

Liverpool's  
**Special Educational Needs and Disability  
Partnership Strategy**

2019-2022



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**Forward by Steve Reddy, Director of Children's Services & Jane Lunt, Designated Clinical Officer, Liverpool Clinical Commissioning Group**

The Mayor of Liverpool's Inclusive Growth Plan (2018) clearly articulates the City's ambition for our children & young people. An important action listed under the priority for children & young people is to renew the Special Educational Needs & Disability Strategy. To this end we are delighted to introduce Liverpool's SEND Strategy for 2019 – 2022, which sets out the partnerships priorities. Each priority has an assigned lead officer and an underpinning action plan. The accountable body for the delivery of the strategy is the SEND Partnership Group, a strategic forum, with a wide range of representatives from across the partnership.

We wish to thank everyone whose contributions has informed the development of this strategy, particularly those from children, young people, their parents & carers.



*J. Lunt*

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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”<sup>1</sup>. This strategy sets out our vision and key priorities (2019-2022) for the provision of services and support for children and young people with special educational needs and or disability (SEND<sup>2</sup>) 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. 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 instrumental in shaping & informing the strategic priorities.<sup>3</sup>

This strategy should not be considered in isolation but alongside other key documents. Amongst these are Liverpool’s Inclusive Growth Plan, the Health and Wellbeing Strategy, the Attendance Strategy, the Early Learning Strategy & the Early Help Strategy. It is anticipated this strategy will support and maximise the impact of these initiatives.

## 2. Vision & Key Principles

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 identified as having SEN and Disability.”**

In order **to realise Liverpool’s vision**, there needs to be **stronger collaboration** between partner agencies, children, young people and their parents and more effective, and proportionate service delivery to ensure 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, where possible, are delivered in the child/young person’s community

<sup>1</sup> Building Child Friendly Cities, Unicef 2004

<sup>2</sup> For definitions of terms used in this strategy refer to Appendix A of this document

<sup>3</sup> 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.

- Early identification of need and early help in order to best support children and young people & their families
- 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**<sup>4</sup> so where possible children and young people in Liverpool are able to access and have their needs met in local settings 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
- 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 avoid 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 Liverpool Parents and Carers (LivPaC) and other parent carer forums to ensure that children/young people 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.

### 3. Drivers & Key Challenges

Before outlining the priority objectives of this strategy, it is important to contextualise them & consider some of the key drivers and challenges alongside the local context.

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<sup>4</sup> In Liverpool, our model of inclusion aims to create neighbourhoods, communities and cities where the children and young people are treated with dignity, have a say in decisions that affect them, experience services that are built with and for them.

This will enable our children and young people to:

- Achieve the very best educational outcomes.
- Be independent and have positive health and well-being.
- Participate in family, cultural, city or community life.
- Experience quality, inclusive and participatory services.
- Be safe and protected from exploitation, violence and abuse.
- Meet friends and have places and spaces to play and enjoy themselves.
- Be an equal citizen, with access to services regardless of their disability or special educational needs.

- Without question, a significant key driver is **Part Three of the Children and Families Act (2014)**<sup>5</sup> 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**, 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. Ofsted published a document (November 2017) "Local area inspections: one year on"<sup>6</sup> which summarises the learning from 12 months of Local area SEND inspections.
- Educational settings including Early Year providers and schools report that children's needs are becoming **more complex**. It is well documented that rates of mental health problems in children and young people are increasing both locally & nationally<sup>7</sup>.
- Nationally there has been an increase in the number of requests for assessments & nationally the proportion of pupils with plans attending special schools has increased from just over 40% in 2010 to almost 50% in 2017. The England average in July 2018 was 49.1%.

#### 4. Local Context & what we know<sup>8</sup>

- **Deprivation** One in every two children in Liverpool (52%) reside in one of the most deprived neighbourhoods nationally. This equates to 48,000 children. Sixteen Liverpool wards have over 1,000 children classed as living in poverty. 49% of all Liverpool pupils with an EHC Plans are eligible for free school meals (FSM) compared to only 31.4% nationally. Pupils with plans with a primary need of social, emotional and mental health, account for 66.4% of the total percentage.
  - SEN Support – info and context
- The **percentage of Liverpool's pupil population with an EHC plan** is comparable with the Core Cities and marginally lower than statistical neighbours. Where Liverpool differs significantly is that Liverpool has a disproportionate number of pupils in special schools – 75% - compared to the core city average of 62.2%. This, plus the increase in the number of requests for statutory assessments, suggest that the current parental and educational 'culture' in Liverpool may restrict the options available for children and young people with SEND and does not potentially promote a mainstream inclusive culture.

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<sup>5</sup> [www.legislation.gov.uk/ukpga/2014/6/part/3/enacted](http://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted)

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

<sup>7</sup> Public Health England – Public Health Outcomes Framework 2018

<sup>8</sup> Information relates to July 2018

- In terms of **primary need**, Liverpool is comparable to the England average aside from two exceptions. Liverpool has far fewer pupils with EHC plans with a primary need of 'speech, language & communication needs, 5.7% compared to 14.9% (2018) but far greater numbers of pupils with a primary need of 'severe learning difficulties', 26.3% compared to 12.5% (2018)
- Liverpool has seen an increase in the identification and diagnosis of **neuro-developmental conditions** such as ASD and ADHD & attachment related conditions. In 2016/17 referrals into the ASD diagnostic pathway increased from 60 to 100 per month.
- 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.**

## 5. What children, young people and parents/carers told us

Using intelligence gathered from the responses to POET<sup>9</sup> 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
- Dedicate resource to support our young people to access paid employment
- Enable our children and young people to develop independence, confidence and the skills necessary & (where ever possible) to be self-sufficient
- Improve options available to families which allow them to be able to change the support they receive if need be
- Improve options available in the local area so that children and young people feel part of their local community

## 6. Our Priorities

The information above, as well as feedback from a wide range of stakeholder following a comprehensive consultation process has informed our **strategies** **five** priorities which are outlined below. (The priorities are not in any particular order)

### **PRIORITY ONE - Identify children and young people's additional needs at the earliest opportunity and improve inclusive practice**

It is important 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

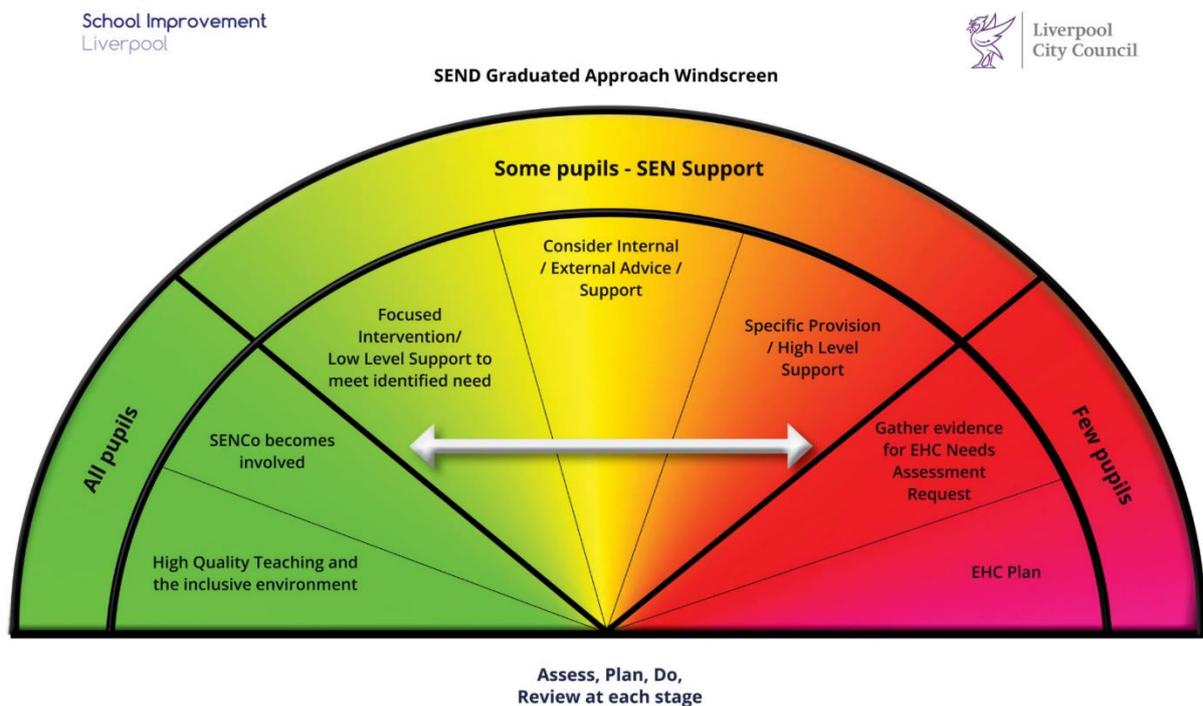
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<sup>9</sup> Personal Outcome Evaluation Tool.

proportionate intervention and support that meets and de-escalates their needs, leading to improving outcomes<sup>10</sup>.

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 in 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.

In order to strengthen inclusive practice in the city we will develop a more **robust graduated approach** and strengthen existing partnership working with schools. This will ensure that our children and young people receive the right support, at the right time and at the right level. This will also ensure that where possible children and young people with SEND are able to have their needs met in provision that is most appropriate to remove the identified barriers and give them the best possible outcomes. The figure below illustrates our graduated approach for pupils.



As previously noted, although the percentage of Liverpool pupils with EHC Plans comparable with the Core Cities, Liverpool has a disproportionately higher number of pupils with plans in special schools. There is no simple explanation for this and it is likely to be down to a combination of factors. Local Area Inspections have identified a lack of parental confidence in mainstream schools and the ability to meet needs at the SEN

<sup>10</sup> Outcomes are the knowledge, skills, attitudes, behaviours and values that children and young people will need in order to be successful in school, work, family and community.

Support stage. Our own evaluation tells that generally parents and in some instances, professionals, appears to favour specialist provision. This strongly suggests that some SEN support strategies are not effective enough in meeting, de-escalating need or removing barriers and the education resources currently available to support pupils with SEND in the city are not being deployed to maximum impact.

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

- Ensure that all front line practitioners support the delivery of the SEND Code of Practice's Graduated Approach of Assess, Plan, Do, Review and needs are met at the SEN Support and for children and young people with an EHC Plan
- Plan and deliver a comprehensive workforce development offer to all front line practitioners across their respective disciplines, particularly for newly and recently qualified teachers (NQT/RQTs) and health and social care professionals
- Work in partnership on the curriculum offer across all educational sectors including post-16. This should aim to support the development of curriculums that are accessible and appropriate for children and young people. Whilst taking into account the intent, implementation and impact these curriculum offers have on the outcomes of children and young people
- Establish a local Supported Employment Forum and increase the number of expert job coaches with the aim of increasing the number of Supported Internships and employment opportunities
- Identify and celebrate "best practice" both within the city and further afield, this will include the use of peer to peer support and challenge in which schools review and evaluate the effectiveness of the reasonable adjustments made to the curriculum offer for students with SEND
- Establish and promote the effective identification of needs through clear criteria which promotes multi-agency working and collaboration with parent and carers.

## **PRIORITY TWO - Strengthen co-production arrangements**

Liverpool has made increased efforts to improve co-production arrangements. Examples of co-production include the 'easy to read' personal budget leaflet designed by Liverpool's Parent Interest Group. Our Local Offer includes engaging animations developed in collaboration with children and young people. Young people and their families were at the heart of the development of the Travel Trainers Programme & have produce an short video outlining the benefits of this.

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

- Strengthen and maintain co-production arrangements
- Continue to promote the use of the Independent Mediation Service
- Ensure that parents and carers continue to be closely involved with the implementation of the SEND strategy
- Involve parent representation in the appointment of key personnel
- Reinforce and strengthen the role of children and young people, their parents and carers in the EHC Assessment and Planning process
- Routinely analyse the search history of the Local Offer in order to develop a stronger approach to needs led commissioning

### **PRIORITY THREE - Improve attendance for children and young people with SEND and reduce school exclusions**

In order to secure the best outcomes it is important that we improve school attendance and reduce the number of children and young people who are persistently absent from school. As well as reduce the number of children and young people with SEND in receipt of fixed term/permanent exclusion. School attendance is a protective factor in a child or young person's life. Schools provide a safe environment, foster positive relationships, support children, and young people with the 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 school attendance rates. Both primary and secondary school persistent absence rates remain higher than the national average. A concern is that children and young people with special educational needs accounted for over half of all permanent exclusions in 2017/18. (Social, Emotional and Mental Health is the most prevalent primary need). Pupils with SEN Support are 8 times more likely to be permanently excluded than their peers.

Improving school attendance & reducing persistent absenteeism is a key priority for Liverpool. Liverpool's Attendance Strategy provides a framework for our collaborative approach to improving school attendance. It is clearly evident that we need to do more to both improve attendance of some children and young people with SEND as well as address the high exclusion rate of identified at the SEN Support stage. In addition to what we have already done, **we will:**

- Undertake a 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
- Develop an attendance data dashboard in order to provide real time data to Local Authority officers and school colleagues

- Adopt an asset focused, person centred approach to understand families' skills and knowledge, resilience, social networks and involvement in community activities
- Continue to develop an understanding from children and young people about reasons for non-attendance using focus groups, Young Advisors commissioned report, CICC and schools Parliament
- 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 transformation plan that provides additional resources in order to reduce mainstream school exclusions
- Develop a multi-agency partnership response to improving attendance at two of Liverpool's SEMH schools
- Establish a partnership Inclusion Programme Board, tasked to reduce exclusions
- Implement the graduated approach in order to better moderate all managed moves and In Year Transfers
- Commission specialist outreach support in order to work with those mainstream secondary schools with high levels of exclusion
- Implement a Team Around the School (TAS) to identify pupils at risk of exclusion and establish preventative strategies and plans
- Provide reintegration workers to work in Student Support Centres and the Primary PRU to support effective transition and reintegration
- Deliver the year 7 transition pilot in place to support YR 7 pupils identified as being 'at risk'
- Deliver exclusion training for all school Heads and Governors inclusive of SEND responsibilities and legal requirements
- Ensure restorative practice is rolled out in 12-targeted schools across the City

#### **PRIORITY FOUR- Improved transition planning across the key stages of children's and young people's lives**

Parents and carers have told us that one of their most important priorities for their children is for them to have access to the right help and support they need in order to make effective transitions. This is particularly the case when young people move into adult services. We know there is a lot to do to improve the young people's 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:**

- Review the effectiveness of the pathway, processes and support mechanism for transition to Adult Services

- 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 map that details key transition points, service involvement, remit and target cohorts
- Ensure integrated planning fosters independence by using an asset/strengths based model
- Ensure that the child or young person's voice is consistently captured at every transition point
- Ensure a lead professional is identified to support the child/young person and their family at key transition points
- Develop key data sets in order to safeguard vulnerable cohorts, project and analyse demand and deliver jointly planned transition responses
- Develop a transition dashboard so that effective planning enables a young person to receive the right care in the right place at the right time
- To develop Children and Adult services commissioners working collaboratively to establish integrated commissioning arrangements
- Ensure assessments are implemented within a collaborated structure resulting in alignment, reduced duplication, and a graduated response
- Develop a structure of key performance indicators directly relating to successful transition and review to inform improvement.

### **PRIORITY FIVE - Develop the Health Offer**

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. It is important that we develop the Health Offer to ensure that children and young people with medical conditions are diagnosed as early as possible & are provided with the help and support they need in a timely way, that leads to better outcomes.

A revised ASD diagnostic pathway has also been introduced to further improve the efficiency and speed of diagnosis. During the waiting time, children, young people, families and carers are supported by the provision of information & access to weekly open ASD nurse led drop in sessions together with a range of family support provision. There is room for improvement still and as such mental health and well-being continues to be a priority for the partnership.

In order to improve the health offer **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/or ADHD, 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 an improved school nursing offer within Liverpool's maintained special schools.
- Working in partnership with education and social care, therefore strengthening understanding of the offer made available for children, young people and their families.

## **7. Implementation**

In order to realise our six priorities we will:

- Develop strong intelligence systems informed by robust data sets and feedback loops.
- Develop a skilled workforce that delivers high quality and effective interventions.
- Promote and support an inclusive culture across the partnership and within all of 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 five strategic priorities.

## **8. 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 Clinical Officer and the Director for Children's Services. 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. 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.

## 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