

# JOINT STRATEGIC NEEDS ASSESSMENT

## CHILDREN AND YOUNG PEOPLE

**THEME:** Key groups

**TOPIC:** Disabled children and young people and children and young people with special educational needs

### WHY IS THIS TOPIC IMPORTANT?

Our Manchester sets out a long term vision for Manchester's future. The strategy takes a bold approach that focuses on people's strengths and helps to unlock the potential that exists in the city. The strategy recognises the importance of creating a fair and equitable city where everyone can contribute to and share in success.

Within this context, the Our Manchester Disability Plan sets out a vision for disabled children and adults to participate fully in all of the city's opportunities, facilities, activities and communities. This strategy is based on the Social Model of Disability which says that it is not people's conditions or impairments that disable them, but environmental and societal conventions and the way society is organised that creates barriers, do not accommodate difference and therefore disable people.

National legislation – **Part 3 of the Children and Families Act 2014** - has put in place significant reforms to how the needs of children and young people with special educational needs and disabilities (SEND) are identified, assessed and supported.

A child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

(SEND Code of Practice 2015)

For children and young people with lower levels of SEND the previous categories of School Action and School Action Plus, have been replaced by a new category of SEN Support

The Code of Practice describes four broad areas of special educational need / disability:

- Cognition and learning – which includes children and young people with moderate learning difficulties, severe learning difficulties, profound and multiple learning difficulties and specific learning difficulties
- Communication and interaction – which includes children and young people with speech, language and communication needs and with Autistic Spectrum Conditions
- Social, emotional and mental health difficulties – this includes children and young people with mental health difficulties such as anxiety and depression as well as conditions such as attention deficit hyperactivity disorder.

- Sensory and/or physical needs – including children and young people who are deaf/have a hearing impairment, have a visual impairment or multi-sensory impairment and those with a physical disability.

The main changes that have been introduced through the Children and Families Act are:

- The reforms cover children and young people with SEND from 0-25.
- Putting children and young people with SEND and their families at the heart of assessment, planning and decisions about their future outcomes and provision.
- Local authorities must publish a Local Offer showing all the services and support that the local area expects to be available to children and young people with SEND and their parents/carers, as well as how to access the provision, how to report gaps and give feedback.
- The local authority must also make sure children, young people and parents are provided with information, advice and support on all matters related to their SEND.
- Education, Health and Care plans (EHCPs) have replaced Statements of SEN and SEN Support has replaced School Action and School Action Plus.
- The timescale for assessing a child or young person and issuing an EHCP is 20 weeks compared to 26 weeks for a Statement.
- Local authorities must help young people with SEND prepare for adulthood from the earliest years.
- Health and local authorities should jointly commission services for children and young people with SEND.

### **Medical conditions**

Section 100 of the Children and Families Act 2014 places a statutory duty on schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported, can play a full and active role in all aspects of school life and remain healthy and achieve their academic potential.

### **Care Act 2014**

Disabled young people aged 18-25 are affected by both the Children and Families Act and the Care Act. This Act emphasises well-being and the importance of preventing and reducing needs. It puts individuals in control of their care and support. Local authorities are required to carry out transition assessments for children receiving care and support who are approaching 18 and their carers 'when there is significant benefit' to the young person or carer. Local authorities and partner agencies should consider both Acts together, and should ensure a smooth transition from children's to adults' services.

Other legislation and guidance which govern local authority, health service and partner agency support and provision for disabled children and young people and those with SEN:

### **The Equality Act 2010**

Many children and young people who have SEND may have a disability under the Equality Act 2010 – that is '...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'- 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. The Equality Act protects people from being discriminated against and requires employers and services to make reasonable adjustments so disabled people can access them.

**The Equality Act Specific Duties Regulations 2011** require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives.

**The Public Sector Equality Duty 2011** means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. It also requires that public bodies have due regard to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

### **Child in Need**

The Children Act 1989 puts a duty on local authorities to safeguard and protect the welfare of children within their area who are in need. A child in need is defined as one who 'is unlikely to achieve or maintain or have the opportunity of achieving a reasonable standard of health or development without the provision of services by a local authority and one whose health or development is likely to be significantly impaired or further impaired without the provision of such services, or who is disabled.'

### **Chronically Sick and Disabled Persons Act**

This Act was extended to cover disabled children when the Children Act was passed in 1989. It creates an individual right to specified services for disabled children where the local authority agrees it is necessary for it to provide services to meet the child's needs. If the child is assessed as eligible, they are entitled to receive either a service or direct payment that is sufficient to meet their needs.

### **Continuing Care**

Continuing care for children and young people (CCC) is needed where a child or young person (under 18) has complex needs which cannot be met from health services routinely commissioned by CCG's ,i.e. hospital paediatric care and community nursing, or NHS England (NHSE), i.e. primary care and specialist services. This has been defined in recent regulations as follows:

“a package of care which is arranged and funded by a relevant body for a person aged 17 or under to meet the needs which have arisen as a result of disability, accident or illness”

In particular, where the child has special educational needs or disability (SEND) a coordinated approach by the CCG and LA to these packages of care where the agreement for children's continuing care should be part of the process in developing the child's education health and care plan (EHC).

The continuing care process determines if a child's needs can be met by existing universal or specialist services and, if not, what additional care would be needed. The diagnosis or a particular disease or condition in itself does not determine the need for continuing care. There should be no differentiation based on whether the health need is physical, mental or physiological and the process should be fair, consistent, transparent, culturally sensitive and non-discriminatory.

For adults aged 18 and over the national framework for NHS Continuing Healthcare and

NHS funded nursing care and the supporting guidance should be used.

## THE MANCHESTER PICTURE

Manchester's population is growing significantly and the number of children and young people with SEND is growing in line with the population increase. In addition, earlier identification of children's needs, parents' greater readiness to ask for support for their children and staff becoming more skilled in identifying needs are contributing to a rise in numbers of children at both SEN Support and Education, Health and Care Plan (EHCP) level.

The continuing growth in numbers of children and young people with SEND is putting pressure on services and budgets in the local authority, schools, colleges, health providers and voluntary sector organisations. Add current rate of growth in school age population

Within the Manchester school population, the January 2019 school census showed that 16.2% of pupils have SEND (14,187 pupils). This was made up of 12.7% (11,097 pupils) who have their needs met at SEN Support level and 3.5% of the school population who have an Education, Health and Care plan (EHCP) (3,090 pupils). The census shows that the number of pupils who have their needs met through SEN Support is starting to increase again, after decreasing at the start of the Reforms. The percentage of pupils at SEN Support level in Manchester is higher than national (11.5% in 2018).

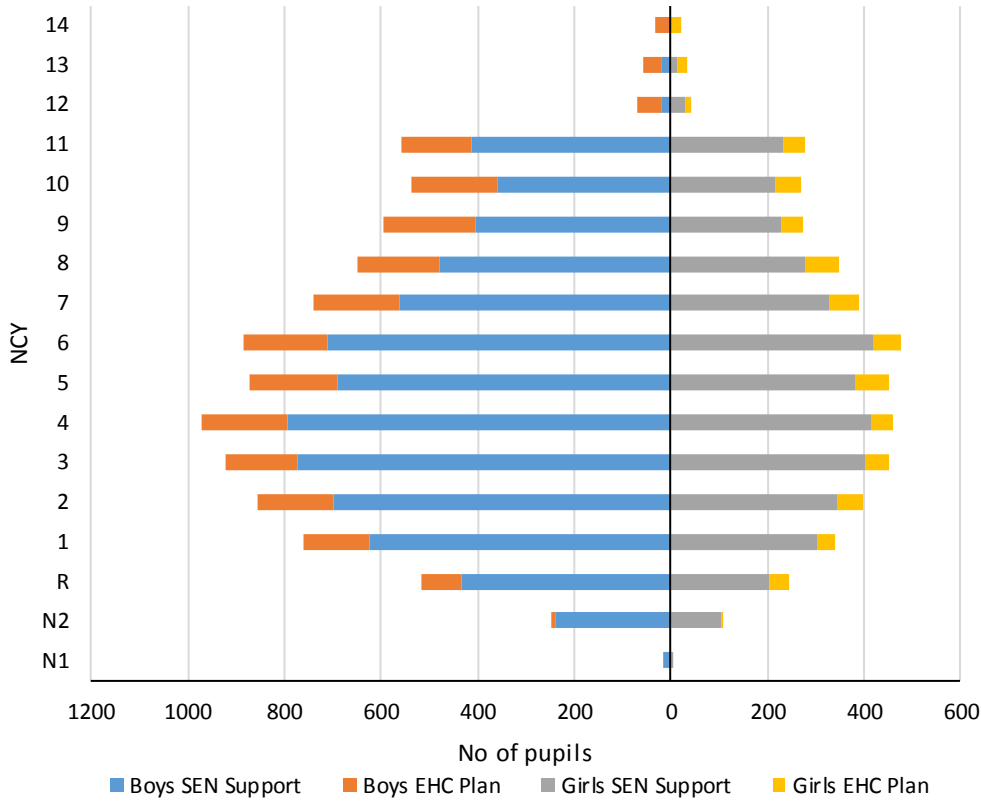
There has been an increase in the numbers and percentage of children in Manchester schools with an EHCP - rising in January 2019 to 3.5% (3,090). Nationally, the actual numbers of pupils with an EHCP/Statement have increased and the overall percentage has increased slightly to 2.9% of the whole school population. National comparisons are taken from the January 2018 school census.

Figure 1: Number of pupils with SEND in Manchester schools (School Census)

	May 2015	May 2016	Jan 2017	May 2017	Jan 2018	May 2018	Oct 2018	Jan 2019
EHCP/Statement	2,236	2,339	2,464	2,556	2,746	2,833	2,895	3,090
SEN Support	10,550	10,298	10,667	11,078	11,063	11,325	10,612	11,097
<b>All SEN</b>	<b>12,786</b>	<b>12,637</b>	<b>13,131</b>	<b>13,634</b>	<b>13,809</b>	<b>14,158</b>	<b>13,507</b>	<b>14,187</b>
<b>%</b>	<b>16.4%</b>	<b>15.6%</b>	<b>15.1%</b>	<b>16.3%</b>	<b>16.1%</b>	<b>16.5%</b>	<b>15.6%</b>	<b>16.2%</b>

Figure 2: Age and gender of pupils in Manchester schools January 2018 School Census

### No of SEND pupils by gender and Year group

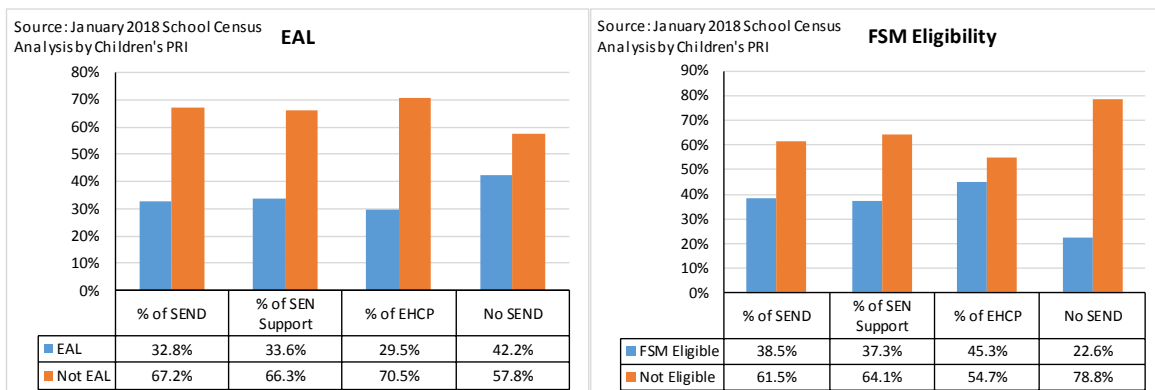


Source: January 2018 School Census  
Analysis by Children's PRI

More boys than girls in Manchester schools have SEND – 64.9% of the pupils at SEN Support level are boys and 74.7% at EHCP level are boys. This compares to boys making up 47.8% of the pupils with no SEND. There is a similar picture nationally.

The age distribution of Manchester pupils is also similar to national as higher cohorts of pupils are moving into secondary schools. Figure 2 only shows numbers in Manchester schools, there are additional children and young people with identified SEND in Early Years settings, colleges and training provision and schools outside Manchester.

### Figures 3 and 4: English as an Additional Language and Free School Meals eligibility January 2018 census

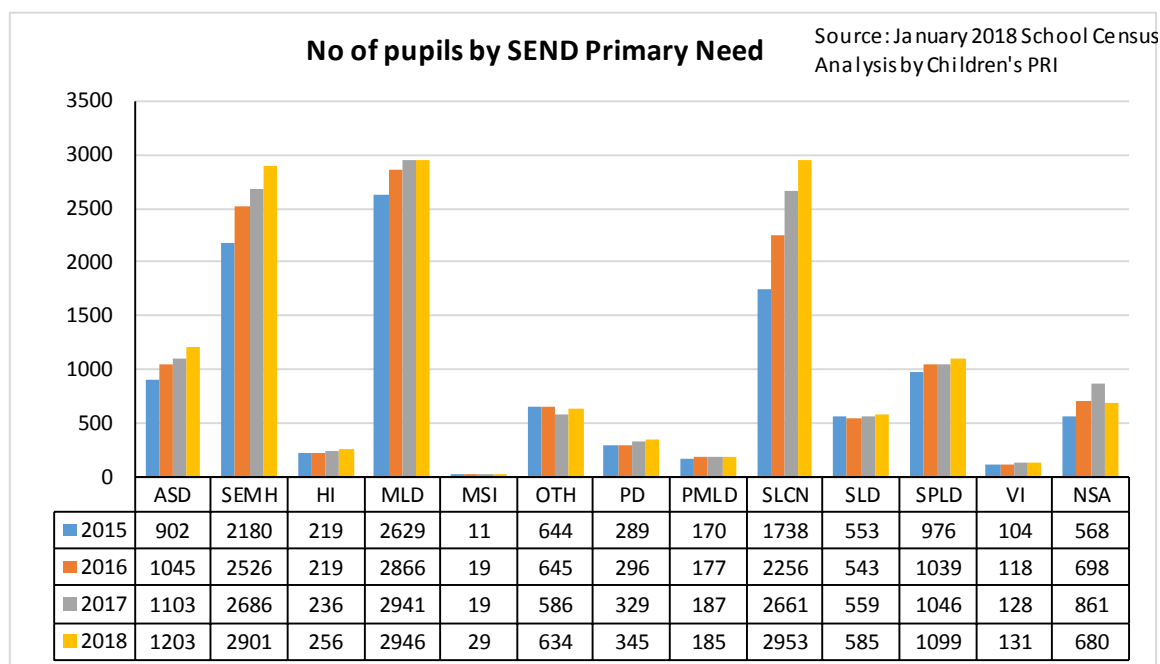


These tables show the percentages of pupils at SEN Support level and those with EHCPs who have English as an additional language (EAL) and who are eligible for Free School Meals (FSM).

Manchester pupils with SEND are less likely to have English as an additional language (33%) than those with no SEND (42%). Nationally, pupils whose first language is English are also more likely to have SEND than those who have English as an additional language.

Manchester pupils with SEND are more likely to be eligible for free school meals than those with no SEND. 37.3% of pupils at SEN Support and 45.3% at EHCP level are eligible for FSM, compared to 22.6% with no SEND. Nationally 25.8% of pupils with SEND are eligible for Free School Meals compared to 11.5% of pupils without SEND.

Figure 5: Number of pupils in Manchester schools by SEND Primary Need



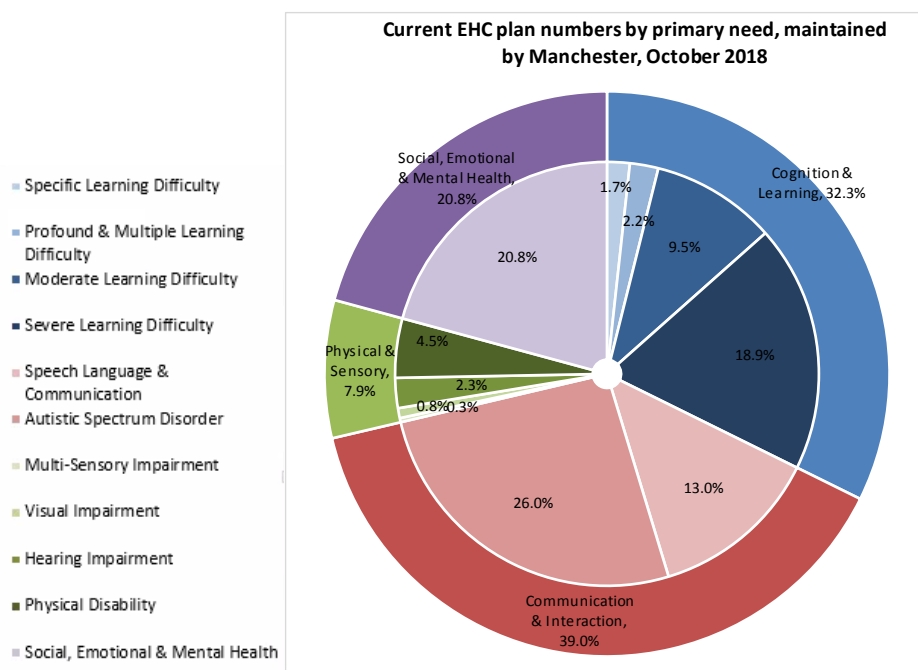
The types of primary need that are most common in Manchester are speech, language and communication needs (SLCN) 21.2%, moderate learning difficulties (MLD) 21.1%, social, emotional and mental health needs (SEMH) 20.8% and autism (ASD) 8.6%. Nationally, the most common primary SEND need is moderate learning difficulties at 21.6%.

In May 2019 Manchester maintains 4,398 statements/EHCPs. This compares to 2,391 in 2015. A key factor behind this increase of the overall growth in the child population in Manchester. Children and young people with EHCPs attend provision in and outside Manchester, in mainstream, special and independent settings, schools, colleges and training. The numbers of young people with EHCPs aged 20 to 25 is increasing steadily. The number of children in the early years being assessed is also increasing and 19.4% of new EHCPs issued in the 2017/18 academic year were for under 5s. This is almost three percentage points higher than those issued in 2016, demonstrating that more children are having their needs identified at an earlier stage. This is an outcome of an improved SEND pathway in the early years aligned to the early years integrated delivery model.

The most common types of primary need for Manchester children and young people with an EHCP are (October 2018):

- Autism which is 26% of the cohort. This is slightly lower than national position of 28.2%.
- Severe learning difficulties which is 19% of the cohort whereas nationally, 12.5% of this cohort have SLD as primary need.
- Social, emotional and mental health needs which is 21% of the cohort whereas nationally, 12.8% of the cohort have SEMH as primary need.

Figure 6: EHCP Numbers by Primary Need October 2018



There has been a significant increase in the number of Manchester children being referred for social communication assessment and the numbers receiving an Autism diagnosis. The number of children with Autism as their primary need increased by 266% between 2004 and 2013. Referrals for Autism assessment in south Manchester increased by 500% between 2005 and 2015 (Figures: South Manchester CAMHS).

### Mental health and wellbeing

Manchester children and young people have the highest prevalence of mental health difficulties in Greater Manchester (10.5% compared to 8.4% in Trafford). MHCC, MFT and the local authority are working together on a transformation plan to improve access to services and deliver a cohesive iTHRIVE model of care for children and young people that focus on: prevention, early identification, early intervention and self-care.

MHCC, MFT CAMHS and key stakeholders have designed a 'THRIVE' model of care that will be implemented across Manchester localities, in line with the LCO configuration, to ensure the all Mental Health and Emotional and Wellbeing services are available to Children and Young People in a wrap-around provision model. This will ensure a 'single point of access and minimise blockages in accessing the right service at the right time for all Children and Young People across the city.

The strategic vision is to establish a Manchester 'M-THRIVE Hub' as a single point of entry, a front door, to Manchester's Emotional Wellbeing and Mental Health services. This will involve having a Manchester THRIVE Hub Team based in three locality M-THRIVE

Hubs across Manchester, i.e. Central, North and South, locally covering all the neighbourhoods in that specific locality.

As part of the innovation, Manchester will look to expand the successful Autism Spectrum Disorder pathway pilot (currently in the south) to the whole of the city as well as an expansion of Attention Deficit hyper disorder provision across the city, a new school nurse and occupational therapist (assigned to LCO) to deliver a robust integrated CAMHS offer to the hospital school and CAMHS services. The m-thrive 'wrap-around provision model' will also encompass both NHS commissioned and VCS provision in the city.

### Medical conditions

In 2016, Lancasterian Outreach and Inclusion Service (LOIS) carried out research on the numbers of pupils with medical conditions in Manchester schools. The research showed that the estimated number of pupils with medical conditions in Manchester mainstream primary and secondary schools is 5041, and that 6.79% of the school population require regular monitoring, supervision, or intervention by staff during the school day. The female to male ratio was 52% to 48%.

38.46% of the pupils with a medical condition in Manchester mainstream primary and secondary schools also had special educational needs (SEN). 73.24% of pupils with medical conditions in Manchester mainstream primary and secondary schools did not have an EHCP or Statement. From this data therefore we can assume that the majority of pupils with medical needs in Manchester mainstream schools have their needs met from the devolved SEND budget from the LA. 82% of pupils with medical conditions had an Individual Healthcare Plan.

Incidence of medical conditions in Manchester mainstream schools 2016 (LOIS)

Medical Condition	Incidence in pupils with medical conditions in Manchester mainstream schools
Low incidence conditions (65 in total)	29%
Diabetes	17%
Epilepsy	13%
Allergy (with Anaphylaxis)	8%
Cerebral Palsy (CP)	7%
Sickle Cell Anaemia	3%
Duchenne Muscular Dystrophy (DMD)	3%
Heart Condition (various)	3%
Cystic fibrosis (CF)	2%
Downs Syndrome	2%
Spina bifida	2%
Eczema (severe)	2%
Juvenile Arthritis	2%
Prosthetic limb(s)	2%
Asthma (severe or brittle)	1%
Bowel Condition (various)	1%



Charcot Marie Tooth (CMT)	1%	
Coeliac	1%	
Hydrocephalus	1%	

## WHAT WOULD WE LIKE TO ACHIEVE?

The intention of the Our Manchester Disability Plan is to remove barriers for disabled children and adults so that Manchester is a disabled friendly city where:

- Disabled children's aspirations are recognised and can be realised
- All areas of the city and all parts of city life are accessible
- Disabled children and adults can be independent and equal in society, and have choice and control over their lives
- All Mancunians are the city's best assets
- Everyone has the freedom to flourish and discrimination does not limit life chances.

The SEND Board, chaired by the Director of Education, provides governance of SEND in Manchester and is also the children and young people's workstream of the OMDP Board. The SEND Board is responsible for evaluating progress in implementing the Reforms and identifying key areas for development. The Board has agreed the following outcomes and oversees the plan which partners are working together to deliver:

- Parents'/carers' and children's/young people's views impact on strategic decisions.
- Excellent local offer, understood and accessible to all leading to improved life outcomes.
- Integrated, transparent pathway allows parents/carers and young people to access services across education, health and care.
- Young people with SEND have needs met through excellent education, health and care services, jointly commissioned where appropriate.
- Preparing for Adulthood (PfA) is embedded in Manchester from the earliest years.
- Highly effective education, health and care plans and reviews improve life outcomes for children and young people.
- Improved outcomes and standards across education and training.
- A highly skilled workforce across all stakeholders improves outcomes for children and young people.

In 2018 Manchester carried out a strategic review of SEND education provision, which included consulting a wide range of stakeholders. The findings of this review have influenced Manchester's SEND education strategy:

1. Keep children included in mainstream provision or as close to local mainstream as possible
2. Increase provision for children with social emotional mental health needs to prevent escalation of needs or provide step down provision to reduce spend on out of City placements and travel costs
3. Increase special school provision to meet high demand in North of the City
4. Develop new specialist provision for young people post 16 to 25 to increase independence, access to work and a 'good week' and to reduce spend on independent

specialist provision located out of the City.

5. Implement the Mental health transformation plan and ensure a cohesive and coherent mental health offer for children and young people.

## **WHAT DO WE NEED TO DO TO ACHIEVE THIS?**

The Our Manchester Disability Plan Partnership Board has a number of workstreams that are delivering the vision of the OMD Plan. The SEND Board has responsibility for leading on the actions relating to disabled children and young people and those with SEN.

Children and young people with SEND and their parents and carers are the experts in understanding their needs and in understanding how best to meet them. We are committed to continuing to work in co-production with families to achieve the best outcomes for Manchester children.

Families have told us that accessing services is too complicated and that services are not joined up enough. The local authority, health and other partners are developing integrated pathways to make it easier to ask for support, be assessed and receive help more quickly. This includes continuing to develop the key working approach

The multi agency panel has improved the decision making and joint funding of placements for children with the highest level needs – who may need to specialist provision outside the city. Social care, health and education partners are developing a dynamic support database to help forecast what provision will be needed in the future. This database and the residential sufficiency research that is currently being carried out, will help us plan provision within Manchester and the sub-region for children and young people with the highest level of need.

Pupils with SEND are more likely to have poor attendance and be excluded from school. In autumn 2019, Manchester is launching the Inclusion Strategy and will set out an ambitious plan to improve all aspects of educational inclusion.

The local authority continues to work with schools to expand the number of special school and resourced provision places so that children do not have to be placed out of city.

The authority will continue to work with colleges, schools, training providers and employers to further develop internships and work related learning – so that all young people with SEND who want to have a job, will gain the skills to attain one. In 2020 we will develop a digital internship, to build in the successful Digital Inc programme for students with SEND. We also aim to increase the number of young people with SEND taking the apprenticeship route.

Families have told us that the Local Offer website is not engaging and it can be difficult to find the information they are looking for. We need to continue to improve accessibility to the website and offer families other ways of accessing information – through drop in events, parent champions, social media, and direct advice from staff.

Workforce development is key to all of these ambitions. Staff across all agencies who work with children and young people with SEND must be aspirational, work in a person centred / strengths based way. Staff need to know how to access information so that they can advise families and help families access information for themselves. We need to continue

to offer the multi agency SEND reform training programme begun in 2014 as well as targeted training for groups of staff.

#### Community health

As a system we need to define what the current and future demand of need is in relation to CYP with SEND and complex and additional needs (0-25 years), and highlight any gaps in demand and supply in the city. Ensure we have designed pathways and a model of delivery that can be flexible to meet the changing needs of this population and ensure services provide value for money. This can be achieved through a single defined/integrated pathway for CYP with SEND across health (and ideally education health and care), which can meet increasing demand.

Greater Manchester Health and Social Care Partnership are currently undertaking a strategic review across Greater Manchester of children and young people with complex needs, the cohort represents a number of different categories including Children with physical disabilities and learning disabilities :

- Children with social, emotional and mental health needs (including ADHD)
- Children in contact with CAMHS, Youth Justice Service
- Children with Special Educational Needs and Disability (SEND)
- Children in contact with Local Authority Early Help Services
- Children in the above mentioned groups who are also Looked after Children / Children in need
- Children in the above mentioned groups in transition from children to adult services

The work aims to advise the following

- *How many children and young people are in each cohort across the GMA?*
- *And how many are in specialist residential homes?*
- *What services are available to each cohort?*
- *What services are available to these children and young people who are transitioning to adult services?*
- *What does legislation say and what is best practice for services for children and young people with complex needs?*

#### **WHAT ARE WE CURRENTLY DOING?**

Manchester's vision is set out in Our Children and Young People's plan which is that children and young people are happy, healthy, safe and successful. To enable this, the plan sets out a number of priorities including children having a good start in life, being school ready and accessing a good schools.

Manchester has a continuum of Education provision for children and young people 0-25 which continues to be developed and strengthened to ensure that it can meet these principles and those of the Our Manchester Disability Plan.

The local authority schools, health and parents have co-produced a document – the matching Provision to Need Tool – which shows the provision that education settings

should have in place for pupils at universal and SEN Support levels and the provision schools/settings (in partnership with the LA and health) need to put in place for those with an EHCP.

The current education offer in Manchester for children and young people with SEND:

### **Early Years**

The Early Years delivery model is an integrated pathway for all children from pre-birth to five years of age, supported by health care and early years professionals, leading to earlier identification of need for an increasing number of children.

The assessment pathway provides an early help support offer for families of young children with identified needs which cannot be met wholly through universal services these include a Speech and Language Pathway and a Parenting pathway.

In an 18 month period (April 2017 – September 2018) 2,243 children have received a wellcomm screen.

Of the 2,243 children screened :

- 883 had a red outcome and were referred on to specialist services
- 554 had an amber outcome and received a wellcomm intervention
- 806 had a green outcome and did not require any further intervention

The current speech and language pathway is identifying far more children, much earlier than in previous years, so that children can then go on to receive an appropriate intervention earlier and prior to transitioning to school.

Manchester's Early Years Pathway for children with SEND is well embedded and links to the Early Years delivery model. The Pathway provides an Early Help offer of support to families with young children that have a level of SEND which cannot be met wholly through universal services. The local authority commissions Rodney House Outreach Service for Early Years (RHOSEY) to work with families, early years settings, health and educational psychology to identify and support children with SEND.

The majority of early years children with SEND attend local settings or mainstream school nurseries. In September 2017, Manchester put in place two new funding systems to support early years children with emerging SEND: Disability Access Fund and Special Educational Needs Inclusion Fund. Schools and settings are also supported to offer high quality, inclusive provision for children with SEND, by the RHOSEY outreach team and the LA Early Years Quality Assurance team. In 2019 98% of settings are judged by Ofsted to be good or outstanding.

RHOSEY supports settings to take children with higher levels of SEND through the statutory assessment process.

As a result of the Early Years pathway more children with significant levels of SEND are being identified and assessed earlier and projections of the number of children requiring specialist provision in the next few years are more accurate and predictable. Manchester has more children identified before 5 for an EHCP than seen nationally.

### **Schools**

The continuum of support for school pupils with SEND includes:

- Mainstream provision for pupils at SEN Support level and with EHCPs.
- Resourced mainstream provision. Manchester currently has 14 mainstream schools designated as resourced provision for pupils with higher levels of SEND. 11 of

these are for children with Autism (6 primary and 5 secondary), 2 primary provisions for pupils with social, emotional and mental health needs (SEMH) and 1 for pupils with Hearing Impairment.

- Specialist provision. Manchester has 14 special schools, all of which have expanded their numbers between 2016 and 2018 in line with growth in numbers of children across the City. As a proportion of the overall Manchester school population, pupils attending special schools has remained at or below 1.6% since 2012.
- Pupils with visual impairments and who are deaf or hearing impaired in both mainstream and special schools are supported by specialist staff from the Manchester Sensory Support Service.

This continuum ensures that the majority of children and young people with SEND have their needs met in their local community. However, special schools and resourced provisions in mainstream schools are now reaching capacity with few options remaining to create additional places in existing accommodation. This means that currently a number of children with EHCPs are placed in special schools in other Greater Manchester boroughs. A new special free school is due to open in north Manchester in 2020. A place plan has been developed to create additional specialist provision using additional capital funding granted by MCC Executive. Between 2016 and 2018 an additional 149 specialist places were created in the city.

In January 2019, 84.3% of pupils with an EHCP and 81.8% of pupils at SEN Support in Manchester schools were attending a good or outstanding school.

The local authority commissions outreach support from special schools for mainstream primary and secondary schools. This support helps schools to develop their strategies and practices to better support pupils with SEND.

A small number of pupils with EHCPs are placed in specialist independent schools: 128 in 2019, with 15 attending residential education. The proportion of pupils attending out of city provision has been rising for some years due to lack of places in specialist schools in the city. Around a third of the children who access specialist independent day schools are children in the care of Manchester 'Our children', many living in foster families or residential care homes outside Manchester.

## **Post 16**

The continuum of post 16 education and training provision for young people with SEND is wide ranging and continues to grow and develop in response to demand from young people and commissioners. Within Manchester this includes:

- Mainstream school sixth forms
- Sixth form colleges
- General further education college
- Independent training provider in creative industries
- Manchester Adult Education Service
- Special school sixth forms
- Independent specialist college
- Supported internships
- Traineeships
- Apprenticeships
- Short courses with voluntary sector providers such as Princes Trust

- Individualised programmes, sometimes with more than one provider.

Young people can also choose to apply to provision outside Manchester and in 2018-19 students are attending colleges in most other boroughs of Greater Manchester.

The local authority is working with providers to ensure that education and training provision prepares young people well for adult life and improves their wider life outcomes.

The Preparing for Adulthood (PfA) programme includes four strands:

- Education, employment and training
- Health and wellbeing
- Being part of the community and having friendships and relationships
- Independent living

Manchester has been particularly successful in developing Supported Internships – through strong partnership working between colleges, employers, supported employment providers and the local authority. The Manchester College and Pure Innovations have around 60 interns with a variety of host employers: Manchester Foundation Trust (City Labs and Wythenshawe sites), Manchester City Council, Media City and Manchester Airport. Loreto College's internship employers include: GLL, Beefeater, Sodexo, One Manchester. Around 80% of interns move into work and retention rates are high. Bridge College's internship programme started in September 2019.

### **Short breaks**

All Manchester children with SEND are encouraged to take part in universal youth, play and leisure activities. Access to universal services is improving year on year through a strong partnership between the local authority engagement team, youth strategy team, leisure services, parent champions, Young Manchester, GMYN and providers.

Parents and carers who need additional support to give them a break from their caring responsibilities are able to apply for a targeted or specialist short break.

### **Social care**

The local authority and health are currently analysing the numbers of children and young people who require more specialist provision – including residential provision – as part of a Greater Manchester sufficiency research project. Research in 2018 showed that 11% of children in residential care had severe learning difficulties, 10% have Autism and 13% have complex or severe mental health difficulties.

### **Transition**

The role of the Transition Planning Team has developed over the past four years since the introduction of the Care Act. The scope of the transition offer to young people and their families has widened and pulling together all partner agencies (children's and adults' care, education, children's and adults' health/mental health commissioners and providers) has been challenging. A Transition Board is now in place to drive the improvement plan.

### **Joint commissioning**

As part of health transformation, the local authority and MHCC are jointly commissioning a number of programmes to support children with SEND.

- A multi-agency panel of senior officers from education, children's and adults' social care and Manchester Health and Care Commissioning meets monthly to make decisions about placements and joint commissioning for those children and young

people with the most complex needs. A commissioning post has been established to work on behalf of Health, Education and Social care to review current placements to ensure they are delivering young people's outcomes, improving commissioning arrangements and identifying opportunities to develop new local provision.

- The Lancasterian Outreach and Inclusion team has been strengthened by the secondment of an Occupational Therapist and a Physiotherapist to train and support schools who have pupils with mobility difficulties. This integrated approach is also feeding into work to improve Manchester's equipment pathway.
- The Augmentative and Alternative Communication (AAC) steering group is overseeing the assessment of pupils with AAC need and provision of appropriate.

### **Emotional health and wellbeing**

Manchester is co-developing an iThrive model in response to the Future in Mind report on mental health and wellbeing. The aim is that services will offer flexible holistic support based on needs not diagnosis. Under the new iThrive approach, which replaces the traditional 'tier' system, need is measured using five categories. These are:

- thriving
- getting advice
- getting help
- getting more help
- getting risk support

The aim is to increase capacity across the system and support children, young people, their families and professionals to be resilient, to be informed about support available, the choices they have and to understand what they can do to help themselves. A number of services have already been developed to address identified needs including: Kooth; Mental Healthy Schools pilot, Eating disorder service and the Integrated Community Response team.

### **Social Communication pathway**

CAMHS, community health, local authority, schools, IAS and parents have co-produced a new diagnostic pathway for social communication. This is being piloted in south Manchester and early indications show that it is likely to decrease waiting times and provide a more holistic assessment of needs. The pathway is being evaluated before decisions are made about expanding to the whole of Manchester. We are looking to expand the pathway

### **Community services**

Manchester Health and Care Commissioning (MHCC) has reviewed community services, including those for children with SEND. There is recognition that population growth has led to high levels of demand for services, and that as additional special school places are put in place it has been a challenge to provide equitable services to all schools. MHCC is investing additional funding in community health in 2018-19 aligned to the children and young people's transformation programmes, with a particular focus on children and young people with disabilities, neuro-disability and mental health.

### **Health visitors**

Manchester Health Visiting Service provides a city wide, universal, service to all children resident in Manchester aged 0-4. In 2018 Health Visitors achieved 67% of 9 month checks and 61% of 2 year old reviews. Increasing the percentages of children seen at 9 months and 2 years is an area for development to ensure as many children as possible have their needs identified early.

## COMMUNITY AND STAKEHOLDER VIEWS / OPPORTUNITIES FOR ACTION

In 2018, the local authority consulted with a wide range of stakeholders as part of the SEND strategic review, including children and young people, parents and carers, schools and colleges, statutory and voluntary sector colleagues. The review covered how effectively high needs finding is used now and how it should be used in the future to inform outcomes and provision.

The main issues that emerged were related to

a) Educational provision:

- The need for additional specialist educational provision
- Pressure on school budgets
- Inclusion
- The physical environment in schools and colleges
- Support available to schools and colleges
- Involvement of parents/carers and children and young people

b) The education, health and care assessment processes

c) Integrated working

d) The wider Local Offer

e) Preparing for Adulthood

Children and young people told us that they want to have jobs, live independently, have friends, a social life and eventually a partner – just like any other young person. They want us to make the city and all it has to offer accessible to them. They are concerned about homelessness and some areas of the city not feeling safe. They want to be respected and listened to.

In 2019 the local authority has commissioned Greater Manchester Youth Network to train and support a group of 8 Youth Ambassadors, whose role is to gather and report the views of other young people with SEND. At a recent SEND Board the Ambassadors highlighted their current top priorities: to improve services and support for people with mental health needs and improving the accessibility of transport.

Manchester Parent Carer Forum carries out a survey of parents and carers of children (aged 0-25) with SEND twice a year on how effectively education, health and care services are meeting the needs of children, young people and their families. These surveys are reported to the SEND Board and feed into the Board's action plan.

The summer 2018 survey told us that:

- 76% of respondents felt that their child's needs are being met well or very well in education
- 65% felt their child's needs are met well or very well by health
- 71% felt that their experience of transition/preparing for adulthood was satisfactory, good or very good
- 58% felt that it was difficult or very difficult to get information about services

Respondents told us that they felt services need to work together more effectively and need to involve parents more in setting outcomes and targets.

Responses to stakeholder views include:

- School place plan – including capital investment in new specialist provision.
- Parent Champions, working with Information, Advice and Support Manchester (IASM) helping families find the information they need and in feeding back gaps in provision.
- Monthly Local Offer Early Help drop ins for parents and carers to find out information and meet staff from services in an informal setting.
- Continuing work to develop clearer pathways to accessing services.
- Inclusion strategy – developed by the local authority and a range of partners.



- Speech and Language therapist s running training for schools on ELKLAN – communication resource to improve the outcomes of children with speech language and communication needs.
- Further investment in Supported Internships
- Further development of accessible universal youth and play provision.
- Continuing to commission Outreach support from special schools.

Manchester Parent Carer Forum and Working Together groups have worked with the local authority and Health to develop a Co-production Charter. This sets out how partners should work together in a strengths based way at every stage to achieve shared outcomes. The charter states – We Will:

- Trust each other
- Work in equal partnership from the start valuing everyone
- Support each other to understand the approach
- Be transparent, accountable and honest
- Embed co-production in all areas of work
- Focus on strengths
- Work in the Our Manchester way
- Welcome and care

## **Conclusion**

Manchester is committed to building a safe, happy, healthy and successful future for all our our children, none more so than those with a disability and learning need. Consequently, this JSNA sets out in detail the legal and strategic context in which services are delivered to children with Special Educational Needs and Disability (SEND), a profile/demography of need in Manchester, with an increase in child population and an outline of the advice, support and services that are available for children and their families. In addition, the report details how children and their families are influencing and shaping how agencies/services work together so that Manchester City Council and its partners continually improve the experiences and outcomes of children with SEND.

The Special Educational Needs and Disability (SEND) reforms introduced in September 2014 are being embedded in Manchester through multi-agency working and a strong partnership approach from the outset with Manchester CCG, LCO, parents/carers, young people, schools, colleges and settings. There is clear strategic leadership and strong governance through the SEN Board, chaired by the Director of Education and which has senior representation from a range of partners and services including the Designated Clinical Officer for health; strategic lead for Children’s social care; a headteacher; parent representatives from Manchester Parent Carer Forum and an Adult Services manager.

Manchester’s parents are a key partner and there have been further developments to the parent carer network and the parent champion model in 2019. In addition, there has been a much stronger influence of children and young people’s ‘voice’ across the local area, via the ‘Changemakers’ work and through improved Education Health and Care plans. In addition families have repeatedly told us that pathways into services are too complicated, and that services need to be more joined up. In response to this Local Authority and health teams have worked together with parents to improve ease and timeliness of access to services and support.

A consequence seen locally and nationally arising out of the 2014 SEND reforms has been an increase in the number of requests for children to be assessed for an Education, Health and Care Plan (EHCP). This coupled with a reduction in the statutory timescales for completion has made an area for improvement. There has been less success in improving educational outcomes for children and young people with SEND; both of which continue to be a priority for Manchester City Council and its partners.

Initial phases of the SEND reforms were implemented successfully, resulting in 100% of Statements and Learning Disability Assessments being transferred to EHC Plans in Manchester in line with the national deadlines. However, we still have more work to do to achieve our ambition of improved outcomes for children and young people with SEND and improved young people's and parental experience.

### **Recommendations**

The recommendations have been used to inform the Local Area SEND Action Plan:

- 1) Review and redesign the Statutory Assessment and Review Process including SEND pathways to ensure children and families have an improved experience.
- 2) To continue to work as a partnership to improve the quality of Education Health and Care plans ensuring they are outcomes focussed with a greater link to commissioning and through embedding the EHCP Quality Assurance framework
- 3) Improve the short break offer, identifying the gaps including for those children at the Edge of Care.
- 4) Improve Inclusion throughout Manchester's education system, including the reduction of exclusions through the implementation of the Manchester Inclusion Strategy - Preventing Exclusion and Supporting Children and Young People to Thrive.
- 5) When designing, commissioning and delivering services for SEND there is a need to; a.) ensure they meet the needs of all children and young people irrespective of cultural or ethnic background b.) ensure that the higher proportion of males to females is considered c.) ensure demographics of the population are considered.
- 6) Ensure the voice of the child and parents and carers are central to everything we do.
- 7) The significant numbers of children and young people with a speech, language or communication need necessitate a requirement for all staff to have a good understanding of how to meet their needs and ensure identification and pathways are robust and easy to use.
- 8) Improve educational outcomes of children and young people with SEND at every key stage with a particular focus on reading at Key Stage 2 through a targeted intervention strategy and with a renewed focus on Key Stage 4 outcomes
- 9) Improve Attendance of children and young people with SEND, through targeted work with identified schools and by further focussed workshops and conferences.
- 10) Improve Transition to adult health and care services through the work of the Transition Board and by improving the clarity of information provided to young people and parents on services and support for 14-25 year olds and beyond.
- 11) Further increase the proportion of 16-25 year olds with identified SEND in education, employment and training through the implementation of the NEET reduction plan.
- 12) To further embed co-production through work with Manchester Parent Carer Forum and the Working Together for Manchester group and to continue to work with our parent champions to impact on improved experience across the Local Area.
- 13) Ensure sufficiency for Manchester's growing child population, reduce pressure on special school places and reduce waiting times for specialised health services through the implementation of the special school places plan and the further development of the co-designed social communication pathway.
- 14) Ensure parents are supported in navigating and understanding the systems and pathways to accessing services.
- 15) Develop cohesive mental health offer for Manchester's children and young people.
- 16) Effectiveness of services and delivery to be monitored rigorously through agreed performance indicators.

### **REFERENCES AND LINKS**

<p>Update on Manchester’s implementation of the SEND reforms - Report to Children and Young People Scrutiny Committee, January 2019</p> <p>School place planning and admissions – Report to Executive, May 2018</p> <p>Special Educational Needs and Disability strategic review - Report to Children and Young People Scrutiny Committee, June 2018</p> <p>Schools Forum Report, September 2018</p> <p>Our Manchester Disability Plan – MCC Website</p> <p>Manchester Transformation Plan for Children and Young People’s Mental Health and Wellbeing, MHCC 2018</p> <p>Children and Young People - Mental Health and Emotional Health and Wellbeing JSNA 2015-16</p> <p>Disabled people (Social Model of Disability) JSNA 2019</p> <p>Adult Learning Disabilities JSNA 2019</p> <p>Autism JSNA 2019</p> <p>Commissioning Autism Services, Skills for Care 2019</p> <p>Children and Young People with Long Term Conditions, Learning Disabilities and Mental Health Needs Health and Social Care Profile, MHCC 2019</p> <p>Speech Language and Communications need assessment, Public Health England 2019</p> <p>Manchester Child Health Profile, Public Health England 2019</p>
---

<p><b>Completed By:</b> SEND Strategy Team and Designated Clinical Officer</p>
<p><b>Date:</b> October 2019</p>