



Liverpool's

Special Educational Needs Partnership Strategy

2018-2022



CONSULTATION

Liverpool is about to launch a new special educational needs and disability (SEND) strategy and is asking for help from all stakeholders including parents and carers to help inform the development and delivery of services. The strategy aims to ensure that all agencies work together to improve the ways in which we identify and assess children and young people with SEND. It also aims to ensure high quality early help provision for Liverpool families.

We have identified six main priorities that we think we need to concentrate on to improve children and young people's lives in Liverpool and we would like to hear your views on these and the draft strategy.

The consultation process will consist of a series of stakeholder road show events where views are elicited from parents, young people and front line practitioners across the Education, Health and Social Care workforce. Views will be gathered through meeting minutes, the submission of views via the consultation pro-forma (please see Appendix B) and via head teacher professional association submissions. A dedicated mailbox sendconsult2018@liverpool.gov.uk has been set up to enable respondents to share their views and opinions on the draft strategy. The draft strategy and consultation pro-forma can also be accessed on Liverpool's Local Offer via.

The consultation process will be live from the 14th of May 2018 until the 30th of June 2018 following which, views will be collated, considered and the draft strategy amended accordingly. A partnership launch event will then take place to enable the final strategy to be presented to all key stakeholders.

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1. Introduction

In Liverpool we have the highest aspirations for all our children and young people. This is evidenced by our commitment to make Liverpool “A Child Friendly City”¹. This strategy sets out our vision and key priorities (2018-2022) for the provision of services and support for children and young people with special educational needs and or disability (SEND²) in Liverpool. The strategy also outlines key challenges and the work that, as a partnership, we intend to execute in order to improve both services and outcomes for children, young people and adults with SEND aged 0-25 in Liverpool. **The philosophy that underpins this strategy is a strengths based approach. It is our intention that this strategy will build on existing good practice, as well as identify any gaps in service delivery or provision. This strategy will also develop new and more effective ways of working.**

Effective partnership working has the greatest potential for achieving positive change for children, young people and their families locally and it is only through the commitment to inclusive, community wide partnership working that the objectives of this strategy will be successfully realised. Therefore, this strategy has been informed and developed in conjunction with a wide range of partner agencies both statutory and voluntary all of whom are committed to achieving positive change. **The voices of children, young people and their parents**, have been key in informing this strategy³. This will be further strengthened through the consultation process.

This strategy should not be considered in isolation but alongside other key documents. Amongst these are the Healthy Liverpool Blueprint, Liverpool’s Health & Wellbeing Strategy, Liverpool’s Early Help Strategy, Liverpool’s Attendance Strategy, the City’s Housing Strategy, the High Needs Operational Guidance, as well as national guidance including the SEND Code of Practice 0-25 years⁴. It is anticipated that this strategy will support and maximise the impact of existing planned initiatives.

¹ Building Child Friendly Cities, Unicef 2004

² For definitions of terms used in this strategy refer to Appendix A of this document

³ The responses of children, young people and their parents as informed by the POET questionnaire – Personal Outcomes Evaluation Tool and partnership with Liverpool’s Parents and Carers Forum LivPAC.

⁴ https://www.gov.uk/government/...data/.../SEND_Code_of_Practice_January_2015.pdf

2. Vision

We are committed to child centred practice and our vision is -

“To provide the right support in the right way, at the right time, in order to achieve the very best possible outcomes for the children, young people and their families of Liverpool identified as having SEN and Disability.”

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3. Drivers & Key Challenges

Before outlining the key principles and objectives of this strategy it is important to contextualise these by considering some of the key drivers and challenges alongside the local context/landscape.

- Without question, a significant key driver is **Part Three of the Children and Families Act (2014)**⁵ along with the associated SEND Code of Practice 0-25 years. The Children and Families Act 2014 has been described as the biggest reform to child welfare legislation in 30 years and has resulted in significant changes to processes and practices.
- A further key driver is the **Local Area SEND inspection framework** which was implemented in April 2016. The purpose of the framework is to inspect the effectiveness of local areas in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities. The local area includes the local authority, clinical commissioning groups (CCGs), Public Health, NHS England for specialist services, early years' settings, schools and further education providers. The starting point for inspection is the expectation that the local area should have a good understanding as to how effective it is and should be able to accurately assess how effectively it meets its responsibilities. Ofsted published a document (November 2017) "Local area inspections: one year on"⁶ which summarises the learning from 12 months of Local area SEND inspections.
- Whilst numbers of pupils identified as having SEND in Liverpool is gradually reducing, there is evidence of **growing demand for specialist SEN educational provision**. This demand is evidenced through a significant increase in the number of places in maintained special schools which have been commissioned over the past 3 years, with a further increase in numbers planned for September 2018. In the same period there has been a significant increase in the number of young people in the city with SEND accessing Post 16 education provision.

⁵ www.legislation.gov.uk/ukpga/2014/6/part/3/enacted

⁶ *Local Area SEND inspections: one year on, 18th of October 2017, Ofsted and the Care Quality Commission*

- **Children & young people living in Liverpool in receipt of an EHC Plan or statement are more likely to attend a special school than peers living in other parts of the country (including core cities).** Currently 75% of children and young people in receipt of a statement or plan attend special schools compared to just 52% nationally. This, plus the increase in the number of requests for statutory assessments, suggest that the prevailing 'culture' in Liverpool may restrict the options available for children and young people with SEND and does not potentially promote a mainstream inclusive culture.
- **Resource is always a challenge.** Liverpool City Council has experienced significant budget cuts since 2010. Over the last nine years, the Council has had a 'real term' budget reduction of 64%. Partner agencies, including the Clinical Commissioning Group, schools and colleges, are also experiencing similar financial constraints. Due to the continual increases in demand there are insufficient resources to meet the future budget requirement and the current model of delivery is not financially sustainable. **A key challenge for the partnership is to develop a strong culture of inclusion supported by a robust graduated approach that delivers improved outcomes.**
- **Liverpool's Child Poverty rate** (After Housing Costs) for 2017 stands at 34.16%. This equates to some 32,171 children and represents a slight increase from the 33.89% in 2015. Liverpool ranks 6th worst of the 10 Core Cities (behind Manchester, Birmingham, Nottingham, Newcastle and Glasgow). 16 Liverpool wards have over 1,000 children classed as living in poverty. 15 of the wards have seen their rates of Child Poverty rise since 2015. The impact of poverty may be exacerbated by a poverty premium. This means low income families can face paying more than better-off families to buy the same goods and services. A major contributor to this is the high cost of credit for low income families. In Liverpool, pupils with EHC Plans or Statements with a primary need of social, emotional and mental health are the group with the highest eligibility rate for free school meals. This group of children and young people account for 66.4% of the total percentage of eligible pupils. There are currently 303 children with statements or EHC plans who are classed as Children in Need (CIN).

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4. National Context

SEND Policy Framework - The Children and Families Act came into force on the 1st of September 2014. Part 3 of this Act, and associated regulations, reformed the duties, policies and procedures relating to children and young people with SEND and established a clear programme of SEND reforms⁷. The overall purpose of the reforms was to:

- Implement a new approach to joining up support across education, health and care from birth to 25;
- Ensure help is offered at the earliest possible point;
- Ensure children and young people, parents and carers are fully involved in determining their goals and in decisions about the type of support they need to achieve these;
- Establish more efficient ways of working and ultimately -
- Bring about better outcomes for children and young people;
- Align policy across children's and adult services in order to create opportunities to develop better personalised approaches to improving outcomes for disabled children and young people. (5 key priorities for Transition – lifespan approach)

4.1 A summary of the main requirements of the legislation is as follows:

- To **involve** children, young people and their families in shaping the provision of services for those with SEND, and to develop closer co-operation with partners, including early years providers, nurseries, schools, academies and colleges/post 16 providers, health providers, social care services as well as other local authorities and the Voluntary and Community Sector.

⁷ The specific requirements of the reforms are outlined in the Children and Families Act 2014. Guidance on implementation can be found in the revised SEND Code of Practice 0-25 years.

- To produce, in accordance with the point above, a clear and transparent '**Local Offer**' which details all the services that are available locally to support children and young people with SEND. The purpose of this resource is to empower children, young people and their families to have greater choice and control regarding access to services.
- To undertake **joint assessment, planning and commissioning** of services for these children between education, health and social care to ensure more seamless and integrated support through a streamlined assessment process and a single plan (EHC Plan) covering a child and young person from birth to age 25 where applicable.
- To provide an offer for parents, carers and young people to have a **personal budget** to extend their choice and control over the education, health and social care services they receive.
- To ensure **positive transitions** at all key stages within a 0-25 age range, especially in preparing for adulthood. The legislation, including the Care Act 2014, provides greater powers for the local authority to continue services post 18 and introduces new protections for young people aged 16-25.
- In 2013-2014 the Department of Education (DfE) reformed how it allocated funding to LAs via the Dedicated School Grant. The aim was to move towards a greater proportion of funding to be allocated on a per – pupil basis reflecting the needs of the pupils attending that education establishment.
- To extend the SEND legal obligations of maintained schools to **further education colleges and academies** (including free schools and studio schools).

5. Local Context & what we know

- The information below provides an outline of Liverpool's local context, including trends, as well as comparative data⁸. In many instances, Liverpool's data is comparable with national data. However, there are notable exceptions which reinforce the hypothesis that ***the prevailing 'culture' in Liverpool*** may restrict the options available for children and young people with SEND and does not potentially promote a mainstream inclusive culture.
- Of particular note are (1) the low rate of children and young people with EHC Plan or Statements in mainstream schools and (2) the high rates of exclusions from school for pupils receiving SEN Support. A further issue of significant note is the high rate of persistent absence of pupils enrolled at our maintained special schools.

5.1 Headlines

- The total **number of pupils with SEN Support⁹ in Liverpool schools** (including non-maintained specials, University Technical Colleges, studio and free schools) has **decreased** from 15,946 (23%) pupils in 2011 to 10,974 (15.2%) in 2017 – compared to 11.6% nationally.
- As of December 2017, 482 pupils on SEN Support attending Liverpool mainstream schools accessed additional support through the allocation of Top Up funding, of this cohort 68% of these pupils were not in receipt of a statement of EHC Plan.
- The **number of pupils with an ECH Plan or Statement increased** between 2011 and 2017. There are now 2286 students (2.4%) with a statement or EHCP compared to 1460 (2.1%) in 2011. Nationally, 2.8% of the pupil population have an EHCP or statement.

⁸ Insert Data Source

⁹ School Action and School Action Plus has been replaced with a single school category known as SEN Support, posing the question of what the school offer should look like to achieve better outcomes as part of the graduated approach.

- **Only 25% of Liverpool** pupils with an EHC Plan or statement attend mainstream primary and secondary schools **compared to 48% nationally**.
- Of pupils with EHC Plans or Statements in Liverpool maintained schools, **the most common type of primary need was** autistic spectrum disorder (28.2%) compared to a national figure of 26.9%. This is closely followed by severe learning difficulties (25.5%). The least common was multi-sensory impairment (0.2%) and visual impairment (0.2%).
- Over three quarters of **primary age pupils with EHC Plans or Statements** are boys – this is comparative to the national picture. However, compared to the national picture, a greater proportion of **secondary aged pupils in Liverpool with an EHC Plan** or statement are girls – 33% (locally) compared to 26% (nationally).
- The percentage of all Liverpool pupils eligible for **free school meals** (FSM) is significantly higher than the national average - 23.9% compared to 14.1% nationally. 49% of Liverpool pupils with EHC Plans or Statements were eligible for free school meals (FSM) compared to 31.4% nationally.
- Of pupils with EHC Plans or Statements, those with a **primary need of social, emotional and mental health were the group with the highest eligibility** for free school meals (66.4%).
- Persistent absence (PA) in Liverpool maintained special schools is noticeably higher than in the maintained primary and secondary sectors. PA rates in the special sector in 2016/17 were **35.9% compared to 11.3% in the primary sector and 16.5% in the secondary sector**.
- There are approximately 53 pupils below the age of 16 and 12 above the age of 16 placed in non-maintained and independent provision at an **estimated total annual cost of £2.4 million**. Although these figures are comparatively low compared with some similar size authorities, it is part of this strategy to work towards investing more of the resources that are currently spent outside the maintained sector and thereby strengthening the offer in our local maintained schools.

- 2.2% of **Liverpool BME pupils** have an EHC Plan or statement. This is lower than the overall percentage for Liverpool pupils (2.4%) and is 0.4% lower than the national percentage of BME pupils with a plan or statement - 2.6%.
- The percentage of **Key Stage 2 pupils receiving SEN Support** that reach the expected standard in Reading, Writing and Maths (RWM) is 19% compared to the Liverpool average of 58%. This is not too dissimilar to the national trend in which 21% of SEN Support pupils reached the expected standard in RWM compared to the national average - 62%.
- Conversely only **4% of Liverpool** Key Stage 2 pupils with an EHC Plan or Statement reached the expected standard in RWM compared to **8% nationally**.
- The average **Attainment 8 scores**¹⁰ for Liverpool **SEN Support** is lower than the national trend: Liverpool SEN Support – 30.1; National SEN Support 31.9. The average Attainment 8 scores for Liverpool pupils with an **EHC Plan or Statement** is also lower than the national: Liverpool EHCP/Statement = 8; National EHCP/Statement =13.9. Liverpool's overall average = 44.2 compared to the national overall average of 46.4. (2017) With regards to **Progress 8**¹¹ (2016) Liverpool = -0.8 compared to the national = -0.4.
- **Timeliness of Plans** – Of the new EHC plans made during 2017, 76% were issued within the 20 weeks' time limit, an increase from 11% in 2016.
- **Personal budgets** – In 2017 there were 117 personal budgets in place for children and young people with an EHC plan.
- As of December 2017, 724 children and young people in Liverpool were continuously **Looked After**¹². Half of this cohort of children and young people had

¹⁰ Attainment 8 measures the achievement of a pupil across 8 subjects including Mathematics (double weighted) and English (double weighted)

¹¹ Progress 8 aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. It is a type of value added measure, which means that pupils' results are compared to the actual achievements of other pupils with the same prior attainment.

¹² DfES Measure: Children Looked After for 12 months continuously.

special educational needs. 267 were SEN Support (37%) and 86 had an EHC Plan or Statement (37%).

- As of December 2017, 82.6% of Liverpool's post 16 young people with EHC Plans or Statement were in **Education, Employment or Training**. There are no national comparisons at this time.
- There has been an increase in the identification and diagnosis of **neuro-developmental conditions** such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Referrals for neurodevelopmental assessment and treatment have increased year on year. In 2016/17 referrals into the ASD diagnostic pathway increased from 60 to 100 per month. Latest available data for Children and Adolescent Mental Health Services (2015/16) indicate an increase in referrals to all levels of CAMHS at 9%.

5.2 What Children, Young People and Parents and Carers have told us

Using intelligence gathered from the responses to POET¹³ and other forums, children, young people and their families told us that we need to:

- Reduce delays in identifying children and young people's additional needs;
- Make sure support services are provided in a timely way;
- Improve information about what is available and how to access support;
- Improve the transition arrangements for young people as they move from children's to adult services;
- Improve options available to families which allow them to be able to change the support they receive if need be;
- Ensure children and young people's views are included in their plans;
- Improve options available in the local area so that children and young people feel part of their local community

¹³ Personal Outcome Evaluation Tool.

6. Analysis & Hypothesis

SEN Support/EHCP or Statements: Despite a reduction in the number of pupils that schools identify as requiring SEN support, Liverpool's SEN support cohort continues to be above national comparators.

Whilst there has been a gradual increase in the percentage of pupils with an EHCP or Statement attending mainstream primary schools (4% increase), there has been a notable decrease in the percentage of pupils attending mainstream secondary schools – 8% decrease. Of the 482 High Needs pupils in mainstream schools receiving additional support via Top Up funding allocated by the LA in December 2017, 74.5% of these were in primary schools whilst 24% were in secondary with 1.5% in nursery.

Of the 332 pupils (68%) receiving Top Up funding without a statement or EHC plan 76% attended mainstream primary schools with 22% attending secondary and 2% in nursery.

As noted above, only 25% of Liverpool pupils with an EHCP or statement attend mainstream primary and secondary schools compared to 48% nationally. The use of the graduated approach by some schools - the effective use of their SEN notional budget and access to additional specialist services and Top Up Funding for pupils on SEN support, appears to have had some impact in reducing the number of pupils requiring EHC plans. However the fact that there are 75% of pupils in Liverpool with an EHC plan attending special schools compared to 52% nationally is a significant difference and presents Liverpool as an 'outlier.' This is clearly a cause for concern and illustrates the need to consider the current barriers to creating more inclusive and effective systems which offer a wider variety of educational options to families.

Primary Type of Need: Speech, Language and Communication needs are the most common type of primary need overall. 18% of pupils with special educational needs (SLCN) have this primary type of need. SLCN is also the most common type of need for pupils on SEN Support; 20% of pupils on SEN Support have this primary type of need. However, when breaking down the SEN Support cohort by National Curriculum Year (NCY), Specific Learning Difficulties is the most prevalent need for pupils in NCYs 7 to 14. The number of pupils on SEN Support with ASD as a primary need has increased by 39% since 2015.

Autistic Spectrum Disorder is the **most common primary type** of need for pupils with a statement or EHCP, with 28% of the cohort having this primary type of need. The number of pupils with ASD as a primary need has increased by 75% since 2011. Notably however, there are more pupils with a statement or plan in NCYs N1 to 6 with Severe Learning Difficulties than with ASD – 199 and 167 respectively. The number of pupils with SLD as a primary need has increased by 77% since 2011.

Current data sets illustrate the very significant impact that **poor levels of speech language and communication** have upon the early development of pupils. These needs appear to be long lasting and manifest as literacy difficulties as pupils progress through the education system. Clearly this trend is incredibly worrying and identifies a strategic priority for the partnership in remediating this trend.

Requests for statutory assessments submitted to the Local Authority have increased considerably from 2011/12 onwards. Since the implementation of the 2014 SEND reforms, the requests for statutory assessment relating to Education, Health and Care Plans (EHCPs) increased from 548 requests in 2014 to 710 in 2017. This combined with the high percentage of pupils with an EHCP or Statement attending special schools (78% compared to 52% **nationally**), **suggests that early intervention i.e. current SEN Support strategies are** not always effective in meeting or de-escalating need.

7. Key Principles

In order **to realise Liverpool's vision**, there must be **stronger collaboration** between partner agencies, children, young people and their parents and more effective, robust and proportionate service delivery that ensures the following:

- The participation of children, their parents and young people in decision-making;
- High quality universal services able to meet the vast majority of pupil needs;
- Inclusive education and health services that, wherever possible, are delivered in the child/young person's community;
- Early identification of need and early help in order to best support children and young people;
- Greater choice and control for children/young people and their parent/carers;
- Successful preparation for adulthood, including independent living and employment.
- Co-production of service development at all levels of the organisation.

Therefore we will:

- **Identify** children with additional needs at the earliest opportunity.
- Improve **inclusive practice** so where possible children and young people in Liverpool are able to access and have their needs met in both early years settings and their local mainstream school so they can enjoy the same opportunities as other children.
- Work together in a **more co-ordinated way** to improve information sharing and streamline assessment processes to ensure that assessments for children with SEND are appropriate and linked to EHC requirements.
- Establish a **clear accountability framework** for the delivery of the SEND Strategy in Liverpool.

- **Maximise opportunities for joint commissioning** activity which supports co-ordinated and personalised delivery of education, health and care support for children and young people with SEND and their families.
- **Integrate our arrangements** to promote the well-being of children, young people with SEND, avoiding duplication and ensuring that education, health and social care professionals work collectively in the best interests of children, young people and their families.
- **Strengthen our co-production** arrangements with LivPac and other parent carer forums to ensure that children, young people with SEND and their families are provided with greater opportunities to influence decision making and work in partnership with leaders to plan, review and evaluate service delivery.
- Work with a wide range of providers to further develop **pathways into adulthood**, supported internships and employability across the 16-19/25 phase.

8. Strategic Priorities

All of the above information has guided and informed our **six** main strategic priorities:

Priority 1 - Identify children and young people's additional needs at the earliest opportunity

To ensure that children and young people with additional needs have their needs identified at the earliest opportunity and are able to access timely, robust and proportionate intervention and support that meets and deescalates their needs, thus improving outcomes.

Parents and carers have told us that one of their most important priorities is for their children to get the help and support they need at the earliest opportunity. Early identification and intervention is essential to preventing underachievement and improving outcomes and life chances. The SEND Code of Practice highlights the importance of preventing delays around identifying and assessing children with SEND in order to ensure that every child is 'school ready' and to reduce the risks of disengagement in learning, loss of self-esteem and behavioural difficulties.

Liverpool's Children's Centres aim to support the early identification of need. This function is delivered through their SEN Disability link workers and the integrated health checks for two year olds in early years settings (health visitors & early year practitioners). However, further work is required to ensure that more children receive the developmental check.

The number of children considered in reception class as being 'school ready' and assessed in Early Years Foundation Stage as achieving a good level of development needs to improve. Children achieving a good level of development (GLD) has increased by 5.2% since 2015. This increase is above the average rate of improvement nationally, nonetheless Liverpool remains in the bottom quartile nationally.

In addition to the above **we need to:**

- Strengthen the impact of the Liverpool's Early Years Consortia Model by ensuring that it integrates more effectively with current universal and targeted provision
- Improve transitional arrangements between the PVI sector and the mainstream primary sector. This will enable more effective planning to be developed ensuring that receiving reception classes are better equipped to meet even the most challenging levels of need.
- Consult with nurseries, parents and professionals around the Inclusion Fund to support children in early years to access the right service at the right time as part of the graduated approach.
- Improve training and development opportunities for early years' practitioners which support increased identification, assessment and planning for children with SEND.
- Develop a local protocol to make better links between early help assessments, Child Care Plans and ECH Plans and align the systems for reviewing plans as appropriate.

Priority 2 - Strengthen co-production arrangements

To strengthen our co-production arrangements in order to ensure that children, young people and their families identified as having SEND are provided with opportunities to influence decision making. This will be achieved by working in partnership with leaders to plan, review and evaluate service delivery.

Liverpool has made increased efforts to improve co-production arrangements to ensure that parents and carers have more opportunities to work closely with senior leaders around the SEND agenda. Liverpool's Parent and Carer Forum were involved in the design of the EHC Plan template. A section of the plan sets out the views, interests and aspirations of the child or young person. This 'All about Me' page allows children and young people to describe their preferences, strengths and aspirations.

Liverpool's Parent Interest Group designed Liverpool's easy read Personal Budget leaflet for parents/carers and a group of pupils attending Sandfield Park Special School designed the young people's version of Liverpool's Personal Budget leaflet.

Liverpool's Local Offer includes animations developed in collaboration with children and young people which provides information on the continuum of support from SEN Support to EHC Plans etc. In addition, a Young Commissioners' forum has been established and the continued development of the Disabled Children's Passport broadens our reach.

Liverpool's young people with SEND and their families have been at the heart of the development of the Travel Trainers Programme. This programme supports and assists young people in developing the skills they require in order to be able to travel independently on public transport.

It is recognised that there is always more we can do and therefore we are committed to ensuring stronger co-production arrangements. In addition to what we have already done so far, **we need to:**

- Strengthen and maintain co-production arrangements with LivPAC and the Young Commissioners.

- Continue to promote the use of the Independent Mediation Service.
- Reinforce the role of children and young people, their parents and carers in the EHC Assessment and Planning process so they are able to influence decisions about how to best meet their/or their child's needs.
- Continue to audit ECH Plans, strengthening mechanisms for management oversight and for families to be more involved in the process. Act upon the comments from young people, parents and carers about the Local Offer to improve the range and responsiveness of services and support.

Priority 3 - Improve pupil attendance at Liverpool's Special Schools and reduce mainstream school exclusions

To reduce the number of children and young people who are persistently absent from maintained special schools and improve their school attendance. Also to reduce the number of children and young people with SEND in receipt of fixed term and permanent exclusions.

It is important to recognise that regular school attendance is a protective factor in a child or young person's life, as schools provide a safe environment, foster positive relationships and support children and young people with opportunities to develop emotional and social skills. Children and young people who are persistently absent from school are more likely to be involved in criminal activity and more likely to suffer mental health difficulties.

Liverpool faces a significant challenge in improving overall attendance rates. Both primary and secondary school persistent absence rates remain higher than the national average (Primary = 3.1% higher & Secondary = 3.4% higher).

The persistent absence rate in Liverpool's maintained special schools is noticeably higher than mainstream schools – 35.9% compared to 11.3% (primary) and 16.5% (secondary).

On average persistent absence in Liverpool's maintained special schools is not significantly above the national average. However, attendance is poorer and persistent absence is higher within some sectors of the special school population. In particular, pupils attending specialist provision whose primary need is social, emotional and mental health have the poorest attendance and the highest rates of persistent absence within the special school sector. Most recent data analysis demonstrates that attendance within this sector is at 79.9% compared to the general special school population figure of 89.4%. The persistent absence rate for this group of children and young people is 48.8% compared to the whole sector figure of 28.8%. 8.4%

Children and young people with identified special educational needs accounted for over half of all permanent exclusions (54.5%). The most prevalent primary need of this group was Social, Emotional and Mental Health (58%). Children and young people with SEN Support have the highest exclusion rates and are 8 times more likely to be permanently excluded than their peers.

Liverpool has developed an Attendance Strategy that emphasises the importance of a partnership approach in improving attendance. This is underpinned by a detailed action plan. Liverpool has also developed a range of interventions and provision as part of a behaviour support continuum to reduce the number of children being permanently excluded from mainstream schools. It is clearly evident that we need to do more to both improve attendance across the maintained special school sector and address the high exclusion rate of pupils with SEN Support. **Therefore we will:**

- Undertake a full review of persistent absence across Liverpool's maintained special schools and develop a more targeted approach to improve attendance.
- Investigate whether the curriculum offer is having a deleterious impact on pupil attendance as recommended by Her Majesties Inspectorate – North West.
- Adopt an asset focused, person centred thinking and planning approach to understand families' skills and knowledge, resilience, social networks and involvement in community activities.

- Implement an Attendance Quality Mark that will support schools in improving attendance.
- Consult with schools and the Primary and Secondary Behaviour Review Groups on the proposed two year transformational plan that provides additional resources in order to reduce exclusions.

Priority 4 - Improve inclusive practice

To develop a robust graduated approach and strengthen partnership working with schools in order to ensure that children and young people with SEND receive the right support, at the right time and at the right level and where possible are able to have their needs met in mainstream provision.

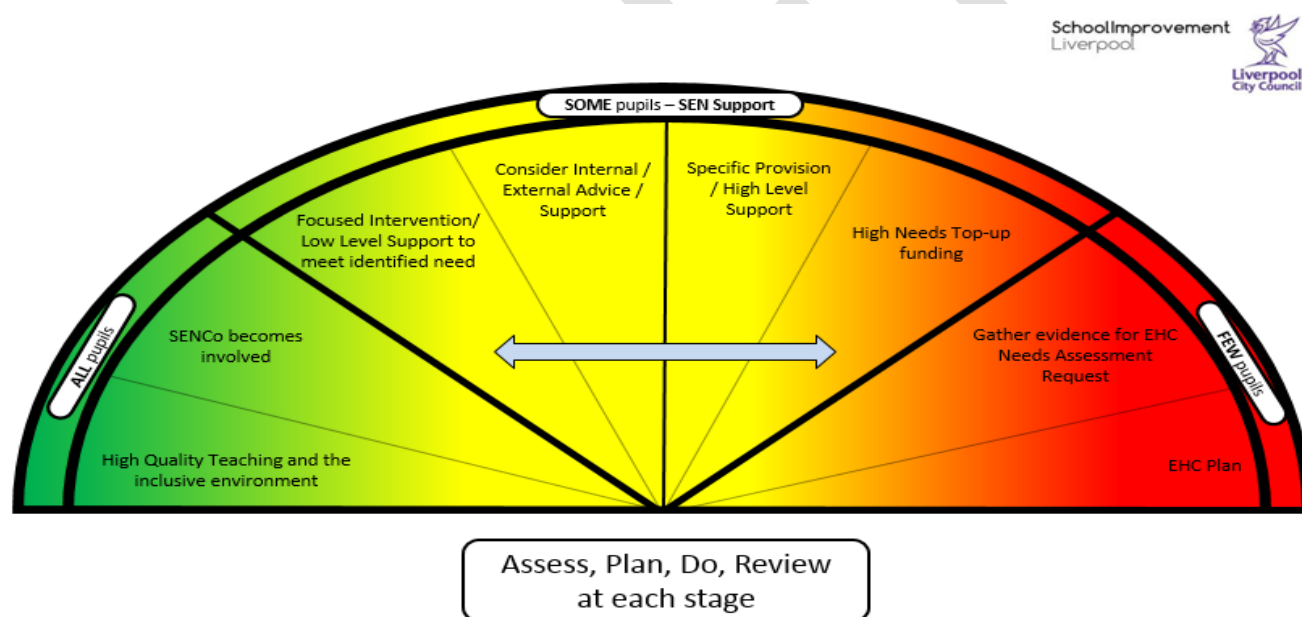


Figure 1: Illustrates Liverpool's Graduated Approach for Pupils

As previously noted, although the percentage of Liverpool pupils with ECH Plans and Statements (2017) is similar to the national, 2.4% (Liverpool) compared to 2.8% (National), compared to their national peers, the majority of these children attend special schools, 75% compared with 52% nationally. There is no simple explanation for this and it is likely to be down to a combination of factors, (1) the prevailing culture in Liverpool shared by both parents and schools is that these children and young people's needs can be met by special schools, (2) some SEN support strategies are not effective enough in

meeting or de-escalating need and (3) the **education** resources available to support pupils with SEND are not used effectively to support inclusive practice.

In order to develop a stronger culture of inclusion, we need to better understand the themes and trends that are driving the current demand for special school places. We need to ensure that appropriate support and resources are in place so that where possible, children and young people with EHC Plans or statements can attend mainstream schools. In addition **we need to:**

- Look at 'best practice' both within the city and further afield, this should include the use of peer to peer support and challenge in which schools review and evaluate the effectiveness of the reasonable adjustments made to a curriculum offer and support for pupils with SEND;
- Review all centrally commissioned provision (resourced, maintained specialist provision and non-maintained and independent provision) to ensure that provision is both sufficient and of high quality. This process will enable the partnership to commission provision that has the most demonstrable impact.
- Support early years settings and mainstream schools to provide high quality teaching and building capacity to deliver or access high quality interventions for children and young people with SEND so they can effectively manage and de-escalate need.
- Work in partnership with early years settings and schools to consider what we can do differently to improve practice and support them to use their resources effectively to enable more children and young people to remain and progress successfully in mainstream schools.
- Where appropriate reduce expenditure in specialist services and reinvest this in prevention services.

Priority 5 - Improved transition planning across the key stages of children's and young people's lives

To ensure that children, young people and their families are supported to plan for and prepare for positive transitions during all stages of their lives. To ensure an integrated approach towards preparing children and young people for adulthood and independence.

Parents and carers have told us that one of their most important priorities is for their children to have access to the help and support they need so they feel prepared when they move across key points of transition. This is particularly the case when young people move into adult services. We know there is a lot to do to improve the experience of transition into adult services. To this end, we have developed a multi-agency agency support service and a revised pathway for young people transitioning into adulthood. **In addition to this we will:**

- Adopt a systems led approach which supports effective transition for children and young people transitioning from one educational setting to another.
- Review the effectiveness of the pathway, processes and support mechanism for transition to Adult Services, enabling young people with SEND to access the support that meets education, health and eligible social care needs.
- Involve parents/carers and young people in the planning for the future which allows greater choice and control and personalisation.
- Ensure that EHC Plans are reviewed at key transition points and that all partners participate in these reviews.
- Develop a sustainable 'system' that is built on effective partnerships, that enhances a young person's health, well-being, aspirations and independence with particular focus on a young person's journey and preparation for adulthood and adult services, from the age of fourteen.

- Develop a transition dashboard so that a young person's transition can be monitored effectively and they receive the right care in the right place at the right time.
- Increase the number of Supported Internships.
- Increase positive progression opportunities reducing barriers to accessing training providers.
- Ensure that EHC Plans are reviewed at key transition points and that all partners participate in these reviews.
- Establish a local Supported Internship Forum and increase the number of expert job coaches with the aim of increasing the number of Supported Internships.

Priority 6 - Develop the Health offer

To ensure that children and young people with medical conditions are diagnosed as early as possible and provided with the help and support they need in a timely way in order to improve their quality of life.

Liverpool Clinical Commissioning Group (CCG) and health providers have an important role to play in the early identification, assessment diagnosis and treatment of children and young people with long term conditions and disabilities.

Neonatal screening programmes and specialist health and developmental assessment support the early identification of children. Paediatricians, therapists, clinical psychologists, dieticians and specialist nurses such as health visitors, school nurses and community children's nursing teams, provide health care for these children and advise education services on managing health conditions as well as advising on health technologies such as tube feeding, tracheostomy care and ventilation in school.

There has been an increase in the identification and diagnosis of neuro-developmental conditions such as ASD and ADHD. In 2016/17 referrals in to the ASD diagnostic pathway increased from 60 to 100 per month. A waiting list initiative has provided

additional resource to reduce the waiting times. However, during this time, referrals have almost doubled. Nevertheless, waiting times have decreased from 24 to 12 months (for the entire pathway). A revised ASD diagnostic pathway has also been introduced to further improve the efficiency and speed of diagnosis. The pathway has been informed by key stakeholders, including the views of parents, children and young people.

Children's mental health and well-being continues to be a priority for the partnership. The CAMHS Partnership is a multi-agency/multi-professional network that is commissioned and seeks to support children, young people and families at the right time providing the right level of intervention.

A huge amount of work has been undertaken to develop the health and social offer in Liverpool. In order to improve this further **we will:**

- Make sure that all health providers are engaged and participating in the implementation of the SEND reforms.
- Continue to improve the quality of information provided as part of the assessment and planning process by all health providers.
- Develop a Children's and Families Community Model - that supports children and young people and their families in accessing integrated community support and reduces the need for unplanned hospital admissions.
- Ensure that there is a cohesive offer of support for children with ASD and their families and improve the quality of information in order that parents and carers can access appropriate local support.
- Develop a 0-25 CAMHS specification
- Re-focus and deliver a more appropriate school nursing offer within Liverpool's maintained special schools.

9. Implementation

In order to realise our six priorities we will:

- Develop strong intelligence systems informed by robust data sets and feedback loops.
- Continue to develop a skilled workforce that delivers high quality and effective interventions.
- Promote and support an inclusive culture across and within all our schools.
- Continue to develop the range of quality of information accessible through our SEND Local Offer.
- Develop a comprehensive action plan that details the activities, the measures of success and timescales for achieving each of the six priorities.

10. Governance

In order to effectively manage, monitor and evaluate progress it is vital that there is effective governance. The Governance of this strategy will be undertaken by the SEND Partnership Board a multi-agency group, which is co-chaired by the Designated Medical Officer and the Director for Children's Services. The purpose of the group is to establish a shared vision (across the partnership), identify strategic priorities and provide scrutiny and challenge to the delivery of the SEND strategy. The SEND Partnership considers a range of data, information and soft intelligence from a variety of sources. In considering these data sources the group will evaluate the progress made by the partnership in delivering key improvements for children, young people and their families with SEND. The partnership will also consider key risks to the successful delivery of the strategy and mitigate/remove any blockers to improving outcomes for this group of children and young people.

11. Appendix A - Definitions

For purposes of clarity, outlined below are definitions relating to 'terms' used in this strategy.

Special Educational Needs – Children and young people have special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them. Children of compulsory school age or a young person has a learning difficulty or disability if they:

- Have a significantly greater difficulty in learning than the majority of children of the same age; or
- Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in mainstream schools or mainstream post-16 institutions;
- A child under compulsory school age has special educational needs if they fall within the definitions above or would do so if special educational provision were not made for them. Clause 20 Children and Families Act.

Special educational provision

- For children of two or over, special educational provision is provision additional to, or otherwise different from, the general educational provision for children of their age in the area;
- For children under two, special education provision means educational provision of any kind.

Disability

A child has a disability if:

- He is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed. Section 17 (11) Children Act 1989.

A person has a disability for the purposes of this Act if:

- They have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

