



## Children, Young People & Education Committee

<b>Date:</b>	<b>Wednesday, 19 July 2023</b>
<b>Time:</b>	<b>6.00 p.m.</b>
<b>Venue:</b>	Committee Room One, Birkenhead Town Hall

**Contact Officer:** Bryn Griffiths  
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Please note that public seating is limited, therefore members of the public are encouraged to arrive in good time.

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This meeting will be webcast at  
<https://wirral.public-i.tv/core/portal/home>

## AGENDA

1. **WELCOME AND INTRODUCTION**
2. **APOLOGIES**
3. **MEMBERS CODE OF CONDUCT - DECLARATIONS OF INTERESTS**

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

#### **4. MINUTES (Pages 1 - 10)**

To approve the accuracy of the minutes of the meeting held on 21 June 2023.

#### **5. PUBLIC AND MEMBERS QUESTIONS**

##### **Public Questions**

Notice of question to be given in writing or by email by midday on Friday 14 July 2023 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

##### **Statements and Petitions**

###### Statements

Notice of representations to be given in writing or by email by 12 noon, 17 July 2023 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 11.

###### Petitions

Petitions may be presented to the Council if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minutes) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Mayor. Please telephone the Committee Services Officer if you have not received an acknowledgement of your question/statement by the deadline for submission.

##### **Questions by Members**

Questions by Members to be dealt with in accordance with Standing Orders 12.3 to 12.8.

#### **SECTION A - DECISIONS**

#### **6. ACCEPTANCE OF LIFELONG LEARNING SERVICE 2023/24 ACADEMIC YEAR GRANT FUNDING (Pages 11 - 16)**

#### **7. COMMUNITY ASSET TRANSFER - HIGHER BEBINGTON LIBRARY (Pages 17 - 22)**

The appendices to this report may not be suitable to view for people

with disabilities, users of assistive technology or mobile phone devices. Please contact [davidball@wirral.gov.uk](mailto:davidball@wirral.gov.uk) if you would like these documents in an accessible format.

## **SECTION B - BUDGET REPORTS**

- 8. 2023-24 BUDGET MONITORING FOR QUARTER ONE (Pages 23 - 34)**

## **SECTION C - PERFORMANCE REPORTS**

- 9. BREAKING THE CYCLE (Pages 35 - 44)**
- 10. SEND TRANSFORMATION PROGRAMME UPDATE (Pages 45 - 88)**

The appendices to this report may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact [elizabethhartley@wirral.gov.uk](mailto:elizabethhartley@wirral.gov.uk) if you would like these documents in an accessible format.

- 11. SEND DASHBOARD (Pages 89 - 110)**

The appendix to this report may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact [triciathomas@wirral.gov.uk](mailto:triciathomas@wirral.gov.uk) if you would like this document in an accessible format.

- 12. THE GRADUATED APPROACH (Pages 111 - 230)**

The appendix to this report may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact [elizabethhartley@wirral.gov.uk](mailto:elizabethhartley@wirral.gov.uk) if you would like this document in an accessible format.

## **SECTION D - WORK PROGRAMME / OVERVIEW AND SCRUTINY**

- 13. WORK PROGRAMME (Pages 231 - 240)**
- 14. EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC**

The appendix to item 7. Community Asset Transfer – Higher Bebington Library contains exempt information.

RECOMMENDATION: That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following item of business on the grounds that it involves the likely disclosure of exempt information as defined by paragraph 3 of Part I of Schedule 12A (as amended) to that Act. The Public Interest test has been applied and favours exclusion.

**15. COMMUNITY ASSET TRANSFER - HIGHER BEBINGTON LIBRARY  
APPENDICES (Pages 241 - 256)**

**Terms of Reference**

The terms of reference for this committee can be found at the end of this agenda.

## CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

Wednesday, 21 June 2023

<u>Present:</u>	Councillor	S Powell-Wilde (Chair)	
	Councillors	P Basnett T Laing P Jobson (for S Bennett) L Luxon-Kewley K Hodson C Povall	V Wilson C Cooke J Grier C Carubia M Jackson (Independent Person)

### 1 WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting as well as those watching the webcast.

### 2 APOLOGIES

Apologies for absence were received from Councillor Stephen Bennett with Councillor Paul Jobson substituting.

### 3 MEMBERS CODE OF CONDUCT - DECLARATIONS OF INTERESTS

Members were asked to declare any disclosable pecuniary interests and any other relevant interests and to state the nature of the interest.

A number of councillors raised that they were school governors or foster parents. The Head of Legal Services advised that there was a standard dispensation for such interests and that they were not required to be noted.

The Chair declared a personal interest as a foster carer.

### 4 MINUTES

**Resolved – That the minutes of the meeting held on 7 March 2023 be approved as a correct record.**

## 5 PUBLIC AND MEMBERS QUESTIONS

The Chair informed the committee that two public questions had been received.

Lorraine Krimou asked a question relating to the award of higher funding rates to nurseries that have staff with a qualified teacher status which they felt created a two tier system of provision to nurseries that all offered the same level of services.

The Chair responded that the Government informed councils in mid-December that the Teacher Pay and Pensions Grant (TPPG) would be included in the early years funding block. The guidance supplied from the government encouraged local authorities to use the rolled-in funding to continue to support some of the costs for which the original grants had been introduced. A consultation of early years providers had been undertaken to determine how they thought the TPPG should be delivered. With all various methodology applied, schools would see a reduction in their funding for the TPPG element compared with the previous year. The quality supplement's follow the same line as flexibility supplements with different eligibility criteria applied. The Local Authority proposed that the TPPG funding be delivered through the quality 2 supplement and the base rate. This was agreed through the School Forum Committee and was ratified through full council.

Sarah Spoor asked a question regarding the continued closure of the music and sensory rooms at Wallasey Youth Club due to Covid restriction. She wanted to know when the space could be reopened to children and young people.

The Chair responded that Wirral's youth offer for Wallasey was delivered in collaboration with Merseyside Fire and Rescue Services which provides the accommodation for the Youth Hub. Following the Covid-19 pandemic, services were now deemed safe to offer again. The Chair confirmed that the rooms could be re-opened with immediate effect.

Sarah Spoor asked a supplementary question regarding the provision of internet access at the Youth Hub.

The Chair stated that a written response would be sent to her within 10 days.

The Chair confirmed that no statements or petitions had been received.

The Chair confirmed that no questions from Members had been received.

## 6 **NEW CHILDREN AND YOUNG PEOPLES EMOTIONAL HEALTH AND WELLBEING MODEL**

The Joint Commissioning Lead introduced the report of the Director of Children, Families and Education. The report set out the new local model to be jointly commissioned from April 2024. The joint commission between Children, Families and Education Services, Public Health and Wirral Place Integrated Care Board would transform available support and provide a more effective and co-ordinated approach to improve outcomes for children and young people.

Members asked for further details on the organisation Capacity. The Joint Commissioning Lead stated that they were an organisation that worked with public services that are looking to transform services, offering information on research around other alliances in the country, providing needs analysis, organising focus groups and producing update reports.

Member sought assurances that new model wouldn't adversely effect Children and Young People already within the system or put a further strain on Child and Adolescent Mental Health Service (CAMHS). The Joint Commissioning Lead assured Members that any Children and Young People currently receiving intervention would not be effected and that the new model should help to ease the pressure on CAMHS by filtering out Children and Young People that may need help but do not require the services of CAMHS.

Members queried whether existing services would be informed of any changes, whether the new model would allow for different approaches to mental health issues and when Members could expect to see results from the new model. The Joint Commissioning Lead noted that the Future Mind Group kept all stakeholders informed, that the new model would respect different approaches to mental health provision and would allow people to help themselves before seeking further help. She noted that the Service had identified a number Key Performance Indicators and were clear on the data that needed to be collected and measured.

**Resolved – That the report be noted.**

## 7 **SCHOOL CAPITAL PROGRAMME 2023-2024**

The Assistant Director of Education introduced the report of the Director of Regeneration and Place. The report noted that the Department for Education allocated grant funding each year to help maintain and improve the condition of school buildings and grounds. All local authorities must ensure that they have a sound Capital strategy for education services, ensuring that facilities are sufficient, safe and offer the best teaching environment for pupils of all abilities.

The report gave details of the planned Capital work for Maintained Schools over the following 12 months and gave details of proposed spend of two capital grants: (i) School Condition Allocation and (ii) High Needs Provision Capital Allocation.

Members asked for information on the boiler replacements in schools and how environmentally clean the replacements were likely to be. The Assistant Director of Education noted that where possible the most carbon neutral options were being chosen and that he would arrange for further information to be provided to Members in writing from the Assets Team.

In response to a query on the Higher Needs Provision The Assistant Director of Education explained that the Council received its' allocation directly from Department for Education (DfE). He noted that officers have been in contact with the DfE to ask about the availability of further funding.

Members queried whether schools with a budget surplus could divert that surplus towards school improvements. The Assistant Director of Education noted that there was a distinction between Revenue and Capital budgets and that for the schools that Wirral Borough Council was directly responsible for, there was a rigorous process to where Capital allocations are made to ensure needs are met. However, where schools wish to make their own budget decisions, there would be the option to discuss this with them and to potentially make a Revenue to Capital transfer. He noted that ultimately the Capital funding should fulfil Wirral's school needs as per the guidance from the DfE.

Members asked about the process for school repairs were an academy school to be given back to the Council. The Assistant Director of Education noted that there is no option for an academy school to be returned to a Local Authority. The Director of Children, Young People and Education noted that if an academy ceased to trade, the building would fall back to the Local Authority and at that point a decision would need to be made on the building and its use.

Members asked for a breakdown of the Basic Need allocation of £381,049 pounds, and queried why there was no allocation for 2021-22 or 2022-23. The Assistant Director of Education noted that Basic Need was linked to rising pupil numbers, for example if there is a population increase in a particular area. Wirral had not had an allocation for the past 2 years as there had been a decline in pupil numbers over that period. The Assistant Director of Education offered to provide further details on Basic Need in writing to Members.

**Resolved – That:**



- 1. The Identified projects be included in the Schools Capital Programme funded by the Department for Educations.**
- 2. Asset Management be requested to progress all project designs, tender documentation, and initiate project implementation. Noting that all projects over £100,000 will be required to present tender details and prices via Officer Decision Notices.**

**8 2022/23 BUDDGET MONITORING FOR QUARTER FOUR (THE PERIOD TO 31 MAR 2023) OUTTURN**

The Director of Children, Young People and Education introduced her report which set out a summary of the year-end revenue and capital position for the 2022/23 financial year for the Children, Families and Education Committee. The report provided Members with an overview of budget performance, including progress on the delivery of the 2022-23 saving programme and a summary of reserves to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets.

Members queried an area that had been delayed around approved savings. The Director of Children, Young People and Education noted that the delay had been centred around the move to buy a property to create a unit for Children and Young People with learning difficulties and mental health difficulties. The owner of the property had unfortunately died during the process of purchasing it, which meant the property had to go through probate. This process had now been completed and the purchase was moving at pace towards completion,

Members sought further information on community wealth building and whether there were other example like Juno Community Interest Company (CIC). The Director of Children, Young People and Education noted that Juno CIC was the first of its model in the whole country and stated that it was groundbreaking.

In response to a query on the level of need for provision residential care for children and young people, the Director of Children, Young People and Education noted that Wirral has just under 70 children in residential care at any one time, as well as some in supported living arrangements. She noted that work was continuing to ensure that the right homes were available to meet the needs of those children that needed them.

**Resolved – That:**

- 1. The year-end revenue position of £3.471m adverse variance reported for 2022/23 be noted;**

2. **The progress on delivery of the 2022-23 savings programme be noted;**
3. **The level of reserves at the end of 2022/23 be noted; and**
4. **The capital position at the end of 2022/23 be noted.**

## 9 **2023/24 BUDGET AND BUDGET MONITORING PROCESSES**

The Director of Children, Young People and Education introduced her report which set out how the 2023/24 budget would be monitored through the Committee system, which would facilitate the Policy and Services Committees (the Committees) to take ownership of their specific budgets and present appropriate challenge and scrutiny of Officers on the management and performance of those budgets.

### **Resolved – That**

1. **The process for in-year monitoring of the 2023/2024 budget be noted; and**
2. **A Budget Monitoring Panel be established comprising of the Committee Chair and Spokespersons, with sessions led by the relevant Director/Assistant Director**

## 10 **CHILDRENS' SERVICES PERFORMANCE REPORT QUARTER FOUR**

The Interim Head of Operations for Children's Services introduced the report of the Director of Children, Young People and Education. The report provided the latest performance information for Children's Services. The design and content of the report was developed following discussions with the Chair of the Children, Young People & Education Committee and party spokes at a Performance Monitoring workshop back in March 2021.

Members asked whether the information on free school meals could be broken down between primary and secondary schools. The Interim Head of Operations for Children's Services stated she did not have the information to hand but would be happy to send Members the information in writing.

Members requested further information on care leavers aged 19-21 and the number that are not in education or employment. The Director of Children, Young People and Education noted that all care leavers are monitored and offered to provide Members further data regarding the work undertaken to support them. She noted that in her experience the care leavers that she had witnessed in employment had been a huge asset to their place of work and wished to encourage other committees to present employment opportunities to care leavers.

In response to a query on support offered to SEND children that were being electively home educated, the Assistant Director of Education noted that where a child has an EHCP, and is being electively home schooled, conversations were being held through SEND assessments regarding what support can be offered.

Members noted there had been a rise in suspensions and permanent exclusions from schools, with figures higher than the national average and queried why that was and what work was being undertaken. The Assistant Director of Education noted that for the first three quarters of the year, the figures were below the national average but there had been a spike in quarter 4 and he acknowledged that work needed to be done to work out why that had happened.

Members queried the Interim Head of Operations for Children's Services confidence in the accuracy of the data on the numbers of electively home schooled children. The Interim Head of Operations for Children's Services noted that when a parent takes a child out of the school system, they have to notify the school so the service will be fully aware of all children being electively home schooled. She noted that data for social care was updated on a daily basis and that SEND and Education data was currently updated weekly if not daily.

**Resolved – That the content of the report be noted.**

11 **OFSTED SUMMARY REPORT 2022-2023**

The Assistant Director of Education introduced the report of the Director of Children, Young People and Education. The report 2023 gave an outline of all inspections that had taken place across for the academic year 2022-2023 and that had been published at the point of report writing. The attached summary document (appendix 1) gave a summary of the school inspected, the date, overall outcome and areas for development.

**Resolved – That the contents of the report be noted.**

12 **ALL AGE DISABILITY SERVICE REVIEW**

The Assistant Director of All Age Independence introduced the report of the Director of Children, Young People and Education. The report presented the findings and recommendations for greater alignment of All Age Disability Service. Noting that the scoping, initiation, planning and engagement phase was complete.

Members noted that only 3.1% of people with a learning difficulty in Wirral were employed compared to 5.1% nationally and queried what was being

done to improve this. The Assistant Director of All Age Independence noted that work was being done to provide a coordinated approach to this issue with a co-produced strategic framework to identify how to improve employment for people with disabilities and learning difficulties.

The Director of Children, Young People and Education stated the importance of the subject matter of the report and that working collaboratively with the Adult Social Care and Public Health Committee was important to the success of improving access to employment for people with disabilities and learning difficulties.

The Chair asked that further work on the All Age Disability Service be added to the Work Programme.

**Resolved – That the priorities and indicative timeframe, as listed in Appendix 4 of the report be noted.**

### 13 **APPOINTMENT OF PANELS, STATUTORY / ADVISORY COMMITTEES AND WORKING PARTIES 2023 / 2024**

The Head of Legal Services introduced the report of the Director of Law and Governance. The purpose of the report was to enable the Committee to review the continuing need for various panels, statutory / advisory committees and working parties, and to appoint members and named deputies to serve on those (including the statutory committees and panels) that are to be retained in 2023/2024.

The Head of Legal Services noted an error regarding political balance for the Corporate Parenting Panel within the report. The report stated that the 5 members of the Panel were to be made up of 2 Labour Members, 2 Conservative Members and 1 Green Party Member. She noted that the correct balance should in fact be 2 Labour Members, 1 Conservative Member, 1 Green Party Member and 1 Liberal Democrat Member.

Members noted that the Young People's Advisory Group had not met in some time and asked if further meetings could be arranged.

The Assistant Director of Early Help and Prevention noted that since the lockdowns during the Covid-19 Pandemic the group had not met and agreed that it was time to re-establish those meetings.

**Resolved – That:**

- 1. The Monitoring Officer be authorised as proper officer to carry out the wishes of the Group Leaders in allocating Members to membership of the Statutory and Advisory Committees listed in the report, with the agreement that the Corporate Parenting Panel**

**be made up of 2 Labour Members, 1 Conservative Member, 1 Green Party Member and 1 Liberal Democrat Member, and to appoint those Members with effect from the date at which the proper officer is advised of the names of such Members;**

- 2. The current constitution and membership of the School Appeals Panel be noted.**

14 **WORK PROGRAMME**

The Head of Legal Services introduced the report of the Director of Law and Governance which reminded members that the Children, Young People and Housing Committee was responsible for proposing and delivering an annual committee work programme. This work programme was to align with the corporate priorities of the Council, in particular the delivery of the key decisions which were the remit of the Committee.

The Chair noted that she would like a workshop on the All Age Disability Service to be added to the work programme.

**Resolved – That the work programme be noted.**

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## CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

WEDNESDAY 19<sup>th</sup> JULY 2023

<b>REPORT TITLE:</b>	<b>ADULT EDUCATION BUDGET AND MULTIPLY PROGRAMME FUNDING FOR LIFELONG LEARNING SERVICES (ADULT COMMUNITY LEARNING)</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CHILDREN AND FAMILY AND EDUCATION</b>

### REPORT SUMMARY

This report seeks authority to accept the Liverpool City Region Combined Authority (LCRCA) funding of £1,322,591.37 awarded to the Council under the Adult Education Budget for the academic year 2023/24. The request includes the discrete funding to deliver the Department for Education (DfE) Multiply Programme.

The Council's Lifelong Learning Service is the fund holder of a local Adult Education Budget (AEB) on behalf of the LCR Combined Authority, delivering a focused but balanced programme of adult learning each year across Wirral.

Adult learning re-engages adults 19 years plus in activities to acquire new skills (including basic skills) and interests for the benefit of the individual and their wider family networks.

The purpose of the Council's Adult Learning Programme is to develop the skills, confidence, motivation, and resilience of adults of different ages and backgrounds to:

- I. improve their health and well-being, including mental health and/or
- II. progress towards formal learning or employment, and/or
- III. develop stronger communities.

In April 2023, the LCRCA confirmed the Council's AEB allocation of £1,135,646. The grant funding covers the period 1 August 2023 to 31 July 2024.

The LCR Combined Authority grant funding includes a separate financial allocation for the DfE MULTIPLY maths intervention programme. This discrete maths initiative funding is £186,945.37.

The Adult Learning Programme in Wirral is delivered via a combination of direct delivery by the Council's Lifelong Learning Service and sub-contracting arrangements with the local Third Sector organisations.

As a service, Lifelong Learning supports three of the key strategic Council themes, as outlined in the Wirral Plan 2021 – 2026. These themes include (1) Brighter Futures through the delivery of high-quality education for adults and families, (2) Active and Healthy Lives through a curriculum focus on wellbeing and positive mental health, and (3) Safe and Pleasant Communities through targeted engagement of adults and families in the Borough's most deprived communities / ward areas.

This matter affects all Wards within the Borough.

This is a key decision.

## **RECOMMENDATIONS**

The Children, Young People and Education Committee is recommended to:

- 1) authorise the Director of Children Family and Education to accept grant funding for the 2023/24 academic year from Liverpool City Region Combined Authority in the sum of £1,135,646 for the purposes set out at paragraph 3.4 of this report; and
- 2) authorise the Director of Law and Governance to enter into any necessary agreements or other legal documentation to implement the above recommendations.



## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 The Lifelong Service enrolled over 1,640 adults on a range of over 3,100 education provisions during the 2021/22 full academic year. Of those adults that enrolled on courses and workshops 66.5 percent were residents from Wirral's top 20 percent most deprived ward areas (identified using the indices of multiple deprivation index). The employment status of the learners engaged through the service included 69.4% (1,160 learners) being unemployed (either seeking employment or unable to work at the time).
- 1.2 Of all adult enrolments 93.1% successfully completed their course or workshop. Over 79 percent of learners tracked after their course either progressed to further learning (at a higher level), undertook volunteering locally or entered employment.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 This report is based on the latest academic year funding allocation and given the funding conditions remain unchanged no further options have been considered.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The Council's Lifelong Learning Service offers entry and lower-level learning (up to level 2) which supports local employment and skills priorities and wider social and economic outcomes, as follows:
  1. Maximise the employability of Wirral residents through delivery of a range of programmes that support people to progress into work;
  2. Deliver learning and skills programmes that are responsive to Wirral employer and residents' needs;
  3. Deliver social well-being (including health) and economic outcomes.
  4. Deliver outstanding teaching, learning and assessment;
  5. Inspire and promote ambition for all learners to succeed and progress and promote equality and diversity throughout all aspects of the learner journey; and
  6. Support and develop 3rd sector organisations across the borough in the delivery of quality education provision. Facilitating capacity building and underpinning Social Value outcomes
- 3.2 In order for the Lifelong Learning Service to achieve the above priorities, the following objectives have been identified by the services Governing Board:
  - a. Implementation of a community-based learning offer that is responsive to local needs, recognising its importance to social and economic inclusion across the Wirral.
  - b. Development of clear and effective local progression pathways from non-accredited learning; to accredited learning, improve signposting and referrals, and measure impact and progression across Wirral and the Liverpool City Region, on to further education and/or employment/enterprise.

- c. Offer targeted, local learning and skills provision that meets the current and future skills needs of Wirral employers.
- d. Focus grant funding on people who are hard to reach, disadvantaged and least likely to participate.
- e. Maximize the funding, resources and sharing of practice through local partnership working and third sector commissioned provisions.
- f. Continually developing a universal community learning offer through a range of direct and commissioned (where appropriate) delivery.

3.3 The core (see table below) AEB funding allocation for 2023/24 has been uplifted by the LCRCA to reflect consistent service over delivery across the last 4 academic years. Compared to the initial 2022/23 academic year AEB funding allocation (£982,326) the 2023/24 funding allocation has been uplifted by +£153,320 to £1,135,646. The service has systematically over delivered on qualification-based course delivery through the creation of progression pathways for learners.

3.4 As in previous academic year it is planned that a sum up to £200,000 be used to commission adult learning from local Third Sector organisations that have reach and engagement in our more deprived communities.

3.5 The breakdown of the 2023/24 funding allocation is as follows:

CORE ADULT EDUCATION BUDGET FUNDING (AEB)	Community Learning (Non-qualification courses / workshops)	£823,600.00
	Adult Skills (Qualification based delivery)	£162,046.00
	Test & Learning Projects	£150,000.00
DISCRETE PROGRAMME FUNDING	MULTIPLY Programme	£186,945.37
<b>TOTAL</b>		<b>£1,322,591.37</b>

3.6 The MULTIPLY funding has been allocated to the Council to support delivery of a DfE programme to help adults improve their numeracy skills. It is for adults who do not have a GCSE at Grade 4/C or equivalent in maths. In support of the programme the Council and its Third Sector partners delivery numeracy courses that both engage adults and can lead to a formal qualification. The grant allocation is inclusive of £100,000 for Third Sector organisation maths engagement activities. This will be allocated utilising a competitive procurement process.

#### 4.0 FINANCIAL IMPLICATIONS

4.1 The funding agreement has been informed by the Head of Service for Learning, Skills and Employment. A comprehensive business case was completed and submitted early 2023 informing planned delivery for the 2023/24 academic year.

## **5.0 LEGAL IMPLICATIONS**

5.1 There are no legal implications arising from this report.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 The decision to accept the £1.32m LCR Combined Authority AEB grant funding for academic year 2023/24 will ensure the Adult Learning and MULTIPLY programmes can be delivered.

6.2 Due to the annual, recurring nature of this adult education funding the required Curriculum managers, Community Development Manager, Tutors, and Business Support staff are already in post for delivery in academic year 2023/24.

## **7.0 RELEVANT RISKS**

7.1 The Council Lifelong Learning Service and any subcontracted providers must comply with the Conditions of Funding grant and AEB funding guidance documents for academic year 2023/24. Failure to comply may result in a bad audit and subsequent funding clawback.

7.3 There are no significant risks identified with the key decisions set out in this report.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 Consultation and engagement with service users and providers is focused on the programme content, access, and the quality of delivery and integral to service planning and review; this is undertaken throughout the academic year.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 This recommendation is to accept the LCRCA Adult Education Budget funding under an existing programme and delivery model. There are no known adverse impacts associated with this decision to accept the funding. The adult learning programme seeks to build the capacity of individuals and communities. To this end, the curriculum will continue to promote greener living, environmental appreciation, and effective management of our resources, addressing the issues identified within external emissions, under climate emergency mitigation.

10.2 The programme is delivered in areas of the borough experiencing significant social and economic disadvantage and the curriculum focus will also specifically promote and support positive responses to many of the impacts within climate adaptation, particularly energy, waste, water, food, and homes.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Sufficient and appropriate entry level community-based learning opportunities for all Wirral resident adults is fundamental. Inactive and unemployed adults must be supported and encouraged to develop the skills, knowledge and behaviours required to enable them to access local jobs, support their families, have good health and wellbeing as well as supporting local economic growth.

**REPORT AUTHOR: Paul Smith**  
(Paul Smith, Head of Service, Integrated Learning, Skills, and Employment)  
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## APPENDICES

None

## BACKGROUND PAPERS

LCR AEB Funding Rules 2022/23  
Skills and Post-16 Education Act 2022  
FE and Skills Handbook, Ofsted  
Local Skills Improvement Plans, .GOV.UK

## TERMS OF REFERENCE

This report is being considered by the Children, Young People and Education Committee in accordance with Section B of its Terms of Reference, the functions and powers conferred on or exercisable by the Council as Local Authority in relation to the provision of education.

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date



## CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

Wednesday, 19 July 2023

<b>REPORT TITLE:</b>	<b>COMMUNITY ASSET TRANSFER FORMER LIBRARY, HIGHER BEBINGTON</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF FINANCE</b>

### REPORT SUMMARY

This report seeks approval of the Heads of Terms to transfer this asset to the COOP Academy (Bebington) for education.

This report meets the following priorities in the Wirral Plan 2021-26

- Safe, vibrant communities where people want to live and raise their families.
- A prosperous inclusive economy where local people can get good jobs and achieve their aspirations.

This matter has the potential to affect all wards.

This is a Key Decision

The appendices referred to in this report were submitted confidentially for commercial reasons. Therefore, Appendices 1 and 2 of this report are exempt from publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

### RECOMMENDATION/S

Children, Young People and Education Committee is recommended to transfer the former Higher Bebington library to the COOP Academy (Bebington) on the Heads of Terms in Appendix 1 of this report, subject to the consent of Unilever.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 To enable the Council to progress an asset transfer of this former library for education and community benefits.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The options considered, in addition to the transfer, were (1) the demolition of the building and use for one residential dwelling. This was not chosen as it would not realise the education and community benefits set out in this report and would be contrary to the terms of a covenant with Unilever (2) demolition of the building and inclusion in the park. This was not chosen because the education and community benefits set out in this report were considered to outweigh the environmental benefits of returning the site to its original purpose of a public park in accordance with the terms of the covenant with Unilever which was imposed when the Council acquired the land from the Leverhulme Estate.

### **3.0 BACKGROUND INFORMATION**

- 3.1 As part of the 2022/23 Budget process, following public consultation, the Council decided on its future library offer to meet statutory requirements. This led to the decision to close several libraries, one of which was Higher Bebington. The library closed on 31 October 2022.
- 3.2 Members agreed to put the library assets that were to close into a community asset transfer (CAT) process. Expressions of interest were invited and the Tourism, Communities, Culture and Leisure Committee at its meeting on 2 February 2022 agreed, based on a viable business plan submitted by the COOP Academy (Bebington) to transfer the asset to them and recommended to Policy and Resources Committee that this asset was appropriated by the Council for education purposes. This was agreed at the Policy and Resources Committee in March 2023.
- 3.3 Heads of Terms have now been negotiated with the COOP Academy (Bebington) and these are in the exempt appendix 1 of this report. The COOP Academy are funding the capital works required at their own cost in the sum of £79,000 and in agreeing the business plan, the Tourism, Communities, Culture and Leisure Committee agreed a revenue sum of £60,000 to support the transfer from the CAT budget.
- 3.4 This matter is now coming to this Committee, because of the appropriation agreed by Policy and Resources in March 2023, which means that all future decisions regarding this transfer have become the responsibility of this committee.

### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The following table sets out the capital value and market rent for the asset as advised by the Council's consultants, Avison Young.

<b>ASSET</b>	<b>Asset Value</b>	<b>Maintenance Cost</b>
Higher Bebington Library	Nominal value given the condition of the building	Not yet assessed

4.2 The COOP Academy (Bebington) are funding the capital works, identified in their business plan at their own cost.

4.3 The CAT budget is funding £60,000 of revenue costs to support the business plan.

## 5.0 LEGAL IMPLICATIONS

5.1 The terms of reference for the Children, Young People and Education Committee include, amongst other matters, the education of young people and working with all schools including Academies to improve educational attainments.

5.2 In general the Committee in reaching a decision must consider all relevant considerations and disregard irrelevant considerations and come to a reasonable conclusion. That would include considering any potential uses for the assets which are alternative to that being proposed by the COOP Academy (Bebington). Not to consider alternative uses would expose any decision to legal challenge.

5.3 A relevant consideration is the Council's fiduciary duty to the Council Taxpayer to take account of its interests in maximising income or savings and obtaining the best price reasonably obtainable for the disposal of any asset. The Committee should therefore consider any income or capital receipt forgone because of transferring an asset for educational use. Any financial loss e.g the payment of a grant or the loss of a market rent would have to be clearly outweighed by the strength of the educational benefits. The Council's current financial position is a relevant factor.

5.4 In this regard it is important to ensure that the terms of a community asset transfer do not significantly reduce the savings made, or increased income achieved as a result of the measures already taken by the full Council to fulfil its legal duty to balance its budget.

5.5 If the educational benefits are unlikely to be realised by a CAT transfer because, for example, of a lack of financial viability or necessary expertise, then they should be given little or no weight in the decision-making process.

5.6 The Council is under an additional duty under section 123 of the Local Government Act 1972 to obtain the best price reasonably obtainable for the disposal of any interest in its land unless the disposal is for a lease for less than seven years. If the proposed lease is for a longer term, then a less than market rent would be lawful if the value of the economic, social or environmental benefits outweighed any loss of income.

5.7 A further consideration is the Subsidy Control Act 2022 which prohibits subsidies by public bodies to an enterprise (even if not for profit) that offers goods or services on a market. If the financial assistance (e.g. charging a below market rent in a lease) conferred an economic advantage on the selected enterprise that might distort

competition with other providers, it would be unlawful unless the advantage were below the “de minimis “ level of £315,000 (measured over the length of the proposed lease) or the rigorous requirements for a lawful subsidy under the Act were satisfied. The figure of £315,000 includes any previous financial assistance provided to the recipient by a public body during the past three financial years. Financial assistance would include any future discretionary business rates relief which is not given to its competitors. Academies which provide a public education are not considered to be an enterprise that offers services on a market.

- 5.8 Any proposed disposal by the Council of an interest in land that is public open space (i.e. land held for the purpose of public recreation such as public parks or golf courses that are open to the public and not restricted to a private membership) must be advertised in local newspapers for two successive weeks. Any objections received would have to be considered by the Committee before any decision were made on the disposal. Only the building would be leased to the Academy not any green open space.
- 5.9 The grant of a lease to a CAT transferee would confer exclusive possession of the land to the organisation. The Council could impose covenants on the lessee e.g.to keep the property in good repair or not to use it for any purposes other than those specified. Those covenants would be enforceable but any decision by the Council to forfeit the lease for non-compliance could be overturned by the Court in its discretion if the lessee sought relief from forfeiture. The Council would in effect lose control of the land for the duration of the lease (and the lessee would have the right to a renewal of the lease on its expiry unless its right were excluded pursuant to the Landlord and Tenant Act 1954).
- 5.10 Any disposal of the land for a different use than the one formerly established by the Council would have to be compliant with any legally enforceable covenants imposed by previous owners or current landlords and with any requirements for planning permission. The Council is bound by a covenant with Unilever when it bought the land not to use the site for any purpose other than as a park for public recreation .Unilever gave its consent to the use of the land for a library in 1954. Its consent would be required for the change of use to a school. Planning permission for the material change of use to a school is not considered to be necessary because library and educational uses fall within the same Use Class F1.
- 5.11 If the Committee decided not to proceed with a transfer, the property would be referred back to Policy and Resources Committee to be considered for an alternative use by the Council.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 The Council has existing resources in place to progress the recommendations set out in this report.

## **7.0 RELEVANT RISKS**

- 7.1 Transferring any asset carries a risk that it may not be successful. To reduce this risk, the Council has undertaken a very thorough process in terms of assessing each



business plan, the funding required and considering all other relevant factors as detailed in this report.

- 7.2 In addition, under the proposal the Council would be leasing the assets to the relevant organisation and if any transfer failed the asset would return to the Council but only after possible litigation and the Court or the lessee agreeing to the forfeiture of the Lease. Consideration could then be given to the options for the future of the site.
- 7.3 A communications strategy is in place to manage any reputational risks associated with the project.
- 7.4 Any post transfer risks (e.g. ensuring compliance with the lease, maintaining the property etc) will be dealt with by lease provisions and regular annual monitoring of these matters.
- 7.5 A register of all assets transferred will be kept by the Asset Management Team. The annual report to members on the Asset Strategy 2022-27 will report progress on disposals.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Engagement has taken place with COOP Academy (Bebington) as it prepared its business plan and with ward councillors, who support this proposal.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.
- 9.2 It is not considered that the proposed transfer will adversely affect any section of the community having protected characteristics.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The proposals will improve the condition of this building and support environmental and climate change objectives.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 Transferring the asset has several education and community benefits which will benefit children and young people in terms of educational attainment and community benefits for local people who will be able to access and use the facilities outside of school hours, at weekends and during holiday periods.

**REPORT AUTHOR: Matthew Bennett  
Director of Finance**

## **APPENDICES**

Appendix 1 Head of Terms with COOP Academy (Bebington) (Exempt)  
Appendix 2 Business Case (Exempt)

## **BACKGROUND PAPERS**

1. Community Asset Transfer Policy 2022

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Tourism Communities Culture and Tourism Committee Report on CAT (stage 1)	16 June 2022
Report on CAT	25 October 2022
Report on CAT	2 February 2023
Report on CAT	9 March 2023
Report on CAT	22 June 2023



## CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

Wednesday, 19 July 2023

<b>REPORT TITLE:</b>	<b>2023/24 BUDGET MONITORING FOR QUARTER ONE (THE PERIOD TO 30 JUNE 2023)</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CHILDREN, FAMILIES AND EDUCATION</b>

### REPORT SUMMARY

This report sets out the financial monitoring information, revenue, and capital position, for the Children, Families and Education Committee as at Quarter 1 (30 June) of 2023/24. The report provides Members with an overview of budget performance, including progress on the delivery of the 2023-24 saving programme and a summary of reserves to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets.

Managing a budget requires difficult decisions to ensure that a balanced position can be presented. Regular Member engagement, which this report forms part of, is considered essential in delivering effective governance and financial oversight.

At the end of Quarter 1, there is a forecast adverse position of £0.360m on the revenue budget of Children, Families and Education revised net revenue budget, of £86.397m.

This matter affects all Wards within the Borough and is not a key decision.

The report contributes to the Wirral Plan 2021-2026 in supporting the organisation in meeting all Council priorities.

### RECOMMENDATION/S

The Children, Families and Education committee is recommended to:

1. Note the forecast revenue position presented at Quarter 1.
2. Note the proposed allocation of additional £0.800m funding from the increased council budget of £2.000m, subject to council approval.
3. Note the progress on delivery of the 2023-24 savings programme.
4. Note the forecast level of reserves at Quarter 1.
5. Note the capital position at the end of Quarter 1.

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATIONS**

- 1.1 It is vitally important that the Council has robust processes in place to manage, and monitor the in-year financial position, to ensure it delivers a balanced position at the end of the year.
- 1.2 Regular monitoring and reporting of the revenue budgets and savings achievements enables decisions to be taken in a timely manner, which may produce revenue benefits and will improve financial control of Wirral Council.
- 1.3 This report presents timely information on the Quarter 1 financial position for 2023/24.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The Policy & Resources Committee has previously determined the budget monitoring process to follow, and this report details the agreed course of action.
- 2.2 In striving to manage budgets, available options have been evaluated to maintain a balance between service delivery and a balanced budget.

### **3.0 BACKGROUND INFORMATION**

- 3.1 At the meeting on 19 June 2023, the 2023/24 budget and the process for in-year monitoring of the 2023/24 budget was set out. This report sets out the position as Quarter 1.

#### **Quarter 1 Forecast Revenue Outturn Position**

- 3.2 Table 1 presents the forecast outturn as a net position, i.e., expenditure minus income. Favourable variances (underspends) are shown as negative values and adverse variances (overspends) are shown as a positive value.
- 3.3 As at the end of June 2023 (Quarter 1), the forecast outturn position for Children, Families and Education is an adverse variance of £0.369m against a net revenue budget of 86.397m.

**TABLE 1: 2022/23 Children, Families & Education-Service Budget & Forecast Outturn**

	Budget	Forecast Outturn	Variance		Adverse/ Favourable
			(+ Fav / - Adv)		
	£000	£000	£000	%	
Children and Families	56,502	57,436	934	2%	Adverse
Early Help and Prevention	10,942	9,842	-1,100	-10%	Favourable
Modernisation and Support	2,782	3,881	1,099	40%	Adverse
Schools – Core	16,171	15,607	-564	-3%	Favourable
<b>Directorate Surplus / (Deficit)</b>	<b>86,397</b>	<b>86,766</b>	<b>369</b>	<b>0%</b>	<b>Adverse</b>

**Significant aspects of revenue variances by service****Children and Families adverse variance of £0.934m**

- 3.4 The main pressure relates to Children Looked after and children in higher cost Semi independence/ Supported Accommodation. With the demand increasing from 20 to over 30 children in the latter part of 2022/23, a 50% increase and the average cost increasing by over 20% in the last year. The residential population is more stable although average costs are under pressure. Demand for other placement categories is stable or reducing, with the aim to place more in the lower cost options. These pressures are partially mitigated in year by the one-off use of £1m of the social care reserve.

**TABLE 2: Number of Children in Care**

Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
819	814	795	786	770	789	804	766	769

**Early Help & Prevention favourable variance of £1.100m**

- 3.5 The favourable variance is mainly a result of appointments at the lower range of salary scale and in-year vacant posts. The variance is being held as a contribution towards council staff savings target of £1.649m for the whole of the Directorate.

**Modernisation and Support adverse variance of £1.099m**

- 3.6 This adverse variance has arisen because of staff salary savings target of £1.649m. This saving has been allocated to this area but relates to all of Children Families and Education. This is mitigated by favourable variances in Modernisation & Support of £0.560m alongside the £1.100m from Early Help in paragraph 3.5 above.

**Schools – core adverse favourable variance of £0.564m**

- 3.7 This variance has arisen because of the reducing spend on historic teachers' pension budget and the holding spend relating to the staff savings above. There were some pressures arising special education needs and disabilities (SEND) and

assisted travel requirements. These pressures were due to increases in Education Health and Care Plans (EHCPs) and the need to transport the pupils to school. With the emerging demand likely to be higher than the funding built into the budget. The increase in the demand for EHCP assessments has led to a backlog building up and some assessments not being completed within the 20 weeks statutory timescale. These pressures are proposed (subject to council approval) to be mitigated by additional budget of £0.350m being allocated to SEND resources and £0.450m to assisted travel costs.

### **Budget Adjustments**

- 3.8 The favourable £2.000m variation in funding, relating to Business Rates Section 31 grant, has provided the opportunity for the council to carry out budget amendments to address some budget pressures.
- 3.9 Table 2 sets out the budget areas in Children, Families & Education which will be amended (subject to council approval). These amendments are already incorporated into the budget column in Table 1 and are explained in paragraph 3.7.

**Table 3: Q1 Budget Virements**

<b>Directorate</b>	<b>Budget Amendment</b>	<b>£000</b>
Children, Families & Education	SEND	350
Children, Families & Education	Assisted Travel	450
<b>Total</b>		<b>800</b>

### **Dedicated Schools Grant (DSG)**

- 3.10 There are no DSG variances forecast as at quarter 1 although pressures may arise in the high needs block during the autumn term.

**TABLE 4: 2022/23 Children, Families and Education–Dedicated Schools Grant (DSG)**

	Budget	Forecast Outturn	Variance		Adverse/ Favourable
	£000	£000	(+ Fav / - Adv) £000	%	
<b>DSG Expenditure:</b>					
Schools Block	121,681	121,681	0		
Schools Block De-delegated	2,096	2,096	0		
Central School Services Block	2,058	2,058	0		
High Needs	59,025	59,025	0		
Early Years	21,430	21,430	0		
<b>Total Gross Surplus / (Deficit)</b>	<b>206,290</b>	<b>206,290</b>	<b>0</b>		
<b>DSG Income:</b>	-206,077	-206,077	0	0%	
<b>Movement in DSG Reserve</b>	-213	-213	0	0%	
<b>Total Net Surplus / (Deficit)</b>	0	0	0	0%	

3.11 The Council is participating in the Delivering Better Value (DBV) in SEND (Special Educational Need and Disabilities) programme which is the DfE's support package to help local authorities maintain effective SEND services while functioning sustainably. The aim of the DBV programme is to improve delivery of SEND services for children and young people and to ensure that this is done so within budget.

**Progress on delivery of the 2023-24 savings programme.**

3.12 No significant slippage is forecast at quarter 1. The table below summarises the progress:

**TABLE 5: SUMMARY OF PROGRESS ON DELIVERY OF 2023-24 SAVINGS**

Saving Description	Approved Saving £m	Green £m	Amber £m	Red £m	Mitigation £m
Increase the number of children looked after placed in family settings as opposed to higher cost residential settings	-1.100	-1.100	0.000	0.000	0.000
Redesign and restructure of the Assessment and Intervention Service	-0.655	-0.655	0.000	0.000	0.000
Reduction in contributions to the Regional Adoption Agency in line with the average number of referrals	-0.100	-0.100	0.000	0.000	0.000

Reduction in financial support to Kingsway High School	-0.134	-0.134	0.000	0.000	0.000
Reduction in Teachers' pension liabilities to the council	-0.190	-0.190	0.000	0.000	0.000
Reduction in Wirral's Looked After Children numbers	-0.410	-0.410	0.000	0.000	0.000
Review of contracts within Children's Services	-0.250	-0.250	0.000	0.000	0.000
Review of council's contribution towards European Funded Send Inclusion Programme	-0.220	-0.220	0.000	0.000	0.000
Review of Supporting Families funding and Early Help budgets	-1.121	-1.121	0.000	0.000	0.000
<b>Children, Families &amp; Education</b>	<b>-4.180</b>	<b>-4.180</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

### Earmarked Reserves

3.13 Earmarked reserves represent money that has been set aside for a clearly defined purpose, and which is available to meet future expenditure in that area. The use of earmarked reserves is only permitted with the approval of the Section 151 officer.

**TABLE 6: EARMARKED RESERVES**

<b>Committee</b>	<b>Opening Balance £000</b>	<b>Forecast Use of Reserve £000</b>	<b>Forecast Contribution to Reserve £000</b>	<b>Closing Balance £000</b>
Intensive Family Intervention Project	405	-60	0	345
Early Help & Play Development	117	0	0	117
Children's Centre – Outdoor Play	92	0	0	92
DRIVE Safelives & Domestic Abuse Hub	50	-50	0	0
YOS - Remand & Mobile Youth Centre	121	-40	0	81
Local Safeguarding Children's Board	23	0	0	23
Children IT data system	127	-127	0	0
Mersey & Cheshire ICS Pilot	20	0	0	20
School Improvement	857	0	0	857
Schools Causing Concern	500	0	0	500
SEND OFSTED Inspection Improvement Action Plan	880	-436	0	444
Help for Young People	26	0	0	26
Looked After Children Education Services	111	0	0	111
SEND - High Needs	110	0	0	110



Care Leaver Accommodation Development	203	0	0	203
Wirral Apprentice Programme	19	0	0	19
Children, Families & Education	3,661	-713	0	2,948

### Capital Monitoring

3.14 The capital programme remains on target except the School Condition allocation which £4.5m has been reprofiled into future years. More details are below.

3.15 Scheme Updates:

- **Special Educational Needs and Disabilities / High Needs Provision Capital** – To deliver additional classroom provision for SEN pupils across several Special schools. The planned schemes cover Leasowe Early Years Centre, The Observatory School, and Pensby/Elleray Park School

**TABLE 7: 2022/23 Children, Families and Education Committee – Capital Budget & Forecast Outturn**

Capital Programme	2023/24			2024/25	2025/26	2026/27
	Budget 1 Apr 23 £000	Q1 Forecast £000	Variance £000	Budget £000	Budget £000	Budget £000
Basic Needs	1,028	100	-928	-928	0	0
Children's System Development	760	807	47	445	0	0
School Condition Allocation (SCA)	9,198	5,000	-4,198	6,698	2,500	2,500
Family support	157	137	-20	20	0	0
High Needs Provision Capital	4,392	2,000	-2,392	2,392	0	0
PFI	52	52	0	0	0	0
School remodelling and additional classrooms (School Place Planning)	1	1	0	0	0	0
Special Educational Needs & Disabilities	478	350	-128	128	0	0
Transforming Care - Therapeutic Short Breaks	863	863	863	0	0	0
<b>TOTAL</b>	<b>16,929</b>	<b>9,310</b>	<b>-7,619</b>	<b>10,511</b>	<b>2,927</b>	<b>2,500</b>

- **School Condition Allocation (SCA)** –Funding to support condition works, including:
  - £1.435m for roof works at:
    - Barnston Primary School
    - Bidston Avenue Primary School
    - Hoylake Holy Trinity School
    - Kingsway Primary School

- Leasowe Early Years Centre
  - Devonshire Park Primary School
  - Mersey Park Primary School.
  - £0.100m toilet refurbishment at Heygarth Primary School.
  - £0.150m lintel and brickwork at Lingham Primary School.
  - £0.800m for extension works at Raeburn Primary School.
  - £0.100m for classroom conversion at Ganney's Meadow Library
- **Children's System Development** – Additional funding has been agreed for this project. this capital project will see the merger of two separate case management systems into one information system. Application of just one system is expected to yield numerous operational benefits along with financial benefits in only having to maintain one system rather than two. The request for additional funding is due to increased costs on the project due to a number of unforeseen delays due to resource constraints, technical infrastructure problems and supplier development issues. Funding of these additional costs will be covered by the remaining existing capital budget, the utilisation of education capital grant (Schools Basic Needs Grant), contributions from the revenue budget and additional council borrowing.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This is the Quarter 1 budget monitoring report that provides information on the forecast outturn for the Council for 2023/24. The Council has robust methods for reporting and forecasting budgets in place and alongside formal Quarterly reporting to Policy & Resources and Service Committees, the financial position is routinely reported at Directorate Management Team meetings and corporately at the Strategic Leadership Team (SLT). In the event of any early warning highlighting pressures and potential overspends, the SLT take collective responsibility to identify solutions to resolve these to ensure a balanced budget can be reported at the end of the year.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility of the Council. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 5.2 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates

made for the purposes of the calculations and the adequacy of the proposed financial reserves.

- 5.3 It is essential, as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered, and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 At this time, there are no additional resource implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there will be resource implications, and these will be addressed within the relevant business cases presented to the Committee.

## **7.0 RELEVANT RISKS**

- 7.1 The Council's ability to maintain a balanced budget for 2023/24 is dependent on a stable financial position. That said, the delivery of the budget is subject to ongoing variables both positive and adverse which imply a level of challenge in achieving this outcome.
- 7.2 A robust monitoring and management process for the 2023/24 budget is in place. If at any time during the year an adverse position is forecast, remedial action must be agreed and implemented immediately to ensure the budget can be brought back to balanced position.
- 7.3 In any budget year, there is a risk that operation will not be constrained within relevant budget limits. Under specific circumstances the Section 151 Officer may issue a Section 114 notice, but that position has not been reached at the present time.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Consultation has been carried out with the Senior Leadership Team (SLT) in arriving at the governance process for the 2023/24 budget monitoring process and the budget setting process. This report will also be shared and reviewed by the Independent Panel.
- 8.2 Since the budget was agreed at Full Council on 28 February, some proposals may have been the subject of further consultation with Members, Customer and Residents. The details of these are included within the individual business cases or are the subject of separate reports to the Committee.

## 9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.
- 9.2 At this time, there are no further equality implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be equality implications associated with these, and these will be addressed within the relevant business cases presented to the Committee.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 This report has no direct environmental implications, however due regard is given as appropriate in respect of procurement and expenditure decision-making processes that contribute to the outturn position.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 In year activity will have incorporated community wealth implications. Consideration would have taken account of related matters across headings such as the following:
- **Progressive Procurement and Social Value**  
How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs, apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.
  - **More local & community ownership of the economy**  
Supporting more cooperatives and community businesses.  
Enabling greater opportunities for local businesses.  
Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.
  - **Decent and Fair Employment**  
Paying all employees a fair and reasonable wage.
  - **Making wealth work for local places**

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**APPENDICES**

None

**BACKGROUND PAPERS**

Policy & Resources Committee Report 14 Jun 23: 2023/24 Budget and Budget Monitoring processes Report.

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Policy and Resources Committee 15 February 2023</b>	<b>12 July 2023</b>
<b>Policy and Resources Committee 15 February 2023</b>	<b>15 February 2023</b>
<b>Policy and Resources Committee</b>	<b>18 January 2023</b>
<b>Policy and Resources Committee 09 November 2022</b>	<b>09 November 2022</b>
<b>Policy and Resources Committee</b>	<b>13 July 2022</b>
<b>Policy and Resources Committee</b>	<b>15 February 2022</b>
<b>Council</b>	<b>28 February 2022</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>19 June 2023</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>7 March 2023</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>6 December 2022</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>12 October 2022</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>21 June 2022</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>10 March 2022</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>13 September 2021</b>

<b>Children's, Young People &amp; Education Committee</b>	<b>15 June 2021</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>11 Mar 2021</b>
<b>Children's, Young People &amp; Education Committee</b>	<b>15 January 2021</b>



## CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

Wednesday, 19 July 2023

<b>REPORT TITLE:</b>	<b>BREAKING THE CYCLE</b>
<b>REPORT OF:</b>	<b>DIRECTOR FOR CHILDREN, FAMILIES &amp; EDUCATION</b>

### REPORT SUMMARY

This report provides the Children, Young People and Education Committee with the second of three reports on the Breaking the Cycle programme, focused on change for professionals and services. The Breaking the Cycle programme is a key strand of the early help and prevention approach, informing long-term system change and contributing to demand reduction for acute services. As the first programme to launch following the Council adopting the Prevention Policy and Prevention Framework in October 2021, the series of reports will provide an overview of learning, impact and provide direction to workforce remodelling activity.

The report provides combined information from the eight Breaking the Cycle projects, their impact, and shares the impact on professionals, their experience and what is working well for them.

The report is aligned to priorities of Wirral Council's Plan 2026:

- Working for brighter futures for our children, young people and their families by breaking the cycle of poor outcomes and raising the aspirations of every child in Wirral.
- Working for safe and pleasant communities where our residents feel safe, and where they want to live and raise their families.
- Working for happy, active and healthy lives where people are supported, protected and inspired to live independently.

The report supports the Health and Wellbeing Strategy Priority 3, identifying the elements of Cradle to Career and Breaking the Cycle programmes that are making the biggest difference to local families, through evaluation and ongoing discussions with local people.

This is not a key decision.

## **RECOMMENDATION/S**

The Children, Young People and Education Committee is requested to:

1. Exercise oversight of the development of services for children and families and agree to receive a further findings report from the Breaking the Cycle programme.



## **SUPPORTING INFORMATION**

### **1. REASON/S FOR RECOMMENDATION/S**

- 1.1 The Breaking the Cycle programme is a cross-Council, multi-agency programme which is producing valuable learning about the experiences of people facing multiple disadvantages and how well the local system responds to meeting current need and its planning to prevent future need. The Breaking the Cycle programme provides opportunity to test and learn which is informing operational and strategic system change.
- 1.2 The Council has a duty to ensure provision of a comprehensive range of early help services for children and young people.

### **2. OTHER OPTIONS CONSIDERED**

- 2.1 No other options have been considered as the Breaking the Cycle programme links to a range of strategic priorities and provides learning to inform future operating models that can promote efficient use of resources.

### **3. BACKGROUND INFORMATION**

- 3.1 The Breaking the Cycle programme launched in October 2021, has co-ordinated delivery of eight catalyst projects for people facing multiple disadvantages and living in the borough's most deprived wards. Programme delivery was endorsed by the Children, Young People and Education Committee in October 2021.
- 3.2 This report is the second in a series of three which considers impact and learning from the programme. The Breaking the Cycle prospectus detailed 'Ambition for Our People' in three categories:

Change for the Individual;  
Change for Professionals and Services; and,  
Change for Organisations and Systems.

The first report, considering changes for the individual was presented to the Children, Young People and Education Committee on 06 December 2022. This report focuses on change for professionals and services. Whilst there have been many reported successes across the eight catalyst projects, this report will focus on Cradle to Career and Pause, considering learning in greater detail.

- 3.3 The most significant learning emerging from the Breaking the Cycle programme is the value of integrated multi-agency approaches. This is evident in several of the individual projects and in analysis of how the eight catalyst projects have interacted with each other. Cradle to Career provides an excellent example of how a multi-disciplinary approach can improve experience for children, families, and professionals, having a positive impact on outcomes. Cradle to Career takes a cross-section of the early help system, bringing it together into a single team.
- 3.4 Since January 2019, the early help system in Wirral has developed into a layered system of family help. The layers are as follows:

- Child in Need – Children’s Social Care.
- Targeted Help – Family Matters, Youth Justice Services, Compass, Detached Youth Work, Domestic Abuse Services, Response, Creative Youth Development, Pre-BIT.
- Early Help – Children’s Centres, School Readiness, Play, Youth Work.
- Community-led earliest help – Early Help Alliance, Wirral Youth Collective, VCF sector, peer support.
- Self Help – The Family Toolbox, Zillo, Local Offer, MyChildCan, etc.

3.5 Provision for each layer of the family help system exists within the Cradle to Career team, with staff resource from Children’s Services, Department for Work and Pensions, DWP, Wirral Ways to Recovery, Involve Northwest, and 0-19 Healthy Child Programme. This has enabled practitioners to provide support which the Joint Targeted Area Inspection, JTAI, team identified as seamless and cohesive. The JTAI report noted the multi-disciplinary approach as positive:

“The ‘cradle to career’ service allows easy access to support across a wide range of multidisciplinary services. When children’s needs escalate to the point that they need a statutory social work intervention, early help workers continue working with them to help ensure continuity in the support that children and their families receive. This is a model that starts with a good understanding of the community’s needs and how best to engage them. The wide range of effective services are leading to improved outcomes for many children and families.”

3.6 Practitioners in the Cradle to Career team identify positives of multi-disciplinary working as including:

- Improved their understanding of the roles of others.
- Improved their own knowledge and skills through shared learning.
- More opportunities for reflective practice and reciprocal learning.
- Improved the timeliness of access to support for children and families.
- Reduced bureaucracy.
- Improved relationships with community groups and partner organisations.
- Wrap-around approach to supporting families.
- Staff feel responsible for the whole team’s outcomes, not just those on their own caseload.
- When levels of need change the experience of families is more likely to be consistent and planned, rather than a ‘stop-start’ or ‘handover’ to another worker.

3.7 The importance of enabling a timely and smooth transition when a case needs to step-up or step-down is vital. It is a point at which risk can change rapidly and engagement can be negatively impacted. The ability within the multi-disciplinary team to mitigate against these factors is captured within the practice study inspectors highlighted in the JTAI inspection report:

**“Practice study: highly effective practice**

Fifteen-year-old Sarah has been known to services since she was born. The relationship with, and support provided by, statutory services, has not been seen by

the family as helpful in making a positive difference. Sarah and her family were reluctant to work further with statutory agencies. The most recent involvement followed an allegation by Sarah of physical chastisement. The family agreed to receive advice and support provided by the 'cradle to career' service. Cradle to career is a multidisciplinary, community-based open access service. Sarah and her family quickly developed a strong and trusting relationship with their early help worker. This relationship was developed at their pace and in locations that were comfortable for them.

Although concerns for Sarah did escalate, and it was necessary for her to be 'stepped up' to statutory support for a period of time, the early help worker has remained involved as the trusted, consistent person with Sarah and her family. This relationship has been key in bringing about significant change and improvements for Sarah and in ensuring that she needed a statutory level of service for a shorter period of time than may otherwise have been necessary. The family trust the early help worker and feel well supported and listened to by her. The social worker oversaw and coordinated the plans for Sarah effectively, while the multidisciplinary team wrapped around the early help worker to ensure that she had the skills, expertise, and knowledge she needed to best respond to the family's needs. Concerns for Sarah have significantly reduced. She is now attending school and taking part in a number of community activities. She and her family regularly drop into the cradle to career centre and take part in community events."

- 3.8 In addition to the practice benefits identified, the multi-disciplinary approach in the Cradle to Career team is demonstrating impact on data. This includes a significant increase in the volume of early help activity taking place in the ward as relationships improve and there is growing trust from the community in services and significant reduction in demand for Children's Social Care services. The Year 2 evaluation report for Cradle to Career, produced by education charity, Right to Succeed, identifies a range of changing trends since the project was introduced. These include:
1. Compared to previous years, a child in North Birkenhead is less likely to be referred to social care and less likely to have their social care needs escalated.
  2. Compared to other areas of Wirral, a child in North Birkenhead is no longer more likely to be referred into social care.
  3. In the last 18 months, significantly fewer children have been escalated to Level 4 in North Birkenhead than in previous years and compared to Wirral wide figures.
  4. Compared to previous years, a child in North Birkenhead is more likely to be stepped down from a child protection plan, and less likely to come back into social care once their case has been closed.
  5. Compared to previous years, a child in North Birkenhead is now more likely to be engaged in level 3 support and more likely to have their case closed once supported.
- 3.9 How the Cradle to Career team works within a defined geographical area has provided valuable learning. At the outset of the project, the multi-disciplinary team were asked to work assertively for the 2,500 children and young people who live in the area rather than just those who are referred to children's services. In practice this

has meant having an overview of all children's ages, and their access to universal services. The Cradle to Career team have proactively worked to ensure that the take up of universal services, such as early years offer, engagement with youth and play activities, and access to employment support, is as high as possible. This approach seeks to ensure that children and families benefit from the universal offer, and those who may need additional support are identified early and given additional help. By considering the wider child population, the Cradle to Career team have enabled the significant increase in early help activity in the area, with numbers engaged more than doubling over an 18-month period. This is a truly preventative approach.

3.10 The concept of a team approach has been highlighted as key learning with Cradle to Career and with the Pause programme. Pause works with women who have had multiple children removed from their care, at a time when the women are not pregnant or caring for children. This 'pause' from parenting enables the women to focus on themselves, often for the first time in their lives. Pause offers an 18-month intensive model of support, tailored to the individual woman's needs and goals. It is predicated on assertive outreach and relationship-based practice.

3.11 Pause commenced working in Wirral in April 2021, as part of a Liverpool City Region approach. Sixteen women, who had had a total of 57 children removed from their care were enrolled on the first course, or 'community' as it is known. The community has had multiple successes including:

- 100% of participants completing the course.
- 93% of women report feeling as or more safe in their housing.
- 75% report improved mental health and wellbeing.
- 67% report having an improved ability to manage loss.
- 64% report having improved self-esteem.
- 50% have registered with a dentist.
- 97% have registered with a GP.
- There has been one child born within the cohort, who is in the care of the mother and supported positively through a child in need plan.

3.12 Participants on the Pause programme also note the importance of the team approach and how they benefit from that in terms of consistency and seamless support. In a recent case study, M, speaks about the team approach:

"When you're with Pause even though you've got your own worker ,you feel like you are part of team Pause in general. Your worker is your worker, and you know that they are always there to support you but in the event or the occasion that they can't and you've got a scary meeting or, I don't know, you really need to speak something through with someone, you know you can call anyone from Pause. They might not know your exact story, but you know that they are always on your team and that's the most important thing. So, the biggest thing for me is having somebody who is always on your team, that's not part of social services, entirely independent, and you feel like it's a safe place to be. So, team Pause is definitely like the way forward, it's the safe thing."

- 3.13 Learning from the Breaking the Cycle programme suggests that how team members interact significantly impacts on how much trust participants are willing to invest in their support plans. It is clear from both Cradle to Career and Pause that where teams present with mutual respect and trust they have high rates of success with participants.
- 3.14 Another interesting learning point relating to engagement, and the influence the team can have, is that where teams engage positively across the multi-agency partnership- with schools, settings, community organisations, and partners- the engagement of the family corresponds. Cross-agency collaboration has been a priority area for the Breaking the Cycle programmes. At both strategic and operational levels there are regular multi-agency meetings aiming to share learning, information, and outcomes. Projects are embedded in community bases and have strong, purposeful relationships with schools and settings. The positive relationships across agencies is benefitting participants and professionals.
- 3.15 The intention of the Breaking the Cycle programme was to test and learn from a range of different approaches which would inform future service delivery. Key learning points described in this report will be incorporated into future service delivery, with plans to scale up the multi-disciplinary team approach in the four locality areas. The Local Area's response to the Joint Targeted Area Inspection details plans to scale up the multi-disciplinary team approach within the four geographical areas of Wirral. This has been accepted by Ofsted as an appropriate response for next steps in the development of effective and consistent family help.

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 There are no specific financial implications arising from this report. Existing resources will be used differently as opposed to new resources being sought.
- 4.2 Over the course of the Breaking the Cycle programme, which will continue to August 2023, in the first instance, a total of £6.54m is being invested. This includes £682k invested by Wirral Council and £5.858m from other funding sources. Each programme has specific funding, contract management and oversight arrangements. The Breaking the Cycle Steering group has oversight of collective performance, but responsibility for delivery lies with the nominated project sponsors and Project Leads as detailed in Appendix 1 of the Breaking the Cycle Prospectus.
- 4.3 Funding for We Can Talk About Domestic Abuse from What Works for Children's Social Care ended in January 2022, however funding has been provided from the Domestic Abuse Act grant, enabling this to continue over the same duration as other Breaking the Cycle catalyst projects.

#### **5. LEGAL IMPLICATIONS**

- 5.1 There are no legal implications directly arising from this report.

#### **6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 The Breaking the Cycle programme seeks to improve co-ordination of resource without impacting on staffing, ICT or assets. It is intended that improved data and intelligence will lead to better understanding of need and of which interventions, and combination of interventions, will deliver the best outcomes for children, young people and families. An improved level of data maturity is being achieved within existing ICT capacity and resource.
- 6.2 It is noted that where co-location has been achieved for Breaking the Cycle projects, such as at the St. James Centre for Cradle to Career and the Lighthouse Centre for We Can Talk About Domestic Abuse, an enhanced level of collaboration between third sector organisations and public services is providing an enhanced offer to Wirral residents.

## **7. RELEVANT RISKS**

- 7.1 Failing to deliver a co-ordinated approach to prevention programmes presents the risk of missed opportunity, both in terms of meaningfully tackling issues that lead to health inequalities and in optimising funding secured for the projects. The Breaking the Cycle programme is maximising current opportunity and providing an evidence base for future, long-term preventative approaches.
- 7.2 A risk management plan is in place for Breaking the Cycle and is included in the prospectus at Appendix 1.

## **8. ENGAGEMENT/CONSULTATION**

- 8.1 Over the months November 2020 to April 2021, considerable engagement has taken place to develop the Prevention Policy Statement, Prevention Framework and Breaking the Cycle Prospectus. Supported by an external agency, Peopletoo, activity included workshops, focus groups, one-to-one conversations, use of online surveys, and interactive message boards. Engagement took place across Council directorates, with partner agencies, third sector organisations, and with youth voice groups.
- 8.2 Each of the catalyst projects has its own arrangements for engagement with participants which are shared with the Breaking the Cycle Steering Group and Operational Group. In addition to this, a collective approach was taken for the Storytelling engagement work led by professional storyteller, Ali Harwood, involving 50 individuals and 36 storytelling sessions from July to October 2022.

## **9. EQUALITY IMPLICATIONS**

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone.
- 9.2 It is recognised that a disproportionate number of people facing multiple disadvantages have protected characteristics of the nine groups protected under the Equality Act 2010. A full Equality Impact Assessment has been completed for the Breaking the Cycle programme and can be found via the following link:

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 There are no environmental or climate implications arising from the delivery of the Breaking the Cycle programme. It has no impact on the emission of greenhouse gases.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 Many community organisations are significant stakeholders in the Breaking the Cycle programme. A key driver of the programme is to support local residents in achieving stability, employment and mobility, which contributes to community wealth.

11.2 Fundamental to the Breaking the Cycle programme is the importance of community. It is recognised that individuals and families will be more likely to sustain positive outcomes if they are living, with a sense of belonging, in a community where support, friendship and advice are easily available. Where services are co-located with community organisations this is having a positive impact.

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## **BACKGROUND PAPERS**

Wirral Council's Prevention Policy Statement  
Wirral Council's Prevention Framework  
Breaking the Cycle Prospectus

<http://democracy.wirral.gov.uk/documents/g9548/Public%20reports%20pack%2006th-Dec-2022%2018.00%20Children%20Young%20People%20Education%20Committee.pdf?T=10>

## **TERMS OF REFERENCE**

This report is being considered by the Children, Young People and Education Committee in accordance with section a of its Terms of Reference:

1. exercising management, oversight and delivery of services to children and young people in relation to their care, wellbeing, education or health, with the exception of any powers reserved to full Council.

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Children, Young People and Education Committee	December 2022
Children, Young People and Education Committee	October 2021





## CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

Wednesday, 19 July 2023

<b>REPORT TITLE:</b>	<b>SEND TRANSFORMATION PROGRAMME UPDATE</b>
<b>REPORT OF:</b>	<b>DIRECTOR FOR CHILDREN, FAMILIES &amp; EDUCATION</b>

### REPORT SUMMARY

The purpose of the report is to provide members of the Children, Young People and Education Committee with an update on progress of the SEND Transformation Programme.

In September 2021, the local area's services for children and young people with Special Educational Needs and Disabilities, SEND, was inspected by Ofsted and the Care Quality Commission, CQC. As a result of the inspection, the local area was required to submit a Written Statement of Action, WSoA to address the ten areas of improvement which had been identified. This was approved by Ofsted on behalf of the CQC on 28th March 2022.

The SEND Transformation Board has overseen WSoA activity since April 2022, with monitoring provided by the Department for Education and NHS England. In June 2022, a series of 'deep dive' workshops took place with each of the six workstreams to evaluate progress and develop a current self-assessment.

Delivering the Wirral Statement of Action and the SEND transformation programme is aligned to the Wirral Plan 2021-2026 priority "Brighter Futures" and the Children's Services Business priority to 'create a culture of inclusion and aspiration'.

This is not a key decision.

### RECOMMENDATIONS

The Children, Young People and Education Committee is requested to:

1. Review and scrutinise the information contained within the report.
2. Note the findings of the position statement; and updated.
3. Agree to receive a further monitoring report at a future date.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATIONS**

- 1.1 To ensure that elected Members have oversight of the Wirral Statement of Action and SEND Transformation Programme, to be able to hold senior officers to be account and to be assured that progress is being made and outcomes improving.
- 1.2 To ensure there are clear lines of accountability, and that the reporting framework is adhered to, and governance and monitoring arrangements are robust.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Reporting to a single, separate accountable body: This report will sit alongside several update reports to Health and Wellbeing Board, Adults Social Care and Public Health Committee and other governance bodies across health. The option of reporting into one single governance body was discounted given the multiple responsibilities and cross-cutting themes relating to services for children and young people with SEND.
- 2.2 Do nothing: good governance and accountability will help to ensure strong oversight and monitoring of the Wirral Statement of Action. It is important, as part of any improvement programme, to effectively report on progress, highlight risks and provide assurance to elected Members and wider stakeholders.

### **3.0 BACKGROUND INFORMATION**

#### **Local Area SEND Inspection**

- 3.1 In April 2023 a new Local Area SEND Inspection Framework was published the link is provided in the Background Documents. Devised jointly by Ofsted and the Care Quality Commission, CQC, the revised arrangements have been implemented with immediate effect and have implications for Wirral Local Area. The framework sets out the purpose and principles of inspection and its statutory basis, along with the inspection approach, model, frequency, and timing. The handbook sets out the evaluation criteria that inspectors use to make judgements, and examples of the kinds of evidence they gather and activities they carry out to evaluate the local area's arrangements for children and young people with SEND.
- 3.2 The change to Local Area SEND inspection arrangements means that Wirral will not be subject to a 're-inspection' against the old framework, which would have focused solely on progress against the WSoA. Instead, there will be a full inspection of the Local Area using the new framework. When the inspection takes place, the WSoA will be submitted as part of the evidence in advance and it will be tested by the inspection team, however, this will only be one part of the full inspection programme. This means that the Local Area must continue to deliver the WSoA and ensure improvement in all areas as detailed in the new framework.
- 3.3 The SEND Transformation Board will continue to have strategic oversight of the WSoA, whilst the SEND Strategic Board has responsibility for business-as-usual, including inspection readiness.

3.4 To understand our progress since the September 2021 Local Area SEND inspection, a position statement has been developed, involving all stakeholders working on the WSoA and its six workstreams. 'Deep Dive' workshops were held on Tuesday 6<sup>th</sup>, Wednesday 7<sup>th</sup>, and Thursday 8<sup>th</sup> June to agree our position, detail evidence of progress, and identify areas for further focus. A consistent approach was taken in each workshop as follows:

1. Recap on the Local Area Inspection findings.
2. Discussion on current position.
3. Discussion on what we have done to get to the current position.
4. Discussion on what we know about the impact those actions are having.
5. Recap on the desired outcomes as described in the WSoA.
6. Discussion on activity planned to meet those desired outcomes; and,
7. Discussion on how we plan to evidence the change.

These Deep Dives led to completion of a full position statement which can be seen in Appendix 1.

3.5 Under each Workstream area, the 'Headline Findings' and 'Detailed Findings' from the Local Area SEND Inspection in September 2021 are listed. This is then followed by a local assessment, agreed by stakeholders, on the area's 'Current Position'. These statements, which provide a form of self-assessment, seeking to define progress against the findings with consideration of the desired outcomes.

3.6 The self-assessment sections contain the following headings:

1. What we have delivered from the WSoA.
2. What we have delivered in addition to the WSoA.
3. What difference this has made.
4. What our challenges have been.
5. What we still need to do; and,
6. Evidence.

3.7 It is important to note that significant activity has been delivered in 'addition to the WSoA' which supports improvement in SEND support and services. Whilst the WSoA is a comprehensive document, it was devised between October 2021 and March 2022, and needs to be regularly re-evaluated to ensure that appropriate and relevant action is taken. Stakeholders across the Local Area have worked proactively to ensure that any issues arising or related to the SEND improvement programme, which are not detailed in the WSoA, are responded to.

3.8 The Position Statement has been reported to the WSoA Performance Group, which has membership of both Department for Education and NHS England Advisors. This provides those monitoring Wirral's progress with further evidence of activity to improve support and services for children and young people with special educational needs and/or disabilities. The Position Statement will also be presented to the SEND Strategic Board to support inspection readiness. A further review of the position statement will be made at the point of inspection, or in 6-months' time, whichever is first to occur.

## Monitoring Progress Against the Written Statement of Action

3.9 Following the Deep Dive workshops, the WSoA has been fully updated found in Appendix 2. There are 106 actions within the WSoA, with 57 fully achieved by June 2023. An overview of completed actions is as follows:

Workstream	Total Actions	Complete Actions	% Completion	Actions Awaiting Success Measure Achievement	Actions Requiring Further Activity
1	15	12	80%	2	1
2	28	13	46%	11	4
3	20	11	55%	8	1
4	13	4	31%	4	5
5	20	11	55%	1	8
6	10	6	60%	0	4
<b>Overall</b>	<b>106</b>	<b>57</b>	<b>54%</b>	<b>26</b>	<b>23</b>

3.10 Forty-nine actions are yet to be completed across the six workstream areas. These can be separated into two categories:

1. Those described as 'actions awaiting success measure achievement' means that the activity has been completed but performance rates have not yet reached those specified as the 'success measure' in the WSoA.
2. Those described as 'actions requiring further activity' means that there are further tasks needing to be delivered by the Workstream.

3.11 This analysis is helpful for the workstreams and SEND Transformation Board as it demonstrates where additional focus on performance improvement needs to be happening. Monthly performance monitoring will be increased in both Workstream 2, Education, Health, and Care Plans, and Workstream 3, Co-production, Communication, and Relationships, to support achievement of the success measures.

3.12 Across the partnership capacity for improvement activity will be focused around Workstreams 4, Inclusive Practice, and 5, Local Provision and Strategic Oversight, to ensure that actions requiring further activity are completed as soon as practicable.

3.13 Progress of the WSoA continues to be monitored through the WSoA Performance Group and the SEND Transformation Board. To ensure momentum is not lost, senior leaders have re-engaged with a broad range of strategic leaders across the Local Area partnership and services provided through the Integrated Care Board, ICB. Commitment from Chief Executive level has been re-affirmed and the ICB have appointed a Head of SEND for Cheshire and Merseyside, who is actively supporting the SEND Transformation Programme in Wirral.

- 3.14 The parent carer forum contract with Parent Carer Participation Wirral, PCPW, has been renewed for the 2023-24 financial year, with their steering group members continuing to play an important role in the improvement work and contributing significant time and resource to activities.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are financial pressures due to an increase in Education Health and Care Plans and the need to transport the pupils to school. Whilst some has been built into the budget there is likely to be higher numbers than expected. There has also been an increase in the demand for EHCP assessments and this has led to a backlog building up and some assessments not being completed within the 20-week statutory timescale. These pressures are proposed to be mitigated by additional budget of £0.350m being allocated to SEND resources and £0.450m to Assisted Travel costs.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 The Children and Families Act 2014 sets out the statutory requirements and responsibilities for the local authority and partners in providing support and services for children, young people, and families with SEND. This legislation is underpinned by statutory guidance: the SEND Code of Practice. The Council has a legal duty to fulfil the requirements and expectations as set out.
- 5.2 Delivering on the Wirral Statement of Action will ensure that the local authority and health and education partners will meet their legal duties.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Delivering the WSoA requires resources from staff, ICT and Assets. Since the local area inspection, senior managers, officers and operational staff have been required to take on additional responsibilities to support the transformation programme. Additional staff have been required at both strategic and operational levels and this may be needed further to ensure the transformation programme can be delivered.
- 6.2 There has been a requirement to develop new ICT infrastructure, for example, to capture and share data better across health, education and local authority partners. There have been requirements for Assets to assist in the establishment of inclusion bases or infrastructure projects which relate to securing improved provision across the local area.

#### **7.0 RELEVANT RISKS**

- 7.1 The pace required to accelerate change is significant. Progress will be monitored regularly by the Department for Education and escalated if swift action is not taken, and tangible outcomes identified. Ofsted and Care Quality Commission are likely to return within the next 12 months, meaning that timescales are challenging for the scale and pace required. Partners across the local area are working quickly to

prioritise, resource and drive change to provide both assurance of progress and be able to evidence improvement within the timescale.

- 7.2 Failure to invest in the improvement programme carries a risk that the relevant improvements will not be made.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 There is parent carer and young person's representation for the SEND Transformation Board and its workstreams. Regular engagement with the parent carer forum's Steering Group and the SEND Youth Voice Group is taking place.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 An Equality Impact Assessment has been carried out and is available here:

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The content and recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 There are no community wealth implications arising from the report.

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## **APPENDICES**

Appendix 1- Written Statement of Action Position Statement June 2023  
Appendix 2- Written Statement of Action Update June 2023

## **BACKGROUND PAPERS**

SEND Joint local area inspection report <https://files.ofsted.gov.uk/v1/file/50173702>

Local Area SEND Inspection Framework and Handbook  
<https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook>

SEND Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## TERMS OF REFERENCE

This report is being considered by the Children, Young People and Education Committee in accordance with section a of its Terms of Reference:

1. exercising management, oversight and delivery of services to children and young people in relation to their care, wellbeing, education or health, with the exception of any powers reserved to full Council.

## SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>
Children, Young People and Education Committee	7 <sup>th</sup> March 2023
Children, Young People and Education Committee	12 <sup>th</sup> October 2022
Children, Young People and Education Committee	21 <sup>st</sup> June 2022
Children, Young People and Education Committee	31st January 2022
Children, Young People and Education Committee	4th June 2021
Children, Young People and Education Committee	28th January 2021
Children, Young People and Education Committee	1st December 2020
Children and Families Overview and Scrutiny Committee	28th January 2020

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## Written Statement of Action Position Statement June 2023

In April 2022, the Local Area established the SEND Transformation Board to oversee delivery of its Written Statement of Action (WSOA) for Special Educational Needs and Disabilities (SEND). Six workstreams were tasked to deliver improvement activity which would fulfil the requirements of the WSOA and lead to better outcomes and experiences for children and young people with SEND and their families.

This position statement seeks to assess progress that has been made in relation to the findings of the Local Area SEND Inspection (September 2021). It has been produced following a series of workshops (completed 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> June 2023) involving all relevant stakeholders and with reference to the WSOA and Priority Plan 2023.

The workshops provided participants with the headline and detailed findings of the Local Area SEND Inspection, the objectives described in the WSOA, and provided opportunity to discuss the following:

- Where are we now?
- What have we done to get to where we are now?
- What do we know about the impact those actions are having?
- What have we planned/in progress to achieve the WSOA outcomes?
- How do we plan to evidence that change?

The workshops also provided an opportunity for stakeholders to raise any challenges and agree steps for resolution with colleagues.

Within the document there is an account, from the perspective of Local Area participants in each workstream, of our “Current Position”.

We will re-assess our position in December 2023.

## WORKSTREAM 1: Data Analysis and Joint Commissioning

### HEADLINE FINDINGS:

- Lack of accurate, up-to-date and useful information which informs the area's plans and evaluates the impact of their actions.
- Lack of joint commissioning of services in the area.

### DETAILED FINDINGS:

- There are shortcomings in the collection, understanding and analysis of data. There is no shared information system which captures important information centrally. This makes it difficult to measure the impact of the area's provision on the progress of children and young people.
- The area does not use performance data effectively to monitor waiting times in some health services. Information about the waiting lists for CAMHS and the neurodevelopmental assessment pathway is not routinely collated to check how long children and young people wait. This has prevented timely remedial action being taken when required.
- The area is not adept at using information to anticipate where pressures and demands for services may arise. The absence of an accurate, up-to-date needs analysis is a significant obstacle to this. This means that leaders cannot be sure that there will be sufficient capacity in the system in future.
- There is no effective joint commissioning of services in the area. Leaders do not have an accurate, up-to-date, sufficiently detailed understanding of the most pressing shared priorities. This hampers meaningful discussion around what services could and should be jointly commissioned. There are some examples of partners working together on small-scale projects. For example, the development of specialist provision to prevent young people with mental health needs requiring hospital admissions.
- Capacity issues across the area have resulted in lengthy waiting lists. This means that children and young people are waiting too long to have their needs identified and for support to be put in place. During these long waits, some children and young people's needs escalate. As a result, these children and young people and their families can require more support than if their initial needs had been met in a timely manner.

### CURRENT POSITION:

- Generally, the area moved from having too little information to too much and is now rationalising to ensure it has the right data to manage performance and inform planning. The initial SEND Dashboard is being revised to produce service specific scorecards for use in line with the area's Performance and Accountability Framework, with an overarching dashboard for improved strategic oversight.
- In a small number of services, access to accurate and up-to-date information has been slow and required workshops, deep dives, cleansing, and system alterations to provide data, some of which requires validation.
- There is evidence that the SEND Dashboard and associated exceptions reporting has led to improved performance in areas such as EHCPs, portage, and SaLT. Whilst this is positive, some of those improvements have been temporary. The introduction of service scorecards will seek to enable long-term performance management to become embedded and deliver improvements for children and young people.
- The Joint Commissioning Forum has worked to understand each agency's commissioning arrangements, priorities, and processes. Information exchanges have enabled improvement in systems and pathways, such as Speech and Language Therapy (SaLT), Occupational Therapy (OT) and the Neurodevelopmental (ND). Joint Commissioning at a strategic level will be built upon this foundation with a strategic board set to be developed in summer 2023.
- The first iteration of the Joint Strategic Needs Assessment (JSNA) has informed joint commissioning priorities, including Speech and Language Therapy (SaLT), the Mental Health and Wellbeing Project, and at a local level, a SEND pilot within the Cradle to Career project.
- There continues to be a mixed experience for children and young people on waiting lists, with some waits reducing but some still uncertain. More investment in support for those on waiting lists has been provided, such as Care Navigators.

### AIMS:

- There is access to timely, up-to-date data to inform the area's plans, driving decision making and supporting the evaluation of actions taken
- Effective joint commissioning is in place based on a sound understanding of current and longer term needs of the local area.

1. What we have delivered from the WSoA	2. What we have delivered additional to WSoA
<ul style="list-style-type: none"> <li>· Produced and using a SEND Performance Dashboard</li> <li>· Produced and using the SEND Performance Management Accountability Framework</li> <li>· Progress reports have been provided to the Children, Young People and Education Committee, the Health and Wellbeing Board, Partnership for Children, Young People and Families, and Place Based Partnership Board</li> <li>· Published the first iteration of the SEND Joint Strategic Needs Assessment (JSNA)</li> <li>· Appointment of a Joint Strategic Commissioner for Children and Young People</li> <li>· Established the Joint Commissioning Forum</li> <li>· Completed a rapid-fire audit of systems with a findings report presented to the SEND Transformation Board</li> <li>· Drafted the Joint Commissioning Strategy, including draft priorities and governance arrangements</li> </ul>	<ul style="list-style-type: none"> <li>· Adopted the Council for Disabled Children (CDC) Checklist for commissioning</li> <li>· Self-assessed against the CDC Checklist for commissioning</li> <li>· Undertaken pilots to explore different approaches for the provision of SaLT</li> <li>· Produced a Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA)</li> <li>· Embedding SLC pathway in early years and increased investment in WELCOMM</li> <li>· Developed information, advice, and resources on SLC and ND Pathway for the Family Toolbox</li> <li>· ICB appointed a Head of SEND to work across the Cheshire and Merseyside area</li> <li>· Joined Cheshire and Merseyside Change and Integration Programme for SEND</li> <li>· Undertaken a pilot in 12 schools using a pre-diagnostic checklist (ND)</li> <li>· Delivery of Transforming Care work including a regional Autism workstream, short breaks workstream, and development of crisis support facilities.</li> </ul>
3. What difference this has made	4. What our challenges have been
<ul style="list-style-type: none"> <li>· Exception reports raised through the SEND Performance Dashboard have enabled improved performance for specific services</li> <li>· SEND JSNA identified SEMH and SLC as areas of need, leading to those becoming joint commissioning priorities, and on to development of new delivery models</li> <li>· SEND JSNA informed the content of the special school Service Level Agreements</li> <li>· SEND JSNA led to a workshop with the Cradle to Career project and additional funding provided through the Steve Morgan Foundation to provide SEND Support</li> <li>· Some service areas now more confident and proficient in describing and understanding their data and performance- improving ownership of data</li> <li>· Increased levels of provision for children and young people</li> </ul>	<ul style="list-style-type: none"> <li>· Need to review the existing SEND Strategy to clarify our vision, values, intentions and ambitions. SEND Strategy needs to set tone for Joint Commissioning Strategy and detail the Outcomes Framework for children and young people with SEND</li> <li>· It has taken 12 months to understand and interpret the current data sets from the various systems of 3 different provider trusts and to develop a robust data set for future commissioning</li> <li>· Access to reliable, timely, CAMHs data</li> <li>· Understanding the SaLT data and performance</li> <li>· Working across the Local Area to test and learn from data reports to agree a meaningful dataset</li> </ul>
5. What we still need to do	6. Evidence
<ul style="list-style-type: none"> <li>· Confirm governance and reporting arrangements for the Joint Commissioning Forum, providing a reporting schedule</li> <li>· Establish DPIA for SEND across the local area</li> <li>· Share our local definition of joint commissioning (aligned with the SEND Code of Practice) so that it is understood and accepted across the Local Area</li> <li>· Work with NWDCS to define regional dataset, thereby setting benchmarks</li> <li>· Complete the Delivering Better Value in SEND research programme to understand need, demand, trends and future sufficiency requirements</li> <li>· Develop a commissioning framework for schools and settings</li> </ul>	<ul style="list-style-type: none"> <li>· Evidence of £2.5m worth of new joint commissioning at present</li> <li>· Exception reports for SaLT, Portage, EHCPs, Paediatrics, and school attendance</li> <li>· Data workshop evidence, surveys and meeting records for SaLT and ND Pathway</li> <li>· CDC Checklist Self-Assessment</li> <li>· Audit report on systems and report to SEND Transformation Board</li> <li>· SEND Performance Dashboard, Exception Reports and data risk tracker</li> <li>· Mental Health and Wellbeing Phase 1 report and Phase 2 programme overview</li> <li>· JSNAs for SEND and Mental Health and Wellbeing</li> <li>· Examples of children and young people receiving specialist packages of support that are jointly funded</li> </ul>

## WORKSTREAM 2: Education, Health, and Care Plans (EHCPs)

**HEADLINE FINDING:** Weaknesses in the quality and timeliness of EHC assessments and annual reviews.

**DETAILED FINDINGS:**

- The poor quality and lack of timeliness for education, health and care (EHC) assessments and plans are unacceptable. Too many parents and schools are driven to seek private specialist advice in order to mitigate failings in this process. Moreover, families are left in the dark about the progress of these assessments as parents are not told how the process is progressing. Added to this, annual reviews are not processed in a timely manner.
- The quality of EHC plans in Wirral is not good enough. The lack of inclusion of parents' and children's and young people's contributions, poorly written plans and unsuitable objectives means that the plans do not reflect the child or young person and their needs. The processes for considering requests for EHC assessments and agreeing to issue plans lack rigour. There is no representation from health professionals on the decision-making panels. There is also no effective quality assurance to check that EHC plans are fit for purpose.
- The vast majority of EHC assessments are not completed within the 20-week timescale. The lack of capacity in key teams, such as educational psychology and the children's services SEND team, causes considerable delays. In addition, the area does not meet timescales around the annual review process.
- Objectives set in EHC plans are often generic and are not well matched to the individual children and young people. This means that objectives do not help to raise expectations for what these children and young people could achieve. Added to this, the area does not carry out the checks needed to reassure themselves that those children and young people in out-of-borough placements and resourced provision achieve well.

**CURRENT POSITION:**

- The area has improved its understanding of EHCP performance, EHCP data, and its understanding of factors impacting on EHCP timeliness. This has led to a slow but steady improvement in 20-week compliance, moving from 22% at the point of inspection to an average of 37%. Whilst the improvement is lower than desired, key deliverables for the EHCP team have been met including completion of the 247 out-of-time cases at the point of inspection, achieving the WSoA target of 100% year 6 transitions, and exceeding the 90% WSoA target for year 11 transitions (100% achieved).
- The EHC Needs Assessment to Annual Review process has been fully reviewed. This, accompanied by service development, has promoted a relationship-based practice approach, more regular interaction with parent carers, and opportunity for multi-agency co-production meetings. Despite increasing the number of posts in the service, high levels of demand and staff absence has impacted on the ability to fully embed this approach consistently. The core EHCP team is being further increased to enable this.
- The multi-agency Decision Making Group has undergone several modifications since September 2022. Stakeholders demonstrate commitment and engage well in process, however decisions regarding placements and funding often require discussion/agreement outside of the meeting.
- The area has maintained its levels of permanent Educational Psychologists and increased capacity through trainees and commissioned advice and assessments. Although the area continues to rely heavily on external specialists, this is done within a structured approach which is co-ordinated.
- Quality assurance of EHCPs is in early stages but developing with activity becoming part of everyday practice, including quality assurance of advice, plans, provision, and compliance. Expertise from Wirral Safeguarding Children Partnership is supporting delivery of the quality assurance framework. The SEND Commissioning Team undertakes regular quality assurance of commissioned placements.
- More Annual Reviews Meetings are attended by Local Authority Officers, and more reviews are taking place, however this will be improved by extending capacity within the Local Authority Team, clarifying the role of stakeholders, and providing further training across the partnership on the Annual Review process and expectations.

**AIMS:**

- All EHCPs are produced in partnership with parents, carers and young people wherever possible, with completion within 20 weeks consistently above the national average of 58% (based on 2021 figures)
- Quality assurance systems are implemented to ensure compliance, quality and timeliness of all EHCPs and take account of regular feedback which informs the improvement cycle
- Annual reviews are completed within statutory timescales with month-on-month completion rates above the national average

1. What we have delivered from the WSoA	2. What we have delivered additional to WSoA
<ul style="list-style-type: none"> <li>· Presented a report to the SEND Transformation Board on factors impacting EHCPs</li> <li>· Reviewed the EHC Needs Assessment to Annual Review process, publishing a practitioner handbook and a stakeholder handbook, with flowchart</li> <li>· Produced a SEND Quality Assurance Framework, with Invision 360 QA reports, Compliance Checklist, Commissioned Provision QA Check, Advice QA tool with a multi-agency SEND QA Group established</li> <li>· Monthly data performance reports for EHCP 20-week compliance</li> <li>· Achieved 100% year 6 transitions target and exceeded 90% year 11 target</li> <li>· Increased Educational Psychology capacity</li> <li>· Published the SEND Service Workforce Development Programme and delivered related training packages</li> <li>· Established the multi-agency Decision Making Group, with regular meetings since October 2022</li> </ul>	<ul style="list-style-type: none"> <li>· Introduced a dedicated Annual Review Team</li> <li>· Reviewed the process for accessing health advice</li> <li>· Provided all staff with mobile phones for ease of communication</li> <li>· Reviewed the Personal Budget policy</li> <li>· Arrangements in place with education settings that allow them to commission EP advice/assessments</li> <li>· Conducted a pilot of Joint Outcomes Meetings (JOMs)</li> <li>· Delivered a series of SEND Service Development Days</li> <li>· Established and held a regular Extended SEND Management Team meeting, bringing managers from across Children's Services together to support improvement</li> <li>· Engaged a range of colleagues from across services to support the improvement journey, e.g. Wirral Safeguarding Children Board to support multi-agency working, Family Matters to support QA, and 14-19 Team on Preparation for Adulthood</li> </ul>
3. What difference this has made	4. What our challenges have been
<ul style="list-style-type: none"> <li>· Improvement in the timeliness and quality of health advice, with all advice being quality assured by the DCO</li> <li>· Improved rates of EHCP compliance</li> <li>· Young people can make their own EHC Needs Assessment Request</li> <li>· There are more opportunities for meetings and conversations with parent carers and young people</li> <li>· Training on Co-production and Working with Parents has provided the SEND Service with opportunities to reflect on relationships with stakeholders</li> <li>· Staff have worked with the external training provider to develop Working with Professionals training which will be delivered to parent carers, to enable better working relationships</li> </ul>	<ul style="list-style-type: none"> <li>· Capacity with the EHCP Team and staff absence, this has been particularly detrimental to communication and led to an increase in complaints, both formal and informal</li> <li>· 40% increase in EHC Needs Assessment requests from 2021 to 2022</li> <li>· Lack of Educational Psychology, SaLT, Occupational Therapy and Paediatric capacity to provide advice</li> <li>· Lack of local provision for post-16 young people</li> <li>· Improved case management system implementation being delayed</li> <li>· Meeting the expectations of parental preference</li> <li>· Managing staff morale, balancing workload, pace of improvement, opportunities for learning and development, keeping the service well-informed on the improvement journey</li> </ul>
5. What we still need to do	6. Evidence
<ul style="list-style-type: none"> <li>· Achieve the 58% WSoA target for compliance by December 2023</li> <li>· Monitor the progress of the 247 children and young people whose EHCPs were in the historic backlog to ensure their progress is supported</li> <li>· Improve casework for families awaiting tribunal, enabling case resolution without legal intervention</li> <li>· Continue to deliver the Workforce Development Programme, prioritising SEND Law, Code of Practice and Regulations</li> <li>· Make arrangements for parent carers to get timely updates on EHCP process, thereby improving communication</li> <li>· Re-establish Workstream 2 meetings, prioritising Annual Reviews</li> <li>· Embed quality assurance processes and implement learning from activity</li> </ul>	<ul style="list-style-type: none"> <li>· EHCP Compliance increased from 22% to 37%</li> <li>· Longest plan now at 69 weeks, previously 124 weeks</li> <li>· Increased output 317 EHCPs finalised in 2021, 720 in 2022</li> <li>· Higher monthly compliance rates- March 82% and May 97%</li> <li>· Reduced the historic backlog from 247 to 7</li> <li>· Quality Assurance completed in May 2023 shows: <ul style="list-style-type: none"> <li>○ 80% of children and parent carers have their views captured in Section A</li> <li>○ 40% of EHCP Section Es have a direct correlation with Sections A, B, C and D</li> <li>○ 64% of parents are happy with their EHCP experience</li> <li>○ 70% of EHCP Section Bs are rated as Good</li> <li>○ 78% of parents are satisfied with the quality and content of the EHCP</li> </ul> </li> <li>· The % of tribunals for refusal to assess has fallen from 35% at the point of inspection to 3%</li> <li>· The number of tribunals being resolved via consent order has increased</li> </ul>

### WORKSTREAM 3: Co-production, communication, and relationships

#### HEADLINE FINDINGS:

- The lack of meaningful co-production with parents and carers
- Poor communication with parents and carers across the area
- The fractured relationship between the area and the Parent Carer Partnership Wirral and the impact of this on the area's progress in implementing the reforms

#### DETAILED FINDINGS:

- The relationship between area leaders and Parent Carer Forum Wirral is fractured. This has delayed the implementation of planned improvements and has reduced opportunities for co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them). The members of the new leadership team are keen to repair this relationship.
- Across the area, parents are frustrated by frequent difficulties in contacting professionals. All too often, parents' emails and telephone calls go unanswered. This means that parents and carers often resort to formal procedures to get a response.
- There is no strategic approach to co-production across the area. While some teams have co-produced aspects of their work, this is not consistent. Many parents and young people do not feel that they are fully involved in making important decisions that affect their lives.
- The level of parental dissatisfaction means that there are a high number of complaints, mediations and tribunals. Recently, the area has made arrangements to resolve parental concerns before they escalate. This approach has had some success, but it is too early to see any sustained impact. Crucially, these arrangements do not resolve the root causes of parental dissatisfaction.

#### CURRENT POSITION:

- The area has invested in co-production, working with The Rise Consortium and Council for Disabled Children to revise its Co-production Charter, develop and roll out co-production training, and has held a co-production event for parent carers and stakeholders. Initial prioritisation for training has been given to those practitioners working within SEND services but there are plans to roll this out to the wider workforce, which will be supported by a mandatory e-learning module for all Council employees.
- Communication with parents and carers across the area remains inconsistent with some benefiting from improved communication, but for too many it remains poor. Whilst it is evident that the area is communicating more often with parent carers in person and providing regular communication sessions, responses to those who seek updates on assessments, plans and provision, needs to improve. Parents resorting to formal escalations to get a response continues to be a common occurrence.
- Relationships between the area and the parent carer forum are steadily improving with significant evidence of engagement from all parties. Initially relationships were developed between key individuals, which enabled increased trust, and this is now extending to a wider range of stakeholders. More recently the parent carer forum has committed to leading on a preparation for adulthood event on behalf of the area, which demonstrates positive progress.

#### AIMS:

- Co-production is understood and valued by all stakeholders, with a clearly defined vision of good, collaborative co-production
- Improved and positive relationships exist between Wirral Council and Parent Carer Participation Wirral, helping accelerate the pace of improvement and reform
- Communication with parents, carers and young people with SEND are positive and a valued part of all SEND process and systems

1. What we have delivered from the WSoA	2. What we have delivered additional to WSoA
<ul style="list-style-type: none"> <li>· Refreshed the Co-production Charter with an agreed definition and held a Co-production event for parent carers to launch the new strategy</li> <li>· 100% of SEND Service, including new employees have completed co-production training</li> <li>· PCPW are represented on the SEND Transformation Board and the workstreams they have identified as a priority. Parent carer representation is on all workstreams</li> <li>· A report identifying the strengths and weaknesses of communication was presented to the SEND Transformation Board, with recommendations acted upon.</li> <li>· Produced a Children’s Services Communications Policy</li> <li>· Regular Open Sessions provide parent carers with opportunities to meet and speak to representatives from the Local Area</li> <li>· The termly SEND Snapshot provides a direct communication to all stakeholders on SEND support, activity, news, and changes</li> <li>· Specific requests for face-to-face meetings during the EHC Needs Assessment process are being provided by EHC Co-ordinators, and where necessary, SEND Managers</li> </ul>	<ul style="list-style-type: none"> <li>· The Deputy Director attends the weekly PCPW Steering Group meetings</li> <li>· A record has been kept of PCPW engagement in activity beyond the WSoA which includes, Attendance Meetings, Preparation for Adulthood, Post-16 Education, etc</li> <li>· The contract with SENDIASS has been extended to provide additional capacity</li> <li>· PCPW attend all Open Sessions in partnership with the Local Area promoting a shared approach to the SEND Transformation programme</li> <li>· Engaged with Wirral Safeguarding Children Partnership who have published a policy to support multi-agency working for EHCPs</li> <li>· Engaged with the Regional Working Group for SEND and Family Hubs, with the SEND Manager joining the local Family Hubs Steering Group</li> <li>· Translated the WSoA into a Priority Plan, following engagement with stakeholders. Monthly meetings to progress the plan, with updates published on the Local Offer to keep parent carers and stakeholders informed</li> <li>· Published the SEND Roadmap to provide an image of the transformation journey and progress made</li> </ul>
3. What difference this has made	4. What our challenges have been
<ul style="list-style-type: none"> <li>· The increased capacity in SENDIASS has provided more families with access to impartial advice and support. In addition to this, there has been a regular monthly meeting between the Local Authority SEND Service and SENDIASS Manager</li> <li>· More staff familiar with the principles and expectations of co-production and the term becoming common in everyday practice and meetings</li> <li>· Wirral SEND Service was identified as an area of good practice in developing its Co-production Charter and workforce training and presented to 2 national forums, giving members of the SEND Service increased confidence to deliver and embed</li> </ul>	<ul style="list-style-type: none"> <li>· A SEND Resolution and Relationships post was established however the post-holder experienced a long-term absence from work</li> <li>· Communication across the Local Area remains challenging. Long-term plans for the SEND Service are to introduce an electronic system, such as EHC Hub, which will allow parent carers to log in and track the progress of their assessment/plan, however in the short-term responding to the volume of correspondence is challenging</li> <li>· Whilst the Local Offer is in development there continues to be a lack of clear, consistent information and advice for SEND which impacts on the volume of communication to individual staff members and increases parental frustration</li> </ul>
5. What we still need to do	6. Evidence
<ul style="list-style-type: none"> <li>· Complete the analysis of learning from Tribunals and act on recommendations</li> <li>· Introduce TACO Time for the SEND Service (Tuesday/Thursday Afternoon Communication Opportunity) providing dedicated calendar time for SEND Team communications</li> <li>· Work with PCPW and Wirral Safeguarding Children Partnership to develop a multi-agency approach to communication</li> <li>· Further roll out of training on Co-production, Working with Parents, and development of the Working with Professionals training</li> <li>· PCPW will be working with the EP Team and wider partnership to develop plans for an Emotion Based School Avoidance project (EBSA)</li> <li>· PCPW will lead on a Preparation for Adulthood event for the Local Area, with project support and a budget provided by the Local Area</li> </ul>	<ul style="list-style-type: none"> <li>· Co-production survey of stakeholders demonstrates that training has improved their understanding of co-production approaches</li> <li>· 3 of the 4 requests for face-to-face multi-agency meetings were met in April 2023, with a further 8 meetings held between families and Managers to resolve complaints</li> <li>· Case study examples of achieving resolution and positive outcomes for children, young people and families where there has been long-term dissatisfaction</li> <li>· Feedback surveys in May 2023 show: <ul style="list-style-type: none"> <li>○ 70% of parents feel involved in decision making</li> <li>○ 70% of parents feel their EHC Co-ordinator has the relevant skills and experience</li> <li>○ 76% of parents feel listened to during the EHCNA process</li> <li>○ 72% of parents report feeling confident in their EHC Co-ordinator</li> </ul> </li> </ul>

#### WORKSTREAM 4: Inclusive Practice

HEADLINE FINDING: The graduated response not being consistently applied across all schools and settings.

##### DETAILED FINDINGS:

- There are marked differences in the quality of provision for SEND across the area. This means that outcomes for children and young people with similar needs vary between schools and settings. Often, the pockets of best practice are found in those areas which face the greatest challenges. Sadly, too few children and young people benefit from this exemplary, inclusive practice.
- The area's agreed graduated response is not followed by all schools and settings. This means that too few children and young people who require support for their SEND benefit from consistent, high-quality provision which ensures that needs do not escalate.
- Children and young people's needs are not always accurately identified. This means that the provision chosen for some children and young people is not suitable. Consequently, these children and young people do not receive appropriate support. This can result in some placements breaking down or children and young people not making the progress of which they are capable
- The lack of a robust training and support programme for school leaders, SEND coordinators and staff is a barrier to the effective identification, assessment and meeting of needs across schools. This exacerbates the inequities and inconsistencies in inclusive practice across the area.
- There is a lack of support available for children and young people with sensory needs in the area. Some teams, schools and settings have identified this gap and have provided information and advice to parents around sensory issues, despite these teams not being commissioned to do so.

##### CURRENT POSITION:

- The area's graduated approach has been revised with stakeholders and developed into an electronic resource with supporting toolkit. This has recently been presented to partners and have a 'soft launch' week commencing 19<sup>th</sup> June 2023. Over the summer period, feedback from the soft launch will inform any required amendments and information on health services and therapies will be integrated within the resource. The area is developing its long-term graduated approach implementation plan.
- How the Local Authority enables schools and settings to better identify and support children with SEND is improving. The Continuous Professional Development programme for education settings is broad and relevant, 'All About Inclusion' training is being delivered in partnership with DfE, to-date 50 schools have signed up for the Inclusion Quality Mark programme with some schools already achieving accreditation, and the Whole School SEND (DfE partnership) has launched.
- Drop ins provided by the Local Authority Inclusion Team provide evidence that needs are being met earlier and through lower tiers of intervention.
- Support for SENCOs is provided both formally and informally. The University of Chester is delivering a bespoke programme of training, whilst the SENCO Information Exchanges are keeping regular communication between SENCOs and the wider partnership. These forums have provided opportunity for meaningful engagement on themes such as the neurodevelopmental (ND) pathway and Speech and Language Therapy (SaLT) provision.
- The Local Area has sought opportunities to share best practice by a number of means including deep dives, Show and Tell sessions, and webinars for Breaking the Cycle. This has enabled a wide range of settings to share their approaches, strategies and learning. Formalising this in the next academic year will be a priority.
- Working with the University of Chester, the Local Area is establishing Service Level Agreements with its special schools to improve clarity of offer and accountability. Wirral's Special School Headteacher Association is working on a business case to develop the outreach model in order to support mainstream settings to meet needs of children and young people with SEND.

AIM: The graduated response is consistently understood and implemented in all schools and settings. Children have access to relevant and early support and interventions.



1. What we have delivered from the WSoA	2. What we have delivered additional to WSoA
<ul style="list-style-type: none"> <li>· A review of IPFAs is being piloted in a primary school with high levels of usage</li> <li>· The Graduated Approach has been co-produced with stakeholders and will have a 'soft launch' week commencing 19<sup>th</sup> June 2023</li> <li>· The Graduated Approach clearly defines the universal offer that education settings are expected to deliver</li> <li>· The Graduated Approach is enhanced by a toolkit of resources</li> <li>· The policy for multi-agency working, published by Wirral Safeguarding Children Partnership, provides a clear framework for professional collaboration</li> <li>· A training programme is in place, including the Continuous Professional Development Brochure, Whole School SEND, All About Inclusion, and IQM programme. University of Chester have provided bespoke training to SENCOs.</li> <li>· The Educational Psychology Team have delivered ELSA, EAT training and trained 40 secondary school Teaching Assistants</li> <li>· SaLT training, delivered by the NHS, has been provided to schools</li> <li>· SENCO Summits and Information Exchanges are helping to strengthen the SEND network</li> </ul>	<ul style="list-style-type: none"> <li>· Monthly meetings have taken place between PCPW and the Attendance Service to address areas of concern for children and young people with SEND not attending school</li> <li>· WEB Merseyside have delivered a pilot to support young people affected by trauma and anxiety in their transition from the Home and Continuing Education Service back into school</li> <li>· Master Key are delivering a Transitions Pilot to support 12 young people in their year 6-year 7 transition, this includes therapeutic interventions and support for parent carers</li> <li>· University of Chester have completed an audit of school websites, providing settings with a summary report and recommendations for improving information on SEND</li> <li>· University of Chester have worked with 25 settings to deliver their action plans for trauma-informed practice, and facilitated a learning event for over 200 practitioners</li> <li>· Breaking the Cycle Good Practice webinars have provided an opportunity to share best practice across organisations on providing a trauma informed setting</li> <li>· The Inclusion Team are providing Drop Ins which are having direct impact on reducing demand</li> <li>· A celebratory event brought together ELSA practitioners from primary and secondary schools</li> <li>· A Headteacher Reference Group for SEND has been established to improve communication and engagement with the WSoA and improvement journey</li> <li>· The bandings system for school improvement has provided a forum for formal support and challenge in relation to SEND</li> </ul>
3. What difference this has made	4. What our challenges have been
<ul style="list-style-type: none"> <li>· Improved relationships and engagement between the Local Authority Education and SEND Services with education colleagues</li> <li>· Increased capacity within schools, with knowledge, skills and confidence increasing</li> <li>· Review of the Graduated Approach has enabled specific attention to be given to early years and post-16 children and young people</li> <li>· More children are benefiting from earlier intervention and EHC Needs Assessments are appropriate and detailed meaning there are less EHC requests from education being declined</li> </ul>	<ul style="list-style-type: none"> <li>· Meaningful co-production of the Graduated Approach has taken longer than anticipated, missing WSoA deadlines</li> <li>· There have been some unforeseen delays in accessing training packages</li> </ul>
5. What we still need to do	6. Evidence
<ul style="list-style-type: none"> <li>· Commence phase 2 of the IPFA pilot</li> <li>· Establish the digital platform, via the Local Offer, to enable regular, quality information exchange</li> <li>· Undertake a survey of children, young people and parent carers on their educational experience</li> </ul>	<ul style="list-style-type: none"> <li>· Case studies for individual children and young people who have experienced inclusive practice</li> <li>· Case studies of settings which have improved their inclusive practice</li> <li>· Audit findings report and progress against action plans</li> <li>· Graduated Approach and toolkit</li> </ul>

## WORKSTREAM 5: Local Provision and Strategic Oversight

### HEADLINE FINDINGS:

- The high level of parental dissatisfaction with the area's provision
- The lack of effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account

### DETAILED FINDINGS:

- The area is still recovering from the impact of the pandemic. Key health professionals were redeployed to the COVID-19 frontline during the pandemic. This has resulted in increased waiting times for some services as they catch up.
- Since the COVID-19 pandemic began, the healthy child programme has not been delivered effectively in the area. Pregnant women do not receive a routine antenatal contact and too few children receive a 12-month developmental assessment. This means that early opportunities to identify needs are missed.
- Before the COVID-19 pandemic, around half of children attending an early years setting did not receive an integrated health and development review at age two to two-and-a-half years. Currently, only one in five children receive this review. Consequently, needs are not identified early enough in young children.
- Capacity issues across the area have resulted in lengthy waiting lists. This means that children and young people are waiting too long to have their needs identified and for support to be put in place. During these long waits, some children and young people's needs escalate. As a result, these children and young people and their families can require more support than if their initial needs had been met in a timely manner.
- Waiting times for speech and language therapy, the child and adolescent mental health service (CAMHS) and the neurodevelopmental pathway are too long. There is support available while children and young people wait for some services. However, professionals and parents are not well informed about this support and how to access it.

### CURRENT POSITION:

- Short-term sufficiency of education provision has been met through increased places in special schools and the establishment of resource provision. Quality assurance of resource provision is taking place and bases such as Ganneys Meadow and St. Mary's School can evidence positive outcomes for children and young people with SEND. Long-term sufficiency is being planned through the SEND Sufficiency Strategy Group and will be informed by the second iteration of the JSNA. The Local Area has mapped its existing provision, engaged with stakeholders to identify gaps, and is developing a strategy to meet expected future demand. It is anticipated that participation in the Delivering Better Value in SEND programme will further enhance the Local Area's Sufficiency Strategy.
- Efforts to ensure the Healthy Child Programme is delivering post-pandemic have been successful with additional clinics providing the opportunity to catch up on missed reviews
- The neurodevelopmental pathway has been reviewed, informed by learning from 3 co-production workshops with over 100 participants and survey responses from parent carers. Publication of the new pathway will include a detailed version for professionals and a easy-read version for parent carers and young people. The Local Area is seeking to increase pre-pathway support and to improve triage through a multi-disciplinary team. Both strategies will help to reduce waiting times.
- Data from CAMHS has been irregular and incomplete, which has impacted on the Local Area's ability to understand and respond to need. In spite of this, there has been a Mental Health and Wellbeing Joint Strategic Needs Assessment completed, which outlines as far as possible, the needs, trends, and issues to be addressed. The first phase of the Mental Health and Wellbeing Project has been completed and the second phase is underway, which will procure a triage team and range of services to support the mental health and wellbeing of children and young people pre-tier 4. In the meantime, the Family Toolbox, Early Help Alliance, My Happy Mind, Crisis Café, Mental Health Support Teams (primary schools), and Health Services in Schools (secondary schools) are providing early intervention and support to those on waiting lists/pathways.
- A new Speech and Language Therapy (SaLT) model has been developed, informed by the Joint Strategic Needs Assessment for SEND and co-produced with stakeholders. Data for SaLT is now clear and reliable, and allowing improvements to be made, this has been achieved following a series of deep dives to understand the data and reporting. Work is underway with education settings to consider their commissioning arrangements for SaLT.

### AIMS:

- Parent and carer satisfaction with the local area's provision is consistently good
- Insightful and effective strategic oversight drives high quality planning and provision that is consistent across the local area

1. What we have delivered from the WSoA	2. What we have delivered additional to WSoA
<ul style="list-style-type: none"> <li>· New Neurodevelopmental Pathway</li> <li>· Completed an audit of complaint cases at first tier tribunal, with findings reported to the SEND Transformation Board</li> <li>· Used the findings of the audit to inform work on pathways for Neurodevelopmental and SaLT services</li> <li>· Undertaken surveys for SaLT, OT, CAMHS, Paediatrics, and Continence services, with approximately 400 responses</li> <li>· Conducted 3 x stakeholder workshops for the ND pathway with 100+ attendees</li> <li>· Designed, in partnership with stakeholders a new SaLT model</li> <li>· Produced and delivering a Quality Assurance schedule to review commissioned provision</li> <li>· Commissioned 4 resource provisions, completing quality assurance reviews for 2, with 2 scheduled</li> </ul>	<ul style="list-style-type: none"> <li>· Produced a Mental Health and Wellbeing Joint Strategic Needs Assessment</li> <li>· Delivered Phase 1 of the Mental Health and Wellbeing Project, and commenced Phase 2</li> <li>· Delivered a range of interventions to support mental health and wellbeing, including Health Services in Schools, Crisis Café, My Happy Mind, Early Help Alliance</li> <li>· Established the WALK Team to support young people with learning difficulties and/or autism who have low school attendance</li> <li>· Delivered a recovery plan for the Healthy Child Programme to catch up on appointments missed during Covid-19 pandemic, including weekend and evening clinics in partnership with Children's Centres and Early Childhood Services</li> <li>· Revised the Health policy on provision of advice for EHCPs</li> <li>· Produced Service Level Agreements for Wirral Special Schools in partnership with University of Chester</li> <li>· Established a SEND Sufficiency Strategy Group, with representation from stakeholders and PCPW</li> </ul>
3. What difference this has made	4. What our challenges have been
<ul style="list-style-type: none"> <li>· More children have been educated in a mainstream environment with appropriate additional support</li> <li>· Several young children have been able to progress into mainstream primary education rather than special schools</li> <li>· Parental confidence in mainstream education has increased for this cohort</li> <li>· Good practice from resource provision has been shared with wider system</li> <li>· Parent carers and young people have contributed to the development of new service pathways and provision</li> <li>· Stakeholders are fully engaged with the new pathways, a partnership understanding of the complexity of the pathway, scale of demand and waiting times</li> <li>· Increased opportunities for parents/carers to access advice and support</li> </ul>	<ul style="list-style-type: none"> <li>· DCO post vacant for several months</li> <li>· Co-ordination across health services- commissioners and delivery partners</li> <li>· Meeting deadlines whilst undertaking meaningful co-production activity with stakeholders</li> <li>· Increasing demand for therapies</li> </ul>
5. What we still need to do	6. Evidence
<ul style="list-style-type: none"> <li>· Review the membership and meeting arrangements for Workstream 5, ensuring there is representation from providers, including WUHT, NHS Community Trust, Cheshire and Wirral Partnerships, in addition to representation from Public Health Themed audit framework</li> <li>· Communicate the SaLT Recovery Plan to families and deliver</li> <li>· Head of SEND for ICB to provide training to advice givers in health services</li> <li>· Conduct the Wirral SEND Survey</li> <li>· Embed the SEND Health Board</li> </ul>	<ul style="list-style-type: none"> <li>· New Neurodevelopmental Pathway (detailed and easy-read versions)</li> <li>· Presentation capturing engagement and development of new ND pathway</li> <li>· Audit report presented to SEND Transformation Board</li> <li>· Provision maps for 2022-23 and 2023-24</li> <li>· Evidence from resource provision quality assurance reviews demonstrate impact for children and young people</li> <li>· New SaLT model</li> </ul>

## WORKSTREAM 6: The Local Offer

**HEADLINE FINDING:** The published local offer not being well publicised and not providing parents and carers with the information that they need.

**DETAILED FINDING:**

The online local offer fails to provide parents with up-to-date, useful information. Too many parents are unaware that the offer even exists. Parents who do visit the local offer website struggle to find the information that they need.

**CURRENT POSITION:**

- A new Local Offer website will have its 'soft launch' in the summer, before officially launching in September 2023. Website development has been achieved through co-production with parent carers and young people and is informed by detailed analysis of other local offer sites. Investment in accessibility software and AI functions will enhance the user-experience.
- Some improvements have been made to the existing Local Offer whilst the new website is developed, however, this has not led to any significant increase in parent carers or professionals using the site.
- Information on the existing site has been cleansed and updated. Regular updates on the SEND Transformation Programme have been published with a monthly 'blog' from the Vice Chair and all relevant documents and reports being shared. Invitations to Open Sessions and Events have been promoted via the Local Offer, but most engagement has been secured via word-of-mouth or through existing contacts and networks.
- Understanding of the importance of the Local Offer website across the partnership needs to be improved. The overall response to providing new content identified that several organisations do not yet understand the local area's responsibility or how valuable this resource can be for parent carers and young people. Plans are in place to undertake accountability meetings based on this.
- A communications plan has been developed to promote the new site, and learning from the successful implementation of the Family Toolbox has been applied. Investment has been secured to ensure that the marketing campaign reaches a broad and relevant audience.
- The new Local Offer website will link to existing platforms including MyChildCan, Family Toolbox, Zillo and Sandbox, and will be enhanced through co-ordinated social media platforms. Professional groupings, such as SENCOs and Headteachers, will be provided with a forum area on the new site, enabling all communication on SEND to lead back to the Local Offer website.

**AIMS:**

- The Local Offer is a highly valued source of information and support to parents, carers, children and young people with high levels of engagement from parents, carers, schools and other settings, and young people with SEND
- The Local Offer contains information that is relevant, up-to-date and easily accessible by all users, including those with disabilities or impairments.

1. What we have delivered from the WSoA	2. What we have delivered additional to WSoA
<ul style="list-style-type: none"> <li>· Scoped out options for the Local Offer website, completed an audit of other examples, undertaken an audit of the current Wirral site identifying areas of strength and weakness</li> <li>· Used a co-production approach to website development involving parent carer representatives in partnership with third sector organisation Positivtree</li> <li>· Engaged with SEND Youth Voice and local schools to ensure that young people are meaningfully involved in the development</li> <li>· Re-established the Local Offer Steering Group</li> <li>· Secured finance for the new site and communications strategy/marketing</li> <li>· New website will have a 'soft launch' in summer, with the official launch in September 2023</li> </ul>	<ul style="list-style-type: none"> <li>· Appointed a Participation Manager responsible for the Local Offer</li> <li>· Produced a Communications Strategy</li> <li>· Produced a detailed site map and content refresh plan</li> <li>· Attended LivPACs Local Offer Live Event for research purposes</li> <li>· Cleansed the existing website removing all out-of-date materials and 'broken links'</li> <li>· Improved the information relating to EHCPs and SEND Services</li> </ul>
3. What difference this has made	4. What our challenges have been
<ul style="list-style-type: none"> <li>· Young people and parent carer representatives involved in the workstream contributing to its development</li> <li>· Improved information for parent carers and young people, with easier access to forms and EHCNA to AR Handbook</li> <li>· More information for parent carers and stakeholders on the SEND Transformation Programme, with monthly updates</li> <li>· More information for parent carers on events, such as the Open Sessions and Co-Production event, with notes being provided to allow those who cannot attend to be kept informed</li> </ul>	<ul style="list-style-type: none"> <li>· Balancing the voice of parent carers and young people with the expectations of the WSoA</li> <li>· Changes to Workstream Lead</li> <li>· Cultural issue within a small number of organisations who have not recognised the importance of the Local Offer website to the Local Area and its families have meant that production of content has been delayed</li> </ul>
5. What we still need to do	6. Evidence
<ul style="list-style-type: none"> <li>· Launch the new website, gathering feedback and making alterations before September 2023</li> <li>· Deliver the Communications Strategy</li> <li>· Recruit and train the Local Offer Champions</li> <li>· Hold a series of Accountability Meetings for stakeholders to offer support and challenge on their engagement with the Local Offer</li> <li>· Recruit sessional parent carer workers to increase participation and engagement</li> <li>· Host a Local Offer Live event</li> </ul>	<ul style="list-style-type: none"> <li>· The number of hits on the Local Offer website has fluctuated over the past 12 months, registering a slight upward trend from 6169 monthly hits in April 2022 to 7274 in April 2023</li> <li>· Co-production evidence presentation</li> <li>· Website development evidence including site map, content refresh schedule, and branding/design mock ups</li> </ul>

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Workstream 1

Workstream 1  
 Data analysis & Joint Commissioning  
 Lead: Jason Oxley, Assistant Director Care and Health and Commissioning for People

Area of Significant Weakness:

- The lack of accurate, up-to-date and useful information which informs the area’s plans and evaluates the impact of their actions
- The lack of joint commissioning of services in the area

Outcome 1  
 1.1 There is access to timely up to date data to inform the area’s plans, driving decision making and supporting the evaluation of actions taken

Ref	Actions	Success Measures	Timescale	Comments
1.1.a ✓	A rapid-fire audit of the systems used by services across education, health & social care on children & young people (CYP) with SEND, at SEN Support, and for those with EHCPs	100% service areas audit completion	Target: May 2022  Achieved: Sept 2022	Audit completed and informed development of SEND Dashboard
1.1.b ✓	Review of the audit to understand where systems can be better integrated, recognising opportunities for greater sharing of data from each service through systems, platforms or processes	Audit findings are identified and prioritise and recorded within a newly developed audit tracker which is owned by workstream leads and reported up to the transformation board	Target: June 2022  Achieved October 2022	A full report showing the findings from the audit including recommendations about how data recording can be improved has been completed and approved at SEND Transformation Board.
1.1.c ✓	A shared understanding of the steps needed to be taken to address failings in current systems that have contributed to long waiting times for specialist support, assessments and poor timeliness of EHCPs	Summary report into SEND systems and processes, with recommendation for ways forward. Agreement on next steps signed off at senior board level.	Target: June 2022  Achieved January 2023	Partnership working with specialist health services including speech and language, occupational therapy and neurodevelopmental pathways has enabled a full understanding of the risks and issues across the system. Agreement on next steps made by SEND Transformation Board.
1.1.d ✓	Findings and recommendations from the rapid-fire audit to be presented as a summary report at the next SEND transformation board meeting	i. Summary report produced and presented to transformation board	Target: June 2022 Achieved Sept 22	Findings and recommendations from the systems audit were presented to the SEND Transformation Board

1.1.e ✓	Commencement of 1 <sup>st</sup> of the month data sharing across the three service areas, by service leads, reporting to the SEND transformation board and other related platforms. Waiting times for EP assessments, for Speech & Language Therapy, for CAMHS to be reported on	i. Data sharing agreements in place across Education, Social Care and Health.  ii. Data collection mechanism established	Target: June 2022  Achieved Sep 2022	A data collection template has been developed which all service leads are now populating on the 1 <sup>st</sup> of each month. Data is now captured for over 100 indicators including new measures for Health which will help monitor demand for each service and performance in relation to waiting times. Data can now be tracker monthly and reported to the SEND Transformation Board via the quarterly Dashboard.
1.1.f ✓	Development of clear and consistent reporting mechanisms across education, health and social care, to evaluate the impact of services and support provision on outcomes for CYP with SEND across the breadth of the 0 – 25 age range	100% of requested data is captured on a monthly basis.  What is to be done with the data?  What board will this be reported to and how often will they meet?	June 2022  Sept 2022	A revised quarterly SEND Dashboard has been produced along with an underpinning scorecard.
1.1.g ✓	Development of a clear performance management and accountability framework, where areas of concern have a clear route to report by exception. Escalation of key issues is reported to the transformation board	Progress reports from workstream leads are reported quarterly to the SEND transformation board.  Progress reports are provided to lead governance groups including Children, Young People and Education Committee and Health and Wellbeing Board	June 2022  Sept 2022	A Performance and Accountability Framework has been approved by the SEND Transformation Board and implemented.



## Outcome 2

1.2 Effective joint commissioning is in place based on a sound understanding of current & longer term needs of the local area

Ref	Actions	Success Measures	Timescale	Comments
1.2.a ✓	Appoint a strategic joint commissioner to facilitate effective joint commissioning arrangement and be key conduit between strategic partners to accelerate commissioning activity	Strategic joint commissioner appointed and in post  Joint commissioning strategy and governance structure agreed by local area.	Target: May 2022  Achieved: May 2022	Strategic Joint Commissioner for Children and Young People appointed and in post May 2022.
1.2.b ✓	To identify new opportunities and an action plan for joint commissioning of services across education health and social care. Identify budgets allocated to services that could be jointly commissioned	An agenda and timeframe for delivery of new areas of joint commissioning is signed off at senior leadership board and by the executive	Target: July 2022  Achieved: September 2022	Findings from Systems audit report reported to SEND Transformation Board in September 2022
1.2.c	Ensure Speech and Language Therapy (SALT) & Occupational Therapy (OT) joint commissioning has relevant data & performance indicators (KPIs) to monitor performance & value for money	Improved timeliness of SALT assessment and provision  Improved timeliness of OT assessment and provision	Target: December 2022  Achieved:	<b>The success measures are not yet achieved.</b>
1.2.d	Accelerate meetings of Joint Commissioning Forum to support joint commissioning opportunities	The number of CYP receiving specialist packages of support with joint funding in place has increased	Target: May 2022  Achieved:	Evidence required to support the success measure.  <b>The success measure is not yet achieved.</b>
1.2.e ✓	Develop and publish a Joint Strategic Needs Assessment (JSNA) for 2022 to better understand the health and wellbeing needs of Wirral CYP with SEND	Informs pupil place planning SEND JSNA Reviewed and approved by Transformation Board  SEND JSNA Document is published. 6 monthly review of JSNA agreed	Target: December 2022  Achieved: August 2022	SEND JSNA published August 2022. Refresh underway.
1.2.f ✓	Use directed surveys to assess parents & carers requests to identify areas of priority for commissioning services	Have a clear timeline of the distribution of headlines surveys, covering	Target: April – June 2022  Achieved: Sept 2022	Survey undertaken and priorities for joint commissioning identified.

1.2.g	Develop a clear programme of joint commissioning activity including short term objectives and longer-term strategic aims, using data to drive decision making	Waiting times are reduced and consistent across the local, in particular for CAMHS and Speech and language assessments	Target: July 2022  Achieved:	The further development of an Outcomes Framework will ensure relevant KPI's will be set to determine impact. Links to 1.1f and 1.1g in data analysis subgroup - the development of reporting mechanisms and a performance management framework to evaluate impact.
1.2.h ✓	Review the governance arrangements for the Commissioning Forum, ensuring its membership includes key budget holders and decision makers. Publish the governance arrangements.	Correct decision makers are part of the forum to allow approval to take place in a timely manner.	Target: June 2022  Achieved: Sept 2022	Governance for the Joint Commissioning Forum agreed by the SEND Transformation Board in September 2022

## Workstream 2

### EHCs and Annual Reviews

Lead:

Areas of significant weakness

Weaknesses in the quality & timeliness of EHC assessments and Annual Reviews

#### Outcome 1

2.1 All EHCs are produced in partnership with parents, carers and young people wherever possible, with completion within 20 weeks consistently above the national average of 58% (based on 2021 figures)

Ref	Actions	Success Measures	Timescale	Comments
2.1.a ✓	Review in collaboration with SEND service, improvement partners, EP Service, health and social care leads, to explore factors impacting the current backlog of EHC needs assessments	A report is produced identifying key pressures and work needed to manage demand to address the backlog month on month over a 6-month period.  Reporting to SEND transformation board.	Target: May 2022  Achieved: September 2022	A report identifying key pressures and work needed to address EHC backlog was presented to the SEND Transformation Board on 05.09.2022
2.1.b ✓	Review of the current processes and systems within which EHC needs assessments are requested by different groups, schools and other settings, early years, parents/carers and directly by young people with SEND	Increase in number of EHCs produced within 20-week timeframe.  Reduction in complaints and tribunal cases relating to timeliness of EHCs.	Target: July 2022  Achieved: September 2022	Revised EHCNA process initiated on 05.09.2022 with process to request made explicit for parent carers, settings, and extended to young people. EHC timeframe compliance rates increased September 2021 monthly
2.1.c ✓	Produce a flow chart to be published on the local offer setting out processes for request of an EHC needs assessment, linking to guidance in the SEND Code of Practice (2015) and Children & Families Act (2014)	Flow chart produced and published on the Local Offer website	Target: May 2022  Achieved: September 2022	EHC Needs Assessment process flowchart published on the Local Offer website 02.09.2022
2.1.d	Review of the caseload of EHC coordinators, ensuring a balance between live cases and legacy cases to better understand the challenges in the team's capacity to deliver on EHC needs assessments and produce EHC plans within statutory timescales	Produce a data management reports to monitor performance of the EHC co-ordinators  Performance levels for completion of EHC plans within 20-week timescale shows a month-on-month increase, to exceed national	Target: May 2022  Achieved:	Caseload review completed allowing resource for both live cases and legacy cases.  <b>The success measure is not yet achieved.</b>  Compliance rate currently 38%

2.1.e ✓	Review of the job specifications for EHC Coordinators and Plan Writers ensuring compliance with Government guidance and conform to Wirral Council's visions for all CYP with	100% of jobs have gone through a job evaluation process.	Target: September 2022  Achieved: August 2022	The EHC Co-ordinator and EHC Plan Writer job descriptions were reviewed as per action.
2.1.f	Close support and monitoring of timeliness of EHC needs assessment, direct intervention by SEND team managers to increase pace, efficiency and frequency of meeting statutory timescales at 4 weekly intervals	Performance levels for completion of EHC plans within 20-week timescale shows a month-on-month increase, to exceed national average of 58% (based on 2021 figures)  90% of health advice are received within 6 weeks	Target: September 2022  Achieved:	Monthly performance meetings aligned with the Performance Management and Accountability Framework, based on the service scorecard.  <b>The success measure is not yet achieved.</b>
2.1.g ✓	EHC coordinators work closely with parents, carers, schools, and young people to ensure there is an active engagement from the outset of the EHC needs assessment process. This includes support for contributing at Section A, through direct and indirect support, encouraging and intervening where there is no	There is a clear method/process for updating Section A: Views and Aspirations. This includes the ability to capture when the CYP is non-verbal  75% of CYP and/or parents or carers have their views captured in Section A	Target: May 2022  Achieved: April 2023	EHC Co-ordinators are working closely with young people and parent carers to ensure the views and aspirations are captured.  Quality assurance activity reports 100% have their views captured in Section A
2.1.h	Develop training for EHC Coordinators that ensures that existing and new members of the team have access to the same quality training and are competent and informed, transferring these skills to all aspects of the EHC process	Mandated online training for all new employees within 7 days of commencement of posts All staff will have received mandated training within 3 months commencing employment.  100% of EHCP Co-ordinators have undertaken mandated training	Target: July 2022  Achieved:	Professional Development Framework has been implemented and staff are completing training.  Success measure will not be signed off as complete until IPSEA training completed.
2.1.i ✓	Coproduction meetings held in schools or settings to be carried out within the 20-week statutory assessment timescale coordinated and led by an EHC coordinator with the support of the SEN team manager	Coproduction meetings rolled out from May 2022, with attendance by EHCP coordinators at 90% of coproduction meetings	Target: May 2022  Achieved: May 2023	Co-production meetings have been promoted across the team, with all staff trained on co-production. Reporting for April 2023-100%.
2.1.j ✓	Establish single decision making multi agency body/panel to consider request for EHC needs assessment, decision to issue EHC plan and resource allocation reporting back to parents, carers and other stakeholders, with transparency of information sharing on decisions made	First multi-agency panel meeting to be held before end of May 2022	Target: May 2022  Achieved: October 2022	The multi-agency Decision Making Group was established in October 2022, with Terms of Reference and recording templates published in the EHCNA to AR Handbook

2.1.k	Commission additional capacity for Education psychology assessment to prevent delay in advice to inform planning.	6-month timescale from point of commissioning additional EP support to completion of backlog of assessment advice	Target: July 2022  Achieved:	Additional capacity of EPs continues to be commissioned but delays are still being experienced. <b>The success measure is not yet achieved.</b>
2.1.l ✓	The needs of the CYP are clearly and concisely identified in Section B of all new EHCPs produced from September 2022	70% of new EHCPs have a clear and concise Section B, according to quality standards for EHCPs measured by dip sampling of EHCPs, multi-agency QA activity and by regular weekly quality audits of draft EHCPs	Target: September 2022  Achieved: May 2023	Quality assurance activity reports 100% have the needs of children and young people captured in Section B.
2.1.m	Education, health and care contributions in Sections C, D, G, H1 & H2 meet agreed quality criteria	Audit dip-samples of cases show that the input from Education, Health and Care meet the agreed criteria. Audit dip-samples of cases show that the input from Education, Health and Care meet agreed quality standards in 70% and more of EHCPs audited	Target: September 2022  Achieved:	<b>The success measure is not yet achieved.</b>
2.1.n	Outcomes in Section E relate to areas of need identified in Section B, C and D and clearly show they have taken account of the views, comments and aspiration of the child, young person or parent in Section A	Audit dip-samples show cases meet the agreed criteria. 80% of audited EHCPs indicate that Section E clearly relates to Sections A, B, C & D. clearly relate to Sections A, B, C and D	Target: September 2022  Achieved:	<b>The success measure is not yet achieved.</b>
2.1.o	There are regular communication updates with parents and carers throughout the EHC needs assessment process with a minimum of monthly engagement updates, phone calls, teams meetings or face to face contact at designated venues. This is over and above use of emails as a main	Commitment to parental engagement on a minimum monthly basis through direct contact, logged in case notes, is achieved with 90% success rate. Contact points built into timescales and recorded, shared with SEND managers and reported to SLT. Reduction in complaints evidenced	Target: May 2022  Achieved:	Monthly contact at May 2023 is 72%. Trend in complaints has shown increase.  <b>Success measure is not yet achieved.</b>
2.1.p ✓	All CYP going through the EHC needs assessment process have a named individual within the SEND service actively managing the EHCP process. Where that is not currently the case, this is an urgent priority action.	100% EHC needs assessment cases have a named individual overseeing the case throughout the assessment process	Target: June 2022  Achieved: May 2023	100% of children within the EHC needs assessment process have a named lead worker.
2.1.q	Responses to phone calls and email queries from parents and carers, schools and other settings, are responded to at the latest within a 5 working day time frame without exception	Compliance checklist completed by all EHC coordinators for all new EHC needs assessment, communication timelines transparent showing measures of timelines of responses to parental requests for information and updates	Target: May 2022  Achieved:	<b>The success measure is not yet achieved.</b>

## Outcome 2

2.2 Quality assurance systems are implemented to ensure compliance, quality and timeliness of all EHCPs and take account of regular feedback which informs the improvement cycle

Ref	Actions	Success Measure	Timescale	Comments
2.2.a	Development of a compliance checklist for use by all EHC coordinators before producing a draft plan	100% of co-ordinators following the statutory process. Via audit / performance reports.	Target: May 2022  Achieved:	Compliance Checklist was implemented in September 2022.  <b>The success measure is not yet met.</b>
2.2.b ✓	Development of a quality assurance framework, quality standards and audit tool for EHCP for use in multi-agency QA activity and joint working with education, health and social care partners	Audit tool developed and agreed fit for purpose across education, health and social care	Target: May 2022  Achieved: March 2023	The agreed audit tool for EHCPs is Invision 360 which was approved by members of Workstream 2, SEND Quality Assurance Group and PCPW.
2.2.c ✓	Development of a QA dynamic database to capture the findings of QA activity, per EHCP audited. A clear understanding of the purpose and remit of the QA database, who it reports to and how this information is used to drive improvement	Transformation Board will approve overarching framework	Target: April – June 2022  Achieved: June 2023	The database for quality assurance activity has been implemented and providing overarching reports as of June 2023.
2.2.d	Training is developed around all quality assurance activity to ensure a shared understanding and knowledge of what a good EHCP looks like, and to understand the processes that support the writing of an effective, high quality EHCP	New training guidance developed. Session timetable agreed.  100% of EHC advice givers undertake mandated training within 2 weeks of post	Target: August 2022  Achieved:	<b>The success measure is not yet achieved.</b>
2.2.e	SEND Service to work in partnership with health and social care colleagues to raise confidence, skills & knowledge in completing EHC contributions; development of a body of exemplars of best practice education, health & social care contributions to EHCPs	Schedule of partnership activity shared and published. Exemplars of best practice in EHC needs assessment contributions shared with education, health & care partners	Target: June 2022  Achieved:	The SEND QA Group will lead on this activity. Regional EHCP moderation event attended in Manchester on 09.06.2023  <b>The success measure is not yet achieved.</b>
2.2.f ✓	Checks are made to ensure that CYP placed in out of area residential or day placements are achieving well and benefit from all the support and services that CYP within Wirral can access	80% of Annual Review returns indicate that CYP are achieving outcomes identified in the EHCP and can access appropriate support	Target: May 2022  Achieved: March 2023	SEND Commissioning Team have implemented their quality assurance schedule of commissioned provision, with audits showing 100% of children and young people achieving progress.

### Outcome 3

2.3 Annual Reviews are completed within statutory timescales with month-on-month completion rates above the national average (% figure)

Ref	Actions	Success Measures	Timescale	Comments
2.3.a	Develop a clear multi agency approach for Annual reviews to be completed in a timely manner with all relevant stakeholders involved.	60% of Annual Reviews completed within the statutory timescale of 12 weeks from the Annual Review meeting.	Target: September 2022  Achieved:	Process has been fully reviewed, and Annual Review Team employed. <b>The success measure is yet to be achieved.</b>
2.3.b	Identify plans for prioritising based on data on timeliness of Annual Reviews	Detail priority plan for catching up on overdue Annual Reviews based on key transition periods, expanding this to all Annual Reviews. Reduction to overdue Annual Reviews to 0 by September 2023.	Target: October 2022  Achieved:	<b>The success measure is yet to be achieved.</b>
2.3.c	There are clear lines of communication with schools, settings, parents, carers and young people with regards timescales for Annual Review	Percentage of parents satisfied with Annual Review processes and timeliness rises with 80% satisfied or very satisfied with AR processes and timeliness	Target: September 2022  Achieved:	Parent carer satisfaction rates are currently 64%. <b>The success measure is yet to be achieved.</b>
2.3.d	Use evidence gathered from Annual Reviews to help evaluate the impact of specialist services identified in EHCPs, feeding back to the SEND transformation board	Dip sampling of Annual Reviews with rag rating of impact of provision and EHP on CYP outcomes. Data from the dip sampling exercises to feed into SEND transformation board and subgroups	Target: September 2022  Achieved:	Findings from quality assurance work is not yet informing the SEND Transformation Board. This will be led by the SEND QA Group. <b>The success measure is not yet achieved.</b>
2.3.e ✓	Annual Reviews take account of key transition periods which are reflected in updated professional advice, updated content in Section A, and update as needed to all related sections of the EHCP	Audits of Annual Reviews show 100% of Year 6 EHCPs are completed by February 15 <sup>th</sup> , 2023.  90% of Year 11 EHCPs are completed by 31 <sup>st</sup> March 2023	Target: March 2023  Achieved: March 2023	100% of Year 6 EHCPs completed by 15th February  100% of Year 11 EHCPs completed by 31 <sup>st</sup> March

Workstream 3

Co-production, Relationships & Communication

Lead: Elizabeth Hartley, Assistant Director Early Help and Prevention

Areas of significant weakness:

The lack of meaningful co-production with parents & carers

Fractured relationships between the area and the Parent Carer Partnership Wirral and the impact of this on the area's progress in implementing the reforms

Poor communication with parents and carers across the area

Outcome 1

3.1 Coproduction is understood and valued by all stakeholders, with a clearly defined vision of good, collaborative coproduction

Ref	Actions	Success Measures	Timescale	Comments
3.1.a ✓	Develop a clear definition of coproduction and what it means for services and all stakeholders across Wirral Council, drawing upon existing resources, best practice nationally, the coproduction charter and other national guidance	Definition agreed and endorsed by vote at SEND transformation board, and published on the Local Offer site	Target: May 2022  Achieved: October 2022	Definition of Co-production agreed by vote at SEND Transformation Board on 31.10.2022  (Delay incurred due to availability of support brokered through DfE)
3.1.b ✓	Hold a coproduction event to explore and understand the collective views of all stakeholders with regards coproduction, co-ordinated and facilitated by education and health co-production leads, SEND Voice, PCWP, and other stakeholders	Pre event and post event survey to give measures of understanding of coproduction by all stakeholders.	Target: May 2022  Achieved: September 2022	A co-production event was held on 21.09.2022, facilitated by The Rise Consortium and Council for Disabled Children. Attendance at the event by all stakeholders listed in the action. (Delay incurred due to availability of support brokered through DfE)
3.1.c ✓	A requirement that there is mandated induction training for every new employee in children's services on good coproduction practice, based on the Wirral Coproduction Charter	100% of new employees complete mandated co-production training	Target: December 2022  Achieved: April 2023	All new employees have undertaken the co-production training, based on the Co-production Charter.
3.1.d ✓	Requirement that there is an annual commitment to hosting a coproduction and celebrating the successes of good co-production. Impact Report and sharing at an annual meeting including all stakeholders with SENDIASS,	An event is held to celebrate success and promote co-production with key stakeholders	Target: April 2023  Achieved: March 2023	The first Co-production event took place on 31.03.2023 at the Lauries Centre, with representation from across Local Area services and approximately 50 parent carers. The annual event will take place again in March 2024



## Outcome 2

3.2 Improved and positive relationships exist between Wirral Council and the Parent Carer Wirral Partnership, helping accelerate the pace of improvement and reform

Ref	Actions	Success Measures	Timescale	Comments
3.2.a ✓	PCPW members are part of the SEND transformation board and associated workstreams.	The views of PCPW members are part of the SEND transformation board and associated workstreams.	Target: April 2022  Achieved: April 2022	PCPW are core members of the SEND Transformation Board and members of workstreams selected by the forum dependent on priority and capacity
3.2.b	Communications are reciprocal between the authority, PCWP and other parent, carer groups. Information exchanges on key SEND matters are shared regularly and receive positive feedback from PCWP and other groups	80% reduction in complaints that relate to communication and relationships as a key theme of the complaint	Target: September 2022  Achieved:	Action is achieved in that communications are reciprocal between the authority, PCWP and other forums. An evidence log of meetings and communications is held. <b>The success measure is not yet achieved.</b>
3.2.c	Collaborative working with SENDIASS positively impacts the number of complaints against the authority, and addresses recurring themes in tribunal cases over past years.	60% reduction in complaints against the authority for year April 2022 – March 2023, evidenced month on month by comparisons with figures for April 2021 – March 2022	Target: January 2023  Achieved:	The YTD (year to date) trend in complaints shows an increase. <b>The success measure is not yet achieved.</b>
3.2.d ✓	Develop effective and proactive partnership with SENDIASS through monthly meetings, use of feedback to inform service improvement	Schedule of meetings that show progress in addressing key concerns, with actions completed & signed off	Target: Oct 22 Achieved: Oct 22	Formal monthly meeting for SEND Manager and SENDIAS, in addition to attending the monthly Extended SEND Management Team Meeting
3.2.e	There is a strong focus on early conflict resolution with parents and carers over EHCP related matters through increased opportunities to meet face to face, and through direct contact immediately with parents & carers	Pace of resolution of conflicts and complaints is accelerated A reduction of between 50 – 60% in existing timescales to resolve and close down complaints	Target: December 2022  Achieved:	<b>The success measure is not yet achieved.</b>
3.2.f	Lessons are learned from past tribunal action, and from ongoing cases. A summary report of findings from a lessons learned exercise will support that understanding, support greater transparency and commitment to good practice in conflict resolution	Summary report of lessons learnt presented to Transformation Board with actions and timescales for improvement.	Target: December 2022  Achieved:	<b>The success measure is not yet achieved.</b>
3.2.g	Training needs for EHCP coordinators are addressed with a published programme of mandated and optional training relating to the SEND reforms, the SEND Code of Practice (2015), the Children and Families Act (2014), coproduction, person-centred planning and other key SEND themes	80% of feedback from surveyed parents and carers reflects improved confidence in EHC coordinator knowledge	Target: September 2022  Achieved:	SEND Service Professional Development Programme published and training in delivery. Current reported rated of improved confidence in EHC Co-ordinator knowledge is 66%.

### Outcome 3

#### 3.3 Communications with parents, carers and young people with SEND are positive and a valued part of all SEND process and systems

Ref	Actions	Success Measures	Timescale	Comments
3.3.a	A concerted drive to deliver services consistently and in partnership across education, health and social care, to eradicate a sense of silo working, reducing the pressure on parents and carers who can feel caught in the middle of conflicting systems and processes	Parents feedback through surveys/professional meetings joined up approach to support for young people.	Target: September 2022  Achieved:	Parent carer reporting: March 2023- 54% April 2023- 66%  <b>The success measure is not yet achieved.</b>
3.3.b ✓	Track and monitor existing lines of communication to understand better the frustrations and tensions with parents and carers and have a strong understanding of the weaknesses in current systems.	A findings report identifying strengths and weaknesses in communication is presented to the transformation board with identified improvements and timescales	Target: September 2022  Achieved: October 2022	Findings report presented to the SEND Transformation Board on 31.10.2022 with identified improvements and timescales.
3.3.c ✓	Set out a clear Communication Policy within Wirral children's services which takes account of online meetings and in person meetings, so that internal and external means of communication and popular mode of communication always remain, courteous, professional and timely	A Communications policy is developed and approved to ensure virtual meetings	Target: June 2022  Achieved: April 2023	Communications Policy for Children's Services approved by Children's Senior Leadership Team and signed off by WSoA Performance Group in April 2023.
3.3.d ✓	Increased opportunities for parents, carers and CYP to meet local authority representatives face to face, through meetings, workshops and other forums where these have been predominantly online activities throughout the covid-19 global pandemic	Increase in engagement and attendance numbers of parents, carers and young people at events supported by the authority, measured against similar activities pre-pandemic, (2020 – 2021)	Target: July 2022  Achieved:	Increase in number of events open to parent carers including workshops, Open Sessions, coffee mornings, drop-ins, school events and co-production through WSoA. Records
3.3.e	Specific requests for face-to-face meetings by parents or carers throughout the 20-week EHC assessment process should be agreed wherever possible, particularly where these result from lack of access to IT,	Requests for face-to-face meetings with parents and carers are accommodated on at least 80% of monthly agreed contact points	September 2022	Current rate of accommodating face-to-face meetings is 75%.  <b>The success measure is not yet achieved.</b>

	where parents would prefer a face-to-face meeting, or where they wish an advocate to be present			
3.3.f	Improve the reporting mechanism when complaints are raised so problem areas identified and used to determine future training opportunities across the LA to stop them repeating	Reduction in Stage 1 and Stage 2 level complaints. Reduction in repeat complaints which are tracked through case management system	Target: July 2022  Achieved:	The YTD (year to date) trend in complaints shows an increase.  <b>The success measure is not yet achieved.</b>
3.3.g	Increased communication with parents and carers following decision to assess, decision to issue an ECHP and funding and resource decisions, to prevent confusion, discontent and anger over significant decisions that impact children and family lives	100% of parents feel involved in decisions to assess, to issues an EHCP.	Target: August 2022  Achieved:	Current rate of parents feeling involved in decisions to assess and issue an EHCP is 70%.  <b>The success measure is not yet achieved.</b>
3.3.h ✓	Revisit and review the effectiveness of the previous Wirral Coproduction Charter, Voices Project, 2019, to update and re-establish in support of information sharing, advice and guidance for parents and carers and young people with SEND	A new/refreshed Wirral Coproduction Charter is agreed by the transformation board.	Target: July 2022  Achieved: January 2023	The Co-Production Charter was refreshed and agreed by the SEND Transformation Board on 09.01.2023  (Delay incurred due to availability of support brokered through DfE)
3.3.i ✓	Carry out a SWOT analysis of the Wirral SEND Facebook page, (strengths, weaknesses, opportunities, threats) to ensure it is fit for purpose and has a unifying and positive benefit for Wirral's parents and carers	SWOT analysis completed with actions agreed and endorsed by PCWP	Target: September 2022  Achieved: July 2022	Following analysis it was agreed to discontinue the Wirral SEND Facebook page.

Workstream 4

Inclusive Practices

Lead: James Backhouse, Assistant Director Education

Areas of significant weakness:

The graduated response not being consistently applied across all schools and settings

Outcome 1

4.1 The graduated response is consistently understood and implemented in all schools and settings. Children have access to relevant and early support and interventions.

Ref	Actions	Success Measures	Timeframe	Comments
4.1.a	The establishment of regular weekly SEND information sharing to schools and all settings via the SEND service. This may include DfE latest reports and guidance, updates, NASEN briefings, other sources of support and information local, regional and national	Engagement with weekly news sharing reported through mail tracking and other metrics at 70% read rate	Target: April 2022  Achieved:	Stakeholders requested monthly rather than weekly update. A range of updates including Assistant Director update email, SEND Snapshot, and SEND Service updates have been shared. Facility to track the read rate is being tested to complete the action. <b>Success measure is not yet achieved.</b>
4.1.b	All school analysis of best inclusive practice within the education system showcasing examples of good practice through newsletter and other shared forums and platforms.	90% share rate via The Local Offer, SEND newsletter and other sharing platforms. Reach to include all schools and settings	Target: April 2022  Achieved:	Facility to track the read rate is being tested to complete the action. <b>Success measure is not yet achieved.</b>
4.1.c	Ensure a greater parity of SEND provision across the area. Learn from case studies in settings that have been commended for their inclusive practice to drive improvement across all schools and settings	Reduction in exclusion rates.  Reduction in number of pupils out of education or on partial timetables.  Reduction in complaints regarding provision	Target: December 2022  Achieved:	University of Chester all school analysis is underway and shared with the SENCo Network. Methodology for assessing best-practice through the SAP reports has been approved by the SEND transformation board on 31.10.22. Through the trauma informed practice training work, a live sharing session for best practice and reflection on progress took place on 07.12.22. SENCO information exchanges take place in person every term. The IQM (Inclusion Quality Mark) will allow for schools to reflect and improve their inclusive practice using the IQM framework. IQM will be updating LA on registrations and progress  <b>Success measures are not yet achieved.</b>

4.1.d	Analysis of schools demography based on SEND cohorts. A clear understanding of each school or settings cohort of CYP at SEN Support and with EHCPs. Identification of anomalies in this information where schools or settings are particularly below or above local and national benchmarks	100% of schools find the resource pack a useful and informative tool to help meet the needs of young people with SEND. Using surveys; An increased rate, each reporting period, of Parents/carers stating that schools are meeting young people's needs.	Target: December 2022  Achieved:	Data inputs including the JSNA, census will detail the school demography for SEND cohorts.  <b>Success measures are not yet achieved.</b>
4.1.e	Parental views about their own children's needs at an early stage of concern are listened to, respected and included as part of a setting's graduated response and early indicators of need	100% of parents report that they feel supported and listened to (quarterly survey of families)	Target: October 2022  Achieved:	School SEND Survey to be conducted in July 2023.  <b>Success measure is not yet achieved.</b>
4.1.f	Review the use of Individual Personal Funding Arrangements (IPFAs) to establish the total resource allocation as part of a graduated response.	Up to date data on number of CYP at SEN Support with IFPA in place. Number of CYP for whom provision at SEN Support with funding from an IFPA has improved outcomes over a 6 monthly period	Target: May 2022  Achieved:	The review of IPFA funding has been completed and a pilot established to further understand the impact of IPFA provision. Pilot outcomes to be reported July 2023.  <b>Success measure is not yet achieved.</b>
4.1.g ✓	Wirral Council reaffirm and make explicit expectations of all schools and settings with regards inclusive practices, the graduated response, provision at SEN Support, sharing national guidance, best practice reports and studies	An agreed Wirral graduated response is shared with all schools. 100% of Wirral school professional received training and development for school professionals regarding the graduated response.	Target: September 2022  Achieved: June 2023	The Graduated Response has been co-produced with stakeholders and distributed to 100% of schools and settings. The resource pack identifies training and development requirements for professionals to complete. This is complemented by the IQM, All About Inclusion and Whole School SEND training packages.
4.1.h ✓	The development of a robust training and support programme for school leaders, SENDCos, support staff and the wider school community to roll out across the local area on an annual basis, taking account of staff mobility	100% of identified partners trained in relation to the revised SEND Code of Practice (2015) and SEND reforms of 2014 Educational Psychology Service training developed and rolled out to 100% of school and settings.	Target: September 2022  Achieved: June 2023	All schools have access to the extensive online training Ambitious About Inclusion which is designed for all school staff covering SEND code of practice, theoretical models and need to know SEND information. Educational Psychology service have delivered ELSA and EAT training to all identified settings.
4.1.i	Further training for wider partners across education, health and social care in relation to the revised SEND Code of Practice (2015) and SEND reforms of September 2014	Clear audit of attendance for Wirral SENDCO regarding training that is available.	Target: June 2022  Achieved:	SENCOs have been attending training throughout the 2022-23 academic year. An audit and report on their attendance will be completed summer 2023.

4.1.j ✓	Develop a partnership programme of annual training in collaboration with the Educational Psychology Service and the SEND Service, for all new employees, for induction, for continuing professional development	Training programme is in place and communicated with all relevant professionals through the new local offer	Target: September 2022  Achieved: June 2023	The training programme for professionals is incorporated into the Graduated Approach and toolkit. It has been communicated to all relevant professionals in June 2023.
4.1.k	There is an increased focus on the capacity of schools to consistently apply the graduated response to address the needs of CYP with a range of SEND, including those with hidden disabilities, evidenced through a reduction in the requests for EHC needs assessment	Clear framework for professional collaboration  evidence through SEND Information Reports feeding into the local offer	Target: December 2022  Achieved:	The Graduated Approach provides the clear framework for professional collaboration.  There is an upward trend of EHC Needs Assessment requests.  <b>Success measure is not yet achieved.</b>
4.1.l	Develop a clear network of professionals across education, health and social care, working collaboratively to support early interventions and therapeutic approaches for CYP with SEND	Sampling of assessments completed for an early assessment bi-monthly  Clear framework for professional collaboration	Target: September 2022  Achieved:	The Graduated Approach provides the clear framework for professional collaboration.  Sampling of assessments scheduled for the SEND QA Group. <b>Success measure is not yet achieved.</b>
4.1.m ✓	Develop a protocol of what is expected of schools and other settings in relation to facilities, learning environment, staffing capacity, professional qualifications, skills and experience to better meet the needs of all CYP with SEND across the local area	Develop Clear universal offer for all children that is agreed by all Wirral schools.  Distribute to 100% of schools and settings	Target: July 2022  Achieved: June 2023	The Graduated Approach provides the clear framework for professional collaboration, including quality first teaching. This is supported by the Continuous Professional Development brochure training.

## Workstream 5

### Local Provision and Strategic Oversight

Lead: Lorna Quigley, Associate Director Quality and Safety Improvement

#### Areas of significant weakness:

High level of parental dissatisfaction with the area's provision

Lack of strategic oversight to ensure effectiveness of plans and provision

#### Outcome 1

5.1 Parents and carers satisfaction with the local areas provision is consistently good

Ref	Actions	Success Measures	Timeframe	Comments
5.1.a ✓	Carry out a rapid-fire audit of 20 complaint cases at first tier tribunal and consider recurring themes, for e.g. communication, provision, timeliness, to identify new areas of service delivery, which may lead to increased joint commissioning activity	An agreed priority list of services needing a review, additional capacity, or development to meet existing and future predicted needs	Target: April – May 2022  Achieved: August 2022	Rapid-fire audit completed and report presented to SEND Transformation Board in August 2022. Areas identified for review.
5.1.b ✓	Use recommendations from rapid fire audit to explore opportunities for development of new services or new support pathways	Recommendations are shared with SEND transformation board; agreed action plan developed	Target: May – June 2022  Achieved: August 2022	Recommendations shared with SEND Transformation Board in August 2022. Neurodevelopmental pathways, Speech and Language Therapy pathways to be reviewed.
5.1.c	Survey parent & carer views on timeliness of access to specialist services commissioned by the local authority as part of the EHC needs assessment process	Parental satisfaction regarding access, quality and consistency of specialist provision is increased.	Target: April – June 2022  Achieved:	Survey of parent carer views on timeliness and access to specialist commissioned services completed December 2022. Follow up surveys to measure against benchmark required.  <b>Success measure is not yet achieved.</b>
5.1.d ✓	Produce an overarching Bi Dashboard, based on adult social care model, with functions to interrogate data to drive better decision making	Bi dashboard is shared at SEND transformation board, endorsed and signed off as fit for purpose	Target: October 2022  Achieved October 2022	Power BI Dashboard developed and reported to the SEND Transformation Board October 2022.
5.1.e	Review the current offer of specialist provision across Wirral to ensure that there is sufficiency of places available to meet the current needs of Wirral CYP with SEND	Priority needs to address are identified. Places and provision are aligned to current and future needs within a 12-month period	Target: March 2023	Priority needs are identified. Neurodevelopmental Pathway revised. SaLT Recovery Plan to be published.  <b>Success measure is not yet achieved.</b>

5.1.f ✓	Explore the commissioning of mental health practitioners to support schools and all settings in responding to the needs of CYP with SEMH at tier one and two levels of support and intervention	Proposals are explored, and action plan agreed in collaboration with parents and carers, schools and other settings, health, education and care partners	Target: September 2022  Achieved: May 2023	Mental Health and Wellbeing JSNA completed by Capacity. My Happy Mind Review Data for schools and nurseries Milestones and actions plan by Capacity to integrate the primary care of mental health into schools. Primary Care project guidance doc NHS
5.1.g ✓	Improve the quality of education placements for children with autism spectrum condition (ASC) and Social and Emotional Mental Health (SEMH) through an innovative range of support solutions	Five new bases are established across Wirral to support young people with ASD and SEMH	Target; September 2022  Achieved: September 2022	New bases to provide education and support for young people with ASD and SEMH established in September 2022.
5.1.h	Gather the views of parents/carers about their positive experiences of the neurodevelopmental pathway to build a strengths-based profile of what needs to improve	A profile of the neurodevelopmental journey is developed and added to the local offer website for parents and young people to view.	Target: September 2022  Achieved:	Survey has been delivered. New Neurodevelopmental journey to be published on the Local Offer  <b>The success measure is not yet achieved.</b>
5.1.i	Review the existing neurodevelopmental pathway which is informed by the views of parents/carers and is understood by practitioners and senior managers.	New neurodevelopmental pathway identified and signed off by CCG (relevant ICP governance group). Easy read version added to local offer website.	Target: December 2022  Achieved:	Neurodevelopmental pathway has been reviewed. Documentation awaiting sign off from ICB.  <b>The success measure is not yet achieved.</b>
5.1.j	Gather patient experience about the quality of therapies, CAMHs and neurodevelopmental services and review the level of satisfaction by service users, and use this to inform service planning and improvements	Each service will have an improvement plan which has been informed by feedback from the	Target: September 2022  Achieved:	Surveys have been undertaken. Service improvement plans to be agreed.  <b>The success measure is not yet achieved.</b>
5.1.k	Build a themed audit framework for review of therapies, CAMHs and neurodevelopmental services with key timescales for audit reviews.	Audit framework for review of therapies, CAMHs and neurodevelopmental services is designed and agreed by the transformation Board.	Target: September 2022  Achieved:	Themed audit framework to be approved by SEND Transformation Board.  <b>The success measure is not yet complete.</b>
5.1.l ✓	Embed a new reporting and quality assurance mechanism for out of borough and high-cost placements to ensure that they can meet need and deliver value for money	A new resource is developed to monitor and review the quality of out of borough and high-cost placements.	Target: December 2022  Achieved: Dec 2022	A placement quality monitoring framework has been developed and implemented.



## Outcome 2

5.2 Insightful and effective strategic oversight drives high quality planning and provision that is consistent across the local area

Ref	Actions	Success Measures	Timeframe	Comments
5.2.a ✓	Explore opportunities and mechanisms for developing strategic leadership and oversight further over a 4-month period including financial arrangements, partnership structure and creating a joined-up approach to improvement	A sub group is set up for a time bounded period reporting to the SEND transformation board	Target: April to July 2022  Achieved: September 2022	Finance and Governance Subgroup established with Terms of Reference and meeting schedule complete.
5.2.b ✓	Collation of service performance data across Health, Care and Education into a single Dashboard	A joint data set and provision map for the local area is in place and robust arrangements enable partners to use data and intelligence from across all agencies to form a shared understanding of the needs of the local area.  BI dashboard is shared at transformation board and relevant committees, with auditing enabling tracking of improving journey.	September 2022  September 2022  Achieved: October 2022	The JSNA provides an overview of need and provision to inform understanding of the local area.  The SEND Dashboard and Databook, containing collated service data is shared on a quarterly
5.2.c	The quality of the professional advice from education, health and social care is monitored through a schedule of quality assurance activity to ensure SMART outcomes meet the needs of the CYP	Audits show that 80% of all professional advice received across education, health and social care meets agreed quality standards for each sector's professional advice in support of EHCPs	Target: July 2022  Achieved:	Quality assurance of health and social care advice is in place.  <b>The success measure is not yet achieved.</b>
5.2.d	Development of clear outcome reporting measures for all services to 'evaluate the impact of services'. Produce a list of KPIs for each sector, confirming information source and reporting frequency. Ensure reporting requirements are clear within contracts as required.	Outcomes to be defined and co-produced with CYP parent / carers  Map KPI's against the defined outcomes to produce an outcome delivery framework  Wirral has a clear and coherent pathway for the delivery of services, that clearly identifies roles and responsibilities needed across the system, to support children and young people with identified Needs.  Removing duplication and aligning resources. To ensure that the children and young people receive	Target: July 2022  Target: September 2022  Achieved:	Outcomes framework workshop to be carried out to inform wider SEND workstreams (TBC) New joint commissioned specifications for SALT and OT are currently being drawn up with new KPI's agreed with the services which will be reported into the SEND dashboard and monitored quarterly. The revised ND pathway will produce a set of KPI's.  <b>The success measures are not yet complete.</b>

5.2.e	All services to consider suitable outcome measures and agree with commissioning lead and presented to measurement subgroup. Outcome measures added to Dashboard	Through co-production with children and young people, parents and carers suitable outcomes are agreed.  Service led outcomes are agreed to further measure quality of the	Target: June 2022  Achieved:	Outcomes framework workshop to be carried out to inform wider SEND workstreams (TBC)  <b>The success measures are not yet complete.</b>
5.2.f ✓	Review reporting and escalation mechanisms and arrangements to key strategic groups which include elected members, LA Chief Executive, CCG Chief Executive etc. to reduce duplication and ensure risks are escalated to an appropriate forum	Elected members and senior officers from local authority and CCG are informed of SEND Transformation Programme and provide effective challenge and scrutiny.	Target: July 2022  Achieved: September 2022	The Issue and Risk Register is available in the Teams SEND Measurement group for available access and appropriate use. The Register will be viewed on a quarterly basis along with the dashboard viewings. Exception reports will also be drawn from the
5.2.g ✓	Develop the JSNA to better understand the needs of children and young people which will in turn allow a better understanding of development needs of new or existing services –document.	Develop and publish a SEND JSNA with an agreed timeframe for reviews and updates.	Target: September 2022  Achieved: June 2022	The JSNA has been developed and presented at the SEND Transformation Board meeting dated 27.06.22. It has been reflected on and further actions are to be defined and take place regarding the data scope across the cohort of children who were in education
5.2.h ✓	Establish an effective governance structure to improve ownership, accountability and to drive improvement across the SEND service	Clearly defined governance structure for SEND transformation board and underpinning work stream  SEND strategy is reviewed, updated and distributed across all partners	Target: April 2022  Achieved: April 2022	SEND Governance arrangements confirmed through SEND Transformation Board and SEND Strategic Board.

## Workstream 6

### The Local Offer

Lead: Keith Billington, Supporting Families Programme Manager, Wirral Council

#### Areas of significant weakness:

The published local offer not being well publicised and not providing parents and carers with the information that they need

#### Outcome 1

6.1 The local offer is a highly valued source of information and support to parents, carers children and young people with consistently high levels of engagement from parents, carers, schools and other settings, and young people with SEND.

Ref	Actions	Success Measures	Timeframe	Comments

6.1.a	Develop a new local offer site which is accessible for children/young people, their parent/carers & contains relevant up to date information, including where to go if they need help & advice.	Local Offer Website accessible to SEND users.  Survey carried out and demonstrates and assures an acceptable awareness of Local offer existence.  Stakeholder reference group established including parents/carers/CYP	Target: December 2022  Achieved:	A 'soft launch' of the new Local Offer website is scheduled for summer 2023, with the official launch in September 2023.  <b>The success measure is yet to be achieved.</b>
6.1.b ✓	Continue scoping exercise to explore options for new fit for purpose Local Offer website. Information shared re websites already considered and audited against statutory and local requirements	Agreement with all stakeholders in relation to the new local offer platform.  All stakeholders share positive involvement in the process	Target: May 2022  Achieved: May 2023	Scoping for the Local Offer website was completed in collaboration with parents and young people. Signed off by the WSoA Performance Group in May 2023
6.1.c ✓	PCPW members through co-production support the development of the new local offer website	The views of PCPW members are captured in the new local offer website.	Target: December 2022  Achieved: January 2023	Parent carer representation has been provided by Positivitree (300+ participants). PCPW have been kept briefed on progress and consulted through WSoA Performance Group and SEND Transformation Board.
6.1.d	Involve all stakeholders to deliver a co-produced Local Offer website (the voice of the children & young people and that of their Parent/carers via input from PCPW and other parents will be heard and help shape the design)	Increased 'hits' to the Local Offer pre and post improvements.  Feedback from young people and parents/carers is positive regarding the local offer	Target: December 2022  Achieved:	This success measure cannot be measured until the new website is in operation (post-September 2023)
6.1.e ✓	Re-establish the Local Offer Development group re design, content, marketing (so users know it exists and what it is), accessibility for all (visually impaired and deaf users)	Content on the local offer website is relevant, up to date and has a wider range of stakeholders	Target: April 2022  Achieved: April 2023	Local Offer Development Group established and Terms of Reference approved by WSoA Performance Group.
6.1.f ✓	Establish finance/commissioning arrangements and specify process for timely additional features to respond to user's feedback	Finance and commissioning arrangements allow the local offer to be flexible to user needs.	Target: May 2022  Achieved: May 2023	Delayed due to confirming needs of new Local Offer website. Additional features include improved search function, AI video, reachdeck software, as result of user engagement.
6.1.g ✓	Recruit/secure identified Participation & Engagement Team resource	Additional staffing in post to support engagement and participation activities.  Parents/carers feedback more positively regarding engagement with local partners.	Target: August 2022  Achieved: Sept 2022	SEND Manager appointed with responsibility for Participation and Engagement, with 3.0 FTE supporting staff.

## Outcome 2

6.2 The local offer contains information that is relevant, up to date, and easily accessible by all users, including those with disabilities or impairments

Ref	Actions	Success Measures	Timeframe	Comments
6.2.a	Culture change across all services to raise the profile of the Local Offer and the importance of its role in supporting children, families, schools and the wider community.	Statutory partners are signed up to and publicise the Local Offer on their websites.	Target: September 2022  Achieved:	Accountability meetings to be held in July 2023, in advance of launch to secure commitment.  <b>This success measure is not yet achieved.</b>
6.2.b ✓	A named local offer lead takes responsibility for requesting relevant data, ensuring that information on the site is up to date, and that live links are functioning and information easy to obtain	There is no content on the site over 2 years old, unless that relates to legislation or procedures; Outdated references and content is removed; Engagement with the site shows a month on month increase in visitors and pages visited	Target: May 2022  Achieved: September 2022	Participation and Engagement Officer is responsible for the content and maintenance of the Local Offer website. Thorough cleansing of the existing Local Offer website has been completed and is reviewed on a monthly basis.
6.2.c	Develop the role of local offer champions across each service area, education health and social care, to ensure there is parity of access to information about each service and the part it plays in SEND systems and processes	Designated local offer champions are in place across each of the three service areas	Target: October 2022  Achieved:	Accountability meetings to be held in July 2023, in advance of launch to secure commitment.  <b>This success measure is not yet achieved.</b>



## CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

Wednesday 19<sup>th</sup> July 2023

<b>REPORT TITLE:</b>	<b>SPECIAL EDUCATIONAL NEEDS &amp; DISABILITIES DASHBOARD</b>
<b>REPORT OF:</b>	<b>DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION</b>

### REPORT SUMMARY

The Special Educational Needs and/or Disabilities (SEND) Dashboard is prepared quarterly and contains the latest performance information from the Local Authority and Health organisations. The SEND Dashboard can be found in Appendix A and relates to Quarter 4 2022/23 (period ending March 23).

This matter affects all Wards within the Borough and supports the Wirral Plan priority of Brighter Futures for all. This is not a key decision.

### RECOMMENDATION/S

The Children, Young People and Education Committee is recommended to note the content of the SEND Dashboard attached in Appendix A and highlight any areas requiring further clarification or action.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 To ensure Members of the Children, Young People & Education Committee have the opportunity to monitor, review and challenge performance in relation to the Special Educational Needs & Disabilities (SEND) service.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The SEND Dashboard has been designed in partnership with the Local Authority, Health partners and parent & carer representatives. It is reported to the SEND Transformation Board each quarter where performance is scrutinised by Board members and Service Leads are held to account for performance in their areas.

### **3.0 BACKGROUND INFORMATION**

- 3.1 In Autumn 2021, OFSTED and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wirral. The inspection evaluated the effectiveness of the local area in implementing the special educational needs and/or disabilities (SEND) reforms, as set out in the Children & Families Act 2014.
- 3.2 As a result of this inspection, in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that Wirral Council must submit a Written Statement of Action because of significant areas of weakness in practice.
- 3.3 One area of significant weakness was "The lack of accurate, up-to-date and useful information which informs the area's plans and evaluates the impact of their actions."
- 3.4 In response to this, a dedicated workstream focused on Data Analysis & Joint Commissioning was established. Within this workstream, was a Data Analysis sub-group whose remit it was to ensure access to accurate, timely data is available to monitor performance of key service areas across the Local Authority and Health, to drive improvements and inform decision making.
- 3.5 The Local Authority already had a SEND Dashboard, so this was enhanced to include additional Health measures to provide an overview of performance for the whole SEND system.
- 3.6 Data relating to all SEND measures contained in the Dashboard, is collected on a Monthly basis, and reported to the SEND Transformation Board quarterly.
- 3.7 The Data Analysis sub-group designed a Performance Management & Accountability Framework to accompany the SEND Dashboard. This set out a clear method for escalating any areas of concern to the SEND Transformation Board. These areas of concern are highlighted on the first two pages of the Dashboard and Service Leads complete an exception report explaining why performance is where it is and what is being done to bring performance back on track.

## **4.0 FINANCIAL IMPLICATIONS**

4.1 The SEND Dashboard contains data on the following financial measures:

- No of SEND children & young people in receipt of Inclusive Practice Funding
- No of SEND children & young people in receipt of Disability Access Funding
- No of SEND children & young people in receipt of pupil premium.

## **5.0 LEGAL IMPLICATIONS**

5.1 There are no direct legal implications arising from this report.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 There are none arising from this report.

## **7.0 RELEVANT RISKS**

7.1 Any SEND data related risks are captured in the SEND Data Risk Tracker which forms part of the Performance Management & Accountability Framework. These data risks are detailed on the first two pages of the SEND Dashboard. Further information, including risk scores and mitigating actions can be found in the SEND Data Risk Tracker.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 The SEND Dashboard has been designed in partnership with the Local Authority, Health partners and parent & carer representatives. Service level performance is reviewed regularly at operational meetings, led by service leads.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. There are no equality issues arising from this report.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 There are no environmental or climate implications generated by the recommendations in this report.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 Children's Services generally impacts positively on community wealth through commissioning arrangements of local providers to support and improve the lives of some of our most vulnerable residents.

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**APPENDICES**

Appendix A: SEND Dashboard – Quarter 4

**BACKGROUND PAPERS**

Data and performance information is held in Children’s Services case management systems and accessed via the Council’s business intelligence system, Power BI. Data provided by Health partners is held in their own case management systems and provided to the Local Authority each month.

**TERMS OF REFERENCE**

This report is being considered by the Children, Young People & Education Committee in accordance with Section 3.2(f) of its Terms of Reference, providing a view of performance, budget monitoring and risk management in relation to the Committee’s functions.

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Children, Young People & Education Committee Children’s Services Q4 Performance Report	21/06/2023
Children, Young People & Education Committee Children’s Services Q3 Performance Report	07/03/2023
Children, Young People & Education Committee Children’s Services Q2 Performance Report	12/10/2022
Children, Young People & Education Committee Children’s Services Q1 Performance Report	21/06/2022
Children, Young People & Education Committee Children’s Services Q4 Performance Report	10/03/2022
Children, Young People & Education Committee Children’s Services Q3 Performance Report	23/11/2021
Children, Young People & Education Committee Children’s Services Q2 Performance Report	13/09/2021
Children, Young People & Education Committee Children’s Services Q1 Performance Report	15/06/2021
Children, Young People & Education Committee Children’s Services Performance Management	17/03/2020





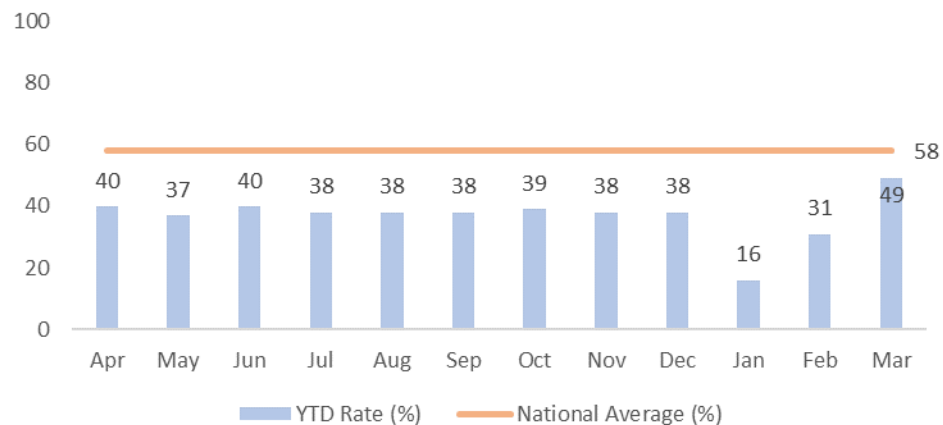
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# SEND – Performance Dashboard Q4 2022/23

## Headlines

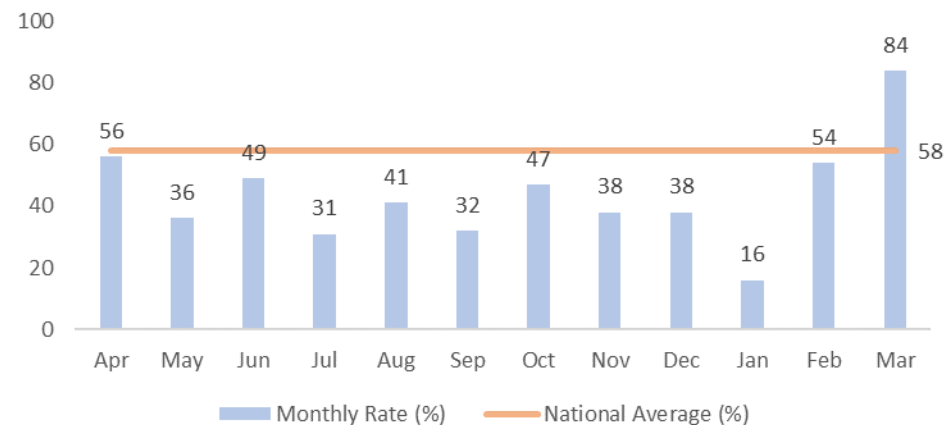
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YTD (from January) % of new EHC plans issued within 20 weeks, excluding exceptions



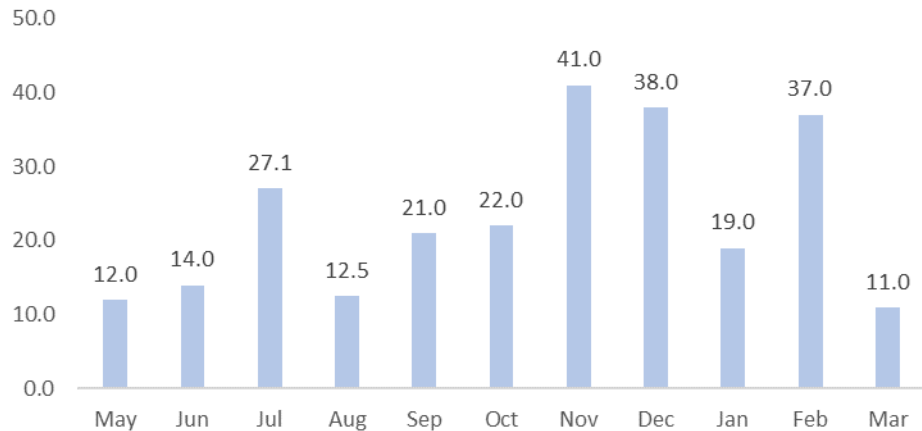
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Monthly % of new EHC plans issued within 20 weeks, excluding exceptions



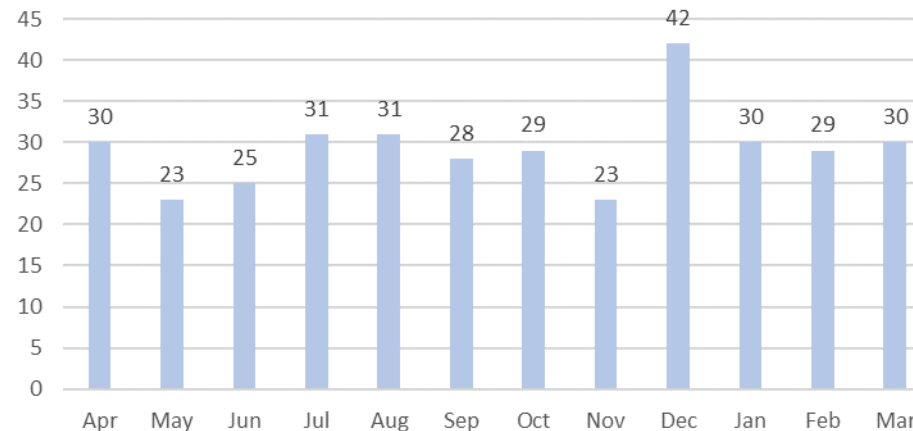
3

% of Advices received within 6 weeks - Educational Psychology



4

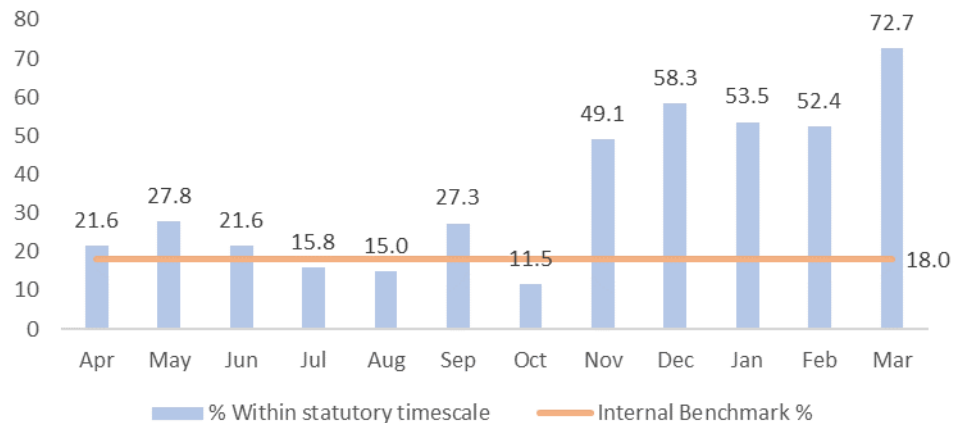
SALT - Average waiting time after initial assessment (weeks)



Headlines

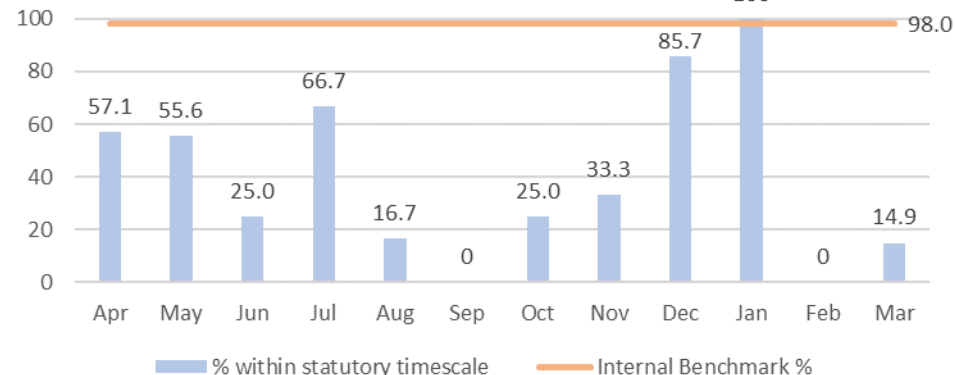
5

Occupational Therapy - % Within statutory timescale



6

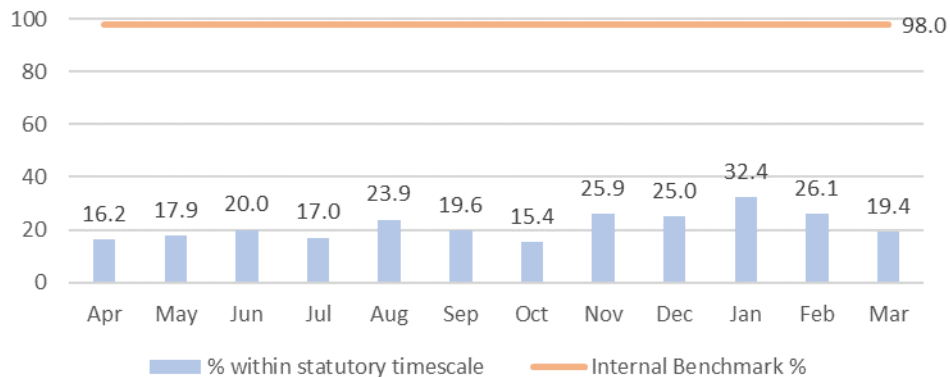
Paediatric Speech & Language - Percentage of patients seen within 10 working days: children - % within statutory timescale



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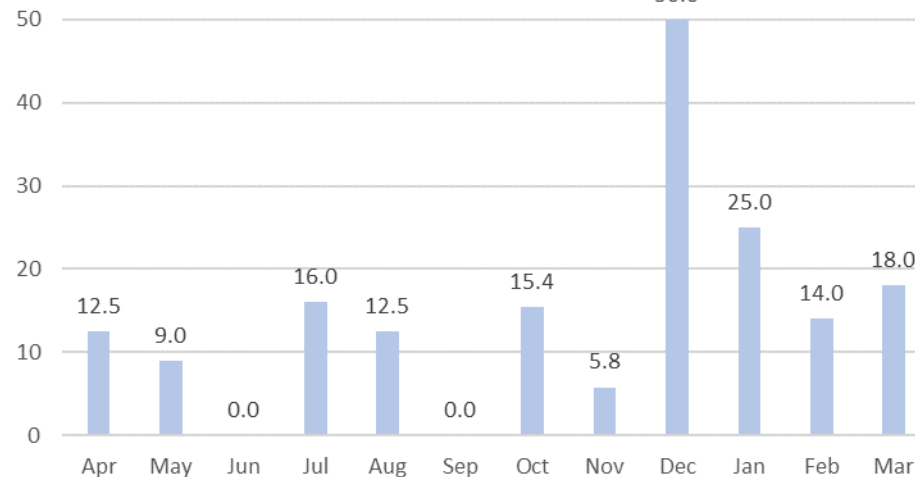
7

Paediatric Speech & Language - Percentage of patients seen within 13 weeks: children - % within statutory timescale



8

% Portage Provided



## Headlines Narrative

- 1. YTD (from January) % of new EHC plans issued within 20 weeks, excluding exceptions** – At 49% in March '23, rates are at the highest seen for over a year and increasing month on month.
- 2. Monthly % of new EHC plans issued within 20 weeks, excluding exceptions** – March '23 saw a rate of 84%. This rate is significantly higher than any rate seen in over a year. The previous high was 49% in June '22.
- 3. % of Advices received within 6 weeks - Educational Psychology** – Since August rates increased significantly with a peak of 41.0% in November. Since then, rates have fluctuated, with a low of 11% for March.
- 4. Speech and Language Therapy – Average waiting time after initial assessment (weeks)** – New data has been accessed. Data show that average waiting times are fluctuating, but after a peak of 42 weeks in December have lowered to 28 weeks seen in February and March '23.
- 5. Occupational Therapy - % Within statutory timescale** – At 72.7% in March 2023, rates are at a high for the reporting period. Since 11.5% in October '22, rates have increased significantly.
- 6. Paediatric Speech & Language - Patients seen within 10 working days: children - % within statutory timescale** – Since a 0% rate in September '22, rates have increased month on month, to 100% in January '23. However, rates dropped to 0% in February '23 and March '23 sees only a small increase to 14.9%.
- 7. Paediatric Speech & Language - Patients seen within 13 weeks: children - % within statutory timescale** – Data show an upward trend on the rate from November '22 then a drop from 32.4% in Jan '23 to 19.4% for March '23. No consistent direction of travel.
- 8. % Portage Provided** – Rates continue to fluctuate. Since a rate of 50% in December '22, there has been a downward trend with rates no higher than 25%.

## Additional Narrative

**Non-Headline highlights**

**Social Care: % of CLA with EHCP** – At 19.9%, March '23 saw rates at their highest for over a year. There is a noticeable upward trend developing.

**Social Care: % of CP with SEN Support** – Latest data have a rate of 21.2% in March '23. There has been a month on month increase since November '22, when rates were 17.8%. Rates are still below a high seen in April and June '22 of 21.6%.

**EHCP: Total 0-25 population with an EHCP** – Rates continue to rise, with latest data showing 4158 CYP. This compares to Q4 2021/22, where rates were 3402. The data show a 22.2% increase in this period.

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**Education: % of pupils with an EHCP – Primary and Secondary** – As rates of all 0-25 with an EHCP increase (detailed above), the rates of pupils in Primary and Secondary settings with an EHCP also increase. Primary rates have increased from 3.3% in Q4 2021/22 to 4.2% in Q4 2022/23. Similarly in Secondary settings, rates have increased, from 4.4% in Q4 2021/22 to 5.2% in Q4 2022/23.

**Education: % of pupils with SEND** – At 20.2% in Q4 2022/23, rates have seen an increase over the past year. Rates compare to 18.7% in Q4 2021/22.

**Education Attainment: % at excepted level** - KS1 has seen a decline in rates in all recorded areas, except Writing EHCP, where rates remain level. KS2 has also seen rates dropping in 5 out of the 8 recorded areas. There were positive increases in rates for KS2 RWM EHCP, KS2 Reading EHCP and KS2 Reading SEN Support. KS4 data show Progress 8 Score for ECHP increased, whilst for SEN Support remained level.

## Appendix

Social Care	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
% of Early Help Episodes with SEND	28.9	28.1	28.9	28.8	29.4	29.8	28.7	28.5	29.4	29.7	29.4	30.4	
% of CLA with EHCP *1	16.6	16.5	17.7	17.8	17.3	18.3	18.1	18.1	19.3	19.1	19.2	19.9	
% of CLA with SEN Support *1	18.6	18.5	18.2	17.8	18.3	17.6	17.3	17.4	16.2	16.4	16.9	16.1	
% of school aged CiN with EHCP *1	23.2	21.8	21.7	23.0	24.1	22.1	22.9	22.0	20.8	20.7	20.9	20.8	
% of school aged CiN with SEN Support *1	12.8	14.0	14.3	14.0	13.6	13.7	12.8	14.0	15.6	15.9	15.0	14.3	
% of CP with EHCP *1	8.7	8.4	7.8	8.7	8.6	8.9	9.3	10.2	10.3	8.6	8.1	8.8	
% of CP with SEN Support *1	21.6	22.8	21.6	19.6	19.1	18.3	17.8	17.8	17.9	18.1	19.2	21.2	

\*1 Data in 22/23 is now matched with Capita One for EHCP's and with the School Census for SEND Support. In previous years data was matched with School Census for all SEND Provision.

EHCP	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND (from January) % of new EHC plans issued within 20 weeks, excluding exceptions	40	37	40	38	38	38	39	38	38	16	31	49	
Monthly % of new EHC plans issued within 20 weeks, excluding exceptions	56	36	49	31	41	32	47	38	38	16	54	84	
Total 0-25 population with EHCP	3642	3642	3642	3642	3642	3642	4029	4029	4029	4158	4158	4158	
% of pupils with an EHCP - Primary	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	4.2	4.2	4.2	
% of pupils with an EHCP - Secondary	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	5.0	5.2	5.2	5.2	
% of Advices received within 6 weeks - Educational Psychology		12.0	14.0	27.1	12.5	21.0	22.0	41.0	38.0	19.0	37.0	11.0	
% of Advices received within 6 weeks - Social Care	98.7	100.0	91.9	93.0	96.0	96.0	46.4	96.2	96.6	98.4	95.5	97.4	
% of Advices received within 6 weeks - SALT	89.7	77.3	2.2	2.8	63.0	90.6							
% of Advices received within 6 weeks - Physio	95.7	100.0	96.7	97.2	97.0	94.8							
% of Advices received within 6 weeks - Occ. Therapy	94.2	100.0	96.7	100	99.0	94.8							
% of Advices received within 6 weeks - Comm Paediatrics	55.9	30.1	35.2	34.7	33.0	30.2				33.1	64.5	44.7	
% of Advices received within 6 weeks - CAMHS	97.1	95.9	92.4	88.9	90.0	90.6				70.0	66.7	66.7	
% of Advices received within 6 weeks - 0 to 19 Team	89.7	77.3	2.2	2.8	63.0	91.7							
% of Advices received within 6 weeks - Health visitors										82.8	95	100	
% of Advices received within 6 weeks - School Nursing										70.6	100		



## Appendix

	2022/23												
Complaints - Under review	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Trend
SEND - Open							6	5	5	6	8	18	
Of those Open, Average time Open in Working Days							51.8	54.8	74.8	113.2	128.5	50	
SEND Stage 1 started	6	4	10	7	7	8	1	0	0	0	0	12	
SEND Stage 2 started	0	2	0	1	3	3	1	0	0	0	0	0	

	2022/23												
Early Years	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Trend
% identified by Early Years sector as SEND	10.7	10.7	10.7	10.7	10.7	10.7	9.0	9.0	9.0	10.2	10.2	10.2	
Number SEND Population	745	745	745	745	745	745	1001	1001	1001	733	733	733	
Number Portage - Referrals received	8	11	5	6	16	6	13	34	2	8	14	11	
Number Portage - Intervention provided	1	1	0	1	2	0	2	2	1	2	2	2	
% Portage Provided	12.5	9.0	0.0	16.0	12.5	0.0	15.4	5.8	50.0	25.0	14.0	18.0	
% EYPP - With SEND	13.4	13.4	13.4	13.4	13.4	13.4	40.8	40.8	40.8	53.4	53.4	16.0	

	2022/23												
Funding	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Trend
Number of SEND CYP in receipt of Inclusive Practice Funding	45	45	25	24	24	24	90	90	90	90	90	78	
Number of SEND CYP in receipt of Disability Access Funding	8	17	6	1	0	9	7	4	6	7	11	11	
Number of children with Pupil Premium and EHCP	1037	1037	1037	1037	1037	1037	1087	1087	1087	1217	1217	1217	
Number of children with Pupil Premium and SEN Support	3737	3737	3737	3737	3737	3737	3538	3538	3538	3751	3751	3751	

## Appendix

(N)EET	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
% of KS5 SEN pupils in EET	84.2	84.9	84.3	83.2	82.8	29.4	80.2	87.6	87.9	88.4	89.3	88.4	
% of KS5 SEN pupils NEET	13.8	14.3	14.8	15.4	16.0	8.8	8.5	10.0	10.6	10.4	9.5	10.1	
% of SEN 16 - 24-year-olds in EET	77.1	78.3	78.9	77.3	75.9	19.2	55.6	67.1	73.3	74.9	75.9	76.1	
% of SEN 16 - 24-year-olds NEET	19.1	18.9	19.0	19.6	19.5	15.5	14.8	17.1	18.6	19.9	19.5	19.3	

System resets on 1st of September and is then repopulated manually which causes low figures for September, October & November

Community Paediatric Neuro Development	2022/23												YTD Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Neuro Development - Total number of Referrals received	150	184	157	162	173	135	192	158	63	159	115	176	
Neuro Development - Referrals by type - ADHD	66	86	67	69	47	60	56	67	27	73	43	65	
Neuro Development - Referrals by type - ADHD/ASD	15	7	18	17	14	13	33	19	14	22	18	20	
Neuro Development - Referrals by type - ADHD/DCD	3	2	0	0	0	2	8	7	2	1	1	5	
Neuro Development - Referrals by type - ASD	58	80	52	57	93	64	77	48	17	43	30	63	
Neuro Development - Referrals by type - DCD/Motors Skills	5	7	12	4	15	2	13	10	1	10	13	0	
Neuro Development - Referrals by type - Pre-School Dev	1	0	4	4	2	2	2	5	1	4	4	2	
Neuro Development - Referrals by type - Other	2	2	4	11	2	0	3	2	1	6	6	20	

CAMHS - Data quality issues have paused data	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
CAMHS - Referrals	186	251	244	176	148	328	334	387	315	509	39	526	
CAMHS - Total Seen	126	280	246	382	342	980	1136	1346	144	261	170	238	
CAMHS - Seen within 6 weeks	15.8	17.7	13.6	11.1	25.6	67.8	69.2	73.3	56.9	77.8	77.1	84	
CAMHS - Seen within 18 weeks	52.6	64.5	33.9	23.5	41.1	85.1	85.2	90.8	83.3	95	95.9	93.7	

## Appendix

	2022/23												
Physiotherapy	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
Physiotherapy - Number received	238	305	246	240	256	260	277	268	199	280	260	195	
Physiotherapy - Number progressed	181	239	233	223	249	212	194	257	187	209	192	206	
Physiotherapy - % Within 6 Weeks	68.5	64.9	59.2	56.1	66.3	68.9	74.2	76.3	79.1	63.2	69.1	63.1	
Physiotherapy - Average waiting time (weeks)	5.0	5.0	4.0	5.0	4.0	4.0	4.0	4.0	5.0	5.0	4.0	5.0	
Physiotherapy - Discharged	17	30	39	28	27	30	28	35	25	32	30	16	
Physiotherapy - Another appointment given	110	135	138	132	155	127	98	146	113	105	106	124	
Physiotherapy - Appointment to be made at a later date	54	74	56	63	67	55	68	76	49	72	56	66	

	2022/23												
Neuro Development	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
Neuro Development - Number received	7	4	2	1	2	2	4	1	4	2	2	1	
Neuro Development - Number progressed	11	13	12	1	1	3	3	2	3	3	3	1	
Neuro Development - % Within statutory timescale	27.3	15.4	0.0	0.0	0.0	66.7	66.7	50.0	66.7	66.7	100.0	100.0	
Neuro Development - Average waiting time (weeks)	28	30	39	41	8	3	14	7	4	4	4	5	
Neuro Development - Discharged	2	2	0	0	0	2	2	1	2	3	2	1	
Neuro Development - Another appointment given	9	11	11	1	1	1	1	1	1	0	1	0	
Neuro Dev.- Appointment to be made at a later date	0	0	1	0	0	0	0	0	0	0	0	0	

	2022/23												
Occupational Therapy	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
Occupational Therapy - Number received	55	64	57	38	57	40	45	56	56	52	44	62	
Occupational Therapy - Number progressed	37	36	51	38	20	44	61	53	36	43	42	33	
Occupational Therapy - % Within statutory timescale	21.6	27.8	21.6	15.8	15.0	27.3	11.5	49.1	58.3	53.5	52.4	72.7	
Occupational Therapy - Average waiting time (weeks)	8.0	9.0	9.0	7.0	11.0	9.0	10.0	6.0	5.0	7.0	6.0	5.0	
Occupational Therapy - Discharged	8	7	4	3	2	4	25	9	7	11	7	8	
Occupational Therapy - Another appointment given	1	3	8	3	2	2	2	3	5	18	17	6	
OT - Appointment to be made at a later date	28	26	39	32	16	38	34	41	24	14	18	19	

Appendix

	2022/23												
Speech and Language - new data set	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Trend
Speech and Language Therapy - Number received	191	339	259	252	185	150	217	348	256	270	230	147	
Speech and Language Therapy - Number progressed	191	339	259	252	185	150	217	348	256	270	230	147	
SALT - Average waiting time after initial assessment (weeks)	30	23	25	31	31	28	29	23	42	30	28	28	
Initial Assessment	194	176	160	222	214	128	106	101	59	108	83	91	
Follow up	420	576	536	514	336	358	418	429	259	379	315	346	
Triage	74	93	101	165	257	31	183	175	134	25	16	79	
Therapy	264	461	537	248	134	298	414	518	198	380	280	283	
Advice	93	118	121	114	117	23	68	51	54	13	21	20	
Professional Liaison	168	205	199	142	57	159	146	189	129	156	87	115	
DNA	54	42	84	46	61	29	52	49	39	48	54	46	
EHCP Re-assessment	1	1	1	0	1	1	0	0	4	0	0	0	

	2022/23												
Diabetics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
Diabetics - Number received	5	7	6	10	7	7	7	9	8	11	7	15	
Diabetics - Number progressed	1	12	3	4	7	4	8	5	3	9	3	3	
Diabetics - % Within statutory timescale	0	33.3	33.3	50.0	85.7	50.0	87.5	40.0	100.0	88.9	100.0	100.0	
Diabetics - Average waiting time (weeks)	9.0	7.0	6.0	5.0	2.0	5.0	3.0	14.0	3.0	3.0	3.0	5.0	
Diabetics - Discharged	0	0	1	1	1	1	1	0	0	1	0	0	
Diabetics - Another appointment given	1	11	2	3	6	3	7	5	3	8	3	3	
Diabetics - Appointment to be made at a later date	0	1	0	0	0	0	0	0	0	0	0	0	








## Appendix

A & E	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Number Presented in A & E - Self Harm	19	23	24	22	14	21	28	17	13	26	17	21	
Time Spent in A & E (within 4 hour target) - Self Harm	78.9	82.6	62.5	72.7	85.7	85.7	75	88.2	84.6	73.1	94.1	81.0	
A & E - Self Harm - Admitted	3	3	4	4	5	6	6	2	3	3	1	4	
A & E - Self Harm - Discharged	16	20	20	18	9	15	22	15	10	23	16	17	
Number Presented in A & E - Mental Health	85	81	96	81	91	78	80	82	69	80	73	92	
Time Spent in A & E (within 4 hour target) - Mental Health	69.4	77.8	85.4	63.0	72.5	82.1	72.5	69.5	66.7	91.3	75.3	80.4	
A & E - Mental Health - Admitted	20	20	28	10	10	20	10	9	6	12	15	15	
A & E - Mental Health - Discharged	65	61	68	71	81	58	70	73	63	68	58	77	


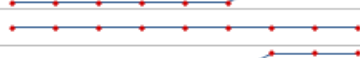
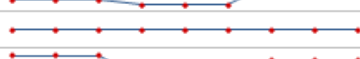




Paediatric Speech & Language	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Paediatric Speech & Language - % of patients seen within 10 working days : children - % within statutory timescale	57.1	55.6	25.0	66.7	16.7	0	25	33.3	85.7	100	0	14.9	
Paediatric Speech & Language - % of patients seen within 13 weeks : children - % within statutory timescale	16.2	17.9	20.0	17.0	23.9	19.6	15.4	25.9	25.0	32.4	26.1	19.4	

Paediatric Continence	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Paediatric Continence - % within statutory timescale	25.7	72.7	26.7	22	35.9	52.1	50.9	93.6	93.3	95.1	84.4	71.4	

## Appendix


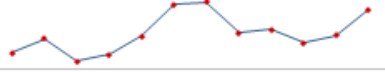


Baby screening and assessments.	2022/23												Trend
	Q1 (Apr, May, Jun)			Q2 (Jul, Aug, Sep)			Q3 (Oct, Nov, Dec)			Q4 (Jan, Feb, Mar)			
% of babies eligible for newborn hearing screening for whom the screening process is complete within timescale *2	99.1	99.1	99.1	98.7	98.7	98.7	99.3	99.3	99.3	99.6	99.6	99.6	
% Well babies who do not show a clear response in both ears at OAE 1 Hospital	32.3	32.3	32.3	28.6	28.6	28.6	31.0	31.0	31.0	29.7	29.7	29.7	
% Well babies who do not show a clear response in both ears at OAE 1 Community	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
% Total Referrals - Hospital	4.1	4.1	4.1	2.7	2.7	2.7	3.4	3.4	3.4	3.5	3.5	3.5	
% Total Referrals - Community	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
% of babies with a no clear response result in one or both ears or other - referral for audiological assessment who are offered audiological assessment within timescale.	100	100	100	100	100	100	100	100	100	100	100	100	
% of babies with a no clear response result in one or both ears or other - referral for audiological assessment who receive audiological assessment within timescale.	100	100	100	100	100	100	100	100	100	100	100	100	

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Baby screening and assessments.	2022/23												Trend
	Q1 (Apr, May, Jun)			Q2 (Jul, Aug, Sep)			Q3 (Oct, Nov, Dec)			Q4 (Jan, Feb, Mar)			
Screens offered	99.7	99.7	99.7	99.6	99.6	99.6	99.9	99.9	99.9	99.6	99.6	99.6	
% Screens completed by 3 months	99.1	99.1	99.1	99.1	99.1	99.1	99.7	99.7	99.7	99.6	99.6	99.6	
% Screens declined	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
% Well baby referrals from OAE2 hospital	5.2	5.2	5.2	4.7	4.7	4.7	7.0	7.0	7.0	6.3	6.3	6.3	
% Well baby referrals from OAE2 community	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
% NICU with bilateral NCR at OAE	13.0	13.0	13.0	9.7	9.7	9.7	12.2	12.2	12.2	14.0	14.0	14.0	
% NICU bilateral referrals from AABR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	2.3	
% NICU unilateral referrals from AABR	4.3	4.3	4.3	3.2	3.2	3.2	4.1	4.1	4.1	4.7	4.7	4.7	
% Total bilateral referrals (including NICU)	0.9	0.9	0.9	0.4	0.4	0.4	0.4	0.4	0.4	0.9	0.9	0.9	
% Total unilateral referrals (including NICU)	2.6	2.6	2.6	2.3	2.3	2.3	3.0	3.0	3.0	2.4	2.4	2.4	
% Total Incomplete referrals	0.5	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	

\*2 by 4 weeks corrected age (hospital programmes-well babies, NICU babies) or by 5 weeks corrected age (community programmes-well babies). (NH1)

## Appendix

Health Visitors	2022/23												Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
% of births that receive a face-to-face new birth visit (NBV) within 14 days by a health visitor	86.4	87.7	84.9	89.0	90.7	89.6	91.0	90.2	88.4	84.9	87.7	90.5	
% of children who received a 12 month review by the time they turned 12 months	67.0	72.0	64.2	66.5	72.7	83.8	84.7	73.9	75.0	70.5	73.1	81.9	
% of children who received a 12 month review by the time they turned 15 months	85.5	82.5	89.4	86.6	87.6	85.1	86.0	86.6	89.2	89.0	85.1	87.9	
% of children who received a 2-2½ year review	78.9	75.4	78.1	76.9	76.2	73.0	81.2	82.1	82.1	93.2	73.9	77.9	

## Appendix

Education	2022/23												YTD Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
% of pupils with SEND	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.7	20.2	20.2	20.2	
% of pupils with SEN Support (all schools)	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.3	15.6	15.6	15.6	
% of BME total school population with SEND	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	
All Schools: Number Fixed-Term Exclusions - Pupils with an EHCP	275	275	275	275	275	275	275	275	275	275	275	275	
All Schools: Number Fixed-Term Exclusions - Pupils with SEN Support	712	712	712	712	712	712	712	712	712	712	712	712	
All Schools: Number Permanent Exclusions - Pupils with an EHCP	0	0	0	1	0	0	1	1	1	3	3	3	
All Schools: Number Permanent Exclusions - Pupils with SEN Support	3	0	2	2	0	4	4	2	2	5	5	5	
% SEND Authorised Absence - Primary (EHCP)	9.3	7.3	8.4	8.8	8.8	4.9	6.2	8.1	12.9	7.3	7.0	6.7	
% SEND Authorised Absence - Secondary (EHCP)	11.1	8.3	12.6	11.0	11	6.7	8.1	8.9	13.0	9.1	8.8	7.5	
% SEND Unauthorised Absence - Primary (EHCP)	3.1	3.0	3.2	3.6	3.6	2.1	3.2	1.6	1.9	2	1.7	2.1	
% SEND Unauthorised Absence - Secondary (EHCP)	6.1	7.1	6.7	9.4	9.4	6.3	7.5	6.9	8.8	7.6	6.6	7.6	
Total number of SEND CYP that are Electively Home Educated				7	7	7	7	4	4	6	5	3	
Number of new SEND CYP that are Electively Home Educated in month - Primary				2	2	2	2	1	1	2	1	1	
Number of new SEND CYP that are Electively Home Educated in month - Secondary				5	5	5	5	3	3	4	4	2	
Number of SEND CYP that are missing from Education - Primary (EHCP)	0	0	0	0	0	0	0	0	0	0	0	0	
Number of SEND CYP that are missing from Education - Secondary (EHCP)	0	1	0	0	0	0	0	0	0	0	0	0	



Appendix

Education - attainment	2022/23												YTD Trend
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KS1 Reading EHCP - % at Expected Level	5.6	5.6	5.6	5.6	5.6	2.7	2.7	2.7	2.7	2.7	2.7	2.7	
KS1 Reading SEN Support - % at Expected Level	32.5	32.5	32.5	32.5	32.5	28.2	28.2	28.2	28.2	28.2	28.2	28.2	
KS1 Writing EHCP - % at Expected Level	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	
KS1 Writing SEN Support - % at Expected Level	25.5	25.5	25.5	25.5	25.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	
KS1 Maths EHCP - % at Expected Level	4.6	4.6	4.6	4.6	4.6	2.7	2.7	2.7	2.7	2.7	2.7	2.7	
KS1 Maths SEN Support - % at Expected Level	34.9	34.9	34.9	34.9	34.9	32.5	32.5	32.5	32.5	32.5	32.5	32.5	
KS2 RWM EHCP - % at Expected Level	2.2	2.2	2.2	2.2	2.2	2.5	2.5	2.5	2.5	2.5	2.5	2.5	
KS2 RWM SEN Support - % at Expected Level	22.9	22.9	22.9	22.9	22.9	20.7	20.7	20.7	20.7	20.7	20.7	20.7	
KS2 Reading EHCP - % at Expected Level	8.0	8.0	8.0	8.0	8.0	11.4	11.4	11.4	11.4	11.4	11.4	11.4	
KS2 Reading SEN Support - % at Expected Level	38.4	38.4	38.4	38.4	38.4	43.0	43.0	43.0	43.0	43.0	43.0	43.0	
KS2 Writing EHCP - % at Expected Level	4.4	4.4	4.4	4.4	4.4	4.0	4.0	4.0	4.0	4.0	4.0	4.0	
KS2 Writing SEN Support - % at Expected Level	36.8	36.8	36.8	36.8	36.8	30.2	30.2	30.2	30.2	30.2	30.2	30.2	
KS2 Maths EHCP - % at Expected Level	8.0	8.0	8.0	8.0	8.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	
KS2 Maths SEN Support - % at Expected Level	45.5	45.5	45.5	45.5	45.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
KS4 Overall Progress 8 Score - ECHP	1.1	1.1	1.1	1.1	1.1	1.1	1.3	1.3	1.3	1.3	1.3	1.3	
KS4 Overall Progress 8 Score - SEN Support	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	
KS5 EHCP Cohort - (Expected Level) - Only in Schools	142	142	142	142	142	142	142	142	142	141	141	141	
KS5 SEN Support Cohort - (Expected Level)	219	219	219	219	219	219	219	219	238	265	265	265	

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## CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

Wednesday 19<sup>TH</sup> July 2023

<b>REPORT TITLE:</b>	<b>GRADUATED APPROACH</b>
<b>REPORT OF:</b>	<b>DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION</b>

### REPORT SUMMARY

The purpose of the report is to provide members of the Children, Young People and Education Committee with an overview of the new Graduated Approach and associated toolkit.

In September 2021, the local area's services for children and young people with Special Educational Needs and Disabilities (SEND) was inspected by Ofsted and the Care Quality Commission (CQC). As a result of the inspection, the local area was required to submit a Written Statement of Action (WSOA) to address the ten areas of improvement which had been identified. This was approved by Ofsted on behalf of the CQC on 28th March 2022.

Reviewing the Graduated Approach was a key task of the Written Statement of Action. This report provides an introduction and overview for committee members.

Delivering the Wirral Statement of Action and the SEND transformation programme is aligned to the Wirral Plan 2021-2026 priority "Brighter Futures" and the Children's Services Business priority to 'create a culture of inclusion and aspiration'.

This is not a key decision.

### RECOMMENDATIONS

The Children, Young People and Education Committee is recommended to:

- a) Review and scrutinise the information contained within the report.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 To ensure that Elected Members have oversight of the Wirral Statement of Action and SEND Transformation Programme and its deliverables, holding senior officers to account for progress.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 Do nothing: good governance and accountability will help to ensure strong oversight and monitoring of the Wirral Statement of Action. It is important, as part of any improvement programme, to effectively report on progress, highlight risks and provide assurance to elected Members and wider stakeholders.

### 3.0 BACKGROUND INFORMATION

#### Monitoring Progress Against the Written Statement of Action

- 3.9 Following the Deep Dive workshops, the WSoA has been fully updated (Appendix 2). There are 106 actions within the WSoA, with 57 fully achieved by June 2023. An overview of completed actions is as follows:

Workstream	Total Actions	Complete Actions	% Completion	Actions Awaiting Success Measure Achievement	Actions Requiring Further Activity
1	15	12	80%	2	1
2	28	13	46%	11	4
3	20	11	55%	8	1
4	13	4	31%	4	5
5	20	11	55%	1	8
6	10	6	60%	0	4
<b>Overall</b>	106	57	54%	26	23

- 3.10 Forty-nine actions are yet to be completed across the six workstream areas. These can be separated into two categories:

- (i) Those described as ‘actions awaiting success measure achievement’ means that the activity has been completed but performance rates have not yet reached those specified as the ‘success measure’ in the WSoA.
- (ii) Those described as ‘actions requiring further activity’ means that there is further tasks needing to be delivered by the Workstream.

- 3.11 This analysis is helpful for the workstreams and SEND Transformation Board as it demonstrates where additional focus on performance improvement needs to be happening. Monthly performance monitoring will be increased in both Workstream 2 (Education, Health and Care Plans) and Workstream 3 (Co-production,

Communication, and Relationships) to support achievement of the success measures.

- 3.12 Across the partnership capacity for improvement activity will be focused around Workstreams 4 (Inclusive Practice) and 5 (Local Provision and Strategic Oversight) to ensure that actions requiring further activity are completed as soon as practicable.
- 3.13 Progress of the WSoA continues to be monitored through the WSoA Performance Group and the SEND Transformation Board. To ensure momentum is not lost, senior leaders have re-engaged with a broad range of strategic leaders across the Local Area partnership and services provided through the Integrated Care Board (ICB). Commitment from Chief Executive level has been re-affirmed and the ICB have appointed a Head of SEND for Cheshire and Merseyside, who is actively supporting the SEND Transformation Programme in Wirral.
- 3.14 The parent carer forum contract with Parent Carer Participation Wirral (PCPW) has been renewed for the 2023-24 financial year, with their steering group members continuing to play an important role in the improvement work and contributing significant time and resource to activities.

#### **4.0 FINANCIAL IMPLICATIONS**

- 3.29 There are financial pressures due to an increase in Education Health and Care Plans and the need to transport the pupils to school. Whilst some has been built into the budget there is likely to be higher numbers than expected. There has also been an increase in the demand for EHCP assessments and this has led to a backlog building up and some assessments not being completed within the 20-week statutory timescale. These pressures are proposed to be mitigated by additional budget of £0.350m being allocated to SEND resources and £0.450m to Assisted Travel costs.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 The Children and Families Act 2014 sets out the statutory requirements and responsibilities for the local authority and partners in providing support and services for children, young people and families with SEND. This legislation is underpinned by statutory guidance: the SEND Code of Practice. The Council has a legal duty to fulfil the requirements and expectations as set out.
- 5.2 Delivering on the Wirral Statement of Action will ensure that the local authority and health and education partners will meet their legal duties.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Delivering the WSoA requires resources from staff, ICT and Assets. Since the local area inspection, senior managers, officers and operational staff have been required to take on additional responsibilities to support the transformation programme.

Additional staff have been required at both strategic and operational levels and this may be needed further to ensure the transformation programme can be delivered.

- 6.2 There has been a requirement to develop new ICT infrastructure, for example, to capture and share data better across health, education and local authority partners. There have been requirements for Assets to assist in the establishment of inclusion bases or infrastructure projects which relate to securing improved provision across the local area.

## **7.0 RELEVANT RISKS**

- 7.1 The pace required to accelerate change is significant. Progress will be monitored regularly by the Department for Education and escalated if swift action is not taken, and tangible outcomes identified. Ofsted and Care Quality Commission are likely to return within the next 12 months, meaning that timescales are challenging for the scale and pace required. Partners across the local area are working quickly to prioritise, resource and drive change to provide both assurance of progress and be able to evidence improvement within the timescale.
- 7.2 Failure to invest in the improvement programme carries a risk that the relevant improvements will not be made.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 There is parent carer and young person's representation for the SEND Transformation Board and its workstreams. Regular engagement with the parent carer forum's Steering Group and the SEND Youth Voice Group is taking place.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 An Equality Impact Assessment has been carried out and is available here.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The content and recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 There are no community wealth implications arising from the report.

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## APPENDICES

Appendix 1- Written Statement of Action June 2023

### BACKGROUND PAPERS

SEND Joint local area inspection report <https://files.ofsted.gov.uk/v1/file/50173702>

Local Area SEND Inspection Framework and Handbook  
<https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook>

SEND Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

### TERMS OF REFERENCE

This report is being considered by the Children, Young People and Education Committee in accordance with section a of its Terms of Reference:

(a) exercising management, oversight and delivery of services to children and young people in relation to their care, wellbeing, education or health, with the exception of any powers reserved to full Council.

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Children, Young People and Education Committee	7 <sup>th</sup> March 2023
Children, Young People and Education Committee	12 <sup>th</sup> October 2022
Children, Young People and Education Committee	21 <sup>st</sup> June 2022
Children, Young People and Education Committee	31st January 2022
Children, Young People and Education Committee	4th June 2021
Children, Young People and Education Committee	28th January 2021
Children, Young People and Education Committee	1st December 2020
Children and Families Overview and Scrutiny Committee	28th January 2020

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# Wirral's graduated approach to inclusive practice and meeting educational need



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# Wirral's graduated response to inclusive practice and meeting educational need

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# Wirral aims and visions and ambitions /rational for graduated approach

Wirral is committed to ensuring that all schools and settings are equipped to deliver 'High quality teaching that is differentiated and personalised and will meet the individual needs of the majority of children and young people' (Code of Practice 2015).

SEND is everyone's responsibility- everyone has a part to play in ensuring that a CYP with SEND receives the support they need when they need it. Through the Graduated Approach, we can effectively support CYP to reach their full potential by identifying strengths and support needed through the four-part cycle of Assess, Plan, Do Review.

### **The SEND code of practice (2015) states the following definition of SEN:**

Special educational needs (SEN)

xiii. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

xiv. 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

Categorised into four areas of need:

Communication and interaction

Cognition and learning

Social, emotional and mental health difficulties

Sensory and/or physical needs

The SEND Code of Practice (2015) also states:

6.44 Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place.

This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes.

This is known as the Graduated Approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive

cycles in order to match interventions to the SEN of children and young people.

The Graduated Approach in Wirral is more than a document. It is the culture and ethos by which we respond to children and young people at the earliest stages of any presenting need. It is how we do things and why we do them.

Whilst the graduated approach is a systematic reflective process, Wirral also understands the culture and ethos of this enables inclusive practice to thrive in schools for the children and young people who are at the centre of this process throughout.

It is imperative for our CYP that a graduated approach is in place and that we are ensuring the best possible outcomes for all children and young people by working together to achieve this – it is everyone's responsibility.

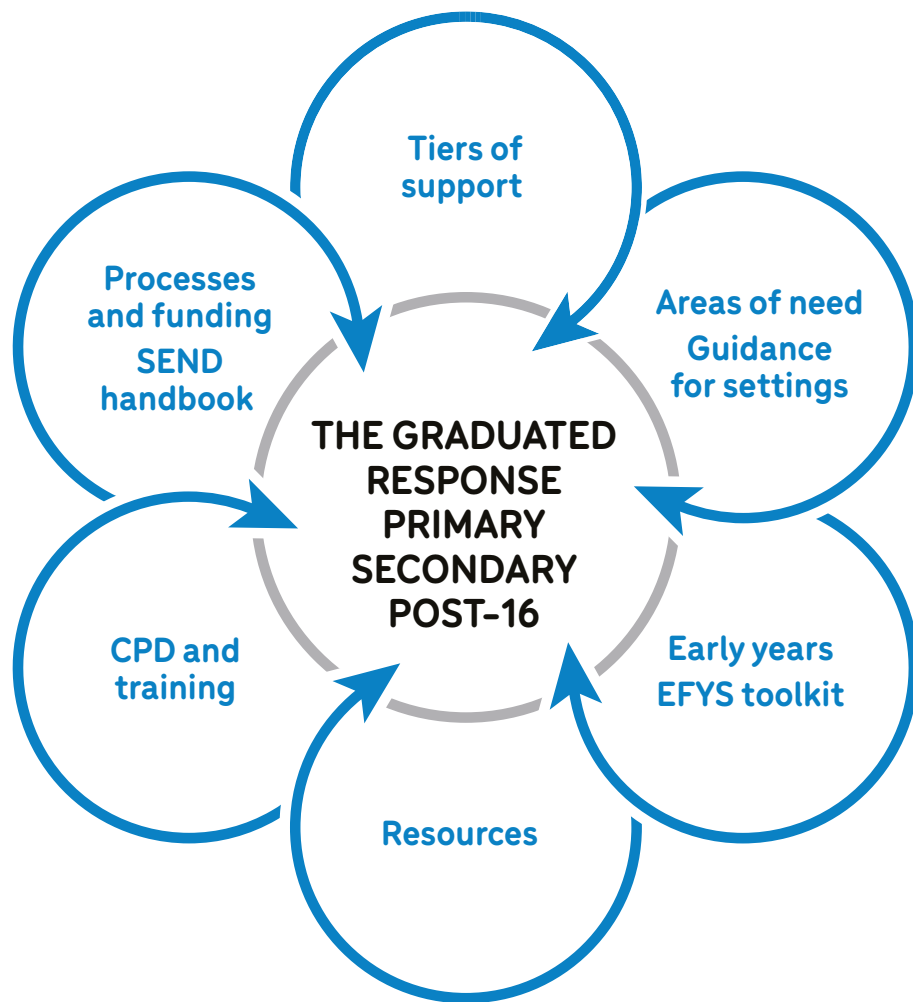
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Education is not a process  
of filling the mind with facts;  
it is a process of lighting the  
fire of curiosity

WILLIAM ARTHUR WARD

# Areas of the graduated approach

Page 120



Inclusive education seeks to address the learning needs of all children, with a specific focus on those who are vulnerable to marginalisation and exclusion. The goal is to promote opportunities for all children to participate and be treated equally

ANDIE FONG TOY

## INTRODUCTION

# The graduated approach, related theory and Wirral model

Through this model we can see the process of the Graduated Approach and how each tier supports the one before as they build towards a more specific, targeted approach.

Each piece of the pyramid has a part to play in the correct order of the graduated process.

Wrapped around this, are the three elements of provision and support.

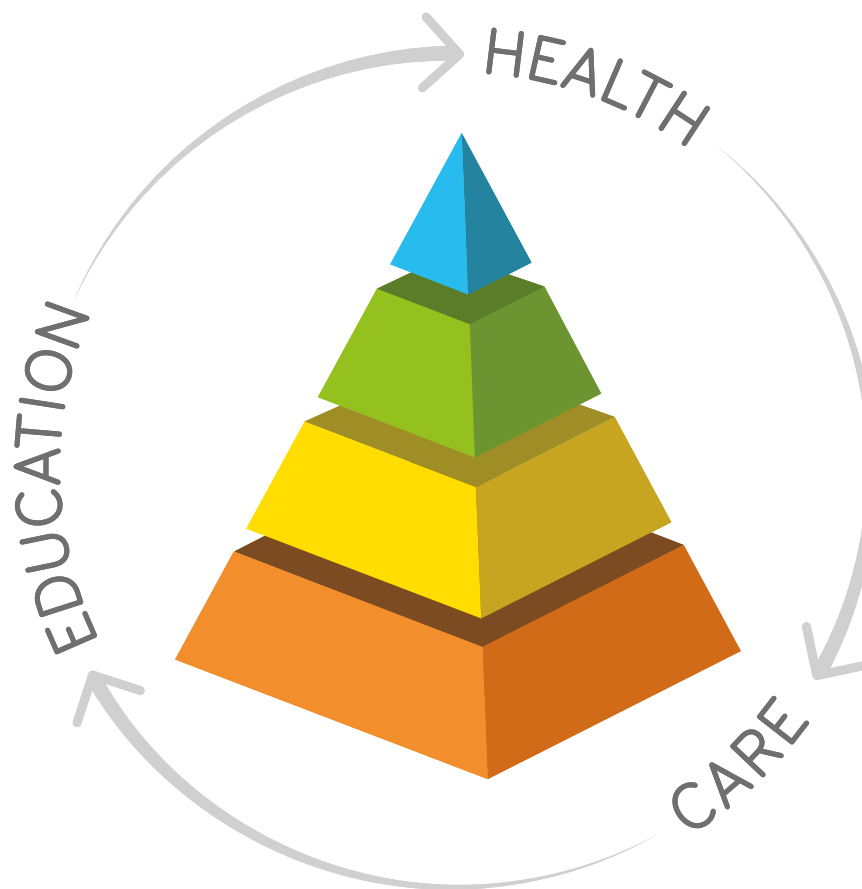
### EDUCATION

### HEALTH

### CARE

Wirral's Graduated Approach has been outlined in chapters specific to are of need for clarity.

However, we know that children and young people may overlap various elements and it is understood that practitioners would use professional judgment to follow a response in the best way to suit the individual needs of the child or young person.



### NEEDS ASSESSMENT

Intensive Targeted Support alongside application for full needs assessment when all reasonable adjustments have been made and CYP requires further support in order for needs to be met.

### TARGETED SPECIFIC SEND

Support in place for CYP, including external agency and provision if needed. This is built upon the previous stages and continues to include Assess Plan Do Review Cycles and parent carer communication.

### EARLY SEND SUPPORT

Early identification of SEND support needed with quick and adaptive response for reasonable adjustments using Assess Plan Do Review Cycles and parent carer discussions to inform support and provision needed to meet needs of CYP.

### UNIVERSAL OFFER

For all CYP including the universal offer of support and quality first teaching strategies to support all CYP at every stage of their development

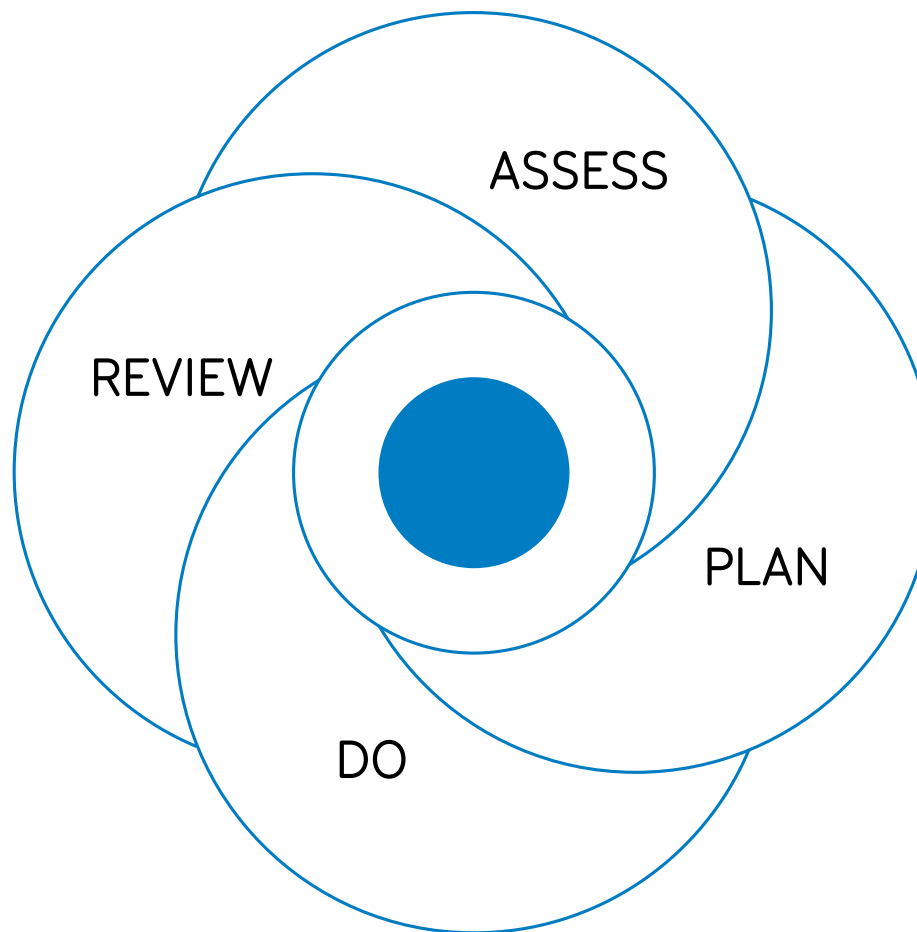
# Assess Plan Do Review

The SEND code of practice (Gov 2015) states the following:

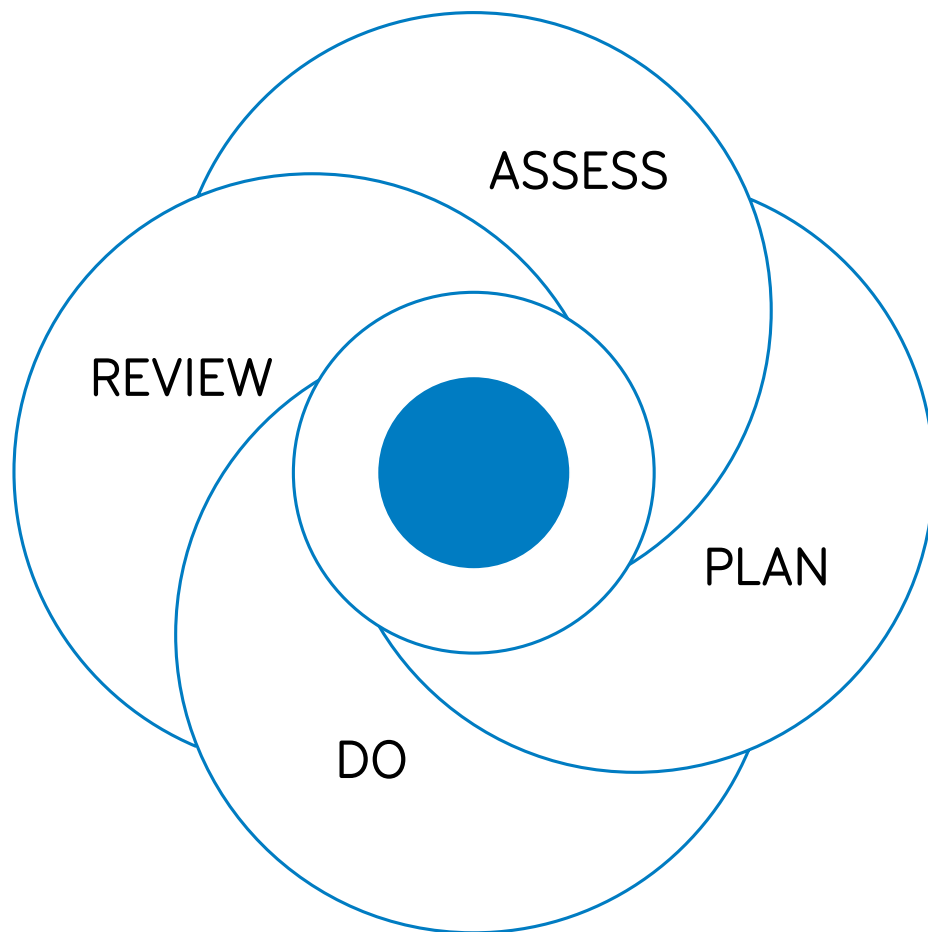
6.44 Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place.

This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes.

This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.



# Assess Plan Do Review



## ASSESS

Teachers have accurate information about a CYP's attainment and the progress that they make. Teachers identify CYPs who are making less than expected progress and are unlikely – on current performance – to attain at an expected or higher level. The assessment of CYP attainment levels and target setting is moderated rigorously.

## PLAN

Following assessment, all agree on a plan of action to include time limited outcomes for the CYP; the adjustments, support and interventions to be put in place. All planning must be CYP centred, and outcomes focused and a date for review recorded.

## DO

All support the plan and implement the adjustments, support and interventions. Teachers are responsible for: Differentiating and personalising the curriculum Delivery of 'additional and different' provision for a CYP with SEN linking interventions to classroom teaching.

## REVIEW

The quality, effectiveness and impact of provision are evaluated by the review date. This is shared with CYP, and parent/carers and their views sought. The cycle recommences at Assess with the updated needs of the pupil being considered before planning a continuation of or change to provision.

# Universal offer and quality first teaching

As outlined in the Teaching Standards, the teacher is responsible for the learning and progress of the children and young people (CYP) in their class. This is the minimum duty of all teachers. It is a teacher's duty to always maintain the teaching standards and to adapt and present a broad and balanced curriculum in ways that are accessible, yet challenging, for all CYP. Delivering high quality teaching that goes further than the minimum outlined in the teaching standards is imperative to the learning and development of all CYP in empowering them to achieve their full potential and highest possible outcomes.

The SEND code of practice (2015) states that "high quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people". Teachers will understand that adaptive teaching strategies may range from TA support to adjusting activities to suit the specific need of the child for that learning moment. High quality teaching ensures that in each learning opportunity presented to the child, the learning processes are personalised to ensure maximum impact and retention of knowledge and skills.

The code also states: "A pupil has SEN where their learning difficulty calls for special educational provision, that is provision that is different from or additional to that normally available to pupils of the same age.

Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require such support. Such improvements in whole-class provision tend to more cost effective and sustainable."

We understand that this means broadening and widening the circle of the universal offer and Quality First Teaching to allow more children and young people to benefit from high quality provision.

Central to this is the relationship that the teacher creates with their students. A teacher must first create an environment that is safe, compassionate and supportive, and allows children to approach challenges that are achievable. This allows self-esteem, independence, and metacognitive skills to develop.

A teacher needs to also consider their own teaching style and adapt this to the needs of the child of young person. The teacher should consistently apply a Graduated Approach adhering to the

policies in place for their educational setting and seeking help/reflective discussion from other practitioners on a regular basis. By broadening the circle of our universal approach through quality first teaching, we empower more children and young people to thrive and be included.

The following list outlines some principles of Quality First Teaching (QFT), however in a CYP-centred approach there may be more adjustments suitable for the CYP that should be considered. Underneath this initial list, some more specific Quality First Teaching practical strategies have been organised by specific need. Quality First Teaching puts the CYP and their needs at the centre and is flexible to adapting to changing needs and the ever-developing CYP. Quality First Teaching is the highest quality provision for all children and young people all the time.



# Quality first teaching meets the needs of all CYP and includes, but is not limited to:

- Flexible grouping arrangements allowing CYP to experience working with different CYP and collaborative learning approaches that are rich in language and experiences.
- Multiple opportunities for cognitive retrieval over varying amounts of time to improve short to long term memory.
- Some adaptive teaching strategies, a range of activities and material – adaptive/systematic questioning to deepen learning and build understanding.
- Use of visual and auditory and kinaesthetic approaches.
- Awareness that a CYP may need more time to complete tasks and that equality of access may mean they need to do some things differently starting sooner or adapting a task to time manage the expectations of completion.
- Awareness that a CYP may need more time to process language and complete tasks. Open ended tasks that may lead to further learning with less focus on a 'completed' piece of work but a process of discovery.
- The opportunity for pre-learning to expose a CYP to unfamiliar language in a safe setting with dual-coding techniques to enable cognitive retrieval.
- Resources and displays to support independence that CYP are supported to use and choose resources that support their own learning. This provides opportunities for metacognitive development. Teacher to give routine feedback and modelling of metacognitive strategies for CYP.
- Environmental considerations are made to meet the needs of all CYP e.g., seating positions, personal space, classroom layouts, displays, signage colour and sensory considerations.
- Consider learning style/characteristics of learning of CYP.
- An understanding that the CYP's additional needs may have a wider impact on a CYP's social and emotional well-being despite the apparent lack of obvious impairment. The CYP may also be vulnerable to bullying or have low self-esteem.
- A range of alternative equipment/assistive technology may be needed.
- The pace of work may need to be adapted and learning presented in smaller 'chunked' sections to allow CYP time to process.
- Clear and positively stated rules and expectations for behaviour are apparent through visual means and consistently applied and modelled.
- Visual and practical supports, e.g., visual timetables, visual instructions/cues.
- A teacher shows compassion and empathy towards a CYP and supports their emotional communication by listening and ensuring the CYP is heard and supported through identifying and processing their feelings in any given situation. A teacher may need to revisit, discuss this with a CYP's parent/carer to further support any emotional processing over time.
- Open communication with parent/carer relaying positive experiences that can be built on and support the CYP's self-esteem as well as links between home and school/setting life.

Below you will find a suggested list of practical strategies you can utilise to enhance your Quality First Teaching practice arranged by area of need. Again, a CYP centred approach means using your specific knowledge of the CYP to inform your practice and knowing what will work best for the specific need you are supporting. This list is not exhaustive but intended to support your planning stages.

## INTRODUCTION

# Cognition and learning: suggested strategies

Page 126

Ask the CYP what works for them in class. When have they enjoyed being successful or felt confident in taking on a challenge?

Targets should be cumulative. Next steps for learning should be derived from what the CYP can already do, referring to earlier stages when necessary. Ensure links to prior learning and strategies are explicitly made as some CYP don't make the links automatically and may need support to see the connections in learning and build cognitive pathways to long-term memory.

Give additional time to complete tasks if necessary or reduce the amount the learner is expected to do.

Allow alternative ways to demonstrate understanding, e.g., diagrams, mind maps, use of voice recorders, role play, low stake quizzes, multiple choice questions.

Build in plenty of opportunities to develop speaking and listening skills. Research has clarified the role this has in the development of reading and writing.

Make sure CYP have 'buddies' to support them at appropriate times, e.g., when they are tackling a task in an area in which they are not confident.

Encourage CYP to use structured approaches such as mapping ideas out under different headings.

Explicitly teach modelling of written responses with access to learning scaffolds such as writing frames, closed procedure tasks and fragment sentences. Leave these where learners can see them in the lesson to reduce cognitive load.

Give opportunities for CYP to check solutions using a range of methods. Build metacognition by asking why they used that method/why something else couldn't be the answer.

Give opportunities for CYP to make up problems using skills learned for their talking partner to solve.

Break instructions down into manageable chunks and given in sequence, supported by visual guides and task plans.

Key learning points should be reviewed at appropriate times during and at the end of lessons to address misconceptions, reinforce main ideas and articulate next steps on a learning journey. Put review points on the task plan so it starts to become an independent strategy.

Key words and/or phoneme mats should be available on desks with accompanying pictures.

Key words/vocabulary emphasised when speaking and displayed clearly. Contextualise and give synonyms to build vocabulary.

Make close observations of CYP to fully understand the strategies being used to solve problems - get them to 'talk through' what they are doing.

Make sure you know the level of difficulty of any text you expect the CYP to read, giving opportunities for pre-learning.

Give live feedback as much as possible in writing for content - encourage CYP to highlight one or two words themselves that may be incorrect to be looked at later.

Minimise copying from the board - provide copies for CYP if necessary.

Occasional opportunities to work with a scribe - perhaps in a small group to produce writing for 'publication' e.g., displayed on the wall or read to others.

Provide opportunities for CYP to transfer and generalise learning across contexts and cross-curriculum moments.

Present tasks in a meaningful context. Give real reasons for writing, e.g., actually send letters or give speeches.

Pre-teach subject vocabulary and give opportunities to use. Ask learners to actively look for the vocab in other texts.

Provide – and explicitly teach use of - range of writing frames to aid organisation. Include additional scaffolding, sentence starters, word banks etc.

Provide a talking partner for CYP to share/explain their thinking.

CYP encouraged to explain what they have to do to check understanding. Give processing time if needed.

Range of coloured overlays/reading rulers available. Colour wash on the whiteboard to minimise contrast and visual stress. Avoid using black pen on white background.

Teach and model memory strategies (storage, retrieval, reducing working memory load) within specific tasks.

## INTRODUCTION

# Cognition and learning: suggested strategies

Teach keyboard skills if a CYP prefers this method of recording work/ideas.

Teach sequencing as a skill, e.g., sequencing stories, alphabet, re-ordering texts, timelines etc.

Text presented clearly - uncluttered, use bullet points or numbered lines and clear 'sans' type font. Double spacing between words and lines can help.

Any visual aids to an explanation need to be uncluttered, clear and concise and draw attention to key content of the lesson.

To support short term memory, have small whiteboards and pens available for notes, spellings, record ideas etc.

Use a range of alternative and assisted technologies as and when appropriate e.g., Clicker, Office365, Dragon Dictate etc.

Number lines in longer texts so learners can find the relevant part more easily.

Use IT programs and apps to reinforce and revise what has been taught.

Avoid visual 'clutter' around areas of teacher input such as the whiteboard.

Reduce the number of spellings to learn if a CYP is struggling. Better to learn five properly than attempt ten which won't go into the long-term memory and could result in loss of confidence and motivation.

Ensure other talents are nurtured as this is where learners will find the motivation, confidence and resilience to attempt tasks they find harder and could be where they find future success. Don't take time from creative/sporting lessons to deliver intervention.

Ensure models of working out are visible and clear.

Set high presentation expectations to support CYP in organising their own learning, e.g., use squared paper - one digit per square to support place value understanding.

Use learning scaffolds such as mind maps, including assistive technology, which reduces cognitive load and working memory demands until the learner has a good level of proficiency in a previous learnt skill.

## INTRODUCTION

# Communication and Interaction: Suggested Strategies

Page 128

Adults' speech should be clear and unhurried with normal intonation - keep language choices precise, minimise use of abstract language, explaining any metaphors or idioms used for clarification.

CYP's name or agreed cue used to gain individual's attention – and before giving instructions.

Allow time for CYP to respond (processing time) and repeat the question if needed.

Working with TA to condense what is being said into bullet points/instructions.

Listening skills taught, modelled and reinforced through general communication but also specific learning such as drama games etc.

Be explicit re the different purposes/functions of language, give examples and model.

Classroom furniture and groupings considered so that CYP can see visual prompts and the teacher/board.

Emphasise keywords/vocabulary when speaking. Support with visuals and dual coding where possible.

Give instructions in manageable chunks and in order. Support with visuals where possible, i.e., whiteboard or images.

Lighting, noise levels and access to quiet spaces considered - overwhelming or overstimulating environments may reduce the processing and understanding of the CYP. Consider the use of quiet spaces and 'alone time', allowing for a break when needed.

Photographs of staff and other CYP (if appropriate) on display. Could be presented as a social story.

Pre-teach vocabulary that may be needed allowing for dual coding techniques and cognitive retrieval.

Regularly reinforce new vocabulary and concepts in a range of context to encourage generalisation.

Range of multi-sensory approaches used to support spoken language e.g., symbols, pictures, concrete apparatus, artefacts, role-play.

Systems of visual feedback in place to allow pupils to show they have understood, e.g., symbol cards, traffic light cards, smiley faces.

CYP are encouraged – and shown – how to seek clarification.

Explicitly teach phonological awareness skills (rhyming, alliteration, isolation, segmentation, blending, sound exchange).

Use of personalised visual timetables, choice boards, task organisers etc.

Use talking frames to provide a structure for reporting, telling stories and sequencing etc.

Ensure time for teacher to read aloud to the class modelling communication through effective storytelling.

Delivery of information 'input' chunked or slowed to allow processing time.

Expectations of listening displayed, taught, modelled and regularly reinforced with positive encouragement.

Prompt cards using a narrative framework (who, where, when, what happened etc.) used to support understanding of question words.

Ensure that preferred methods of communication (as well as level of eye-contact) known by all staff within the setting.

## INTRODUCTION

# Social Emotional Mental Health (SEMH): Suggested Strategies

Achievable, clear and visible outcomes/learning objectives - some children would benefit from seeing 'what a good one looks like' throughout the lesson for reference of expectation to reduce anxiety and build confidence.

Systems for observing, auditing and assessing a CYP's behaviour including the use of an ABC chart to isolate any concerns or triggers.

Positive praise for positive behaviours to build relationship and confidence where appropriate for the CYP. Give this feedback instantly in the moment if possible.

'Catch' the CYP being good and emphasise positives in front of other pupils and staff (where appropriate).

Consider classroom layout - quiet spaces and alone time to reflect and calm.

Safe space for storing special items such as toys for anxiety or fidget toys etc.

An inclusive and positive 'behaviour for learning policy' i.e., uses visuals, a clear process, rewards, consequences, language/scripts are clear and consistent throughout the setting.

Chunk instructions and support with visual cues and a clear learning journey and activity with defined 'end point' or outcome expectation.

Staff use a universal CALM (Calm manner, Ask questions, Listen and Manage) approach to all behaviours with the intention of being inclusive, deescalating situations and keeping everyone feeling safe.

Communicate positive achievements - no matter how small - with home and encourage home to do the same. Could be in the form of a 'Golden Moments' 'Wow Cards', phone calls home or 'Good News' book.

Differentiating setting behaviour system to be fully inclusive - i.e., to take into account acceptable activities, e.g., fidgeting, movement breaks, tapping.

Give breaks between tasks and give legitimate 'moving around' activities, e.g., class responsibilities, daily mile, multi-sensory activities etc.

Use interactive strategies e.g., CYP have cards/whiteboards to hold up answers, come to the front to take a role etc.

Give the CYP an appropriate classroom responsibility to raise self-esteem and profile with other CYP.

Ensure groupings provide positive role models and suitable learning partners.

Have a range of simple, accessible activities that the CYP enjoys using as 'calming' exercises - or a range of extension activities where appropriate.

Teach pupils how to use recording method e.g., post-it notes for questions and ideas rather than interruptions (when appropriate).

Use a visual timer to measure and extend time on task - start small and praise, praise, praise.

Make expectations for behaviour explicit by giving clear targets, explanations and consistent modelling.

Nurturing principles underlying all interactions in the setting to provide safe and compassionate environment.

Play calming music where appropriate.

Provide alternative seating at carpet time if required.

Provide lots of opportunities for kinaesthetic learning e.g., practical activities, experiential learning, multi-sensory resources.

Strategies in place to monitor attendance and punctuality which enhance communication between home and the setting and allow families to communicate their difficulties in a safe way to enhance support that can be offered.

Structured systems in place to support internal transitions between classes/activities, around the setting.

CYP are aware of who/when/where they can share any concerns with a trusted, named adult and what to do if that person is not available.

Give a set time for written work and do not extend into playtime to 'catch up' - the CYP will need these breaks.

## INTRODUCTION

# Social Emotional Mental Health (SEMH): Suggested Strategies

Systems in place which enable CYP to easily communicate difficulties, worries e.g., “bullying box”, “worry book” and daily talk time/de-brief that is protected and consistent.

Take time to find CYP’s strengths and praise these - ensure that the pupil has opportunities to demonstrate their skills to maintain self-confidence. Could they teach someone else a new skill that they are confident in?

Ensure timetabled, consistent and high quality PSHE curriculum to develop the SEMH of the whole class and to enhance personal development. Pastoral Lead to support.

Use ‘now & next’ with visual cues for the CYP so that they understand the timetable for the day.

Personalise teaching where possible to reflect CYP interests.

Communicate in a calm, clear manner.

Keep instructions, routines and rules short, precise and positive.

Listen to the pupil, giving them an opportunity to explain their behaviours. Use Restorative Practice approach. Training available through Wirral YOT/Wirral Inclusion Team.

# Physical, Sensory and Medical

The environment is planned to take into consideration the physical and sensory needs of all CYP e.g., playground and classroom layouts, displays, signage and lighting.

An understanding that a visual impairment may have a wider impact on a CYP's social and emotional wellbeing despite the apparent lack of obvious impairment.

White/interactive board displays should be clear for all CYP, a dark pen should be used when writing on the board.

Use of teaching strategies that develop the independent learning of the CYP.

A range of alternative equipment/assistive technology may be useful.

Pace of task and expectations in an activity may need to be considered.

Use of visual, auditory and kinaesthetic approaches.

Resources and displays that support independence.

Consideration to CYP's learning style.

Information about the CYP's difficulties is shared with relevant staff, in partnership with parents/carers.

Individual targets agreed and monitored, following discussion with CYP and parents, to share advice on successful strategies and set targets.

The quality of printed material should be appropriate for all CYP as regards clarity, layout, font size and colour contrast.

Adaptation of activities as needed for the CYP.

The setting should seek advice on inclusive practice (inc. exam advice) as appropriate for pupils with V.I. from the Vision Support Team and/or the Hearing Support team.

Provision of an inclusive PE curriculum, including arrangements for Sports Day where appropriate.

Opportunities for social interaction between peers and the wider community of the setting may need to be engineered to bolster self-esteem and confidence.

The curriculum includes examples of diversity.

Designated time is allocated to Teaching Assistants for planning and liaison with teachers.

Staff make use of a wide range of resources, including those produced within the LA, to inform their inclusive practice.

Anti-bullying is routinely addressed, and pupils are confident in reporting incidents.

Trips which are planned well in advance and take into consideration the needs of the CYP.

The setting can demonstrate an inclusive ethos that supports the learning and wellbeing of all CYP.

CPD has been taken by staff who are supporting children with a specific need. This includes any medical support that may need to be provided. This CPD is recorded and regularly updated as needed.

Assistance with access to specialised equipment e.g., laptops, cameras, speech/large print software or talking equipment.

The setting is to ensure that key information is passed on at times of transition and, where appropriate, and will consult with the specialist teaching team.

VI (Visual Impairment) and HI (Hearing Impairment) specific advice and support from the Vision Support Team and Hearing Support team on: - curriculum adaptations, equipment to access the curriculum, positioning in the classroom, risk assessment, mobility, individual health care and management plans, exam access arrangements, advice on use of ICT to access the curriculum.

# Overview of the SEND Code of Practice related to graduated approach

For further breakdown and more information, please see the SEND handbook.

Overview The Children and Families Act (2014) reformed legislation relating to children and young people (CYP) with special educational needs and disabilities (SEND). The SEND Code of Practice (2015) provides statutory guidance for all organisations that work with CYP with SEND. It outlines the duties, policies and procedures that must be adhered to. The Code clearly outlines which organisations must have regard to the statutory guidance.

These are:

- Local Authorities
- School Governing Bodies
- College Governing Bodies
- Academy proprietors
- PRU management committees
- Independent schools and specialist providers
- Early years providers
- National Health Service Commissioning Board
- Clinical commissioning groups

- NHS Trusts
- NHS Foundation Trusts
- Local Health Boards
- Youth Offending Teams
- First-tier Tribunal

Chapter 1 of the SEND code of practice underpins the principles behind the legislation and guidance in the Code of Practice. The principles are reflected in the following statements.

Section 19 of the Children and Families Act 2014 makes it clear that LA's must:

- Have regard for the views, wishes and feelings of children, their parents and young people.
- Provide CYP and parents/carers with high quality information and support.
- Supporting CYP and parents/carers to ensure best possible outcomes.
- Involve CYP and parents/carers in planning, commissioning and reviewing services.
- Identify CYP needs early and offer effective early intervention.
- Give greater choice and control for CYP and parents/carers over their support.

- Ensure greater collaboration between education, health and social care services to provide support.
- Ensure there is high-quality provision to meet the needs of children and young people with SEND.
- Ensure there is a focus on inclusive practice and removing barriers to learning.
- Ensure young people are supported to make a successful transition to adulthood.



# EHCP overview and pathway

## Education, Health and Care, Assessments and Plans (Chapter 9 of SEND COP)

The majority of children and young people with SEN will have their needs met within Local mainstream early years' providers, schools or colleges.

A Local Authority must conduct an assessment of education, health and care needs and prepare an Education, Health and Care (EHC) Plan when it considers it may be necessary for special educational provision to be made for the child or young person through an EHC Plan.

EHC Plans must be forward looking and help to raise aspirations. They should specify how services will be delivered as part of a whole package and explain how together the services will deliver improved outcomes across education, health and social care for the CYP.

### Requesting an Assessment

The following people have a specific right to ask a Local Authority to conduct an education, health and care needs assessment for a child or young person aged between 0 and 25:

- The child's parent/carer.
- A young person over the age of 16 but under the age of 25.

- A person acting on behalf of a school or post-16 institution (this should ideally be with the knowledge and agreement of the parent/carer or young person where possible).
- CYP aged 10 – 18 in youth custodial institutions also have the right to request an assessment for an EHC Plan.

### Considering whether an EHC needs assessment is necessary to meet the needs of the CYP

The Local Authority should only receive a request for EHC Needs Assessments after the setting/ school/ college can demonstrate that extensive interventions consisting of a Graduated Approach (Assess, Plan, Do, Review) have been in place, and then only if adequate progress has not been made.

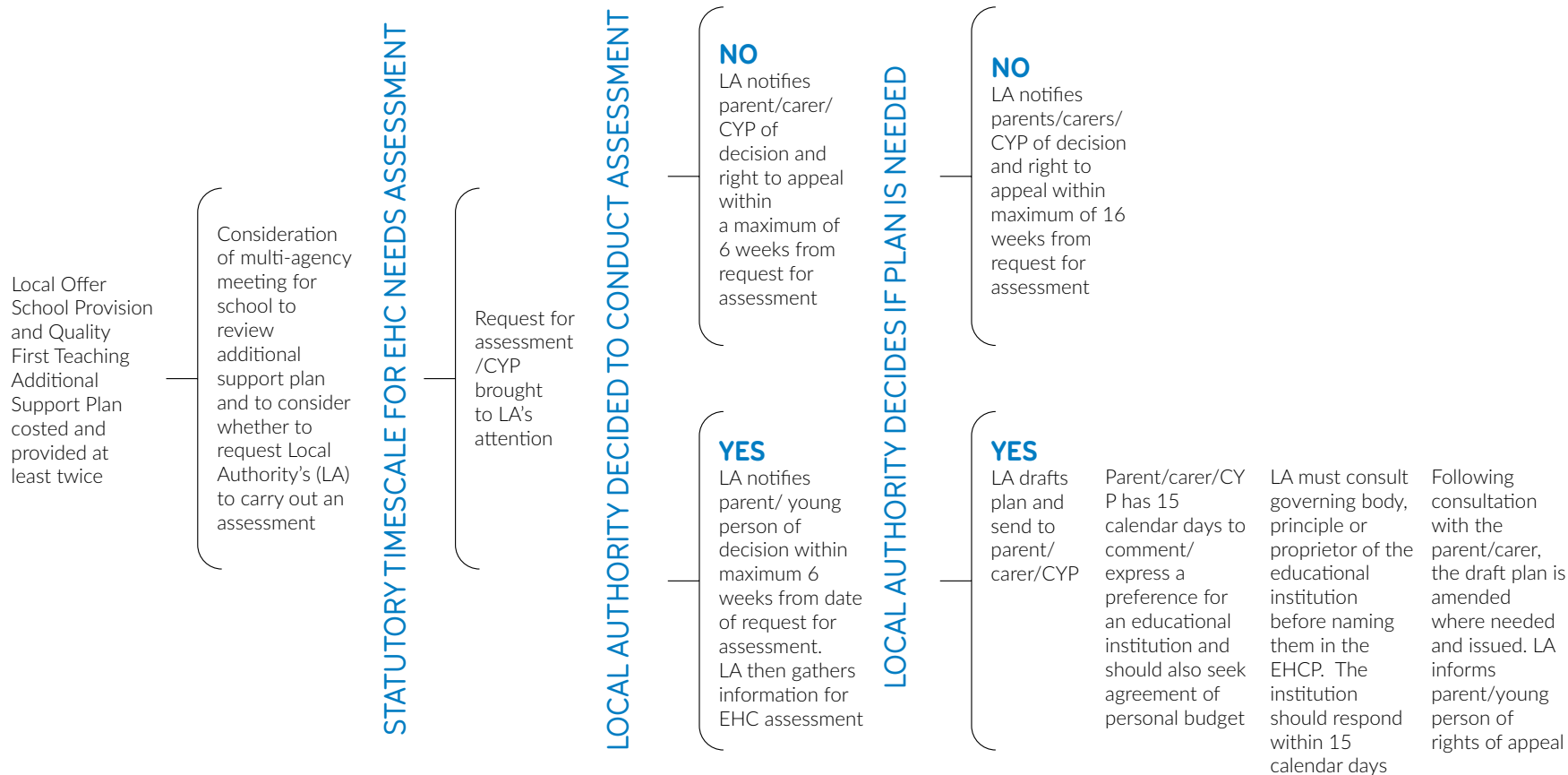
- Following a request for an EHC Needs Assessment (EHCNA) the Local Authority (LA) must determine whether a statutory education, health and care needs assessment is necessary, make a decision, and communicate its decision to the child's parent/carer or young person within 6 weeks of receiving the request. This decision will be based on the evidence/ information which has been sent.

- The setting/ school/ college/ parents/ CYP will be sent a letter advising of the decision to assess.
- Should the request for assessment be declined parents/carers/ CYP have the right to appeal the decision.
- Settings/ schools/ colleges cannot appeal the decision. However, they will be contacted by an EHCP co-ordinator and given advice on how the CYP can be supported within existing, mainstream resources. Additional resources through a Pupil Funding Agreement may be suggested.
- Settings/ schools/ colleges can collate further information and re-submit another request to the LA.
- Where they decide that special educational provision may need to be made through an EHC plan, the LA must notify the child's parents/carers or young person, the health service, LA officers responsible for social care, Early Years setting, school or post 16 institution.

# Wirral's EHCP Pathway

At every stage, CYP, parent/carer is fully involved. Their views and wishes are listened to and taken into account →

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Maximum timeline for full process = 20 weeks →

# Requirements for schools/post-16 settings

Every setting is required to identify and address the SEND of the CYP it supports by ensuring that they:

- Identify and respond effectively to SEND.
- Provide effective provision.
- Focus on high expectations and improved outcomes.
- Adopt a Graduated Approach to SEND provision with the four stages of action: Assess, Plan, Do, Review.
- Ensure CYP with SEND are given the best support through the Graduated Approach.
- Provide inclusive opportunities for development in all areas.
- Designate a teacher responsible for co-ordinating SEN provision.
- Ensure that there is sufficient expertise and experience to support CYP with SEND.
- Inform parents/carers when special education provision is being provided.

They must prepare a report on:

- The implementation of the SEN policy.
- Arrangements for admission of CYP with disabilities.

- Steps that are in place to ensure that there are equal opportunities and barriers to learning are removed.
- The facilities provided to enable access for CYP with disabilities.
- Their accessibility plan showing how access will be improved over time.
- There should be a member of the governing body or a sub-committee with specific oversight of the setting's arrangements for SEN and disability.
- Setting leaders should review how the resources used to address SEN can be used to build the quality of whole setting improvement.
- The quality of teaching for CYP with SEN and the progress should be central to the setting's performance management arrangements. Data should be closely analysed, and targets set to ensure the best possible outcome for the CYP.
- High quality teaching, differentiated for individual CYP, is the first step in responding to CYP who have or may have SEN. Additional intervention and support cannot compensate for a lack of good quality teaching.
- The identification of SEN should be built into the overall approach to monitoring the progress and development of all CYP.
- Clear assessments guided by the class/ subject teacher should guide the level of support being offered.

### Special education provision in settings

- Teachers are responsible and accountable for the progress and development of the CYP in their class, including where CYP access support from teaching assistants or specialist staff.

# Role of the SENCO

### The role of the SENCO

- Governing bodies and Proprietors must ensure that there is a qualified teacher designated as SENCO for the setting.
- The SENCO, in collaboration with the Headteacher and governing body determines the strategic development of the SEN policy and provision in the setting in order to raise the achievement of children with SEN.
- The SENCO has day-to-day responsibility for the operation of the SEN policy and co-ordination of the provision including those CYP with EHC Plans.
- The SENCO advises on the Graduated Approach for SEN.
- The SENCO advises on the deployment of Element 2 funding to ensure CYP's needs are met effectively.

### The role of the SENCO in early years settings and schools

The key duties of the SENCO are to support the Early Years Setting/School in:

- Identifying CYP with SEN. It is crucial that the correct CYP are identified and that there is confidence that over identification is not a

feature of the early years setting/school.

- Overcoming barriers to learning through ensuring that thorough assessments are completed. Effective analysis of this result in high quality interventions being delivered.
- Setting SMART educational outcomes.
- Tracking and monitoring of progress.
- Monitoring the quality of teaching and advising on areas for development.
- Reporting progress for SEN to the Local Authority.
- The SENCO is the significant person in supporting CYP, their families and school staff. As such it is vitally important that CPD is relevant and up to date.
- The SENCO is pivotal in liaising with other agencies and support networks.
- For this role the SENCO needs to have sufficient time to carry out their duties. The Code of Practice states the SENCO should have 'sufficient time and resources to carry out these functions'. The amount of time will vary across provision. The time allocated should be based on the number of CYP with SEN, the expertise of the staff in providing inclusive provision and the complexity of need.

- The SENCO must ensure that the SEN Information Report is in line with expectations.

### The Role of the SENCO in Colleges

Colleges should ensure there is a named person with oversight of SEN provision to co-ordinate support in the same way that the SENCO does in school.

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The SENCO is a key figure in inspiring the school's ethos and supporting the vision of 'everyone's responsibility'. They are a source of knowledge, support and assurance for children and young people in their educational journey. They support teachers in enacting quality first teaching and also in early response to a developing SEND need- they are vital to the SEND provision of any school or setting.

# Role of the SEND Governor

Governing bodies of maintained schools and academy trusts have legal duties in relation to pupils with SEN. However, this does not have to be the full Governing body and these duties can be delegated to a committee or an individual Governor. If the duties have been delegated, it is still the responsibility of the full Governing body to ensure that the functions are being carried out.

The SEN Governor should:

- Use best endeavours in exercising their functions to ensure that the necessary special education provision is made for any pupil who has SEN.
- Ensure that there is a qualified teacher designated as Special Educational Needs Co-ordinator (SENCO) for the school. A newly appointed SENCO must be a qualified teacher and, where they have not previously been the SENCO at that or any other relevant school for a total period of more than twelve months, they must achieve a National Award in Special Educational Needs Coordination within three years of appointment.
- Consult the Local Authority and the governing bodies of other settings when it seems necessary to co-ordinate special educational teaching in the area.
- Ensure that the pupils with SEN join in the everyday activities of the school together with children without SEN, as far as is compatible with them receiving the necessary special educational provision; the provision of efficient education for all other pupils; and the efficient use of resources.

- Take account of the SEN Code of Practice when administering their duties.
- In accordance with the Equality Act 2010, governing bodies and academy trusts are also under a duty to make reasonable adjustments to avoid substantial disadvantages experienced by CYP with disabilities. Governing bodies and academy trusts are required, where reasonable, to provide auxiliary aids and services as part of the 'reasonable adjustments' duty. Technical guidance on schools' reasonable adjustments duty is available from the Equality and Human Rights Commission.

### Duties under the Children and Families Act 2014

Paragraph 38 of the Governance Handbook says that maintained schools and academy trusts must:

- Use best endeavours in exercising their functions to ensure that the necessary special education provision is made for any pupil who has SEN.
- Ensure that parents or young person are notified by the school when special educational provision is being made for their child, because it is considered that he or she has SEN.
- Make sure that the responsible person makes all staff likely to teach the pupil aware of the pupil's SEN.
- Make sure that the teachers in the school are aware of the importance of identifying pupils who have SEN and of providing appropriate teaching.

- Ensure that there is a qualified teacher designated as special educational needs co-ordinator (SENCO) for the school. A newly appointed SENCO must be a qualified teacher and, where they have not previously been the SENCO at that or any other relevant school for a total period of more than twelve months, they must achieve a National Award in Special Educational Needs Coordination within three years of appointment.
- Consult the Local Authority and the boards of other schools when it seems necessary to co-ordinate special educational teaching in the area.
- Ensure that pupils with SEN join in the everyday activities of the school together with children without SEN, as far as is compatible with them receiving the necessary special educational provision; the provision of efficient education for all other pupils; and the efficient use of resources.
- Take account of the 'SEN and Disability Code of Practice' when carrying out their duties towards all pupils with SEN.
- Co-operate with the Local Authority in developing the local offer.
- Ensure the school produce and publish online its School SEN Information Report in accordance with Section 69 of the Children and Families Act 2014.
- Ensure the school has arrangements in place to support children with medical conditions (Section 100 Children and Families Act 2014).

# Identifying Special Educational Needs – Best Practice

- The Threshold Documents/SEND Handbook and Graduated Approach should be referenced when identifying support required by CYP.
- CYP achieving below age related expectations or making slower progress than their peers should not be assumed to have special educational needs or require specialist additional provision.

It would be wrong to assume that they may be requiring additional or different provision. It is at this point that teacher, together with the SENCO, should analyse classroom practice and the effectiveness of this for the pupil in question. The first question must always be 'what can we do differently to ensure better outcomes for this CYP'?

Ask whether provision can be improved to meet CYP needs, examine how effective differentiation is and refer to the Quality First Teaching chapter.

- Once a potential special educational need is identified the four actions outlined below will ensure that the right provision is in place before other alternatives are considered. The teacher must have accurate information and evidence that more than what is ordinarily available is required.

At this stage find out what the CYP's needs are and what support is required to ensure the CYP in making good progress and securing good outcomes.

The four actions required are:

1. More detailed assessment
  2. More specialised expertise
  3. More personalised programmes
  4. More frequent reviews
- Analysis of provision should ensure that teaching and support is at least good. This can only be achieved if assessment and teaching are regarded as intrinsically connected and not separate activities.
  - Good practice in the identification and assessment of CYP needs is a pre-requisite for developing and sustaining good quality SEN provision in settings. This practice underpins high aspirations for CYP achievement.

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The educator must believe in the potential power of his pupil, and he must employ all his art in seeking to bring his pupil to experience this power

ALFRED ADLER

# GRADUATED APPROACH THROUGH AREAS OF NEED

The following chapters are organised by area of need. As previously stated, the educational practitioner will use their professional judgment in the case of the CYP needing support across multiple areas of need.

The behaviours of the CYP or not limited to those stated but intended to provide a guide of what could be happening. The suggested strategies again are not limited and there may be further strategies that are helpful that are not mentioned. This breakdown of a Graduated Approach is designed to support the practitioner in providing help and support for the CYP in the earliest instance to allow for an inclusive educational environment.

## SECTIONS

- (A) Cognition and learning
- (B) Communication and interaction
- (C) Physical, medical and sensory - including hearing and vision
- (D) Social, Emotional and Mental Health (SEMH)



## SECTION A

# COGNITION AND LEARNING

These Threshold Tiers were developed with reference to the Special Educational Needs and Disability Code of Practice 0 to 25 years: Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities (DfE and DoH, 2015).





Chapter 6 of the SEN Code of Practice outlines Cognition and learning as one of the 4 broad areas of need.

This section refers to Cognition and Learning.

6.30 Support for learning difficulties may be required when children and young people (CYP) learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD), where CYP are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to Profound and Multiple Learning Difficulties (PMLD), where CYP are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

6.31 Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

### Wirral's graduated approach to supporting children with cognition and learning needs

-  **TIER 1**  
Universal Provision
-  **TIER 2**  
Universal Provision and any extra support included in what is already available within reasonable adjustments
-  **TIER 3**  
Time limited funding may be provided based on need and requirements
-  **TIER 4 AND ONWARDS**  
EHCP and further support to be decided as needed as per the thresholds and EHCP pathway

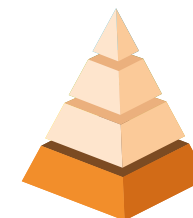


## COGNITION AND LEARNING

# Tier 1 – Universal Offer and Quality First Teaching

The CYP has difficulties with cognition and learning which have been identified by the class teacher (CT).

Needs can be met within settings' own resources.



### Description of the CYP's needs

The CYP is working generally within or just below Age Related Expectations (ARE). Quality First Teaching is meeting the CYP needs with appropriate adaptive teaching strategies and reviews for specific learning needs.

### Things to do to support the CYP in the setting and the evidence required to support decision making

CT (Class Teacher) has completed baseline assessment and re-assessment of CYP needs and has identified specific learning targets or gaps in knowledge or skill.

CT has planned and organised the implementation of adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum, e.g., scaffolding of learning and additional resources. This adaptive teaching strategy has continued for a reasonable period using the Assess, Plan, Do, Review cycle.

CT has planned and organised the implementation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. These have been implemented for a reasonable period of time e.g., half a term.

CT has completed regular reviews of the CYP's progress in response to both the adaptive teaching strategies and the targeted interventions.

CT provides evidence that Quality First Teaching is not meeting the needs of the CYP.

If needed, CT describes within the context of their own class how they will promote the progress of the CYP. CT provides evidence of the involvement of CYP's parents/ carers at all stages through the documentation of meetings and conversations with them.

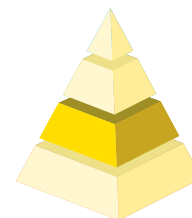
### Quality first teaching and strategies

[Tier 1- Quality First Teaching \(link to docs\)](#)

## COGNITION AND LEARNING

# Tier 2 – Early support

The CYP has difficulties with cognition and learning which require:  
Additional provision from within setting's resources.  
Co-ordination of assessment, intervention and monitoring by the SENCO.  
May also require some specialist advice from other services available to all CYP.



### Description of the CYP's needs

The CYP is making less than expected progress and is operating at a level significantly below Age Related Expectations. There is evidence of an increasing gap in attainment between the CYP and their peers. The CYP is becoming increasingly frustrated by their difficulties and their families are raising concerns.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The SENCO has organised/undertaken more specialist assessment using tools (preferably standardised) relevant to the CYP's needs. The SENCO may have sought additional specialist advice relevant to the CYP's needs.

The SENCO may have attended a drop-in session with an EP or the Inclusion Team to discuss the CYP.

There are significant adaptive teaching strategies, relevant to the CYP's need, to promote progress and access to the curriculum. This has continued for a reasonable period of time e.g., one term. There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs.

Both the adaptive teaching strategies and the interventions reflect the specialist advice received and both have been implemented for a reasonable period of time e.g., one term.

There have been regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention. The outcomes of the reviews have been shared with the CYP/families/carers and staff working with the CYP.

Where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided.

The Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress. SENCO provides evidence of the involvement of CYP's parents/carers.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

The setting can demonstrate an inclusive ethos that supports the learning and well-being of all CYP.

A broad and balanced curriculum is planned for all CYP.

The setting is flexible in adapting the core offer to meet needs of all CYP.

Opportunities are provided for small group work based on identified need.

The wider curriculum promotes positive examples of diversity.

Well-planned and stimulating PHSE/Citizenship curriculum, differentiated to the needs of each cohort/class.

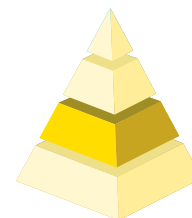
Anti-bullying is routinely addressed, and CYPs are confident in reporting incidents.

Pastoral arrangements are embedded in whole-setting practice to ensure the physical and emotional welfare of all CYP.

## COGNITION AND LEARNING

### Tier 2 – Early support (cont'd)

The CYP has difficulties with cognition and learning which require:  
Additional provision from within setting's resources.  
Co-ordination of assessment, intervention and monitoring by the SENCO.  
May also require some specialist advice from other services available to all CYP.



#### Description of the CYP's needs

The CYP is making less than expected progress and is operating at a level significantly below Age Related Expectations. There is evidence of an increasing gap in attainment between the CYP and their peers. The CYP is becoming increasingly frustrated by their difficulties and their families are raising concerns.

Other setting pastoral interventions could include:

- Meet and Greet
- Circle Time based on class/cohort needs
- Peer mentoring/support
- Buddy systems
- Restorative Practice
- Access to clubs/safe spaces during unstructured times
- Well-being hubs
- Awareness training for all staff

An experienced teacher is employed as the accredited SENCO.

Governors ensure that the SENCO is allocated sufficient time to fulfil all statutory & other duties. A regularly updated SEN Information Report details the effectiveness of the arrangements for SEN in the setting published on the Local Offer website.

A regularly monitored, reviewed and updated inclusion policy underpins practice. The setting employs additional adults to support the needs of all CYP e.g., Teaching Assistants, Family Support Worker, Pastoral Lead.

All staff including TAs and Learning Mentors have up-to-date job descriptions and are included in whole-setting appraisal systems. Designated time is allocated to Teaching Assistants for planning and liaison with teachers regarding progress and next steps.

All staff have received training on SEN and understand how to support CYP with learning difficulties.

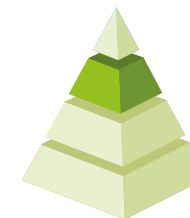
Whole-setting CPD has included use of the Inclusion Development programmes for Dyslexia and/or SLCN.

Setting staff access Local Authority (LA) training to keep informed on meeting the needs of CYP.

Staff make use of a wide range of resources, including those produced within the LA, to inform their inclusive practice. e.g., Person Centred Planning, Local Offer guidance.

# Tier 3 – Targeted support

The CYP has difficulties with cognition and learning which require: Further provision which is in addition to that which is ordinarily available within the setting's resources. Settings may wish to make a request to the LA for additional TIME LIMITED FUNDING to enable the CYP to continue to be supported within setting. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP



### Description of the CYP's needs

The CYP has significant and enduring difficulties with cognition and learning and with accessing a mainstream curriculum.

The CYP continues to make less than expected progress despite the use of appropriate modifications to the curriculum and the targeted interventions that have been tried and is operating at a level significantly below Age Related Expectations.

There is continuing evidence of an increasing gap between the CYP and their peers. The CYP is exhibiting behaviours such as withdrawal, reluctance to complete tasks etc. that is affecting their engagement with the curriculum and the interventions that have been offered.

### Things to do to support the CYP in the setting and the evidence required to support decision making

There is a continuation of significant adaptive teaching strategies, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period e.g., two terms.

There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period e.g., two terms.

The SENCO has sought further specialist advice e.g. EP, SALT, Early Help, where concerns regarding the CYP's needs and progress have persisted.

Both the adaptive teaching strategies and intervention reflect the specialist advice received and both have been implemented for a reasonable period e.g., two terms.

There have been regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention.

The Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

Recognised assessment, over a reasonable period of time and from a variety of sources, suggests that the CYP's difficulties with Cognition and Learning fall within the moderate or severe range and impact upon all areas of cognition and learning.

A review, including relevant agencies is completed and provides a description, how additional funding e.g., through a TIME LIMITED FUNDING, would support the CYP's learning. SENCO provides evidence of the involvement of CYP's parents/carers.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Some additional and/or Alternative Provision enhances the core offer.

Normal curriculum plans include individual/group targets.

TAs are used flexibly so that the teacher can focus on individuals and groups.

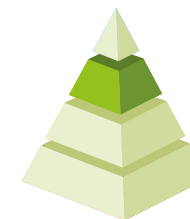
Time-limited proven interventions are matched to CYP's need and delivered by suitably trained staff.

Some use of small group or 1:1 programmes planned by the teacher and delivered by a TA or teacher to address specific difficulties.

Progress in interventions is recorded and shared with teachers so that learning is transferred and focussed teaching can be planned to address any difficulties.

# Tier 3 – Targeted support (cont'd)

The CYP has difficulties with cognition and learning which require: Further provision which is in addition to that which is ordinarily available within the setting's resources. Settings may wish to make a request to the LA for additional TIME LIMITED FUNDING to enable the CYP to continue to be supported within setting. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP



### Description of the CYP's needs

The CYP has significant and enduring difficulties with cognition and learning and with accessing a mainstream curriculum.

The CYP continues to make less than expected progress despite the use of appropriate modifications to the curriculum and the targeted interventions that have been tried and is operating at a level significantly below Age Related Expectations.

There is continuing evidence of an increasing gap between the CYP and their peers. The CYP is exhibiting behaviours such as withdrawal, reluctance to complete tasks etc. that is affecting their engagement with the curriculum and the interventions that have been offered.

Opportunities are provided for skill reinforcement/over learning/revision /transfer of skills/knowledge and generalisation.

Whole-setting systems evaluate the impact of interventions and monitor the quality of teaching and learning.

When deciding whether to make special educational provision, the teacher and SENCO consider all information gathered from within the setting about the CYP's progress, alongside national data and expectations of progress.

Main provision is by class/subject teacher with advice from SENCO.

All teachers and support staff who work with the CYP are made aware of their needs, the outcomes sought, the support provided and any teaching strategies or approaches that are required.

Additional adults including trained TAs are routinely used to support flexible groupings, differentiation, interventions and some 1:1 support, where appropriate.

Time is allocated for planning and feedback between teacher and TAs/Specialist support teachers.

Routine curriculum resources are made available including writing frames/prompts; word banks; writing mats; practical equipment; visual cues; cue cards; alphabet cards/strips appropriate to support both English and Maths.

Subject specific additional resources are routinely provided.

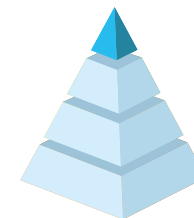
Use of additional adult (e.g., TA/Sports Lead/Pastoral Lead) for focused support during unstructured times e.g., lunchtime supervision/ targeted extra-curriculum activities/Adult-led safe space.

### LA DECISION-MAKING PROCESS

The Assess, Plan, Do Review cycle highlights the CYP is not making expected progress and may require additional funding to support their learning in the setting.

Please refer to the list of evidence that is required at this stage before making an application to LA DECISION-MAKING PROCESS for TIME LIMITED FUNDING. This must include evidence of the CYP developmental levels (e.g., setting specific individual progress tracker) and ALWAYS include a costed provision map to demonstrate the expected outcomes for the CYP that the funding would support.

# Tier 4 – Specific targeted support (EHCNA) Specialist Provision- MLD Bases



## Description of the CYP's needs

The CYP has significant and enduring difficulties with Cognition and Learning and with accessing a mainstream curriculum.

The CYP continues to make less than expected progress and is operating at a level significantly below Age Related Expectations. There is continuing evidence of an increasing gap between the CYP and their peers.

The CYP's difficulties with Cognition and Learning fall within the moderate/severe range and impact upon all areas of cognition and learning and their engagement with the curriculum.

CYP present with a range of issues and an accumulation of layered needs. The CYP will experience significant, complex persistent and enduring learning difficulties. These learning difficulties may co-exist with a medical condition and/or physical or sensory difficulties.

There may be associated behaviour difficulties including attention difficulties and/or self-esteem issues.

## Things to do to support the CYP in the setting and the evidence required to support decision making

Specialised assessments relevant to characteristics of medical condition, physical difficulties and/or sensory needs.

Risk assessments identify dangers and needs for additional support.

Personalised timetable includes sessions for therapeutic interventions, where these are required as part of the CYP's daily/weekly plan.

Long term ongoing involvement of educational and non-educational professionals as part of EHC Plan.

Completion of assessments as part of Annual Review processes submitted to EHCP Panel.

The specialist teacher undertakes detailed diagnostic assessments in order to create individualised skill development programme for the CYP.

Progress in skill acquisition is tracked and monitored.

CYP's are supported to take ownership of their own learning.

There is close liaison and sharing of expertise and teaching strategies between the Base specialists and the mainstream staff to promote and support transference of learning.

## Quality first teaching and strategies

[Link to QFT doc and resources](#)

Appropriate modification of the delivery of the curriculum in consultation with the SENCO and educational and non-educational professionals.

Learning style determines teaching methods.

Multi-sensory approaches are used.

The CYP has a level of need that has been assessed as requiring a highly specialist teaching and provision which may include small group work.

Specialist, highly skilled and trained staff take responsibility for devising, delivering & evaluating a personalised programme that accelerates learning.

CYP are taught strategies and provided with resources to assist with the development of independent learning.

Alternative ways of recording include electronic devices/ assistive technology.

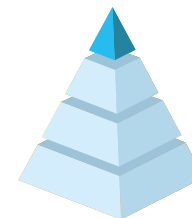
Individualised level/pace/amount of teacher talk.

Significant emphasis on consolidation and lateral progress before introducing new skills.

Small steps targets within group programmes and/or 1:1.

Development of automaticity should be facilitated through overlearning opportunities.

# Tier 4 – Specific targeted support (EHCNA) Specialist Provision- MLD Bases (cont'd)



## Description of the CYP's needs

The CYP has significant and enduring difficulties with Cognition and Learning and with accessing a mainstream curriculum.

The CYP continues to make less than expected progress and is operating at a level significantly below Age Related Expectations. There is continuing evidence of an increasing gap between the CYP and their peers.

The CYP's difficulties with Cognition and Learning fall within the moderate/severe range and impact upon all areas of cognition and learning and their engagement with the curriculum.

CYP present with a range of issues and an accumulation of layered needs. The CYP will experience significant, complex persistent and enduring learning difficulties. These learning difficulties may co-exist with a medical condition and/or physical or sensory difficulties.

There may be associated behaviour difficulties including attention difficulties and/or self-esteem issues.

Intensive and varied opportunities are provided to develop automaticity in reading and writing skills.

CYP are included in mainstream classes, when possible, with appropriately planned support that promotes independence.

Further increased levels of personalisation and differentiation according to learning need and any relevant medical characteristics.

Additional adult, under the direction of the teacher, supports CYP working on modified curriculum tasks; provides regular opportunities for small group work and daily 1:1 work/support. This is likely to include some therapy type activities which are condition led.

Highly specialist teaching and personalised provision.

CPD from specialist staff ensures that staff have an understanding of Specific Learning Difficulties (SpLD e.g., Dyslexia, dyscalculia) and are provided with appropriate strategies and advice in order to support CYP with those specific needs.

## COGNITION AND LEARNING

# Specialist Setting

## Specialist class or package of provision

### DESCRIPTOR LEARNING

The CYP will experience profound, complex life-long learning difficulties, and will require specialised provision, with personalised programmes of support delivered by staff with a high level of expertise.

### ASSESSMENT AND PLANNING

Multi-agency assessments will need to be undertaken in a cohesive and non-intrusive manner, being sensitive to the communication preferences of the CYP.

### CURRICULUM/ INTERVENTIONS

Requires additional staff support to access learning in a specialist setting/mainstream due to high level of vulnerability presented by the CYP.

Requires additional staff support in a specialist setting due to high level of vulnerability presented by the CYP.

Staff have access to regular consultations with support services e.g., SALT, OT, CAMHS, EP.

### OUT OF AREA INDEPENDENT SPECIALIST PROVIDER

All of the above but the CYP has such complex needs that their needs cannot be met in a setting within Wirral, i.e., they attend a non-maintained educational or residential placement (Out of Area). This may also include support for health and social care issues.



## COGNITION AND LEARNING

# Checklist

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

TIER 1	EVIDENCED?
We have ensured that QFT strategies are in place for all CYP.	
We have planned and organised the implementation of adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.	
We have planned and organised the implementation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. These have been embedded for a reasonable period of time.	
We have completed regular reviews of the CYP's progress in response to both the adaptive teaching strategies and the targeted interventions (Assess, Plan, Do, Review cycle).	
We have involved the CYP, parents/carers in this process.	

TIER 2	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We have organised/undertaken more specialist assessments using tools (preferably standardised) relevant to the CYP's needs.	
We have sought additional specialist advice relevant to the CYP's needs.	
We have attended a drop-in session with an EP or the Inclusion Team to discuss the CYP.	
We have planned and organised the implementation of significant adaptive teaching strategies, relevant to the CYP's need, to promote progress and access to the curriculum. This has continued for a reasonable period of time e.g., one term.	

We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention. The outcomes of the reviews have been shared with the CYP/families/carers and staff working with the CYP.	
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We have involved the CYP, parents/carers and other stakeholders in this process.	

TIER 3	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We can evidence a continuation of significant adaptive teaching strategies, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period e.g., two terms.	
We can evidence a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period e.g., two terms.	
We have sought further specialist advice e.g. EP, SALT, Early Help, where concerns regarding the CYP's needs and progress have persisted.	
We can show that the adaptive teaching strategies and interventions reflect the specialist advice received and both have been implemented for a reasonable period e.g., two terms.	
We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention.	

## COGNITION AND LEARNING

# Checklist (cont'd)

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We have organised/undertaken more specialised recognised assessments, over a reasonable period of time and from a variety of sources. These suggest that the CYP's difficulties with cognition and learning fall within the moderate or severe range and impact upon all areas of cognition and learning.	
We have involved the CYP, parents/carers and other stakeholders in this process.	

TIER 4	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding (IPFA), it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We have involved the CYP, parents/carers and other stakeholders in this process.	
We have sufficient evidence to show that an EHCNA is required.	

TIER 4-5	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We have organised/undertaken specialised assessments relevant to characteristics of medical condition, physical difficulties and/or sensory needs.	
We have ongoing involvement of educational and non-educational professionals as part of EHC Plan.	
We have organised/undertaken specialist assessments as part of Annual Review processes submitted to EHCP Panel.	
We have held an Annual Review, and this has been attended by an EHCP Review Officer.	
We have organised a specialist teacher to undertake detailed diagnostic assessments in order to create individualised skill development programme for the CYP. This personalised plan/timetable has been put in place.	
We have tracked and monitored progress in skill acquisition.	
We are liaising closely with a range of professionals/support services.	
We have involved the CYP, parents/carers and other stakeholders in this process.	
We have sufficient evidence to show that a more specialist provision is required to promote the CYP's progress.	

## SECTION B

# COMMUNICATION AND INTERACTION

These Thresholds Tiers were developed with reference to the Special Educational Needs and Disability Code of Practice 0 to 25 years: Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities (DfE and DoH, 2015).





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Chapter 6 of the SEN Code of Practice outlines Autism/Social Communication & Interaction difficulties as one of 4 broad areas of need.

This section refers to Communication and interaction.

6.29 Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

### Wirral's graduated approach to supporting children with cognition and learning needs

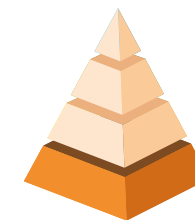
-  **TIER 1**  
Universal Provision
-  **TIER 2**  
Universal Provision and any extra support included in what is already available within reasonable adjustments
-  **TIER 3**  
Time limited funding may be provided based on need and requirements
-  **TIER 4 AND ONWARDS**  
EHCP and further support to be decided as needed as per the thresholds and EHCP pathway



## COMMUNICATION AND INTERACTION

# Tier 1 – Universal and Quality First Teaching

The CYP exhibits differences associated with social communication difficulties or a diagnosis of Autism. These have been identified by the class teacher (CT).



### Description of the CYP's needs

The CYP exhibits differences associated with Social Communication Difficulties or a diagnosis of Autism.

These may have been identified by the class teacher (CT). Quality First Teaching is meeting the CYP needs.

The CYP finds social situations confusing; can be unclear about appropriate responses and how to form relationships with other CYP.

CYP may struggle to communicate their thoughts and feelings and may show some particular interests.

CYP may find change unsettling.

### Things to do to support the CYP in the setting and the evidence required to support decision making

CT has completed baseline assessment and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.

CT has made and can evidence reasonable adjustments and planned and organised implementation of adaptive teaching strategies, relevant to the CYP's areas of need, to promote progress and access to the curriculum, e.g., scaffolding of learning, additional resources. This adaptive teaching strategies has continued for a period of time e.g. one term.

CT has planned and organised the implementation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. These have been implemented for a reasonable period of time e.g., one term.

CT has completed regular reviews of the CYP's progress in response to both the adaptive teaching strategies and targeted interventions.

CT describes in the context of their own class how Element 2 funding will promote the progress of the CYP.

CT provides evidence of the involvement of CYP's parents/carers.

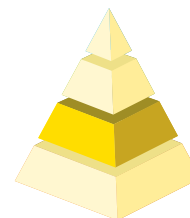
### Quality first teaching and strategies

[Tier 1- Quality First Teaching \(link to docs\)](#)

## COMMUNICATION AND INTERACTION

# Tier 2 – Early support

The CYP exhibits differences associated with social/communication difficulties or a diagnosis of Autism which require: additional provision available from within setting's resources, co-ordination of assessment, intervention and monitoring by the SENCO. May also require specialist advice from services available to all CYP.



### Description of the CYP's needs

The CYP exhibits differences associated with social/ communication difficulties or a diagnosis of Autism which require:

Additional provision available from within setting's resources.

Co-ordination of assessment, intervention and monitoring by the SENCO.

May also require specialist advice from services available to all CYP.

### Things to do to support the CYP in the setting and the evidence required to support decision making

CT provides evidence that Quality First Teaching is not meeting the needs of the CYP. This may be in the form of an IEP/ASP.

The SENCO has organised/undertaken more specialist assessment to better understand the CYP's needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.

The SENCO/relevant staff have attended Level 1 Making Sense of Autism training as provided by the EP/ASC team and shared strategies with those working with CYP.

The SENCO has sought additional specialist advice relevant to the CYP's needs, likely involving the ASC Team and implemented and reviewed such advice.

The SENCO has prioritised the CYP as requiring Inclusion Team drop – in where appropriate (to avoid duplication).

There is a continuation of adaptive teaching strategies, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a period of time e.g., one term with evidence of reasonable adjustments.

There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs.

Both the adaptive teaching strategies and intervention reflect the specialist advice received and both have been implemented for a reasonable period e.g., one term.

There have been regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention.

Where progress has been made it has only been as the result of much additional intervention and support over and above that which is usually provided.

The Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

The Element 2 funding has been fully utilised (costed provision map is provided to evidence this).

SENCO provides evidence of the involvement of CYP's parents/carers.

### Quality first teaching and strategies

[Link to QFT doc and resources](#)

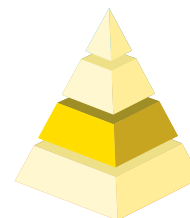
Manage access arrangements for internal and external examinations and assessments.

Awareness of the social and emotional aspects of the CYP's additional needs.

## COMMUNICATION AND INTERACTION

### Tier 2 – Early support (cont'd)

The CYP exhibits differences associated with social/communication difficulties or a diagnosis of Autism which require: additional provision available from within setting's resources, co-ordination of assessment, intervention and monitoring by the SENCO. May also require specialist advice from services available to all CYP.



#### Description of the CYP's needs

The CYP exhibits differences associated with social/ communication difficulties or a diagnosis of Autism which require:

Additional provision available from within setting's resources.

Co-ordination of assessment, intervention and monitoring by the SENCO.

May also require specialist advice from services available to all CYP.

Established communication strategies to facilitate communication and to assess learning and understanding.

Modified and adapted practical lessons as required.

Use of key working approaches to ensure the CYP has a trusted adult to offer support during vulnerable times.

Personalised reward systems known to all staff in the setting who have contact with the CYP, implemented across the whole curriculum.

Identified daily support to undertake.

Prepare and make relevant visual supports and structures.

Use of social stories where appropriate.

Adaptive learning which is broken down and 'chunked' into manageable parts.

Facilitate alternative recording strategies.

Regular/daily small group work around the teaching/ modelling/coaching of social skills.

Peer awareness training and support systems put in place.

Personalised timetable as needed which may include adaptation/temporary withdrawal from overwhelming activities such as full setting assemblies- should be discussed and agreed with parent/carer. The CYP should be included in as many whole-setting activities as possible.

Flexible approaches to the timetable to allow for support in lunch times and break times when time can be unstructured.

Teaching style is adapted to suit CYP's needs.

Time outlined with parent/carers on a regular basis to discuss progress.

Adult intervention targeted at specific curriculum areas to support progress – using SMART targets or precision teaching.

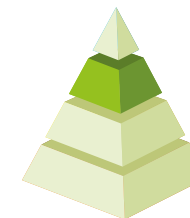
The setting will ensure that information is collected and passed on at times of transition and, where appropriate, will consult with the ASC Team.

Access to a quiet area for times of anxiety.

Additional support from ASC Team, SALT.

# Tier 3 – Targeted support

The CYP exhibits differences associated with social communication difficulties or a diagnosis of Autism which require: Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP.



### Description of the CYP's needs

The CYP may have a diagnosis of Autism and/or differences associated with Autism resulting in social/emotional/behavioural/learning and/or sensory needs, which make their learning in a mainstream setting environment, without additional support and environmental adaptation, challenging.

The CYP can participate in some aspects of the day but are likely to have difficulties in following instructions, classroom routines and maintaining attention to task and getting on with their peers.

There are more marked difficulties for the CYP with social situations. These are found to be increasingly confusing for the CYP. They can be very unclear about appropriate responses and have marked difficulties forming relationships with other CYP and adults show little interest in others.

With support, the CYP can usually make progress in learning but needs support for other aspects of the day (unstructured times).

### Things to do to support the CYP in the setting and the evidence required to support decision making

There is a continuation of significant adaptive teaching strategies, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a period of time e.g., two terms.

There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs including their understanding of social situations. This has continued for a period of time e.g., two terms.

The SENCO has attended AET Level 2 training Good Autism Practice as provided by the EP/ASC team and shared strategies with those working with CYP.

The SENCO has sought further specialist advice such as the ASC team and/or EP drop in where concerns with regard to the CYP's needs and progress have persisted.

Both the adaptive teaching strategies and intervention reflect the specialist advice received and both have been implemented for a period of time e.g. Two terms.

There have been regular reviews of the CYP's progress in response to:

The above specialist advice, adaptive teaching strategies and intervention.

The further provision, which is in addition to, those which are ordinarily available within the setting's resources.

The Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made and the further provision, which is in addition to that which is ordinarily available, within the setting's resources, or through TIME LIMITED FUNDING, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

The SENCO provides evidence of the involvement of CYP's parents/carers. Individual risk assessments are put in place, if required.

Introduction of positive handling plan – if needed and when appropriate.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Manage access arrangements for internal and external examinations and assessments.

Awareness of the social and emotional aspects of the CYP's additional needs.

Established communication strategies to facilitate communication and to assess learning and understanding.

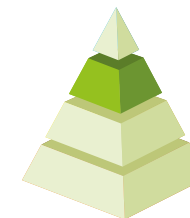
Modified and adapted practical lessons as required.

Use of key working approaches to ensure the CYP has a trusted adult to offer support during vulnerable times.

Personalised reward systems known to all staff in the setting who have contact with the CYP, implemented across the whole curriculum.

### Tier 3 – Targeted support (cont'd)

The CYP exhibits differences associated with social communication difficulties or a diagnosis of Autism which require: Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP.



#### Description of the CYP's needs

The CYP may have a diagnosis of Autism and/or differences associated with Autism resulting in social/emotional/behavioural/learning and/or sensory needs, which make their learning in a mainstream setting environment, without additional support and environmental adaptation, challenging.

The CYP can participate in some aspects of the day but are likely to have difficulties in following instructions, classroom routines and maintaining attention to task and getting on with their peers.

There are more marked difficulties for the CYP with social situations. These are found to be increasingly confusing for the CYP. They can be very unclear about appropriate responses and have marked difficulties forming relationships with other CYP and adults show little interest in others.

With support, the CYP can usually make progress in learning but needs support for other aspects of the day (unstructured times).

Identified daily support to undertake:

Prepare and make relevant visual supports and structures.

Use of social stories where appropriate.

Adaptive learning which is broken down and 'chunked' into manageable parts.

Facilitate alternative recording strategies.

Regular/daily small group work around the teaching/modelling/coaching of social skills.

Peer awareness training and support systems put in place.

Personalised timetable as needed which may include adaptation/temporary withdrawal from overwhelming activities such as full setting assemblies- should be discussed and agreed with parent/carer. The CYP should be included in as many whole-setting activities as possible.

Flexible approaches to the timetable to allow for support in lunch times and break times when time can be unstructured.

Teaching style is adapted to suit CYP's needs.

Time outlined with parent/carers on a regular basis to discuss progress.

Allocate appropriate space for visiting professionals to work with CYP when needed.

Adult intervention targeted at specific curriculum areas to support progress- using SMART targets or precision teaching.

The setting will ensure that information is collected and passed on at times of transition and, where appropriate, will consult with the ASC Team.

Access to a quiet area for times of anxiety.

Access to a low stimulus area for completion of independent tasks if needed.

Further advice from a specialist ASC Teacher.

Individual support for pre and post teaching- link to the resources for the lesson and encourage memory and retrieval when possible.

Recognise potential impact of sensory needs and intervene accordingly to support.

Progress in interventions is recorded and shared with teachers so that learning is transferred and focussed teaching can be planned to address any difficulties.

#### LA DECISION-MAKING PROCESS

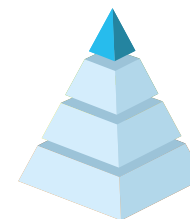
The Plan, Do Review cycle highlights the CYP is not making expected progress and may require additional funding to support their learning.

A TIME LIMITED FUNDING should be applied for with the associated documentation including evidence of the support and strategies already implemented and including a costed provision map. The review process indicates that a higher/different level of support/provision is needed to meet the needs of the CYP and promote progress.



# Tier 4 – Targeted Specific Support EHCNA/Resourced Provision

The CYP exhibits characteristics associated with social/ communication difficulties or a diagnosis of autism which require: Further provision which is in addition to that which is ordinarily available within the setting's resources and is not ordinarily available within a mainstream setting.



### Description of the CYP's needs

The CYP has a diagnosis of Autism and/or differences associated with Autism without a diagnosis resulting in significant social, emotional, behavioural, learning and/or sensory needs.

The CYP may present with a range of additional needs that often co-occur with ASC e.g., ADHD, anxiety, Sensory Processing Difficulties etc. In combination the CYP's access to learning is therefore made difficult and requires significant additional adaptation and accommodation. This is reflected in smaller group size.

The CYP will require ASC specific and person-centred approaches to teaching, learning and the classroom environment.

CYPs will however be expected to benefit from access to a mainstream environment over time. Behavioural challenge may be present but can usually be understood in the context of the CYP's ASC and is expected to reduce over time.

The CYP may experience significant anxiety.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The Assess, Plan, Do and Review cycle has been adhered to.

Despite the substantial adaptations made, the further provision, which is in addition to those which are ordinarily available within the setting's resources and is not ordinarily available within a mainstream setting (EHCP), it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

SENCO/Base Teacher provides evidence of the involvement of CYP's parents/carers. The Annual Review has been attended by a LA officer.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Facilitate the production of adapted materials in accordance with the advice from the involved professionals.

The use of specialist adapted equipment/software when appropriate to access the curriculum and for communication needs.

Programmes to develop social interaction and emotional well-being, as identified by the Social Communication Intensive Package (SCIP) /IEP/ASP/ Management plan.

Teaching focused on both learning curriculum and social skills throughout the day. Outcomes informed by the CYP's EHCP,

Annual Review and specialist recommendations.

Opportunities for staff CPD and support when needed to enhanced support for CYP. Opportunities for support staff to access specialist training regarding SEND and their impact on learning and social and emotional well-being.

Time to work with the ASC team for joint planning with the CYP, family and other professionals where need demands. Signpost families to a range of services (voluntary and statutory) for further support.

Opportunities for CYP to meet with a peer support group and adult role models where appropriate.

Independent life skills/travel training to support independence skills for the future- when appropriate and discussed with specialist and parent/carers.

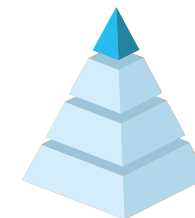
### LA DECISION-MAKING PROCESS

The Plan, Do Review cycle highlights the CYP is not making expected progress despite the TIME LIMITED FUNDING and may require an EHCP assessment to identify needs.

CYP has not responded to systematic, structured intervention provided by the TIME LIMITED FUNDING. Please refer to the list of evidence that is required at this stage before making an application to LA DECISION-MAKING PROCESS for EHCP funding. This must include evidence of the CYP developmental levels (e.g., setting specific individual progress tracker). Annual review process indicates that a higher/different level of support/provision is needed to meet the needs of the CYP and promote progress.

# Tier 4/5 – Targeted Specific Support EHCP/resourced provision base

The CYP exhibits differences associated with social communication difficulties or a diagnosis of Autism which require: Further provision, which is in addition to that, which is ordinarily available within a resourced base within a mainstream setting. Provision which offers highly personalised and specialist intervention programmes.



### Description of the CYP's needs

The CYP experiences complex, frequent and enduring difficulties associated with Autism, with or without a diagnosis.

The impact of Autism on the CYP is so pervasive that learning is unlikely to take place without specialist provision.

The CYP has complexities associated with their Autism and/or other additional needs resulting in a degree of social, emotional, behavioural/learning/sensory needs which require significant adaptation by the setting.

The CYP requires an ASC specific setting to assist in addressing and minimising the challenges which may be present as a result of the CYP's Autism.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The main provision is made by Base Teacher with support from SENCO.

Risk assessment to be considered in all areas including risk to others and risk to self.

The Assess, Plan, Do and Review cycle has been adhered to.

Despite the substantial adaptations made, the further provision which is in addition to those which are ordinarily available within the setting's resources and is not ordinarily available within a mainstream setting (EHCP), it is evidenced that a higher level of support / provision is needed to meet the needs of the CYP and promote progress.

SENCO/Base Teacher provides evidence of the involvement of CYP's parents/carers.

The Annual Review has been attended by a LA officer.

### Quality first teaching and strategies

[Link to QFT doc and resources](#)

Specialist teaching focusing on both learning curriculum and social skills throughout the day- targets informed by EHCP and Annual review.

Curriculum to include life skills and highly adapted PSHE aspects.

Opportunities to explore identity and find enjoyable activities.

High levels of specialist support in mainstream or Base Provision.

Skilled staff who have knowledge, experience and understanding of implications of need.

Additional individual support in line with risk assessment/ EHCP if needed.

Personalised timetable as needed and in line with EHCP.

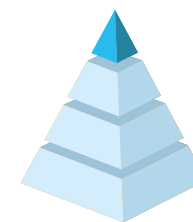
Small group teaching including 1:1 when needed.

Therapeutic intervention e.g., Family Therapy.

Further staff CPD as needed to support the CYP.

# Specialist Provision

## 10K top up funding for ASC provision



### Description of the CYP's needs

The CYP exhibits characteristics associated with social communication difficulties or diagnosis of Autism which require:

Further provision which is in addition to that which is ordinarily available within a resourced base within a mainstream setting.

CYP requires provision which offers highly personalised and specialist intervention of programmes.

The CYP experiences complex, frequent and enduring difficulties associated with Autism. the impact of this on the CYP is so pervasive that learning is unlikely to take place without specialist provision.

The CYP has complexities associated with their Autism and/or other additional needs resulting in a degree of social, emotional (including severe anxiety) behaviour, learning and/ or sensory needs which require significant adaptation by the setting.

The CYP requires and ASC specific setting to assist in addressing and minimising the challenges which may be present as a result of the CYP's Autism.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Long- term involvement of educational and non- educational professionals as part of the EHC Plan and Annual Review process.

Regular risk assessments to consider risks to self and to others.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Requires a range of support from the specialist setting due to high level of need and vulnerability presented by the CYP.

Staff have regular access to consultations with support services e.g., Educational Psychologists, OT, CAMHS, ASC Team.

## COMMUNICATION AND INTERACTION

# Checklist

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

TIER 1	EVIDENCED?
We have ensured that QFT strategies are in place for all CYP.	
We have completed baseline assessments and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.	
We have planned and organised the implementation of adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.	
We have planned and organised the implementation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. These have been embedded for a reasonable period of time.	
We have completed regular reviews of the CYP's progress in response to both the adaptive teaching strategies and the targeted interventions (Assess, Plan, Do, Review cycle).	
We have involved the CYP, parents/carers in this process.	

TIER 2	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We have organised/undertaken more specialist assessments using tools (preferably standardised) relevant to the CYP's needs.	
We have sought additional specialist advice relevant to the CYP's needs e.g. The ASC Team.	
We have attended a drop-in session with an EP or Inclusion Team to discuss the CYP.	
We have attended Level 1 Making Sense of Autism training as provided by the EP/ASC Team and shared strategies with those working with CYP.	

We have planned and organised the implementation of significant adaptive teaching strategies/reasonable adjustments, relevant to the CYP's need, to promote progress and access to the curriculum. This has continued for a reasonable period of time e.g., one term.	
We have planned and organised the continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period of time e.g., one term.	
We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention. The outcomes of the reviews have been shared with the CYP/families/carers and staff working with the CYP.	
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We can show that Element 2 funding has been fully utilised through a costed provision map.	
We have involved the CYP, parents/carers and other stakeholders in this process.	

TIER 3	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We can evidence a continuation of significant adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period e.g., two terms.	
We can evidence a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period e.g., two terms.	

## COMMUNICATION AND INTERACTION

# Checklist (cont'd)

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

We have sought further specialist advice e.g. EP, SALT, ASC Team, where concerns regarding the CYP's needs and progress have persisted.	
We have attended AET Level 2 training Good Autism Practice as provided by the EP/ASC team and shared strategies with those working with CYP.	
We can show that the adaptive teaching strategies/reasonable adjustments and interventions reflect the specialist advice received and both have been implemented for a reasonable period e.g., two terms.	
We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention.	
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We have organised/undertaken more specialised recognised assessments, over a reasonable period of time and from a variety of sources.	
We have involved the CYP, parents/carers and other stakeholders in this process.	

TIER 4	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding (IPFA), it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	

We have involved the CYP, parents/carers and other stakeholders in this process.	
We have sufficient evidence to show that an EHCNA is required.	
<b>TIER 4-5</b>	<b>EVIDENCED?</b>
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We have organised/undertaken specialised assessments relevant to characteristics of medical condition, physical difficulties and/or sensory needs.	
We have ongoing involvement of educational and non-educational professionals as part of EHC Plan.	
We have organised/undertaken specialist assessments as part of Annual Review processes submitted to EHCP Panel.	
We have organised a specialist teacher to undertake detailed diagnostic assessments in order to create individualised skill development programme for the CYP. This personalised plan/timetable has been put in place.	
A risk assessment has been put into place, if required.	
We have tracked and monitored progress in skill acquisition.	
We are liaising closely with a range of professionals/support services.	
We have involved parents/carers and other stakeholders in this process.	
We have held an Annual Review, and this has been attended by an EHCP Review Officer.	
We have sufficient evidence to show that a more specialist provision is required to promote the CYP's progress.	

## SECTION C

# SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

The Special Educational Needs and Disability Code of Practice 0 to 25 years: Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities (DfE and DoH, 2015).

Page 162

Chapter 6 of the SEN Code of Practice outlines 4 broad areas of need:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

This section refers to medical and/or physical needs.

6.35 Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

### Wirral's Graduated Approach to Supporting Children with Medical and/or Physical Needs

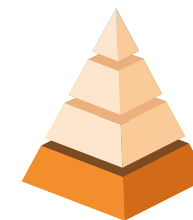
- TIER 1**  
Universal Provision
- TIER 2**  
Universal Provision and any extra support included in what is already available within reasonable adjustments
- TIER 3**  
Time limited funding may be provided based on need and requirements
- TIER 4 AND ONWARDS**  
EHCP and further support to be decided as needed as per the thresholds and EHCP pathway



## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

# Tier 1 – Universal Support

The CYP has a physical and/or medical need, which: Has a minimal impact on day-to-day activities in the setting. The CYP may be independent in managing the need.



### Description of the CYP's needs

The CYP's needs are being met by:

Quality First Teaching: planning for participation, differentiated and personalised learning, reasonable adjustments etc. The provision of appropriate facilities e.g., accessible bathroom. Implementation of the school's policy on supporting pupils at school with medical conditions.

Fine and/or gross motor skills may be developing at a slower pace than CYP's peer group. CYP may have reduced co-ordination and strength.

Motor activities, such as walking, may be mildly affected by tiredness. CYP may have poor posture when sitting, standing or walking.

CYP may have minor difficulties with some daily living skills such as toileting and requires occasional assistance e.g., for wetting/soiling accidents.

Speech production may be mildly affected by physical difficulties. CYP may have a long-term medical condition that is self-managed.

CYP may have a long-term medical condition that requires minimal intervention from school staff. CYP may be visually different to peers, and vulnerable to bullying, or low self-esteem.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Individual Health Care Plan (IHCP) detailing the CYP's medical /physical needs, including an assessment of potential risks to the CYP's education, health, and social wellbeing, and how risks have been mitigated/managed. The Individual Healthcare Plan will reflect the school's policy on supporting pupils at school with medical conditions.

CT has completed baseline assessment and re-assessment of CYP needs.

CT has considered and made reasonable adjustments for CYP, including the provision of equipment.

CT has planned and implemented appropriate adaptive teaching strategies, relevant to the CYP's individual needs, to promote access to, and progress within, the curriculum.

CT has planned and organised implementation of targeted, evidence-based interventions, relevant to the CYP's needs. These have been implemented for a reasonable period, tracked and evidenced.

CT has completed regular reviews of the CYP's progress in response to both adaptive teaching strategies and targeted interventions.

CT provides evidence of the involvement of CYP's parents/ carers by documenting meetings and conversations and ensuring that the voice of the parent/carer has been heard.

CT provides evidence that Quality First Teaching is not meeting the needs of the CYP (if appropriate).

CT describes in the context of their own class how any further support or funding would benefit the CYP (if appropriate).

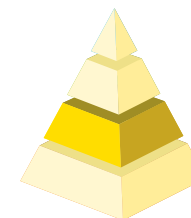
### Quality first teaching and strategies

**Tier 1- Quality First Teaching (link to docs)**

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

### Tier 2 – Early support

The CYP has a physical and/or medical need which requires: Additional provision from within setting's resources (Element 2). Co-ordination of an Individual Health Care Plan, reasonable adjustments, assessment, intervention, and monitoring by the SENCO. Specialist advice may be required from services including health professionals. Mainstream Element 1 (AWPU)+ Element 2 (up to £6k)



#### Description of the CYP's needs

The CYP may have a disability and/or special educational needs. Fine and/or gross motor difficulties may be evident and affected by reduced stamina and fatigue.

Mobility may be moderately impaired making CYP at increased risk of trips and falls and vulnerable in crowded areas and/or on uneven ground; posture and balance may be adversely affected when sitting, standing, and walking; CYP may experience limited difficulty on stairs.

CYP may be known to allied health professionals such as paediatric occupational therapy and paediatric physiotherapy.

Specialist equipment may be needed in school for table-top activities e.g., supportive seating.

CYP may have a school-based physiotherapy programme that contributes to improved readiness for learning.

CYP may have moderate difficulties with some daily living skills such as toileting and requires regular assistance e.g., to access a toilet facility safely; to clean after a bowel movement.

#### Things to do to support the CYP in the setting and the evidence required to support decision making

The CYP will have an Individual Health Care Plan (IHCP) detailing the CYP's medical and/or physical needs, including an assessment of potential risks to the CYP's education, health, and social wellbeing, and how risks have been mitigated/managed. The IHCP will have been written in partnership with parents/carers and relevant health care professionals. It will reflect the school's policy on supporting pupils at school with medical conditions.

Evidence that:

The SENCO has sought additional specialist advice relevant to the CYP's needs. This will include health professionals such as paediatric occupational therapy, paediatric physiotherapy, specialist paediatric nurses e.g., continence nurse. Advice should also have been sought from the Specialist Support Team for Pupils with Medical and/or Physical Needs.

The SENCO has considered and made reasonable adjustments for CYP. Where appropriate, specialist equipment has been provided as part of the reasonable adjustment's duty, via the Specialist Support Team for Pupils with Medical and/or Physical Needs and on the prescription of a therapist from either a paediatric occupational therapist or paediatric physiotherapist within local statutory health services.

There are significant adaptive teaching strategies, relevant to the CYP's need, to promote progress and access to school facilities and the full curriculum.

There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs.

Both adaptive teaching strategies and intervention reflect any specialist advice received and both have been implemented for a sufficient period of time to assess effectiveness.

There have been regular reviews of the CYP's Individual Health Care Plan (IHCP) and progress in response to specialist advice, reasonable adjustments, adaptive teaching strategies and intervention.

The SENCO has organised/undertaken more specialist assessments using tools (preferably standardised) relevant to the CYP's needs.

Where appropriate, the SENCO has prioritised the CYP as requiring EP consultation time.

Where progress has been made it has only been as the result of much additional intervention and support over and above that which is usually provided.

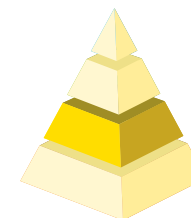
The Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.



## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

### Tier 2 – Early support

The CYP has a physical and/or medical need which requires: Additional provision from within setting's resources (Element 2). Co-ordination of an Individual Health Care Plan, reasonable adjustments, assessment, intervention, and monitoring by the SENCO. Specialist advice may be required from services including health professionals. Mainstream Element 1 (AWPU)+ Element 2 (up to £6k)



CYP may require medication/therapy to be administered in school prior to eating e.g., Insulin Therapy.

CYP may have difficulty accessing discrete curriculum areas e.g., PE/swimming, practical science, art and design, design and technology.

CYP may require specialist equipment and/or support at key times to access school facilities e.g., toilet, playground, science labs.

Speech production may be affected by breath control or other physical difficulties.

CYP has a chronic medical condition, which may be unpredictable, and which requires adult intervention/supervision.

CYP may lack confidence in class and in social situations and need encouragement to join in with peers.

CYP may experience frustration in certain situations.

Element 2 funding has been fully utilised and has been evidenced on a costed provision map.

The SENCO in consultation with the CT, provides a description, in the context of their own school, how a time limited Individual Pupil Funding Agreement (IPFA) will promote the progress for the CYP.

SENCO provides evidence of the involvement of CYP's parents/carers and ensures the voice of the parent/carer has been heard.

#### Quality first teaching and strategies

##### [Link to QFT doc and resources](#)

Personal Emergency Evacuation Plan (PEEP), where appropriate.

Modified and adapted PE/practical sessions as required.

Supervision in PE/practical sessions to monitor safety and interpretation of instructions. Aspects of Physiotherapy programme incorporated into PE lessons.

Information about the CYP's difficulties is shared with relevant staff, in partnership with parents/carers.

Access to assistive technology. Alternative means of recording considered.

Use of equipment to access the curriculum. Adapted/ modified equipment and teaching materials deployed e.g., adaptive scissors.

Provide a range of communication methods (digital camera, voice recorder, visual symbol cards).

Establish communication strategies to facilitate communication and assess learning.

Classroom support e.g., Teaching Assistant, is targeted towards support for access for specific tasks/settings and is not necessarily needed for learning.

Manage access arrangements for internal and external examinations and assessments.

Awareness of any related social and emotional needs that could occur.

Supervision at unstructured times e.g., in the playground/ free space, moving between classrooms.

Advice and training from specialist nursing teams and regional specialist medical teams, including equipment/ medical interventions and management regimes.

Safer Moving and Handling training.

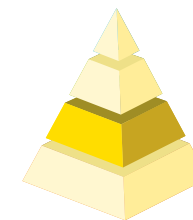
A regularly updated SEND policy detailing the effectiveness of the arrangements for SEND in the school.

Dedicated time for multi-agency review meetings with the child, family and other professionals.

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

### Tier 2 – Early support (cont'd)

The CYP has a physical and/or medical need which requires: Additional provision from within setting's resources (Element 2). Co-ordination of an Individual Health Care Plan, reasonable adjustments, assessment, intervention, and monitoring by the SENCO. Specialist advice may be required from services including health professionals. Mainstream Element 1 (AWPU)+ Element 2 (up to £6k)



#### Important Documents

DFE Statutory Guidance, 'Supporting Pupils at School with Medical Conditions'. School policy for supporting pupils at school with medical conditions.

Equality Act 2010: Reasonable Adjustments Duty, Planning Duty and Public Sector Equality Duty.

Settings may consult the Specialist Support Team for CYP with Medical/Physical Needs:

**Individual Health Care Planning** – supporting settings to produce robust, clear, and effective Individual Health Care Plans (IHCP) for CYP including developing an understanding of the educational and emotional impact of a child's medical/physical needs, and appropriate strategies to support learning and emotional wellbeing.

**Enhanced Transition Planning** – helping settings to prepare to meet the individual needs of new CYP. This includes planning for equipment, staffing, training, physical access, and reasonable adjustments.

**Learning Assessment** – for CYP with medical/physical needs who are making less than expected progress, despite evidence-based interventions matched to a pupil's area of need. The Team provides assessment reports including advice and recommendations as appropriate.

**ICT Assessment** – coordinating assessments for CYP, who because of significant physical difficulties, are struggling with both curriculum access, and with written and spoken

communication. Assessments are multi-disciplinary and must include advice from a CYP paediatric occupational therapist. The need for specialist equipment provision (ICT) is considered as part of the assessment process.

**Specialist Equipment Provision (non-ICT)** – supporting settings to make reasonable adjustments for CYP with physical needs. The Team coordinates specialist equipment provision to settings and monitors it through the IHCP process. Specialist equipment is provided on the recommendation of either Wirral's Paediatric Occupational Therapy Service or Wirral's Paediatric Physiotherapy Service, following clinical assessment. Examples of specialist equipment include a mobile hoist, potty chair, complex seating.

**Access to the Setting Environment** – the Team works in partnership with settings and appropriate health professionals to identify building adaptations that are required for individual CYP who have a physical disability. Building adaptation work is needs led and is reviewed regularly through the Individual Health Care Planning process.

**Accessibility Strategy** – the Team informs the Local Authority's Accessibility Strategy.

#### LA DECISION-MAKING PROCESS

The level of support that a CYP with physical and/or medical needs requires is often clear on transition into the setting but can change over time, for example, as a CYP becomes more mature and increasingly independent in meeting their own needs. The type of support that is required is frequently of a practical nature e.g., support for feeding or administration/management of therapy.

A CYP's access to a setting, both in terms of facilities and curricula, can be dependent on support. As such, the need for Element 3 funding via TIME LIMITED FUNDING is often self-evident and immediate. The need for a TIME LIMITED FUNDING request is frequently identified as part of enhanced transition planning implemented by the Specialist Support Team for Pupils with Medical and/or Physical Needs.

The Assess, Plan, Do, Review Cycle highlights the CYP is not making expected progress despite the Element 2 provision and has not responded to systematic, structured intervention provided by Element 2 funding.

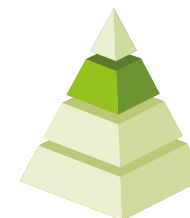
Please refer to the list of evidence that is required at this stage before making an application to LA DECISION-MAKING PROCESS for TIME LIMITED FUNDING. This must include evidence of the CYP pupil developmental levels (e.g., setting specific progress tracker).

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

# Tier 3 – Targeted specific support

The CYP has a physical and/or medical primary need, which requires: Support in addition to that which is ordinarily available within the setting's resources (Element 1 plus Element 2). Co-ordination of an Individual Health Care Plan, reasonable adjustments, assessment, intervention, and monitoring by the SENCO. Specialist advice and/or training from services including health professionals.

**Time limited additional units of funding** Individual Health Care Plan Funding Requests: IHCP funding requests should be made to inclusion and Equality Group (IEG). If funding is allocated an Individual Health Care Plan Funding Agreement will be drawn up between the Local Authority and the relevant school. Individual Health Care Plan Funding Agreements will be monitored and regularly reviewed by the Specialist Support Team for Pupils with MPN. Mainstream: Element 1 (AWPU)+ Element 2 (up to £6k) + Element 3 (pupil funding agreements/ EHCP)



### Description of the CYP's needs

The CYP is a high-needs learner; they may, or may not, have special educational needs.

The CYP has a medical and/or physical need/disability, which requires frequent adult intervention and support throughout the school day.

Fine and gross motor difficulties/delays may be evident. These may be affected by reduced voluntary muscle control, muscle tone and strength, and compounded by fatigue.

CYP may have some limitation of hand function and need assistance with manipulation tasks.

CYP may be unable to, or may have difficulty with, mobilising independently and require close supervision, assistance, and/or aids. CYP may not be able to mobilise over distance or ascend/descend stairs.

CYP may be known to allied health professionals such as paediatric occupational therapy and paediatric physiotherapy. Specialist equipment may be needed in school e.g., mobile hoist. CYP may require setting-based physiotherapy to reduce discomfort and improve readiness for learning.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The CYP has special educational needs that may require special educational provision to be made in accordance with an Education, Health, and Care Plan.

There is a continuation of significant adaptive teaching strategies, relevant to the CYP's areas of need, to promote access to the curriculum facilitating progress.

There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period of time e.g., two terms.

The SENCO has sought further specialist advice e.g. EP consultation, where concerns regarding the CYP's needs and progress have persisted. Both the adaptive teaching strategies and intervention reflect the specialist advice received and both have been implemented for a reasonable period e.g., two terms.

The Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made and the further provision which is in addition to that which is ordinarily available within the school's resources or through a (TIME LIMITED FUNDING), it is evidenced that a higher level of support / provision is needed to meet the needs of the CYP and promote progress.

Recognised assessment, over a reasonable period and from a variety of sources, suggests that the CYP's difficulties with cognition and learning fall within the moderate or severe range and impact upon all areas of cognition and learning.

A review, including relevant agencies is completed and provides a description, how an Education and Health Care Plan (EHCP) will promote the progress of the CYP.

SENCO provides evidence of the involvement of CYP's parents/carers.

Example of physical and medical needs at EHC assessment

CYP may have a physical impairment that restricts voluntary control of movement.

CYP may be impaired in all areas of motor function.

CYP may not be able to sit or stand independently.

CYP may not be able to independently walk but may be able to use powered mobility.

CYP may have limited voluntary movement and is dependent on specialist equipment and assistance to support all daily living skills including intimate and personal care.

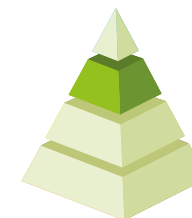
CYP may have a progressive condition that significantly impacts motor movement and control.

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

### Tier 3 – Targeted specific support (cont'd)

The CYP has a physical and/or medical primary need, which requires: Support in addition to that which is ordinarily available within the setting's resources (Element 1 plus Element 2). Co-ordination of an Individual Health Care Plan, reasonable adjustments, assessment, intervention, and monitoring by the SENCO. Specialist advice and/or training from services including health professionals.

**Time limited additional units of funding** Individual Health Care Plan Funding Requests: IHCP funding requests should be made to inclusion and Equality Group (IEG). If funding is allocated an Individual Health Care Plan Funding Agreement will be drawn up between the Local Authority and the relevant school. Individual Health Care Plan Funding Agreements will be monitored and regularly reviewed by the Specialist Support Team for Pupils with MPN. Mainstream: Element 1 (AWPU)+ Element 2 (up to £6k) + Element 3 (pupil funding agreements/ EHCP)



CYP may have delayed daily-living skills or reduced physical function that prevents or hinders independence; CYP may be nil by mouth due to motor impairment or difficulty swallowing.

Frequent adult intervention and support are needed throughout the school day.

For example, CYP may have frequent wetting/soiling accidents throughout the day; CYP may have difficulty with bowel/bladder control; CYP may use an aid to toilet e.g., catheter; CYP may be dependent on adults to support toileting needs; toileting programme may be required.

CYP may have difficulty accessing the setting's facilities, the physical environment, and curricula generally. Multiple pieces of specialist equipment may be necessary across the setting's environment e.g., seating, hoist, changing table, sling.

Communication – CYP may require support to communicate effectively.

CYP may have a chronic medical condition, which is unpredictable, and which requires frequent adult intervention/supervision, and can affect the CYP's ability to access particular activities.

Assistive technology may be required for curricula access.

CYP may have complex communication needs and may be non-verbal. Augmentative and alternative technology may be required to support communication.

CYP may have a progressive health condition that significantly impacts motor movement and control, preventing or hindering the CYP from making use of educational facilities available to their peers e.g., muscular dystrophy.

CYP may be experiencing stress related to their physical/ medical needs, access to the physical environment and curriculum, and ability to engage in social activities, which impacts on their emotional wellbeing. CYP may be experiencing anxiety, which affects their emotional resilience and behaviour.

#### Quality first teaching and strategies

##### [Link to QFT doc and resources](#)

Personal Emergency Evacuation Plan (PEEP), where appropriate.

Identified individual support across the curriculum, in an inclusive mainstream setting.

Curriculum differentiation, and use of differentiated materials.

The use of specialist or adapted equipment / software where appropriate to access the curriculum.

Careful timetabling to ensure a balance between educational and therapeutic needs.

Manage access arrangements for internal and external examinations and assessments.

Life within the setting may need to be modified to balance medical/educational needs.

Support to manage their medical condition.

May require regular nursing/medical intervention.

Individualised support to implement recommendations from support services e.g., OT, Physiotherapy etc.

Deliver regular therapeutic programmes.

Advice and assessment of the use of specialist or adapted ICT to access the curriculum.

Support for social and emotional aspects of disability and/or serious medical conditions.

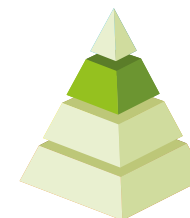
Adult support to facilitate social interaction, functional skills, support independence develop/maintain attention skills, supervision in free space areas to set up equipment, support CYP's management of it, and establish working routines.

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

### Tier 3 – Targeted specific support (cont'd)

The CYP has a physical and/or medical primary need, which requires: Support in addition to that which is ordinarily available within the setting's resources (Element 1 plus Element 2). Co-ordination of an Individual Health Care Plan, reasonable adjustments, assessment, intervention, and monitoring by the SENCO. Specialist advice and/or training from services including health professionals.

**Time limited additional units of funding** Individual Health Care Plan Funding Requests: IHCP funding requests should be made to inclusion and Equality Group (IEG). If funding is allocated an Individual Health Care Plan Funding Agreement will be drawn up between the Local Authority and the relevant school. Individual Health Care Plan Funding Agreements will be monitored and regularly reviewed by the Specialist Support Team for Pupils with MPN. Mainstream: Element 1 (AWPU)+ Element 2 (up to £6k) + Element 3 (pupil funding agreements/ EHCP)



CYP's physical condition may vary from day to day.

CYP may experience fluctuating levels of pain/discomfort, affecting attention and concentration in class and reducing attendance.

CYP may be experiencing stress related to their physical/medical needs, access to the physical environment and curriculum, and ability to engage in social activities, which impact on their emotional wellbeing.

SENCOs provide support to teacher and TAs and take responsibility for arranging appropriate specialist CPD and quality assuring the learning experience of the CYP.

Staff training in the use of specialist resources and medical procedures.

Time to work with the Specialist Teacher for joint planning with the CYP, family and other professionals, through the Individual Health Care Plan process.

Opportunities for support staff to access specialist training regarding medical/physical needs, and their impact on learning and social and emotional well-being.

Staff who understand how to provide a stable physical environment and support for practical activities.

Provision of specialist equipment. Provide storage and facilitate maintenance for specialist equipment.

#### LA DECISION-MAKING PROCESS

The Assess, Plan, Do, Review cycle highlights the CYP is not making expected progress and may require an EHCP assessment to identify needs. CYP has not responded to systematic, structured intervention.

Annual review process indicates that a higher/different level of support/provision is needed to meet the needs of the CYP and promote progress.

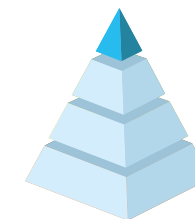
Please refer to the list of evidence that is required at this stage before making an application to LA DECISION-MAKING PROCESS for EHCP funding. This must include evidence of the CYP pupil developmental levels (e.g., setting specific progress tracker).

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

# Tier 4 – Targeted Specific Support (Additional units of support time limited support)

The CYP has a physical and/or medical primary need, which requires: Support in addition to that which is ordinarily available within the setting's resources (Element 1 plus Element 2). Co-ordination of an Individual Health Care Plan, reasonable adjustments, assessment, intervention, and monitoring by the SENCO. Specialist advice and/or training from services including health professionals.

**Individual Health Care Plan Funding Requests** IHCP funding requests should be made to The Specialist Support Team for Pupils with Medical/Physical Needs (MPN). If funding is allocated an Individual Health Care Plan Funding Agreement will be drawn up between the Local Authority and the relevant school. Individual Health Care Plan Funding Agreements will be monitored and regularly reviewed by the Specialist Support Team for Pupils with MPN. Mainstream Element 1 (AWPU)+ Element 2 (up to £6k) + Element 3 (pupil funding agreements/ Plus a higher needs EHCP).



### Description of the CYP's needs

CYP's primary presenting need is medical and/or physical and is compounded by a combination of other needs e.g., communication, sensory.

The CYP may not have a learning disability but will require the long-term involvement of educational and non-educational professionals as part of a statutory needs assessment/EHC Plan. The CYP has overlapping physical needs or a physical disability, which requires frequent adult intervention and support throughout the day:

**Manipulation** – CYP is largely unable to use hands in a functional way, needs assistance with most manipulation tasks. **Toileting** – CYP is unable to toilet independently and requires toileting aids and adult intervention. **Nutritional Support** – CYP is unable to feed independently. **Mobility** – CYP is unable to mobilise independently without aids and adult supervision/intervention. Therapy and/or Medical Interventions.

Access to the Environment/Curriculum – CYP is unable to access the environment/curriculum without additional aids, adaptations and close adult support.

Communication CYP has difficulty communicating and is reliant on augmentative and alternative communication methods.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Individual Health Care Plan. Reviewed at least annually.

Manual Handling Plan, where appropriate.

Liaison with the School Nursing Service, and other health professionals.

Environmental audit. Some site adaptation may be needed.

Risk assessment to identify dangers and need for additional support.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Targets informed by Annual Review/EHC plan.

Staff training in the use of specialist resources and medical procedures. High level of multi-agency involvement.

Co-ordination of the involvement of a range of agencies, one of whom may fulfil the key worker role.

Skilled TA who has understanding of the implications of disability and has a working knowledge of specialist access equipment.

Assistance with all daily living skills. Support for invasive medical procedures.

Communication aids to support curriculum access and social interaction.

Adult support to access an individualised curriculum.

Adult support to set up equipment and establish working routines in most lessons.

Provision/storage/maintenance of specialist equipment.

### Out of area independent specialist provider

All of the above, but the child has such complex needs in addition to their medical/physical needs, that they cannot be met in a school within Wirral, i.e., they attend a non-maintained educational or residential placement (out of area). This may also include support for health and social care issues.

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

# Checklist

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

TIER 1		EVIDENCED?	
We have ensured that QFT strategies are in place for all CYP.		We have planned and organised the implementation of significant adaptive teaching strategies and reasonable adjustments relevant to the CYP's need, to promote progress and access to the curriculum.	
We have completed baseline assessments and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.		Where appropriate, we have provided specialist equipment as part of the reasonable adjustment's duty, via the Specialist Support Team for Pupils with Medical and/or Physical Needs and on the prescription of a therapist from either a paediatric occupational therapist or paediatric physiotherapist within local statutory health services.	
We have put an Individual Health Care Plan (IHCP) in place detailing the CYP's medical /physical needs, including an assessment of potential risks to the CYP's education, health, and social wellbeing, and how risks have been mitigated/ managed.		We have planned and organised the continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period of time e.g., one term.	
We have planned and organised the implementation of adaptive teaching strategies/reasonable adjustments and specialist equipment relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.		We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention. The outcomes of the reviews have been shared with the CYP/families/carers and staff working with the CYP.	
We have planned and organised the implementation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. These have been embedded for a reasonable period of time.		We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We have completed regular reviews of the CYP's progress in response to both the adaptive teaching strategies and the targeted interventions (Assess, Plan, Do, Review cycle).		We have held regular reviews of the CYP's Individual Health Care Plan (IHCP) and progress in response to specialist advice, reasonable adjustments, adaptive teaching strategies and intervention.	
We have involved the CYP and parents/carers in this process.		We can show that Element 2 funding has been fully utilised through a costed provision map.	
TIER 2		EVIDENCED?	
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.		We have involved the CYP, parents/carers and other stakeholders in this process.	
We have put an Individual Health Care Plan (IHCP) in place detailing the CYP's medical /physical needs, including an assessment of potential risks to the CYP's education, health, and social wellbeing, and how risks have been mitigated/ managed.		TIER 3	
We have sought additional specialist advice relevant to the CYP's needs. This will include health professionals such as paediatric occupational therapy, paediatric physiotherapy, specialist paediatric nurses e.g., continence nurse. Advice should also have been sought from the Specialist Support Team for Pupils with Medical and/or Physical Needs.		We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	EVIDENCED?
		We can evidence a continuation of significant adaptive teaching strategies and reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period e.g., two terms.	

## SENSORY AND/OR PHYSICAL AND/OR MEDICAL NEEDS

# Checklist (cont'd)

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

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We can evidence a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period e.g., two terms.		<b>TIER 4</b>	<b>EVIDENCED?</b>
Where appropriate, we have provided specialist equipment as part of the reasonable adjustment's duty, via the Specialist Support Team for Pupils with Medical and/or Physical Needs and on the prescription of a therapist from either a paediatric occupational therapist or paediatric physiotherapist within local statutory health services.		We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We have sought additional specialist advice relevant to the CYP's needs. This will include health professionals such as paediatric occupational therapy, paediatric physiotherapy, specialist paediatric nurses e.g., continence nurse. Advice should also have been sought from the Specialist Support Team for Pupils with Medical and/or Physical Needs.		We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding (IPFA), it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We can show that the adaptive teaching strategies, reasonable adjustments, specialist equipment and interventions reflect the specialist advice received and both have been implemented for a reasonable period e.g., two terms.		We have sought additional specialist advice relevant to the CYP's needs. This will include health professionals such as paediatric occupational therapy, paediatric physiotherapy, specialist paediatric nurses e.g., continence nurse. Advice should also have been sought from the Specialist Support Team for Pupils with Medical and/or Physical Needs.	
We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies, reasonable adjustments, specialist equipment and intervention.		We have carried out an environmental audit ensuring that all adaptations needed have been made, where possible.	
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.		We have ensured that individualised risk assessments are in place including Personal Emergency Evacuation Plan (PEEP) and/or manual handling plan, where appropriate.	
We have put an Individual Health Care Plan (IHCP) in place detailing the CYP's medical /physical needs, including an assessment of potential risks to the CYP's education, health, and social wellbeing, and how risks have been mitigated/ managed.		We have involved the CYP, parents/carers and other stakeholders in this process.	
We have ensured that individualised risk assessments are in place including Personal Emergency Evacuation Plan (PEEP) and/or manual handling plan, where appropriate.		We have sufficient evidence to show that an EHCNA is required.	
We have involved the CYP, parents/carers and other stakeholders in this process.		Where an EHCP is in place, we have held an Annual Review, and this has been attended by an EHCP Review Officer.	
		We have sufficient evidence to show that a more specialist provision is required to promote the CYP's progress.	



# HEARING SUPPORT, BANDING AND GRADUATED APPROACH

There is no requirement at this time for a CYP to have a statement or EHCP to access the Sensory Service as the Service receives delegated funding from settings. The Service uses the National Sensory Impairment Partnership (NatSIP) Eligibility Framework to guide the allocation of provision. CYP with more complex needs, who may have a statement/ EHCP, will also receive provision from the Service, guided by the same Framework.

The British Society of Audiology descriptors have been adopted for hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear. No response is taken to have a value of 130 dBHL.

## **Mild hearing loss**

Unaided threshold 20-40 dBHL

## **Moderate hearing loss**

loss unaided threshold 41-70 dBHL

## **Severe hearing loss**

Loss unaided threshold 71-95 dBHL

## **Profound hearing loss**

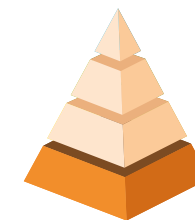
Unaided threshold in excess of 95 dBHL

From the NatSIP Eligibility Framework 2015.  
SEND Code of Practice 0 to 25 years,  
Jan 2015: xvii, 6.34, 6.35, 6.61

## SENSORY HEARING SUPPORT

# Tier 1 – Universal and Quality First Teaching

CYP has identified needs which are highlighted to all staff with advice on support strategies provided and monitored by the SENCO/SLT.



### Description of the CYP's needs

The CYP experiences needs which are managed well in a mainstream class.

A CYP who has a reoccurring conductive deafness. This may be associated with middle ear infections, glue ear, temporary perforated eardrums.

A CYP with hearing device compliance.

CYP may have loss of focus, be disruptive or distracted.

May find it difficult to listen and attend to speech.

May be withdrawn and wait for cues from others in the class. CYP may find it difficult to listen when there is background noise.

CYP may not hear clearly in a group situation.

CYP may have unclear speech.

CYP may give the impression of being able to listen when the CYP wants to.

CYP may have a vocabulary deficit or delayed language presentation.

CYP may be experiencing difficulties acquiring phonic knowledge.

CYP may perform within age expectations overall.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The setting has completed baseline assessments and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.

The setting has planned and organised the implementation of adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.

The setting has completed regular reviews of the CYP's progress in response to the adaptive teaching strategies/reasonable adjustments (Assess, Plan, Do, Review cycle).

Advice and support from the parents/carers.

Information from the CYP regarding their opinions and preferred strategies using person-centred approaches.

The setting is proactive in identifying individual needs and monitors that action is taken.

Risk assessment where appropriate.

### Quality first teaching and strategies

[Tier 1- Quality First Teaching \(link to docs\)](#)

### Sensory Service (Vision and Hearing Support Teams)

Wirral Council's Sensory Service aims to ensure that deaf and visually impaired children and young people (0-19 years) receive an appropriate inclusive education that enables them to fulfil their potential and develop into independent adults. The teachers of the Visually Impaired, Teachers of the Deaf and specialist teaching assistants will work with you and your child throughout their education: from early years until they leave school or school 6th form.

Find out more information about the Sensory Service on the Local Offer <https://localofferwirral.org/listing/sensory-service/>

### Contacts

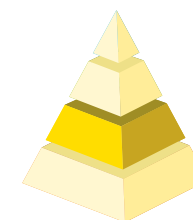
HEAD OF SERVICE  
07787261001 [pjdavies@wirral.gov.uk](mailto:pjdavies@wirral.gov.uk)

HEARING IMPAIRMENT  
07919290794 [helenmida@wirral.gov.uk](mailto:helenmida@wirral.gov.uk)

## SENSORY HEARING SUPPORT

# Tier 2 – Early support

CYP has identified needs which are highlighted to all staff with advice on support strategies provided and monitored by the SENCO/SLT. A CYP who has a long-term conductive loss, sensory neural deafness or unilateral deafness and is making expected progress but may require: Additional provision from within setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. May also require specialist advice from services available to all CYP for outside agencies. Tier 2- £6k



### Description of the CYP's needs

The CYP has identified needs.

The CYP has a long-term conductive loss, mild sensory neural deafness or unilateral deafness.

They may or may not have hearing aids.

Difficulty acquiring knowledge is impacting on other areas of learning development.

Hearing loss is impacting on attention and concentration in whole-class/group settings.

May be difficult to understand speech.

Can be frustrated/give up when not understood.

Hearing difficulty may be impacting upon social skill development.

Regular high-quality teaching and differentiation at Tier 1 is not supporting catch-up.

Performance in some areas drops just below Age Related Expectations.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The setting has organised/undertaken more specialist assessments using tools (preferably standardised) relevant to the CYP's needs.

Use of a structured observation profile to target differentiation including IEPs/ASPs with SMART targets that are reviewed and updated regularly.

CYP involved in setting and monitoring their own targets.

Parents/carers involved regularly and know how to support targets at home.

An Individual Management Plan may be written (in consultation with parents/carers) to share advice on successful strategies e.g., seating arrangements, position in classroom, preferred learning style.

Use of speech audiometry and other specialist assessments to determine access to spoken language in the classroom.

Setting trips are planned well in advance and take into consideration the needs of the CYP.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Access to small group support. Group work to be planned and tailored to meet identified need and includes good role models.

A consideration made to the sound dynamics/noise levels within the room. Staff support the CYP to access the curriculum using reasonable adjustments.

A multi-sensory approach to teaching e.g., language supported through visuals.

Support/advice from SENCO needs are highlighted to all staff with advice on support strategies provided and monitored by the SENCO/SLT.

Time for scheduled meetings with parents/carers on a regular basis.

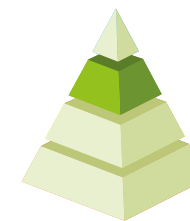
Additional adult (e.g., TA) for focused support during unstructured times e.g., lunchtime supervision/ targeted extra-curriculum activities.

Gain advice/support from Hearing Support Team/external agencies

## SENSORY HEARING SUPPORT

# Tier 3 – Targeted specific support

The CYP has identified needs which require additional specific provision or specialist advice. They require: Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP from outside agencies



### Description of the CYP's needs

A CYP who is not making expected progress in some areas as a result of their deafness. This could be due to a persistent conductive loss, unilateral deafness or mixed loss.

This CYP may be affected by issues of 'being different' which may have an impact on their social and emotional wellbeing.

A CYP who may have auditory processing problems.

The CYPs deafness could co-exist with other secondary needs.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Environmental audit using Access/Equality Strategy.

Specialist assessments e.g., Specialist Teacher of the Deaf, Educational Psychologist, SALT, OT. Individual targets are agreed and monitored following discussion with CYP and parents/carers. There is a commitment to developing independence with steps planned and agreed by all stakeholders. Careful reviewing of needs before transition at key stages e.g., starting pre-school, primary, secondary, post 16, adult life.

Assessment of expressive and receptive language (English/BSL) in conjunction with SALT to inform target setting. TAs/Support staff are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective.

Risk assessments to inform of adaptations including educational visits. Individual Management Plan including: Individual Health Care Plan. Emergency Evacuation Plan, Close scrutiny of tracking.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Regular/daily small group teaching/modelling/coaching of social skills. Short term small group and/or individual intervention, to develop specific areas of curriculum access as identified by the subject teacher or educational specialist teacher, following a programme designed or recommended by that professional.

Adult intervention targeted at specific curriculum areas or specific social times.

Short-term small group intervention to develop listening skills, language and phonic skills. A detailed time limited programme, intervention, personalised timetable and/or resources.

Seek advice and guidance from a Hearing Specialist Teacher/Sensory Service. Consult with the specialist teacher/Sensory Service when recruiting staff to work with a named CYP.

Setting will ensure that key information is passed on at times of transition and, where appropriate, will consult with the Hearing Support Team/Sensory Service.

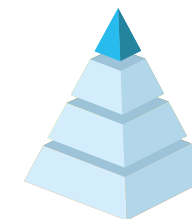
Awareness raising for staff about the educational implications of a temporary deafness and strategies to facilitate access in the classroom. Provision of radio aid/SoundField devices where appropriate.

Use of programmes/resources e.g., Time to Talk, National Deaf Children's Society (NDCS) language programme, NDCS phonics guidance. Advice on use of ICT/Assistive Technology to access the curriculum from the Hearing Support Team/Sensory Service.

An ASP/IEP may be in place. A Sensory Support programme may be in place. Specialist Assessment e.g., NDCS assessments. H.I./Deaf peer group activities/supportive network offered Signposting to families for supporting their CYP at home, if required.

# Tier 4 – Targeted Support (EHCP)

The CYP has significant primary needs which impact on progress requiring long-term involvement of educational and non-educational professionals as part of statutory assessment/EHC Plan. They may require: Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP through outside agencies



### Description of the CYP's needs

The CYP may be displaying some complexity of other needs.

A CYP whose deafness impacts on their ability to access the curriculum independently.

Thee CYP may use sign language to support their learning.

This CYP may be affected by issues of 'being different' which may have an impact on their social and emotional well-being.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Specialist assessments e.g., by Specialist Teacher, Educational Psychologist, SALT, OT, CAMHS etc as part of statutory assessment/EHC Plan. Risk assessment to identify dangers and need for additional support.

Regular multi-agency assessment and/or review of strategies and progress. Review the statement annually when all agencies are involved in reflection and joint planning in partnership with CYPs and their parents/carers.

Individual risk assessments for practical subjects. Involvement of educational and non-educational professionals as part of Annual Review/EHCP

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Teaching style and tasks are adapted to suit CYP's needs.

Individualised support to implement recommendations from support services e.g. Hearing Support Team/Sensory Service/National Deaf Children's Society (NDCS).

Structured individual programmes focusing on listening, speech and language development, auditory memory, phonic awareness, social interaction and emotional well-being, as identified by the ASP/IEP/management plan.

Advice and assessment of the use of specialist or adapted ICT/

Assistive Technology to access the curriculum.

SENCOs provide support to teacher and TAs and take responsibility for arranging appropriate specialist CPD and quality assuring the learning experience of the CYP including the use of specialist resources.

Opportunities for support staff to access specialist training regarding hearing impairment and its impact on learning and social and emotional well-being from the Hearing Support team/Sensory Service. High level of multi-agency involvement: 'Team around CYP'.

Co-ordinate the involvement of a range of agencies, one of whom may fulfil the key worker role. Time to work with the Specialist Teacher for joint planning with the CYP, family and other professionals. Facilitate participation in activities organised by voluntary organisations. Peer awareness including sign language classes. Access to mentor systems/supportive network.

Independent life skills/travel training to develop independence skills in preparation for adulthood.

Liaison with CYPs, parents and other professionals when determining priorities for individual CYP.

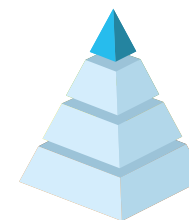
Work together with the CYP, parents and staff to identify priorities for the CYP's individual programme of work.

Signpost families to a range of voluntary and statutory services regarding benefits, access to additional funding for non-educational activities.

## SENSORY HEARING SUPPORT

# Tier 4 - Specific targeted support EHCP plus Alternative Provision

The CYP will experience significant, complex persistent and enduring difficulties. They may require: Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP through outside agencies. £4K + tier 3- £6k + Tier 4 (top up funding or ERP) +Specialist Provision



### Description of the CYP's needs

The CYP presents with a range of issues and an accumulation of layered needs, which could include mental health, relationships, behavioural, physical, medical, sensory, communication & cognitive needs.

A CYP with a deafness who requires high levels of additional support to access the curriculum.

A CYP who because of their permanent deafness cannot fully access spoken language.

The CYP may be a BSL first language user. The CYP's speech clarity is significantly affected.

The CYP may have auditory neuropathy

### Things to do to support the CYP in the setting and the evidence required to support decision making

Long term involvement of educational and non- regular risk assessments to consider risks to self and others.

Completion of assessments for consideration at SENAP and/ or Joint Panel. All professionals agree that the CYPs needs can only be met with additional resources.

#### Specialist Provision

Long term involvement of educational and non- regular risk assessments to consider risks to self and others.

Completion of assessments for consideration at SENAP and/ or Joint Panel. All professionals agree that the CYPs needs can only be met with additional resources.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Main provision by class/subject teacher with support from SENCO and advice from education and non-educational professionals as appropriate.

Provide a personalised, multi-sensory learning experience, taking into account the advice within the EHCP, Annual Review and advice from external agencies.

Specialist teaching where significant delayed language development and significantly delayed literacy skills focusing on both learning curriculum and social skills throughout the day.

Access to support from highly skilled and experienced staff with appropriate qualifications within small classes with a high adult ratio or 1:1 specialist support in mainstream.

Adult support may be required to access an individualised curriculum, facilitate social interaction and/or to develop/ maintain attention skill.

Additional individual support in line with risk assessments.

Pre- and post-teaching of vocabulary and concepts to allow the CYPs to fully access the curriculum.

Individual intervention to develop communication skills, spoken language or BSL.

Provide an appropriate, enabling listening environment.

Constant monitoring of H.I. function on learning.

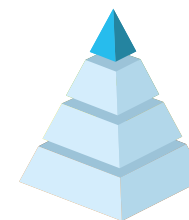
Opportunities to explore their identity.

Specialised modification of all teaching and learning styles and resources. Advice sought from the Hearing Support Team/ Sensory Service regarding this.

The use of specialist or adapted equipment/software/Assistive Technology in all lessons to access the curriculum.

# Tier 4 - Specific targeted support EHCP plus Alternative Provision (cont'd)

The CYP will experience significant, complex persistent and enduring difficulties. They may require: Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP through outside agencies. £4K + tier 3- £6k + Tier 4 (top up funding or ERP) +Specialist Provision



### Description of the CYP's needs

The CYP presents with a range of issues and an accumulation of layered needs, which could include mental health, relationships, behavioural, physical, medical, sensory, communication & cognitive needs.

A CYP with a deafness who requires high levels of additional support to access the curriculum.

A CYP who because of their permanent deafness cannot fully access spoken language.

The CYP may be a BSL first language user. The CYP's speech clarity is significantly affected.

The CYP may have auditory neuropathy

Use of direct input leads to improve quality of sound input from audio equipment.

Access to subtitles where available or access to transcripts.

BSL communicators (Signature Level 2 minimum) to provide access to the curriculum and social interaction.

BSL sign language tuition.

Intensive rehabilitation programme after cochlear implantation

Use a hearing aid/cochlear implant and radio aid.

Specialist support, alongside a multi-agency approach is essential. Agencies to meet termly to assess progress and plan future targets and the involvement of a range of agencies one of which may fulfil the Key worker role.

Advice from other professionals as needed.

Access to qualified Teacher of the Deaf (ToD) on a regular basis. Training on Hearing loss strategies, conditions, BSL and equipment by Hearing Support Team/Sensory Service.

Specialist Support Programmes in place.

Training/support for parents/carers.

Manage access arrangements for internal and external examinations and assessments.

Disapplication from certain subjects if appropriate and only as a last resort. Adaptation/use of assistive technology is to be used to avoid any exclusion from curriculum subjects/activities.

### Specialist Provision, specialist class, or package £10K & element

**Band 4 plus.** Additional staffing, resources or Alternative Provision are needed to ensure continuation of placement.

### Out of area independent specialist provider

All of the above but the CYP has such complex needs in addition to their hearing loss that their needs cannot be met in a setting within Wirral, i.e., they attend a non-maintained educational or residential placement (Out of Area). This may also include support for health and social care issues. This also includes CYP with British Sign Language as their sole mode of communication.

## SENSORY HEARING SUPPORT

# Checklist

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

TIER 1		EVIDENCED?
We have ensured that QFT strategies are in place for all CYP.		
We have completed baseline assessments and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.		
We have planned and organised the implementation of adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.		
We have completed regular reviews of the CYP's progress in response to the adaptive teaching strategies/reasonable adjustments (Assess, Plan, Do, Review cycle).		
We have put a risk assessment in place, where required.		
We have involved the CYP and parents/carers in this process.		
TIER 2		EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.		
We have organised/undertaken more specialist assessments using tools (preferably standardised) relevant to the CYP's needs.		
We have used a structured observation profile to target differentiation including IEPs/ASPs with SMART targets that are reviewed and updated regularly.		
We have sought additional specialist advice relevant to the CYP's needs e.g. The Hearing Support Team.		
We have planned and organised the implementation of significant adaptive teaching strategies/reasonable adjustments, relevant to the CYP's need, to promote progress and access to the curriculum. This has continued for a reasonable period of time e.g., one term.		
TIER 3		EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.		
We can evidence a continuation of significant adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period e.g., two terms.		
We have sought further specialist advice e.g. Hearing Support Team, where concerns regarding the CYP's needs and progress have persisted.		
We can show that the adaptive teaching strategies and interventions reflect the specialist advice received and both have been implemented for a reasonable period e.g., two terms.		
We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies/reasonable adjustments.		
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.		



## SENSORY HEARING SUPPORT

# Checklist (cont'd)

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

We have put a specific programme of support/specialist devices in place to support the CYP.		<b>TIER 4-5</b>	<b>EVIDENCED?</b>
We have organised/undertaken more specialised recognised assessments, over a reasonable period of time and from a variety of sources e.g., Specialist Teacher of the Deaf, Educational Psychologist, SALT, OT. This could be an assessment of expressive and receptive language (English/BSL) in conjunction with SALT to inform target setting.		We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We have put in place specific risk assessments to inform of adaptations including educational visits and Individual Management Plan e.g., Individual Health Care Plan and/or Emergency Evacuation Plan.		We have organised/undertaken specialised assessments relevant to characteristics of medical condition, physical difficulties and/or sensory needs.	
We have involved the CYP, parents/carers and other stakeholders in this process.		We have ongoing involvement of educational and non-educational professionals as part of EHC Plan.	
		We have organised/undertaken specialist assessments as part of Annual Review processes submitted to EHCP Panel.	
		We have organised a specialist teacher to undertake detailed diagnostic assessments in order to create individualised skill development programme for the CYP. This personalised plan/timetable has been put in place.	
		We have put in place specific risk assessments to inform of adaptations including educational visits and Individual Management Plan e.g., Individual Health Care Plan and/or Emergency Evacuation Plan.	
		We have tracked and monitored progress in skill acquisition.	
		We are liaising closely with a range of professionals/support services.	
		We have involved the CYP, parents/carers and other stakeholders in this process.	
		We have held an Annual Review, and this has been attended by an EHCP Review Officer.	
		We have sufficient evidence to show that a more specialist provision is required to promote the CYP's progress.	
<b>TIER 4</b>	<b>EVIDENCED?</b>		
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.			
We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, the further provision, which is in addition to that which is ordinarily available within the setting's resources, or through any time limited funding (IPFA), it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.			
We have held regular multi-agency meetings to review strategies in place and adapted where necessary.			
We have put in place specific risk assessments to inform of adaptations including educational visits and Individual Management Plan e.g., Individual Health Care Plan and/or Emergency Evacuation Plan.			
We have involved the CYP, parents/carers and other stakeholders in this process.			

# VISION SUPPORT, BANDING AND GRADUATED APPROACH

There is no requirement at this time for a CYP to have a statement or EHCP to access the Sensory Service as the Service receives delegated funding from settings. The Service uses the National Sensory Impairment Partnership (NatSIP) Eligibility Framework to guide the allocation of provision. CYP with more complex needs, who may have a statement/EHCP, will also receive provision from the Service, guided by the same Framework.

## **Vision loss (VI)**

From a functional standpoint, a CYP can be considered to have VI if this interferes with optimal development, learning and achievements, unless adaptations are made in the methods of presenting learning experiences, the nature of the materials used and/or the learning environment (ref. Barragan's definition cited in Flanagan et al, 2003, p 497). The following classification applies to corrected vision with both eyes open.

**Acuity criteria are for guidance purposes only.** The professional judgement of a Qualified Teacher of the Visually Impaired (QTVI) should be applied as necessary to decide on the classification. For example, a CYP may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition, e.g., an oculomotor disorder such as nystagmus, visual field reduction, cerebral vision impairment, and/or additional learning difficulties).

## **DISTANCE VISION**

**Mild vision loss** – within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)

**Moderate vision loss** – less than 6/19 - 6/36 Snellen/Kay (LogMAR 0.5 – 0.78)

**Severe vision loss** – less than 6/36 - 6/120 Snellen/Kay (LogMAR 0.8 – 1.3)

**Profound vision loss** – less than 6/120 Snellen/Kay (LogMAR 1.32+)

## **NEAR VISION**

**Mild vision loss** – loss N14-18

**Moderate vision loss** – loss N18-24

**Severe vision loss** – N24-36

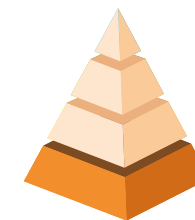
**Profound vision loss** – Educationally blind/Braille user/can access small quantities of print larger than N36

From the NatSIP Eligibility Framework 2015 SEND Code of Practice 0 to 25 years, Jan 2015: xvii, 6.34, 6.35, 6.61

## SENSORY VISION SUPPORT

# Tier 1 – Universal and Quality First Teaching

CYP has identified needs which are highlighted to all staff with advice on support strategies provided and monitored by the SENCO/SLT



### Description of the CYP's needs

A CYP who should wear glasses, without which their vision is impaired.

The CYP may have fluctuating/ deteriorating conditions.

The CYP may have glasses compliance.

The CYP may require Occlusion therapy (patching).

A CYP with monocular vision.

The CYP is working generally within or just below Age Related Expectations.

Quality first teaching (link to QFT doc) is meeting the CYP needs with appropriate adaptations and reviews for specific learning needs.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The setting has completed baseline assessments and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.

The setting has planned and organised the implementation of adaptive teaching strategies/reasonable adjustments/specialist resources, relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.

The setting has completed regular reviews of the CYP's progress in response to the adaptive teaching strategies/reasonable adjustments/specialist resources (Assess, Plan, Do, Review cycle).

Advice and support from the parents/carers.

Information from the CYP regarding their opinions and preferred strategies using person-centred approaches.

The setting is proactive in identifying individual needs and monitors that action is taken.

Risk assessment where appropriate.

### Quality first teaching and strategies

[Tier 1- Quality First Teaching \(link to docs\)](#)

### Sensory Service (Vision and Hearing Support Teams)

Sensory Service (Vision and Hearing Support Teams)

Wirral Council's Sensory Service aims to ensure that deaf and visually impaired children and young people (0-19 years) receive an appropriate inclusive education that enables them to fulfil their potential and develop into independent adults. The teachers of the Visually Impaired, Teachers of the Deaf and specialist teaching assistants will work with settings, families and CYP throughout their education: from early years until they leave post-16 education.

Find the Sensory Service on the Local Offer:

<https://localofferwirral.org/listing/sensory-service>

### Contacts

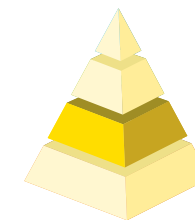
HEAD OF SERVICE  
07787261001 [pjdavies@wirral.gov.uk](mailto:pjdavies@wirral.gov.uk)

VISUAL IMPAIRMENT  
07919290989 [vanessaikin@wirral.gov.uk](mailto:vanessaikin@wirral.gov.uk)

## SENSORY VISION SUPPORT

# Tier 2 – Early support

CYP has identified needs which are highlighted to all staff with advice on support strategies provided and monitored by the SENCO/SLT. Additional provision from within setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. May also require specialist advice from services available to all CYP for outside agencies.



### Description of the CYP's needs

A CYP with a diagnosis of a visual impairment can find the setting's environment difficult or stressful at times.

Outside agencies are involved.

A CYP with reduced vision who has difficulty accessing some parts of the curriculum or specific social times.

A CYP whose vision means that they require changes to their environment.

The CYP may have fluctuating/ deteriorating conditions.

The CYP may have glasses compliance.

The CYP may require Occlusion therapy (patching).

### Things to do to support the CYP in the setting and the evidence required to support decision making

The setting has organised/undertaken more specialist assessments using tools (preferably standardised) relevant to the CYP's needs. Use of a structured observation profile to target differentiation including IEPs/ASPs with SMART targets that are reviewed and updated regularly. CYP involved in setting and monitoring their own targets.

Parents/carers involved regularly and know how to support targets at home. An Individual Management Plan may be written (in consultation with parents/carers) to share advice on successful strategies e.g., seating arrangements, position in classroom, preferred learning style.

Setting trips are planned well in advance and take into consideration the needs of the CYP.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

CYP can learn through whole class teaching and generally copes well. Access to small group support, group work to be planned and tailored to meet identified need.

Teaching assistance is targeted towards visual access and is not necessarily needed for learning. Oversight for PE, to monitor safety, interpretation of instructions and use of equipment. Oversight in the playground/free spaces. Oversight when moving around the setting and in emergency situations.

Requires adult intervention to access parts of the curriculum.

Requires classroom seating arrangements, slightly enlarged text and/or white/interactive board access. Support/advice from SENCO.

Additional adults routinely used to support flexible groupings.

Access to targeted small group work with additional adult/ support staff. Access to intervention group work with TA/ Learning Mentor/Support staff.

Additional adult for focused support during unstructured times e.g., lunchtime supervision/ targeted extra-curriculum activities, supervision in the playground, adult-led safe space.

Time for scheduled meetings with parents on a regular basis.

Awareness raising for staff about the educational implications of specific visual conditions from a QTVI.

Educational visits guidance/risk assessments. Settings should seek advice on inclusive practice (inc. exam advice) as appropriate for pupils with V.I. from Vision Support Team.

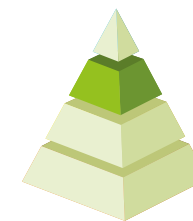
CYP to be regularly monitored by the Vision Support team and an annual functional assessment carried out. Support/ advice for transition from the Vision Support Team.

The Vision Support Team may deliver short, targeted interventions.

## SENSORY VISION SUPPORT

# Tier 3 – Targeted specific support Time limited additional funding

The CYP has identified needs which require additional specific provision or specialist advice. Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP from outside agencies.



### Description of the CYP's needs

A CYP who has a significant visual impairment which impacts on his/her ability to access the curriculum independently.

Outside agencies are involved.

A CYP who may have difficulties accessing all practical subjects.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Environmental audit Setting Access/Equality Strategy.

Risk assessments of tricky situations to inform adaptations incl. educational visits.

Specialist assessments e.g., Specialist Teacher for VI, Educational Psychologist, SALT, OT.

There is a commitment to developing independence with steps planned and agreed.

Careful reviewing of needs before transition at key stages e.g., starting pre-school, primary, secondary, post 16, adult life.

TAs are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective.

Individual Management Plan to share advice on successful strategies, written in consultation with parents, including:

- Risk assessments.
- Moving and handling.
- Health care.
- Visit risk assessment.
- Swimming risk assessment.
- Emergency evacuation.
- Mobility.
- Close scrutiny of tracking.

### Quality first teaching and strategies

[Link to QFT doc and resources](#)

Regular/daily small group teaching of social skills.

Peer awareness.

Needs a detailed time-limited programme, intervention personalised timetable and/or resource.

Short term small group and/or individual intervention, to develop specific areas of curriculum access as identified by the subject teacher or educational specialist teaching, following a programme designed or recommended by that professional.

Preparation of modified print materials as directed by the specialist teacher.

Assistance with access to specialised equipment and assistive technology software e.g., laptops, cameras, speech/large print software or talking equipment.

Customised resources.

Teaching assistance is targeted towards the supply of teaching and learning resources e.g., the preparation/resourcing of suitable visual materials.

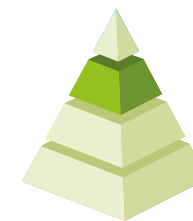
Co-ordinating the adaptation of the PC screen appearance as directed by the teacher of the VI.

Assistance with use of equipment across the curriculum.

## SENSORY VISION SUPPORT

# Tier 3 – Targeted specific support (cont'd) Time limited additional funding

The CYP has identified needs which require additional specific provision or specialist advice. Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP from outside agencies.



### Description of the CYP's needs

A CYP who has a significant visual impairment which impacts on his/her ability to access the curriculum independently.

Outside agencies are involved.

A CYP who may have difficulties accessing all practical subjects.

Ensuring advised seating arrangements and suitable positioning to facilitate the viewing of screens/IWB.

Supervision at breaks and lunch time as required.

Independence skills—under guidance of the teacher of the VI, trained setting staff or outside agency.

Specialist/accessible ICT access.

Adapted PE/practical activities.

Time for formal meetings with parents on a regular basis.

Time for meetings with the Specialist Teacher.

Allocate appropriate space for visiting professionals to work with individual CYPs, taking into account safeguarding issues.

Adult intervention targeted at specific curriculum areas or specific social times.

Setting to ensure that key information is passed on at times of transition and, where appropriate, and will consult with the specialist teaching team.

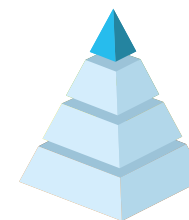
VI specific advice and support from the Vision Support Team on:

- Curriculum differentiation.
- Equipment/software to access the curriculum.
- Positioning in the classroom.
- Risk assessments.

- Mobility.
- Individual health care and management plans.
- Exam access arrangements.
- Advice on use of ICT to access the curriculum.
- May require specialist equipment and low vision aids.
- Advice on use of ICT to access the curriculum from the STT. Equipment and software loans may be available.
- Additional Support plan may be in place.
- Sensory Support Programme may be in place.
- VI peer group activities offered.

# Tier 4 - Targeted support (EHCP)

The CYP has significant primary needs which impact on progress requiring long-term involvement of educational and non-educational professionals as part of statutory assessment/ EHC Plan. Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP through external agencies.



### Description of the CYP's needs

A CYP who has a visual impairment which greatly impacts on his/her ability to access the curriculum without additional resources.

A CYP may also have some complexity of other needs.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Specialist assessments e.g., by Specialist Teacher for VI, Educational Psychologist, SALT, OT, CAMHS etc. as part of statutory assessment/EHC Plan. Risk assessment to identify dangers and need for additional support.

Individual risk assessments for practical subjects. Regular multi-agency assessment and/or review of strategies and progress. Review the statement annually when all agencies are involved in reflection and joint planning in partnership with CYPs and their parents/carers.

Involvement of educational and non-educational professionals as part of the Annual Review process.

Assessment and advice from Child and Youth Care specialist teachers that is updated regularly. Evacuation plan.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

SENCOs provide support to the teacher/TAs and take responsibility for arranging appropriate specialist CPD and quality assuring the learning experience of the CYP.

Staff training in the use of specialist resources.

High level of multi-agency involvement: 'team around CYP. Co-ordinate the involvement of a range of agencies, one of

whom may fulfil the key worker role. Time to work with the Specialist Teacher for joint planning with the CYP, family and other professionals. Opportunities for support staff to access specialist training regarding VI and its impact on learning and social and emotional well-being.

Staff to work with a small group and/or individual intervention to develop specific areas of the curriculum following a programme designed or recommended by an external agency.

Liaison with CYPs, parents and other professionals when determining priorities for individual children. Work together with the child, parents and staff to identify priorities for the child's individual programme of work. Signpost families and settings to a range of voluntary and statutory services regarding benefits, access to additional funding for non-educational purposes.

Opportunities for the CYP to meet a peer group with similar needs and specific adult role models where appropriate. Encourage participation in activities led by external agencies/ support groups. Access to mentoring systems.

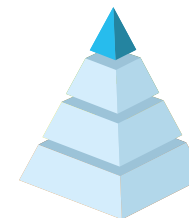
Adult support to facilitate social interaction, supervision in the playground/free-time spaces, support to develop/ maintain attention skills, to set up equipment, support CYP's management of it, and establish working routines.

On and off-site mobility to develop or enhance independence skills. Develop their personal mobility, navigation and independent living skills through habituation training. Provision, storage and maintenance of specialist equipment.

## SENSORY VISION SUPPORT

# Tier 4 - Specific targeted support EHCP plus Alternative Provision

The CYP will experience significant, complex persistent and enduring difficulties. Further provision, which is in addition to, that which is ordinarily available within the setting's resources. Co-ordination of assessment, intervention and monitoring by the SENCO. Specialist advice from services available to all CYP through outside agencies.



### Description of the CYP's needs

The CYP presents with a range of issues and an accumulation of layered needs, which could include mental health, relationships, behavioural, physical, medical, sensory, communication & cognitive.

A CYP who is a tactile learner (moon/Braille). The CYP experiences complex, frequent and persistent difficulties associated with visual impairment.

The visual difficulties may co-exist with a medical condition, physical, sensory, language and or/ communication needs, behaviour difficulties including self-esteem and attention issues.

The CYP experiences significant life-long learning difficulties for which specialist provision is appropriate. These may be compounded by other co-existing needs.

The CYP could be extremely vulnerable and there may be safeguarding issues to consider due to acute levels of mental health concerns.

### Things to do to support the CYP in the setting and the evidence required to support decision making

Long term involvement of educational and non-educational professionals as part of Annual review/EHC Plan. Regular risk assessments to consider risks to self and others.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Constant monitoring of visual functioning and impact on learning. Specialist teaching focusing on both learning curriculum and social skills throughout the day. Targets informed by Annual Review/EHC Plan.

Skilled staff who understand the implications of visual impairment and have in depth knowledge of specialist access equipment. Requires additional staff support to access learning in a specialist setting due to high level of vulnerability presented by the CYP.

Adult support to set up equipment and establish working routines in most lessons. Assistance/supervision when moving between lessons and during unstructured times.

Support in and out of class to access the wider life of the setting. Opportunities for 1:1 teaching/modelling/coaching outside the classroom in an enabling environment. Additional individual support in line with risk assessments.

An additional specialist curriculum to develop independence skills e.g., listening skills, mobility Braille, use of specialist equipment and software.

Curriculum to include highly differentiated PHSE aspects e.g., SRE (Sex and Relationship Education).

Facilitate production of differentiated materials in accordance with the advice from a specialist teacher. Preparation of Braille/moon/tactile diagrams.

Assistance with visual access to subject specific equipment e.g., science, technology, maths and ICT.

May provide visual stimulation programme. Promotion of social interaction with peer group. Transcription time.

Multi-disciplinary planning for complex needs. Setting co-ordinates, the involvement of a range of agencies one of which may fulfil the Key worker role. Specialist support, alongside a multi-agency approach is essential.

Staff have access to regular consultations with support services e.g., SALT, OT, CAMHS., SLT, Sensory Service. Time for external agencies to meet termly to assess progress and plan future targets. Allocate appropriate accommodation for visiting professionals to work with individual CYPs, taking into account safeguarding issues. Promote positive engagement with VI peers and role models.

Opportunities to explore their identity. Training on VI strategies and conditions. Training for parents/carers. Training on Braille and specialist equipment to staff and parents.



## SENSORY VISION SUPPORT

# Checklist

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

TIER 1	EVIDENCED?		
We have ensured that QFT strategies are in place for all CYP.		We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies/reasonable adjustments, specialist equipment and resources. The outcomes of the reviews have been shared with the CYP/families/carers and staff working with the CYP.	
We have completed baseline assessments and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.		We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.	
We have planned and organised the implementation of adaptive teaching strategies/reasonable adjustments, specialist equipment and resources relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.		We have put a risk assessment and/or Individual Health Care Plan (IHCP) in place, where required.	
We have completed regular reviews of the CYP's progress in response to the adaptive teaching strategies/reasonable adjustments, specialist equipment and resources (Assess, Plan, Do, Review cycle).		We can show that Element 2 funding has been fully utilised through a costed provision map.	
We have put a risk assessment in place, where required.		We have involved the CYP, parents/carers and other stakeholders in this process	
We have involved the CYP and parents/carers in this process.			
TIER 2	EVIDENCED?	TIER 3	EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.		We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.	
We have organised/undertaken more specialist assessments using tools (preferably standardised) relevant to the CYP's needs.		We can evidence a continuation of significant adaptive teaching strategies/reasonable adjustments and specialist equipment/resources, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period e.g., two terms.	
We have used a structured observation profile to target differentiation including IEPs/ASPs with SMART targets that are reviewed and updated regularly.		We have sought further specialist advice e.g. Vision Support Team, where concerns regarding the CYP's needs and progress have persisted.	
We have sought additional specialist advice relevant to the CYP's needs e.g. The Vision Support Team.		We can show that the adaptive teaching strategies, reasonable adjustments and specialist equipment, resources and interventions reflect the specialist advice received and both have been implemented for a reasonable period e.g. two terms.	
We have planned and organised the implementation of significant adaptive teaching strategies/reasonable adjustments, specialist equipment and resources relevant to the CYP's need, to promote progress and access to the curriculum. This has continued for a reasonable period of time e.g., one term.			



## SECTION D

# SOCIAL, EMOTIONAL, AND MENTAL HEALTH DIFFICULTIES

These Threshold Tiers were developed with reference to the Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities (DfE and DoH, 2015).





Chapter 6 of the SEN Code of Practice outlines Social, emotional and mental health difficulties as one of 4 broad areas of need. This Threshold section refers to Social, Emotional, and Mental Health difficulties.

6.32 Children and young people may experience a wide range of social and emotional difficulties which manifest them-selves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

6.33 Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviours, so it does not adversely affect other CYPs. These may be outlined in the setting's behaviour plan.

The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in settings (see weblinks for Chapter 6 in the Code of Practice and additional guidance for schools produced by the DfE).

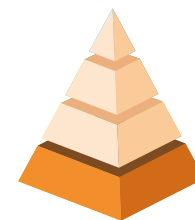
### Wirral's Graduated Approach to Supporting Children

-  **TIER 1**  
Universal Provision
-  **TIER 2**  
Universal Provision and any extra support included in what is already available within reasonable adjustments
-  **TIER 3**  
Time limited funding may be provided based on need and requirements
-  **TIER 4 AND ONWARDS**  
EHCP and further support to be decided as needed as per the thresholds and EHCP pathway

## SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

# Tier 1 – Universal and Quality First Teaching

The CYP has difficulties with their social and emotional mental health and well-being which have been identified by the class teacher (CT). The CYP will have SEMH difficulties identified by setting. They will not usually have had an assessment for SEMH.



### Description of the CYP's needs

Quality First Teaching is meeting the CYP needs – Quality Assurance evidence to support this.

The CYP experiences SEMH difficulties which can be managed in a mainstream class within an inclusive setting, with appropriate differentiation of task and teaching style.

They include low level /low frequency difficulties with: following classroom routines, complying with adult direction, responding to social situations, forming relationships with peers, immature social/emotional skills e.g., difficulties with turn-taking, sharing etc., social isolation e.g., tends to play/socialise alone, low level anxiety or frustration.

In all settings, it is important to identify if this is particular to a subject/s, teacher/s to identify accurately the CYP's barriers and level/type of intervention – SENCO can provide, following observation/CYP contribution, the CYP's daily lived experience.

### Things to do to support the CYP in the setting and the evidence required to support decision making

CT has completed baseline assessment and re-assessment of CYP needs – SALT LUCID etc.

CT has planned and organised implementation of significant differentiation, relevant to the CYP's areas of need, to promote progress and access to the curriculum, e.g., scaffolding of learning, additional resources. This differentiation has continued for a reasonable period of time e.g., one term.

CT has planned and organised implementation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. These have been implemented for a reasonable period of time e.g., one term.

CT has completed regular reviews of the CYP's progress in response to both the differentiation and targeted interventions. CT provides evidence that Quality First Teaching is not meeting the needs of the CYP. CT describes in the context of their own class how element 2 funding will promote the progress of the CYP.

CT provides evidence of the involvement of CYP's parents/carers. CYP voice is part of regular review periods. This is paramount in ensuring best outcomes.

Regular review periods essential that small success/progress etc can be acknowledge/praised and built upon.

### Quality first teaching and strategies

#### Tier 1- Quality First Teaching ([link to docs](#))

Wirral CAMHS is a specialist mental health service that works with CYP (0-18 years) with moderate to severe mental health problems. CAMHS offers support to CYP who are experiencing difficulties with the way they are thinking or feeling which are impacting on their mental health.

my mind.org.uk is an NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of children and young people across Wirral.

#### Wirral CAMHS CYP Advice Line

Tel: 0151 488 8453

Mon-Fri 9am-10pm | Weekends 12pm-8pm

Team Email: [cwp.telephonemessagesld@nhs.net](mailto:cwp.telephonemessagesld@nhs.net)

24 hour all age Crisis line – 0800 145 6485

Families can get in touch with CAMHS if their CYP's condition worsens on 0300 3033157

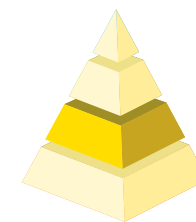
#### Early Help Resource Information Pack

<https://localofferwirral.org/updated-camhs-early-help-resource-information-pack>

## SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

### Tier 2 – Early support

The CYP has identified needs which may require additional specific provision available from within setting's resources and/or specialist advice from services available to all children (EP and Outreach Teams).



#### Description of the CYP's needs

The CYP experiences some SEMH difficulties and is struggling to cope with aspects of the day, despite intervention. There are some incidences of non-compliant and uncooperative behaviour e.g., refusal to work, disrupting the learning of others. It is important to identify if this is particular to a subject/s, teacher/s to inform/identify accurately the CYP's needs and level/type of intervention.

CYP is having some difficulties with self-regulating behaviour.

Behaviour causing a barrier to learning e.g., CYP disengaging, use work avoidance strategies, concentration can be limited.

Lack of socialisation with peers and adults e.g., lack of empathy.

Risk of isolation or becoming socially vulnerable. Failing to follow instructions.

#### Things to do to support the CYP in the setting and the evidence required to support decision making

The SENCO has organised/undertaken more specialist assessment using tools (preferably standardised) relevant to the CYP's needs.

The SENCO has sought additional advice relevant to the CYP's needs e.g., Inclusion Team drop-in service, SALT, Outreach services (Inclusion Team, Kilgarth/Gilbrook Outreach Team).

There is significant differentiation, relevant to the CYP's need, to promote progress and access to the curriculum. This has continued for a period of time. e.g., two terms. There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs.

Both the differentiation and intervention reflect the specialist advice received and both have been implemented for a reasonable period of time e.g., two terms.

There have been regular reviews of the CYP's progress in response to the above specialist advice, differentiation and intervention.

Pupil voice is part of regular review periods. This is paramount in ensuring best outcomes. Regular review periods essential that small success/progress etc can be acknowledge/praised and built upon.

Where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided.

The Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

SENCO provides evidence of the involvement of CYP's parents/carers.

#### Quality first teaching and strategies

[Link to QFT doc and resources](#)

Access LA SEMH resource bank.

Outreach services can be consulted with for further advice, support, coaching and training - Inclusion Team, Kilgarth Outreach Team, Gilbrook Outreach Team.

Information about CYP's needs/difficulties is shared with relevant staff.

Sharing of advice on successful strategies and setting targets e.g., use of visual supports, developing organisational skills.

Any additional assessments have been carried out to identify any unmet SEN needs.

All staff are using the same de-escalation language/script/techniques to ensure that everything possible is done to stop a CYP reaching crisis point.

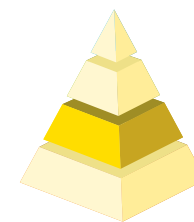
De-escalation plan in place.

Teaching assistance is targeted towards support for access for specific tasks/settings, based on individual targets.

## SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

### Tier 2 – Early support (cont'd)

The CYP has identified needs which may require additional specific provision available from within setting's resources and/or specialist advice from services available to all children (EP and Outreach Teams).



#### Description of the CYP's needs

The CYP experiences some SEMH difficulties and is struggling to cope with aspects of the day, despite intervention. There are some incidences of non-compliant and uncooperative behaviour e.g., refusal to work, disrupting the learning of others. It is important to identify if this is particular to a subject/s, teacher/s to inform/identify accurately the CYP's needs and level/type of intervention.

CYP is having some difficulties with self-regulating behaviour.

Behaviour causing a barrier to learning e.g., CYP disengaging, use work avoidance strategies, concentration can be limited.

Lack of socialisation with peers and adults e.g., lack of empathy.

Risk of isolation or becoming socially vulnerable. Failing to follow instructions.

Personalised reward systems covering targeted lessons/activities.

Careful consideration to group dynamics within class/group.

Careful consideration to preferred learning style and motivational levers for the CYP when differentiating.

Opportunities for small group work based on identified need. Time-limited intervention groups.

Access to small group support e.g., Circle of Friends, self-esteem group. Group work to be planned and tailored to meet identified need and includes good role models.

Teaching/modelling problem solving skills.

Learning tasks differentiated by task and outcome to meet individual needs.

CYP to be prepared for changes to activities/routines/staffing, where possible.

Access to quiet withdrawal area/safe space when needed.

Strong pastoral support for all CYPs from all staff.

Support/advice from SENCO/Pastoral Lead for CT.

Opportunities for participation in activities that highlight strengths and interests.

Provision of opportunities for meaningful participation e.g., Responsibilities, volunteering.

Individual Education Plan (IEP)/ Individual Behaviour Plan (IBP) with SMART targets, reviewed and updated regularly.

It is vital to allow both the CYP and their parents/carers an input into their individual plan.

Additional adults routinely used to support flexible groupings/targeted small group work.

Additional adults for focused support during unstructured times e.g., lunchtime supervision/ targeted extra- curriculum activities.

Access to visual cues/cards/ timetable if needed.

Access to in-house support base (e.g., Learning Support/ Nurture Base/Group).

Staff access targeted LA training/programmes e.g., Team Teach (Focusing on De-escalation), Restorative Justice training, Youth Justice programmes etc.

Consultation with support services i.e., Inclusion Team, attendance Team (If SEMH needs are impacting upon attendance), Safer Schools Police Officers.

Effective partnership working with parents/carers to support CYP.

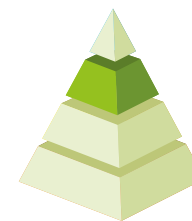
#### LA DECISION-MAKING PROCESS

The Assess, Plan, Do Review cycle highlights the CYP is not making expected progress despite the provision and has not responded to systematic, structured intervention.

## SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

# Tier 3 – Targeted specific support Time Limited Additional Units of Funding

The CYP has SEMH identified by appropriately qualified specialist, teachers and other professional. Their SEMH impacts on progress. These support the IPFA application



### Description of the CYP's needs

The CYP experiences considerable SEMH difficulties and is struggling to cope with aspects of school, despite intervention.

Increased incidences of non-compliant and uncooperative behaviour e.g., refusal to work, disrupting the learning of others. It is important to identify if this is particular to a subject/s, teacher/s to inform/identify accurately the CYP's needs and level/type of intervention.

CYP is having some difficulties with self-regulating behaviour e.g., aggressive outbursts, high levels of anxiety, mood swings, unpredictable behaviour, which affects relationships. Behaviour causing a barrier to learning e.g., CYP disengaging, may destroy own and others' work, use work avoidance strategies. Concentration or engagement is limited.

Lack of socialisation with peers and adults e.g., lack of empathy, may refuse to communicate for long periods of time, inappropriate social skills.

Risk of isolation or becoming socially vulnerable.

CYP is moving from a specialist base into mainstream and requires short term additional funding, e.g., unstable family circumstances (reviewed termly).

### Things to do to support the CYP in the setting and the evidence required to support decision making

There is a continuation of significant differentiation, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period of time e.g., two terms.

There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period of time e.g., two terms.

The SENCO has sought further specialist advice e.g. EP drop-in service, SALT, Inclusion Team, Outreach services, where concerns with regard to the CYP's needs and progress have persisted.

Despite the substantial adaptations made, the further provision which is in addition to those which are ordinarily available within the setting's resources, and is not ordinarily available within a mainstream setting, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

The SENCO in consultation with the CT, provides a description, in the context of their own school, how TIME LIMITED FUNDING will promote the progress for the CYP.

SENCO/Base Teacher provides evidence of the involvement of CYP's parents/carers. Risk assessments to identify dangers and need for additional support.

Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/post-16.). This will include a transition Plan in Y9-14 updated on a regular basis.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Identified daily support to:

Teach SEMH skills and address behavioural targets on IEP/IBP.

Use of key-working approaches to ensure the CYP has a trusted adult to offer support during vulnerable times.

Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum.

Time-limited intervention programmes with staff who have knowledge and skills to address specific needs, may include withdrawal.

Nurturing approaches and 'soft' therapeutic approaches.

Use of positive psychological approaches to develop skills.

Regular/daily small group teaching of SEMH skills.

Teaching style adapted to suit CYP's learning style e.g., level/pace/amount of teacher talk reduced, access to practical activities. Personalised timetable introduced in negotiation with the CYP, parents/carers and staff. This may include temporary withdrawal from some activities e.g., assemblies, specific non-core lessons. Withdrawal from the full-setting life should only

## SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

# Tier 3 – Targeted specific support (cont'd) Time Limited Additional Units of Funding

The CYP has SEMH identified by appropriately qualified specialist, teachers and other professional. Their SEMH impacts on progress. These support the IPFA application



### Description of the CYP's needs

The CYP experiences considerable SEMH difficulties and is struggling to cope with aspects of school, despite intervention.

Increased incidences of non-compliant and uncooperative behaviour e.g., refusal to work, disrupting the learning of others. It is important to identify if this is particular to a subject/s, teacher/s to inform/identify accurately the CYP's needs and level/type of intervention.

CYP is having some difficulties with self-regulating behaviour e.g., aggressive outbursts, high levels of anxiety, mood swings, unpredictable behaviour, which affects relationships. Behaviour causing a barrier to learning e.g., CYP disengaging, may destroy own and others' work, use work avoidance strategies. Concentration or engagement is limited.

Lack of socialisation with peers and adults e.g., lack of empathy, may refuse to communicate for long periods of time, inappropriate social skills.

Risk of isolation or becoming socially vulnerable.

CYP is moving from a specialist base into mainstream and requires short term additional funding, e.g., unstable family circumstances (reviewed termly).

happen as a last resort and only if it is in the best interests of the CYP. Sensory/rest breaks provided to the CYP, if needed Opportunities at KS4 e.g., vocational/college/work placements.

Individualised support to implement recommendations from support services. More formal meetings/ conferences using Restorative Practices, to include parents/carers if appropriate.

Access to alternative support networks e.g., Youth and Play services. Clears plans and pathways for help and referral using and coherent teamwork approach.

All staff are using the same de-escalation language/script/ techniques to ensure that everything possible is done to stop a CYP reaching crisis point.

Access to 1-1 support for re-tracking, mentoring/coaching, motivational approaches, understanding anger etc.

Additional individual support for certain situations in line with risk assessments.

Access to small group support outside mainstream classes e.g., Social Skills, Circle of Friends.

Personalised timetable.

Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies.

Time to discuss, develop and review individualised reward systems and report cards.

Safe space area/facilities to allow for safe regulation of a CYP.

Staff access targeted LA training/programmes e.g., Team Teach (Focusing on De-escalation), Restorative Justice training, Youth Justice programmes etc.

Advice from support services e.g., EP, Primary Mental Health Worker (PMHW), Attendance Team (if attendance is impacted), Inclusion Team, CAMHS.

Support for parents/carers through access to targeted parenting programmes through Early Help.

### LA DECISION-MAKING PROCESS

The Assess, Plan, Do Review cycle highlights the CYP is not making expected progress despite the interventions and strategies that have been deployed.

CYP has not responded to systematic, structured interventions already provided.

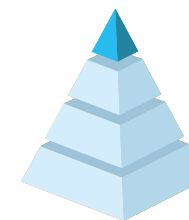
The CYP may need additional funding through an application for a TIME LIMITED FUNDING and may require further assessment to identify needs.

Please refer to the list of evidence that is required at this stage before making an application to LA DECISION-MAKING PROCESS for TIME LIMITED FUNDING. This must include evidence of the CYP pupil developmental levels (e.g., setting specific individual progress tracker) and include a costed provision map.



# Tier 4 - Targeted specific support EHCNA

The CYP has difficulties with their Social Emotional and Mental Health which: Require further provision, which is in addition to, that which is ordinarily available within the setting's resources and may not be ordinarily available within a mainstream setting. Mainstream Element 1 AWPU + higher% element 2- (formula funding) up to £6,000.



### Description of the CYP's needs

The CYP has significant and enduring difficulties with cognition and learning and with accessing a mainstream curriculum.

The CYP continues to make less than expected progress and is operating at a level significantly below age related expectations. There is continuing evidence of an increasing gap between the CYP and their peers in regards to their SEMH needs.

The CYP's difficulties with cognition and learning fall within the moderate range and impact upon all areas of cognition and learning.

The CYP experiences considerable SEMH difficulties and is struggling to cope with their day, despite intervention. The setting is offering provision that is additional to/different from that of their peers and feel direct involvement of support services would be beneficial.

Includes frequent and persistent difficulties with:

- Increased incidences of non-compliant and uncooperative behaviour e.g., refusal to work, disrupting the learning of others.
- self-regulating e.g., aggressive outbursts, sexualized language, high levels of anxiety, mood swings, unpredictable behaviour, which affects relationships.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The Assess, Plan, Do and Review cycle has been adhered to (as in Tier 3). Despite the substantial adaptations made and the further provision, which is in addition to those which are ordinarily available within the setting's resources and is not ordinarily available within a mainstream setting (TIME LIMITED FUNDING), it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

SENCO/Base Teacher provides evidence of the involvement of CYP's parents/carers.

The Annual Review has been attended by a LA officer.

Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/post-16.). This will include a transition Plan in Y9-14 updated on a regular basis

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Identified individual support across the curriculum in an inclusive mainstream setting.

Daily teaching/modelling of SEMH skills to address behavioural targets on IEP/IBP. Use of key-working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times.

Personalised reward systems known to all staff in school who have contact with the CYP; implemented consistently across the

curriculum. Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address CYP's specific needs, may include withdrawal. Opportunities for individual 'checking in' and 'checking out' at beginning and end of session/day to encourage self-monitoring.

Teaching style and tasks are adapted to suit the CYP's learning style e.g., level/pace/amount of teacher talk reduced, access to practical activities.

Personalised timetable introduced in negotiation with CYP, parents/carers and staff. This may include temporary withdrawal from some activities or alternative placement for short periods. Withdrawal from the full-setting life should only happen as a last resort and only if it is in the best interests of the CYP. Alternative curriculum opportunities relevant to the CYP's age e.g., vocational/college/work placements.

Individualised support to implement recommendations from relevant professionals. Support through solution-focused approaches, re-tracking and motivational interviewing.

Where CYP is working below age-related expectations, personalised Maths and English programmes will be required to address gaps in learning associated with SEMH difficulties.

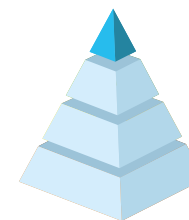
Consideration to access arrangements for internal and external examinations. More formal meetings/ conferences using Restorative Practices, to include parents/carers if appropriate.

Pastoral Leader and/or SENCO provides support to all staff and takes responsibility for arranging appropriate CPD and quality assuring the learning experience.

Access to 1-1 support within school for tracking, mentoring/coaching, motivational approaches, understanding anger etc.

# Tier 4 - Targeted specific support EHCNA (cont'd)

The CYP has difficulties with their Social Emotional and Mental Health which: Require further provision, which is in addition to, that which is ordinarily available within the setting's resources and may not be ordinarily available within a mainstream setting. Mainstream Element 1 AWPU + higher% element 2- (formula funding) up to £6,000.



- behaviour causing a barrier to learning e.g., CYP disengaging, may destroy own and others' work, use work avoidance strategies, concentration very limited.
- lack of socialisation with peers and adults e.g., lack of empathy, victim or perpetrator of bullying may refuse to communicate for long periods of time risk of isolation or becoming socially vulnerable.

The CYP's EMS needs may co-exist with other secondary needs.

Additional individual support in line with risk assessments, including unstructured times.

Access to small group support outside mainstream classes e.g., Circle of Friends. Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies. Time to discuss, develop and review individual reward systems and report cards.

Safe space area/facilities to allow for safe regulation of a CYP.

Support and advice from specialist teams; EP, Inclusion Team, Youth Offending Team, Outreach Teams (Kilgarth/Gilbrook), Early Help. Staff access targeted LA training/programmes e.g., Team Teach (Focusing on De-escalation), Restorative Justice training, Youth Justice programmes etc.

Advice from support services e.g., EP, Primary Mental Health Worker (PMHW), Safer Schools Police Officers, Inclusion Team, CAMHS. Support for parents/carers through access to targeted parenting programmes through Early Help.

Therapeutic intervention e.g., family therapy/play therapy/art therapy. Multi-agency support to plan and review interventions. Time and appropriate space for joint planning with CYP, parents/carers, staff and other agencies to facilitate 'Team Around the Family' approach.

Access to time-limited Alternative Provision.

If an Alternative Provision is considered, it must:

- Be time limited (12 weeks maximum).
- Evidence that the setting and AP have continued to work together for this duration.

- Be part of a blended package whereby the CYP is accessing the AP beneath the guidance threshold of 18 hours per week (un-registered APs). The setting is responsible for ensuring a CYP has a full 25 hours of education provided to them and be responsible for all safeguarding/welfare responsibilities throughout those times.
- Have a clear intention of support and expected outcomes that will be achieved during the CYPs time at AP.
- Have a clear exit plan in place focusing on a clear re-integration back into their mainstream setting.
- Have regular review points (including CYP and parent/carer contributions) to ensure that the CYP is on track to successfully re-integrate back into their mainstream setting.
- Meet the needs of the CYP e.g., therapeutic.

Consideration to facilitate a 'managed move'.

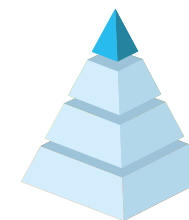
### LA DECISION-MAKING PROCESS

The Assess, Plan, Do Review cycle highlights the CYP is not making expected progress despite the TIME LIMITED FUNDING and may require further/EHCP assessment to identify needs. CYP has not responded to systematic, structured intervention provided by the TIME LIMITED FUNDING. The review process indicates that a higher/different level of support/provision is needed to meet the needs of the CYP and promote progress.

Please refer to the list of evidence that is required at this stage before making an application to LA DECISION-MAKING PROCESS for EHCP funding. This must include evidence of the CYP pupil developmental levels (e.g., setting specific individual progress tracker).

# Tier 4-5 - EHCP specialist Resourced Provision

The CYP has difficulties with cognition and learning which: Require further provision, which is in addition, to that which is ordinarily available within the setting's resources and is not ordinarily available within a mainstream setting. CYP has SEMH and a range of other associated and complex difficulties- behaviour may be challenging.



### Description of the CYP's needs

The CYP experiences complex, frequent and persistent SEMH needs.

The CYP's behaviour is unpredictable and dangerous, with intense episodes of emotional and/or challenging behaviour, severely disrupting the learning of self and others.

Extreme risk-taking behaviours e.g., arson, sexualised behaviour, criminal activity, use of weapons, substance misuse.

SEMH needs may be compounded by co-existing difficulties.

The CYP is extremely vulnerable and there are safeguarding issues to consider due to acute levels of mental health concerns and increased risk-taking behaviours.

The CYP has been at risk of exclusion. A multi-agency approach, including educational and non-educational professionals, is essential.

The CYP's behaviour is unpredictable, severely disrupting the learning of others, and is challenging to highly skilled staff.

Specialist support, alongside a multi-agency approach is essential.

### Things to do to support the CYP in the setting and the evidence required to support decision making

The Assess, Plan, Do and Review cycle has been adhered to (as in Tier 3). Despite the substantial adaptations made and the further, highly personalised and specialist provision (EHCP), it is evidenced that a higher level of support/provision is needed, than is available within their current placement in order to meet the needs of the CYP and promote progress.

There is evidence of CYP's parents/carers involvement. The Annual Review has been attended by a LA officer.

Specialist assessments e.g., Crisis Response, Educational Psychologist, CAMHS, YOT, Inclusion Team (At Risk of Permanent Exclusion) etc Long term involvement of educational and non- educational professionals possibly as part of statutory assessment/EHC plan.

Multi-agency assessments indicate that needs are highly complex and require a very high level of support.

Risk assessment to consider risks to self and others.

Personalised transition planning is prioritised (e.g., Y6/Y7, Y9, Y11/post-16). This will include a transition

Plan in Y9-14, updated on a regular basis. Planning for re-integration back into mainstream where possible.

### Quality first teaching and strategies

#### [Link to QFT doc and resources](#)

Identified individual support across the curriculum in an inclusive mainstream setting.

Daily teaching/modelling of SEMH skills to address behavioural targets on IEP/IBP.

Use of key-working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times.

Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum.

Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address CYP's specific needs, may include withdrawal.

Opportunities for individual 'checking in' and 'checking out' at beginning and end of session/day to encourage self-monitoring.

Teaching style and tasks are adapted to suit the CYP's learning style e.g., level/pace/amount of teacher talk reduced, access to practical activities.

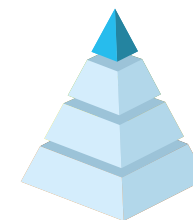
Personalised timetable introduced in negotiation with CYP, parents/carers and staff. This may include temporary withdrawal from some activities or alternative placement for short periods. Withdrawal from the full-setting life should only happen as a last resort and only if it is in the best interests of the CYP.

Alternative curriculum opportunities relevant to the CYP's age e.g., vocational/college/work placements.

Individualised support to implement recommendations from relevant professionals. Support through solution-focused approaches, re-tracking and motivational interviewing.

Where CYP is working below age-related expectations, personalised Maths and English programmes will be required to address gaps in learning associated with SEMH difficulties.

## Tier 4-5 - EHCP specialist Resourced Provision (cont'd)



The CYP has difficulties with cognition and learning which: Require further provision, which is in addition, to that which is ordinarily available within the setting's resources and is not ordinarily available within a mainstream setting. CYP has SEMH and a range of other associated and complex difficulties- behaviour may be challenging.

Includes frequent and persistent difficulties, within an SEMH provision, including:

- incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent e.g., refusals to work, defiance, leaving classroom/site.
- self-regulating e.g., aggressive/uninhibited outbursts, high levels of anxiety, mood swings, deteriorating/anti- social relationships.
- behaviour causing significant barrier to learning e.g. destroying own and others' work,
- socialising with peers and adults e.g., lack of empathy.
- victim or perpetrator of bullying.
- at risk of permanent exclusion, isolation or becoming socially vulnerable.
- increasing concerns around mental health e.g., self-harm, irrational fears.
- extreme risk-taking behaviours e.g., arson, sexualised behaviour, criminal activity, use of weapons, substance misuse.

Consideration to access arrangements for internal and external examinations. More formal meetings/ conferences using Restorative Practices, to include parents/carers if appropriate.

Pastoral Leader and/or SENCO provides support to all staff and takes responsibility for arranging appropriate CPD and quality assuring the learning experience. Access to 1-1 support within school for - tracking, mentoring/coaching, motivational approaches, understanding anger etc.

Additional individual support in line with risk assessments, including unstructured times. Access to small group support outside mainstream classes e.g., Circle of Friends.

Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies. Time to discuss, develop and review individual reward systems and report cards. Safe space area/facilities to allow for safe regulation of a CYP. Support and advice from specialist teams; EP, Inclusion Team, Youth Offending Team, Outreach Teams (Kilgarth/ Gilbrook), Early Help

Involvement from Youth Offending Team/ Safer Schools Police Officers /voluntary sector to address needs re: substance misuse, self-harm, sexual exploitation, helping the CYP to plan for the future. Staff access targeted LA training/programmes e.g., Team Teach (Focusing on De-escalation), Restorative Justice training, Youth Justice programmes etc.

Advice from support services e.g., EP, Primary Mental Health Worker (PMHW), Inclusion Team, CAMHS. Support for parents/ carers through access to targeted parenting programmes through Early Help. Therapeutic intervention e.g., counselling/CBT/family therapy/ play therapy/art therapy if appropriate.

Multi-agency support to plan and review interventions. Time and appropriate space for joint planning with CYP, parents/carers, staff and other agencies to facilitate 'Team Around the Family' approach. Access to time-limited Alternative Provision.

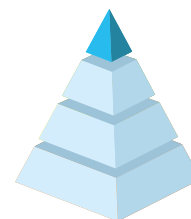
If an Alternative Provision is considered, it must:

- Be time limited (12 weeks maximum).
- Evidence that the setting and AP have continued to work together for this duration.
- Be part of a blended package whereby the CYP is accessing the AP beneath the guidance threshold of 18 hours per week (un-registered APs). The setting is responsible for ensuring a CYP has a full 25 hours of education provided to them and be responsible for all safeguarding/welfare responsibilities throughout those times.
- Have a clear intention of support and expected outcomes that will be achieved during the CYPs time at AP.
- Have a clear exit plan in place focusing on a clear re-integration back into their mainstream setting.
- Have regular review points (including CYP and parent/ carer contributions) to ensure that the CYP is on track to successfully re-integrate back into their mainstream setting.
- Meet the needs of the CYP e.g., therapeutic.

Consideration to facilitate a 'managed move'.

High level of multi-agency involvement.

# EHCP Specialist setting, specialist alternative package



## Description of the CYP's needs

The CYP experiences complex, frequent and persistent SEMH needs.

The CYP's behaviour is unpredictable and dangerous, with intense episodes of emotional and/or challenging behaviour, severely disrupting the learning of self and others.

SEMH needs may be compounded by co-existing difficulties.

The CYP is extremely vulnerable and there are safeguarding issues to consider due to acute levels of mental health concerns and increased risk-taking behaviours.

The CYP is at risk of exclusion.

A multi-agency approach, including educational and non-educational professionals, is essential.

## Things to do to support the CYP in the setting and the evidence required to support decision making

Specialist assessments e.g., by Educational Psychologist, CAMHS, Forensic Psychologists, YOT etc.

Long term involvement of educational and non-educational professionals as part of statutory assessment / Annual Review/ EHC plan. Regular risk assessments to consider risks to self and others. Completion of assessments and/or Annual review for consideration at SENAP and/or Joint Panel. All professionals agree that the CYP needs can only be met with additional resources in specialist placement.

Personalised transition planning is prioritised (e.g., Y6/Y7, Y9, Y11/post-16.). This will include a transition Plan in Y9-14, updated on a regular basis.

## Quality first teaching and strategies

All of the above requires additional /enhanced levels of highly skilled staff to re-engage and motivate the CYP.

The CYP is struggling to cope in Wirral's specialist provision, despite specialist support and high staffing ratios.

The CYP requires a higher ratio of staff support within specialist provision due to high level of risk and vulnerability presented by the CYP.

Staff may need additional solution-focused supervision to increase resilience.

Additional resources are required to avoid the need to seek an out of area/residential placement.

NB This CYP may be returning from an Out of Area specialist placement.

## Out of area independent specialist provider

All of the above but the CYP has such complex needs that their needs cannot be met in a school within Wirral, i.e., they attend a non-maintained educational or residential placement (Out of Area). This may also include support for health and social care issues.

## SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

# Checklist

The following checklist has been designed to support you through the tiers of the Graduated Approach. You can use it as a guide to evidence the steps you have taken to support the CYP and direct towards any evidence you may wish to reference.

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TIER 1		EVIDENCED?
We have ensured that QFT strategies are in place for all CYP.		We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention. The outcomes of the reviews have been shared with the CYP/families/carers and staff working with the CYP.
We have completed baseline assessments and re-assessment of CYP needs using the Assess, Plan, Do, Review cycle identifying strengths and interests as well as needs.		We can show that the Assess, Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made, it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.
We have planned and organised the implementation of adaptive teaching strategies/reasonable adjustments, relevant to the CYP's areas of need, to promote progress and access to the curriculum. These have been embedded for a reasonable period of time.		We have ensured that there is a high- level of pastoral support in place to support the CYP.
We have planned and organised the implementation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. These have been embedded for a reasonable period of time.		We can show that Element 2 funding has been fully utilised through a costed provision map.
We have completed regular reviews of the CYP's progress in response to both the adaptive teaching strategies and the targeted interventions (Assess, Plan, Do, Review cycle).		We have involved the CYP, parents/carers and other stakeholders in this process.
We have involved the CYP and parents/carers in this process.		
TIER 2		EVIDENCED?
We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.		We have ensured that QFT and additional strategies, relevant to the needs of the CYP, have been implemented.
We have organised/undertaken additional assessments out to identify any unmet SEN needs and taken appropriate action to address these needs.		We can evidence a continuation of significant adaptive teaching strategies, relevant to the CYP's areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period e.g., two terms.
We have attended a drop-in session with an EP or Inclusion Team to discuss the CYP or sought advice from an Outreach service through a referral e.g., Inclusion Team, Kilgarth, Gilbrook.		We can evidence a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period e.g., two terms.
We have planned and organised the implementation of significant adaptive teaching strategies, relevant to the CYP's need, to promote progress and access to the curriculum. This has continued for a reasonable period of time e.g., one term.		We have sought further specialist advice e.g. EP, Inclusion Team, Outreach services e.g., Kilgarth/Gilbrook.
We have planned and organised the continuation of targeted, evidence based and well-founded interventions, relevant to the CYP's needs. This has continued for a reasonable period of time e.g., one term.		We can show that the adaptive teaching strategies and interventions reflect the specialist advice received and both have been implemented for a reasonable period e.g., two terms.
		We have held regular reviews of the CYP's progress in response to the above specialist advice, adaptive teaching strategies and intervention.
TIER 3		EVIDENCED?



# GRADUATED APPROACH RESOURCES AND TRAINING

This bank of resources and training has been put together in order to provide a quick, accessible reference to support and help that is available. It is by no means exhaustive in terms of provision that is available as we know many brilliant SEND resources and best practice is being developed all the time.

However, it may serve as a 'go to' in the first instance of assessment and planning interventions and extra support for a child or young person. As the educational professional, you will know this CYP and their specific needs and will be able to select resources based on the need you are trying to meet or the target you are helping the CYP to reach.

The resources are organised into the 4 areas of need. However, we know there is likely to be crossover of resources that can be used for more than one need and the CYP may have a variety of needs presented in different ways.

Using your own professional judgment, use this resource to help you support the CYP in the best way for them.

This bank of resources will be reviewed yearly to allow for changes to be made and other resources to be added. If you know of an excellent resource that has worked in your practice, please email (email) for it to be reviewed and added to the bank.

Anyone who does anything  
to help a child in his life is a  
hero to me

FRED ROGERS



# Cognition and Learning Resources

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Accelerated Reader</a>	no	yes	Reading	no	yes	yes	All	Various costing models depending on product- school and teacher use.	A daily reading programme for all levels with teacher assessment tool built in. Endorsed and researched by the EEF, evidence and research based.
<a href="#">Access Reading Test (ART)</a>	no	yes	Reading	no	yes	yes	Upper KS2 Secondary	Various costing around £22.50 for 10 tests. Suitable for education practitioners.	Base line data tool for planning interventions - start in year 7 to assess after transition- Evidence based and part of the Hodder Education range of products.
<a href="#">Boostingreading@primary (BR@P) and boostingreading@secondary (BR@S)</a>	no	yes	Reading	no	yes	no	Primary Secondary	Various costing depending on product from full kits to individual resources. Training for practitioners is available for various programs.	Boostingreading@primary and boostingreading@secondary are proven good practice interventions. Each year pupils consistently make gains of over four times the expected rate of progress. On average pupils make Reading Age gains of over 12 months during the 10-week period of intervention. We have a growing body of evidence that highlights the efficacy of Boosting Reading.
<a href="#">British Picture Vocabulary Scale (BPVS)</a>	no	yes	Reading	no	yes	yes	All	Various costing for range of assessment products. Suitable for education practitioners.	Assessment of vocabulary using images for the CYP to select the correct one and demonstrate level of understanding. Designed with ages 3-16 in mind. Part of the GL assessment product range.
<a href="#">Cognitive Abilities Test (CAT4)</a>	no	yes	Cognitive	no	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	Reasoning assessment - measuring verbal, non-verbal quotative and special reasoning against key indicators for assessment. Part of the GL assessment product range.
<a href="#">Comprehensive Test of Phonological Processing - Second Edition (CTOPP-2)</a>	no	yes	Phonological awareness	no	yes	yes	Primary - 25 and 11 months	Various costing for range of assessment products and formats including full kits in print and digital format. Suitable for education practitioners.	Phonological awareness and recall- reading fluency and phoneme rapid recognition - designed for ages 4- 24 and 11 months. From the Pearson range of assessment products.
<a href="#">Dyslexia Portfolio</a>	no	yes	Dyslexia Screening	yes	yes	yes	Primary Secondary	At time of writing, Full set of resources was approx. £ 280- Guidance included for educational practitioner.	Follow up assessment broken down into specific skills -Online report created gives overview for teachers and parents - part of the GL assessment range of products.
<a href="#">Dyslexia Screener</a>	no	yes	Dyslexia Screening	no	yes	yes	Primary Secondary	At time of writing, Full set of resources was approx. £ 280- Guidance included for educational practitioner.	Initial dyslexia screening tool for first concerns - also includes dyslexia handbook and further guidance on interventions and planning. Part of the GL Assessment range of products.

# Cognition and Learning Resources

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Indirect Dyslexia Learning (IDL)</a>	no	yes	Dyslexia	no	yes	no	Primary Secondary	Subscription options available with reductions on prices for schools less than 100. Programmes start from £249.	Cloud based intervention allowing children to independently work through a program to increase reading age in accelerated time frame. Based on research and evidence-based practice.
<a href="#">Kerboodle</a>	no	yes	Curriculum	yes	yes	no	EYFS Primary Secondary	Various resources across a range of educational subjects. A local educational consultant is available to support setting up.	Differentiated resources for use alongside various curriculum subjects. Resources include videos and animations to support learning in a specific curriculum context. Learning can be tracked and assessed, homework can be set and there is a wide range of resources.
<a href="#">LADS Plus</a>	no	yes	Dyslexia Screening for 15+	yes	yes	yes	Ages 15+	Costing from £300 for a year licence- Carried out by educational practitioner	A digital assessment to screen for dyslexia for 15+
<a href="#">Lexia reading core 5</a>	no	yes	Dyslexia	no	yes	no	Primary Secondary	Various Costing across a range of models depending on product or group size.	Primary and secondary program available research and evidence based. An online resource with printable offline resources designed to target the specific reading skills.
<a href="#">Lucid - Rapid (part of the 'Lucid' suite of assessments for specific learning difficulties)</a>	no	yes	Dyslexia Screening	no	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	Rapid full class assessment for dyslexia- identify pupils in a cohort who may need further investigation and support - rapid test taking 15 x 3 short assessments- phonological processing, working memory and verbal-visual integration memory (4-7) or phonic decoding (8+).
<a href="#">Lucid - Recall</a>	no	no	cognitive	no	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	Evaluate the speed and efficiency of working memory and processing- aged 7-16.
<a href="#">Maths Watch</a>	no	no	Maths	yes	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	Supports cognitive retrieval a practice of mathematical skills. Online program that can be used in school or logged into at home. Includes GSCE practice skills.
<a href="#">Method Maths</a>	no	yes	Maths	yes	yes	yes	Primary Secondary	Subscription service that also has individual subscriptions available for parent carers and home-schooling options. No training needed.	This online resource provides exam practice for Key stage 2 as well as Secondary exams through the use of online examination style questions. It can provide feedback which teachers would use to determine next steps and any support or interventions needed.

# Cognition and Learning Resources

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">My Maths</a>	no	yes	Maths	yes	yes	yes	EYFS Primary Secondary	Subscription service reviewed annually- at the time of writing Primary costing £392 and secondary £695 both +VAT. Used by educational practitioner.	Online learning platform that supports cognitive retrieval and practice of mathematical concepts. Can be used across school and home and has full curriculum coverage. Has been evaluated by Oxford Impact and research proves the time saving element for classroom practice allowing teachers to focus more on teaching.
<a href="#">Nessy</a>	no	yes	Dyslexia Reading	yes	yes	yes	All	Various costing depending on subscription and some individual products - Used by educational practitioner.	Nessy uses 'the science of reading' to assess specific gaps in reading knowledge and address them in bitesize chunks and activities tailored to the learning. Nessy can track progress of a learner and can be accessed at home to support fluid learning and parental engagement.
<a href="#">Nessy - Dyslexia Quest screening</a>	no	yes	Dyslexia	yes	yes	yes	Primary Secondary	Various costing depending on subscription and some individual products - Used by educational practitioner.	Dyslexia screening and accompanying programme to support the development of reading - can be used for none dyslexia support in working memory and recall.
<a href="#">New Group Reading Test (NGRT)</a>	no	yes	Reading	no	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	A termly assessment which has standardised scores that can be used to measure up against key indicators and identify needs and interventions.
<a href="#">New Group Spelling Test (NGST)</a>	no	yes	Spelling	no	yes	yes	Ages 7-14+	Various costing for range of assessment products. Suitable for education practitioners.	A termly assessment which has standardised scores that can be used to measure up against key indicators and identify needs and interventions.
<a href="#">New Salford Sentence Reading Test</a>	no	yes	Reading Assessment	no	yes	yes	Primary Secondary	At time of writing, full kit £110.	Reading assessment - baseline data to be recorded and monitored for progress for children who present with reading difficulties - to inform interventions and future planning - suitable for ages 6+.
<a href="#">Number Shark</a>	no	yes	Maths	no	yes	no	EYFS Primary Secondary	Various subscription costing based on number of students. At time of writing, up to 20 primary students £340. Can be done by teachers and there is a parent support section as well.	Games designed for learning and cognitive retrieval to enhance memory and skills in number and vocabulary.

# Cognition and Learning Resources

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Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Phonological Assessment Battery (PHAB)</a>	no	yes	Reading Assessment	no	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	This comprehensive battery of tests accurately identifies children who have significant phonological difficulties and need additional help to process sounds in spoken language. Age range 5- 14 - part of the GL Assessment range of products.
<a href="#">PM Benchmark Reading Assessment</a>	no	yes	Reading	no	yes	yes	Primary	Various costing for range of assessment products. Suitable for education practitioners. Training needed and can be purchased in sessions.	Packs of fiction and non-fiction texts of different levels to assess baseline data in reading levels and comprehension.
<a href="#">Raven Coloured Progressive Matrices</a>	no	yes	Cognitive	no	yes	yes	Primary	Various costing for range of assessment products. Suitable for education practitioners.	Puzzles which increase in difficulty to assess non-verbal reasoning skills. Part of the Pearson range of products.
<a href="#">Read Write Inc by Ruth Miskin and associated CPD</a>	no	yes	Reading	yes	yes	yes	All	Breakdown of costing for resources can be found - <a href="https://www.ruthmiskin.com/programmes/phonics/cost-of-resources/">https://www.ruthmiskin.com/programmes/phonics/cost-of-resources/</a>	Phonics learning specifically designed to systematically work through the gaps on knowledge with stories that are engaging. CPD alongside this on the use of the programme to support students in learning phonics, blending, irregular sounds and reading.
<a href="#">Toe by Toe</a>	no	yes	Reading	no	yes	yes	Primary	No training needed. At time of writing, books for £20-£30.	Systematic reading program for identified CYP who are struggling with reading skills - age 7+ - can be used by parents at home alongside schoolwork.
<a href="#">Verbal Reasoning and Non-Verbal Reasoning</a>	no	yes	Cognitive	no	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	Verbal reasoning assessment covering logical reasoning. Can be done individual assessment or in groups- ages 8-13.
<a href="#">White Rose Maths</a>	no	yes	Maths	no	yes	yes	EYFS Primary Secondary	CPD can be helpful for this program - suitable for educational practitioners. Wide range of costing from individual resources at £2-5 to full packages £70+.	White Rose Maths offers a wide range of resources including full curriculum coverage and long-term overviews, as well as individual lesson structures that can also be adapted. White Rose also offers CPD in maths teaching methodology and is a very popular resource to break down concepts and provide learning that can be structured in a way to suite all children.

# Cognition and Learning Resources

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Wide Range Achievement Test 4 (WRAT4)</a>	no	yes	Cognitive	no	yes	yes	Primary Secondary	Suitable for educational practitioners. Costing from £88 for full testing and reporting package. Separate items also available.	Comprehensive academic baseline data including, word reading, reading comprehension, Spelling, Math computation, reading composite and a sentence comprehension subtest
<a href="#">York Assessment of Reading for Comprehension (YARC)</a>	no	yes	Reading	no	yes	yes	Primary Secondary	Various costing for range of assessment products. Suitable for education practitioners.	A detailed reading assessment providing a deep analysis of a range of reading skills. Parallel assessments available to measure impacts of intervention from the data analysis.
<a href="#">Teach starter</a>	no	yes	Working Memory	yes	yes	no	EYFS Primary	Suitable for educational practitioners. Individual sign can be free for basic use and then £3.25 for the essential package or £4.92 for plus package of resources. School sign up pricing also available.	Explanation, advice and resources based around developing working memory in children. Other blogs and advice available through this site for teachers.
<a href="#">Black sheep press- developing auditory and verbal memory skills</a>	no	yes	Working Memory	yes	yes	no	EYFS Primary	No training needed. At time of writing, this product £44.10.	This resource is one of many that Black Sheep press have developed to assist with memory training for auditory and verbal memory skills.

# Communication and Interaction

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Widget Online Creator</a>	no	yes	Speech and Language	no	yes	no	All	A 21-day free trial is available with various costing plans after.	A creator tool that allows specific tailored creation of symbols that children may need to enhance communication and learning in an environment. The design element means you can create symbols and visual guides specific to the need of the child i.e., bedtime routine or classroom routine
<a href="#">Deaf-Friendly education and training</a>	no	yes	Hearing Impairment	yes	yes	no	All	No costing- Charity donations welcome.	Resources to support educational professionals with advice and learning on deaf-friendly teaching and learning.
<a href="#">Mr. Goodguess</a>	no	yes	Inference	no	yes	no	EYFS Primary Secondary	£40 for 5 downloads on different PC's and laptops. No training needed.	A series of pictures and narratives that are designed to support the development of using inference skills to decode situations.
<a href="#">Universally Speaking - The Communication Trust</a>	no	yes	Communication and Interaction	no	yes	yes	Primary Secondary	This resource is free, some others have a charge – this resource may suggest others that are needed based on any assessments. No training needed.	A series of booklets detailing the appropriate skills based on age development.
<a href="#">Welcome screening</a>	no	yes	Communication and Interaction	no	yes	yes	Primary Secondary	Various costings for the different resources and online-print publications- info can be found on the site. No training needed.	Toolkit assessment which enables users to identify speech and language difficulties. Both toolkits come with a Big Book Ideas to provide intervention support.
<a href="#">Black Sheep Resources - Concepts in Pictures, Language in Pictures etc.</a>	no	yes	Language and Reading	yes	yes	no	EYFS Primary Secondary	Various costings for the products available depending on need and type of resource. No Training needed.	Online and printable resources for specific language and communication targets- language development, grammar and vocab as well as sentence construction and sound production. Can be used by teachers, parents and speech and language therapists.
<a href="#">Talk Boost (KS1 and KS2) and Early Talk Boost</a>	no	yes	Communication and Interaction	no	yes	yes	EYFS Primary Secondary	Prices range depending on the interventions. Resources available are categorised and can be used by practitioners and parent/carers.	From Speech and Language UK, a bank of resources for a wide age range. Including the Talk boost interventions, Early Talkers kit and the progression kits.

# Communication and Interaction

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Talkingpartners@primary and Talkingpartners@secondary</a>	no	yes	Communication and Interaction	yes	yes	no	EYFS Primary Secondary	No training required. Range of resources for purchase ranging from £15 to £40+ for full kits.	Program designed by Clare Reed for Education works which included various sub programmes including one for family talking and support. In programme research on the effect and impact has been done in published reports such as the Oracy APPG report.
<a href="#">The Girl With The Curly Hair</a>	no	yes	Communication and Interaction	yes	yes	no	all	Various costing depending on product and resources used including CPD.	The Curly Hair Project was founded by Alis Rowe who was diagnosed with Aspergers syndrome in later life. It is an organisation filled with resources to support those with ASD and their families to understand life on the spectrum. Resources include podcasts, books and comic strips. There is also CPD for healthcare and educational professionals as well as support and advice for families. recommended by the Healthy London Partnership, Alis has used her own lived experience to educate and support others.

# Physical and Sensory

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Clearvision</a>	no	yes	Visual Impairment	yes	yes	no	All	Free for families, schools and small organisations. Libraries and Sensory support services pay a subscription.	A library lending postal service for books for children and adults that are sensory or braille.
<a href="#">CustomEyes</a>	no	yes	Visual Impairment	yes	yes	no	All	Membership is free with some books ordered at various price ranges.	Custom made large print books that can be tailored to need. Meaning children can still enjoy a book alongside their peers with adjustments to suit their need.
<a href="#">Deaf-Friendly education and training</a>	no	yes	Hearing Impairment	yes	yes	no	All	No costing- Charity donations welcome	Resources to support educational professionals with advice and learning on deaf-friendly teaching and learning.
<a href="#">Detailed Assessment of Speed of Handwriting</a>	no	yes	Fine Motor/ Handwriting	no	yes	yes	Ages 17-25	Complete Kit- £172.17. Carried out by educational practitioners	Assessment of handwriting speed for ages 17-25 in further education.
<a href="#">How to create good listening conditions</a>	no	yes	Hearing Impairment	yes	yes	no	All	No costing- Charity donations welcome.	The National Deaf Children's society advice pages- further information outlined across this website for schools and families.
<a href="#">Positive Eye – Resources</a>	no	yes	Visual Impairment	no	yes	no	All	Resources are free.	Practical resources offering advice and tips on how to deliver and develop the curriculum. The resources include reflection documents for practitioners to think about their classroom setting and develop their current offer.
<a href="#">Motor skills United</a>	no	yes	Fine and Gross Motor Skills	no	yes	no	All	At time of writing, £ 65.99 for the complete set of activities and instructions.	Occupational therapy program with activities designed for specific fine and gross motor interventions and targets. Created by Stockport Children's Occupational Therapy Service.
<a href="#">Seeing Ear</a>	no	yes	Visual Impairment	yes	yes	no	All	Free service to access books.	A free online library with books available in different formats and Braille.
<a href="#">Write Dance</a>	no	yes	Handwriting	no	yes	no	Primary	At time of writing- paperback version of the book resource £37.99.	A handwriting program that utilises music alongside fine motor handwriting practice and development.



# Physical and Sensory

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Well-At-School</a>	no	yes	Help and Advice	yes	yes	no	All	Free website resources and training with some paid training.	An online resource providing support around health and mental health support in schools. Support for parents around provision as well as teachers to enact that provision. CPD links available to around key topics such as trauma and depression in CYP.
<a href="#">PDNET Standards- Children and young people with Physical Disability in Schools</a>	no	yes	To support Children and young people with a physical disability in schools - advice and standards for schools and settings	yes	yes	no	All	None	PDNET is a long-established national organisation that provides professionals in education with support in promoting positive outcomes for children and young people with a physical disability.

# Social, Emotional and Mental Health

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Family Toolbox</a>	yes	yes	no	yes	yes	no	All	No costing. No training needed.	A collection of helpful resources to support parents and families with challenging situations that may arise in family life. Includes outside services and other organisations that can provide support and help.
<a href="#">Zillo</a>	yes	yes	no	yes	no	no	All	No costing. No training needed.	A website resource for CYP detailing activities and support available for CYP in Wirral. The website was created by CYP and updated by CYP.
<a href="#">Wirral Sandbox</a>	yes	no	no	yes	yes	yes	All	No costing. No training needed.	Wirral's safeguarding risk assessment tool utilising resources and Wirral council services to support and guide through safeguarding issues ensuring the child or young person receives the right help at the right time.
<a href="#">Beacon behaviour support</a>	no	yes	SEND information	yes	yes	no	All	No training needed- costing for various resources and training	Support for schools and parents that is free to access. From theory outlined in easy to understand ways, to parent guidelines and general SEND support.
<a href="#">The Boxall Profile</a>	no	yes	SEMH	no	yes	yes	Primary Secondary 16-18	Training needed to apply the principles of the Boxall Profile- available on the website with a arrange of resources. Costing varied depending on resource.	A rounded assessment giving a clear picture of children's strengths and any weaknesses which may be causing difficulties in their learning and emotional regulation.
Books about managing emotions - 'The Huge Bag of Worries' (Virginia Ironside); 'A Volcano in My Tummy' (E Whitehouse and W Pudney); 'The Red Beast' (K Al-Ghani) and 'How are you feeling today?' (Molly Potter)	no	yes	SEMH	yes	yes	no	EYFS Primary	Various costing for range of recommended books.	Books related to feeling and emotions with useful stories that can be shared as a class, at home or individually to support and encourage children to identify and discuss their feelings. All books can be purchased individually from amazon and are still available.

# Social, Emotional and Mental Health

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">Mental Health and behaviour in schools</a>	DfE	yes	SEMH	yes	yes	no	All	Free government guidance I supporting Mental health in schools	The DfE document relating advice and guidance for school staff on supporting children with SEMH needs. Parents may find useful as a point of reference for school offer and support.
<a href="#">Nurture groups - 'Beyond the Boxall Profile: Strategies and Resources (Revised)'</a>	no	yes	SEMH	no	yes	no	Primary	At time of writing, £20 for the book.	This book offers resources and practical ideas based on the Boxall Profile.
<a href="#">Starving the anxiety gremlin- and other related books</a>	no	yes	SEMH	yes	yes	no	Secondary	At the time of writing, books are around £13.99-£15.99 over a range of titles.	Written by Kate Collins-Donnelly, this book and others in the series aims to support children in coping with extreme emotions of anxiety and anger. This is a cognitive behavioural therapy workbook and can be used alongside others in the series- ages 10+.
<a href="#">Next Step Cards</a>	yes	yes	Mental Health Support	yes	yes	no		Costing is partially funded as part of the Trust's Footprint- more information can be found on the website. Training is needed and can be booked through the website and dates are added throughout the year.	Next step is designed to support anyone who cares for children and young people. Whether you're a parent, teacher, mental health professional or commissioner of health and social care services, Next Step is a tool that helps young people to communicate on their own terms, in their own environment. Created by both young people and mental health experts, the colourful toolkit provides the perfect platform to enable safe and structured conversations with young people who may be struggling with their emotional health and wellbeing. Evidence and research based. Pre-training learning can be found - <a href="https://www.cwp.nhs.uk/application/files/3316/5548/8892/Next-Step-Pre-Learning-Document.pdf">https://www.cwp.nhs.uk/application/files/3316/5548/8892/Next-Step-Pre-Learning-Document.pdf</a>
<a href="#">TLC- The Local Carers Network</a>	no	yes	Advice and support on SEND for Parent Carers	yes	no	no	All	Charity based organisation.	A free information, advice and support charity for children and young people and their families.

# Social, Emotional and Mental Health

Resource Name Cognitive and Learning	Council	External	Specific learning design	Further advice/Can be used by/ for Parent/Carer	School use	Assessment use	Stage	Costing and Training needs	Notes
<a href="#">UK Trauma Council - Critical Incidents and Educational Communities</a>	no	yes	Advice and support for critical incidents that are potentially traumatic	yes	yes	no	All	None	Resources to support principles in responding to a critical incident in educational settings.
<a href="#">Neurodiversity Celebration Week toolkit</a>	no	yes	Primary/ Secondary/ FE Toolkit	no	yes	no	Primary Secondary FE	None	This toolkit can be used to increase the understanding of neurodiversity across your setting/community.

## GRADUATED APPROACH RESOURCES AND TRAINING

# Training

Name of training	Training Provider	Specific Training Outcomes	Who is this training for?	Further information and notes
Ambitious About Inclusion	Whole School SEND Approach by NASEN	Whole school inclusive practice	All Education Staff	A comprehensive training program around the principles of SEND education in inclusive practice as part of the whole schools SEND approach. This training is broken down into multiple pathways suitable for a range of roles across an education setting. Funded by the Department for Education, these online modules address some of the most common SEND training needs across the education sector. They aim to develop a whole school approach to inclusion and include differentiated learning for all workforce roles. This training is online and can be done in sections as part of individual CPD or a full team reflection. Can be found online at <a href="https://www.wholeschoolsend.org.uk/ambitious-about-inclusion-online-learning">https://www.wholeschoolsend.org.uk/ambitious-about-inclusion-online-learning</a>
Making Sense of Autism (MSA)	Autism Education Trust	To develop a greater understanding of children with Autism.	Staff working with CYP with Autism	A 2-hour module for staff working with autistic children in schools. Booking through <a href="mailto:autismsoccomm@wirral.gov.uk">autismsoccomm@wirral.gov.uk</a> For more information see flyers or visit the AET website <a href="http://Autismeducationtrust.org.uk">Autismeducationtrust.org.uk</a>
Good Autism Practice (GAP)	Autism Education Trust	To develop a greater understanding of children with Autism and how to support them within your setting.	Staff working with CYP with Autism	Delivered over 2 sessions of 3 hours each- both need to be completed to gain certificate of completion. Booking through <a href="mailto:autismsoccomm@wirral.gov.uk">autismsoccomm@wirral.gov.uk</a> For more information see flyers or visit the AET website <a href="http://Autismeducationtrust.org.uk">Autismeducationtrust.org.uk</a>
Anxiety Module	Autism Education Trust	To develop a greater understanding of children with Autism and how to support them within your setting.	Staff working with CYP with Autism	Open dates throughout the year for both Level 1 and 2. Whole-setting training days can be booked by contacting the Inclusion Team. Email: <a href="mailto:daniellesmith2@wirral.gov.uk">daniellesmith2@wirral.gov.uk</a>
Restorative Justice Training	Wirral YOT/ Wirral Inclusion Team	To support settings in developing Restorative Justice approaches when managing conflict resolution.	All staff	Whole-setting training days can be booked by contacting YOT or the Inclusion Team. Email: <a href="mailto:kathygill@wirral.gov.uk">kathygill@wirral.gov.uk</a> (YOT <a href="mailto:daniellesmith2@wirral.gov.uk">daniellesmith2@wirral.gov.uk</a> (Inclusion Team) <a href="mailto:samanthagonsalvespayne@wirral.gov.uk">samanthagonsalvespayne@wirral.gov.uk</a> (Inclusion Team)
SENCO Training offer	Wirral- Chester University	To ensure SENCOs have access to targeted training and continually improving their knowledge and practices.	SENDCOs	Dates throughout the year of targeted training from Chester University as part of the SENCO Summit. Email: <a href="mailto:annadollard1@wirral.gov.uk">annadollard1@wirral.gov.uk</a>
SENCO Information Exchanges	Wirral Council	To ensure that SENCOs have the opportunity to both share and receive new information/updates.	SENDCOs	The SENDCO information exchanges are in place termly to facilitate a way to share any new information, raise any issues and share best practice. AM and PM sessions are in place to facilitate attendance. All sessions held at Birkenhead town hall. Email: <a href="mailto:sallytittle@wirral.gov.uk">sallytittle@wirral.gov.uk</a>
Level 2 Understanding the needs of babies and young children with SEND.	EYFS Wirral Council	To understand the needs of babies and young children with SEND.	This is for all practitioners in day nurseries.	For further information: To book on via the Early Years Platform on this <a href="https://wirralequality.co.uk/">https://wirralequality.co.uk/</a> or contact <a href="mailto:eysend@wirral.gov.uk">eysend@wirral.gov.uk</a> for more information.
Level 3 Accredited Award for SENDCOs in settings and Foundation Stage in schools.	EYFS Wirral Council	To gain a Level 3 Accredited Award.	This is for Early Years SENDCOs in settings and foundation stage leads/ SENDCOs in schools	For further information: To book on via the Early Years Platform on this <a href="https://wirralequality.co.uk/">https://wirralequality.co.uk/</a> or contact <a href="mailto:eysend@wirral.gov.uk">eysend@wirral.gov.uk</a> for more information.

## GRADUATED APPROACH RESOURCES AND TRAINING

# Training

Name of training	Training Provider	Specific Training Outcomes	Who is this training for?	Further information and notes
New to the role of SENDCo termly for settings and Foundation stage in schools	EYFS Wirral Council	To explore the SENCO role within the Foundation stage.	This is for SENDCOs/ managers in settings and schools.	This training is also open if anyone would like to recap For further information: To book on via the Early Years Platform on this <a href="https://wirralequality.co.uk/">https://wirralequality.co.uk/</a> or contact <a href="mailto:eysend@wirral.gov.uk">eysend@wirral.gov.uk</a> for more information.
New to the role of SENDCo for childminders	EYFS Wirral Council	To explore the SENCO role.	EYFS childminders.	Similar to the previous training but some adaptations suitable for childminders
Schools Professional Online Training- Spot Training around eating Disorders	Beat Eating Disorders	Training to support school staff in increasing awareness and knowledge of eating disorders in primary school age children - how to spot those early signs which may become apparent in primary age children.	All staff.	A series of webinars as well as an online board that questions can be posted and answered. Available at: <a href="https://www.beateatingdisorders.org.uk/training-events/find-training/spot-online-training-for-schools/">https://www.beateatingdisorders.org.uk/training-events/find-training/spot-online-training-for-schools/</a>
MindED - various training offer around mental health	Mind ED	Various training around different mental health issues.	Education and Healthcare staff working with children and young people.	Training and further resources available at <a href="https://www.minded.org.uk/">https://www.minded.org.uk/</a>
Well at School	Well at School	A range of courses available from understanding autism to low moods.	Education and healthcare staff working with CYP.	Training and further resources at <a href="https://www.wellatschool.org/resources/training">https://www.wellatschool.org/resources/training</a>
White Rose Maths- Various CPD	White Rose Maths	Maths mastery and teaching maths- curriculum support and CPD.	Educational practitioners across the full range of key stages.	Training and resources available to support. <a href="https://whiterosemaths.com/professional-development?page=1">https://whiterosemaths.com/professional-development?page=1</a>
Trauma informed parenting	Trauma Informed Parenting- TIP	How to support CYP living with the effects of trauma.	Parents, carers, teachers and anyone working or living with children and young people with trauma.	Designed by Suzanne Scott- various training packages and workshops are available at <a href="https://www.traumainformedparenting.uk/">https://www.traumainformedparenting.uk/</a>

# Other Resources and Support

Council Resource	Resource provision
<a href="#">Local Offer Wirral</a>	The Local Offer sets out, in one place, information about the offer you would expect to be available across Education, Health and Social Care for children and young people who have Special Educational needs or a Disability ages birth to 25.
<a href="#">Wirral Sandbox</a>	Wirral Sandbox is an expanding risk assessment and service directory tool for anyone working with young people. It can be used to help inform risk assessment, help you to find the correct service to help you to support a young person, provide you with helpful guidance, advice, tips, resources to help you to support young people at the earliest possible stage as well as keeping you up to date on the latest from the wide network of services for young people in Wirral.
<a href="#">Zillo</a>	ZILLO is a website for young people living in Wirral, Merseyside. It is a website for young people to come to get the lowdown on the latest events, arts, culture, news and expert health and wellbeing advice. At ZILLO we want to promote the very best of Wirral, its young people and culture and through our Young Reporters media and journalism project providing young people with valuable real-life experiences of writing and creating content for the web. ZILLO Young Reporters is open to all Wirral Young People aged 11-18 and up to 25 for young people with Special Educational Needs and Disabilities (SEND).
<a href="#">Family Toolbox</a>	A collection of helpful resources for family life. Family toolbox also has a directory of available help and support for families. From bath time routines to SEND support, Family toolbox is a comprehensive range of support for families on Wirral.
<a href="#">ADHD Foundation</a>	The ADHD Foundation is the UK's leading neurodiversity charity, offering a strength-based, lifespan service for the 1 in 5 of us who live with ADHD, Autism, Dyslexia, DCD, Dyscalculia, OCD, Tourette's Syndrome and more.
<a href="#">ADDvanced Solutions</a>	ADDvanced Solutions Community Network encourages, equips and empowers children, young people and their families living with neurodevelopmental conditions, learning difficulties and associated mental health needs. Our engaging, community-based, learning, coaching and mentoring programmes will help you and your family to better recognise, understand and meet your individual needs, enabling you to manage the day-to-day challenges.
<a href="#">Crea8ing Community</a>	Crea8ing Community offers a wide range of training programmes to share techniques, skills and knowledge to support parent and carers to raise healthy, happy children with strong emotional well-being and resilience. Support for both Parent – carer and young people.
<a href="#">Next Chapter</a>	The role is to help you focus upon your strengths and what you can control and achieve, enabling you to put solid foundations in place, in order to create the life that you want, with the tools and resources to confidently build it. This means, that we focus upon the basics, meeting you where you are at and walking the journey with you, until you feel confident to try it alone.
<a href="#">The Positivitree</a>	The Positivitree is a charity and mental wellbeing organisation on a mission to empower parents and carers of children with additional health or care needs with self-care tools and experiences that improve wellbeing. The main focus of the organisation is on the wellbeing and self-care of the parent/carer community by providing useful events and activities.
<a href="#">The Sensory Shack</a>	The Sensory Shack has reopened to give one to one respite to children and adults with additional needs. We can offer 1-5 hour blocks and can take a sibling from the same family on the same session. The charge is £15 per hour for people paying themselves.
<a href="#">NASEN - National Association for Special Educational Needs</a>	National Association for Special Educational Needs- We are the National Association for Special Educational Needs (NASEN) – a charitable membership organisation that exists to support and champion those working with, and for, children and young people with SEND and learning differences. Rooted in research and evidence-informed best practice, our information, training and resources ensure that our community members in the UK and across the globe are provided with the most up-to-date knowledge and support required to become effective, inclusive practitioners. Together, we are able to contribute to the debate and effect change to improve provision within early years, schools, post-16 and wider settings and, ultimately, outcomes for the children and young people that they serve.
<a href="#">Education Endowment Foundation</a>	The Education Endowment Foundation is an independent charity dedicated to breaking the link between family income and educational achievement. We do this by supporting schools, and colleges, and nurseries to improve teaching and learning through better use of evidence.
<a href="#">Speech and Language UK</a>	Free resources and services for families and for educators. A wide range of support is available through this site.

# GRADUATED APPROACH TEACHER TOOL DOCUMENT

This Graduated Approach tool has been created to support the application of the Graduated Approach in a classroom setting and to assist teachers during the early assessment phase as well as further into targeted provision. This is alongside the Graduated Approach already in use created by Wirral council to ensure a whole school approach to SEND provision. The blank page outlines the pathway of response and provision in a classroom setting of a mainstream setting.

This allows teachers to map out their classes and assess their current provision from universal, to targeted, to ECHP and then to reflect on the needs in their class. This document should be reviewed every half term as CYP develop and learn. This document could be monitored by the SENCO and SLT to understand the depth of need in each class and inform any current provision maps.

SEND can vary and range in type of need and range of support. The tool below is designed to support teachers reflect on their class. It is imperative that all reasonable adjustments are made, and evidenced, to fully document the progress of a CYP as they receive support in their education and that quality first teaching strategies are in place as the universal offer for all children and young people.

This section also includes the Assess, Plan, Do Review (APDR) cycle. School life is extraordinarily busy and keeping a record of written documentation supports the CYP by ensuring their journey can be followed by all involved.

This could also include written meeting notes of any time discussing with parent /carer to keep an accurate record of any conversation had. It is considered best practice to keep folders and evidence to document a CYP's pathway through their graduated response.

## **The class provision map**

Use this page to map out the children in your class. Using their initials, place the CYP in their correct phase. Reflect on provision using page one and other resources in the Graduated Approach and plan out the interventions/provision and support that will be needed to support all the CYP in the classroom.

Consider if there are any groups of CYP who have a similar need and how this can be supported in class. This document should be filled out once at the start of every half term.

The names of CYP may change throughout the year and this will also provide a running record of previous provision that has been given to CYP which is vital information for the next teacher/setting. You will also be able to assess who has had a particular need for how long and review if the APDR model is working for that CYP or group of CYP.



# Teacher Tool Document

Tier of provision	Names/initials of class members	Reflections and plans
<b>1 Universal</b>	E.g.: 01.08.22 IM DP LR	Universal support DP may need pre teach for language in maths due to EAL
<b>2 Early intervention</b>	E.g., 01.08.22 LM- capital letters not consistently used in sentence building. GM- some support needed in split digraph spelling groups i.e. Like, phonics morning jobs to be reviewed by teacher/ TA to support this.	LM- visual prompt on table to assist with formation of capital letters- house point rewards for doing this independently - monitor over half term- success measure 3/5 times completed. GM- extra reading session week using the RWI section 5 books detailing the split digraph words- some to take home and practice - different spellings this term to cover this gap.
<b>3 Targeted support and provision</b>		
<b>4 Targeted intensive support and provision EHCP and further support</b>	DS	EHCP targets to be reviewed - Writing name target- Achieved and evidenced three times independently - see book.

# Teacher Tool Document

Use this blank table to support your cycle in planning interventions to meet the needs of the CYP.

Name of CYP:

Name of Teacher/Class:

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<p><b>ASSESS</b></p> <p>What skill has been assessed and what are the post-assessment reflections?</p>		
<p><b>PLAN</b></p> <p>What is going to happen to meet the need discovered in the assessment phase?</p>		
<p><b>DO</b></p> <p>How/when is this happening? Record any evidence.</p>		
<p><b>REVIEW</b></p> <p>How did the 'do phase go? What are your reflections on your plan and the outcome? Was the target met? Does the cycle need to be started again with a different plan? What is going to happen next as a result of this cycle?</p>		

# CYP/POST-16 – ALL ABOUT ME

## MY NAME:

### Questions for you to think about

What is important to me?

Who is important to me?

What am I good at?

What do I find difficult?

What do I like to do the most at school/college?

# CYP/POST-16 – ALL ABOUT ME

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What do I like to do the most when I am not in school/college?
What is the best way to communicate with me?
What makes me happy?
What would I like to achieve this year?
What would I like to achieve in the future?

Completed by:

Date:

If you are completing this on behalf of the child/young person what is your relationship to them?

# CYP/POST-16 – ALL ABOUT ME

## MY NAME:

Questions for your family to answer about you

What is important to them?

What is important for them (to keep them healthy and safe)?

What do others like and admire about them?

What are their likes and dislikes?

What makes them happy?

What makes them sad?

How do they communicate with others?

How should others communicate with them?

# CYP/POST-16 – ALL ABOUT ME

## MY NAME:

Questions for your family to answer about you

Do they have any significant routines?

What places do they like to go?

Who are the important people in their life?

What are their gifts, qualities and skills?

What would their perfect day look like?

What would you like them to achieve in the short-term?

What would you like them to achieve in the future?

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Completed by:

Date:

Relationship to child/young person:

# YOUNGER CHILD ALL ABOUT ME TEMPLATE

CHILD'S NAME:

CHILD'S AGE:

This information was completed by:

(name and relationship to child)

Things \_\_\_\_\_ likes to do:

Things \_\_\_\_\_ doesn't like to do:

\_\_\_\_\_ favourite toys/play activities are:

\_\_\_\_\_ favourite food is:

Things \_\_\_\_\_ can do for themselves:

Things \_\_\_\_\_ needs help with:

# YOUNGER CHILD ALL ABOUT ME TEMPLATE

This is how \_\_\_\_\_ tells her/his parents/ carers what she/he wants and needs:

This is how \_\_\_\_\_ shows she/he is frustrated, angry or sad:

\_\_\_\_\_ can do these things when eating:

\_\_\_\_\_ helps with personal care (e.g., toileting, washing, dressing) by:

We know that the following people are important to \_\_\_\_\_

We know that \_\_\_\_\_ likes to go to:



# YOUNGER CHILD ALL ABOUT ME TEMPLATE

The following part is about your comments and wishes for your child.

We see \_\_\_\_\_ as a:

We have the following worries about \_\_\_\_\_ development:

These are the opportunities and support we as a family need:

In the next year, we would like \_\_\_\_\_ to be able to:

In the future, we would like \_\_\_\_\_ to be able to:

These are the things we want you to know:

## GRADUATED APPROACH CONTRIBUTORS

Name	Category
Poppy Cain	Youth Engagement Officer
SEND youth voice group	SEND youth voice group representative
Kate Elsander	SENCO Working Group
Tina Stubbert	SENCO Working Group
Jenny Dinning	SENCO Working Group
Abby Williams	SENCO Working Group
Sonya Huxley	SENCO Working Group
Jenny Dinning	SENCO Working Group
Jenny Jones	SENCO Working Group
Alex Newman	Schools and Settings
Susan Ralph	Schools and Settings
Mark Bellamy	Schools and Settings
Ste Bailey	Schools and Settings
Kathryn Kennedy	Schools and Settings
Catherine Kerr	Local Authority Officer
Penny Bishop	Local Authority Officer
Julie Hudson	Local Authority Officer
Chris Lowcock	Local Authority Officer
Isabell Sutherland	Local Authority Officer
Trish Lewis	Local Authority Officer
Katy Bird	Local Authority Officer
Parent Carer Participation Wirral	Parent Carer Representatives
Simon Ward	Social, Emotional and Mental Health Working Group
Greg Chiswell	Social, Emotional and Mental Health Working Group
Jane Westlake	Social, Emotional and Mental Health Working Group

Name	Category
Kirsten Brown	Social, Emotional and Mental Health Working Group
SENCO Summit Attendees	Head Teachers- Schools and Settings
Head Teacher Summit Attendees	SENCO's- Schools and Settings
Janine Barton	Local Authority Officer
Peter Davies	Local Authority Officer
Seline Wakerley	Local Authority Officer
Anna Dollard	Local Authority Officer
Kathy Gill	Educational Psychologist
Sue Jamieson-Quinn	Educational Psychologist
Joanne Dunn	Local Authority Officer
Emma Meaney	Local Authority Officer
Lyndzay Roberts	Local Authority Officer
Paul Smith	Local Authority Officer
Sarah Swarbrick	Local Authority Officer
Sally Tittle	Local Authority Officer
Alison Watson	Local Authority Officer
Chloe Wells	Local Authority Officer
Elizabeth Hartley	Interim Deputy Director Childrens
James Backhouse	Assistant Director Education
Catherine O'Connor	Principal Educational Psychologist - Lead Author
Kayleigh Baxter	Project Coordinator - Editor
Danielle Smith	Inclusion Officer- Specialist Editor

**A special thank you to the SENCO's present at the SENCO summits who gave invaluable feedback during the sessions. Thank you to all who are continuing to monitor and feedback on the graduated approach**



## CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

WEDNESDAY 19 JULY 2023

<b>REPORT TITLE:</b>	<b>CHILDREN, YOUNG PEOPLE AND EDUCATION WORK PROGRAMME</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF LAW AND GOVERNANCE</b>

### REPORT SUMMARY

The Children, Young People and Education Committee, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Children, Young People and Education Committee is attached as Appendix 1 to this report.

Following the whole-Council elections, the newly composited Committee is invited to review the 2023-24 work programme moving into the 2-23-24 municipal year. It is proposed that issues on the existing work programme that are for information purposes only can be considered via other means, such as briefing notes or workshops

### RECOMMENDATION

The Children, Young People and Education Committee is recommended to:

- (1) note and comment on the proposed Children, Young People and Education Committee work programme for the remainder of the 2023/24 municipal year.
- (2) review its items for future consideration on the work programme.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 To ensure Members of the Children, Young People and Education Committee have the opportunity to contribute to the delivery of the annual work programme.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

### **Terms of Reference**

The Children, Young People and Education Committee is responsible for services which help keep children and young people safe and fulfil their potential. It incorporates schools and attainment, and social care for children and families. It has a particular focus on those children who are in care, and for whom the Council has corporate parenting responsibility. The Committee is charged by full Council to undertake responsibility for: -

- (a) exercising management, oversight and delivery of services to children and young people in relation to their care, wellbeing, education or health, with the exception of any powers reserved to full Council;
- (b) the functions and powers conferred on or exercisable by the Council as Local Authority in relation to the provision of education;
- (c) working with all schools (including academies) in relation to raising standards of attainment and developing opportunities;
- (d) leading for the Council and its partners in the discharge the Council's functions as Corporate Parent for its children in care and care leavers;
- (e) any other functions comprised in partnership arrangements with other bodies connected with the delivery of services for children, young people and families;

- (f) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions;
- (g) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
- child protection;
  - children's centres;
  - education, schools and settings;
  - looked after children;
  - mental health services;
  - safeguarding;
  - special educational needs and disability (SEND);
  - youth offending services;
  - youth services; and
  - social and education transport

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 There are no direct implications to Staffing, ICT or Assets.

#### **7.0 RELEVANT RISKS**

- 7.1 The Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

#### **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Not applicable.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

This report is for information to Members and there are no direct equality implications.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 This report is for information to Members and there are no direct environment and climate implications.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 This report is for information to Members and there are no direct community wealth implications.

**REPORT AUTHOR:** Bryn Griffiths  
Senior Democratic Services Officer  
Phone: 0151 691 8117  
email: bryngriffiths@wirral.gov.uk

## **APPENDICES**

Appendix 1: Children, Young People and Education Committee Work Plan

## **BACKGROUND PAPERS**

Wirral Council Constitution  
Forward Plan  
The Council's transformation programme

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Children, Young People and Education Committee</b>	<b>20 October 2020</b>
	<b>1 December 2020</b>
	<b>28 January 2021</b>
	<b>11 March 2021</b>
	<b>15 June 2021</b>
	<b>4 October 2021</b>
	<b>27 October 2021</b>
	<b>23 November 2021</b>
	<b>31 January 2022</b>
	<b>10 March 2022</b>
	<b>21 June 2022</b>
	<b>19 July 2022</b>

	<b>19 September 2022</b> <b>12 October 2022</b> <b>6 December 2022</b> <b>24 January 2023</b> <b>7 March 2023</b> <b>21 June 2023</b>
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**CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE  
WORK PROGRAMME 2023/24**

**KEY DECISIONS BETWEEN AUGUST AND NOVEMBER 2023**

<b>Item</b>	<b>Brief Description</b>	<b>Committee Meeting</b>	<b>Lead Departmental Officer</b>
Pupil Place Planning Phase 2		September	James Backhouse

**ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED**

<b>Item</b>	<b>Approximate timescale</b>	<b>Lead Departmental Officer</b>
Child and adolescent mental health	September 2023	Carol Roche/ Darren Birks
Early Years quality assurance and sufficiency	September 2023	James Backhouse
Breaking the Cycle update report 2	TBC	Elizabeth Hartley
Update on Government White Paper ‘opportunities for all’	TBC	James Backhouse
Children’s Services Q1 Performance Report	September 2023	Tricia Thomas
Tendering of Permanently Excluded Provision on Wirral	TBC	James Backhouse
Continued Education for Looked after Children	TBC	James Backhouse
Wirral Youth Justice Service Strategic Plan 2023-24	September 2023	Anthony Kirk

## STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Performance and Financial Monitoring Report	Quarterly June September December March	Tricia Thomas
Budget Update	Quarterly June September November February/March	Nicholas Ajaegbu
Annual Review of Ofsted inspections in Wirral Schools	Every June	James Backhouse
Reappointment of School Appeals Panel Members	Every June	
Children's Committee Work Programme Update	Each Meeting	Committee Team
Summary of Standards	September 23	James Backhouse
Safeguarding Partnership Annual Report	Every Jan	David Robbins
Safeguarding Fostering and Adoption	Annually (first meeting of the municipal year)	
Lifelong Learning Annual Performance report	Every Sept	Paul Smith
Admission Arrangements	Every Jan	Sally Gibbs

## WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
<b>Working Groups/ Sub Committees</b>				
Corporate Parenting Panel	committee	Ongoing	Hannah Myers	
Working Group: Food and Activities during school holidays	Working group	Report back in December	Mark Camborne	
Workshop – Statutory Duties (School Budget)	Workshop	TBC	Simone White	
Child Poverty Strategy	Workshop	October 22	Simone White	
Youth Justice Review Outcomes	Workshop	November 21	Elizabeth Hartley	

Integrated front door/ Police visits etc	Visit	TBC	Simone White	
School Budget Update – inc traded services & Designated School's Grant	Workshop	TBC	Simone White	
PFI Options ( Kingsway) – Chair and Spokes	Presentation	TBC	Hannah Myers	
Budget Monitoring Panel	Monthly meeting	TBC	Nicholas Ajaegby	
LADO	Workshop/ presentation	TBC	Kerry Mehta	
Capital Programme – to be integrated within budget workshop				
<b>Task and Finish Reviews</b>				
-	-	--		-
<b>Spotlight Sessions and Workshops</b>				
County Lines Action Update	Workshop	2021/22	Simone White/Tony Kirk	

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- (e) any other functions comprised in partnership arrangements with other bodies connected with the delivery of services for children, young people and families;
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  - education, schools and settings;
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  - mental health services;
  - safeguarding;
  - special educational needs and disability (SEND);
  - youth offending services;
  - youth services; and
  - social and education transport

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