

London Borough of Merton  
**Local Area SEND  
and Alternative Provision  
Partnership Strategy**

Jan 2024 – Dec 2027





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# 1. Introduction and Principles

As a local area, we are ambitious for our children and young people with SEND and committed to enabling them all to thrive and be supported to achieve their own ambitions. We recognise the multi-faceted diversity within our local communities and want all children and young people with SEND to be valued and included, to enjoy equality of opportunity, to feel safe and fulfilled in all areas of their lives, and to contribute positively to their local communities and nationally. We want children, young people and their families to have the highest confidence and trust in local services and support.

We believe that the strongest partnership-working for inclusion is key to equipping our children and young people with all that they need to flourish – at home, in the community, in education and beyond.

This is our local area strategy, which means that all key partners in Merton who support children and young people with special educational needs and disabilities (including those receiving alternative provision) are involved in its delivery. These key partners include children, young people and their families, Council services, early years settings, schools, alternative provisions, colleges, health and mental health providers, the voluntary and community sector, and employers.

Our collective principles, ambitions, and duty of care for children and young people with SEND form an essential part of our commitment to delivering the best for all our children. Our three overarching principles are:

1

Co-production with children and young people with SEND and their families.

2

Maintaining strong local leadership that will ensure that children and young people with SEND receive the right support, in the right place, at the right time.

3

Financial sustainability across the partnership, including through the Council's Safety Valve agreement with the Department for Education, that will deliver good and positive outcomes for children with SEND, as well as focusing resources more effectively and economically.

Adhering to these principles means that we can be confident that children and young people with SEND will be supported to live the fulfilling and rewarding lives that they deserve.

This strategy sets out the ambitions and key priorities that will guide partners in Merton in how we will support and make decisions about the services for children aged 0- 25 with special educational needs and disabilities.

## 2. How this strategy was created

This strategy was created in consultation with children, young people, parents, carers, practitioners, and leaders from across the education, health and care system locally, including schools and other education provisions. We have worked together to identify our common understanding of local strengths and needs, to ensure that we are all pulling in the same direction over the next three years, to improve the experiences and outcomes of children and young people in Merton with SEND.

Specifically, there were a range of events to gather thoughts and views over the summer of 2023; there was then work to pull the contents together into an early draft, which was then taken back to the range of stakeholders for more feedback; prior to final drafting for SEND Strategic Board approval in January 2024. Throughout the process, members of the Kids First Steering Group have inputted and provided feedback to help shape the document.

Mar 2023	<b>Development of SEND JSNA</b> <i>Planning for engagement with stakeholders</i>
Apr – Jun 2023	<b>Engagement through workshops with key stakeholders.</b> <i>Including parents/carers and children/young people, SENCOs, Headteachers and multi-agency professionals. Over 300 children and young people with SEND consulted. Over 100 professionals, parents and carers consulted.</i>
Jul – Sep 2023	<b>Collation of findings from engagement and SEND JSNA</b> <i>Drafting of refreshed SEND Strategy</i>
Oct – Dec 2023	<b>Engagement with key stakeholders on draft refreshed SEND Strategy</b> <i>Including parents/carers and children/young people, SENCOs, Headteachers and multi-agency professionals. 40 children and young people consulted. 95 professionals, parents, and carers consulted.</i>
Jan 2024	<b>Sign-off refreshed SEND Strategy with SEND Governance Board</b>
Mar 2024	<b>Annual SEND conference to launch strategy</b>

To deliver on the commitments within this strategy, we will develop an annual action plan overseen by the SEND Operational Group with progress reported quarterly to the SEND Governance Board.

Although it is a three-year strategy, we will be reviewing our progress and updating our key priorities annually. This will ensure that the strategy is a living document, including how we respond to the Government’s SEND and alternative provision improvement plan.

### 3. About our Children and Young People with SEND\*

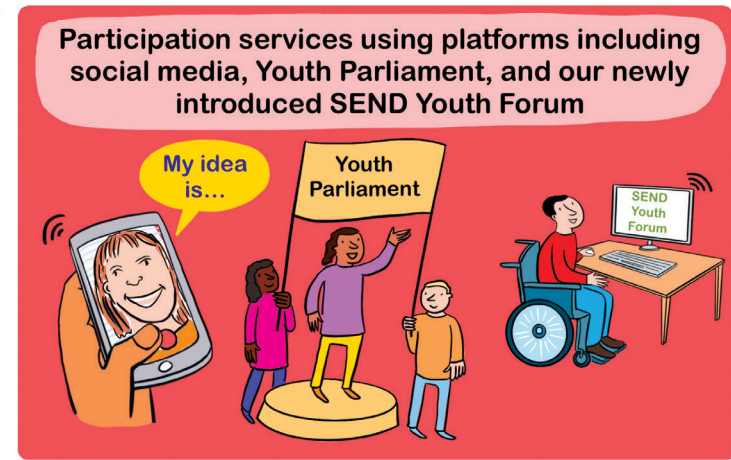
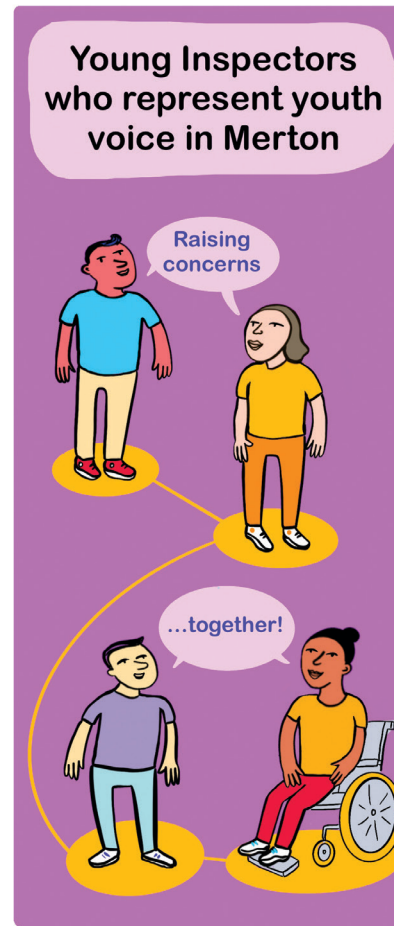
There are 2488 children and young people living in Merton with an EHCP.

Following a smaller than average rise in 2022, this represents 4.02% of all 0–24-year-old residents in Merton (the 10th highest of any local authority in England).

Age	Merton	Statistical Neighbours	England
Under 5	3.6%	4.2%	4.1%
Between 5 and 10	33.2%	35.8%	32.6%
Between 11 and 15	38.3%	34.3%	36%
Between 16 and 19	19%	18.6%	20.5%
Between 20 and 25	5.9%	7.2%	6.8%

- 40.9% of children in care to Merton have an EHCP (in comparison with the national average of 30.2%), and an additional 30.3% receive SEN support.
- The number of pupils with an EHCP in Merton schools stands at 1,869, representing 5.7% of all pupils (compared with the England average of 4.3%).
- A further 4,418 Merton pupils receive SEN Support, representing 13.5% of all pupils (compared with the England average of 13%).
- 30.4% of pupils with SEND in Merton schools have Speech, Language and Communication as their primary need. The next highest group was those who have Social, Emotional and Mental health needs (21.5% of the cohort).
- 24.2% of children with EHCPs attend a state-funded special school (compared with 28.2% nationally), while the proportion of residents with an EHCP attending state-funded mainstream SEN units or resourced provision is in the upper quartile of all local authorities across England.
- 13.3% of children with an EHCP attend an independent or non-maintained institution (compared with 6.2% nationally).
- Children and young people with SEND who attend Merton schools perform better than their peers nationally in most exams and assessments.
- Merton’s 16- and 17-year-olds with an EHCP or on SEN Support were participating in education or training at higher rates than the England average.

## 4. The ways we collect the Voices of Children, Young People and Families



As a local area, we want children, young people and families voices to be heard in everything that we do. We want to give them as many opportunities as possible to impact the design and development of our services.

## 5. What we do well and what we need to develop

We strive to continually understand our strengths and our areas for development in achieving positive outcomes for children and young people with special educational needs and/or disabilities.

In October 2022, Ofsted and the CQC inspected the local partnership and found that our written statement of action could be discharged. Their detailed findings included many strengths:

Despite the challenges of the pandemic, leaders have made sure that improvements have been sustained. They have continued to make progress against well-considered objectives. Leaders are not complacent about what they need to do to further strengthen SEND arrangements in Merton.

Children and young people with SEND contribute important information about their views and lived experiences. This information is valued and used by area leaders to help decide on future priorities, and it influences strategic development.

The quality of EHC plans has improved because health partners contribute better information in a more consistent and timely manner. Health professionals speak positively of the training and support that they have received in the last two years. SEND is now part of 'day-to-day' discussion across the range of health teams. Leaders have introduced a more consistent approach to the completion of health reports. This allows health professionals to include more precise and coherent information about how the health needs of children and young people with SEND can be met.

Quality assurance is a genuinely collaborative process between education, health, and social care partners. They check and challenge one another's views of how good EHC plans are when these are sampled. This has supported staff in ensuring that important documentation is of the expected standard. Leaders are using checks on the quality of EHC plans wisely to identify priorities for further training.

They also found some areas for development:

- **Development of the way information is used to inform decision-making** – *Up-to-date health data is not always complete and therefore not immediately available to inform strategic leaders' next steps to secure improvement.*
- **Further development of the EHC Annual Review process is needed** – *Timely amendments to EHC plans are not always made. This limits the opportunity for EHC plans to have a prompt impact on meeting the needs of children and young people with SEND.*
- **More consistency in the clarity and helpfulness of wording in objectives** – *Objectives aimed at helping children and young people with SEND to become more independent are often clearly and simply worded. However, there is variation in the clarity and helpfulness of wording of other objectives. Leaders do not always pick these inconsistencies up through their checks using existing processes.*





Further to this, below are some highlights from our current self-evaluation carried out by leaders across education, health and care:

### **We are good at:**

- Working in partnership both strategically and operationally.
- Involving children, young people, and families in the development and review of their Education and Health Care Plans (EHCPs) and hearing their voices through a range of mechanisms.
- Ensuring that a range of professionals contribute to children's EHCPs.
- Early identification of children and young people's needs.
- Strong provision in our local schools – overall 95% are good or better, including all our special schools.
- Strong networking between SENCOs, enabling best practice to be shared, and receiving feedback on how the system is working.
- Identifying local needs and creating new educational provisions to meet those needs.

### **We are proud to have strengthened:**

- Our SEND Governance Board – chaired by our Chief Executive, and with strong representation from across the partnership.
- The number of EHCP coordinators, so that caseloads have decreased.
- Mental Health support, so that all schools have access to a Mental Health in Schools team.
- Our Ordinarily Available Guidance and provision for schools and settings.
- Increased education and training opportunities for young people with SEND.
- Our training offer for professionals.

### **What we are getting better at:**

- Getting assessments and annual reviews done on time.
- Working collaboratively with Kids First, our Parent Carer forum.
- Working with Special Educational Needs Coordinators (SENCOs) to enable all staff in local schools and settings to meet the needs of children and young people with SEND.
- Tracking and monitoring the quality of support children and young people receive in alternative provision.
- The contents of our Local Offer.

### **We need to develop:**

- Building stronger trust between children and their families, and professionals within the system.
- Ensuring families only have to tell their story once and recognising that children and families are experts.

- Embedding co-production with Kids First, our parent/carer forum.
- Ensuring there is more accessible information for families at every stage of their journey, so that they can navigate 'the system' easily.
- Embedding our Ordinarily Available Guidance, with associated training for staff, to ensure that they are better equipped to identify and meet the needs of children with SEND.
- Continuing to ensure that excellent services that meet needs are available within the financial envelopes for different services across the system.
- Developing our Family Hubs so that there is easier access to the support needed.
- Addressing the vacancies in therapy services to ensure children and young people have access to support at every point they need it.
- Ensuring needs are fully met to enable children with SEND to increase their attendance.
- Refreshing our autism strategy.
- Ensure there is sufficiency across the wider system to support children and families outside school, through extra-curricular activities and short breaks.
- Use the opportunity of the new childcare reforms to support children with emerging needs from the age of 9 months in education settings.



## 6. Ways we know we are making a difference with our Strategy



## 7. Our Ambition



**In Merton, children and young people with SEND are valued, visible and included in our communities and enabled to thrive and feel fulfilled in all areas of their lives, and at every stage of their development.**



This means our children and young people will be supported to:

- **Stay safe** – feel safe and supported in their relationships, online, where they live, and in their communities. We aim to deliver a range of services and pathways to support children with special educational needs and/or disabilities aged 0-25 and their families, to build skills and resilience to feel safe and stay safe from the early years up to adulthood and independence. This work aligns with the work of Merton’s Safeguarding Partnership.
- **Enjoy and achieve** – enjoy equality of opportunity and are supported to succeed. We are committed to supporting children and young people with SEN and/ or disabilities (as defined by the SEND code of practice) to achieve well, enjoy themselves and for all children and young people to be fully included in their local early years, schools, and college/ post 16 settings, attending provision close to where they live.
- **Become independent** – feel supported and empowered as they transition into adulthood. We will work across education, health, and social care and in partnership with young people and their families to embed the delivery of a multi-agency ‘preparation for adulthood’ model which is integrated across services and supports young people with Employment; Independent Living; Community Inclusion and social life; and Health – taking an approach which is person-centred, timely and enables independent choices.
- **Be healthy** – supported to be mentally and physically healthy. We are committed to providing effective oversight and planning to improve health services for children with special educational needs and/ or disabilities aged 0-25, as set out in statutory reforms, with the aim of ensuring equal access to services and delivering a choice of health provision locally, which meets the range of needs and closes gaps in health outcomes.
- **Get involved, have a say** – feel valued and included. They are visible, and their voice is heard. We support children, young people, and their families to be at the centre of decisions made about their education, health, and care, and to have a voice as regards the strategic direction of services SEN and/ or disabilities

and other services in the borough. We will continue to work with partners including schools and the voluntary sector to improve links with all families including those who are under-represented in consultation and engagement activities (including those with children on SEN support, and with English as an additional language).

- **Connect with family, friends, and the community** – feel part of their community and build relationships and friendships with their peers. We are committed to working in collaboration with partner agencies including schools and the voluntary sector, to create an environment where children and young people with special educational needs and/or disabilities and their families can feel part of their community and build relationships and friendships with their peers, through sufficiency of service provision and access to information, advice, and guidance. This work to include ensuring accessibility by under-represented groups including those with English as an additional language.



## 8. Our Pillars for Success

As part of our ambition, we want children, young people, families, and professionals to view our local area as a home that is underpinned and supported by essential “pillars for success.”

The pillars below were developed as a result of consultation, co-production, and analysis of our data for this strategy. We want to embrace these pillars as part of our identity, and we want them to be at the heart of our priorities and our positive outcomes in the next three years.



## 9. Our Priorities

Co-production, consultation, and data analysis has also told us that, to achieve our ambition, and strengthen our Merton pillars, we need to focus on **three** main priorities:

- 1 Children and young people receive the right support at the right time.
- 2 Children and young people are enabled to learn skills that will enable them to lead lives that are as independent as they wish.
- 3 Children, young people, families, and professionals listen to each other, communicate effectively, and work together for shared understanding.

Priority	We will...	Link to Ambition	Link to Pillars
<b>Priority 1: Children and Young people receive the right support at the right time</b>	Promote and develop inclusive practice in all education settings that identifies and meets our children's needs, at all levels of need through the graduated response.	Enjoying and achieving.	Professionals learning and developing. Equity. Inclusion.
	Ensure the all-age autism strategy enables autistic children to be supported to have the best possible experiences and outcomes.	All areas.	Equity. Providing the right help. Inclusion.
	Ensure, through our Children's Mental Health Partnership, that the mental health of children and young people with SEND is supported.	Being healthy.	Equity. Providing the right help. Inclusion.
	Provide families with earlier access to support, including where there is no SEND diagnosis, and including through our family hubs and whole family plans.	Having a say. Being healthy. Staying safe.	Doing things on time. Providing the right help.
	Improve the varied and accessible extracurricular opportunities for children with SEND, through the local offer.	Enjoying and achieving.	Providing the right help.
	Improve the offer to families for respite/overnight care.	Staying safe. Enjoying and achieving. Becoming independent. Being healthy.	Providing the right help.
	Families are enabled (where there is a disability in particular) to access benefits and concessions.	Staying safe. Being healthy.	Providing the right help.
	Strengthen the support for younger children with emerging needs through the expansion of the offer for children in education settings in the early years.	Enjoying and achieving.	Providing the right help.
	Develop Merton's sufficiency strategy to ensure that current specialist provision is being used most effectively and expand specialist provision appropriately to meet the needs of children and young people, including facilitating a new special school to reduce the dependence on more expensive non maintained and independent special school placements.	Enjoying and achieving.	Providing the right help.

Priority	We will...	Link to Ambition	Link to Pillars
<b>Priority 1:</b> <b>Children and Young people receive the right support at the right time</b>	Ensuring needs are fully met to enable children with SEND to increase their attendance.	Enjoying and achieving.	Equity. Inclusion.
	Ensure that 'children's continuing care' service provision continues to enhance and complement the EHCP process as appropriate.	Being healthy.	Equity. Providing the right help. Inclusion.
	Review and improve the nursing and health therapies offer across all Merton schools to enable it to meet current and future needs.	Being healthy.	Equity Providing the right help Inclusion.
	Improve the range of coordinated specialist child health services, provided by community-based doctors, nurses, and therapists, accessed in the most appropriate and child focused setting, closer to home.	Being healthy.	Equity. Providing the right help. Inclusion.
	Address the vacancies in therapy and other professional services within the SEND system.	All areas.	Providing the right help.
	Strengthen oversight and contracting with independent and non-maintained schools to ensure that there is more provision and value for money	Enjoying and achieving.	Providing the right help.
	Strengthen the quality of alternative provision for children and young people with SEND	Enjoying and achieving. Be healthy	Providing the right help. Equity. Inclusion. Working in partnership.





Priority	We will...	Link to Ambition	Link to Pillars
<b>Priority 2:</b> <b>Children and young people are enabled to learn skills that will enable them to lead lives that are as independent as they wish</b>	Through the Preparation for Adulthood Board strengthen protocols and practice for practitioners to ensure that all aspects of transition (education, employment, independent living, community inclusion and health) are addressed, whether young people are moving into adult services or not.	All areas.	Providing the right help.
	Strengthen our integrated commissioning of appropriate evidenced based parenting support to include a focus on: <ul style="list-style-type: none"> <li>• Behaviour that challenges.</li> <li>• Transitions.</li> </ul>	Becoming independent. Enjoying and achieving. Being healthy.	Equity. Inclusion. Providing the right help.
	Through the Young People's Employability Forum, ensure that there is a range of vocational pathways and job opportunities available for children and young people with SEND.	Becoming independent. Enjoying and achieving.	Equity. Inclusion. Providing the right help.
	Minimise the negative impact of points of transition (Early years into Primary; Primary into Secondary; Secondary into post 16; cessation of plans).	All areas.	Providing the right help Doing things on time
	Facilitate independent travel when possible, including continuing to develop independent travel training opportunities.	Becoming independent.	Equity. Inclusion.



Priority	We will...	Link to Ambition	Link to Pillars
<b>Priority 3: Children, young people, families, and professionals listen to each other, communicate effectively and work together for shared understanding</b>	Ensure clear and effective governance for SEND and alternative provision through the inclusion partnership. (See governance structure on page 26)	All areas.	Professionals learning and developing together. Providing the right help. Inclusion.
	Ensure the effective use of data across the system (including health data) to inform the planning and commissioning of SEND services, and to evaluate the impact on the experiences and outcomes of children and young people.	All areas.	Clear and honest communication. Listening and responding to children and families.
	Ensure that co-production is at the heart of the planning and delivery of all aspects of the Merton SEND system and continue to gather feedback through regular consultation and feedback.	Getting involved, having a say.	Clear and honest communication. Providing the right help.
	Work towards children and families only having to tell their story once and ensure that language used in communications with children and families is accessible and clear.	All areas.	Clear and honest communication.
	Embed a culture of clear communication and common understanding between professionals across the partnership.	All areas.	Clear and honest communication. Professionals learning and developing together.
	Continue to develop the skills and understanding of practitioners across the education, health, and care partnership so that they better understand the needs of children and young people with SEND, and their families, and work together to understand cultural barriers to children getting support.	Staying safe. Enjoying and achieving. Being healthy.	Clear communication. Professionals learning and developing together. Working in partnership. Equity. Inclusion.
	Continue to improve the quality, accessibility and clarity, and timeliness of Education Health Care planning.	Enjoying and achieving.	Clear and honest communication.
	Strengthen the EHCP annual review process, so that reviews happen in a timely way, and that EHCPs are stepped down appropriately.	Enjoying and achieving Becoming independent Staying safe Being healthy	Doing things on time. Providing the right help. Equity.
	Strengthen professional networks across schools and settings, and the wider professional networks to promote learning and confidence in meeting children and young people's needs.	Enjoying and achieving.	Professionals learning and developing together. Working in partnership Providing the right help.
	Develop and implement a clear multi-agency planning and decision-making process for placements, in line with the sufficiency strategy.	All areas	Working in partnership. Providing the right help. Clear and honest communication.
Maintain strong advocacy and support through our MIASS service.	All areas	Working in partnership. Providing the right help. Clear and honest communication. Equity.	



## 10. How our services are funded

The Department for Education (DfE) provides funding for schools through the Dedicated Schools Grant (DSG), and for children with additional needs there is a specific grant within the DSG called the **'High Needs Block'** that is managed by the Local Authority.

Since 2018/19 Merton Council has been spending more than the DfE High Needs block grant, leading to a substantial accumulated budget deficit. As a result, in early 2022 Merton Council agreed to enter the government's High Needs 'Safety Valve Programme' which is providing Merton Council with an additional £26 million total grant over the financial years 2021/22 to 2026/27 in return for the council paying the remaining deficit and undertaking actions to reduce the deficit. These actions are included within our strategy. In 2023/24 Merton Council's High Needs budget (excluding £2.625 million Safety Valve payment) is £48.982 million.

Much of the High Needs Block funding goes directly to state schools and colleges to support top up funding for children and young people who have an Education, Health, and Care Plan.

In addition, it funds:

- Placements for children at Non-Maintained and Independent Special Schools.
- Outreach services such as the Merton Autism Outreach Service (MAOS) and the Sensory Team.
- Therapies including Speech and Language Therapy and Educational Occupational Therapy.
- Part of the SEN assessment and EHCP teams.
- Some school improvement support, including our SEND inspector.
- Another part of the DSG funds the Special Educational Needs Inclusion Fund (SENIF) for children in early years settings.

The **Local Authority** funds:

- A team of SEND advisers and professional development for schools.
- Inclusion advisors and professional development for Early Years settings.
- The Additionally Resourced Provision Lead Practitioner.
- Part of the Educational Psychology Service.
- Part of the Educational Speech and Language Service.
- Part of the SEN assessment and EHCP teams.
- Short breaks for children, young people, and their families.
- Support for Children with Disabilities (CWD).
- Early help and support for families through the Family Wellbeing Service and Children's Centres.
- Parenting and portage support.
- The creation and maintenance of the Local Offer
- Home to school travel.
- Universal health visiting and school nursing support.
- Merton Sensory Support Service.

The **Integrated Care Board** funds:

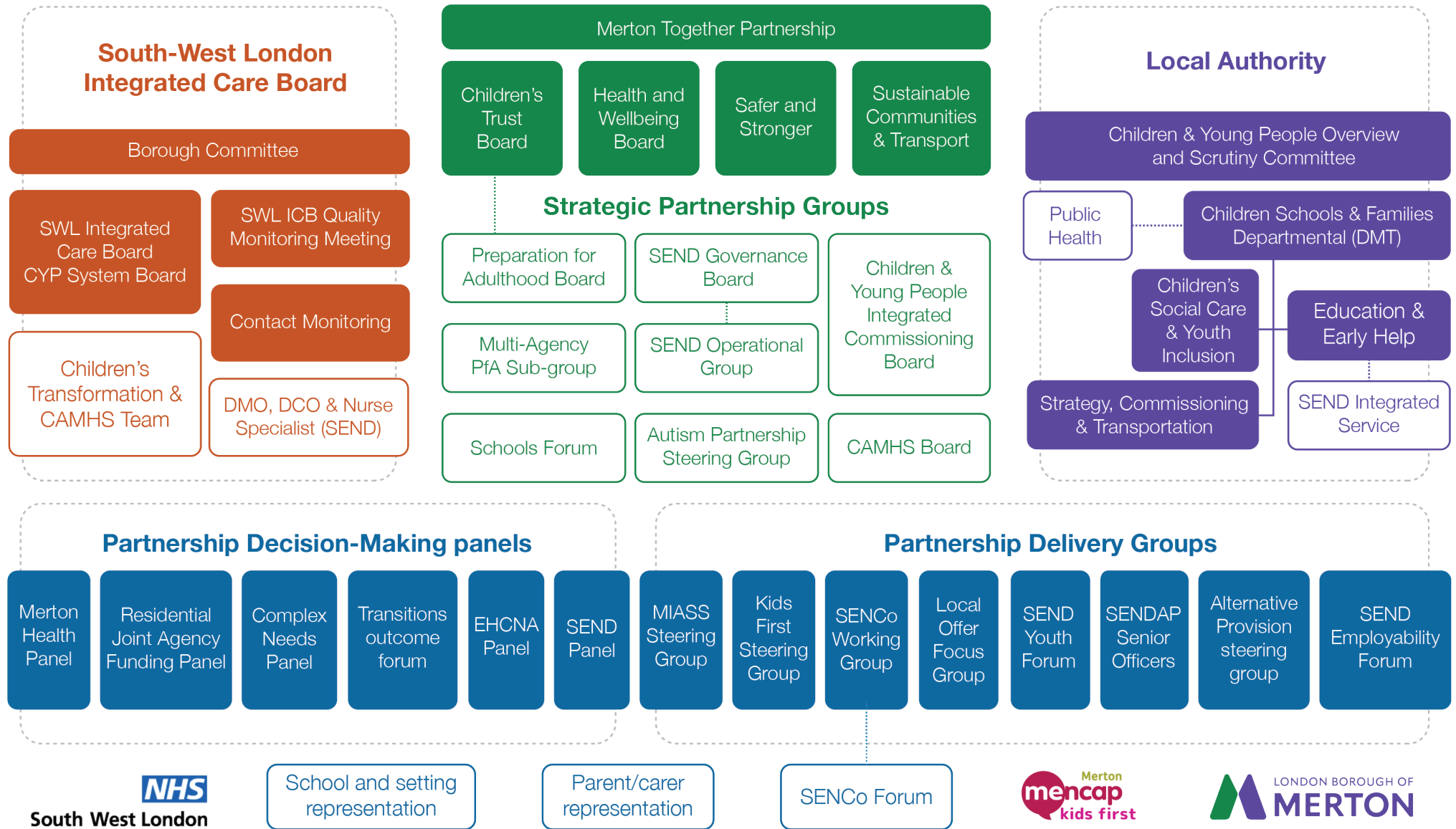
- Support packages for children and young people with continuing care needs (under 18) and continuing health care needs (over 18).
- Nursing and therapy for children and young people in our special schools.
- All age mental health support.
- Health Occupational Therapy and Physiotherapy, and Speech and Language Therapy.

**Schools** fund:

- SEN support (pre-EHCP) from a notional £6,000 per child, as part of their DSG allocations.
- Support from the Speech and Language, Behaviour Support and Educational Psychology Services



# 11. SEND Partnership Governance and Accountability



## Useful information and contacts:

### MIASS - Merton Information, Advice, Support and Service

Co-commissioned by Merton Council and the NHS to provide free, confidential, and impartial information, advice and support to children and young people (aged 0-25) with special educational needs or disabilities (SEND) and their parents/carers who live in Merton. [MIASS Contact Information](#)

### Kids First Forum – Merton MENCAP

Support for parents and carers of children with SEND (aged 0-25), living or being educated in Merton. Run by a steering group of parents and carers, Kids First provides free regular training, support, and workshops as well as influencing improvement of local services. [Kids First Contact Information](#)

### SEND Youth Advisory Forum

The SEND Youth Advisory Forum (YAF) is a space for young people with SEN to have their voices heard on the issues that matter to them. It meets once every half term, meeting online and in person at Merton Civic Centre. The group is currently open to those on Merton SEN School Councils – but we hope to expand this later in 2024. For more information, contact [youth.participation@merton.gov.uk](mailto:youth.participation@merton.gov.uk)



## 12. Appendices



### Footnote

\*Data taken from SEN2 return January 2023

### Glossary of Terms and Acronyms

**ADHD:** Attention Deficit Hyperactivity Disorder.

**Alternative Provision:** Full-time education for permanently excluded pupils, and for other pupils who – because of illness or other reasons – would not receive suitable education without such provision. This can be in a Pupil Referral Unit, an Alternative Provision Academy, or other means such as full-time tuition.

**Annual review:** The review of an EHCP which the local authority must make as a minimum every 12 months.

**ARP:** Additionally resourced provision for children with special educational needs which is part of a mainstream school.

**ASC:** Autism Spectrum Condition.

**CAMHS:** Child and adolescent mental health services: These services assess and treat children and young people with emotional, behavioural, or mental health difficulties.

**CWD:** Children with Disabilities: this specifically refers to a team within Children's Services who support children and young people with disabilities and their families.

**CYP:** Children and Young People.

**DCO:** Designated Clinical Officer. Supports local NHS services to make sure they are meeting the needs of children and young people (aged 0-25 years) with special educational needs and disabilities (SEND).

**DMO:** Designated Medical Officer. Plays a key role in implementing the Children and Families Act reforms and supporting joined up working between health services and local authorities.

**DMT:** Departmental Management Team within Merton Council's Children, Lifelong Learning, and Families directorate.

**DSCO:** Designated Social Care Officer. The link professional between social care services and the SEND Team whose job is to improve the effectiveness of Education, Health and Care Plans (EHCPs) and multi-agency working. The DSCO also works with colleagues from schools and healthcare settings to ensure that EHCPs are effective in responding to needs in a multi-agency approach.

**DSG:** Dedicated Schools Grant. This is the funding received by schools and the Local Authority, including to support children with SEND.

**EHCP:** Education, Health, and Care Plan: a legal document setting out the education, health and social care needs of a child or young person which must be provided.

**EP:** Educational Psychologist

**FE Colleges:** Further Education College: A college offering continuing education to young people over the compulsory school age of 16. The FE sector in England includes general further education colleges, sixth form colleges, specialist colleges and adult education institutes.

**HNB:** High Needs Block - the additional funding that supports those children and young people with high needs.

**ICB:** Integrated Care Board. NHS organisation responsible for planning health services for their local population. There is one ICB in each Integrated Care System area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the ICS's integrated care strategy.

**ICS:** Integrated Care System. A local partnership that brings health and care organisations together to develop shared plans and joined-up services. They are formed by NHS organisations and upper-tier local councils in that area and also include the voluntary sector, social care providers and other partners with a role in improving local health and wellbeing. There are 42 Integrated Care System partnerships in England.



**INMSS:** Independent and Non-Maintained Special Schools

KS1: Key Stage 1: school years 1 and 2 (infants) (ages 5 to 7)

KS2: Key Stage 2: school years 3 to 6 (juniors) (ages 8 to 11)

KS3: Key Stage 3: school years 7 to 9 (ages 12 to 14)

KS4: Key Stage 4: school years 10 to 11 (ages 15 and 16)

KS5: Key Stage 5: school years 12 and 13 (sixth form)

**Local Offer:** The provision that the local authority expects to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health, and Care (EHC) plans. The Local Offer also refers to the website that aims to bring together this information.

**Maintained School:** Schools that are maintained by a local authority.

**MAOS:** Merton Autism Outreach Service. Supports the inclusion of pupils with Autism Spectrum Disorder (ASD) and Social Communication Difficulties in mainstream settings. MAOS works in an advisory role with schools supporting staff in developing their understanding of ASD and sharing tools and strategies to enable pupils to access learning and social opportunities. Advice relating to the needs of specific pupils and staff training is also provided.

**MIASS:** Merton Information, Advice, Support and Service. Co-commissioned by Merton Council and the NHS to provide free, confidential, and impartial information, advice and support to children and young people (aged 0-25) with special educational needs or disabilities (SEND) and their parents/carers who live in Merton.

**Non-maintained and Independent Special Schools:** These two categories of school are often grouped together as schools that receive no state funding except that provided through commissioned placements. Non-maintained special schools are approved by the Secretary of State under section 342 of the Education Act 1996 as special schools which are not maintained by the state but charge fees on a non-profit-making basis. Most non-maintained special schools are run by major charities or charitable trusts. Independent Special Schools are approved under section 41 of the Children and Families Act and can be run for profit.

**NEET:** Not in employment, education, or training (CYP aged 16/17).

**NHS:** National Health Service: Government-funded medical and health care services that everyone living in the UK can use without being asked to pay the full cost of the service.

**PfA:** Preparation for Adulthood

**PMLD:** Profound and multiple learning difficulties.

**PRU:** Pupil referral unit: provision for children excluded from mainstream school or in need of specialist provision because unable to attend school.

**SCL:** Social, communication and language difficulties.

**SENCo:** Special Educational Needs and Disabilities Co-Ordinator.

**SEMH:** Social, emotional, and mental health: a designation for a type of special educational needs setting or an individual young person's needs.

**SEND:** Special Educational Needs and Disability: terminology used in legislation and in particular the SEND Code of Practice.

**SENDIS:** Special Educational Needs and Disability Integrated Service.

**SENIF:** Special Educational Needs Inclusion Fund: funding for children with SEND in the Early Years

**State Schools:** All schools that are state funded including Community Schools, Voluntary Aided Schools and Academies.

**WSoA:** Written Statement of Action. Required by Ofsted when significant weaknesses are identified during an inspection.