

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

Date – September 2020

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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, helping to unlock the potential that exists in the people, communities, structures and services of the city. As such, the strategy recognises the importance of creating a fair and equitable city where everyone can contribute to and share in success

Manchester City Council adopted the Social Model of Disability in 1991, the first local authority to do so, and continues to use this as the basis for facilitating those with special educational needs and disabilities (SEND) to thrive in our city. Traditional service provision has focused on a 'deficit-based' medical model of disability which views the individual with a disability as the problem, and therefore 'in need' of modifications or fixes to 'cure' them. The Social Model turns this approach on its head by framing *disability* as something that is socially constructed and created by physical, organisational and attitudinal barriers which can be changed and eliminated. By identifying and removing these social barriers, it facilitates our SEND population to thrive, recognising that Manchester's greatest assets are its peoples and their diversity.

These barriers can broadly be placed in 3 categories:

- Attitudinal barriers: these are prejudicial attitudes and assumptions in the wider community about those with impairments that further perpetuate those prejudices. These might include assumptions that those with impairments are dangerous, cannot be independent, or lack autonomy on issues such as sexuality.
- Physical barriers: wide ranging, these include any obstacles preventing those with impairments achieving equal access to public spaces and places of work.
- Information/communication barriers: examples include lack of hearing induction loops, large font or Easy Read signage, and lack of British Sign Language interpreters.

Within this context, the 'Our Manchester Disability Plan' and subsequent report to the Equalities Scrutiny Committee (Oct 19) sets out a vision for disabled children and adults to participate fully in all of the city's opportunities.

Life outcomes for disabled people are poorer than those of non-disabled people. For instance, across England, women with learning disabilities can expect to live up to 18 years less, and men 23 years less on average than a non-learning-disabled person (Mencap study). Employment rates for disabled people are lower than those of non-disabled people. Children and young people with SEND have higher rates of absence and exclusion from school. Parents/carers of children and young people with SEND report that accessing information and services is too complicated. These facts lay out the urgent requirement for children and young adults with SEND to be provided with the best services and support to help them achieve a good start in life, be supported to achieve their potential in education and be well prepared to make a good transition into adulthood. Manchester is committed to removing barriers for disabled children and young adults, so that they can achieve their aspirations.

Manchester's SEND annual report (March 2020) commits us to putting children and young people with SEND and their families at the heart of assessment, planning and decisions about their future outcomes and provision.

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 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

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.
- It places 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 how to 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. This is supported by a robust and integrated working arrangement with Education and Children's Community Health Services (e.g. School Nurse, Occupational Therapy etc).

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 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 specify 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 the local Clinical Commissioning organisation (i.e. hospital paediatric care and community nursing) or NHS England (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 (EHCP).

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.

Unless there is a good reason for this not to happen, continuing care should be part of a wider package of care, agreed and delivered by collaboration between health, education and social care.

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, children's community health services and voluntary sector organisations.

Education

Within the Manchester school population, the January 2020 school census showed that 17.3% of pupils have SEND (15,516 pupils). This was made up of 13.5% (12,075 pupils) who have their needs met at SEN Support level and 3.8% of the school population who have an Education, Health and Care plan (EHCP) (3,441 pupils). The census shows that the number of pupils who have their needs met through SEN Support continues to increase, 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 2020 to 3.8% (3,441). Nationally, the actual numbers of pupils with an EHCP have increased and the overall percentage has increased slightly to 3.3% of the whole school population.

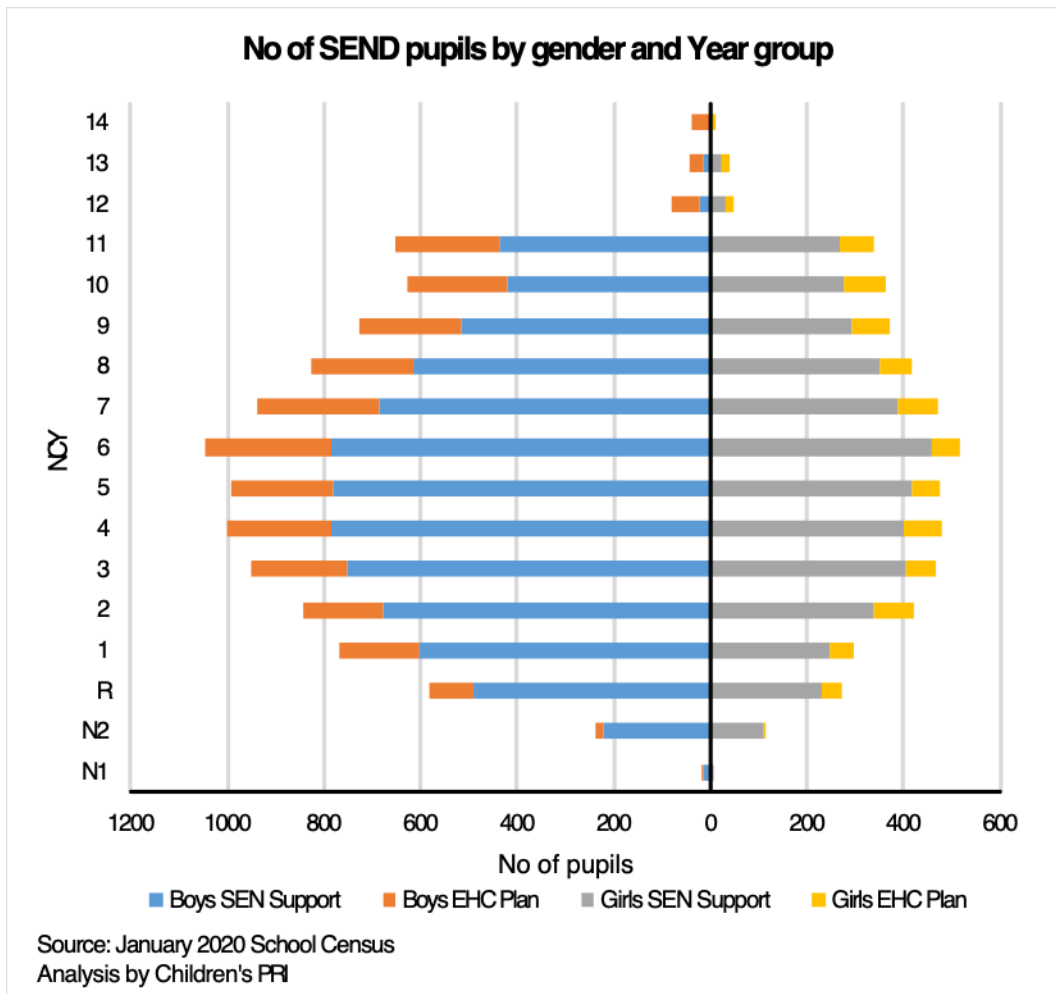
Figure 1: Number of pupils with SEND in Manchester schools (School Census 2020)

	May 2015	May 2016	Jan 2017	May 2017	Jan 2018	May 2018	Jan 2019	Jan 2020
EHCP	2236	2339	2464	2556	2746	2883	3090	3441
SEN support	10550	10298	10667	11078	11063	11325	11097	12075
All SEN	12786	12637	13131	13634	13809	14158	14187	15516
%	16.4	15.6	15.1	16.3	16.1	16.5	16.2	17.3

More boys than girls in Manchester schools have SEND – 64.7% of the pupils at SEN Support level are boys and 74.7% at EHCP level are boys. This compares with boys making up 47.5% of the pupils with no SEND. There is a similar picture nationally.

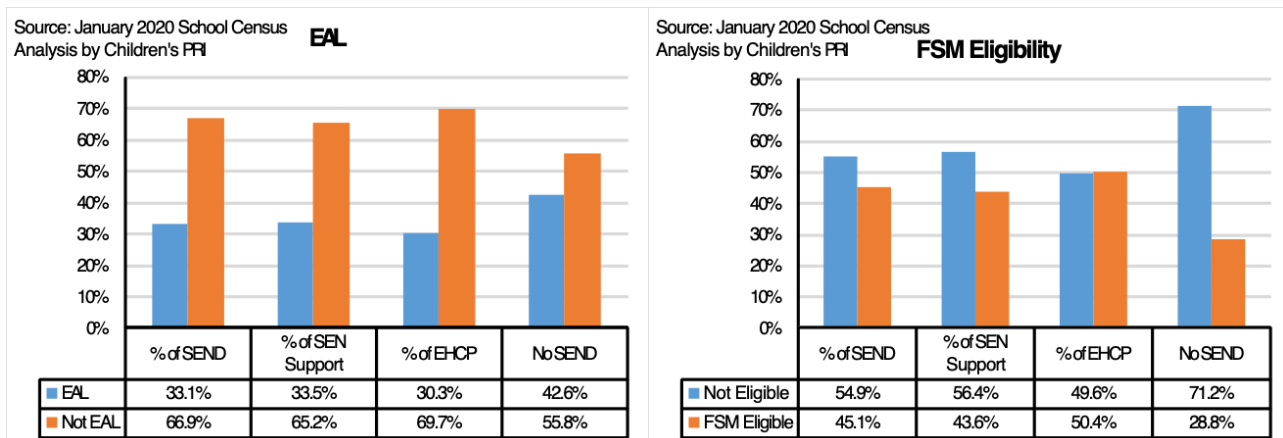
The age distribution of Manchester pupils is also similar to national as the higher cohorts of pupils are at the top end of primary school. Figure 2 only shows numbers in Manchester

schools, there are additional children and young people with identified SEND in Early Years settings, colleges and training provision and schools outside Manchester.



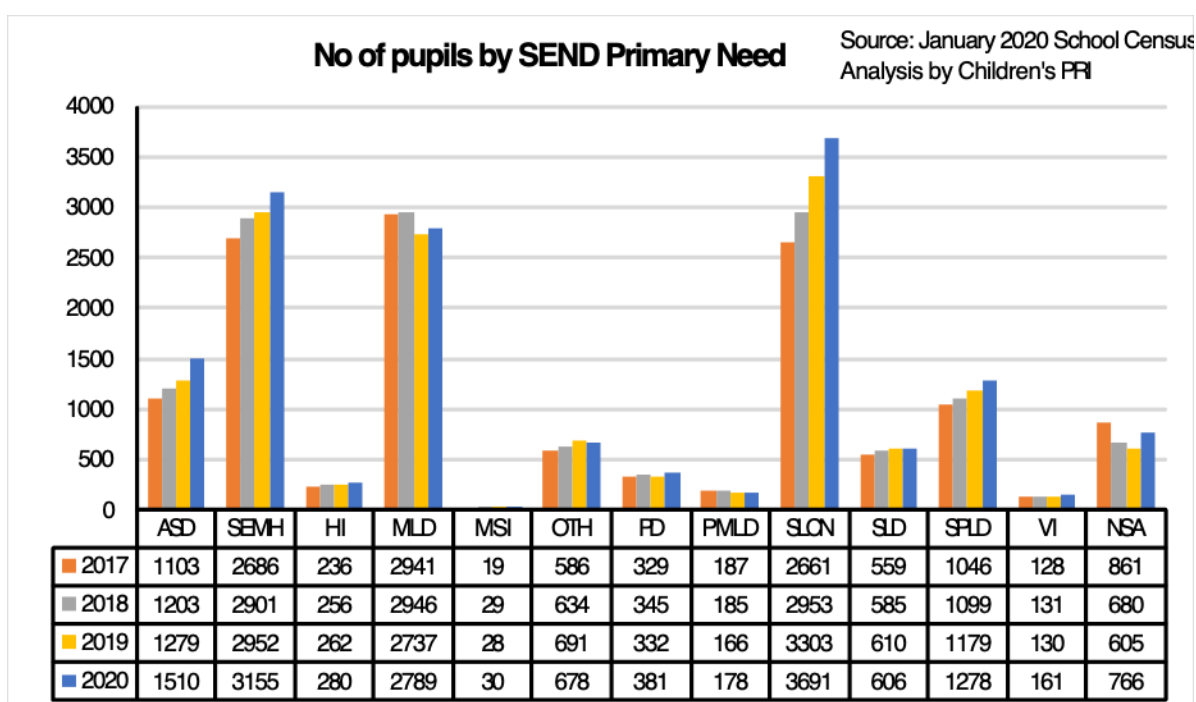
Age and gender of pupils in Manchester schools

Source: January 2020 School Census. Analysis by Children's Performance, Research and Intelligence team (PRI)



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 (43%). 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. 43.6% of pupils at SEN Support and 50.4% at EHCP level are eligible for FSM, compared to 28.8% with no SEND. Nationally 30.9% of pupils with SEND are eligible for Free School Meals compared to 4.9% of pupils without SEND.



Number of pupils in Manchester schools by SEND Primary Need
Source: January 2020 School Census. Analysis by Children's PRI

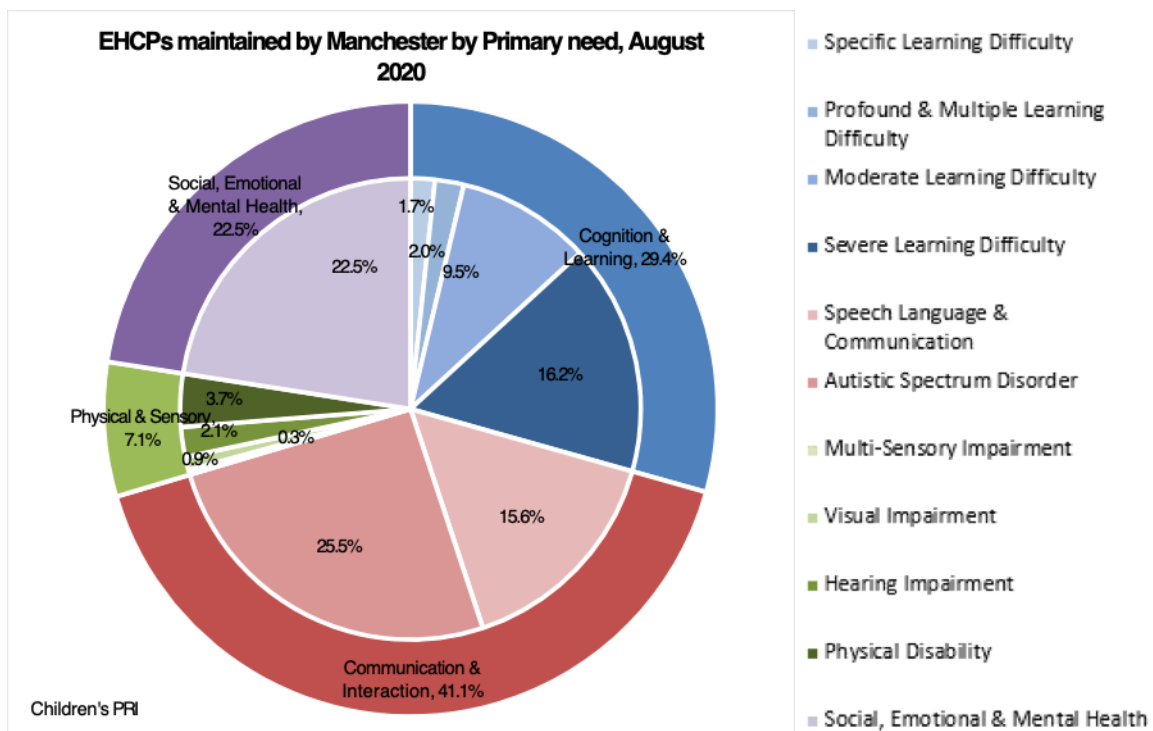
These are nationally set categories which are used for reporting to the Department for Education. Key: ASD – autism, SEMH – social, emotional and mental health needs, HI – hearing impairment, MLD – moderate learning difficulty, MSI – multi sensory impairment, OTH – other type of need, PD – physical disability, PMLD – profound and multiple learning difficulty, SLCN – speech, language and communication needs, SLD – severe learning difficulty, SPLD – specific learning difficulty, VI – visual impairment, NSA – no specialist assessment.

The types of primary need that are most common in Manchester are speech, language and communication needs (SLCN) 23.8%, social, emotional and mental health needs (SEMH) 20.4%, moderate learning difficulties (MLD) 18%, and autism (ASD) 9.7%. Nationally, the most common primary SEND need is moderate learning difficulties at 18.9%, followed by social, emotional and mental health needs at 18.3%.

In August 2020 Manchester maintains 5230 EHCPs. This compares to 2,391 in 2015. A key factor behind this increase is 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 number of young people with EHCPs aged 20 to 25 is increasing steadily. The number of children in the early years being assessed is high. 19.7% of the EHCPs issued in 2019 were for under 5s demonstrating that 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 (August 2020):

- Autism which is 25.5% of the cohort. This is lower than the national position of 30%.
- Severe learning difficulties which is 16.2% of the cohort whereas nationally, 11.1% of this cohort have SLD as primary need.
- Social, emotional and mental health needs which is 22.5% of the cohort whereas nationally, 14.2% of the cohort have SEMH as primary need.



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.

Autism

In Manchester, there were 895 children aged 4-18 years with a diagnosis of autism recorded on their primary care record in Manchester on 30 June 2019. This equates to an average of 0.7% of all children in that age range. At the same point in time, there were 534 adults aged 19-34 years registered with a Manchester GP with a diagnosis of autism recorded on their

primary care record. The percentage of children with a recorded diagnosis of autism rises from 0.3% of children age 4-6 years to 0.6% of children at age 7-8 and around 1.0% of children by the age of 10. There is also a peak in the early teenage years (15-17). For all people with recognised autism in Manchester, 81.5% are male, though more females are now being put forward for assessment than in previous years.

Referrals for Autism assessment in south Manchester increased by 500% between 2005 and 2015 (Figures: South Manchester CAMHS). This likely reflects increased awareness surrounding autism. In 2018, South Manchester piloted a new Social Communication Assessment Pathway. For those children referred to the Pathway since October 2018, 43% were White British. The second commonest group was Pakistani or British Pakistani at 4%. All other ethnic groups represented 3% of referral or below. The Pathway is being rolled out across Manchester in 2020-21.

Over a quarter (25.5%) of children with an Education, Health and Care Plan (EHCP) had autism recorded as their primary need. The highest proportions of need in Manchester's special schools are severe learning difficulties (34%) and autism (37%).

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 was 5041, and that 6.79% of the school population requires regular monitoring, supervision, or intervention by staff during the school day. The female to male ratio was 52% to 48%. The most common types of medical need were: Diabetes 17%, Epilepsy 13%, Allergy (with Anaphylaxis) 8%, Cerebral Palsy (CP) 7%, Sickle Cell Anaemia 3%, Duchenne Muscular Dystrophy (DMD) 3%, Heart Condition 3%

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. 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.

Early Years and Infant Screening

Early recognition and intervention is integral to supporting children to have the best start in life and to have additional needs met in the developing stages of their life (0-5 Years).

The Early Years Delivery Model (EYDM), is now embedded as an integrated pathway for all children from pre-birth to five years of age supported by the Health Visiting Service Early Years professionals and Children's Community Health Services.

Health Visitors undertake the mandated health checks at birth, six weeks, nine months and two years. Caseloads for Health Visitors (Approximately 1>350 families) are significantly

high than the recommended national average (1>150) and are often complex. Performance is slightly below the national average for engaging families at each mandated check. The Health Visitor service has specialist Health Visiting Teams for vulnerable families and undertakes WellComm (Speech and Language) and NBO/NBAS (Perinatal infant mental health screening) to identify development needs in children pre-school.

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 and adults' aspirations are recognised and can be realised.
- All areas of the city and all parts of city life are accessible to disabled and older people
- Information is accessible to everyone
- Private, rented, social housing and accommodation is made more accessible
- Services are responsive to the requirements and needs of disabled people, including health and social care
- Disabled people 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 barriers 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 embedding the Reforms and identifying key areas for development. 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.

The SEND Board has agreed the following priorities 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.

What do we need to do to achieve these goals?

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 specialist provision outside the city. Social care, health and education partners have developed 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.

School attendance in the general population is a strength. However, there are concerns surrounding attendance of SEND pupils, especially for pupils with SEMH. Specifically, Manchester's non-SEND attendance levels stand at 4.8%. For those with SEMH, this figure is 13.7%. As such, improving attendance for children and young people with SEND was the subject of a SENCO and attendance lead conference in 2019. One development following that conference has been the multi-agency work on an anxiety pathway. The Anxiety Based School Avoidance document has been shared with schools, parent representatives and staff from the local authority and health at a virtual conference in September 2020. The Manchester Inclusion Strategy was launched in November 2019 and work is ongoing to implement the following priority areas:

- define what good inclusive practice and provision looks like in Manchester,
- produce and disseminate a toolkit of services, resources and interventions to support the inclusion of children and young people,
- develop and pilot guidance to ensure transition processes are robust and children are supported as they move from primary to secondary school,
- further develop the RONI (at Risk of NEET Indicator) tool to ensure positive transition to post 16,
- work with school leaders and providers to review the continuum of provision for pupils with additional needs, to ensure there is an appropriate range of high quality provision across the city.

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.

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 / strength-based way. Staff need to know how to access information so that they can advise families and help families access information for themselves. We are continuing to offer the multi-agency SEND reform training programme begun in 2014 as well as targeted training for groups of staff.

Community Health

Greater Manchester Health and Social Care Partnership are currently undertaking a strategic review across Greater Manchester in order to define what the current and future demand of need is in relation to children and young people with physical disabilities, learning disabilities, autism and social, emotional and mental health needs and highlight any gaps in demand and supply in the city. The review will also 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 children and young people with SEND across health, Education and Social Care, which can meet increasing demand.

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 school.

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. It also outlines the provision schools/settings (in partnership with the LA and health) need to put in place for those with an EHCP.

The current 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 the 12-month period (April 2019 – March 2020) 1711 children have received a WellComm screen to assess whether the child has communication needs.

Of the 1711 children screened:

- 587 had a red outcome and were referred on to specialist services
- 379 had an amber outcome and received a wellcomm intervention
- 745 had a green outcome and did not require any further intervention

WellComm screen data from early years setting, school and childminders is collated twice years in October and April. Due to Covid-19 lockdown and the closure of early years settings and primary schools it has not been possible to complete this in 2020.

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.

In 2020, the local authority, parents, and staff from early years, health, care, Information, Advice and Support co-produced a document that sets out the Ordinarily Available Provision families can expect to be available for early years children in nursery settings and school nurseries.

A recent early years MCC report (with a special focus on Speech and Language needs) found that there are inconsistencies in commissioning their services. As such, there is a new joint commissioning post, funded by Health and Social Care which aims to address this. The strengthening of the commissioning process as a result of the new post should address alignment, consistency and responsive commissioning across the partnership. This report also outlines some of the innovative approaches we have taken to improving services for children with SEND. These include:

- a 5-year plan to tackle the Health Visitor recruitment shortfall including working in collaboration with Manchester Metropolitan university to train new health visitors.
- Strengthening of data collection to identify vulnerable groups, areas and individuals in most need of speech and language intervention.
- Actively sharing best practice across localities.
- We are committed to being a diverse workforce. By ensuring our team represents the diversity of Manchester, we are better equipped to deal with its diverse SEND needs.
- The WellComm pathway is successful and well developed. We are, therefore, expanding this service into primary schools to aid early detection of speech and language needs.

We aim to be transparent in all of our plans, committing to a 'peer led approach' which utilises external evaluation from sector experts to give impartial feedback on our services and plans for improvement.

Schools

In our commitment to the social model of disability, Manchester recognises the importance of facilitating children with SEND to remain embedded in their local communities where possible; facilitating them to remain in mainstream school. As such, there is a continuum of educational support including across mainstream and specialist schools including:

- Mainstream provision for pupils at SEN Support level and with EHCPs.
- Resourced mainstream provision. Manchester currently has 15 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), 3 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, 13 of which have expanded their numbers between 2016 and 2020 in line with growth in numbers of children across the City and a new free school which opened in September 2020. 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. In 2020 the service is currently supporting 1029 pupils.
- 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.
- 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 equipment.

In January 2020, 88.2% of pupils with an EHCP and 86% of pupils at SEN Support in Manchester schools were attending a good or outstanding school.

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 and a further 180 places in specialist support schools and 80 places for pupils with SEMH are being created over the next three years.

Though numbers in residential schools remain low, there is a year on year trend of increasing numbers of pupils with EHCPs being placed in independent specialist schools. In 2020-21 an additional £3.059m is being provided from the High Needs Block for out of city placements to meet increasing demand while capital programmes are completed.

In 2018-19 128 pupils with EHCPs were in independent day school placements and 15 in residential school provision. The main primary needs for pupils in independent specialist provision are autism and social, emotional and mental health needs. 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 2020 students are attending colleges in most other boroughs of Greater Manchester.

Preparing for Adulthood

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.

Places in specialist and resourced provision, top up funding for children and young people with Education, Health and Care plans in mainstream education and specialist services, such as the Sensory Service, are funded through the high needs budget of the Dedicated Schools Grant. In 2019-20 Manchester received £76.9 million high needs funding.

In 2020 we have developed 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.

Transition

Manchester has a social care transition planning team which focuses on working with and to ensure that for those young people who require services at 18+, there is a smooth transition into adult services or signposting to support available in the community. There are always going to be feelings of change and difference for young people and their families around this time as the legislation changes and this will have some impact. The work of the Transition Board is looking at widening the offer for those in transition across the system so that health, housing, employment, criminal justice are involved in the work of the board. The board has worked with partners to coproduce transition pathways which set out what should happen from age 14 onwards. The Greater Manchester Autism Consortium (GMAC) have produced some resources on transition called Growing Up with Autism in Greater Manchester and have run some parent workshops with a stakeholder group called Autism and Transition.

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. The budget for short breaks is £2 million. The short break offer is currently being reviewed in coproduction with parents/carers and young people. Families are telling us that there is not enough choice of local short break provision, particularly for children with higher level needs. Some of the provision that does exist is very expensive.

During summer 2020 an innovative programme of activities was put together in coproduction. The offer allowed children, young people and their families to safely access fun activities in Manchester's parks and other community venues and provided activities for children to do at home.

Social Care

If a child or young person is being supported by social care either through children in need, child protection or as a child looked after, Social Care will work collaboratively with all partners to undertake a comprehensive and accurate assessment, which informs the services around the young person.

If the child or young person has an EHCP, then the reviews of all plans will be held within existing social care processes whenever possible to maximise the coordination and communication around the child and family. The outcomes within the EHCP will be used to inform the specifications for any commissioned service.

Manchester has produced a set of practice standards that cover the core social work activities and clearly set out what is required and routinely practiced by our social workers. Many of the standards are legally set through government guidance and legislation or are based on valid and reliable research. By applying practice standards, practitioners in Manchester will be able to deliver a consistent and quality service that leads to better outcomes for children and families in our city. Practice standards encompass the 6 golden threads

Children with disabilities, the team provides a specialist social work service for children with a disability. The team covers all aspects of social work with children, including child and family assessments, child protection, court work and looked after children including adoption. The team have a role in supporting other colleagues working with disabled children.

Practice Clinics have begun in each of the locality and permanence teams. These consist of monthly protected time for the children with disabilities team, the EHCP Team and the Short Breaks team to spend within each locality area, to problem solve, develop shared thinking and to think through barriers to good practice.

We know that we find it more difficult to identify family-based care settings for disabled children. A high proportion of children in need or looked after, have an SEN. Disabled child are the highest users of residential homes. They tend to enter care straight into bespoke residential care within a high cost bracket and are 50% of the residential school placements. They will also remain in placement for the longest time periods with most being expected to remain in residential until independence.

There is a high percentage of children with autism accommodated voluntarily under Section 20s. These children tend to have first entered care relatively young at 5-10yrs old and to be in small 2-4 bed units with intensive support and in-house therapeutic care.

Manchester Our Children's Sufficiency Strategy incorporates this learning into key outcomes. Ensuring that there is sufficient shared care and family-based settings is a priority, including the development of an edge of care service. We see this work as part of phase 2 of our comprehensive programme approach to improve services for Manchester's children.

Emotional Health and Wellbeing

Manchester Health and Care Commissioning (MHCC), Manchester Foundation Trust (MFT) Child Adolescent Mental Health Service (CAMHS) and key stakeholders have designed a 'THRIVE' model of care that will be implemented across Manchester localities including the development of Thrive hubs, in line with the LCO neighbourhood configuration, to ensure that Mental Health and Emotional 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 thrive developments a new 'digital front door' website is also being developed by MFT CAMHS to complement the M-thrive model.

Following a successful expression of interest, Manchester has been selected as a Greater Manchester and national implementation site to deliver an integrated approach to supporting schools, children and young people around mental health. This will create a new Mental Health Support Team for schools in Manchester, which will be provided by MFT CAMHS and voluntary sector providers working in collaboration with MCC Education and Healthy Schools.

Social Communication Pathway

CAMHS, community health, local authority, schools, IAS and parents have co-produced and successfully piloted a new diagnostic pathway for social communication in south Manchester. This pathway will be rolled out across the city to all localities during 2020-21.

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 invested 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.

Community Health staff led a co-production pathway redesign workshop in spring 2019 to look at families' current experiences of using services in Manchester. The findings have fed into MHCC Children's and Young People's work programme in relation to SEND and transforming care. The programme of work aims to define what the current and future demand of need is in relation to children and young people with SEND and complex and additional needs (0-25 years) and highlight any gaps in demand and supply in the city. Designed pathways and a model of delivery needs to be flexible to meet the changing needs of the city's population and services need to provide value for money and improved outcomes for children and young people with SEND.

The aim is to achieve this through a single defined/integrated pathway for children and young people with SEND across health, which can meet increasing demand. This will also include ensuring that adequate services are available for people aged 18-25, where they are in education.

Health Visitors

Manchester Health Visiting Service provides the city wide, universal, service to all children resident in Manchester aged 0-4. In 2019-20 Health Visitors achieved 75.9% of 9-month checks (England average 76%) and 71.9% of 2 year old reviews (England average 77%). Increasing the percentage of children seen at 9 months and 2 years has been an area for

significant development and improved performance to ensure as many children as possible have their needs identified early.

Community and Stakeholder Views / Opportunities for Action

In 2018, the Department for Education asked all local authorities to carry out a SEND strategic review. Manchester consulted with a wide range of stakeholders as part of the review, including children and young people, parents and carers, schools and colleges, statutory and voluntary sector colleagues. The review covered how effectively high needs funding was being used and how it should be used in the future to improve 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.

Since 2019 the local authority has commissioned Greater Manchester Youth Network to train and support a group of Youth Ambassadors (the Changemakers), whose role is to gather and report the views of other young people with SEND. The Changemakers have attended the SEND board to highlight their current top priorities: to improve services and support for people with mental health needs and improving the accessibility of transport and leisure opportunities.

Manchester Parent Carer Forum carries out an annual survey of parents and carers of children (aged 0-25) with SEND 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 2019 survey told us that:

- 75% of respondents felt that their child's needs are being met well or very well in education
- 60% felt their child's needs are met well or very well by health
- 55% felt that their experience of transition/preparing for adulthood was satisfactory, good or very good
- 60% felt that it was difficult or very difficult to get information about services

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. These are currently taking place virtually.
- Continuing work to develop clearer pathways to accessing services.
- Inclusion strategy – developed by the local authority and a range of partners.
- Speech and Language Therapists running training for schools on ELKLAN – a communication resource to improve the identification and outcomes of children with speech, language and communication needs.
- Further investment in Supported Internships
- Further development of accessible universal youth and play provision.
- Short Break summer offer.
- Continuing to commission Outreach support for mainstream schools from special schools.
- Development of an Inclusion Strategy for the City.

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 children, none more so than those with a disability or special educational 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 Health and Care Commissioning, the Local Care Organisation, parents/carers, young people, schools, colleges and settings. There is clear strategic leadership and strong governance through the SEND 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 since 2019 the Working Together for Manchester parent group has been established to give opportunities for even greater numbers of parents to influence strategy and provision. The parent champion membership continues to grow (300+) which allows parents/carers to receive advice and emotional support from other parents. 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, in response to families telling us that pathways into services are too complicated, and that services need to be more joined up, the Local Authority and health teams are working 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 and young people 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. 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) Ensure the voice of the child and parents and carers are central to everything we do.
- 2) Review and redesign the Statutory Assessment and Review Process including SEND pathways to ensure children and families have an improved experience.
- 3) To continue to work as a partnership to improve the quality of Education Health and Care plans ensuring they are outcomes focused with a greater link to commissioning and through embedding the EHCP Quality Assurance framework. Multi-agency, person centred working ensures the child and family are at the heart of the EHC planning and reviewing process.
- 4) Improve the short break offer, with regard to access, quality and innovation, identifying the gaps including for those children at the Edge of Care.
- 5) 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 and reasonable adjustments.
- 6) 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.
- 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 focused 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, the further development of the co-designed social communication pathway and the health transformation programme.

- 14) Ensure parents and young people are supported in navigating and understanding the systems and pathways to accessing services for children and young people from pre-birth to adulthood.
- 15) Develop cohesive mental health offer for Manchester's children and young people.
- 16) Effectiveness of services and delivery to be monitored rigorously through statutory and co-produced local performance indicators

References and Links

Update on Manchester's implementation of the SEND reforms - Report to Children and Young People Scrutiny Committee, March 2020

School place planning and admissions – Report to Executive, May 2018

Special Educational Needs and Disability strategic review - Report to Children and Young People Scrutiny Committee, June 2018

Manchester Transformation Plan for Children and Young People's Mental Health and Wellbeing, MHCC 2018

Our Manchester Disability Plan 2019

Our Manchester Disability Plan - Report to Communities and Equalities Scrutiny Committee, October 2019

Disabled people (Social Model of Disability) JSNA 2019

Children and Young People with Long Term Conditions, Learning Disabilities and Mental Health Needs Health and Social Care Profile, MHCC 2019

Speech Language and Communication Need Assessment, Public Health England 2019

Manchester Child Health Profile, Public Health England 2019

The Manchester Inclusion Strategy - *Preventing Exclusion and Supporting Children and Young People to Thrive* and the *Inclusion Strategy on a page* documents are available on the Manchester City Council [website](#).

SEND Joint Commissioning Strategy, 2020.