm birth, low birth weight and small for gestational age births
  - o **Religion:** Limited evidence is available, but studies available suggest Islamic women report worse maternal care while Jewish women make late antenatal bookings which itself is associated with poor pregnancy outcomes and poor infant health

## Two specific geographical areas were identified as being more vulnerable to the impact of our proposals



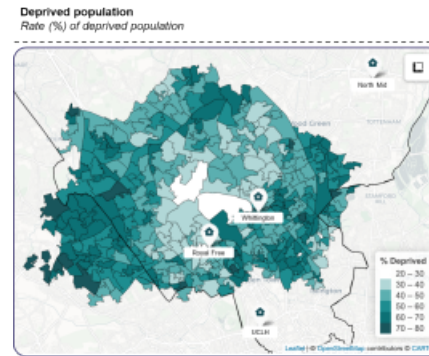
Weightings were used to rank all LSOAs from highest to lowest against a range of metrics including ethnic minorities, deprivation and poor health outcomes where 1 = worst, 400 = best. A weighted average was then developed for each LSOA and used to identify populations who may be more vulnerable to the impact of our proposals

- **Two geographical areas** were identified as having residents who may be more vulnerable to the impact of our proposals because they face barriers to accessing services due to living in areas of deprivation and having high levels of poor general health
- As a result of the proposals, people in **Harlesden and Willesden** (option A), and **Holloway and Finsbury Park** (option B) may need additional support to:
  - **Access the hospital site** if they are disabled/in poor health or are not proficient in English
  - **Travel to hospital by taxi**, if required, as it will cost an additional £4-£5 per journey
  - **Access services online** as they may have lower digital proficiency
  - **Care for other family members** as they may be a lone parent
- **Black African and Black Caribbean** populations are concentrated in these geographies and have poorer maternity outcomes
- Harlesden has a large proportion of **Bangladeshi and Pakistani** populations, who are more likely to have worse maternal health outcomes

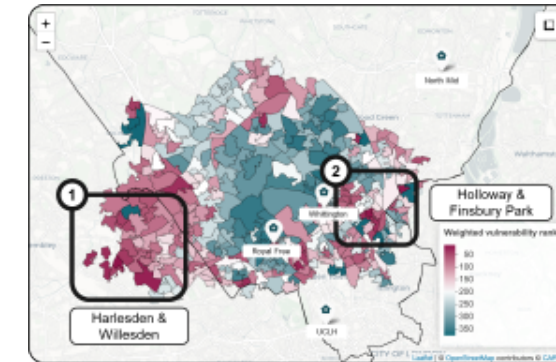
# There are a range of population groups who may be impacted if we were to implement either option A or B



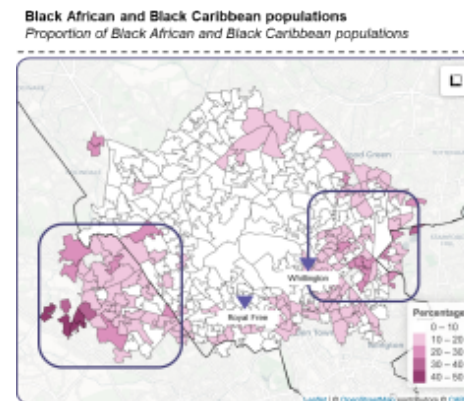
**Women and people who live in deprived areas:** there is a link between people living in deprivation and adverse outcomes from maternity and neonatal care. People living in these areas may be particularly impacted by increased taxi costs if either option A or B were to be implemented.



**People living in geographic areas who may have vulnerabilities:** we identified two neighbouring areas with a higher concentration of people who may be vulnerable to service changes. **Harlesden and Willesden** would be more impacted by option A and **Holloway and Finsbury Park** would be more impacted by option B. The reason that these areas have been identified is due to their higher concentration of people who belong to an ethnic minority, people with poorer English proficiency and areas of higher deprivation. Mitigations for these populations include a focus on continuity of care and ensuring there is integration with other local services

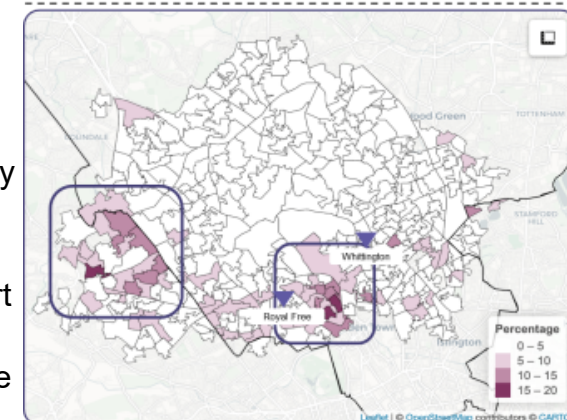


**Black African (including Somali) and Black Caribbean women and people of childbearing age:** there is evidence that Black African and Black Caribbean women and people may experience poorer maternity outcomes. The impact on Black African and Black Caribbean women of proposed changes may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of their wider health needs during pregnancy.



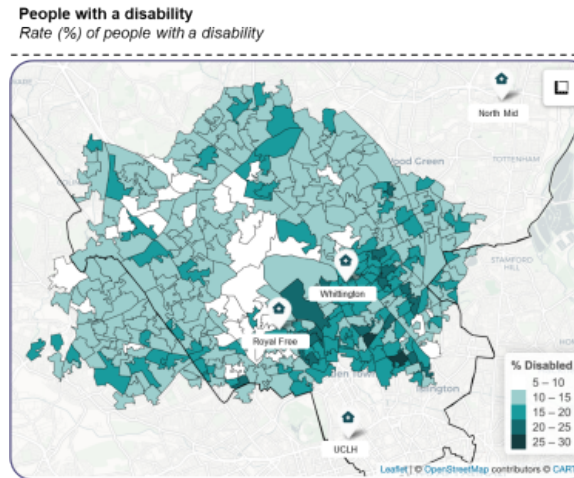
**Asian women and people of childbearing age:** there is evidence that Asian (particularly Bangladeshi and Pakistani) women and people may experience worse outcomes from maternity care. The impact for them may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of wider health needs given evidence of higher prevalence of conditions such as diabetes.

Asian (Bangladeshi and Pakistani) populations  
Proportion of Bangladeshi and Pakistani populations



# There are a range of population groups who may be impacted if we were to implement either option A or B

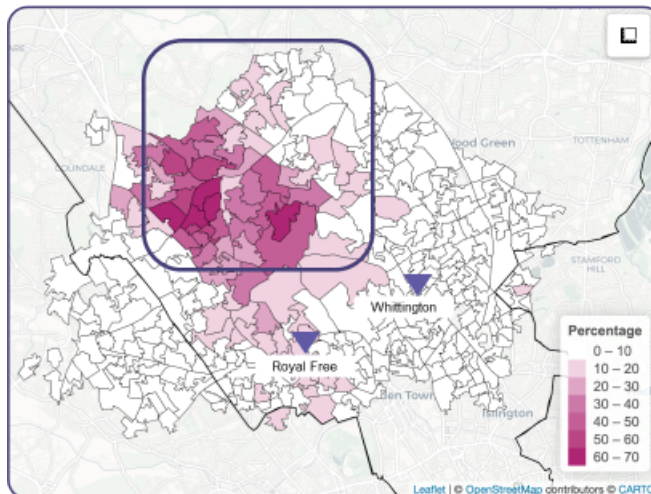
**Women and people of childbearing age with disabilities (including learning disabilities):** people with disabilities may be more impacted by proposed changes due to challenges navigating to an unfamiliar hospital site, taxi costs due to lower car ownership and the physical accessibility of hospital sites.



Through engagement with service users to date, we have developed mitigations that may need to be put in place to support service users with a range of different needs should a decision be taken to implement proposals. This covers areas such as:

- Communication and information sharing
- Travel and transport
- Ongoing engagement with communities

**Jewish Population**  
Proportion of Jewish populations



**Women and people from the orthodox Jewish community:** Orthodox Jewish people may be impacted by the proposed changes, particularly around Option A. Consideration may need to be given for the specific needs of this group around maternity care. This includes requirements around Kosher food, observance of Shabbat and the impact on travel and ability to access online or digital materials.

There are a number of other service users who have characteristics that make them potentially more impacted should we implement option A or B which our IIA identifies. This includes older and younger pregnant women and people, people with poor literacy and women and people in inclusion health groups.

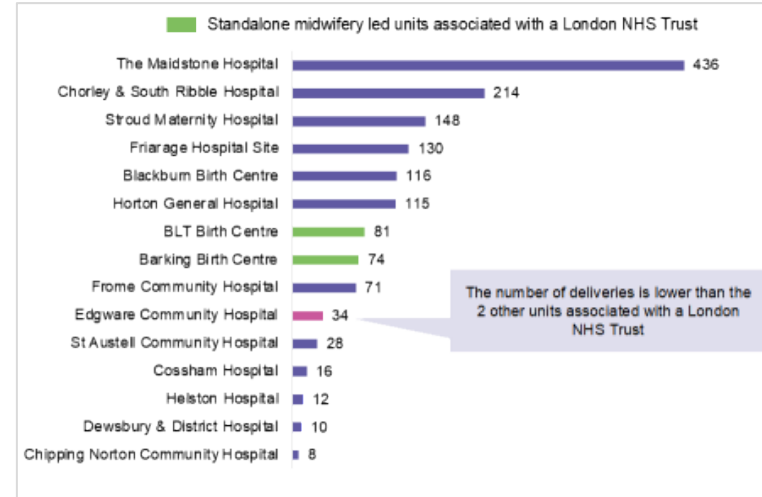
We would seek as a priority to engage with all of these groups during the consultation period.

# The birthing suites at Edgware Birth Centre

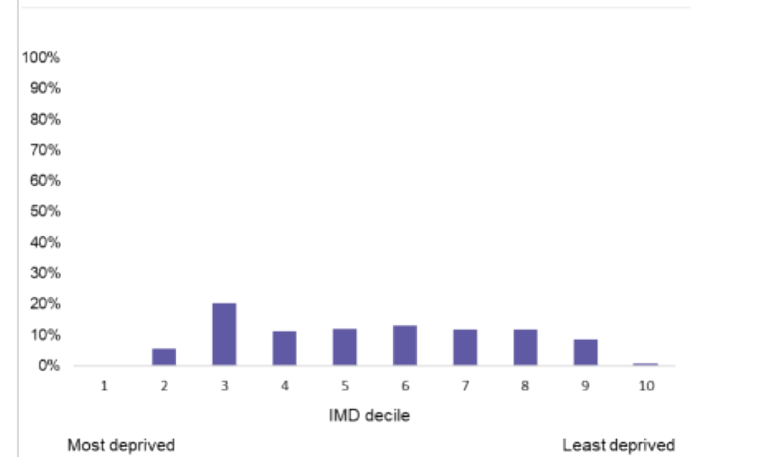
# We are also proposing closing the birthing suites at Edgware Birth Centre

## Case for change for Edgware Birth Centre

- Edgware Birth Centre does not provide the right type of capacity for our population, with analysis suggesting only 30% of women across NCL would be clinically appropriate to give birth there and an even smaller number of this 30% would be within close travelling distance of the unit
- Births are becoming more complex and anticipated to decline over the next 10 years, meaning it would be very difficult to increase activity numbers at the unit
- The number of births at the unit has been declining every year since 2017 and it is one of units with the smallest number of births in the country, with only 34 births in the last financial year
- We do not have the workforce to support the unit as well as our other alongside midwifery-led units which leads to short term closures of the service
- There are opportunities to use the space at the site in a more efficient way and provide antenatal and post natal services for our local population there that are more in line with their needs



Percentage of deliveries at Edgware in each IMD decile %, 2017/18 – 2021/22 combined



We are consulting on this as a separate proposal alongside the maternity and neonatal proposals. They are not dependent on one another.

# Surgery for babies and children

# There are several important clinical drivers for change in our paediatric surgical services



**There is currently a lack of defined emergency surgical pathways for young children** meaning that clinicians in emergency departments make multiple enquires to secure the right pathway for individual children.



**Some children are transferred up to three times before receiving emergency surgical treatment in the right setting.** From April 2020 to March 2021, 144 children and young people were transferred from an NCL provider to other hospitals for an emergency surgical procedure



**Access to surgical and anaesthetic workforce to deliver care for young children is limited at local sites and scarce nationally**, with the ability to undertake an operation often dependent on the skills of the individual staff on duty that day



**There are some operations being undertaken in very low volumes at local sites** which raises questions about the ability of staff to maintain their skills



**There is lack of clarity on the role of Great Ormond Street Hospital in caring for local NCL children and young people requiring surgery**, alongside its tertiary and quaternary work



**Children are not always looked after in age-appropriate environments, or on child-only lists** which does not represent a high-quality patient experience

**There are long waits for planned operations, particularly in ENT and Dentistry**, and there are opportunities to consider how these high-volume specialties better manage demand and capacity



# Our proposals will improve quality outcomes and patient experience for paediatric surgical care

## Paediatric surgery care model benefits



### Access

Paediatric surgical care will be delivered in the appropriate setting to ensure that all patients receive the care they require as quickly as possible



### Workforce

Make best use of paediatric surgeons and consultant paediatric anaesthetists to deliver planned and emergency surgical care to children at a fewer number of sites



### Sustainable services

Consolidating low volume specialties and ensuring staff maintain competencies will ensure that surgical services remain sustainable



### Environment

Ensure all children receive care in a child friendly environment where possible, on dedicated children's surgical lists



### Surgical pathways

Providing clarity on surgical pathways reduces time taken to find a bed at local units or transfer children

# Option for consultation – paediatric surgery

- We developed and appraised options for the location of planned and emergency surgical services for children and young people in NCL
- Following our options appraisal, there is one option for consultation for the location of the ‘Centre of expertise: day case’ and ‘Centre of expertise: emergency and planned inpatient’

## Option for consultation

### Centre of Expertise: emergency & planned inpatient

**GOSH**

Would deliver majority of surgical care for children under 3 years and under 5 years (general surgery and urology).  
Would provide planned inpatient surgery for children age 1 years and over for low volume specialties.

### Centre of Expertise: day case

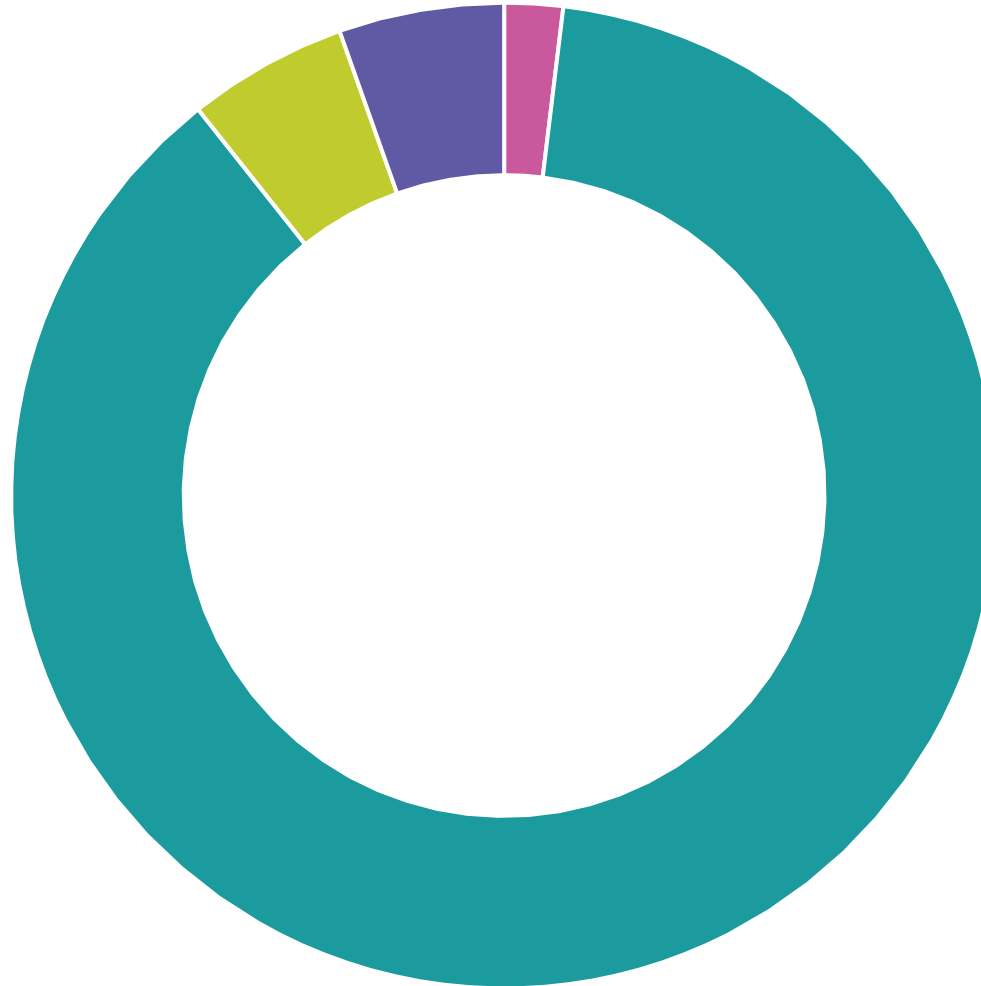
**UCLH**

Would deliver all day case surgery for children age 1 and 2 years. Would provide day case activity for all children age 3 years and over for low volume specialties.

# The proposed care model would move less than 10% of paediatric surgical care in NCL

**Centre of Expertise:  
Daycase – c.300 children**  
Bringing together  
planned daycase activity

**Centre of Expertise:  
Emergency & planned  
inpatient – c. 300  
children for surgical  
care and c.1,000  
children for surgical  
assessment**  
Bringing together  
emergency for very young  
children and planned  
inpatient care

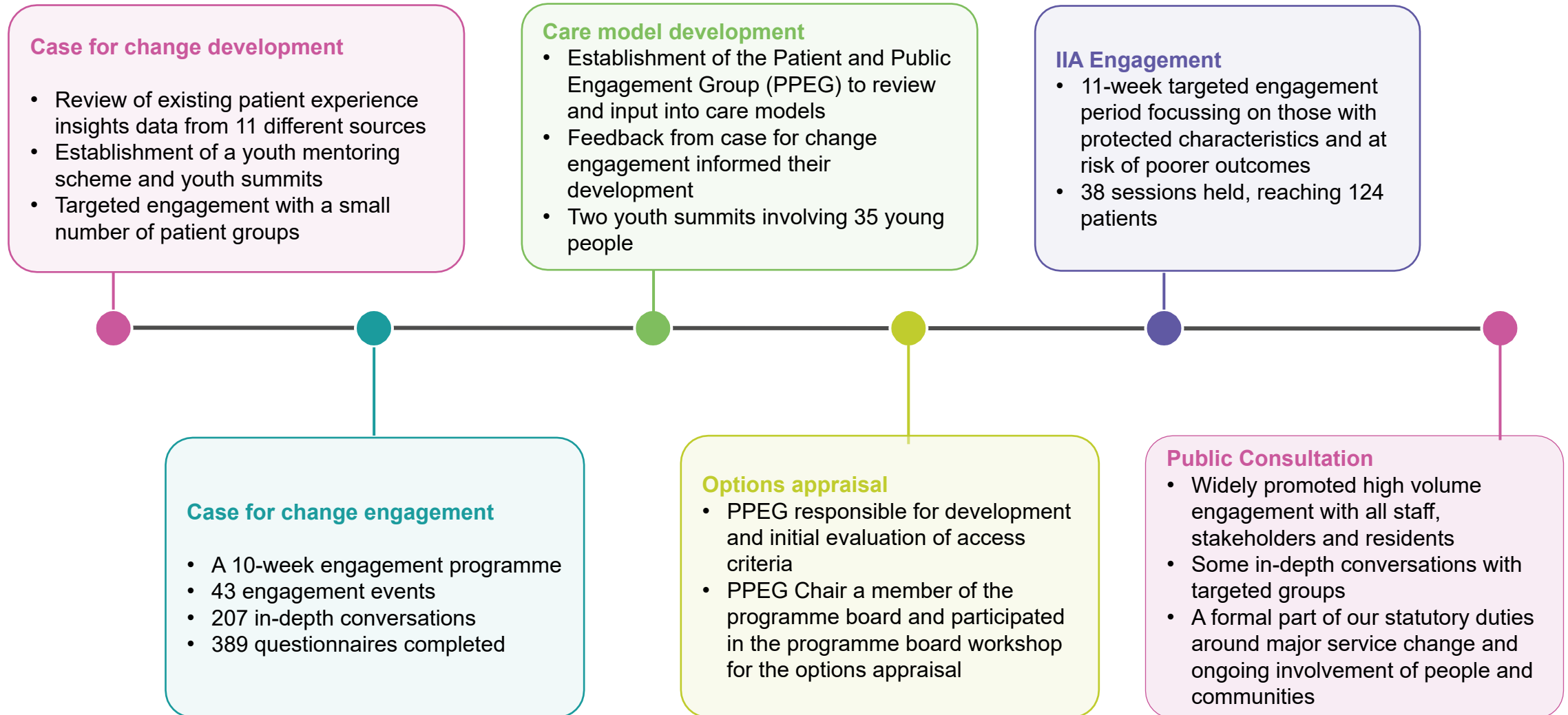


**Out of area**  
Emergency paediatric  
surgical activity that  
would continue to be  
delivered outside NCL  
(e.g., major trauma)

**Local and specialist  
units**  
Most of the emergency  
and planned activity  
would remain at local  
units or at specialist  
units. This means that  
children and young  
people are seen at the  
place best suited to their  
needs.

# The consultation

# The programme has benefited from substantial input from service users and local communities and public consultation will expand the reach of the engagement to date



# 14-week public consultation from mid-December 2023

**Approval given to commence a 14-week consultation** to gather views from service users, stakeholders, residents and staff, running from **11 December – 17 March 2024**.

## Development of the consultation plan

The Consultation Plan is a working document which details the purpose, scope and plan of how we will deliver this public consultation.

The consultation is being jointly run by NCL Integrated Care Board, on behalf of the Integrated Care System and its partner organisations, and NHS England as the commissioner of some specialised neonatal and surgical services.

The plan has been reviewed by our Programme Board, NHSE at a formal assurance meeting, and Healthwatch representatives. The plan will be iterative, and we will monitor progress throughout the consultation to ensure we are meeting our objectives.

The consultation will be overseen by the Start Well Programme Board, and we will provide regular updates on planning and delivery. Responses will be independently collected and analysed by an external organisation in line with best practice.

At the end of the consultation period, we will have an independently drafted report detailing the feedback received during the 14-week period.

## Key Legal Duties

This consultation will fulfil our duty under the

- **NHS Act 2006** (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022)
  - to ensure that people who use NHS services are involved in the development and consideration of proposals for change in the way services are provided and decisions about how they operate
  - to consult local authorities
  - To regard the need to reduce health inequalities in access and outcomes
  - consider the 'triple aim' with regard to the health and wellbeing of people, quality of services and efficient and sustainable use of resources
- **Equality Act 2010** (Public Sector Equality Duty) to demonstrate how we have taken account of the nine protected characteristics and given regard to:
  - Eliminate discrimination, harassment and victimisation
  - Advance equality of opportunity
  - Foster good relations
- **The Gunning Principles for a fair consultation**

# Through consultation we are seeking to gather views from a diverse range of voices

We will deliver a 14-week formal public consultation, in line with best practice that complies with our legal requirements and duties. Our aims are:

- To inform stakeholders about how proposals have been developed in a clear, simple and accessible way that allows for 'intelligent consideration'
- Provide adequate time and opportunities for staff, residents and stakeholders to give their views on proposals, and the potential impacts
- Ensure a diverse range of voices are heard
- Seek alternative proposals or evidence not yet considered
- Understand the advantages and disadvantages of the proposed change and any unintended consequences
- Explore what mitigations might be used to reduce the impact of disadvantages
- Find out what matters most to patients and how this might affect implementation
- Provide analysis of responses to enable conscientious consideration before a decision is made

## Consultation aims



Raise awareness of consultation with staff, patients, service users and residents and encourage to participate



Remind people that their views matter and encourage them to share feedback through direct engagement



Encourage participation from a diverse range of voices by providing adequate time and opportunities for people to respond



Focus resources on hearing from people with protected characteristics and more impacted groups



Provide staff engagement mechanisms all for health and care staff in NCL during the consultation period.



Capture stakeholder attitudes of key groups and influencers on the proposals and the consultation process

# Consultation materials and promotion

## Consultation materials

We have developed materials that explain the proposals and rationale in a clear and accessible way.

Information is available on our website and in hard copy, with an easy read, different formats and translated versions

In line with best practice, we have commissioned an experienced independent organisation to collate and analyse responses to the consultation.

This includes a questionnaire that will cover the three components of our proposals:

- Maternity and neonatal services proposals
- Edgware birthing suites proposals
- Surgery for babies and children

We are asking for each of these elements:

- To what extent do you agree/disagree with our proposals
- What are the main disadvantages and how could we address these?
- Are there any other solutions or information we should consider?

**We will promote and encourage participation in the consultation in several ways:**



**Displays:** in key locations we will promote the opportunity to respond to the consultation such as in NCL hospitals and clinics and other healthcare settings such as GP surgeries and pharmacies



**Online promotion:** social media channels, such as Facebook, Instagram, X and LinkedIn, will be used to reach out to potential participants in the consultation. Branded graphics will be produced that are aligned with the look and feel of printed materials



**Partner channels:** all providers and partners such as councils will be asked to profile the consultation on their websites and through newsletters and other public facing channels and drive traffic to the NCL ICB website.



**VCSE networks:** we will provide content including information and visual materials and ask colleagues in voluntary and community sector organisations to use their channels to promote the consultation.



**Media:** We will seek to promote the consultation through earned (free) or paid-for content in local newspapers, newsletters and local radio.



## Our consultation approach includes a focus on the groups identified through our IIA

Our approach does the following:

- Builds on previous engagement contacts, over 300 VCSE organisations will be contacted to take part in the consultation
- Work with partners, including councils and VCSE organisations, ICBs in neighbouring areas
- Prioritising groups identified by the interim IIA or with protected characteristics or at greater risk of health inequality
- Targeted engagement in geographical areas where there may be particular impact drawn out in the interim IIA, including areas outside of North Central London
- Identify the best ways of reaching and engaging priority groups i.e. through third parties and trusted partners
- Ensure we develop a range of opportunities for stakeholders to respond to the consultation
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Make sure there is equality monitoring of participants to ensure the views received reflect the local population

### Resident groups we will be targeting through the consultation

- Black African (including Somali) and Black Caribbean women
- Asian women and people of childbearing age who (with a particular focus on Pakistani and Bangladeshi women)
- People living in areas of deprivation
- Orthodox Jewish women
- People with disabilities
- People living in Harlesden and Willesden
- People living in Holloway and Finsbury Park
- Older women of childbearing age (40+)
- Younger women of childbearing age (under 20)
- Women with mental health problems
- People from LGBTQ+ communities
- People who are carers
- People with poor English proficiency
- People with poor literacy
- People belonging to inclusion health groups such as people who are homeless, dependent on drugs and alcohol, asylum seekers and Gypsy, Roma and Traveller

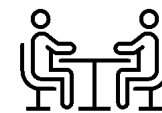
# We will tailor our engagement techniques during the consultation period

- Broad range of techniques will be used, tailored to each audience and their level of interest.
- Opportunities online and face to face
- Working with third-party advocates (VCSE) to reach communities who may not engage directly
- Materials in accessible formats including Easy Read and translations
- Mechanisms in place to capture and analyse outputs.

## Light engagement

## Deeper engagement

Survey distributed on email	Drop in event/stall: face to face	Attendance at meeting: short agenda slot	Presentation and feedback: Start Well Team	Presentation and feedback: commissioned	Small group discussion online	Small group discussion: face to face	Interactive workshop: Start Well Team	Interactive workshop: commissioned	Telephone / online interviews
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This type of engagement will be **promoted widely** to allow a **range of people to participate** in the consultation and give their views

This type of engagement will **focus on groups with protected characteristics and those identified by the IIA as potentially being more impacted** to understand their views and impact of the options in a meaningful way

# Next steps

# Next Steps

## Consultation input

- We would welcome your support and suggestions in terms of who we should reach out to and are very happy to come along to meetings and events
- Please share the opportunity to take part in the consultation with your networks

## Evaluating responses to the consultation

- We are working with an independent partner to evaluate consultation responses.
- At our mid-way review we will assess our approach and review demographic information on responses to date.
- Following the consultation period, we will publish an evaluation of the responses, in a report produced by this independent organisation, this will include who we reached during the consultation.

## After consultation

- Feedback will inform future decision-making, the next steps and how plans would be implemented.
- Following consultation, we expect NCL ICB Board, on behalf of NCL Integrated Care System and alongside NHS England who commission neonatal and specialist surgical services for children, after consideration of the consultation outcome, to make a decision by the end of 2024 or early 2025.

29<sup>th</sup> February 2024

# CHILDREN'S PARTNERSHIP BOARD

## Clear Hold Build Grahame Park Estate

Tom Hinson, Inspector – Barnet Safer Neighbourhoods

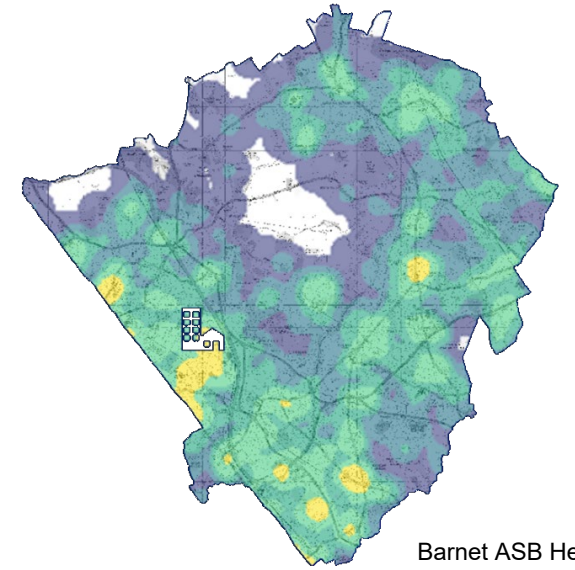
# The Problem

The Grahame Park Estate was built by the Greater London Council in the 1960s, originally comprising 1,777 homes.

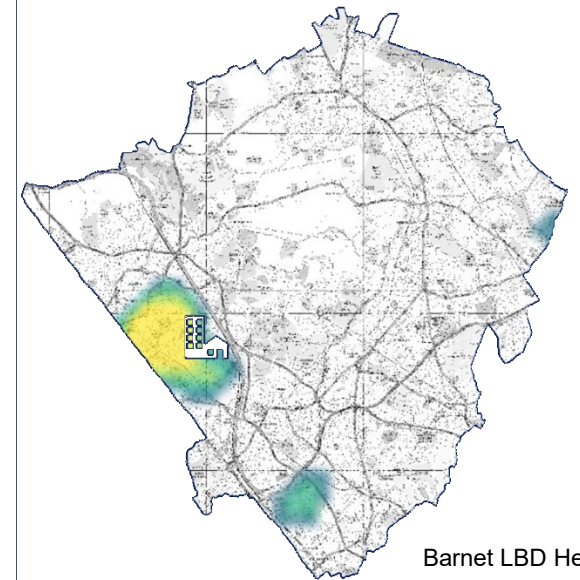
Drug supply and trafficking had been identified by frontline policing teams and specialist crime as the primary crime type in the area, driving the majority of organised criminality and violence.

Between December 2022 and May 2023 there were 15 lethal barrellled discharges (LBDs) in the areas surrounding the Estate.

In May 2023 a 17 year old was shot in Burnt Oak suffering severe injuries



Barnet ASB Heatmap



Barnet LBD Heatmap

# What is Clear, Hold, Build (CHB)?

Clear, Hold, Build is a three-phase framework developed by the Home Office that uses a problem solving and evidence-based approach to improve the local response in tackling serious and organised crime (SOC) threats.

**CLEAR**



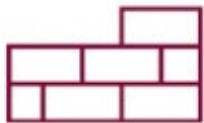
*'Clear'* means targeted activity and crime disruption, working with partners

**HOLD**



*'Hold'* means stabilising the area to stop criminals moving in to fill the void

**BUILD**



*'Build'* means community-driven action to address the causes of criminality and to prevent it from happening again.

# CLEAR: July – December 2023



**311** Arrests (31 Juveniles)

**£30,000** Cash Seized

**528** Total Number of Offences

**55Kg** in Class A Blocks seized

**8** Firearms Recovered

**2000** wraps of Class A drugs seized

**52** Knives/ Weapons recovered

**6kg** of Cannabis seized

**60** Individuals arrested for Class A supply  
or Possession with Intent to Supply

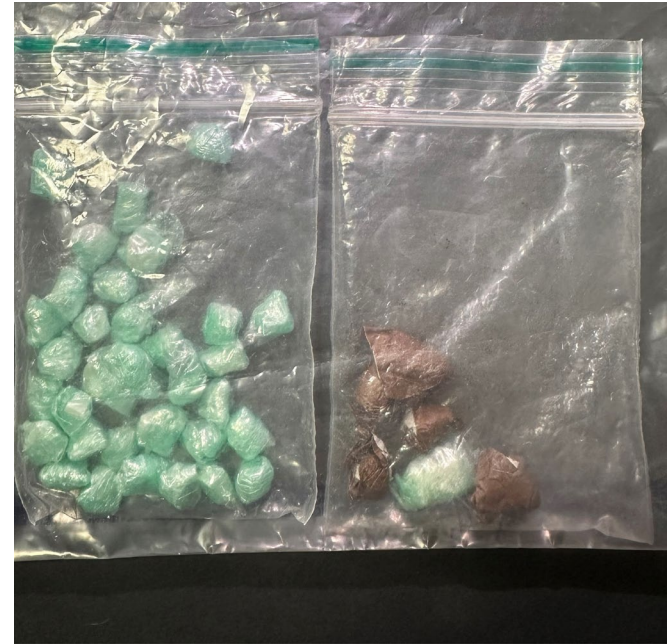
**28** Total Closures Orders achieved



# CLEAR: July – December 2023

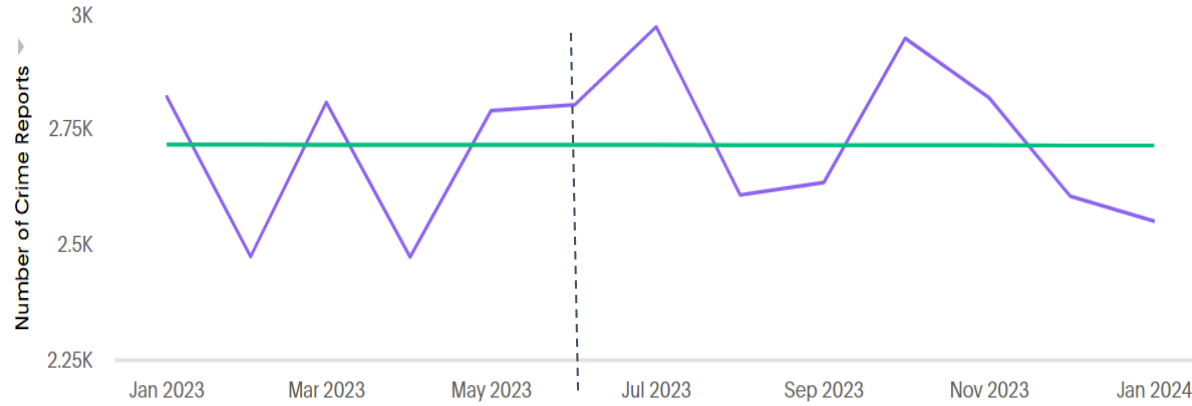


# CLEAR: July – December 2023

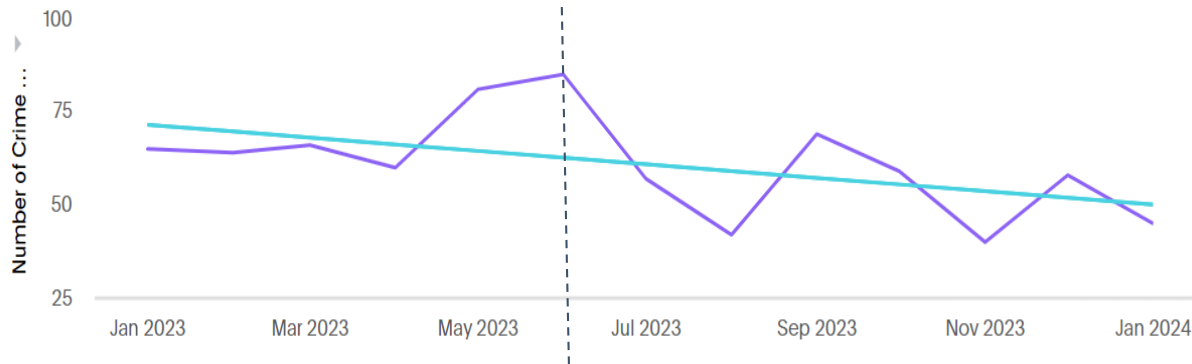


# Total Notifiable Offences

## London Borough of Barnet



## Grahame Park Estate



# Residents of the Grahame Park estate have told of the remarkable change in their community!

*"You can really feel the difference"*

*"Heybourne park was being used for the right reasons in summer! It was great!"*

*"The only issue now is the fly-tipping but going from drug-dealers to fly-tipping is a massive step"*

*"More kids are out playing now. They're not scared to be out and parents are more happy to let them. I feel more safe now because there's not big crowds around intimidating people."*

*"We can let children out to play again"*

*"It's been a lot better since the drug addicts were moved on. It's so much quieter."*



EXCLUSIVE

## 'We can let children out to play again': Residents' joy as cops nab 160 people on council estate after shooting spree

8 September 2023, 07:20 | Updated: 8 September 2023, 07:37



Police have cleaned up the estate over an eight-week period. *Picture: LBC*

## NEWS

Home | Israel-Gaza war | Cost of Living | War in Ukraine | Climate | UK | World | Business | Politics | Culture

England | Local News | Regions | London

## Can the Met Police's new approach restore trust?



# Community

**COMMUNITY EVENT** Relaunching Grahame Park

Saturday 17 Feb 2024 12- 3PM  
At The Orion Primary School

**FREE** Art Station  
Fun Time Ponies  
Kick Boxing taster  
Family Photos  
Food and Drink

Hear about the successful Police Operation

The New Grahame Park NEXT STEPS  
Have your say

Event for Grahame Park Families



# CrimeStoppers.

Speak up. Stay safe.

The Independent Charity **CrimeStoppers** is appealing to residents and business owners on Colindale's Grahame Park Estate in Barnet to help keep their community safe by being alert to the activities of organised criminal gangs.

Crimestoppers also offer rewards of up to £1,000 for any information that leads to an arrest and charge.



- Remain 100% anonymous
- 140 different languages available
- CrimeStoppers is NOT the police

Scan the QR code to visit the **CrimeStoppers** website.



## Help keep Grahame Park Estate a safe community

Serious organised criminal gangs are operating in your neighbourhood.

They are involved in criminal behaviour including drug dealing, storing and supplying weapons and robbery.

**If you suspect something isn't quite right, talk to us.**

You can speak up and remain 100% anonymous. Always.

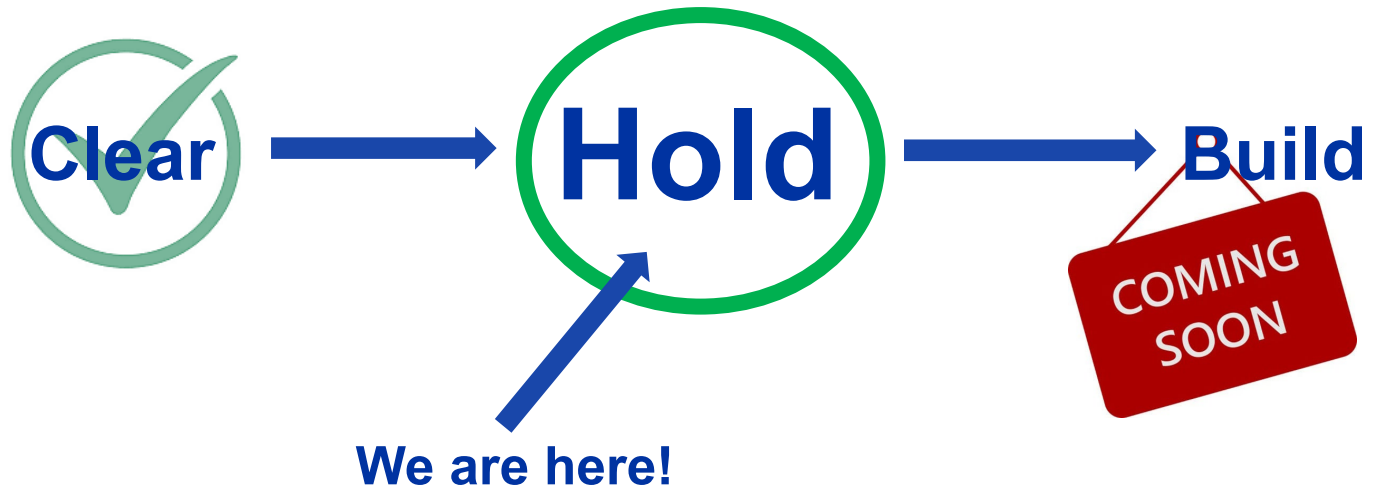
© Crimestoppers Trust, registered charity in England & Wales (1108687), Scotland (SC037960).

**CrimeStoppers.**

**0800 555111**

100% anonymous. Always.  
[crimestoppers-uk.org](http://crimestoppers-uk.org)

# What next for the GPE?



We are working with partners to maintain stability in Grahame Park estate under the 'Hold' element of the framework.



# Parks and Open Spaces Strategy & Nature Recovery Response

Children's Partnership Board  
29<sup>th</sup> February 2024

Caring for **people**, our **places** and the **planet**

113  
[www.barnet.gov.uk](http://www.barnet.gov.uk)



AGENDA ITEM 10  
LANDSCAPE  
HERITAGE

**BARNET**  
LONDON BOROUGH

# Service Highlights



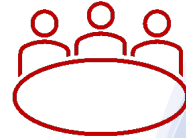
**39  
Tennis Courts**



**10 Playground  
Improvements**



**20+ Area  
Committee  
Projects**



**S106  
Projects**



**Fair Play  
Barnet**



**West  
Hendon  
PF**



**Rushgrove  
Park**



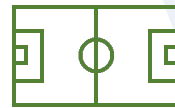
**Heybourne  
Park**



**Clitterhouse  
PF**



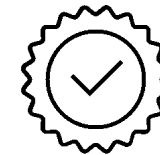
**Parks  
Patrols**



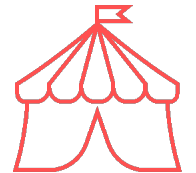
**Pitch  
Improvement**



**GS  
Network**



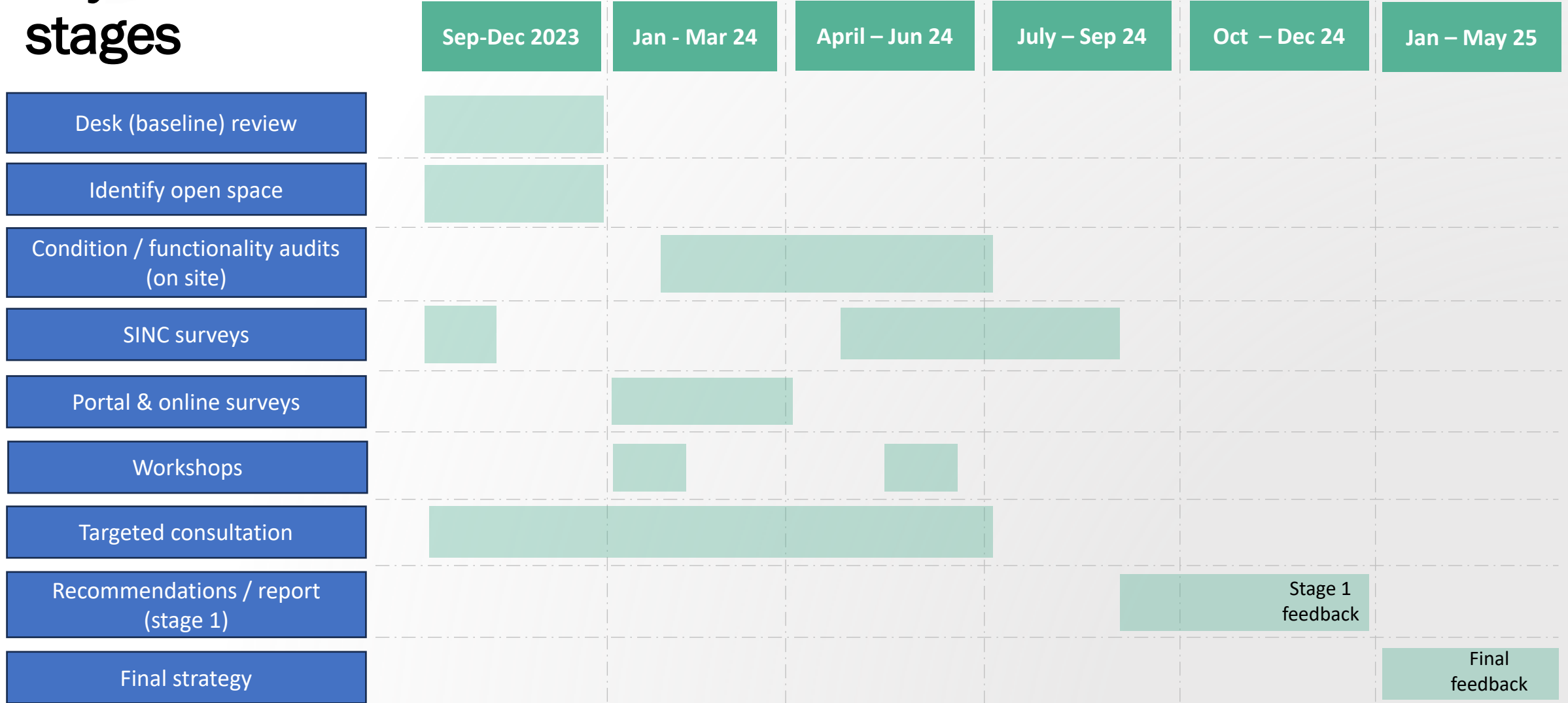
**Welsh Harp  
Vision**



**Events in  
Parks**

**Caring for people, our places and the planet**

# Key work stages



# Emerging Strategy Themes



Strategic planning



Partnership & shared vision



Active & healthy spaces



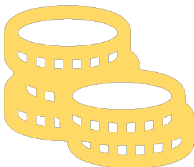
Nature Recovery



Resilient & climate positive spaces



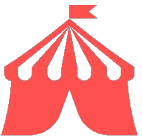
Accessibility & Inclusion



Sustainable Management, Governance and Funding



Community Safety



Events & Culture



Awards for Quality

Caring for **people**, our **places** and the **planet**

# Connected Strategy Workstreams

- Barnet Council Plan
- Regional Park
- Greening Neighbourhoods / Net Zero Neighbourhoods
- Citizens Assembly / BarNET Zero
- Children & Young People's Plan
- London Borough of Culture Bid
- Barnet Loop
- Borough of Fun
- New Barnet Parks Brand & Identity



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# Strategy Outputs / Outcomes

- Reflects the changing context in Barnet – considers potential need for income generation.
- Embeds equality and inclusion (e.g. making space for women and girls, Fair Play Barnet etc.).
- Promotes processes to make best use of resources.
- Prioritises enhancements in areas of highest need (whether social, environmental, health needs etc).
- Whole system approach – bringing together a wider range of service areas to add value.

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# Engagement Approach

## To date:

- Engage Barnet Landing Page
- Officers workshop 1 (existing strategy review)
- Officers workshop 2 (Visioning workshop)
- Green Space Network Workshop
- Barnet Youth Board Workshop 1

## Ongoing:

- Stakeholder & Partner Mapping (ongoing)
- Online residents survey (currently live)
- Online Friends Groups survey (currently live)
- One to one discussions (ongoing)
- Planning approach with under-represented audiences

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# Engagement Approach

## Future activities

- Barnet Youth Board Workshop 2
- Meetings / discussions with under-represented groups (including children & families).
- Strategy development Workshop.
- Consideration of community management / voluntary sector.

## Consultation on outputs

- Stage 1 report (Internal consultation)
- Consultation on draft Strategy

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# Scope for Board Input

We would welcome your help in identifying other opportunities to engage with underrepresented groups including children & young people. Informed by:

- Consultation which has worked well in the past
- Opportunities to tie in with other initiatives
- Signposting contacts who already engage with groups we have identified through demographic research including:

Jewish communities

Romanian and Polish populations

Burnt Oak and Golders Green Wards (higher levels of deprivation)

# Next steps

- Further develop understanding of open space provision – on site audits.
- Review results of ongoing engagement activities (e.g. online surveys / workshops etc.)
- Identify other opportunities to engage with underrepresented groups including children & young people.
- Develop structure and outline of strategy (Stage 1) to test and refine proposals.
- Questions?

**London Borough of Barnet  
Barnet Children’s Partnership Board  
Forward Work Programme  
2023 / 2024**

Contact: Scarlett Ryan (Governance) [scarlett.ryan@barnet.gov.uk](mailto:scarlett.ryan@barnet.gov.uk)

Subject	Decision requested	Report Of	Contributing Officer(s)
<b>13 July 2023</b>			
<b>Business items</b>			
My Say Matters	The Board to receive verbal input from young people.		Practice & Learning Manager (Liz Shaw)
State of Barnet voluntary sector report	The Board to receive an update report.		Janet Matthewson
Autism, Culture and Race	The Board to receive an update report.		Dolyanna Mordochai
Regional Expert Partnership	The Board to receive an update report.		Karen Flanagan
Start Well – Public Consultation	The Board to receive an update report.		Anna Stewart
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the BCP Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair of the BCP Board	Governance Officer
<b>16 November 2023</b>			
<b>Business items</b>			
My Say Matters	The Board to receive verbal input from young people.		Practice & Learning Manager (Liz Shaw)
School Street Consultations	The Board to receive an update report.		Alex Sexton
Early Language and Support for Every Child (ELSEC)	The Board to receive an update report		Karen Flanagan
Collaborate Project – Update on voluntary sector initiative	The Board to receive an update report		Janet Matthewson

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Parent Champion Update	The Board to receive an update report		Debra Davies
Attendance at School	The Board to receive an update report		Neil Marlow
Life Chances update – (progress report on action plan	The Board to receive an update report and to note		Lee Robinson
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the BCP Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair of the BCP Board	Governance Officer
<b>29 February 2024</b>			
<b>Business items</b>			
My Say Matters	The Board to receive verbal input from young people.		Practice & Learning Manager (Liz Shaw)
Housing Strategies	The Board to receive an update report		Laura Giles
Send & Alternative Provision Action Plan – (update on detailed action plan, including timescales and accountability)			Karen Flanagan
Growing Up In Barnet			Owen Chiguvare
Start Well Public Consultation.	The Board to note the Programme		Anna Stewart
‘Clear, Hold, Build’			(Safe Schools team & Police)
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the BCP Board	Governance Officer

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Forward Work Programme	The Board to note the Programme	Chair of the BCP Board	Governance Officer
<b>25 April 2024</b>			
<b>Business items</b>			
My Say Matters	The Board to receive verbal input from young people.		Practice & Learning Manager (Liz Shaw)
Neighbourhood Model Programme	The Board to receive an update report.	Neighbourhood Model Programme Lead NCL ICB	daniel.heller@nhs.net
Asylum Seeker children living in hotels (Home Office) -			
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the BCP Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair of the BCP Board	Governance Officer
<b>11 July 2024</b>			
<b>Business items</b>			
My Say Matters	The Board to receive verbal input from young people.		Practice & Learning Manager (Liz Shaw)
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the BCP Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair of the BCP Board	Governance Officer

## Action Tracker

Meeting	Item	Description	Status

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Acronym	Long title	Description
AVA		
BACE	Barnet Active, Creative Engaging	The council have worked with the Young Barnet Foundation to provide the Barnet Active, Creative Engaging (BACE) holidaying scheme which is DfE funded for all free school meal children and vulnerable children to access fun activities with a hot meal, activities include learning about healthy eating and exercise.
BCU	Borough Command Unit (Check)	Policing
BEA	Barnet Equalities Allies	
BECC	Borough Emergency Control Centre	
BEHMHT	Barnet Enfield and Haringey Mental Health Trust	
BELS	Barnet Education & Learning Service	Barnet Education & Learning Service (BELS) is a local authority controlled company which is responsible for providing the Council's Education & Skills service to Barnet schools.
BING	Barnet Inclusive Next Generation	Barnet Inclusive Next Generation (formerly Barnet Development Team Youth) is our SEND Youth Voice Forum.
BOOST	Burnt Oak Opportunity Support Team	Multiagency team with staff from Jobcentre Plus, Barnet Homes, Councils Benefit Service, Education and Skills Team. We are an employment, benefit advice, skills and wellbeing project helping Barnet residents.
BPSI	Barnet Partnership for School Improvement	BPSI is a school improvement traded service to pool funding for training, consultancy and support.
BSPP	Barnet Suicide Prevention Partnership	
BYOD	Bring Your Own Device	Use of personal devices for limited business use.
CAMHS	Children and Adolescent Mental Health Services	
CAW	Case Assistant Worker	Used in a health and wellbeing context.
CDOP	Child Death Overview Panels	Used in a health and wellbeing context.
CEAM	Child exploitation and missing tool	Used in a health and wellbeing context.
CESC	Children, Education & Safeguarding Committee	Barnet Committee
CETR	Care, Education and Treatment Reviews	Used in a health and wellbeing context.
CIL	Community Infrastructure Levy	Planning obligation to raise funds for local infrastructure. Also see S106
CSC		
CWFS	Covid Winter Fund Scheme	
CWP	Children's Wellbeing Practitioners	Used in a health and wellbeing context.
CYP	Children & Young People	
CYPP	Children & Young People's Plan	
DCT	Disabled Children's Team	Used in a health and wellbeing context.
DPR	Delegated Powers Report	Report on a decision made at Officer level.
EHCPs	Education, Health and Care Plans	Used for children with specific needs.
FPC	Financial Performance and Contracts Committee	Barnet Committee

AGENDA ITEM 13

Acronym	Long title	Description
HEP	Health Education Partnership	
HEYL	Healthy Early Years London award programme	Healthy Early Years London (HEYL) is an awards scheme funded by the Mayor of London which supports and recognises achievements in child health, wellbeing and development in early years settings.
HOSC	Health Overview & Scrutiny Committee	(Pronounced Hosk)
HSL	Healthy Schools London award programme	Taking part in Healthy Schools London (HSL), and working successfully through the tiered awards, will enable schools to directly support the health and wellbeing of their pupils and staff.
ICP	(Borough Based) Integrated Care Partnerships	Health reference to joined up services.
ICS	Integrated Care System	Health reference to joined up services delivered by an ICP.
IRIS	Identification and Referral to Improve Safety	
MARAC	Multi Agency Risk Assessment Conference	
MASH	Multi-Agency Safeguarding Hub	
MHFA	Mental Health First Aiders	
MHST	Mental Health Support Teams	
MOPAC	Mayors Office for Policing and Crime	
NCIL	Neighbourhood Community Infrastructure Levy	Planning obligation to raise funds for local infrastructure. Also see S106
NEET	Not in Education, Employment and Training	
NRPF	No Recourse to Public Funds	Asylum/refuge status
P&R	Policy & Resources Committee	Barnet Committee
PRU	Pupil Referral Unit	Specialist educational support unit supporting schools with pupils with additional needs.
PVIs		
RON	Risk of NEET	Educational at risk group.
RRR	Recovery, Reset and Renaissance Project	Recovery, Reset and Renaissance (RRR) Project - part of schools related COVID-19 recovery.
S106	Section 106	Legal agreement for planning obligations in a local area (also see CIL)
SARG	Safeguarding Adolescents at Risk Group	Used in a health and wellbeing context.
SCAN	Service for children and adolescents with neurodevelopmental difficulties	Used in a health and wellbeing context.
SEF	Self-Evaluation	"The Local Area Special Educational Needs and Disabilities (SEND inspection and Self-Evaluation (SEF))" Educational reference.
SEMH	Social, Emotional and Mental Health	Education related.
SENCO	Special Educational Needs Coordinator	Used in a health and wellbeing context.
SEND	Special Educational Needs & Disability	School and educational terms for those with additional support requirements
SEND	Special Educational Needs and Therapy	Used in a health and wellbeing context.
SFSC		
SMI		Health reference
STP	Sustainability and Transformation Plan	Health reference

Acronym	Long title	Description
UASC	Unaccompanied Asylum-Seeking Children and Young People	
UASC	Unaccompanied Asylum-Seeking Children and Young People	Used in a health and wellbeing context.
VARP	Vulnerable Adolescents at Risk Panel	Used in a health and wellbeing context.
VAWG	Violence Against Women and Girls	Used in a health and wellbeing context.
YOT	Youth Offending Team	Used in a health and wellbeing context.

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