



Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Local Area Inclusion Plan

This LAIP details the needs of the local 0-25 population with SEND and who need AP, the provision, and services to be commissioned, and the intended strategic outcomes for improving the lives of those with SEND in the local area.

Local Authority (LA) Name:	Manchester
Name of Integrated Care Board (ICB):	NHS Greater Manchester
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Date Completed:	February 2024
To be reviewed before:	February 2025

Part A: local population with SEND:

1. What are the needs of children and young people with SEND
2. How are local partners supporting early intervention and inclusion in mainstream settings through ordinarily available provision? How effective is the special education provision that is made by our EY settings, mainstream schools, and colleges
3. What is the profile of CYP who have education, health, and care plans (EHCPs)? How effectively are their needs being met by local provision
4. What are the outcomes for CYP with SEND and those in AP, and how well are they prepared for adulthood (Preparing for Adulthood)
5. How are local partners improving family experience

Part B: Commissioned SEND and AP provision and services:

1. Timeliness of EHC needs assessments
2. Tribunal appealable rate
3. Early years
4. Mainstream primary
5. Mainstream secondary
6. Resourced units and bases
7. State funded special schools
8. Independent and non-maintained special schools (INMSS)
9. Post 16, further education and training
10. Alternative provision
11. Health provision
12. Social care provision and family support

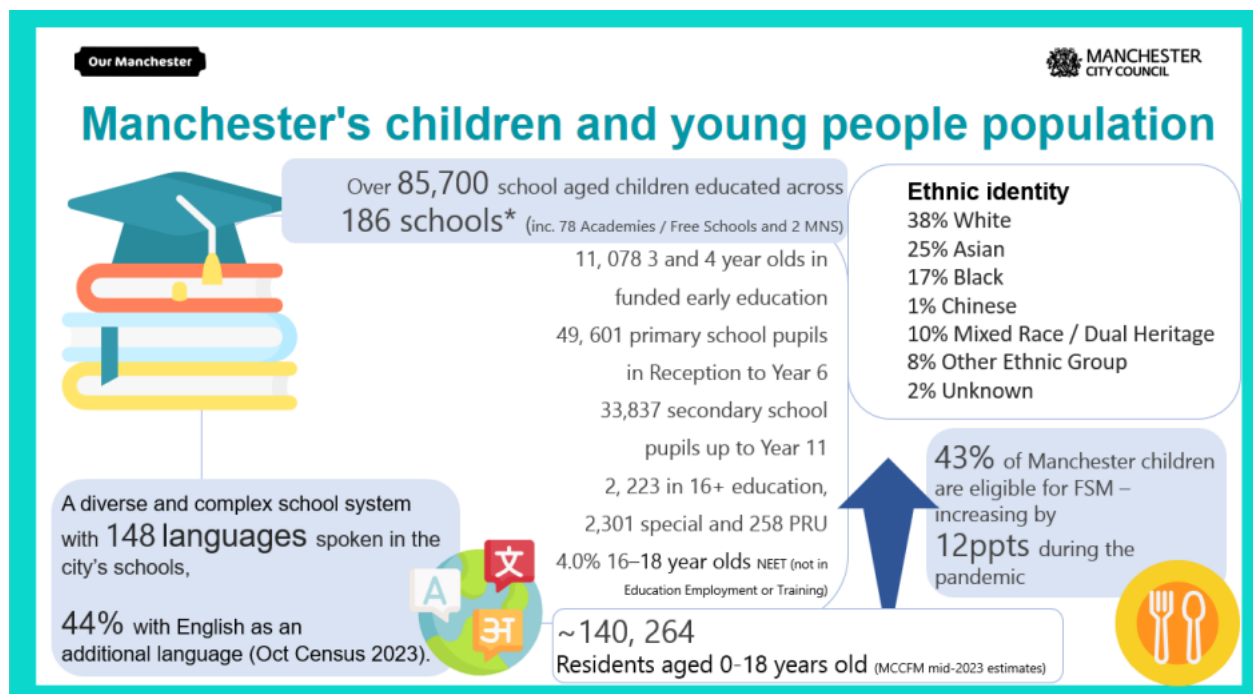
Part C:

- Strategic vision
- Approaches to coproduction
- Priorities
- Glossary

Part A: Local Population with SEND

1. What are the needs of CYP people with SEND and those who need AP now and in the next 3 years?

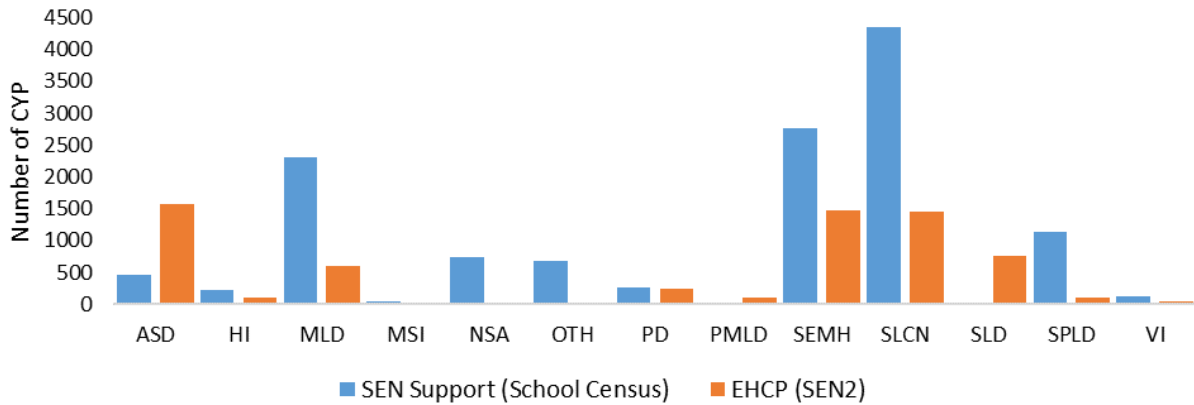
Manchester's Children and Young People October 2023



Manchester has a growing population and the percentage of children and young people in Manchester schools with identified special educational needs and/or disabilities is also growing. In October 2023, 13.6% pupils were at SEN Support level and 6% had an Education, Health and Care Plan (EHCP).

The most common identified primary SEND need for children in Manchester schools with an EHCP in 2023 was Autism (ASD) at 29.2%, this is slightly lower than the 32% Nationally. For those with identified SEN Support, the most common primary need was speech, language and communication needs (SLCN) at 32.7%, higher than the 25% Nationally. For the entire 2023 EHCP population, the most common needs identified in the SEN data were Autism (24%), social, emotional and mental health needs (SEMH) (23%) and SLCN (22%).

Primary Needs: January 2023



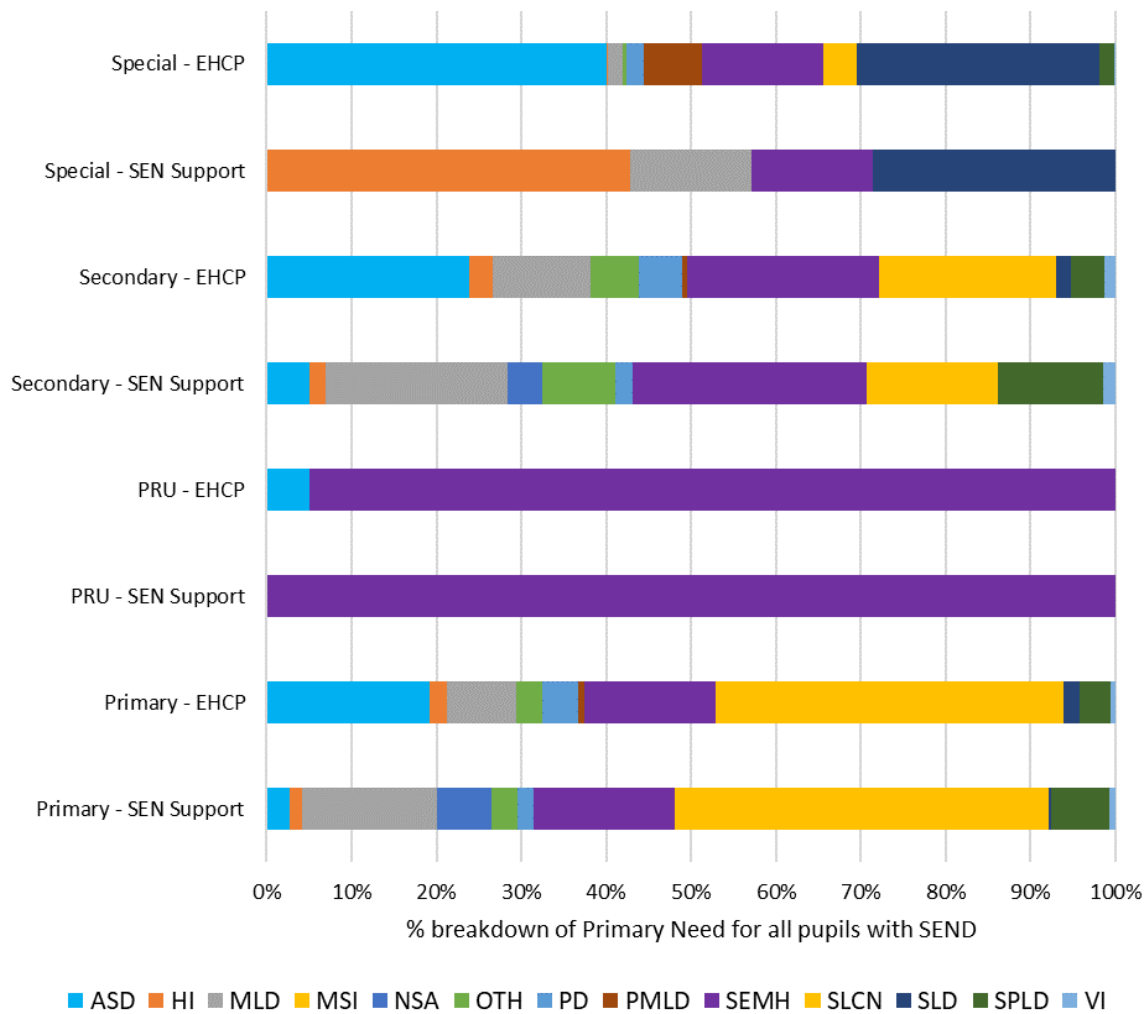
Source: School Census and SEN2

Key: ASD – Autism, HI – hearing needs, MLD – moderate learning difficulties, MSI – multi sensory impairment, OTH - other needs, PD - physical disability, PMLD - profound and multiple learning difficulties, SEMH – social emotional and mental health needs, SLCN – speech, language and communication needs, SLD – severe learning difficulties, SPLD – specific learning difficulties, VI – visual impairment.

For SEN Support pupils at Secondary level, SEMH was the most common need at 27%, followed by moderate learning difficulties (MLD) at 21%. For Secondary pupils with an EHCP, 24% had identified Autism, 22% SEMH and 21% SLCN needs.

At Primary level, need was less diverse, with 44% of SEN Support and 41% of EHCP pupils, having SLCN as the identified primary need. At Special Schools, 40% of pupils with an EHCP had Autism as an identified primary need, and 29% severe learning difficulties (SLD). Between 2018 and 2023, the largest increases in identified need in Manchester were SLCN (+42%) and Autism (+34%).

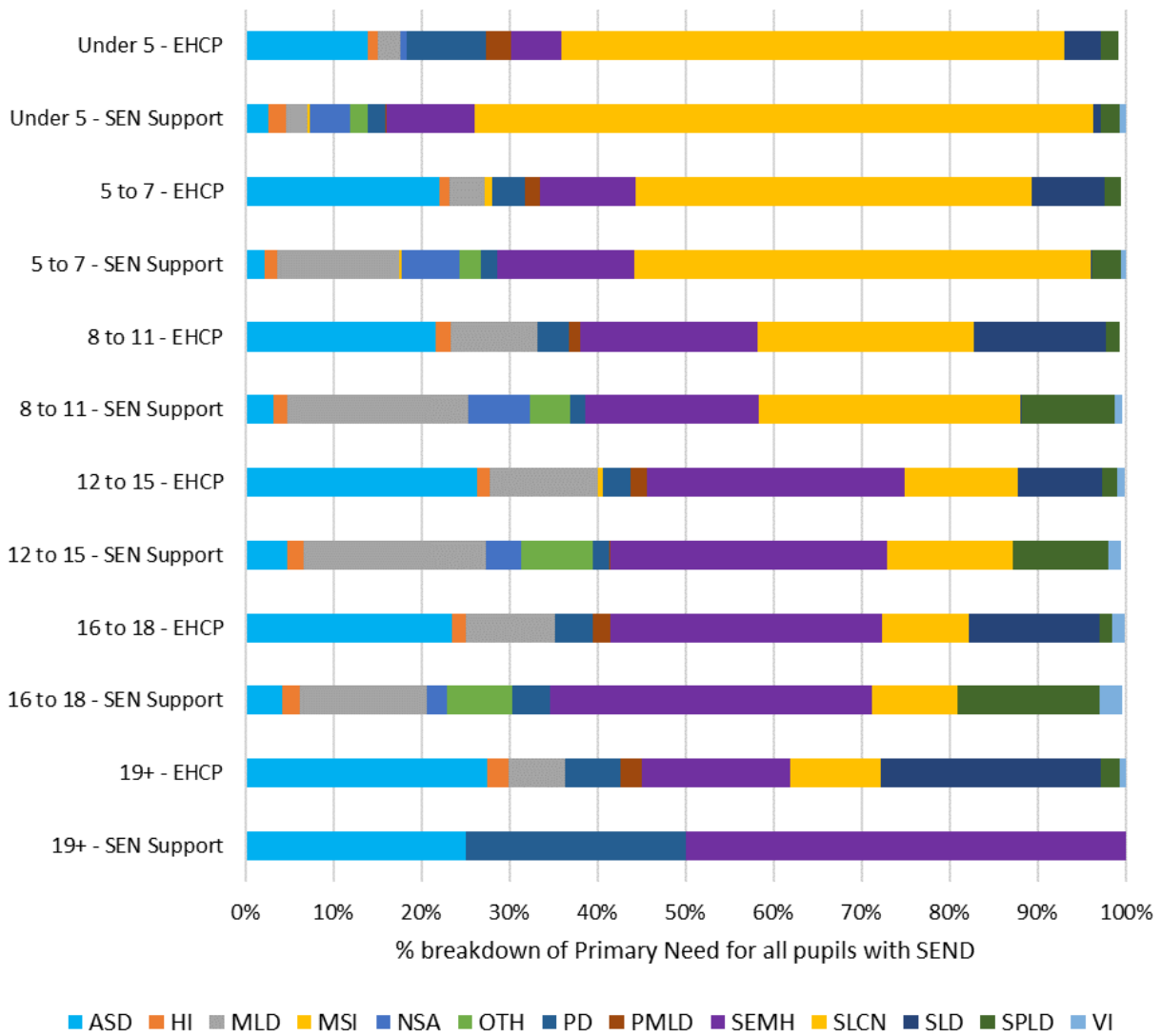
Primary Need by Stage 2023 (School Census)



Source: School Census

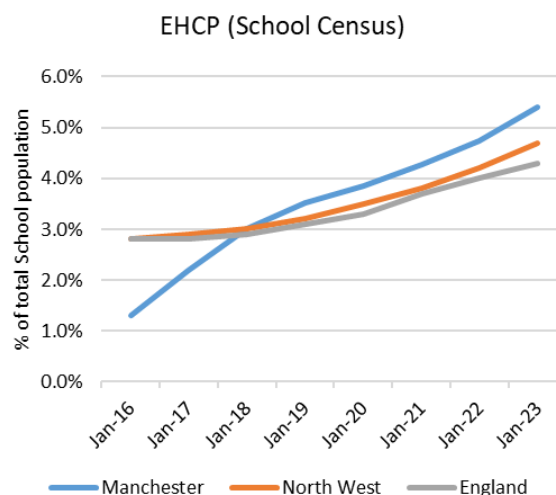
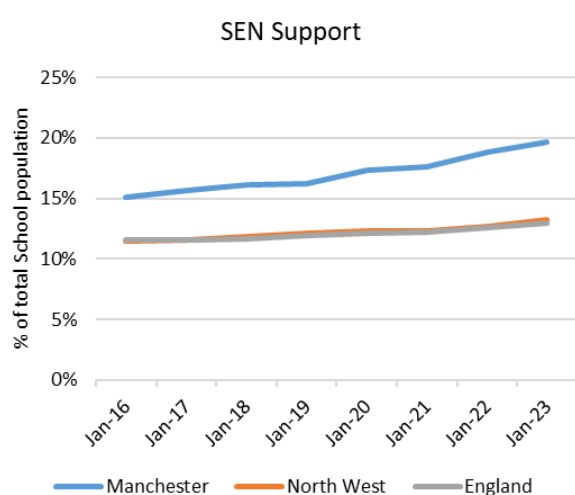
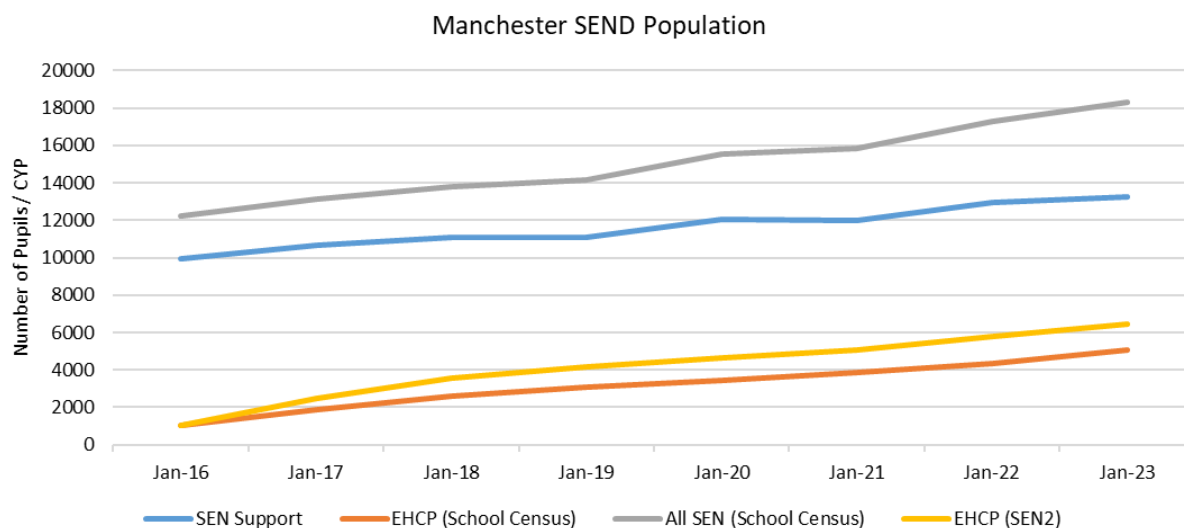
In terms of age, school census data for those with SEN Support reveals SLCN was the most common need for the under 5s (70%) and 5-7 (30%). Between ages 8 to 15, Autism was the most common at 30%, at 16-18 it is SLD (38%) and for those 19+ it is Autism (35%). For those with an EHCP, according to SEN2 data, the most common needs by age were: SLCN for ages under 5 (57%), 5-7 (45%), and 8-11 (25%). SEMH was the most common for ages 12-15 (29%) and 16-18 (31%), and for 19+ it was Autism (27%).

Primary Need by Age 2023 (School Census and SEN2)



Source: School Census and SEN2

Between 2018 and 2023, Manchester experienced larger increases in SEND compared to National and North West; SEND pupils rose by 32% (4,483 pupils) in total, and 3.5 percentage points (pp), compared to 22% (3pp) Nationally and 21% (2.6pp) North West. EHCPS rose by 93% (2.44pp / 2,424 pupils) in Manchester, compared to 52% (1pp) Nationally and 51% (1.5pp) North West. SEN Support rose by 20% (1.3pp / 2,195 pupils), compared to 15% (1pp) Nationally and 13% (1.1pp) North West.



Source: School Census and SEN2

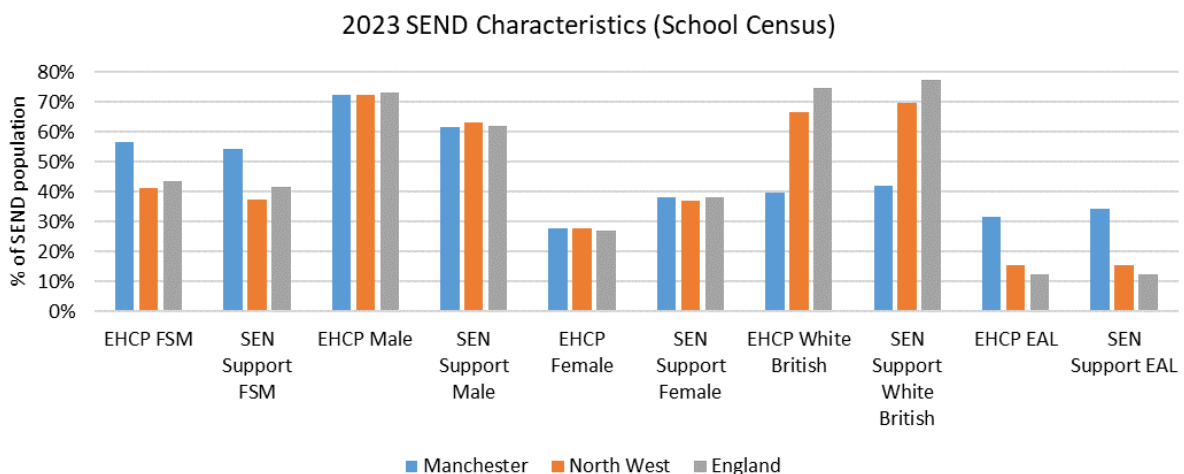
The largest increases in Manchester occurred at Secondary level (166% / 605 EHCP and 72% / 2,348 All SEN).

School Census	Jan-19	Jan-23	Change 2019 - 2023	% Change
All pupils	87562	93196	5634	6%
All SEN	14187	18292	4105	29%
SEN Support	11097	13258	2161	19%
EHCP	3090	5034	1944	63%
No SEND	73375	74904	1529	2%
EHCP Primary	940	1695	755	80%
EHCP Secondary	441	970	529	120%
EHCP Special	1531	2156	625	41%
SEN Support Primary	7232	7950	718	10%
SEN Support Secondary	3108	4619	1511	49%

Source: School Census

A higher proportion of pupils in Manchester schools with an EHCP are eligible for Free School Meals (FSM) at 56.6% (2,851 pupils) in 2023, compared to 54.1% (7,169 pupils) of those with SEN Support, and 43% amongst the total pupil population. These different levels of eligibility are mirrored at National and regional levels, but the rates are lower with 41% of National and 44% of North West pupils with an EHCP eligible for FSM.

English as an Additional Language (EAL) rates are lower amongst those with an identified SEND, at 31.6% (1591 pupils) of EHCP pupils and 34.3% (4557 pupils) of SEN Support in Manchester, compared to 43.6% of the total pupil population. National and regional levels reflect this, with 15% of National EHCP and SEN Support pupils EAL, compared 20% of the total population. In the North West, 12% of EHCP and 13% of SEN Support pupils are EAL, compared to 17% of the general population. Amongst the total Manchester, National and North West pupil populations, the gender split is 49% female and 51% male. This differs markedly to the EHCP population where the split is 72% male and 28% female, and SEN Support which is 62% male, and 38% female. In terms of ethnicity, the SEND population is less diverse than the total Manchester school population, with 40% of EHCP and 42% of SEN Support White British, compared to 32% of the total. This is reflected to a lesser extent Nationally with 66% of EHCP and 70% of SEN Support White British, compared to 63% total. Throughout the North West, 75% of EHCP and 77% of SEN Support are White British, compared to 71% total.



Source: School Census

2. How are local partners supporting early intervention and inclusion in mainstream settings through ordinarily available provision? How effective is the special education provision that is made by our EY settings, mainstream schools, and colleges?

Manchester has a continuum of special educational and alternative educational provision which includes:

- Inclusive mainstream settings, schools and colleges
- Support for children and young people in mainstream through Education, Health and Care Plans
- Resourced Provisions for pupils with autism, social, emotional and mental health needs, and hearing needs in mainstream schools

- Specialist SEN units for children with SLCN being established in 2 mainstream primary schools in September 2024
- 16 special schools, including 9 specialist support schools based in localities
- Alternative Provision Framework of providers
- Primary and secondary pupil referral units
- Hospital School
- Supported Internships offer
- 4 independent specialist colleges

Manchester's Inclusion Strategy was launched in 2019 and education settings are supported to be inclusive through a comprehensive inclusion toolkit and training programme.

Schools, colleges and settings use the Manchester Matching Provision to Need Tool to give consistency in deciding the level of support that should be provided.

In 2020 we published a coproduced Early Years Ordinarily Available Provision (OAP) toolkit and last year published an Ordinarily Available Provision toolkit for Primary. A secondary toolkit is being coproduced through the GM SEND Board.

Manchester local authority commissions support to mainstream schools and settings from special schools and runs SENCO and Preparing for Adulthood networks for sharing best practice.

Since 2018, the authority has commissioned Manchester Foundation Trust speech and language therapy service to run ELKLAN training for mainstream school staff to help them better support children with communication needs.

In 2023 Manchester was successful in its application to Dingley's Promise to be able to offer high quality inclusion training to the Early Years workforce. Over 1000 staff and parents have registered for training and 8 organisations have qualified for a Mark of Achievement.

Manchester is taking part in the NHS funded Autism in Schools programme which is working with mainstream schools to be more inclusive of their neurodivergent students and improving communication between schools and parents/carers.

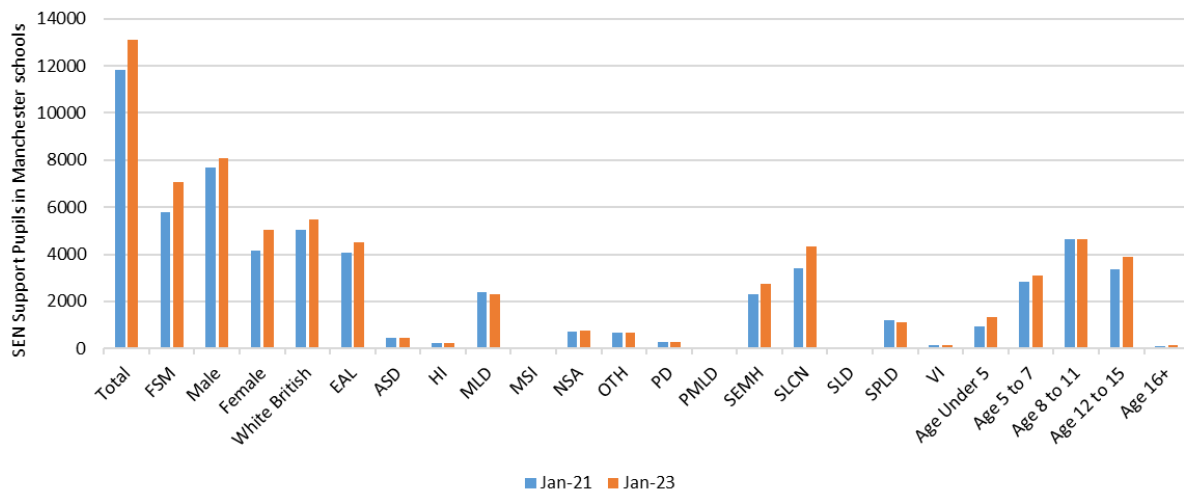
In mainstream schools, 13,108 pupils have SEN Support according to the 2023 January school census. SEN Support rose by 11% (1,273 pupils) between 2021 and 2023, this equates to a 1 percentage point rise from 13.2% to 14.1% of the total Manchester mainstream school population. The biggest rise was amongst those aged 12 to 15, by 544 pupils (16% / 1.4pp), however, the age group with the largest proportion of SEN Support remains ages 8 to 11, at 35.3% of the total school population at this age.

SLCN is the most commonly identified need amongst the Manchester mainstream school population, at 33.2% of those with SEN Support. The population with this need increased by 27% (931 pupils) between 2021 and 2023. Free School Meal eligibility remains higher amongst the mainstream SEN Support population than the general school population at 53.8% in 2023, compared to 43%. Eligibility for SEN Support pupils rose by 22% (1,260 / 4.9pp) pupils between 2021 and 2023.

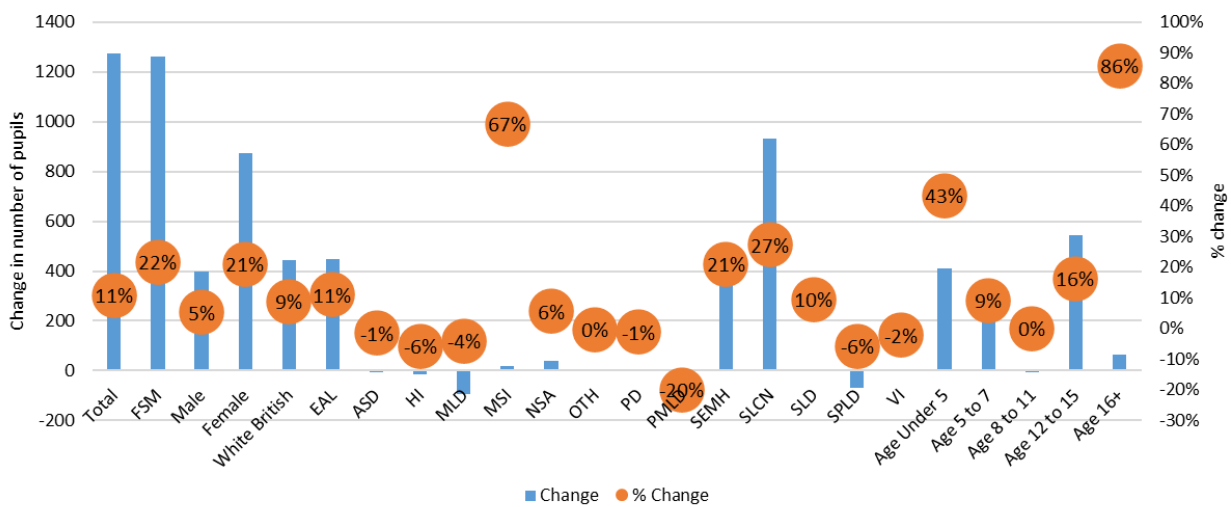
In 2023, 61.5% of SEN Support pupils were boys, and 38.5% girls in mainstream settings. The number of girls rose by 21% (5045 pupils) between 2021 and 2023, and

boys by 5% (8063 pupils). In terms of ethnicity, there is a higher percentage of White British pupils amongst those with SEN Support, at 41,7%, compared to 31.7% amongst the general school population. However, these figures are decreasing slightly, with a 0.7 percentage point decrease in White British SEN Support pupils, from 42.4% down to 41.7% between 2021 and 2023.

Mainstream SEN Support Population in 2021 and 2023



Mainstream SEN Support Population Change 2021-2023



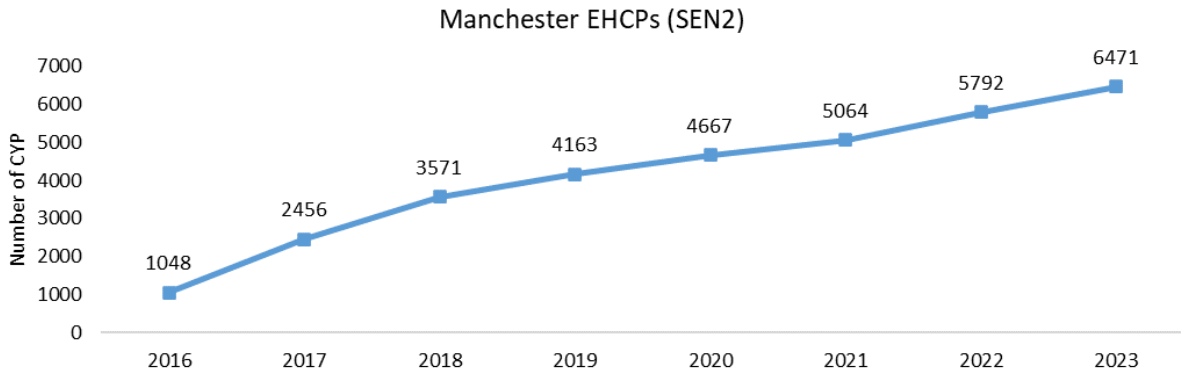
Source: School Census

3. What is the profile of CYP who have education, health, and care plans (EHCPs)? How effectively are their needs being met by local provision?

Between 2019 and 2023, there was a 55.4% (2,308 people) increase in the number of EHCPs in Manchester (SEN2, 2023), rising from 4,163 to 6,471. This is a larger increase than National (46%) and North West (52%) during the same period:

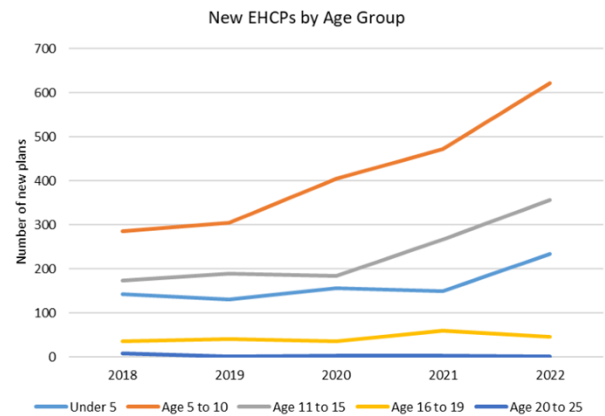
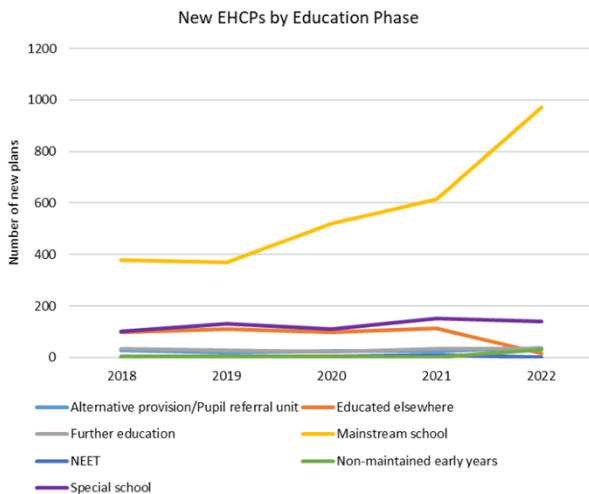
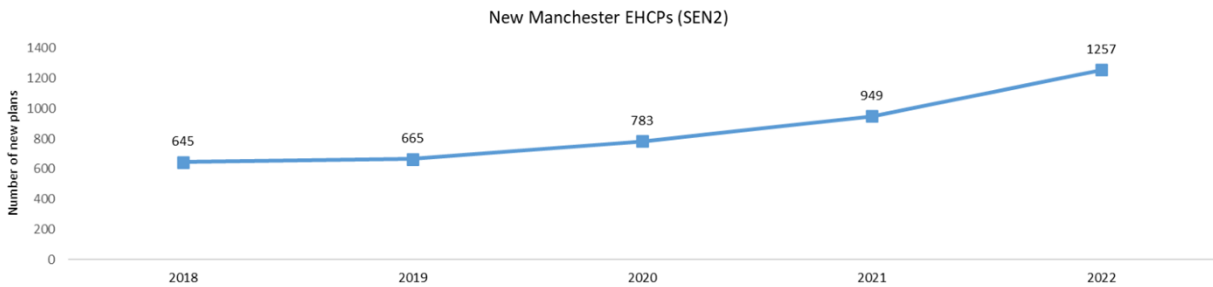
EHCP (SEN2)	2019	2023	Change 2019 - 2023	% Change
Manchester	4163	6471	2308	55%

North West	47353	71971	24618	52%
England	353995	517049	163054	46%



Source: SEN2

Between 2018 and 2022 there was a 95% increase in new EHCP plans in Manchester, rising from 645 to 1257.

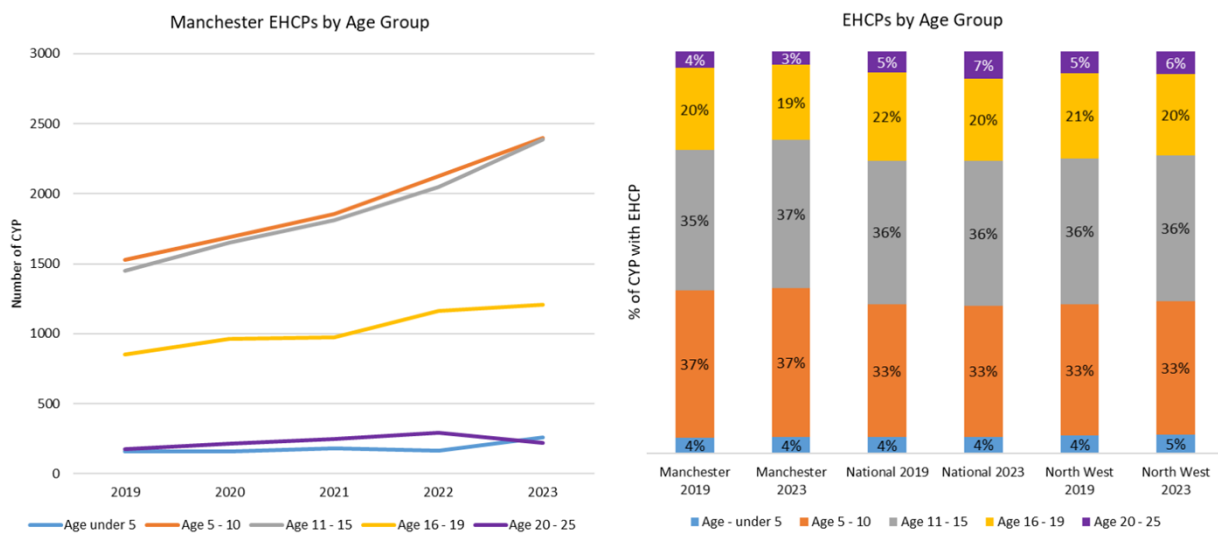


Source: SEN2

The majority of new plans were given to pupils in mainstream schools (970 plans – 77% of total), aged between 5 and 10 (621 plans – 49% of total). During this period, mainstream school new plans rose the most (591 plans – 156% rise) in terms of total number, from 379 up to 970. The highest percentage increase was in non-maintained

early years settings, which rose from 5 to 25 new plans. By age, the largest increase in new plans was amongst those aged 5 to 10, by 335 plans and 117%, from 286 in 2018 up to 335 in 2023. All age bands experienced an increase, apart from those aged 20-25.

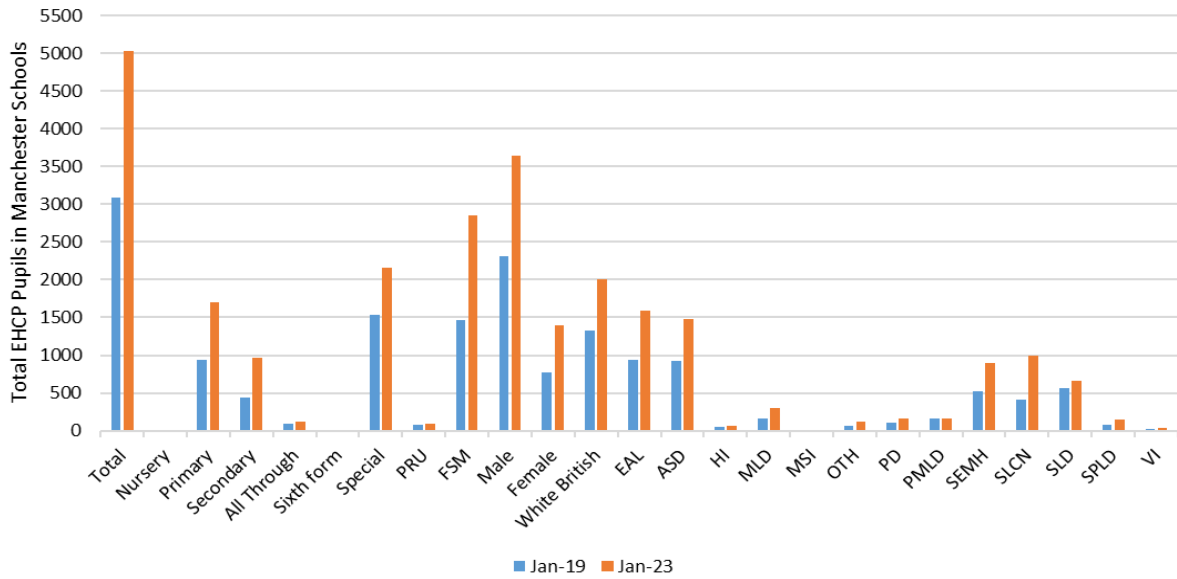
The number of EHCPs has increased across most age bands in Manchester, the largest of which was amongst those aged 11 to 15, by 64.6% (936 people), from 1,449 in 2019 to 2,385 in 2023. Those aged 11-15 make up 37% of the total EHCPs in Manchester, a 2pp increase in the past five years; 19% of the EHCP population are aged 16-19, a 2pp decrease in five years, 3% aged 20-25, a 1pp decrease, and there was no percentage point change in those aged under 5 (4% of total EHCPs), or those aged 5-10 (19%). Manchester's EHCP population is made up of a lower percentage of young people aged 16+, at 22% of the total, compared to 27% Nationally and 26% North West.



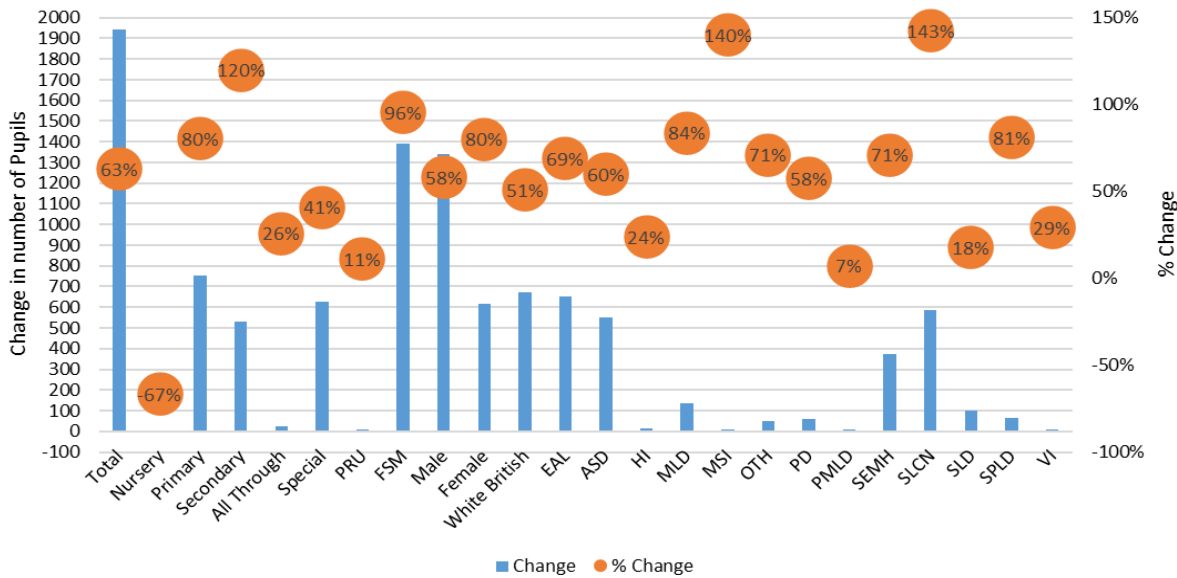
Source: SEN2

Manchester pupil level data for EHCP (School Census) reveals that EHCP numbers rose by 63% (1944 pupils) between 2019 and 2023, from 3,090 pupils in Manchester schools to 5,034. There were increases across all education phases, apart from maintained nursery schools. The largest percentage increase occurred at Secondary, where pupils with an ECHP grew by 120% from 441 to 970. The largest actual increase was in Primary, which increased by 755 pupils (80%) from 940 to 1,695 pupils. The gender breakdown of EHCP pupils changed by only 2.5pp, with 72.4% of all ECHP pupil's male (a decrease from 74.9% in 2019), and 27.6% female (an increase from 25.1% in 2019). There was a decrease in the percentage of all EHCP pupils who identified as White British, reducing from 43%, down to 40%. Autism is the most common need amongst those with an EHCP at 29.2% of the total in 2023; there was a 605 (552 pupils) rise since 2019. The largest percentage point increase was pupils with SLCN, rising 6.44pp from 13.4% to 19.8% (equating to a 586 pupil/143% actual rise).

EHCP Population at Manchester Schools in 2019 and 2023

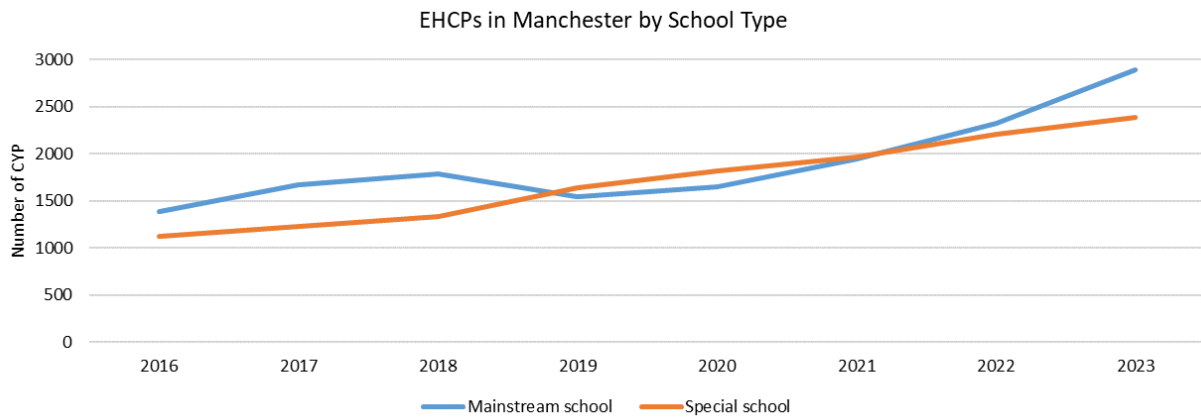


EHCP Population at Manchester Schools Change 2019 - 2023



Source: School Census

EHCPs have increased more in mainstream schools in the last five years than in special schools. Mainstream EHCPs increased by 88% (1356 plans) between 2019 (1,541 plans) and 2023 (2,897 plans). In special schools, the rise was 45% (741 plans), from 1,642 to 2,383. However, since 2016 there has been a 112% (1257 plans) rise in special school EHCPs compared to a 109% (1509 plans) rise in mainstream EHCPs.



Source: SEN2 – includes schools outside Manchester

Parental preference is the key determinate of growing tribunal requests resulting from a conflict of view around which provision is named in the EHCP.

Manchester’s policy provides a range of transport solutions from walking buses to minibuses. These options meet the needs of children and young people with SEND and an EHCP. Challenges remain with the capacity and sustainability of private transport providers and pressures on Home to School Transport budget.

Manchester’s Coproduction group state that the factors that most influence parental/young people’s preference when seeking an educational placement can be age, location, the child’s needs, friendship groups already formed and distance to travel. Parents/Carers want a school that meets the needs of their child. Parents will often ask other parents for suggestions and if a school is popular this often has an impact on the decision. Some parents base their decision on the fact that they have other children in the household that attend a particular school. The Manchester Parent Carer Forum is often approached to recommend a school and they advise the parents to visit the setting and do some research.

4. What are the outcomes for CYP with SEND and those in AP, and how well are they prepared for adulthood (PfA)?

In February 2024 7.8% of Manchester’s 16 and 17 year olds were recorded as having a NEET or Unknown destination.

NEET & Unknown Breakdown - Current Snapshot

A breakdown of the NEET and Unknown cohort by academic age as a current snapshot.

Activity	AA16	AA17	Total
NEET	323	484	807
NEET %	4.4%	6.7%	5.5%
Unknown	57	267	324
Unknown %	0.8%	3.7%	2.2%
Combined	380	751	1131
Combined %	5.2%	10.4%	7.8%
Cohort Total	7327	7238	14565

**due to rounding, figures may not sum*

In the same period 11.4% of young people with an EHCP had were not in education employment or training (117) or their destination was unknown (12). The majority of these young people had social, emotional and mental health needs as their primary need. The local authority commissions Career Connect to provide careers advice and tracking for all NEET/at risk of NEET young people and has specialist advisers working with young people with SEND. MCC has set up a SEMH provider forum to address the transition/retention of young people with SEMH.

Manchester was a Preparing for Adulthood Pathfinder for the 2014 reforms and has a strong focus on Preparing for Adulthood. Our Education, Health and Care Plans use the four Preparing for Adulthood life outcomes as headings and we are trying to embed a culture of 'good life planning' in reviews and discussions about the future. Our special schools have established strong careers and work-related learning programmes which meet Gatsby benchmarks.

We run person centred planning training annually for education, health and care staff and termly Preparing for Adulthood networks. MCC has established a Preparing for Adulthood (Transition) team with person centred planners to help families better navigate the move from children's to adult services.

Evidence showed that Supported Internships were a successful way of moving disabled young people from the world of education into the world of work, so Manchester Foundation Trust, The Manchester College, Pure Innovations and Adult Social Care worked with Project Search to develop our first Supported Internship in 2010.

Since then, other providers have developed internships and we now have around 90 interns and pre-interns. We continue to grow the programme each year in line with young people's aspirations and the city's skills priorities.

We provide travel training as this is one of the most important ways of helping young people become independent in their community and able to move into employment.

Manchester is planning to further encourage engagement with its Skills for Life approach which was launched in November 2019 and developed in response to young people consistently voting for a 'curriculum for life' as their top priority in the annual Make Your Mark survey.

The approach was coproduced with young people, school leaders and in consultation with business leads and it was piloted in a number of schools across the City. One of the key concepts was to agree a common set of key skills young people need to be successful in the workplace using the same agreed language which would be used across our settings, school and colleges and by employers.

The 5 skills are:

- Problem solving
- Communication
- Self belief
- Self-management
- Team working

5. How are local partners improving family experience?

The views in this section have been coproduced with Manchester's Co-production Group and Working Together Network.

In terms of the experiences of children and young people with SEND and their families compared to other parts of the population there appears to be a higher proportion who access Free School Meals. Families can often be financially challenged when caring for disabled children due to additional expenses. The forum has observed many parents separating from partners due to the pressures of caring responsibilities and quite often some parents/carers feel like they have no choice but to give up work because of the stresses associated with the caring role.

Children who attend Alternative Provision are isolated from their friend groups which can influence them socially. There is a programme of support available within Alternative Provision however, it is not usually on site and takes them away from doing what most of their peer group are doing.

Childcare for disabled children appears to be difficult to access for many families and It is sometimes more difficult to access universal and community health services such as GPs, dentists, and even the Royal Manchester Children's Hospital

Schools with a specialism in autism schools are more willing to make necessary adjustments for children. Children with autism attending mainstream can be more susceptible to bullying and often report that they still feel different from their peers

Parent carers recognise the strength of the SEND Community Offer and have recently co-designed and delivered a workshop for national and local learning events to help other areas replicate the offer.

The experiences of children do seem to vary at different ages/stages of their journey through the SEND system, including at key transition points which can cause issues. Reception to Nursery, Home to Nursery or Home to Reception there are lots of issues due to the massive change for children. The transition from Primary to High-School and High-School to College also has its issues due to the change of environment for the young person. There's a "cliff-edge feeling" when a young person enters adulthood, especially upon leaving education. The perception is that it gets easier as the young person gets older however, this is not the case as it's not just about accessing school it's also about accessing the community.

The council continues to work with parent carer networks to increase awareness of the SEND Local offer through the "Local Offer more than a website" campaign. A video

highlighting the many ways to access the Local Offer was codesigned and delivered with parents and carers. The council has also commissioned a SEND internship with a specific role to promote and improve the Local Offer for Young people. The year on year increase in parents accessing the SEND Community offer indicates increased awareness of the Local Offer. There is still more to be done and the council will continue to work together with parent carers, children and young people and partners to improve awareness and reach more families.

Below outlines the support currently available for Families of children with SEND in Manchester;

The [Manchester Local Offer](#).

Manchester's model of participation reflects the diversity of its community and has been developed with parents and carers of children and young people with Special Educational Needs and/or Disabilities (SEND).

Manchester Parent Carer Forum (MPCF)

Manchester Parent Carer Forum acts as the strategic voice of parents and carers of children and young people with SEND in Manchester. The forum is led by a steering group of parent-carer volunteers who all have children/young people with SEND and are committed to the principle of co-production. As well as co-chairing the Local Offer Review Board and the Children's SEND Transformation workstream, MPCF also has members that sit on the SEND Board and various workstreams. Aside from representing parent voice strategically, the forum also provides plenty of opportunities for parents/carers to directly get involved in shaping and influencing SEND services in Manchester. As a member of the National Network of Parent Carer Forums, with support from the Department for Education and Contact, MPCF is well positioned to influence SEND decision-making locally, as well as regionally and nationally. The MPCF team works with the Local Offer team and Manchester Parent Champions to run monthly coffee mornings for parents/carers to have opportunities to meet services such as SENDIASS and Early Help, learn and share information, and to provide peer support. The forum also holds various free inclusive family events, parent/carers workshops and parent/carers well-being events for its members throughout the year.

You can learn more about MPCF on <http://manchesterparentcarerforum.org.uk>

Manchester Parent Champions

The parent champion model grew from a small group of parents who were involved in the SEND reform pathfinder work and wanted to develop an informal model of peer support. The main role of the parent champions is to raise awareness of the SEND Local Offer and to offer peer to peer support through their Facebook page. All parent champions receive training on the SEND Local Offer and opportunities to get involved in a wide range of coproduction activity. The Parent Champions are members of the Manchester Working Together Network.

Manchester Working Together Network (MWTN)

Led by the MPCF, the Manchester Working Together Network brings together various parent/carers support groups and SEND organisations across the city to gather parent/carers voice and ensure we get the widest possible reach. The network also enables connections to be made with specific groups, for example, BAME, Down's Syndrome, etc. The partners share information and feedback, as well draw on each other's strengths to develop the support groups individually and collectively.

You can learn more about MWTN on

<http://manchesterparentcarerforum.org.uk/manchester-working-together-network>

SPACE Group

SPACE group Manchester offers weekly peer-to-peer support group sessions across the city for parents/carers, we run family activities, trips and events throughout the year. We go into schools and deliver coffee mornings, promote events/services, and offer school support. We also deliver workshops/training when and where possible. All services are invited to group sessions to deliver informal workshops/training, and Q&A sessions. The group prides itself on being a parent led service that listens to the membership. This helps the group to deliver a service that parents and their children need.

Manchester Parent Carer Forum and the Parent Champions complement each other and offer a flexible model of participation, ensuring opportunities for participation and co-production are accessible to more parents and carers. The Manchester Working Together Network provides an opportunity for networking and support to smaller parent carer groups and ensures an even more representative voice influencing key developments.

The network would like to see an increase in peer-to-peer support as the Champions are not currently set up for this. Alongside this, increased support for parents. Some parents have reported that they would like support at every meeting as they don't feel confident enough to attend on their own. The group recognises that this is not practical and would therefore want to look at how confidence can be increased.

Part B: Commissioned SEND and AP Provision and Services

Timeliness of EHC needs assessments					
	2018	2019	2020	2021	2022
% of EHC plans excluding exceptions issued within 20 weeks - England (%) ¹	60.1	60.4	58.0	59.9	49.2
% of EHC plans excluding exceptions issued within 20 weeks - LA (%)	79.3	66.7	51	72.6	71
Projected % of EHC plans excluding exceptions issued within 20 weeks for 2023:			For 2023 the percentage of plans issued in 20 weeks was 79%.		
What improvements are needed? (bullet points max 150 words)					
If the numbers of children subject to request for an EHCP continues to grow, there may be a requirement for additional staffing.					

Tribunal Appealable Rate					
	2018	2019	2020	2021	2022
Tribunal Appealable Rate - England (%) ²	1.6	1.8	1.7	1.8	2.3
Tribunal Appealable Rate - LA (%)	0.8	1	0.8	0.6	0.7
What issues are there locally in relation to the rate of appeals to the Tribunal? (bullet points max 150 words)					
The rate of appeal to tribunal in 2023 was 68 which was an increase - before that the number has been fairly static for the last 5 years despite growing demand. The rate in Manchester is below national. The majority of tribunal requests are settled before they get to tribunal. The main reason is the provision named in plans - we do not take refusal to assess decisions though to tribunal					
What improvements are needed to minimise the number of appeals? (bullet points max 150 words)					
Increased capacity within popular local specialist provision.					

Early Years										
	2019		2020		2021		2022		2023	
	15-hour	30-hour	15-hour	30-hour	15-hour	30-hour	15-hour	30-hour	15-hour	30-hour
SEN support (%) - England ³	5.2	2.5	5.4	2.6	5.1	2.4	5.6	2.9	6.5	3.6

¹ <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans>

² <https://www.gov.uk/government/statistics/tribunal-statistics-quarterly-january-to-march-2023>

³ <https://explore-education-statistics.service.gov.uk/find-statistics/education-provision-children-under-5>

EHCPs - England³	0.8	0.3	0.9	0.4	1.0	0.4	1.0	0.4	1.2	0.6
SEN support - Region	5.5	2.5	5.4	2.4	5.1	2.3	5.9	2.8	6.8	3.7
EHCPs - Region	0.8	0.3	0.9	0.3	1	0.3	1.1	0.4	1.4	0.6
SEN support - LA	5.1	2.8	5.4	2.4	5.2	2	7.2	3.5	7.7	3.9
EHCPs - LA	0.7	0.3	0.8	0.4	0.8	0.3	0.9	0.4	1	0.3

Key Barriers regarding Early Years provision

There has been a fall in the number of the 0-4 year population of 7% since 2017-18. There is sufficient childcare if providers are operating at 100% occupancy. However, many providers are only operating at 80% capacity due to staffing issues, cost of living pressures and place funding rates.

Early years settings and school nurseries are experiencing pressure due to the increased needs of early years children – particularly in relation to speech language and communication and social interaction needs. Many providers are expressing concern that funding does not cover the complexity of needs of the children they are supporting.

There is a national and local challenge to recruitment and retention of qualified early years professionals. Even when funding is available, it can be a huge challenge to appoint staff to support children with complex needs. This has exacerbated the staffing situation, and more early years professionals are leaving due to the challenges. Settings are often relying on agency staff, which also has an overall impact on the quality of provision provided. Training is available to early years providers around Ordinarily Available Provision and through Dingley’s Promise, but the high turnover of staff means that quality cannot always be sustained.

Despite the pressures faced by many settings, the quality of provision continues to be high. Currently 95% of settings and 93% of childminders are judged by Ofsted to be good or outstanding.

Key drivers for EHCPs in early years settings

The number of children with EHCPs in early years settings is relatively low as most children are supported well through the Early Years SEND pathway.

Parental requests have increased and there is pressure from some schools advising parents and carers that they will need an EHCP to access mainstream settings.

Support currently available to Early Years providers: Rodney House Outreach Service for Early Years (RHOSEY) provide outreach to families for children who do not attend settings and they and the Early Years Quality Assurance team support providers and childminders to be inclusive.

RHOSEY provide a range of training, including face to face Level 3 NASENCO training. Settings can also access online Level 3 SENCO training through the Best Practice Network. Universal social, emotional and mental health needs training is provided by CAMHS. A comprehensive programme of SALT training including WellComm is provided by speech and language therapists. Dingley’s Promise Training is

available for all EY providers. The SEND support child-minding scheme aims to build confidence and knowledge of childminders to work with more children with SEND. The coproduced Ordinarily Available Provision Guidance and EY Transition Timeline have been shared with all settings, schools, parents and services.

Referrals can be made by early years providers to Manchester Sensory Support Service for children with vision and hearing needs and to Lancasterian Outreach Inclusion Service (LOIS) who can provide equipment and support with risk assessments for children with physical disabilities.

Future requirements

Manchester is reviewing the Early Years SEND pathway which shows the services and support available to young children with SEND and their families. This also allows the local authority and health to plan appropriate provision. The development of Family Hubs is providing opportunities for families with SEND to access advice and support in their localities.

RHOSEY has provided enhanced outreach to schools and settings to model how to support the needs of individual children and groups and this has proved popular. Settings and schools are asking for this to be further extended into reception and year 1.

For the academic year 2023/24, Education obtained £1m funding from Making Manchester Fairer to provide a targeted programme to support speech and language development of children in Early Years within school settings and those children taking the EYFS Assessment in Summer 2022. This has provided additional staffing and therapies in schools in the most deprived areas of the city.

For 2024/25 there is further funding to support this need in both school settings and PVI's.

Early Years settings need to be able to recruit and retain more experienced and qualified staff to be able to offer more, and better-quality early education and childcare for children with SEND.

Practitioners working with young children in Manchester will be taking part in a Physical Activity Pilot. This will help attendees increase their knowledge and confidence in identifying needs and supporting children to make progress in their physical skills. This may result in the creation of a screening tool. This pilot includes paediatric physiotherapists, health visitor, the RHOSEY team, children's centre outreach worker, early years development team professionals, schools and early years PVI settings.

There is also a pilot and plans to roll out SACS-R assessments – a tool that allows Early Years professionals screen children for social communication needs and put in place appropriate provision whilst they are waiting for full diagnosis.

Mainstream Primary

	2018/19	2019/20	2020/21	2021/22	2022/23
SEN Support - England (%) ⁴	12.6	12.8	12.6	13.0	13.5
EHCPs - England (%) ⁴	1.6	1.8	2.1	2.3	2.5
SEN Support - Region	13	13.2	13	13.3	13.8
EHCPs - Region	1.5	1.7	1.9	2.2	2.6
SEN Support - LA	13.2	13.6	13.3	14	14.5
EHCPs - LA	1.7	1.9	2.2	2.6	3.1

Context

Manchester mainstream primary schools are able to meet a wide range of needs through the graduated response. There is some variation in the proportion of children with EHCPs in primary schools, but all follow the Ordinarily Available Provision guidance. There is a concern from our most inclusive schools that their reputation for inclusion means more parents are choosing to send their children there.

129 schools have achieved Rights Respecting School status.

Since the pandemic, higher numbers of children have been identified as requiring support to make a good transition into school and the proportion of children with speech, language and communication needs has risen sharply – 2019-23 a 27% increase in children at SEN Support with SLCN and a 143% increase for those with EHCPs.

The vast majority of mainstream schools have staff trained as ELKLAN language champions so they can identify and support children with communication and language needs.

There has been a higher turnover than usual of SENCOs/Inclusion leads, but the majority of SENCOs are experienced and highly trained. Most requests for statutory assessment made by schools lead to EHCPs being issued which shows that SENCOs are able to accurately identify children's needs.

MCC commissions our special schools, the sensory service, Hospital School and primary PRU to provide outreach support to mainstream schools. This is highly valued. The authority also provides training for new SENCOs and termly networks for SENCOs which include local and national updates, inputs from Educational Psychologists, health and care staff, and sharing of best practice.

SEND updates are also provided at termly primary heads briefings.

The research school provides training on EEF SEND related research (e.g. the 5 a day/deployment of teaching assistants) to SENCOs and heads.

MCC Senior Schools Quality Assurance officers and outreach leads have carried out 5 SEND reviews in mainstream schools over the last 18 months.

⁴ <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

Future requirements

Many schools are experiencing pressures on their budgets and are unable to recruit teaching assistants with the correct skills.

Some schools have responded to the high numbers of children with SEND needs (including those working below national curriculum levels) by opening SEND classes, especially for reception/year 1 groups. This can be an effective way of meeting needs of autistic children who struggle in busier environments and children who use behaviour to communicate.

Schools' main concerns are at transition points e.g. pre-school to school and years 5 to 7, so we have introduced an extension to SEN inclusion funding available in the early years into Reception and are working with schools to improve key stage 2 to 3 transition for children with SEND and other needs. Through the work on the 3 tier Alternative Provision model, MCC is commissioning mentoring support for targeted children in Year 6 to support transition to high school.

MCC is commissioning additional ELKLAN training focusing on supporting children with SEMH.

There are no current gaps in suitable transport for children with SEND who are eligible for this offer as all pupils have a travel solution.

Mainstream Secondary

	2018/19	2019/20	2020/21	2021/22	2022/23
SEN Support - England (%) ⁵	10.8	11.1	11.5	11.9	12.4
EHCPs - England (%) ⁵	1.7	1.8	2.0	2.2	2.4
SEN Support - Region	10.8	11.2	11.6	12.2	12.7
EHCPs - Region	1.6	1.7	1.9	2.1	2.5
SEN Support - LA	11.5	13.4	13.8	14.7	14.3
EHCPs - LA	1.7	2	2.3	2.5	3

Context

Secondary mainstream schools are also highly inclusive, but most are large, busy environments and some students (particularly those with SEMH or social communication needs) find the transition to year 7 challenging.

Seven high schools are involved in the Autism in Schools programme. This is providing:

- High quality training for staff and parents,
- Parent groups facilitated by Manchester Parent Carer Forum,
- Training for school staff in how to set up interest groups for neurodivergent students (HAVEN).

⁵ <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

There has been a 120% rise in number of EHCPs and 49% rise in SEN Support in mainstream secondary schools since 2019. The main primary needs are: social, emotional and mental health, moderate learning difficulties, speech language communication, specific learning difficulties and autism.

Mentoring support has been commissioned through the SAFE partnership for students in Year 7/8 and this has been highly effective.



North
Approx : 13 mentors
Approx 130 CYP

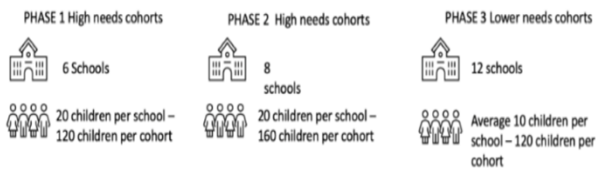
Central
Approx : 16 mentors
Approx 160CYP

South
Approx : 15 mentors
Approx 130 CYP

- PHASE 1
2 mentors per school
Average of 20 children per schools
- PHASE 2
2 mentors per school
Average of 20 children per schools
- PHASE 3
1 mentors per school
Average of 10 children per schools

Overall Outcomes:

- **-Engagement in sessions**
- **-Reduction in repeat suspensions for cohort**
- **-Marginal increase in attendance for cohort**



Academic year 22/23	Jan 23 to Dec 23	Cohort 1	120 children	Majority Year 8
Academic Year 23/24	Jan 24 to Dec 24	Cohort 2	120 Children	Majority Year 7
Academic Year 24/25	Jan 25 to July 25	Cohort 3	120 Children	Split Year 7

Academic Year 23/24	Septemb or 23 to Dec 24	Cohort 1	160 Children	Majority year 7
Academic Year 24/25	Jan 25 to July 25	Cohort 1	160 Children	Majority year 7

Academic Year 23/24	Jan 24 to Dec 24	Cohort 2	120 Children	Majority Year 7
Academic Year 24/25	Jan 25 to July 25	Cohort 3	120 Children	Majority Year 7

Total: 360 Children for Phase 1 Total: 320 Children for Phase 2 Total: 120 Children for Phase 3

Over the course of the project, it is estimated that between 800 and 920 children will have been under the SAFE Taskforce mentoring intervention citywide.

MCC commissions special schools, the sensory service, Hospital School and PRU to provide outreach support to mainstream secondary schools. This includes working with clusters of schools on issues such as adaptive teaching or staff training on meeting particular needs, as well as providing inreach opportunities. The authority also provides training for new SENCOs and termly networks for SENCOs which include local and national updates, inputs from EPs, health and care staff, and sharing of best practice. Mainstream SENCOs and careers leads are invited to the termly Preparing for Adulthood networks and many secondary schools sent staff on the recent travel training courses.

MCC is working with Manchester Hospital School, One Education Educational Psychologists, MThrive and Healthy Schools to revise the toolkit on supporting children and young people with emotionally based school non-attendance.

We are seeing an increase in requests for statutory assessment in Year 11 as schools or parents are concerned that young people will need additional support in post 16.

Future requirements

Practitioners and parents from across GM are working on an Ordinarily Available Provision toolkit that can be used across primary and secondary mainstream schools.

We plan to roll out the Autism in Schools training across mainstream schools and share the learning on what works to support neurodivergent students. This includes sharing the learning from the Manchester neuroprofiling tool pilot.

CAMHS are offering Riding the Rapids training, so school staff can run training for parents/carers of young people on the Social Communication Pathway or who have received a diagnosis of autism.

There are no current gaps in suitable transport for children with SEND who are eligible for this offer as all pupils have a travel solution.

SEN Units and Resourced Provision

	2018/19	2019/20	2020/21	2021/22	2022/23
SEN Units - <i>England</i> ⁶	1,279	361	352	377	373
Resourced Provision (RP) - <i>England</i> ⁶	1,715	1,028	1,066	1,125	1,125
SEN Units - <i>Region</i>	Not available	Not available	Not available	Not available	Not available
RP - <i>Region</i>	Not available	Not available	Not available	Not available	Not available
SEN Units - <i>LA</i>	0	0	0	0	0
RP - <i>LA</i>	128	140	157	169	217

Context

MCC is working with two primary schools to open designated SEN Units in September 2024. There are 40 places planned for 2024-25.

These units will meet the needs of children who have SLCN needs and require specialist provision.

Manchester has a range of resourced provision:

Primary: autism, social emotional and mental health and hearing impairment

Secondary: autism

MCC is expanding the number of resourced provision places over three years:
Planned places - 2023-24: 225 / 2024-25: 263 / 2025-26: 263

⁶ <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

There is an expectation that demand for Resourced Provision and SEN Units will continue to grow as the overall EHCP cohort increases.

Strategy

The Council continues to work with schools and multi academy trusts to ensure sufficient school places for all children requiring a place in a special school. MCC is currently working with two Trusts to develop specialist units in mainstream school with strong inclusive practice and where space has been made available due to falling roll of the primary schools. The schools have been given some capital budget to adapt the space and will be supported by special schools to develop expertise. Additional training will be provided by health staff and educational psychologists. The focus of these units is SLCN.

There has also been a significant investment and expansion of resourced provisions for children with autism at one of our all through schools increasing places from 12 to 30 across all year groups which will be open in September 2024.

State-funded Special Schools (Maintained special schools and special academies)

	2018/19	2019/20	2020/21	2021/22	2022/23
% of all pupils with SEN support and EHC plans who are in Special Schools - <i>England</i> ⁷	9.2	9.3	9.5	9.5	9.5
% of all pupils with SEN support and EHC plans who are in Special Schools – <i>Region</i>	10.1	10.3	10.6	10.7	10.6
% of all pupils with SEN support and EHC plans who are in Special Schools – <i>LA</i>	11.2	11	11.5	11.7	11.8

Context

There are 2341 places available in state-funded special schools within the LA in 2023/24.

Place numbers will be increasing through the delivery of new and expanded special schools in line with anticipated demand, including a new secondary specialist support school due to open in September 2025.

All primary need types are met.

The typical range of high needs top-up funding for placements in state-funded special schools ranges from £8,375 to £16,985. The local authority has a banded funding scheme for specialist provision which is used to determine top up funding. This is moderated annually through an agreed process with special school leaders to ensure consistency of approach across the sector.

All Manchester special schools are currently good or outstanding.

⁷ <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

Strategy

The Council continues to work with schools and multi academy trusts to ensure sufficient school places for all children requiring a place in a special school. Currently a new secondary special school is planned to open September 2025 with 150 additional places. This is the third new special school in the last six years to open in the city using the free school route. There has also been a significant programme of expansions across all special schools and since 18/19, 711 new places have been created through this work. By 26/27 this will increase to 878 new places in total.

The profile of needs has broadly stayed the same although we are seeing an increase in the proportions of pupils with autism as their primary need across special schools.

Pupils are accessing the provision appropriate to their needs as set out in their EHCP. However, through the development of specialist units in mainstream primary schools the Local authority is looking to place more children with SLCN who require specialist provision in these units and not special schools.

There are no current gaps in suitable transport for children with SEND as all eligible pupils have a travel solution.

Special Schools

(Independent and non-maintained)

	2018/19	2019/20	2020/21	2021/22	2022/23
% of all pupils with SEN support and EHC plans who are in Independent Special Schools - <i>England</i> ⁸	1.1	1.2	1.3	1.4	1.5
% of all pupils with SEN support and EHC plans who are in Non-Maintained Special Schools (NMSS) - <i>England</i> ⁸	0.3	0.3	0.3	0.3	0.3
% of all pupils with SEN support and EHC plans who are in Independent Special Schools – <i>Region</i>	1.1	1.2	1.3	1.3	1.4
% of all pupils with SEN support and EHC plans who are in NMSS – <i>Region</i>	0.3	0.4	0.4	0.4	0.4
% of all pupils with SEN support and EHC plans who are in Independent Special Schools – <i>LA</i>	0.2	0.2	0.2	0.2	0.2

Context

The number of placements in independent schools was estimated to reduce slightly in SCAP 23 due to reducing numbers of children entering primary and an increase in local maintained and academy specialist provision. However, should the proportion of children requiring provision continue to increase there may be additional demand on independent

⁸ <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

schools.

The multi-agency resource panel (MARP) jointly commissions placements for young people who require residential provision to meet their education, health and care needs. MARP jointly commissions a small number of specialist independent day school places. Fewer than five pupils are placed in residential provision due to their educational needs not being met locally.

All types of primary needs are met in independent and Non-Maintained Special Schools.

The typical range of high needs top-up funding for placements in independent and NMSS is between £45k - £80k.

Strategy

Manchester has excellent local maintained and academy specialist schools. Independent day schools are used when there is a shortfall of places in the city. The needs of this group could be met in the city if places were available. A number of our children are placed in independent schools due to parental preference.

For children with needs that require residential and/or high-cost placements, Manchester has a Multi-Agency Resource Panel (MARP) attended by senior leaders/commissioners from education, health and children's and adults' care. This ensures joint decision making and funding of provision for children and young people with the most complex needs.

Through MARP children are placed in independent specialist residential when their complex range of needs cannot be met by health, education or social care within local provision – this mostly comprises children with mental health needs.

The panel arranges highly personalised bespoke packages of specialist education for children at crisis point and who are unable to attend schools which enables them to remain at home and retain links to the city.

Pupils are accessing the provision appropriate to their needs as set out in their EHCP.

There are no current gaps in suitable transport for children with SEND as all pupils have a travel solution.

Post 16, further education and training								
Measures	2018/19		2019/20		2020/21		2021/22	
	SEN	LDD	SEN	LDD	SEN	LDD	SEN	LDD
% of students identified with SEN/LDD continuing to education, apprenticeship or employment destinations in the year after completing 16 to 18	81.8	71.4	82	70.8	80.8	71	83.9	69.8

study in schools and colleges: <i>England</i> ^[1]								
% of students identified with SEN/LDD continuing to education, apprenticeship or employment destinations in the year after completing 16 to 18 study in schools and colleges: Region	SEN	LDD	SEN	LDD	SEN	LDD	SEN	LDD
	81.8	71.4	82	70.8	80.8	71	83.9	69.8
% of students identified with SEN/LDD continuing to education, apprenticeship or employment destinations in the year after completing 16 to 18 study in schools and colleges: LA	SEN	LDD	SEN	LDD	SEN	LDD	SEN	LDD
	70.2	70.9	70	70.7	69.8	70.4	69.7	70.5

^[1] <https://explore-education-statistics.service.gov.uk/find-statistics/16-18-destination-measures>

^[2] <https://explore-education-statistics.service.gov.uk/find-statistics/longer-term-destinations>

^[3] The figure refers to latest cohort (2015/16 KS4 leavers).

Context

The growing population of primary and secondary pupils is now working through into post 16. This growth is impacting upon the capacity of post-16 providers of education and training with providers informing the Local Authority that they are experiencing high demand for places and are at capacity. The age 16 and 17 cohort has increased from 13,870 in 2022 to 14,620 in 2023 a rise of 5.4%

Post-16 Cohort Size by academic age

The current and recent Post-16 cohort in Manchester residents

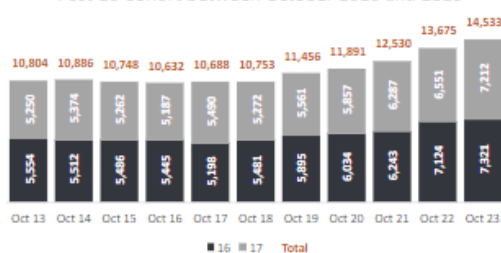
In the last 5 years the size post-16 cohort has increased by 3,780 (35%) young people - from 10,753 in October 2018 to October 2023 14,533.

The post 16 cohort includes pupils of academic age 16 and 17.

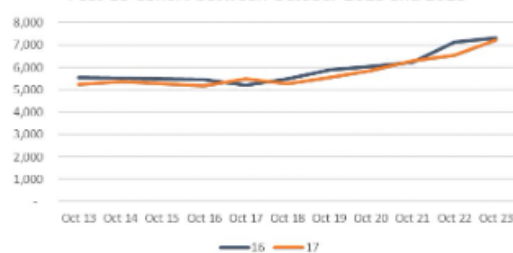
Young people with academic age of 16 increased by 1,840 (34%) and young people with academic age of 17 increased by 1,940 (37%)

The previous 5 years (between 2013 and 2018) the post 16 cohort was relatively stable.

Post-16 Cohort between October 2013 and 2023



Post-16 Cohort between October 2013 and 2023



Post-16 Cohort	Oct 13	Oct 14	Oct 15	Oct 16	Oct 17	Oct 18	Oct 19	Oct 20	Oct 21	Oct 22	Oct 23
16	5,554	5,512	5,486	5,445	5,198	5,481	5,895	6,034	6,243	7,124	7,321
17	5,250	5,374	5,262	5,187	5,490	5,272	5,561	5,857	6,287	6,551	7,212
Total	10,804	10,886	10,748	10,632	10,688	10,753	11,456	11,891	12,530	13,675	14,533

Manchester continues to have a strong partnership with education and training providers across the city and this collaboration in the post-16 sector is a pivotal aspect of the Council helping to coordinate, influence and expand the offer. The council's involvement with the Post-16 Strategy Group (education partners) and NEET provider groups (education engagement, employability and training providers) are central to this approach and underpins the Manchester Post-16 Pathway Partnership.

The Post-16 EET Strategic Plan 2022-25 was developed in partnership with the sector and is aimed at supporting the sector in maximising the opportunities available to young people in transition from pre-16 compulsory education on to the next stage of their pathway to further education, training and/or employment.

The Council has been in dialogue with the DfE as well as with the Greater Manchester Combined Authority and politicians to raise the issue of capacity and has supported two colleges with their post 16 capital funding bids. In addition, MCC has supported three providers to go through due diligence with the ESFA to become independent specialist providers.

Manchester is fortunate to have fantastic specialist secondary schools, most of which have 6th forms. In addition to this, The Manchester College is our largest Post-16 provider for those young people with an EHCP who can thrive in a mainstream setting. These are our top 10 providers by number of Post-16 learners with an EHCP:

Position	Provision	Number of Learners
1	Manchester College	460
2	Trafford College Group	93
3	Piper Hill High School	88
4	Melland High School	73
5	North Ridge High School	69
6	Bridge College	62
7	Manchester Young Lives	52
8	Navigators	49
9	Hopwood Hall College	48
10	Loreto College	41

FE/Training providers are increasingly becoming oversubscribed, therefore more provision will be needed in the years ahead to meet demand. However, we also need to diversify the current offer and look at new models of provision which can help achieve better outcomes, including reducing the number of young people not in education, employment, or training (NEET). For example, one area we have considered is a provision that can enable smaller group sizes for those with social, emotional and mental health listed as the primary need on their EHCP, as some who attend large FE provision find transition difficult.

Manchester City Council has 551 young people aged 18-24 with an EHCP attending FE, independent specialist and training provision.

There is significant mobility of young people across the Greater Manchester travel to learn area, with many young people choosing to travel across borders for their post 16 education and training. Manchester is a net importer of post 16 students with high needs.

Strategy

Post 16, Performance, Research, and Intelligence (PRI), EHCP, SEND strategy, Virtual School, Youth Justice, Commissioning and Finance teams work closely to ensure we review our SEND population to project and inform future provision requirements. For example, we recently collated data from our specialist secondary schools, breaking down the population by school, year group and primary need, to identify sufficiency requirements for specialist Post-19 provision over the coming years. This data set has also helped children's and education teams to strengthen their relationship with the Preparation for Adulthood Team, as many of these young people will be eligible for that service. This will also inform us of the impact on adult social care provision. MCC will use this data set to meet with providers and stakeholders as we set out our future sufficiency needs.

MCC commissions travel training for those young people who are ready to move from home to school transport to independent travel. Many of our schools and colleges deliver travel training to young people as part of the preparation for adulthood curriculum. In addition, we have recently commissioned some 'train the trainer' training so that more staff within education settings can deliver travel training to young people. Young people can access free or discounted travel dependant on individual circumstance, via Transport for Greater Manchester/Bee Network.

Key barriers to young people's needs being effectively met in post 16 mainstream settings include:

- Environment – For some young people, college campuses can be overwhelming due to the size of the site and number of learners attending.
- Transition – For some young people preparation and person-centred planning around young people moving from school into post-16 provision can lack the time and resource required to make the transition a success. Some young people don't feel prepared for their new surroundings, and some drop out during the first term.
- Staffing – Some mainstream settings don't have sufficient staffing expertise or ratios of staff to provide the kind of intervention and support required to ensure young people transition, integrate, and thrive.

Partnership working is key to ensuring better outcomes. As an example, MCC has recently set up an SEMH Post-16 Provider Forum, which brings together our Secondary PRU, Manchester College, as well as smaller SPIs and training providers, so we can collaborate to improve outcomes for our SEMH young people – a cohort who are disproportionately more likely to be NEET. The primary aims of the forum are to reduce SEMH NEET figures by improving transition, sharing best practice, creating a specific SEMH training offer, and increasing sufficiency in key areas i.e., mechanics, construction, hair & beauty.

On Supported Internships, we have developed a provider data return which we will be running annually to ensure we gather analysis on the number of internships on offer in Manchester for local and non-Manchester residents, and what their outcomes are. We ask providers to report on numbers achieving 16+ hours of employment, fewer than 16 hours employment, voluntary work and returning to further education after the internship. As part of the Internships Work programme, Manchester is working with providers, employers and families with the aim of doubling the number of Supported Internships.

Alternative Provision

Context

Structure of AP

Alternative Provision in Manchester includes Section 19 provision, SEND placements and school commissioned, DfE Registered and unregistered places. The Manchester Inclusive Alternative Provision Strategy (MIAPS) was developed in June 2022 to support the change with the way that our schools accessed alternative provision in the City. This change moved away from the sole responsibility of Manchester Secondary PRU as lead commissioner of alternative provision for schools, towards individual schools acquiring and commissioning AP places, independently.

MIAPS functions as a network driven by a Steering Group to support the collaboration between Manchester providers and commissioning schools. It aims to support the development of the quality and sufficiency of Manchester Alternative Provision and

promote the use of alternative provision as part of a graduated response to need rather than as a destination in line with the DfE's 3-tiered approach.

Quantity of Alternative Provision

Manchester providers are encouraged and supported to join the MIAPS Framework which, in turn, provides a 'Directory of Recommended Providers', which schools use as a reference to inform their commissioning decisions. There are currently:

- x22 APs on the MIAPS Framework.
- x8 DfE Registered providers.
- x14 Unregistered providers.

A further x30 APs have not yet joined the MIAPS Framework:

- x8 are DfE registered with x5 providing only specialist places.
- x20 are not DfE registered.

67% of APs used by Manchester schools are in neighbouring Greater Manchester Local Authorities (Stockport, Salford, Rochdale, Trafford, Oldham, Tameside).

The most recent data collection outlined:

- x120 commissioned places with providers.
- x81 full-time places commissioned from the MIAPS framework.
- x20 part-time places commissioned from the framework.
- x15 FT places not on framework.
- x4 PT places not on framework

The most recent collection of data indicated that the range of school expenditure on AP ranges from £350 to £12,000 with the range of cost between £140 per day to £350 per day. The transient nature of school commissioned AP placements creates challenge in the collection of accurate data and currently relies on school notification. Manchester regard this as a key priority and are underway in commissioning and developing 'centralised' software for schools, APs, and the LA, to record the movement, attendance, and safeguarding concerns of young people within the system.

Strategy

Alignment with the 3-tier model

The current AP model in Manchester is largely in line with the DfE's 3-tier model with an 'Enhanced offer' of outreach within Tier 1, sufficient availability of 'Time-limited placements' in Tier 2 and the movement of young people within Tier 3, through reintegration to mainstream or post-16 destinations, where longer-term AP placements may be appropriate.

Further development is necessary in Tiers 1 and 2 to emphasise the graduated approach to AP and a key Manchester priority is the quality and sufficiency of the 'Transitional Placements' in Tier 3.

Exclusions

Manchester City Council commissions a continuum of provision for children and young people who are at risk of or have been permanently excluded from Manchester Secondary PRU (250 places) and Bridgelea Primary School (34 places). This includes outreach support to schools. Both MSPRU and Bridgelea provide access to a balanced curriculum, small group teaching, specialist assessment and reintegration support to ensure that, wherever possible, pupils return quickly to mainstream schools. Bridgelea currently offers an Alternative to Permanent Exclusion placement which schools can access and is a specialist SEMH setting for children in Year 1 to Year 6. Both MSPRU and Bridgelea are judged 'Good' by Ofsted.

Medical Needs

Manchester City Council commissions a continuum of provision for children and young people with medical needs from Manchester Hospital School. This includes outreach support to schools, home tuition, tuition in community venues close to the pupil's home, AVI telepresence 'robot' supported learning and provision at the Hospital School. Manchester Hospital School is judged 'Good' by Ofsted.

Health provision

Context

MLCO

The [Manchester Local Care Organisation](#) includes the following children's community services who provide care for children with SEND, all services have a variety of pathways and service provision: Community pediatrics, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Orthoptics, Audiology, Special Needs School Nursing, Specialist Health Visiting, Children's Community Nursing including support for children with complex needs, epilepsy and Universal services – health visiting and school health.

There is a local authority commission for physiotherapy and occupational therapy assessment of equipment in school.

Special schools have a named school nurse, clinical interventions are delivered by nursing, health support and school staff. Training and competency checks are in place. 1:1 support from health staff is available for the most complex children in special schools. Support for colleges is provided by school or health staff dependent on commissioning arrangements.

Therapy programmes are delegated with training and competency checks in place. MLCO services routinely review staffing levels according to need across all pathways and make internal staffing changes. The GM Balanced System reported initial findings to a range of stakeholders in the Manchester system relating to SALT demands and

staffing on 1st February 2024. The GM team are reporting to all localities on this and next steps are awaited. It is proposed that the impact of this for Manchester is considered and developed through the Manchester Children and Young People's Joint Commissioning Group.

[The ICB Forward Plan](#) sets out to provide 'Best Start for Life, to be delivered at locality using existing local plans and provisions.

This concludes in April/May 2024, to improve Service Performance and Optimise Models of Care and an understanding of cost versus impact on outcomes.

ICB

In 2023, Greater Manchester Integrated Care Board published a 5 year 'Joint Forward Plan', reflecting universal NHS commitments, existing local strategies whilst aligning to wider system priorities.

[Joint Forward Plan | Greater Manchester Integrated Care Partnership \(gmintegratedcare.org.uk\)](#)

The plan is focused on delivery, quality of care, outcomes, and equity in access, with specific objectives such as embedding CORE20PLUS5 Clinical Priorities.

Current Work Programmes:

- **Child development in the 'Early Years'** – including 'Saving Babies Lives', Maternity (with particular focus on quality and NHS England improvement bundles).
- **School age children** - SEND, Learning Disability and Autism, Speech, Language and Communication needs. Including a review of all health services for Special Schools. ICB continues to commission specialist Special Needs School Nursing and Orthoptics service.
- **Long-Term Physical Conditions (Core20Plus5)** - includes asthma, epilepsy, diabetes, mental health and oral health.
- **CYP Continuing Care and Personal Health Budgets.**
- **Learning Disability and Autism** – review of neurodevelopmental support pathways, including pre-assessment, 'waiting well' and post assessment support.
- **Dynamic Support Register and Care (Education) Treatment Review** – embedding NHS England Statutory Guidance.
- **Mental Health** – CORE CAMHS services, THRIVE model review and specification update, including expansion of mental health in schools, early intervention pathways, specialist services (e.g Eating Disorder) and crisis/urgent care offer.
- **Inpatient** – Tier 4 mental health.
- **Continuing Care and Personal Health Budgets.**

- **Vulnerability and Complex Care** – including Complex Safeguarding, Youth Justice, Domestic Abuse, and trauma/adverse childhood experiences.
- **Cared for/Care Experienced Children**
- **Family Help/Family Hubs** – Getting the right help, at the right time, in the right place; integration with family hubs model designed for the community, including support for families of CYP who are on health waiting lists pre and post diagnosis.
- **Joint Commissioning** – Continued development of Manchester’s tripartite funding and integrated health and social care personal budgets.

Arrangements for CYP with complex needs:



Section_19_policy_Se
ptember_2021 (2).pdf

- CAMHS service mapped at all levels of Thrive model, M Thrive and Thrive in Education as community access services, core CAMHS teams across the city, specialist CAMHS services for particular populations (LDA, Under 5’s, Psychosocial, Cared For, Youth Justice, 16–17-year-olds and Crisis Intervention Teams (Rapid Response Teams, Home Intensive Treatment Team, Intensive Support Team)
- **Improvements since LA Inspection:** Collaboration for supporting GM Post diagnostic Autism Standards.
- **Autism assessments:** Four Autism assessment teams across the city. One early year’s team trialling ‘intervention first’ model. Pre-assessment support provided at each level of Thrive. Social Communication Pathway padlet and welcome workshop for all new referrals (supports signposting). Clear post diagnostic offer for parents (workshops: understanding autism and wellbeing, sensory support, communication support and education), accessed through self-referral. Post diagnosis group for children and young people being explored. Strategic moves being taken to move more intervention to pre assessment part of pathway (e.g. with Riding the Rapids parenting support, More Than Words communication groups).
- **Support for children and young people with mental health needs:** Thrive in Education (Mental Health in schools service) runs in many secondary provisions. They provide first line intervention with referral on to CAMHS as needed. There are some autism specific posts within this service. This team also support the Autism in Schools programme. Specialist schools have link with a CAMHS practitioner from Learning Disability and Autism team.

Public Health

- Health Provision - Commissioning of 0-19 Healthy Child Programme (HCP)
Healthy Child Programme is a national schedule of interventions for delivery of a universal health offer for all children.
- Service in Manchester is commissioned with Manchester NHS Foundation Trust. It consists of a Health Visitor Service and School Health Service; the School Nurse Service is one element of the School Health Service; it also includes Healthy Weight School Nursing and Healthy Schools.
- The Service delivers school-aged immunisations and weight management intervention (there are significant needs for weight management support in the SEND cohort).
- Special Needs School Nursing is a separate service commissioned by the ICB with additional funding from Public Health.

There are no current gaps in suitable transport for children with SEND as all pupils have a travel solution.

Strategy

MLCO

The Children's Community Health Services in the Manchester are delivered by Manchester Local Care Organisation (Manchester Foundation Trust). The management team works continuously with the service leads to ensure services are sustainable and meet the needs of children in Manchester. However in recent years and most notably as we have recovered from Covid, it has become apparent that there are a number of challenges that make this increasingly difficult; challenges such as: insufficient capacity across the workforce, increasing complexity of need amongst children, increasing demand for services, recruitment challenges, no increase in commissioning resource as the services are delivered on a block contract, a number of commissioners (services are commissioned via GM ICS including SALT and OT. SALT also has commissions from the local authority and individual school and education settings).

The MLCO has designed a Community Health Transformation programme to understand the service level challenges and is working in partnership with commissioning colleagues to develop solutions and agree mitigations.



CMHT overview Nov
23.pptx

Joint Commissioning Board and Children's Joint Commissioning Group

The Children's Joint Commissioning group formally reports into Manchester's new, all age Joint Commissioning Board; aligning senior commissioning leads from Health (ICB and MLCO), Children's Social Care, Education and Public Health.

The current focus is to develop a joint forward plan, with agreed programme of work for 2024/25.

A review of SALT provision has been agreed and is due for a March 2024 launch, using NHS GM's Balanced System Review to establish a whole system model for children with Speech Language and Communication Needs (SLCN).

Public Health

- Children with Mental Health needs are signposted into provision by Healthy Schools (e.g. Thrive offer) or referred by School Nurse to CAMHS
- In Early Years, a specialist health visitor undertakes New Born Birth Assessment (NBAS) and New Born Observation (NBO) screening assessment.
- The [Health Visitor Service](#) works in partnership with Children's Community Health Services and makes referral for SALT (Speech and Language Therapy) through WellComm screening.
- Website provided by MFT/LCO
- New Head of Service for the school nursing team
- Staffing levels in both Health Visiting and School Nursing are affected by the national trend of challenging recruitment and retention. Many staff have left the profession. Manchester has reduced capacity in services with high caseloads in existing staff, though has undertaken a review of both Health Visiting and School Nursing and invested in the SCPHN (standards of proficiency for specialist public health nurses) training programme to reduce vacancies.

[School Health Service - Manchester Local Care Organisation](#)

The Manchester School Health Service is commissioned by the MCC Population Health Team and provides holistic health and wellbeing support across Manchester's key public health priorities. The Healthy Schools team provide a comprehensive training and support programme for schools including personal, social, health, emotional wellbeing and SEND.

[Manchester Health Visiting Service - Manchester Local Care Organisation](#)

[Healthy Child Programme](#)

Resources to help keep children healthy and well from preconception to adulthood.

Manchester Joint Commissioning

Through the recently established Manchester Joint Commissioning Board a Joint Commissioning Group for Children and Young People has been created. This has been created to improve the outcomes of the Children and Young People in Manchester through collaborative commissioning activity working across the Council, NHS commissioners, partner agencies and communities to ensure optimisation of existing resources.

The Group is currently undertaking a stocktake of all spending on services for children and young people and is identifying priorities for joint working; it is likely the first priority will be SALT services.

Social care provision and family support

	2018/19	2019/20	2020/21	2021/22	2022/23
% of Children in Need who (a) have an EHCP (b) are on SEN support	a)8.6% b) 14.4%	a)9.5% b)14.4%	a)10.8% b)13.1%	a)11.8% b)14.2%	a)11.3% b)13.8%
Number of CIN for whom disability is their primary type of need (and as a % of the 0-18 population)	0.2%	0.3%	0.3%	0.2%	0.2%
Number of disabled children and their families supported via early help	37	34	32	31	41

Context

Within the past 12 months there has been a sustained focus on delivering a redesigned service in Children's Social Care which has achieved a notable improvement in the quality and accessibility of specialist services to children and families. This redesign included a review of the Child in Need Policy alongside increasing the number of social workers with a disability specialism by 200%. In Manchester, social work services are delivered within three locality areas, each area now has a children with disability social work team and manager. Children with disability requiring long term social work support and/or a short break package are managed through Child in Need processes. This supports consistency across the city, timely multi-agency response and helps ensure that children and their families benefit from the right service at the right time. The impact of the redesign was tested through a Peer Review in November 2020/3 with the following comments: 'Social workers routinely demonstrated an understanding of Manchester social work model of practice approach, which is embedded. Social workers knew children well, have warm relationships, carefully consider children's individual needs when communicating and actively seek bespoke methods to capture and reflect children's views including using observations and visual aids ...'

Partners have reported to the review that the improvement to the short breaks panel is increasingly evident and there is now clear practice guidance and management oversight which enables the panel to get the right support to families. Manchester has a graduated approach to services, initially through strong promotion of the local offer and access to funding under £750 per year to support lower level of need without a formal social work assessment. Specialist services will be provided following a social work assessment of need. All assessments are reviewed by a Child In Need clinic chaired by a Service Lead.

The short breaks panel ensures that services are provided fairly and equitably, and provision for packages of care and support in children's homes are overseen by the Locality Assistant Directors.

The information reaches families in a number of ways. Face to face, Local Offer Drop In, Local Offer Newsletter, a Local Offer website, and social media through the Parent Champions Facebook page. For example: Manchester has a strong and established [Local Offer](#) co-designed with parents, carers and young people that is accessible for all children often along with their siblings and family members. Social workers encourage families to access the local offer and will accompany families to the drop-in in the first instance. Families are able to access all services without a safeguarding referral being made.

There is a clear pathway of support for parents and carers of children with disabilities. This always starts with the SEND Local Offer and local and community services. Because of the ongoing investment in our Universal Services, many families' short break needs can be met through using the wide-ranging services available locally, such as youth clubs, play schemes, leisure centres etc.

Our SEND Local Offer drop ins take place monthly and rotate around communities. Parents can access a wider range of services including early help, SENDIASS, school nursing, thrive hubs, youth providers etc in one place as well as the opportunity to meet other parents and get involved in participation activities.

All families can access our SEND Community Offer. The Community Offer is co-produced and largely designed to include the whole family. Located within universal services, the SEND Community Offer enables families to access activities alongside other SEND families to encourage peer to peer support. As well as building support networks, the Community Offer can give families the confidence to access services they might not otherwise try on their own. This [video](#) shows some of the activities enjoyed by families in summer 2023.

Where some additional support is required, families can access additional help, usually in the form of a small budget. For children who need a lot of support, highly specialised or bespoke services are available for children and young people and their carers. Some families choose to use a Direct Payment to buy their own services, as agreed in a support plan.

The Community Offer can be accessed face to face through our monthly Local Offer drop-in sessions which have a wider range of delivery partners and services attending to offer support. Parents can call our Local Offer team who will help them to access services in their local community. Manchester also has a thriving community of parent champions who have training on the Local Offer and can signpost parents through their social media page or face to face through the drop ins. A weekly Local Offer newsletter is sent electronically to over 4500 subscribers and many of our schools print this off and display for parents who may not have access to digital resources.

Parents can access the community offer and/or targeted services without a referral. For those families who need specialist services these can be accessed through a referral to

the Children with Disabilities social care team who work closely with the Local Offer team.

Strategy

All Advice and Guidance (MASH) and Duty Social Workers have had training in responding to and meeting the needs of children with disability which has included sessions with Parent Champions, allowing for a more purposeful and focused referral screening and initial assessments. An area of vulnerability has been securing timely and well-planned transitional arrangements. This has been significantly strengthened so that all children with a disability who may need services as an adult will have an allocated transitions worker by age 16. We will continually improve services through a deep commitment to working with the Parent Carer Forum, reviewing and designing services together and listening and acting upon the feedback from children and families. The training of social workers in co-production with parents has had a lasting impact on social workers, we have now delivered this training to Early Help staff and are committed to rolling the programme out across the partnership.

Whilst specialist short break packages are accessed in an assessed and planned manner, securing a care provider can result in delay for families receiving services. Capacity and selectivity remains a key challenge to assessed need. This results in some families waiting too long to receive support. In order to mitigate and build additional support into the system, a dedicated commissioner has been appointed to work alongside practitioners to better understand, plan for and access services for children.

The SEND community access to support commences with the Local Offer. Manchester has invested significantly in the Local Offer in order to promote the rights of disabled children to have access to community services without barriers. The SEND community offer is available to all children and families with special educational needs and/or disabilities. The offer has been co-produced with families and includes a wide range of activities and opportunities to children and their families. Predominantly the activities take place in universal settings and help to increase confidence to access the same places beyond the specific SEND activity. Targeted support is accessible to children and families through Early Help services who work closely with community settings, in particular schools, to meet and help families to adjust to the impact of disability. Early Help and Children's Social care have embedded the About Me document which helps all practitioners understand a child's needs and prepare for the child's communication requirements. Referral for services beyond universal need is made to the Advice and Guidance service. On the basis of a conversation with the family, this referral may then be responded to by Early Help or Children's Social Care. There are close working relationships in each locality between Social Care and Early Help with several touchpoints to ensure children are receiving the right service in the right way, also so that step up and step down can be achieved in a seamless way for families

The uptake of the Local Offer has significantly increased following social work training. Access to specialist resources (commissioned services and direct payments) is through

social work assessment only. Assessments and plans are routinely reviewed in CIN clinics with Early Help and Children's Social Care present before consideration by Short Break Panel if relevant. This ensures that resource allocation is based on assessment of child's needs and that there is a proportionate stepped approach to specialist services along with a strengths-based approach to whole family assessment. The values that underpin the short break provision is as follows: Whilst vulnerable children will always be safeguarded, unnecessary intrusion into family life will be minimised where parents are able to promote their child's well-being. · The right of a disabled child to have access to community services will be integral to all service delivery and decision making · Children and their families will receive support to enable them to enjoy family life together and within their local community · Families are best equipped to meet the needs of their children, the approach to short breaks will provide support with minimum intervention in family life and maximum opportunity to benefit from natural support systems · Where additional and specialist services are required, the assessments of need will be undertaken in partnership with parent and carer with the needs of the children as the central focus. The local partnership will work together to provide the best outcomes for children and families The whole SEND approach to providing services supports the delivery of the values by drawing upon lasting family and community services to support children and specialist services being used to meet the highest level of need through the most efficient delivery.

The strength of the multi-agency partnership is key to ensuring children and families receive holistic and coordinated services. The Child in Need planning engages all multi-agency partners in a team around the child approach and regular multi-agency meetings ensure there is a strong and consistent approach. The partnership in particular between school, health and Children's Social Care is evident in all our work and is tested through regular audit activity. The Child In Need clinics ensure a high level of management oversight to ensure that the right services are engaged around the child and family.

Children's Social Care have a strong partnership with local CAMHS services and benefits from a dedicated Intensive Support CAMHS Team. We have fortnightly Dynamic Support Register meetings with Education also present to ensure we are maintaining a dynamic responsiveness to escalating need. We currently have eight children with extensive care packages in their own home, without which, there would need to be a residential placement. There has been a strong commitment from health to share funding to enable children to remain in their own homes and a clear engagement from CAMHS to support care providers to deliver formulated care plans. All residential placements are reviewed by the DSCO and local Assistant Directors on a monthly basis, this has given assurances around children being in the best arrangements and where we can strengthen the potential for reunification with parents or family members with community-based support packages.

Part C:

Strategic Vision

Manchester's vision is for all children and young people to be safe happy, healthy and successful. We work in partnership to ensure disabled children's aspirations are recognised, can be realised and disabled children and young people can be independent and have choices.

We want all our children and young people to fully participate in all the city's opportunities.

We will achieve our ambition by ensuring:

- all children and young people access excellent local settings, schools and colleges
- young people are equipped for adult lives, know the opportunities available to them and have access to an excellent a post 16 education offer
- access to a highly skilled and connected workforce, collaborating and sharing practice for the benefit of all children, working in sustainable high-quality environments.

Manchester has an outcomes framework, coproduced with families, which helps us monitor our achievements and progress towards our vision. We do this by looking at information from three areas to understand if we are improving outcomes.

- Listening – to children, young people and their families to understand how we are making a difference and what we might need to change. This includes through individual assessments and plans, surveys, focus groups, social media, engagement with parents' forums and young people's forums and complaints/compliments.
- Practice – looking at how well we deliver support and services to children, young people and families and the impact of these on children and family's experience. Some of this information will come from external evaluation of our services such as through OFSTED, CQC and through our independent quality assurance professionals.
- Data – looking at the activity we do, the outcomes achieved and how this compares to other local areas.

In 2022 Manchester ran a year long programme of activities and experiences for Manchester children and young people – Our Year 2022. This recognised the impact of the pandemic on children and young people and them to opportunity to tell senior leaders what was most important to them. Building on the success of Our Year, Manchester joined UNICEF's Child Friendly City programme in November 2022.

[Child friendly Manchester | Child friendly Manchester | Manchester City Council](#)

[News and Blog | Our Year \(childfriendlymanchester.co.uk\)](#)

Children and Young People Plan:

[89167_CYPP_One_Page_Plan2020_24_v4\(1\).pdf\(mcc.local\)](#)

Manchester Inclusion strategy:

[Manchester Inclusion Strategy - August 2022 to August 2025 | Manchester City Council](#)

Commissioning

How will commissioning arrangements be changed to improve the Local Offer of SEND services and provision?

ICB/CAMHS

The Dynamic Support Register is used to ensure those most at risk of hospital admittance are supported within the community to reduce the risk of admission. It is a fully collaborative approach to monitor children and young people who are in vulnerable situations to ensure low level needs can be met which could reduce escalation - such as provision of equipment to support independence at home, reducing the need for admissions. There is a requirement for all services to be transparent and open about what they can offer.

For those with behaviours that challenge, we have health programmes in place to support this through ongoing health reviews to ensure health is not a factor in behaviour, as well as desensitisation programmes provided by e.g. special school nursing staff. Health work alongside education to support children and young people.

Balanced System

In January 2024 the Better Communication CIC reported back to the Manchester partnership the findings from the Balanced System needs analysis of Children and Young People's Speech Language and Communication Needs Services (SLCN) Using deprivation and prevalence data the prediction of SLCN in 0-18yrs olds in Manchester is 38.8%, 14 out of 32 wards have over 40% predicated need.

Using prediction and workforce data, the system reported that the current Manchester NHS SALT service represents 1.18 whole time equivalent staff per 1000 children and young people with SLCN. This figure includes the workforce in the NHS SALT service who deliver on pathways funded by schools.

The NHS SALT service have a small reach into the population as a whole as well as into those predicted to have SLCN. When need for SALT support is identified children and families experience long waiting times.

The Balanced System analysis will inform commissioning of Speech and Language Therapy services across Greater Manchester.

How will transition arrangements be improved?

Transition at all stages and across all services is a priority for Manchester.

Over several years Manchester has run a Transition Read – providing a book for children in year 6 to support transition to year 7. This has now been extended to the early years to reception transition. A different book is available for special school pupils.

In 2023-24 Manchester extended SEN Inclusion Funding into reception where schools needed longer to assess the needs of children with SEND, before deciding whether to apply for statutory assessment.

The early years Ordinarily Available Provision toolkit includes a transition checklist. In summer term settings and schools meet in clusters to discuss transition for children with additional needs.

Manchester has had a KS2-KS3 Transition Protocol in place since 2020 to support all children, but specifically our most vulnerable children. Manchester has a common transition form and a common transition week for all schools. We are continuing to develop our approach to Transition by working with our schools and other agencies.

In March 2024, MCC is organising a SEND post 16 transition conference to discuss how transition can be further improved. A toolkit, with top tips from young people, parents, schools and colleges will be produced.

The Preparation for Adulthood team (rebranded from Transitions service) is working on information packs that outline different options of support for young people as they grow up and what they can expect from services.

The PfA integrated referral meeting includes representatives from health, Learning Disability, neighbourhood teams, leaving care, mental health and education to determine the right transitional pathway for young people. The pathways will include

1. Transition to Adult Social Care
2. Young people leaving care
3. Mental Health Transition Pathway
4. Transitional Safeguarding
5. Transition from Children Health Teams to Adult Health Teams

We recognise that some young people leaving specialist college provision, and their families, do not know what their next steps are. We are planning to improve preparation for adulthood outcomes for young people by developing a strong 'good week' offer. A good week offer can combine different elements of education, health and social care services and access to activities in the young person's local community, including voluntary work or paid employment.

The primary aim is to be 'person-centred', and to think about all aspects of a young person's life - what activities they enjoy, who they like to spend time with, and what they will do each week that will help them to thrive as an adult. This should prevent the feeling of a "cliff edge" when EHCPs come to an end as we are working to build something more sustainable for the young person.

Manchester has improved uptake and quality of annual health checks for those aged 14+ on the GP learning disability register. Currently, 78.5% of people on Manchester GP Learning Disability Register now have had an annual health check and 98.1% resulted in a health action plan (up from 39.4% year on year), meaning that health needs are up to date and will be communicated with adult health services.

Approach to co-production

With reference to the benchmarking tool for SEND and AP Partnerships, how has this inclusion plan been co-produced with parents, carers and CYP with SEND and those who need AP?

Manchester has an effective model of participation developed with parents, carers, children and young people. Our parent carer forum (MPCF) is a key strategic partner. The forum is complemented by our Parent Champions who provide peer to peer support and promote the SEND (Special Educational Needs and Disability) Local Offer. The [Manchester Working Together Network](#) brings together parent support groups across the city, with regular meetings chaired by the MPCF. Our SEND young people are represented by the Changemakers, an active group of Young Ambassadors who gather the voice of their peers through a range of methods including social action projects. Together, this approach offers a flexible model of participation ensuring opportunities for participation and co-production are accessible to a wide range of parents, carers, children, and young people. Our SEND Co-production Charter, which was jointly developed by Parents, children and young people, Health, Social Care, Voluntary sector partners provides the framework for working together and has informed the co-production of this plan.

Throughout the development of this plan, we have drawn on these existing networks to capture a wide range of voices through multiagency workshops, face to face conversations at Local Offer drop-ins, feedback from MPCF coffee mornings and events, and social media. This section of the plan has been co-produced through our biweekly co-production groups which includes representatives from the parent carer forum, parent champions and the working together group.

Priorities

Outcome A: Increased Local Area provision for early intervention across education, health and social care

Actions:

- Provide additional training for school staff in Speech, Language and Communication Needs to enable these needs to be met at SEN Support.
- Continue to roll out the Autism in Schools programme across Manchester.
- Train early years practitioners to use SACS-R screening tool.
- Ensure schools are linked into Manchester Poverty strategy.
- Provide timely access to the universal health offer for children and young people.
- Implement the recommendations of the review of mainstream School Health (school nursing and healthy schools)
- Continue to monitor and review the effectiveness and timeliness of specialist health service intervention ensuring best value provision (for example Occupational Therapy, Speech and Language Therapy)
- Continue to identify children with SEND through role of health professionals.
- Continue to promote GP annual health checks from age 14 for learning disabled young adults.
- Continue to implement an integrated specialist social care service for children and young people with disabilities which is strategically led and delivered locally.
- Continue to support children with Year 6-7 transition through SAFE mentoring.

Outcome B: High quality specialist assessment and provision in place for children and young people

Actions:

- Continue to increase early identification of social needs and promoting access to, and participation in, activities.
- Continue to develop the outcomes and provision outlined in EHCPs including how social needs are met.
- Encourage involvement from partner agencies (health and social care) at annual review meetings.
- Continue to increase sufficiency of school places and SEND provision via new specialist secondary school, the development of SEND Units and increased places in Resourced Provision.
- Address disproportionality in suspensions/permanent exclusions of pupils with SEND through the Inclusion strategy and toolkit.
- Implement the revised transport policy and improve the current operating model.
- Review the commissioning arrangements for independent and residential placements.
- Review the commissioning of Post-16 placements.
- Work alongside health to Review Joint commissioning arrangements for CYP in specialist placements
- Review Joint commissioning health arrangements for outreach services to support and reintegrate children and young people into mainstream settings.
- Complete the Special School Nursing review.
- Continue to develop and review waiting well resources available from community health services.
- Ensure all agencies use the EHCP to inform planning.

Outcome C: High quality information and support provided to young people and parents/carers

Actions:

- Continue to embed the 'tell it once' aspect of the SEND reforms including use of the About Me one page profile in health, care and education.
- Continue to promote the 'Local Offer – More than a website' campaign and improve the accessibility of the Local Offer to young people and families, particularly those in the most deprived areas of the city.
- Further improve the quality and timing of information provided to parents about their child's next steps.
- Further improve communication of the additional support families can access.
- Further improve the information and support provided to children, young people and their parents/carers whilst on diagnostic pathways.

Outcome D: Children and young people are well prepared for adulthood and make successful transitions at all stages

Actions:

- Continue to develop support for young people at transition points in education.
- develop health visiting and school health partnerships at point of transition from early years to school
- Continue to develop information for parents/carers on transition for health and education.
- Continue to develop support to prepare young people for adulthood and greater independence at the earliest opportunity.
- Ensure all services are preparing children for adulthood from the earliest years.
- Embed 'good week' planning across education, health and care.

- Bring employers and educators together to provide greater opportunities for SEND young people to access work experience, apprenticeships and supported internships.
- Continue to improve access to adult mental health support and ensure appropriate services are in place as young people move to adulthood.
- Preparing for Adulthood team to continue to ensure timely care act assessment, development, and implementation of preparing for adulthood action plans and where required ensure social care packages are in place by age18.
- Further develop Post-16 SEMH provision.

Outcome E: Local area oversight and stability of the 3-tier model of Alternative Provision to benefit the wider SEND&AP and mainstream systems

Actions:

- Increase the provision of specialist targeted support in mainstream schools.
- Increase the provision of short-term placements in AP schools as an intervention.
- Ensure there is sufficiency in high quality AP placements across the city supported by quality assurance.
- Improve processes for both strategic and individual commissioning of alternative provision services.
- Ensure the Alternative Provision Taskforce provides support for pupils reintegrating from alternative provision into mainstream school for transition and to successfully maintain their placement and also supports outreach provision by working preventatively across mainstream schools.

Glossary

AP	Alternative Provision
APDR	Assess Plan Do Review
C&FA	Children & Families Act, 2014
CAMHS	Child & Adolescent Mental Health Service
CPP	Change Programme Partnership
CPS	Community Paediatric Service
CQC	Care Quality Commission
CYP	Children and Young People
DfE	Department for Education
EBSA	Emotionally Based School Avoidance
EHCNA	Education, Health & Care Needs Assessment Request
EHCP	Education, Health & Care Plan
ELSEC	Early Language Support for Every Child
EP	Education Psychologist
EY	Early Years
ICB	Integrated Commissioning Board
INMSS	Independent & Non-Maintained Special Schools
LA	Local Authority
MLCO	Manchester Local Care Organisation
Ofsted	Office for Standards in Education
OT	Occupational Therapy
PCF	Parent Carer Forum
PfA	Preparation for Adulthood
PRI	Performance Research and Intelligence
RP	Resourced Provision
S<	Speech & Language Therapy/Therapist
SEMH	Social, Emotional and Mental Health needs
SENCo	Special Educational Needs Coordinator
SEN	Special Educational Needs
SEND	Special Education Needs and/or Disabilities
SEND CoP	SEND Code of Practice, 2015
SENDIASS	SEND Information Advice & Support Service
SLCN	Speech Language & Communication Needs