



Children Young People and Education Committee

Date: Wednesday, 14 October 2026

Time: 6.00 p.m.

Venue: Wallasey Town Hall - Wallasey Town Hall

Contact Officer: Bryn Griffiths
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This meeting will be [webcast](#)

AGENDA

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

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

4. **MINUTES (Pages 1 - 8)**

To approve the accuracy of the minutes of the meeting held 21

September 2026.

5. PUBLIC AND MEMBERS QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, **Friday 9th October 2026** to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10. Questions must be no longer than 100 words in length.

For more information on how your personal information will be used, please see this link: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission.

Statements and Petitions

Notice of representations (statements) to be given in writing or by email by 12 noon, **Friday 9th October 2026** to the Council's Monitoring Officer.

To register your intention to give a statement please do so via this link: [Public Statement Notification](#), and will be dealt with in accordance with Standing Order 11.1.

Petitions may be presented to the Committee if provided to Democratic and Member Services no later than midday, 3 working days before the meeting. At the discretion of the Chair, the person presenting the petition will be allowed to address the meeting briefly (not exceeding three minutes) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. Please give notice of petitions to committeeservices@wirral.gov.uk in advance of the meeting.

Questions by Members

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

SECTION A - DECISIONS

6. CONSULTATION ON SCHOOL CLOSURE PROPOSAL (Pages 9 - 16)

The PDF file may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact markbellamy@wirral.gov.uk if you would like this document in an accessible format.

7. HOME TO SCHOOL TRANSPORT - POLICY UPDATE (Pages 17 - 56)

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SECTION B - BUDGET REPORTS

SECTION C - PERFORMANCE REPORTS

8. INDEPENDENT REVIEWING SERVICE ANNUAL REPORT (Pages 57 - 84)

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9. LOCAL AUTHORITY DEDICATED OFFICER (LADO) ANNUAL REPORT 2025/26 (Pages 85 - 100)

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10. SEND IMPROVEMENT (Pages 101 - 172)

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SECTION D - WORK PROGRAMME / OVERVIEW AND SCRUTINY

11. WORK PROGRAMME (Pages 173 - 180)

Terms of Reference

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

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CHILDREN YOUNG PEOPLE AND EDUCATION COMMITTEE

Monday, 21 September 2026

Present:

Councillor S Bennett (Chair)

Councillors	C Carubia	T Murphy
	V Wilson	C Baldwin
	J Grier	A Onwuemene
	EA Grey	G Davies
	G McManus (for T Laing)	

23 WELCOME AND INTRODUCTION

The Chair welcomed attendees and viewers to the webcast and reminded everyone that the meeting was webcast and retained on the Council's website for two years.

24 APOLOGIES

Apologies were received from Councillor Tom Laing. Councillor Grahame McManus substituted.

25 MEMBERS CODE OF CONDUCT - DECLARATIONS OF INTERESTS

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

Councillor Amanda Onwuemene declared a personal interest as a close family member was a foster carer.

Councillor Tony Murphy declared a non-pecuniary interest regarding any mention of Juno CIC as he had a family member that worked for Juno.

26 MINUTES

Resolved – That the minutes of the meeting held on 21st July be approved and adopted as a correct record.

27 PUBLIC AND MEMBERS QUESTIONS

There were no public or Members questions.

28 YOUTH JUSTICE SERVICE ANNUAL PLAN

The Youth Offending Service Manager introduced a report on behalf of the Director of Children, Families and Education which sought endorsement of the Wirral Youth Justice Service Strategic Plan 2026 2027. The Youth Justice Board (YJB) was a non-departmental public body for overseeing the youth justice system in England and Wales. The preparation and submission of an 'Annual Plan' was linked to the terms and conditions of the Youth Justice Board grant award; the award contributed to the funding of youth offending teams and services across England and Wales.

The Wirral Youth Justice Service was a statutory partnership between Police, Probation, the Council and Health partners in accordance with the Crime & Disorder Act 1998/

The report noted that the Youth Justice Service was overseen by the Wirral Youth Justice Management Board. The management board should be formed to provide strategic direction with the aim of preventing offending by children and young people.

As a statutory partner under the Crime and Disorder Act 1998, Wirral Borough Council had a key role to play in delivering Youth Justice. Endorsement by The Council would support the delivery of this Strategic Plan and therefore the linked aspects of The Wirral Plans.

The Committee welcomed the highly positive Youth Justice annual report and commended the Youth Offending Service Manager and the wider Youth Justice team for achieving Quadrant 1 status. In response to questions, the Youth Offending Service Manager outlined the workforce development programme, which identifies training needs across Merseyside, develops specialist roles and supports staff through peer networks. Members highlighted the success of the Sliding Doors project, peer mentoring arrangements and the reduction in first-time entrants to the youth justice system. The Head of Service - Harm Outside the Home advised that Sliding Doors was now being delivered in schools and used as part of staff training, while the peer mentoring programme had secured funding for a further year and continued to provide development opportunities for young people with lived experience. Responding to further questions, The Youth Offending Service Manager explained that Quadrant 1 status placed Wirral among the top-performing youth justice services nationally and described the No Comment Pathway, which diverted vulnerable young people away from formal criminalisation, noting that 19 young people had completed the pathway with no subsequent reoffending recorded.

The Committee also considered the sustainability of the Turnaround programme and support for victims. The Youth Offending Service Manager

confirmed that Turnaround was funded through the Ministry of Justice and Home Office, with funding secured for a further three years, and emphasised the value of early intervention in preventing escalation and reducing demand on services. The Head of Service - Harm Outside the Home added that, irrespective of future funding arrangements or any change of name, the preventative model would continue to form part of service delivery. In response to questions regarding referrals, The Youth Offending Service Manager advised that children entering the justice system came from a wide range of backgrounds with no significant geographical patterns emerging. He also outlined improvements to victim support services, including revised processes, specialist training and therapeutic interventions tailored to individual needs. The Committee noted forthcoming external recognition for the service, with the Director of Children, Families and Education highlighting nominations for regional and national awards in recognition of the team's innovative and preventative work, and Members expressed their appreciation for the service's achievements and leadership.

Resolved – That

- 1. The Wirral Youth Justice Service's Strategic Plan 2026-27 be endorsed; and**
- 2. The Wirral Youth Justice Service's Strategic Plan 2026-27 be recommended to Council for approval.**

29 CARE PROGRAMME UPDATE

Kerry Mehta introduced a report on behalf of the Director of Children's Services which provided an update on the progress and impact of the Care Programme since its introduction in September 2024 and set out the next phase of development through Care Programme Version 2. It highlighted the significant progress made in supporting more children to remain safely with their families and within family-based care, whilst recognising that increasing complexity of need and continued pressures within the care market were driving higher placement costs despite stable numbers of children in care.

The report explained how Care Programme Version 2 would align with the Families First for Children reforms and Wirral's wider transformation programme, bringing together demand management, family help, child protection reform and placement sufficiency within a coordinated whole-system approach. It also outlined the role of the Cheshire and Merseyside Regional Care Cooperative (RCC) and Foster4 in strengthening regional commissioning, increasing local fostering capacity, improving placement sufficiency and reducing reliance on high-cost external provision. The report sought endorsement of these arrangements as part of Wirral's ambition to deliver a more sustainable, effective and financially resilient care system that supported earlier intervention, prevention and better outcomes for children and families.

The Committee considered the development of regional fostering arrangements and support for kinship carers. In response to questions, The Assistant Director for Children & Families advised that the Foster4 model would provide therapeutic support for mainstream foster carers and that Wirral was actively influencing the development of the regional offer to ensure appropriate support for kinship carers. The Head of Permanence Services outlined the distinction between kinship foster carers and those supporting children through Special Guardianship arrangements, noting that the Council maintained a strong support offer for both groups and was seeking to develop this further in line with emerging national policy. The Director for Children, Families & Education advised that a further report on the Regional Care Cooperative (RCC) would be presented to Members, providing an opportunity to explore these issues in greater detail. Members also welcomed the work of foster carers and highlighted the importance of supporting children to remain within family and community settings wherever possible.

The Committee discussed the sustainability of early intervention and family support services, alongside the financial implications of joining Foster4. The Assistant Director for Children & Families explained that ongoing reform and the Families First Partnership approach were intended to ensure that children and families received support at the earliest opportunity, helping to manage demand on statutory services. The Director for Children, Families & Education emphasised the importance of considering the whole children's services system and advised that a further report on Family First Transformation would be presented to a future meeting. Responding to questions regarding Foster4 costs, The Assistant Director for Children & Families explained that the projected increase reflected the withdrawal of Department for Education subsidy and the transfer of additional responsibilities to the regional arrangement, while also offering opportunities for efficiencies and specialist foster placements. He highlighted the significant costs associated with some residential care placements and noted that investment in regional fostering infrastructure represented good value in supporting sufficiency and reducing reliance on high-cost placements. The Committee noted the benefits of increasing foster care provision and thanked officers for their report and ongoing work

Resolved – That:

- 1. The progress and impact of the Care Programme since its introduction in September 2024 be noted,**
- 2. Care Programme Version 2 and Foster4 Programmes, and Regional Care Cooperatives be endorsed, and the need to build on the progress achieved to date whilst responding to increasing complexity of need, ongoing placement market pressures and the**

requirements of the Families First for Children reforms be recognised

- 3. Regular updates on the delivery and impact of Care Programme Version 2, together with progress on the Cheshire and Merseyside Regional Care Cooperative (RCC) and Foster4 programme be received at future meetings.**

30 CHILDREN'S SERVICES PERFORMANCE REPORT Q1

Alex Jones presented a report on behalf of the Director for Children, Families and Education which provided the latest performance information for the Children's, Families and Education Directorate.

The Performance Report contained a suite of outcome-based performance measures that matched those featured in the Local Governments Outcomes Framework. These measures supported the delivery of the Children's Services Business Plan objectives and were intrinsically aligned to the delivery of the Wirral Plan.

The data contained in the Performance Report (Appendix A) related to Quarter 1, 2026/27. Some data had not yet been published. Where this was the case, an N/A had been entered and an explanation provided.

The Committee considered the performance report and discussed placement stability for children in care. In response to questions, the Head of Service – Safeguarding, advised that placement stability remained a key priority and that officers routinely monitored children who experienced three or more placement moves. She explained that detailed analysis was undertaken to understand the causes of placement instability and to identify interventions that could prevent unplanned placement endings, with services working collaboratively to provide the appropriate support around children and young people.

The Committee also discussed workforce retention, sickness absence and agency staffing levels. The Head of Service – Safeguarding acknowledged that sickness absence rates were above the regional average and advised that a workforce strategy was being implemented to address retention, absence and workforce sustainability, supported by improved exit interview arrangements. The Director of Children, Families & Education reported that further work was underway to understand the causes of sickness absence, particularly stress and workload pressures, and that the wider transformation programme was focused on managing demand, strengthening capacity and reducing reliance on agency staff. The Assistant Director for Children and Families added that some agency staffing reflected the Council's commitment to staff development and career progression, with temporary cover being

required while employees undertook new roles within the service. The Committee noted the actions being taken to support workforce stability and capacity.

Resolved – That

- 1. The content of the Quarter 1 Performance Report attached in Appendix A to the report be noted.**

31 SEND IMPROVEMENT

Adrian Leach introduced the report on behalf of the Director of Children's Services, which provided the Children Young People and Education Committee with an update on the improvement programme for Special Educational Needs and Disabilities (SEND) for the Local Area in Wirral. The report covered the September LASPB Meeting, which was an impact focus session focussing on the progress made and future development plans in relation to Preparation for Adulthood. As part of its business as usual the LASPB also received updates on a range of performance measures that have been agreed across the partnership.

The Committee considered the SEND and Inclusion performance report and discussed increasing demand for speech and language support, neurodevelopmental assessments and SEND services. In response to questions, The Assistant Director for SEND & Inclusion agreed to provide further analysis of speech and language needs by age group and advised that work was underway across partnership boards to better understand emerging needs and the impact of early screening. He explained that lengthy waits for neurodevelopmental diagnostic assessments were primarily linked to paediatrician capacity within the NHS pathway and outlined plans, supported by transformation funding, to increase capacity through multidisciplinary approaches. He also undertook to explore concerns raised regarding the complexity of financial assessments for carers supporting young people with SEND.

The Committee discussed wider system pressures, including non-attendance of appointments, data quality and rising numbers of Education, Health and Care Plans (EHCPs). The Assistant Director for SEND & Inclusion reported that health partners were improving information systems, appointment processes and data management to reduce inefficiencies and improve service delivery. In response to questions regarding SEND reforms and increasing EHCP demand, he advised that further analysis was planned to understand why demand in Wirral continued to exceed that of statistical neighbours and national averages, noting that a range of factors may be contributing to this trend. The Director for Children, Families & Education invited The Assistant Director for Education to outline work on the graduated approach, and The

Assistant Director for Education reported that schools had been provided with new digital tools to assess inclusivity and support earlier intervention. He also highlighted work with parents and carers, alongside the introduction of a digital neurodiversity profiling tool, to help identify and address needs at the earliest opportunity.

The Committee also considered school readiness and the importance of early intervention. Officers were asked about engagement with early years settings and concerns regarding some children entering school without key developmental skills. The Assistant Director for Education advised that dedicated Early Years SENCO support was available to private, voluntary and independent settings and that an early notification process enabled emerging needs to be identified before school entry. The Assistant Director for SEND & Inclusion added that universal screening tools, health visitor assessments and early years support all contributed to identifying needs at an early stage. Responding to concerns about school readiness, The Assistant Director for Education highlighted the role of the Best Start in Life Strategy, health visitor programmes and transition support for families in improving outcomes for children entering education. The Committee noted the update and the ongoing work being undertaken to strengthen early identification, inclusion and support for children and young people with SEND.

Resolved – That the progress of the Local Area SEND Partnership Board in progressing system improvement as required by the Improvement Notice be noted.

32 WORK PROGRAMME

The Head of Legal Services, Interim Monitoring Officer introduced the report on behalf of the Chair of the Children, Young People and Education Committee. It was stated that the Committee, in co-operation with the other Policy and Service Committees, was responsible for proposing and delivering an annual committee work programme. The work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which were within the remit of the Committee.

It was envisaged that the work programme would be formed from a combination of key decisions, standing items and requested officer reports. The report provided the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Children, Young People and Education Committee is attached as Appendix 1 to the report.

The Committee welcomed the reports presented and requested that a future report be brought forward on child poverty, particularly in light of concerns regarding the impact of council tax changes on families, levels of child poverty

and potential implications for children and young people. Members noted that existing partnership work was already taking place in this area and expressed an interest in understanding emerging trends and any actions that could be taken to mitigate financial pressures on families.

The Committee also discussed the future scheduling of reports relating to Juno Homes. In response to questions, the Director for Children, Families & Education advised that further information on the organisation's financial arrangements and ongoing work could be incorporated into a future Care Programme update or provided separately, and undertook to review the previous request for a dedicated report. Members noted that the matter remained on the work programme and agreed that it should be scheduled for consideration at a future meeting, alongside other planned items, to ensure appropriate scrutiny and context.

Resolved – That the Children, Young People and Education Committee notes the proposed Children, Young People and Education Committee work programme for the remainder of the 2026/27 municipal year.



CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

Wednesday 14 October 2026

REPORT TITLE:	CONSULTATION ON SCHOOL CLOSURE PROPOSAL
REPORT OF:	DIRECTOR OF CHILDREN, FAMILIES AND EDUCATION

REPORT SUMMARY

The purpose of this report is to seek approval to undertake a public consultation regarding the potential closure of Millfields CE Primary School.

The report sets out the background, evidence and key considerations informing the recommendation to consult on the future of the school.

The draft Wirral Plan talks about providing a clear framework for how we will work together to improve outcomes for residents, support sustainable growth, and ensure that everyone has the opportunity to live well and for Wirral to thrive.

This report has implications for Eastham and Bromborough wards. This is a key decision.

RECOMMENDATIONS

The Children, Young People and Education Committee is recommended to

- (1) authorise the Director of Children, Families and Education to:
 - a. proceed with a Stage 1 consultation process on the closure of Millfields Church of England Primary School (the “school”) and
 - b. consider the representations arising from the Stage 1 consultation and, in consultation with the Chair and Spokespersons of this Committee, determine whether to proceed with a statutory proposal to close the school.
- (2) request the Director of Children, Families and Education to bring back a report in the event that a statutory proposal pursuant to recommendation 1(b) above is proceeded with, to enable this Committee to consider whether or not to close the school.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Any proposal to close the school is clearly significant and will have an impact on pupils, families, staff and the wider community. However, having undertaken a comprehensive review of the school's educational, financial and organisational position, and having carefully considered all realistic alternatives, it is considered that consultation on closure represents the most responsible, sustainable and deliverable course of action.
- 1.2 Having considered all potential alternatives, consultation on closure has been identified as the most likely viable option that is educationally sound, financially responsible and capable of being implemented within a realistic timeframe, particularly given the availability of alternative school places within the local area.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Recovery as a standalone school has been considered as an option. No credible or deliverable strategy has been identified that would secure a sufficient increase in pupil numbers within a realistic timeframe.
- 2.2 Federation was explored as a potential option. However, this would require significant and sustained financial support from the Council over a prolonged period, with no certainty that pupil numbers would recover sufficiently to secure long-term sustainability. This option would require funding support equivalent to approximately 100 pupils over a period of three to five years, without any guarantee of a corresponding increase in pupil numbers.
- 2.3 Amalgamation was also considered; however, no practical or geographically appropriate opportunities have been identified that would improve long-term sustainability, particularly given the school's Church of England designation.
- 2.4 Potential academisation was considered. However, the school's current financial position, declining pupil numbers and leadership challenges significantly reduce the likelihood of securing a suitable academy sponsor without substantial ongoing financial support from the Council.
- 2.5 Managed decline has been considered. This option presents significant educational and financial risks, including prolonged instability, declining provision for pupils, further reductions in pupil numbers and increasing challenges in retaining staff.

3.0 BACKGROUND INFORMATION

- 3.1 The Council has a responsibility to ensure there are sufficient school places available in their area for every pupil of compulsory school age ("the sufficiency duty") in accordance with Section 14 of the Education Act 1996. As part of this, the Council has a responsibility to consider the necessity for school closures forms part of the Local Authority's place planning responsibilities.

- 3.2 The factors typically considered when determining whether to proceed with consultation on a school closure are
- Viability and sustainability;
 - Educational standards;
 - Diversity and parental preference;
 - Pupil numbers; and
 - Financial implication
- 3.3 Millfields Primary School is a Church of England voluntary controlled school located in Eastham. It is maintained by Wirral Borough Council. It is currently governed by an Interim Executive Board (IEB).
- 3.4 An IEB is a statutory intervention used where a maintained school requires significant improvement. A school is eligible for intervention when it has been given notice by Ofsted that it requires significant improvement or special measures.
- 3.5 Millfields CE Primary School was judged to require improvement at its two most recent Ofsted inspections. Consequently, an IEB was established to provide strategic leadership and oversight. The IEB includes representation from both the Council and the Diocese of Chester.
- 3.6 The IEB has undertaken a comprehensive and structured review of the school's viability, considering all available evidence and establishing a shared understanding of the school's current position. The IEB has also carefully considered all realistic options for the future of the school. The IEB is of the view that closure of the school is the most appropriate way forward. The Diocese of Chester agrees with this view. The detailed analysis against various criteria leading to the recommendations within this report are set out as paragraphs 3.7 to 3.15 of this report.

Falling roll and pupil numbers

- 3.7 As of September 2026, the school roll stands at 21 pupils, against a Published Admission Number of 30 and a physical capacity exceeding 210 places, excluding nursery provision. In September 2026, only three pupils started in the reception class. The Nursery provision was unable to operate due to insufficient pupil numbers.
- 3.8 As a result of the declining roll, the school now operates three classes, with all year groups except Year 6 taught within mixed-age arrangements, as outlined in Table 1 below. Forecast pupil projections indicate a continued decline in pupil numbers, with no evidence to suggest a sustainable recovery in local demand.

Table 1- Analysis of Class sizes

Class	Year Groups	Number of Pupils
1	F2-Y2	4
2	Y3-Y5	7
3	Y6	10

Financial Position

- 3.9 The school is operating with a significant cumulative deficit. The deficit balance as of 31 March 2026 was £608,299, and the school is unable to set a balanced budget for 2026/27 or future years. The current forecast in-year deficit for 2026/27 is £198,472.

This position may deteriorate further once additional costs are confirmed, including external support staff required during the academic year and any works arising from health and safety audit requirements. In addition, capital investment of approximately £135,000 is required in relation to the school toilet facilities.

- 3.10 The Council has previously provided additional support to the school, including funding temporary teaching resource up to July 2026. However, this level of support is not sustainable on an ongoing basis. Based on current projections, the school's financial position is not sustainable within any reasonable planning horizon, with a forecast deficit projected of £2,449,537 by 2030/31. This position is likely to deteriorate further based on the reduction in pupil numbers.

Educational Standards

- 3.11 The school has been judged to require improvement on two occasions. During the most recent monitoring inspection in September 2025, it was noted by OFSTED that leaders were not taking effective action to secure the necessary improvements. The report stated in this regard that, "The lack of decisive action over time has ultimately meant that pupils' experiences have not been of the necessary quality for them to achieve consistently well."
- 3.12 Following this inspection, the Council requested approval from the Department for Education to implement an IEB to replace the Governing Board. This was granted and the IEB was put in place to begin to drive rapid improvements in March 2026.
- 3.13 Just over two months later, in June 2026, the school was inspected again and judged to require Special Measures. In accordance with Section 44 of the Education Act 2005, His Majesty's Chief Inspector was of the opinion that the school required special measures because it was failing to provide pupils with an acceptable standard of education and those responsible for leading, managing or governing the school were not demonstrating the capacity to secure the necessary improvement.

Leadership and Staffing Capacity

- 3.14 Significant challenges remain in securing and maintaining a stable and sustainable leadership and staffing structure capable of delivering consistently high-quality education. The substantive Headteacher is no longer in post. The school is currently led by an Acting Head of School, supported by an experienced Executive Headteacher from a neighbouring school.
- 3.15 The school has experienced significant staff turnover and has faced ongoing recruitment challenges for a number of years. In addition, the school has received extensive support from the Council including school improvement services and the Department for Education's Regional Improvement for Standards and Excellence Team (RISE team), alongside support from the Diocese of Chester and the Executive Headteacher. Despite this support, concerns regarding educational standards, sustainability and long-term viability remain.

4.0 FINANCIAL IMPLICATIONS

- 4.1 If the decision is taken to close the school, the deficit balance at the point of closure becomes the responsibility of the Council, along with the potential redundancy and

pension strain costs. The latest financial projections available for the school are as set out in Table 2 below.

Table 2 Financial Projections

	2026/27	2027/28	2028/29	2029/30	2030/31
In Year Deficit	198,472	297,902	381,595	466,208	497,060
Cumulative Deficit	806,771	1,104,674	1,486,269	1,952,477	2,449,537

- 4.2 The projections demonstrate that the school is not financially viable in its current form. Without significant and sustained additional financial support, the cumulative deficit is forecast to continue increasing year-on-year, placing further pressure on the Council's wider financial position.
- 4.3 The financial position is significantly impacted by the very low pupil roll, which reduces the level of pupil-led funding available to the school. The fixed costs of operating the school, including staffing, premises and statutory requirements, cannot be reduced sufficiently to align expenditure with the level of funding generated by current and projected pupil numbers.
- 4.4 If the school were to remain open, the Council would need to consider the extent to which any further financial support could be provided, taking account of the absence of a credible recovery plan and the forecast increase in the cumulative deficit.
- 4.5 Should the proposal progress beyond consultation, further detailed financial due diligence will be required to confirm the final costs associated with any potential closure. This would include, but not be limited to, staffing and redundancy costs, pension strain implications, site security, asset management and property-related costs.

5.0 LEGAL IMPLICATIONS

- 5.1 The process to consult and consider the future of the school requires adherence to statutory guidance (Closing maintained schools May 2026) and the School Organisation (Establishment and Discontinuance of Schools) Regulations 2013 along with the relevant sections of Part 2 and Schedule 2 to the Education and Inspections Act 2006. The Five-Stage Statutory Process is as follows:

Stage 1 - Consultation

- 5.2 The Council undertakes a public consultation with parents, staff, governors, the Diocese, local stakeholders and the wider community. This is then considered by the Council and it makes a decision on whether or not to proceed with a formal statutory proposal as per Stage 2 below.

Stage 2 - Publication

- 5.3 A formal statutory proposal is published, triggering a four-week representation period during which objections and comments may be submitted.

Stage 3 – Decision-Making

- 5.4 The Council determines whether or not to proceed with closure of the school within two months of the close of the representation period.

Stage 4 - Referral (where applicable)

- 5.5 In certain circumstances, matters may be referred to the Schools Adjudicator.

Stage 5 - Implementation

- 5.6 Implementation in the event that the Council decides to close the school includes pupil transfers, staffing arrangements, disposal of assets and closure arrangements.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 In relation to the assets, the Council own the playing fields, but the land which comprise the school buildings is owned by the Chester Diocesan Board of education. The Council will work with the Chester Diocesan Board to achieve the best outcome for a potential vacant asset.
- 6.2 The Council is committed to support high-quality transition arrangements for all pupils and supporting staff through appropriate HR processes and engagement with relevant professional associations and trade unions.

7.0 RELEVANT RISKS

- 7.1 There are considerable risks associated with maintaining the current position. Key risks identified include:
- Escalating financial deficit
 - Continued decline in educational outcomes
 - Reduced curriculum breadth and educational opportunities arising from very low pupil numbers
 - Increasing difficulty in recruiting and retaining staff
 - Reputational damage to both the school and the Council.
 - Risk of an unplanned or reactive closure scenario
 - Sustainability challenges for nursery and extended provision, which are currently unavailable
 - Health and safety risks arising from the condition of the school building and site and the investment required to maintain them
- 7.2 The IEB concluded that the risks associated with maintaining the current position significantly outweigh those associated with an orderly and planned closure, should a decision be made to close following the consultation process.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Subject to the approval by the Committee, the publication of a consultation document will commence a 12-week consultation period. During this period, the views of all interested parties will be sought and carefully considered before any further decisions are made.
- 8.2 Should the Committee approve the recommendation to proceed to consultation; the IEB will remain in place and work alongside the Council and Diocese of Chester to manage the process sensitively and responsibly. This will include:
- Supporting staff through appropriate HR processes and engagement with relevant professional associations and trade unions

- Supporting the Council and Diocese in engagement with parents, carers and the wider community
- Supporting the Council and Diocese throughout the consultation process.

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE CHANGE IMPLICATIONS

- 10.1 There are no direct environmental or climate change implications arising from this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 Consideration will be given to security arrangement due to the potential for an unoccupied building.

REPORT AUTHOR: **Mark Bellamy**
Assistant Director for Education (Interim)

APPENDICES

None

BACKGROUND PAPERS

Department for Education statutory guidance on closing maintained schools.
OFSTED Reports available from the OFSTED website.

TERMS OF REFERENCE

This report is being considered by the Children Young People & Education Committee in accordance with Sections A, B, C & D of its Terms of Reference:

- a. exercising management, oversight and delivery of services to children and young people in relation to their care, wellbeing, education or health, with the exception of any powers reserved to full Council;
- b. the functions and powers conferred on or exercisable by the Council as Local Authority in relation to the provision of education;
- c. working with all schools (including academies) in relation to raising standards of attainment and developing opportunities;

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

Wednesday, 14 October 2026

REPORT TITLE:	HOME TO SCHOOL TRANSPORT – POLICY UPDATE
REPORT OF:	DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION

REPORT SUMMARY

This report seeks approval for the revised Home to School Transport Policy and the introduction of a comprehensive re-application process for all travel assistance requests during the 2026/27 academic year. The proposed changes form a key element of the Council's wider transformation programme for Home to School Transport, designed to improve the consistency, transparency, efficiency and long-term sustainability of transport provision whilst ensuring continued compliance with statutory duties. The report proposes to update the existing Assisted Travel policy through the adoption of a detailed assessment framework for children and young people with Special Educational Needs and Disabilities (SEND). The framework introduces a structured and evidence-based methodology for determining eligibility for travel assistance, ensuring that decisions are based on an individual's specific needs and circumstances rather than diagnosis or educational placement alone. The detailed assessment framework will provide a more transparent approach, giving more detail to those parents, carers and young people who apply.

A central principle of the revised policy is the promotion of independence wherever appropriate. The framework supports a graduated model of assistance which encourages the use of Independent Travel Training, travel passes and Personal Travel Budgets as alternatives to commissioned transport where these options can safely meet a child's needs. Specialist transport provision will continue to be available for children and young people whose assessed needs indicate that such support is necessary to facilitate access to education. Annual reviews and re-assessments at key transition points will ensure that arrangements remain proportionate and responsive to changing needs.

The report also outlines a new operational timeline for the implementation of the revised policy during the 2026/27 academic year. Subject to approval, the updated policy will be implemented from September 2026. The report and its proposals support the Council in continuing to fulfil its statutory responsibilities under the Education Act 1996 by ensuring that eligible children and young people can access education through safe, appropriate and proportionate travel arrangements.

This report has implications for all wards. This is a Key Decision.

The report supports the Draft Wirral Plan 2027-2031 specifically the aim for everyone to have better connections with their local community and more resilience to cope with life's

challenges and the aim to be pro-active and increase the amount of early help people can access.

RECOMMENDATION/S

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

- (1) Approve the revised Assisted Travel Policy attached as Appendix 1 to this report;
- (2) Approve the associated new SEND Transport Assessment Framework attached as Appendix 2 to this report.
- (3) Approve a full re-application process for Home to School Travel Assistance during the 2026/27 academic year with exception of those families already in receipt of a personal transport budget.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The recommendations respond directly to the findings of the independent review undertaken by Capacity: The Public Services Lab. The review identified opportunities to improve governance, strengthen eligibility assessment processes, enhance operational efficiency and make better use of technology and data to support service planning and commissioning. The proposed changes will enable the Council to implement these recommendations and establish a more sustainable operating model for Home to School Transport.
- 1.2 The introduction of a structured SEND Transport Assessment Framework will provide a clear, auditable and consistent methodology for assessing entitlement to travel assistance. By considering mobility, medical needs, behaviour, vulnerability, journey practicality and readiness for independent travel, the framework will ensure that transport support is targeted towards those children and young people whose assessed needs demonstrate that such assistance is necessary to facilitate access to education.
- 1.3 The requirement for all families in receipt of Home to School Transport assistance to re-apply during the 2026/27 academic year will provide the Council with an accurate and validated picture of future demand. This will enable transport arrangements to be reviewed against current need, support the identification of opportunities for Independent Travel Training and Personal Travel Budget and ensure that transport provision remains proportionate, appropriate and compliant with statutory guidance.
- 1.4 Requiring all applications to be submitted through a single online process will improve data quality, strengthen record keeping and support the migration of transport information into corporate systems. This will improve service resilience, reporting capability and the Council's ability to plan future transport requirements effectively.
- 1.5 The use of Q Routes route optimisation software will enable the Council to design transport arrangements based on confirmed demand rather than historical travel patterns. This will support route consolidation where appropriate, reduce duplication, increase vehicle utilisation and contribute towards achieving greater value for money whilst maintaining safe and suitable transport arrangements for children and young people.
- 1.6 Undertaking a procurement exercise, as per delegated authority being given to the Director of Children's Services by the committee in January 2026, post route optimisation will ensure that future transport contracts are aligned with assessed need and reflect the most efficient route structure. This will strengthen market engagement, improve contract management arrangements and support the Council in delivering a financially sustainable Home to School Transport service.
- 1.7 Collectively, the recommendations will support improved service quality, strengthened governance, greater transparency for families, better use of public

resources and improved outcomes for children and young people who rely on travel assistance to access education.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option of retaining the current Home to School Transport Policy and existing assessment arrangements was considered. This option is not recommended as it would not address the findings identified through the independent review undertaken by Capacity and would limit the Council's ability to improve consistency, transparency and efficiency within the service. It would also reduce opportunities to strengthen governance and make effective use of route optimisation technology.
- 2.2 The option of allowing existing transport arrangements to continue without requiring a full re-application process was considered. This option was not recommended because it would prevent the Council from establishing an accurate assessment of current transport demand and would limit opportunities to review eligibility, identify changed circumstances and optimise transport provision. It would also significantly reduce the effectiveness of the proposed route optimisation exercise.
- 2.3 Consideration was given to introducing route optimisation software whilst retaining current eligibility and assessment processes. This option was not recommended because route optimisation alone would not address wider issues relating to assessment consistency, governance, data quality and statutory decision-making. The greatest benefits are achieved when route optimisation is supported by a robust assessment framework and comprehensive demand review.
- 2.4 The option of delaying procurement and continuing with existing contract arrangements for a further year was considered. This option was not recommended as it would delay the realisation of efficiencies identified through the review, limit the Council's ability to commission services based on optimised demand data and postpone implementation of the wider transformation programme.

3.0 BACKGROUND INFORMATION

- 3.1 The Council is committed to children and young people having the best start in life, being safe and healthy, and having access to high quality education so they can achieve their full potential. For children and young people with SEND the local partnership ambition is that they are well-prepared for adulthood and feel able to achieve their aspirations, are visible, productive and independent members of their local community. The vast majority of Wirral learners attend local schools or colleges. In most cases, this means pupils can walk or cycle to school with their parents/carers or independently for older children and young people, but there are those who require support in travelling to and from their education setting. The Department for Education (DfE) sets out the statutory responsibilities for local authorities and their duties in supporting children and young people with travel assistance. The Council must fulfil these statutory responsibilities.
- 3.2 On 21 January 2026 this Committee approved a revised Assisted Travel Policy for Children and Young People aged 0-16 years. Since then, considerable work has been undertaken and a draft amendment of the policy has been prepared as set out in Appendix 1 to this report. The key change to the policy is the introduction of a new

assessment framework which will be appended to the policy. The assessment framework can be found in Appendix 2. This updated policy is in line with national guidance and is comparable to policies from other local authorities.

Work undertaken by Capacity

- 3.3 In January 2026, the Children, Young People and Education (CYPE) Committee delegated authority to the Director of Children's Services (DCS) to investigate alternative approaches to the commissioning and delivery of home-to-school transport services. To support this work, the Council commissioned Capacity: The Public Services Lab as a design and implementation partner, with work commencing in February 2026.
- 3.4 Since its appointment, Capacity has undertaken extensive engagement with the provider market through a programme of soft market testing involving a broad range of transport providers. In addition, Capacity has completed an end-to-end review of current business processes, identifying a number of opportunities to improve efficiency, consistency and service delivery. Capacity is also undertaking an audit of 10% of the current transport cohort to validate eligibility, transport arrangements and decision-making processes. The findings of this work have informed the recommendations in this report.
- 3.5 Capacity's review has identified a programme of operational, technological and governance improvements designed to strengthen the efficiency, consistency and sustainability of the Home-to-School Transport service. Key recommendations include the development of a digital application platform, the introduction of enhanced eligibility validation controls, and greater alignment between the Transport, SEND and Admissions teams to ensure that transport considerations are embedded throughout the education placement and admissions process. Capacity has also recommended the implementation of the Council's revised Home-to-School Transport Policy for all new applications from September 2026, together with the re-instatement of the Transport Governance Board to provide strengthened oversight, assurance and strategic direction.
- 3.6 In addition, Capacity has identified a number of service improvement opportunities aimed at improving operational effectiveness and delivering value for money. These include making full use of the newly procured route optimisation software, completing the migration of passenger information from locally held spreadsheets into the Liquidlogic EYES system, and redesigning the Passenger Assistant deployment model to better align support provision with assessed need. Capacity has further recommended the commissioning of Independent Travel Training to increase independence where appropriate, undertaking a comprehensive provider compliance review, and targeting high-cost transport routes for review and consolidation. The review also highlighted opportunities to increase the use of Personal Travel Budgets for those children and young people whose needs and circumstances make this a suitable and cost-effective alternative to commissioned transport provision.
- 3.7 The Department for Education expects local authorities to assess children with SEND on an individual basis to determine their specific transport requirements and to ensure that transport arrangements are proportionate to need. The proposed assessment framework has been developed to ensure compliance with the Council's

statutory duties whilst supporting wider policy objectives around independence, preparation for adulthood, sustainable travel and the effective use of public resources.

- 3.8 The framework is also aligned with the principles underpinning Education, Health and Care Plans (EHCPs), which require local authorities to consider the individual needs, outcomes and circumstances of children and young people with SEND. National guidance emphasises that transport provision should form part of a holistic assessment of a child's needs and should be subject to regular review as those needs evolve over time. The introduction of a structured assessment methodology, supported by clearly defined criteria and evidence requirements, will provide greater transparency and consistency in decision-making, strengthen the Council's ability to demonstrate compliance with statutory guidance, and ensure that transport assistance is targeted towards those children and young people for whom it is necessary to facilitate access to education.

New Assessment Framework

- 3.9 As part of the wider transformation programme for Home-to-School Transport, a comprehensive assessment framework has been developed to strengthen the Council's approach to determining eligibility for transport assistance for children and young people with SEND. The framework is intended to ensure that transport decisions are undertaken in a consistent, transparent and evidence-based manner. Central to the proposed approach is the principle that transport eligibility should be determined on the basis of an individual assessment of need rather than through reliance on diagnosis, educational placement or distance alone. The framework therefore seeks to ensure that every child and young person is assessed according to their individual circumstances, barriers to independent travel and level of risk.
- 3.10 The framework has been developed in response to a recognised need for a more robust and auditable decision-making process that provides greater consistency across assessments, while ensuring that finite transport resources are directed towards those children and young people whose circumstances demonstrate the greatest need for support. The model also reflects the Council's duty to promote sustainable travel and independence, recognising that transport assistance should not always be viewed as a long-term solution and that, wherever possible, children and young people should be supported to develop the skills and confidence required to travel independently. Consequently, the framework embeds independence as a core principle and establishes a clear pathway through which children and young people can progress from supported transport arrangements towards greater self-reliance where appropriate and achievable.
- 3.11 The proposed approach introduces a graduated model of transport support, underpinned by a number of strategic principles. These include the promotion of independent travel wherever possible, the use of the least restrictive and most proportionate transport solution capable of safely meeting assessed need, the regular review of transport arrangements, and the consideration of alternative transport solutions such as Independent Travel Training, travel passes and Personal Travel Budgets. The framework also recognises that transport needs can change over time and therefore requires assessments to be undertaken not only for new applications but also at key transition points, including school transfers, phase

transfers and EHCP reviews. This ensures that transport arrangements remain appropriate and proportionate throughout a child or young person's educational journey.

- 3.12 A key feature of the framework is the introduction of a structured and standardised assessment methodology. Assessments would be undertaken by parents/carers via an online application process and would be informed by a broad range of evidence sources. Evidence could include Education, Health and Care Plans, medical reports, information from schools and Special Educational Needs Coordinators, social care assessments, advice from health professionals, attendance records, reports from Child and Adolescent Mental Health Services and any other information provided by parents and carers. This multi-agency approach is intended to ensure that transport decisions are informed by a comprehensive understanding of the child or young person's needs and circumstances. Rather than relying on a single assessment or professional opinion, decisions would be based upon a holistic review of all relevant evidence.
- 3.13 The assessment framework evaluates transport need across six distinct domains: mobility, medical needs, behavioural factors, vulnerability, journey practicality and readiness for travel training. These categories have been selected because collectively they represent the principal factors affecting a child's ability to access education safely and independently. Each domain is assessed using a risk-based methodology which considers both the severity of need and the likelihood or frequency of impact. Scores for impact and likelihood are combined through a matrix scoring system, generating a risk score for each category. The six individual scores are then aggregated to provide an overall assessment score. This methodology ensures that decisions are based upon both the nature of an individual's needs and the extent to which those needs affect their ability to travel safely.
- 3.14 The mobility element of the assessment considers the extent to which physical disabilities or mobility impairments restrict a child's ability to undertake a journey to school. The matrix assesses a range of needs, from minor mobility concerns through to significant physical disabilities requiring mobility aids, specialist vehicles or wheelchair-accessible transport. Where mobility limitations are severe, the framework specifically considers whether the child can transfer independently from mobility equipment and whether specialist transport adaptations may be required. This ensures that transport arrangements are appropriately matched to physical need and accessibility requirements.
- 3.15 The medical assessment examines the extent to which health conditions may impact upon a child's ability to travel safely and independently. The framework recognises that whilst some children may have the physical ability to travel, underlying medical conditions may significantly increase risks associated with doing so. The assessment therefore evaluates both the nature of the medical condition and the level of intervention or supervision required. Consideration is given to issues such as epilepsy, diabetes, neurological conditions, respiratory conditions, feeding requirements, emergency care plans and the need for ongoing medical monitoring. The framework enables transport decisions to reflect not only the diagnosis itself but the practical implications of the condition on a child's ability to undertake a journey safely.

- 3.16 The behavioural assessment considers whether a child or young person's behaviour creates risks either to themselves or to others during transport. Recognising that behavioural challenges can present significant barriers to independent travel, the assessment measures both the severity and frequency of behaviours ranging from verbal aggression through to physical assault and behaviours requiring specialist transport arrangements. This allows the Council to identify circumstances where transport support may be necessary to reduce risks and ensure the safety of both the child and fellow passengers. Importantly, the framework distinguishes between isolated incidents and ongoing patterns of behaviour, ensuring that support remains proportionate to the level of risk presented.
- 3.17 The vulnerability domain focuses on a child's ability to recognise and respond to risk and remain safe within the community. This includes consideration of learning disabilities, communication difficulties, autism spectrum conditions, sensory impairments and wider vulnerabilities that may place a child at greater risk of harm. The assessment also considers social and emotional maturity, awareness of danger, and the potential for exploitation or safeguarding concerns. For many children with SEND, vulnerability may be the most significant barrier to independent travel, and the framework ensures that these factors are fully recognised within the overall assessment process.
- 3.18 The practicality assessment examines the nature of the journey itself and determines whether a safe and reasonable route to school exists. This reflects statutory guidance which places a duty on local authorities to consider route safety alongside individual circumstances. The assessment considers factors such as journey length, availability of public transport, number of transport changes required, walking routes, crossing facilities and whether a route can reasonably be undertaken safely. Where no safe route exists, or where journey complexity would create significant challenges, this is reflected within the overall score.
- 3.19 The final assessment domain considers a child's readiness for Independent Travel Training. This element differs from the other categories in that it focuses on future potential rather than current limitations. The assessment evaluates willingness to participate, existing levels of independence, confidence, ability to follow instructions, and whether additional specialist support may be required to undertake travel training successfully. This allows the Council to identify those children and young people who could, with appropriate support, develop the skills necessary to travel independently and therefore reduce reliance on specialist transport provision over time.
- 3.20 Once all six domains have been assessed, the cumulative score determines the recommended level of intervention. Children and young people achieving the lowest scores would be considered capable of travelling independently and would generally not receive transport assistance, although journey planning advice and information regarding sustainable travel options would be provided. Those receiving slightly higher scores may be offered targeted support through Independent Travel Training, supported route familiarisation and temporary assistance where required or be issued with a travel pass. Children and young people with moderate scores would be supported through a blended approach that combines temporary transport provision with a structured programme of travel training designed to build confidence and

independence. This group would also be the focus for conversations with parents/carers about the use of Personal Transport Budgets.

- 3.21 For those with significant or complex needs, transport assistance would remain the primary means of ensuring access to education. This may include shared transport, taxis, specialist vehicles, dedicated routes or the provision of passenger assistants where a risk assessment identifies such support as necessary. Those with the highest levels of assessed need would continue to receive bespoke transport arrangements, including wheelchair-accessible vehicles, one-to-one support and specialist transport planning to accommodate complex medical, behavioural or mobility needs. Annual reviews would ensure that arrangements remain appropriate and continue to reflect current levels of need.
- 3.22 Overall, the proposed framework represents a significant enhancement to the Council's approach to SEND transport decision-making. It establishes a clear and defensible methodology for assessing transport need, strengthens consistency and transparency, supports compliance with statutory guidance and places a greater emphasis on promoting independence and preparation for adulthood. In addition, the framework will enable the Council to review existing transport arrangements more systematically, identify opportunities for Independent Travel Training and Personal Travel Budgets, and ensure that specialist transport resources are focused on those children and young people whose assessed needs demonstrate that such provision is necessary to facilitate access to education.

Timeline for changes to Home to School Transport Service

- 3.23 The 2026/27 academic year marks the implementation of the Council's revised Home to School Travel Assistance Policy and the transition to a new operating model for assessing travel assistance needs, planning transport provision and procuring services.
- 3.24 If the recommendations within this report are approved, the revised policy establishes a new requirement for families to submit an online application for travel assistance. The revised process has been designed to ensure that all applications will be assessed consistently against the updated eligibility criteria, whilst enabling the Council to gain a clearer understanding of future transport demand and improve the efficiency of service planning.
- 3.25 To support implementation of the new policy, a comprehensive communication programme will be launched in November 2026. Parents and carers of eligible pupils will be informed of the changes and advised that a new application would be required for travel assistance for the following academic year. Communications will be distributed through a range of channels, including direct correspondence, schools and the Council's online platforms, ensuring that families are provided with clear guidance on the application process and associated timescales.
- 3.26 The application window will remain open throughout the autumn and winter terms, with a deadline of 31 January 2027 for all applications. This deadline will be established to provide sufficient time for the Council to assess demand, determine eligibility and undertake detailed transport planning activities ahead of procurement and implementation.

- 3.27 Following closure of the application period, the Council will commence a comprehensive review of all applications beginning February 2027. Eligible pupils will be identified and transport requirements assessed. The Council will then utilise the Q Routes route optimisation software to analyse passenger demand and design the most effective and efficient transport arrangements. This exercise will involve reviewing existing routes, grouping passengers where appropriate, reducing duplication of provision and identifying opportunities to improve vehicle utilisation whilst maintaining safe and suitable transport arrangements for children and young people.
- 3.28 The outcome of the route optimisation process will then inform the specification for future transport contracts and support the development of a revised procurement strategy. During June and July 2027, procurement activities will be undertaken to secure transport capacity aligned with the optimised route network. This approach aimed to improve value for money, provide greater certainty for transport operators and ensure sufficient time for mobilisation prior to service commencement.
- 3.29 The new procurement arrangements are scheduled to take effect from 1 September 2027, allowing contracts to be awarded and mobilised ready for the start of the 2027/28 academic year. This provides the Council and transport providers with an opportunity to finalise route allocations, undertake safeguarding and compliance checks, confirm vehicle availability and ensure that all operational arrangements are in place.
- 3.30 As a result of the changes made to this policy, the Council will adopt a more proactive and data-led approach to Home to School Travel Assistance planning. By collecting application data earlier, optimising routes through specialist software and procuring services based on confirmed demand, there will be improvements to the efficiency, sustainability and effectiveness of transport provision.

Timeline Milestones

- 3.31 The timescales for the activity over the next 12 months, assuming approval by this Committee are
- November 2026 - Parents and carers notified of the requirement to submit a new online application for travel assistance.
 - 31 January 2027 - Deadline for receipt of all travel assistance applications.
 - February to April 2027 - Eligibility assessments completed and route optimisation undertaken using Q Routes software.
 - June to July 2027 - Procurement exercise completed based on optimised transport requirements.
 - 1 September 2027 - New transport procurement arrangements commence.
 - September 2027 - Full delivery of Home to School Travel Assistance under the revised policy and procurement arrangements for the new academic year.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The proposals are intended to improve the efficiency, sustainability and value for money of Home to School Transport provision through the implementation of

enhanced eligibility assessment processes, route optimisation software and revised procurement arrangements.

- 4.2 The budget for Home to School Travel has more than trebled in the last decade. In 2025-26, the cost of Home to School Travel was £14.39m, almost £2.35m over budget. Improvement needs to be made to the efficiency of the service to reduce the likelihood of further overspend. Due to the Council's existing financial stress, improving the efficiency of Home to School Transport is a priority. These proposals will help to mitigate against further overspend.

5.0 LEGAL IMPLICATIONS

- 5.1 The statutory framework for Home-to-School Transport is set out primarily within the Education Act 1996, which places a duty on the Council to make such travel arrangements as they consider necessary to facilitate attendance at school for eligible children. In exercising this duty, the must ensure that decisions are lawful, rational, evidence-based and take account of each child's individual circumstances. For children and young people with SEND national guidance is clear that transport eligibility should not be determined solely by distance criteria but should include an assessment of whether the child can reasonably be expected to travel to school safely, taking account of their special educational needs, disability, mobility difficulties, medical conditions and any associated health and safety risks.
- 5.2 Section 508A of the Education Act 1996 places a broader duty on councils to promote sustainable travel and transport for children and young people of compulsory school age and those of sixth-form age. This includes encouraging independent travel where appropriate and considering alternatives to commissioned transport services.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Implementation of the revised policy will require a coordinated programme of work across Education, SEND, Admissions and Transport Services. The introduction of online applications, enhanced assessment processes and route optimisation software will support improved operational efficiency and data management within existing resources wherever possible.

7.0 RELEVANT RISKS

- 7.1 There is a risk that some parents and carers may not submit applications within the required timescales, which could affect demand forecasting and route planning. A comprehensive communication and engagement programme will be undertaken to mitigate this risk.
- 7.2 There is a risk that changes to transport arrangements may be challenged by families. The introduction of a clear assessment framework, robust decision-making processes and an established appeals procedure will help ensure decisions are consistent, transparent and defensible.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The proposals have been informed by the independent review undertaken by Capacity: The Public Services Lab, including engagement with transport providers and a review of current operational arrangements.
- 8.2 Ongoing engagement will take place with parents, carers, schools, academy trusts, transport operators and other stakeholders throughout implementation of the revised policy and reapplication process.
- 8.3 Comprehensive communications will be issued to ensure families understand the revised policy, application requirements and associated timescales.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment has been completed in relation to the revised policy. The proposed assessment framework is designed to ensure that transport decisions are based on individual need and that children and young people with SEND are assessed fairly, consistently and in accordance with statutory guidance. The Equality Impact Assessment can be found at: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The use of route optimisation software is expected to reduce route duplication and support more efficient vehicle utilisation.
- 10.2 More efficient transport planning has the potential to reduce mileage, fuel consumption and associated carbon emissions, supporting the Council's environmental and climate objectives.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The proposed procurement arrangements will seek to support a sustainable and competitive local transport market while ensuring value for money and maintaining high standards of service delivery for Wirral residents.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 There are no direct crime and disorder implications arising from this report. Appropriate safeguarding, risk assessment and transport supervision arrangements will continue to be implemented where required to support the safety and wellbeing of children and young people accessing education.

REPORT AUTHOR: **Mark Bellamy**
Interim Assistant Director for Education

APPENDICES

Appendix 1 - Assisted Travel Policy
Appendix 2 - Assessment Framework

BACKGROUND PAPERS

National guidance for home to school travel: [Home-to-school travel - GOV.UK](#)

TERMS OF REFERENCE

This report is being considered by the Children, Young People and Education Committee in accordance with Section G of its Terms of Reference, by undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to education.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Children, Young People and Education Committee	January 2026

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ASSITED TRAVEL POLICY FOR CHILDREN AND YOUNG PEOPLE AGED 0-16

2026-2027

Covers pre-school (0-4) and compulsory school age (5-16)

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6. The decision to provide assisted travel
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8. Applying for assisted travel
9. Independent Travel Training Support
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11. Transport Safety
12. Appeals
13. Complaints
14. Contact Information

1 Introduction

- 1.1 This document sets out the policy of Wirral Borough Council (“the Council”) in relation to the provision of travel assistance for children of compulsory school age in education who are resident within the Wirral. It is available on the Council’s website at www.wirral.gov.uk/travelassist. It is intended to provide clarity for children, parents and carers facing a wide range of circumstances. We are always looking to improve the information we make available and will use any feedback provided to us to develop this statement. If you wish to provide any feedback on the policy please contact Travel Assist (travelassist@wirral.gov.uk).
- 1.2 This policy is divided up by the following age groups as the relevant legal provisions in the Education Act 1996 are grouped this way:
- 1.3 Pre-compulsory school age (0-4 year olds) – someone in this category is referred to in this policy as a pre-schooler.
- 1.4 Compulsory school age (5-16 year olds) – someone in this category is referred to in this policy as a child. Children become of compulsory school age at one of three points during the school year in which they turn 5, depending on when exactly their birthday is. Children cease to be of compulsory school age on the last Friday in June of the school year in which they turn 16.

Key principles

- 2.1 The following key principles apply across all age ranges covered in this policy:
- 2.2 Admission does not confer automatic entitlement to travel assistance: Admissions and travel assistance are separate matters and acceptance at a particular school or other institution, or the naming of a school/institution in an EHC plan, does not automatically entitle the child to travel assistance.
- 2.3 Budgetary considerations: The Council has a limited budget for the provision of travel assistance to those in education. Any discretionary decision about the provision of travel assistance will take account of this and the number and type of competing claims that are made upon it.
- 2.4 Changes in circumstances: Parents or carers must tell the Council immediately of any change in circumstances which may affect their entitlement to travel assistance.
- 2.5 Independent travel training: Applicants for travel assistance will be assessed for independent travel training (ITT) and recipients of travel assistance will be expected to undertake suitable ITT as part of their education to help them develop their independence.
- 2.6 Other means of travel: When taking discretionary decisions about the provision of travel assistance, the Council will consider all other ways and means for the applicant to get to the school or institution in question.

- 2.7 Personal Transport Budgets: The Council encourages the use of personal transport budgets wherever appropriate as this helps individuals and families to have the most control over their travel arrangements.
- 2.8 Parental involvement: Parents are expected to accompany their children to school or college where necessary until they turn 18 unless there is a good reason why it is not reasonable to expect them to do so.
- 2.9 Reviews of travel assistance: All grants of travel assistance will be reviewed at least once per year and in all cases where there is, or may be, a significant change in circumstances affecting eligibility for travel assistance (e.g. change in school or home address, change in personal or family circumstances, change in recipient's needs). Where the recipient of travel assistance has an EHC plan then this review will be undertaken at or following the annual review of the plan. Any changes to travel assistance following a review will be implemented from the beginning of the next academic term, or sooner by mutual agreement.
- 2.10 Travel for other purposes: When taking discretionary decisions about the provision of travel assistance the Council may take into account how the applicant travels (or is able to travel) for non-educational purposes, e.g. recreation, shopping, family visits etc.
- 2.11 Home Address: This must be the child's permanent home address, where he or she lives with a person of parental responsibility as the main carer (as defined by the Children Act 1989).
- 2.12 Applications from Separated Parents: Only one application can be processed for each child. The parent with whom the child is majority resident should submit the application giving their address as the child's home address – this is the parent with which the child resides most days in a week. In a situation where a child spends exactly equal time with both parents, the child's main permanent residence should be submitted as their home address.

3 Assisted travel support pre-schoolers aged 0-4 (pre-compulsory school age)

- 3.1 The Council's policy is not to provide travel assistance to pre-schoolers except where the pre-schooler has an EHC plan and the circumstances can be said to be exceptional. Any discretionary travel assistance will be offered in the form of a Personal Transport Budget or in exceptional circumstances, with transport support
- 3.2 The Council will consider whatever is said in any application but will have particular regard to the following:
- Distance and journey time from the pre-schooler's home to their place of education and the cost of providing travel assistance.

- What alternative means of facilitating attendance there may be
- What alternative placements or options there may be
- The contents of any EHC plan (including anything about transport)
- The best use of the Council's resources and the competing claims upon them.

4. Assisted travel support for compulsory school age pupils (5-16)

The Education Act 1996 sets out the categories of children of compulsory school age who are eligible for free travel assistance. The Council's policy is to provide travel assistance to these categories of eligible children in accordance with its legal obligations, but not otherwise unless there are exceptional circumstances.

4.1 Eligibility criteria

Compulsory school age pupils who reside in Wirral will be classed as eligible children if they meet one of the following conditions:

4.2 Qualifying distances

Pupils are Wirral residents of statutory school age and go to their nearest suitable school and live at least:

- a. 2 miles from the school if they're under 8
- b. 3 miles from the school if they're 8 or older

4.3 Unsafe walking route

Pupils are registered at their nearest suitable school and are unable to walk to school, even if they were accompanied by their parent, due to a route which the Council has assessed as hazardous.

4.3 Low-income families

4.3.1 Pupils are from a low-income family (entitled to Targeted Free School Meals or Universal Credit with a household income below £7400) if they are:

- aged 8 or over but under 11, attend their nearest suitable school and it is more than 2 miles from their home; or
- aged 11 to 16 years, and attend one of their three nearest suitable schools provided it is more than 2 miles but not more than 6 miles from their home; or
- aged 11 to 16 years, attend a school that is more than 2 but not more than 15 miles from their home that their parents have chosen on the grounds of their religion or belief if, having regard to that religion or belief, there is no suitable school nearer to their home.

- 4.3.2 From the 2026/27 academic year, free school meals will comprise of two categories: 'targeted FSM' (for households claiming Universal Credit with annual earnings of £7,400 or less) and 'expanded FSM' (for all households receiving Universal Credit). To be considered low-income for the purposes of this policy, pupils must be in receipt 'targeted FSM'.
- 4.3.3 Where this policy refers to a 'suitable' school, this is defined as the nearest school to the child's home address. The Council is not required to provide transport to a school chosen on the basis of its characteristics (for example, faith, single or mixed sex, grammar, academy, or free school).
- 4.3.4 The distance from home and the school gate nearest to home by the shortest available walking route will be measured using a computerised mapping system.
- 4.3.5 As a general guide, we will treat routes without pavements and street lighting as unsafe for children and young people. When assessing the safety of routes, the Council will assume that the child is accompanied, as necessary, by a parent or other responsible person.
- 4.3.6 Initial assessment of route safety is made by the team responsible for assessing eligibility for home to school transport. Where the safety of a route is questioned by an applicant, the Council's Road Safety team will carry out an assessment.

4.4 Support for Learners with Special Educational Needs and/or Disabilities

- 4.4.1 This section is applicable to compulsory school aged pupils with special educational needs. Some children with SEN, by reason of their SEN, may be unable to walk even relatively short distances to school. The definition section in this document will outline the definition of SEN for transport eligibility.
- 4.4.2 Parents and carers are responsible for ensuring children and young people get safely to school on time. As a general rule the Council expects parents/carers of children and young people with SEN to make arrangements for their child to attend school in the same way as for parents without SEN as this is an important factor in developing the child or young person's independence, social and life skills. The Council has a duty to make the most efficient and effective use of the resources it has available to it.
- 4.4.3 An Education, Health and Care (EHC) Plan or placement within a local authority specialist resourced provision does not guarantee travel or transport support. Only nominated Assisted travel Team officer may agree this support.
- 4.4.4 As outlined in the SEN and Disability Code of Practice 0-25 years July 2014 Guidance for Organisations (Section 9.214) Local Authorities do not have provide transport funding based on parental preference. The parent/carer/young person's preferred school or college might be further away from their home than the nearest school or college that can meet the child or

young person's SEN. In such a case the Local Authority can name the nearer school or college appropriate for meeting the SEN need. If a parent /carer/young person then chooses the provision further away, transport funding will be the responsibility of the parent/carers.

- 4.4.5 Not all children with an EHC plan or statement of SEN require assisted travel. Where a young person is able to access and use the public transport network safely they will be expected to do so. Where they are unable to walk because of their SEN, a disability or mobility problem they are entitled to Assisted Travel Support.
- 4.4.6 Parents / carers are required to submit an online application form for an assessment for eligibility for assisted travel to be carried out. The decision will be based on information provided which may include information from health practitioners, educational psychologists, school headteachers, children's social care and the input of the students. Please see the appendix to this policy which outlines the Home to School Travel Assessment Framework.
- 4.4.7 Following the assessment process parents will be notified of the decision regarding transport provision. Eligibility to provision will be assessed annually.

5 Eligible pupils with Special Educational Needs

- 5.1 To be eligible for assisted travel the pupil must be attending a school or resourced unit within a school that the local authority has deemed the most appropriate to meet the pupil's need.
- 5.2 Assisted travel will not normally be given where the parents or carers have requested that a school be named in the Education, Health and Care (EHC) Plan, which is not the nearest available school able to meet the pupil's needs.
- 5.3 Where a pupil is eligible for assisted travel, the local authority has a statutory duty for the pupil only and family circumstances, the needs of siblings and working times of parents, cannot be taken into account.
- 5.4 Transport will only be provided to the pupil's home address for journeys at the standard school start and finish times within the boundary of Wirral local authority. Additional or irregular journeys set by schools will be funded by the school.
- 5.5 In the case of an independent school, this will be a qualifying school if it is the school named in the child's statement or EHC plan, or it is the nearest of 2 or more schools named in EHC Plan. The school will only be identified as a qualifying school if it has been named in the EHC Plan through agreement with the local authority.
- 5.6 Transport for pupils attending schools outside the Wirral LA boundary will only be considered where the local authority has deemed this to be the most appropriate school to meet the pupil's needs.

6 The Decision to Provide assisted travel

- 6.1 In determining whether a child cannot reasonably be expected to walk for the purposes of 'special educational needs, a disability or mobility problems eligibility', the local authority will need to consider whether the child could reasonably be expected to walk if accompanied and, if so, whether the child's parent can reasonably be expected to accompany the child. When considering whether a child's parent can reasonably be expected to accompany the child on the journey to school a range of factors may need to be taken into account, such as the age of the child and whether one would ordinarily expect a child of that age to be accompanied.
- 6.2 The decision to provide transport is based on the student's needs. This means that Wirral Council is not able to take the following into account when considering home to school transport entitlement:
- Parents' work or other commitments.
 - Attendance by siblings at other schools.
 - If a parent chooses to send their child to a provider that is not the nearest appropriate provider to the home address.
 - A journey from one educational establishment to another.
 - Ad hoc visits to other schools, colleges or other establishments.
 - Out of hours clubs (breakfast club, after school activities).
 - To/ from dental, clinical, medical or hospital appointments
 - At a different time due to detention or exclusion.
- 6.3 In these instances, assisted travel will be the sole responsibility of the student's parent or carer. Parents sometimes raise issues regarding accompaniment as part of an appeal and these will then be considered on an individual basis.

7 The Type of assisted travel support

- 7.1 If young people are assessed as eligible for assisted travel, the type of assisted travel provided will be based on individual assessment of young people's needs and about the best use of the Council's resources. They will be assessed for independent travel training (ITT) and recipients of travel assistance will be expected to undertake suitable ITT as part of their education to help them develop their independence.

Pre-paid Merseytravel SOLO ticket for use on public bus services.

- 7.2 The ticket will cover areas within the Merseytravel area required for transport from home to school. If this involves more than one mode of transport (bus and train) a TRIO ticket may be issued, and a charge may apply. For pupils with SEN or disability or mobility problems, a travel pass will only be provided if the pupil is not eligible for a Merseytravel Disabled Person's Travel Pass.

Personal Transport budget

- 7.3 If a parent/carer is willing to transport the pupil to school, they can apply for a personal transport budget. If this is the most cost-effective transport option, and the local authority is satisfied that attendance would not be affected, an amount 45p per mile and a daily supplement to the mileage of £3, within the Wirral LA boundary up to a maximum of 2 return journeys per day. Alternative will be available to meet the costs of journey outside Wirral. This will be subject to annual review.
- 7.4 Personal Transport Budgets are paid by monthly bank transfer to the bank account nominated by the applicant or their parent/carer. Personal Transport Budgets are a subsidy offer by Wirral Metropolitan Council and can be spent at the discretion of the applicant but are conditional upon the applicant attending their school, college or other place of education.

Transport vehicles

- 7.5 If the Local Authority considers that a travel pass is inappropriate for a child, transport will be by minibus or other vehicle contracted by the Local Authority.
- 7.6 Whenever possible, pupils will travel together in mini-buses or taxis. These will be specially adapted to meet the needs of those young people travelling on them. Each route will be planned on the basis of school start and finish times and the shortest possible route for all young people travelling on a particular vehicle.
- 7.7 Pupils will be picked up and dropped off at a convenient location, within a reasonable distance from their home, in many cases from recognised bus stops. Parents/carers are required to ensure their children get to and from the nearest pick-up point. A home pick up and drop off will only be made where it is deemed essential due to the young person's significant needs.

Passenger assistant support

- 7.8 For students travelling in contracted vehicles there is no specific duty on the Council to provide passenger assistants. However, fulfilling a duty of care to passengers and others may involve the provision of a passenger assistant. A passenger assistant may be provided to accompany a young person with significant needs arising from a medical condition or a disability and where there is an exceptional need for care or supervision.
- 7.9 The decision on whether to provide a passenger assistant will be made as part of eligibility assessment taking a number of factors into account. Such factors may include information relating, but not limited, to:
- Medical issues.
 - Health and safety related issues, including risk to self or others.
 - The young person's mobility.
 - Any challenging behaviour arising from the young person's SEN.

- Where a passenger has severe learning or physical difficulties, the need for continual care and supervision.
- Age and capability.
- Length of journey.
- The vehicle type and size.

7.10 Transport is allocated on an annual basis and parents/ carers and students can be involved in a discussion regarding the ongoing suitability of the existing transport arrangements during the annual review of the young person's EHC plan or statement of educational needs.

8 Applying for assisted travel

8.1 If parents believe their child is entitled to receive a free travel pass based on the criteria above then they can contact:

The Council Call Centre Information and Advice Team
Email: travelassist@wirral.gov.uk

9 Independent Travel Training for Secondary School age pupils

- 9.1 The Independent Travel Training (ITT) officers offer for children and young people who have Special Educational Needs & Disabilities (SEND) a set of essential skills, enabling them to travel independently to and from school and college. Pupils with special educational needs and disabilities will be supported, where appropriate, through Independent Travel Training and encouraged to develop their independence by using public transport. This service promotes independence, increases confidence, improves social skills, and opens up routes to further education, employment, and leisure.
- 9.2 Each personalised training programme is flexible to meet their needs and is authorised by a young person (when aged 16 or over and if they have capacity) or parents/Carers. It will allow students to learn at their own individual pace. Training/support is gradually phased out until the individual feels competent enough to carry out the journey from home to their place of education and return.
- 9.3 At the time of referral, officers will request an assessment of suitability for Independent Travel Training. A decision cannot be made until this assessment has been completed. If a pupil is deemed suitable to undertake Independent Travel Training, If a pupil has assisted travel support this will continue on the days not undertaking scheduled training, pending the outcome of the Travel Trainer report on completion of the programme.
- 9.4 For secondary school age pupils who are able to access public transport, following participation in the Independent Travel Training programme, a travel pass will be provided for the rest of the academic year in which training was undertaken to those pupils not eligible for a Merseytravel Disabled Person's Travel Pass. Eligibility for a travel pass will be reviewed on an annual basis.

10 Discretionary Travel Support

- 10.1 This policy has set out those eligible for assisted travel to school. In some exceptional circumstances the Council will pay the travelling costs of pupils who do not fall into the categories described. These cases will be short term time defined travel solutions and will be reviewed on an individual basis.
- 10.2 These exceptional circumstances include children with a temporary disability or illness where medical evidence is provided, some children in the care of the Local Authority and those with further special circumstances, details below outline these criteria.

Permanent exclusions

- 10.3 Where, following permanent exclusion, a pupil is placed in a suitable qualifying school that is over the qualifying walking distance from home by the local authority, the pupil will be eligible for a travel pass.

Managed Transfer

- 10.4 Where a pupil is undertaking an offsite direction leading to a managed move, they will not be eligible for a travel pass. If the placement is agreed as a permanent transfer, then the pupil will be assessed for eligibility under the criteria set out within this policy

Domestic Violence

- 10.5 In cases of domestic violence, where a child has moved to a refuge or had an emergency house move and they meet the qualifying distance criteria they will be eligible for a travel pass to enable them to continue attending their current school where it is no longer their nearest school.

Looked After Children

- 10.6 Where a looked after child has moved to a new placement and they meet the qualifying distance criteria they will be eligible for a travel pass to enable them to continue attending their current school where it is no longer their nearest school.

Emergency Orders/Special Guardianship Orders

- 10.7 Where an emergency order has been placed on a child or a Special Guardianship Order and the case is being determined and they meet the qualifying distance criteria they will be eligible for a travel pass to enable them to continue attending their current school where it is no longer their nearest school.

Low-income families

- 10.8 Universal Credit: Where a parent has a level of earnings above the Universal Credit threshold for Free School Meals eligibility that is less than the cost of a standard Solo travel pass and they meet the distance criteria they will be eligible for support

11 Transport Safety

- 11.1 The safety of those travelling on Council contracted transport provision is of paramount concern. Wirral Council reserves the right to refuse to provide transport on a contract vehicle where a pupil's behaviour is such that it is unacceptable to the operator, the passenger assistant or other passengers. If a student is suspended temporarily from transport parents and carers will become responsible for transporting their own children to school for the duration of the suspension. Where there are persistent cases of misbehaviour and assurances of good behaviour cannot be obtained or are not fulfilled a travel pass or mileage expenses may be offered.

12 Appeals

- 12.1 A parent/carers or student who wishes to appeal against a decision not to provide travel support may do via the council's agreed process.
- 12.2 In line with statutory guidance, the appeal process is a two-stage process:
- 12.3 Stage One is a review of your case by a Senior Officer.
- 12.4 Once a decision has been made to refuse Home to School Transport, a parent or carer will receive a letter informing them that they have 20 working days from receipt of the local authority's home to school transport decision, to make a written request asking for a review of that decision.
- 12.5 The written request should detail why the parent or carer believes the decision should be reviewed and give details of any personal or family circumstances the parent believes should be considered when the decision is reviewed.
- 12.6 Within 20 working days of receipt of the parent's written request, a senior officer will review the original decision and send the parent a detailed written outcome setting out:
- The nature of the decision reached;
 - What factors were considered;
 - How the review was conducted
 - Information about other departments or agencies if they were consulted as part of the process;
 - The rationale for the decision reached;
 - Information regarding further escalation of the appeals process to Stage Two.

- 12.7 Stage Two is a review of your case by an Independent Appeal Panel.
- 12.8 The parent or carer has 20 working days from receipt of the Council's stage one decision to make a written request to escalate the matter to stage two. New or additional information not already reviewed in stage one is required in order to escalate an appeal to stage two. An appeals panel will meet and consider the individual circumstances and the evidence supplied. Parents will be given the opportunity to attend the appeal hearing, virtually or in person, to present their case.
- 12.9 Where a parent does not wish or is unable to attend a hearing, the panel should make its decision based on the parent's written representation.
- 12.10 Within 40 working days of receipt of the parents request an independent appeal panel will consider the application for Stage Two Review and provide a written notification of the outcome setting out:
- The nature of the decision reached;
 - What factors were considered;
 - How the review was conducted
 - Information about other departments or agencies if they were consulted as part of the process;
 - The rationale for the decision reached.
- 12.11 Where an appeal is unsuccessful at stage two, appellants will be notified that they have the right of complaint to the Local Government Ombudsman.

13 Complaints

- 13.1 We want to give the best possible service, however if you wish to complain Wirral Council has a formal complaints process.

You can contact the Council in a number of ways:

- Via the Council website;
- Phoning the Information and Advice Team 0151 606 2000;
- Writing to us at:

Information and Advice Team
Wirral Council
PO Box No 2
Birkenhead, Wirral, CH41 6BU

- 13.2 If you are not satisfied with the outcome of the Council's complaint investigation you can take your complaint to the Local Government Social Care Ombudsman, an independent body which investigates complaints about councils.
- 13.3 Full information regarding comments and complaints can be found on the Council website:

14 Contact Information

- 14.1 Information regarding home to school and college transport can be obtained from:

For school travel pass applications:

The Council Call Centre Information and Advice Team

Email: schooltravel@wirral.gov.uk

Telephone: 0151 606 2000

For Special Educational Needs Transport and Travel Training

The Assisted Travel Service

Email: sendchildrenstransport@wirral.gov.uk

Telephone: 0151 666 4697 (Transport)

Telephone: 0151 666 4229 (Travel Training)

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Wirral Council Home to School Travel

Principles & Assessment Special Educational Needs & Disabilities

National Guidance

- 1.1 The duty for local authorities to provide transport to and from school is imposed by the Education Act 1996 (hereafter referred to as 'the Act'). In the case of an 'eligible child', Section 508B of the Act states that: "the local authority must make such travel arrangements as they consider necessary for facilitating the child's attendance at school". Schedule 35B of the Act defines an 'eligible child'. The Council must exercise this duty in a manner which is legal, rational and procedurally proper. The guidance in this document relates to the recommendation on children to be assessed on an individual basis to identify their particular transport requirements, in accordance with the Home to School Transport Policy;
- 1.2 Make transport arrangements for all children who are unable to walk to school because of their mobility problems or because of associated health and safety issues related to their special educational needs (SEN) or disability. Such children should be assessed on an individual basis to identify their particular transport requirements. Mainstream transport requirements (e.g. the statutory walking distances) should not be conflated with assessments for the transport needs of SEN and disabled children.
- 1.3 Section 508A of the Act also places a general duty on local authorities to promote the use of sustainable travel and transport. The duty applies to all children and young people of compulsory school age and sixth-form age who travel to receive education or training within a local authority's area. The duty relates to journeys to and from all institutions where education or training is delivered.

Children with Special Educational Needs or Disability

- 2.1 Children and Young People with an Education Health Care Plan may receive transport help under Section 324 of the Act depending on their individual circumstances. Local authorities are empowered to make any non-educational provision specified in the plan, including transport. Guidance for transport for pupils with Special Educational Needs is clear that provision should be based on an individual child's needs and if a child's needs are such that transport is not necessary, then the remaining criteria should be applied as default.

- 2.2 For SEN pupils, transport assistance will not be provided where parents have expressed a preference for a school which is further than the closest suitable school identified with the Education, Health and Care Plan where this has not yet transitioned to the new EHCP. As in accordance with the Council's Home to School Transport Policy. Any transport provided will be subject to ongoing review with the aim of moving the child or young person towards independent travel wherever appropriate. This assessment matrix enables parents to provide all relevant information to the Travel Team to allow the most appropriate decision to be made.

Home to School Transport Graduated Approach

3.1 Strategic Principles

1. Promote independence wherever possible in line with the Council's duty to encourage sustainable travel.
2. Use the least restrictive transport solution that safely meets need.
3. Review annually or at transition points (new school, phase transfers, EHCP reviews).
4. Use Independent Travel Training and/or Travel Passes as the default intervention for pupils who have the potential to travel independently.
5. Consider Personal Travel Budgets as an alternative to commissioned transport where appropriate.
6. Escalate support proportionately, moving through journey plans → travel training → assisted transport → specialist transport.
7. Ensure transport decisions remain needs-led and evidence-based, taking account of mobility, medical needs, behaviour, vulnerability, practicality and training readiness.

Score Range	Assessment Outcome	Home to School Transport Strategy
0–25	Independent traveller	• No transport assistance provided. • Provide information on safe walking, cycling and public transport options. • Issue journey plan where required. • Existing transport support withdrawn with appropriate notice period. • Review only if circumstances significantly change.
26–60	Low level support required	• Independent Travel Training (ITT) offered. • Personalised journey plan produced. • Travel passes issued. • Temporary mileage reimbursement or personal travel budget while training is completed.
61–96	Transitional support required	• Blended model of transport assistance and ITT. • Taxi, minibus or parental transport initially provided. • Structured travel training programme (likely 10+ sessions). • Regular reviews against agreed independence milestones. • Step-down approach from door-to-door transport to collection points, then public transport.
97–115	Significant needs	• Travel assistance provided as primary arrangement. • Dedicated transport route, taxi or specialist vehicle considered. • Passenger Assistant/escort where risk assessment identifies need. • Individual transport risk assessment reviewed annually. • Personal Travel Budget considered where appropriate. • Independence outcomes maintained within EHCP reviews.
116–150	Very high / complex needs	• Full transport assistance provided. • Specialist or bespoke transport arrangements. • Wheelchair-accessible vehicle where required. • Passenger Assistant or 1:1 support. • Medical and behavioural support plans integrated into transport arrangements.

Transport Assessment

4.1 The transport assessment is created at the point of either a new referral, or during key transitional stages such as a change of school or educational establishment. The information required to complete the assessment is gathered through various sources, by an online application process. This allows for a personalised, individual assessment. This information gathered includes, but is not exclusive to;

- medical reports,
- educational health care plans,
- school reports,

Appendix 2

- information from social services,
- school SENCO,
- CAMHS,
- attendance officers,
- other school professionals and;
- parents.

4.2 The transport assessment is based under 6 key headings which look into all the needs of the child; These 6 headings are;

Mobility	Medical	Behavioural
Vulnerability	Practicality	Training

4.3 Information on the 6 headings are explained in greater detail in this document. Following the gathering of information, each of the 6 assessment headings are then converted into the matrix. This is to ensure that the process is fair and consistent.

Matrix Scoring

4.4 The matrix follows a scale of 1-5. A Needs (impact) score out of 5 is plotted against a Likelihood (frequency) score out of 5. The greater the score the higher the risk.

The Need (impact) Score

1. To be noted/aware of
2. Minor
3. Moderate
4. Major
5. Severe

The Likelihood (frequency) Score

1. Rare
2. Unlikely
3. Possible
4. Likely
5. Certain

		Need (impact)				
		1	2	3	4	5
Likelihood (frequency)	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

4.5 As the matrix is split into 6 areas, Mobility, Medical, Vulnerability, Behaviour, Practical and Training, a singular area may not be sufficient to provide travel assistance. However, a combination of 2 or more areas may increase the risk to the young person and for this reason a total score will also indicate level of support. This scale is based on the maximum of 150 points;

0-25 Points

This shows the young person has the ability and support to travel independently and therefore the following should be applied. New applicants would be refused travel assistance and for existing (pre-assessment) service users – transport would be removed at the earliest / most convenient stage, with a 14-day notice period.

26-60 Points

The young person has ability but may need support or guidance. This can be the offer of Independent Travel Training, a Travel Pass or a Journey Plan. The person is likely to only require a few sessions.

61–96 Points

Transport assistance and travel training blend – the travel assistance should be short-term while a programme of Independent Travel Training is scheduled and undertaken. The training will likely to be greater than ten sessions.

97-115 Points

Travel assistance to be provided. This indicates that the person has multiple concerns and would need support to use sustainable methods of transport. However, a person scoring in this range may in the future be able to undertake Independent Travel Training and develop the skills for independence once other interventions have been completed.

116–150 Points

Travel assistance to be provided. A person scoring in this range will have reached a maximum score in two more than two areas. This indicates a high level of support both within the school and home settings, which should be continued during travel assistance.

- 4.6 This Matrix ensures that all the young person's needs are recognised as an individual need, but ensures that a young person with multiple, minor needs is not excluded from support.

1 - Mobility The guidance from the Department of Work and Pensions in relation to mobility, highlights that there is no consensus across the health and social care community of the perfect measure of mobility. However, distance is often used as it is clear and easy to understand and apply. While there is no clear evidence for one particular distance, 20 metres was introduced with Personal Independence Payments in relation to mobility related benefits. This distance was to distinguish those whose mobility is significantly more limited than others and who face even greater barriers on a day-to-day basis. When reviewing mobility in relation to home to school transport, this guidance is considered. Therefore, using the criteria from this guidance as the highest need score, the matrix is graduated down as follows;	Need score 1. A singular note of mobility concerns, however no recent notation, or comments (last 2 years) not currently under monitoring for this, demonstrates physically fit and health within school; 2. Some note of mobility but evidence of physical activity, e.g. football , cycling, rugby; 3. Reduced mobility, but can walk short distance, with or without aids, tires easily, adapted physical education within school; 4. Requires mobility aids at all times, mobility is likely to be less than 200 metres; 5. Unable to walk 20 metres or are a full-time wheelchair user.	Likelihood score 1. No support; 2. Seasonal (e.g. worse in winter); 3. Intermittent; 4. Daily; 5. No other means. It must also be recorded in this assessment if the person requires a wheelchair adapted vehicle and if the person can transfer from mobility equipment.
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2 - Medical	Need score;	Likelihood score;
Often the young person has been assessed with the ability to walk. However, their medical need increases the risk of them coming to harm, or requiring medical intervention while completing the journey from home to school. Medical needs are complex in nature and therefore the need score is based on the most common conditions.	1. Allergies, Asthma, Eczema; 2. Microcephaly, ADHD, Reynard's, Back Pain, Hearing Impaired; 3. Cystic Fibrosis, COPD, Controlled Diabetes, Slight Visual Impairment, ME, Hypermobility, Down Syndrome; 4. Uncontrolled Epilepsy /Regular Seizures, Cerebral Palsy, Uncontrolled Diabetes, Cancers, Di George Syndrome, Muscular Dystrophy, Moderate Visual Impairment; 5. Spine Bifida, MS, Edwards Syndrome, Peg/Tube Feed, Suction/Breathing apparatus needed. Please note: this list is not exclusive and will be subject to change. Advice on each condition is taken from NHS guidance and notes in the young person's records.	1. To be noted / aware of; 2. Minor – requires monitoring by a medical professional such as a specialist nurse and can have some impact on the young person's ability, but not on a daily basis; 3. Moderate - monitored by a paediatrician or GP, impacts on a daily basis with good and bad days frequency ; 4. Major – under the care of multiple professionals with involvement from health / social care teams; 5. Requires 1-1 support at all times, will have an emergency care plan in place. Although a number of conditions named are also linked to learning disabilities, this section only looks at the level of medical intervention.

3 - Behaviour	Need score	Likelihood score
With some known conditions and in the case of some specialist provision, the subject of a young person's behaviour can impact on their ability to keep those around them safe. Outbursts and aggression can be triggered by fear, frustration or the ability to tolerate a stimulus environment. These triggers need careful management to ensure the young person and those supporting the person has the ability and skills to reduce the risk of harm. For this reason, the young person is scored on the following behaviour against the frequency of the occurrences;	1. Verbal aggression only; 2. Verbal aggression with anger management concerns; 3. Damage to property; 4. Physical assault of either a young person or adult; 5. Violent and aggressive – unable to be transported with other students.	1. Not happened in the last year; 2. Not happened in the last term; 3. Happened in the last month; 4. Regular occurrence; 5. Constant and cause for major concern. This scale can be utilised for attendance and exclusion purposes and will also influence the ability to accept support from another person.

4 - Vulnerability	Need Score:	Likelihood Score:
This area covers the social interaction element of the assessment and is focused on the ability for the young person to keep themselves safe. This includes; • Significant social and / or emotional immaturity in comparison with other children of their age. • Links with cognitive ability or be as a result of a specific developmental disorder. • Some children with moderate to severe learning difficulties, who may be vulnerable in social settings due to their lack of independence and social skills. • Young people identified as being at risk of exploitation as recognised under the Prevent Programme. • A significant sensory or communication impairment such as blindness or Autistic Spectrum Disorder.	1. Anxious / nervous / bullying; 2. Autism/ Asperger's (without an LD); 3. Mild learning disability; 4. Moderate learning disability / limited communication; 5. Severe learning disability / no communication ability / total visual impairment.	As this category is often a life condition and impacts on a daily basis, the frequency matrix is based on the likelihood for the young person to come to harm; 1. Rare; 2. Unlikely; 3. Possible – lack of risk but aware of danger; 4. Likely – can do some simple activities but no sense of danger or risk; 5. Significant – cannot be left alone for risk of harm. A score of 25 in this group will often indicate that the young person cannot be left unsupervised and therefore requires support whilst in transport to reduce the risk of coming to harm.

5 – Practicality	Need score	Likelihood Score:
This category incorporates the Education Act, Paragraphs 4 & 5 of schedule 35B, which states; “Local authorities must make transport arrangements for all children who cannot reasonably be expected to walk to nearest suitable school because the nature of the route is deemed unsafe to walk.” Where Wirral Council assesses that a route is not safe for a child to walk, accompanied as necessary, transport assistance may be provided where the route is below the minimum distance, as detailed in the Home to School Transport Policy. When looking at a safe route, common factors such as exposed walking areas, street lighting and pedestrian crossings make up the basis of the assessment.	1. Safe route to school with a note or comment to be aware of; 2. Safe route with a number of concerns; 3. Two or more changes in transport; 4. Safe route takes longer than 90 minutes or requires three or more changes; 5. No safe route available.	The likelihood criteria is slightly different in the multiplier matrix 1. Only applies occasionally; 3. Short term arrangement; 5. Long term arrangement;

6 – Training	Need Score:	Likelihood Score:
The training matrix is an additional complementary grading as this helps prioritise the level of training required. This grade can only be completed once the other five headings have been addressed and a profile has been created of the individual. This grade highlights if the person is ready for travel training and is graded by need in the following scale;	This grade highlights if the person is ready for travel training and is graded by need in the following scale; 1. No barriers to training, the young person has indicated or demonstrated some ability (e.g. going to the local shop along, or travelled on a bus with support); 2. Young person will need up to 10 sessions – willing to participate, with some level of capability demonstrated; 3. Young person will need a high number of sessions – no previous experience of independence – some avoidance management, concerned about ability; 4. Specialist training required (V.I / guide dog or BSL communicator); 5. Even with training, the young person would be unable to be independent.	To complement the training programme, the likelihood score is reflective of the timescale to indicate a realistic referral to the Independent Travel Trainers; 1. The person would be ready for travel training 3. The person would be expected to undertake travel training at the next key stage. 5. The person will not be suitable for travel training.

Home to School Transport Assessment – SEN

Name:

DOB:

Address:

Current Setting:

Current transport:

Future Setting:

Does the child have a Statement/EHCP Yes/No

Is this a base place Yes/No

Distance from home to school:

Assessment	Comments	Risk score
Mobility Does the child have a mobility concern or physical disability that impacts on their ability to get to education?		
Vulnerability Do the child's levels of vulnerability prevent them from being able to travel safely on school transport, public transport, or as a pedestrian/cyclist?		
Behaviour Does the child display challenging behaviour, which may put him/her or another member of the public at risk should they become an independent traveller?		
Medical Is there a medical reason as to why the child cannot independently use public transport, walk or cycle? (for example uncontrolled epilepsy)		
Practical Is there a safe route or other transport provisions available?		
Training Would the child, if given travel training, be able to get to school independently? (Using public transport, walking or cycling)		
Additional notes		
Decision and recommendations		



CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

WEDNESDAY, 14 OCTOBER 2026

REPORT TITLE:	INDEPENDENT REVIEWING SERVICE ANNUAL REPORT
REPORT OF:	DIRECTOR FOR CHILDREN, FAMILIES & EDUCATION

REPORT SUMMARY

Since March 2010 there is a requirement that the Independent Reviewing Officer (IRO) service within each local authority produce an Annual Report of activity, with regards to children looked after (CLA).

The purpose of the IRO Annual Report, which is attached at Appendix 1 is to evaluate the extent to which Wirral Council has fulfilled its responsibilities to its Children Looked After for the period 1 April 2025 – 31 March 2026.

This report provides an overview to the Children Young People and Education Committee for scrutiny and comment.

This report is aligned to the Wirral Childrens Services Plan 2026-28 priority: Working together for brighter futures for our children, young people, and their families

This affects all wards but is not a key decision.

RECOMMENDATION/S

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

1. Review and scrutinise the information contained in the IRO Annual Report attached at Appendix 1.
2. Approve the publication of the Independent Reviewing Service Annual Report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The role and function of the Safeguarding Unit and the Independent Reviewing Officers is governed by law and statutory guidance. Each Local Authority has a legal requirement to provide an Independent Reviewing Officer for every child or young person looked after, fundamentally to ensure their Human Rights are respected.
- 1.2 The purpose of this report is to evaluate the extent to which Wirral Council has fulfilled its responsibilities to our children looked after for the period 1 April 2025 – 31 March 2026, including its corporate parenting function.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 It is a statutory requirement for the Independent Reviewing Service to produce an annual report.

3.0 BACKGROUND INFORMATION

Role of the Safeguarding Unit

- 3.1 The overall aim of the Safeguarding Unit is to ensure that children looked after are safe, secure and achieve the best possible outcomes. Independent Reviewing Officers have high aspirations for their future and encourage children and young people to express their views, wishes and feelings. The Service aims to ensure that all children and young people are supported to access services and are fully prepared for adulthood.
- 3.2 Supplemental to the core roles, an IRO has responsibility to support children and young people who are privately fostered. These children and young people are identified in accordance with The Private Fostering Regulations as set out in Part 9 and schedule 8 of the Children Act 1989.
- 3.3 Operational Leads within the Unit are also required to chair Sudden or Unexpected Death in Infancy and Childhood Meetings, SUDIC, in line with Working Together 2023 and Wirral's Safeguarding Partnership procedures, along with Secure Accommodation Reviews (SAR) and Suspected Fabricated or Induced illness strategy meetings.

Key Performance Data

- 3.4 In relation to the children in care we serve, as of end of March 25, we have 664 looked after children compared to 766 in March 2024. Most children and young people (43%) are aged between 10-15 years.
- 3.5 We strive to achieve the right plan of permanence for our children without drift and delay. For 2025/26 we saw that 93% of children had a plan of permanence identified by their second review, which is a similar picture to previous years' figures of 90% and 91% respectively, but a marked improvement upon the 2022/2023 figure of 55%.

- 3.6 2025/26 saw 193 children cease being looked after. Most of these children (43) left care to return to parents, relatives or other family members. 16 children had a Special Guardianship Order granted. This can be viewed as an illustration of positive care planning for children who have been supported to return to live with their family. The IRO service remains central to these initiatives as the prospect of rehabilitation remains at the forefront of every child's review. This aligns with the work undertaken by the Care programme 1 and version 2.
- 3.7 During the reporting period 1818 children looked after review meetings were held. These review meetings are held every 6 months and therefore each child looked after will have their care plan reviewed twice per year. 93% of CLA reviews have been held in within statutory timescales and reflect the hard work and commitment of the Independent Reviewing Officers.
- 3.8 We listen to our children. Our reviews are child led and focused and our children are consulted with. This is reflected in the number of reviews now being held in person. This is vital to ensure that IROs develop trusting meaningful relationships with children and has been a priority for the service. In the last 12 months 1818 reviews were held with 74% being held in person. This is a significant increase from 24/25 figure of 66% and the previous 23/24 of 52%. In 2026/2027 we expect this trajectory to continue this figure to further increase.

IRO Engagement and Visits to Children and Young People

- 3.9 This has been a key focus area of the unit over the past two years and has seen significant change and sustained improvement. 1082 visits have taken place this year compared to only 867 visits in 2023/24. All of our visits are in person to the child. Every effort is made to ensure the child's voice can be heard, ideally directly from them, but some children choose to ask their Social Worker, parent, foster carer, teacher or advocate to share their views on their behalf.

Quality Assurance

- 3.10 The IRO's role is pivotal in providing independent monitoring of the child's care plan to ensure the children and young people achieve positive outcomes. In Wirral IRO's complete a Midpoint Review, between Looked After Reviews, whereby they hold a meeting with the allocated social worker and discuss progression of the plan and whether recommendations from the previous review have been completed. This not only evidences their footprint but also allows them to discuss any gaps with the social worker and consider whether an escalation is required.
- 3.11 For 2025/6 1232 midpoint reviews have been completed.
- 3.12 In 2025/26 we saw the relationship between the Practice Improvement team and Safeguarding Unit continue to grow. Wirral's Quality Assurance framework, incorporating the approaches of Systemic Practice, IROs continue to be an integral part of that process, undertaking bimonthly reflective reviews. IROs continue to monitor children's progress and planning between each review.

Escalations

- 3.13 One of the key functions of the IRO is to resolve problems arising out of the care planning process.
- 3.14 Over the last year we have seen 119 formal escalations raised. Many of these escalations (75%) were raised due to concerns regarding drift and delay and Statutory requirements not being met. We have also raised 205 informal escalations. Escalations are resolved in a timely manner, ensuring there is no further delays for our children.

Key Priorities 2026 – 2027

- 3.15 The key priorities for the Safeguarding Unit and IRO's, connect to the priorities outlined within the Directorates Children and Young People's Plan for 2026/2028. This ensures that our priorities have a golden thread to the aims and objectives that are outlined for all Children in Wirral
- 3.16 There are 5 key priorities the Unit is working towards in the coming year these include:
 - 1) Children get the right help at the right time through effective locality services.
 - 2) Children are safe inside and outside their homes.
 - 3) All children get good quality support in education and support in inclusive settings.
 - 4) Children have stable loving homes and maintain strong relationships with those who are important to them.
 - 5) We work with our partners to use and develop resources effectively to deliver high quality services for children.

4.0 FINANCIAL IMPLICATIONS

- 4.1 IROs are responsible for ensuring that our children and young people have the right plan in place. Should a child be in the wrong placement this can lead to multiple breakdowns and moves. Not only is the impact of this damaging to the child, the financial impact of the wrong plan is also high. Thus, evidencing the need for IROs to have clear oversight and ensure that they are driving the right plan forward. There is increased need for IRO's to assess placement sufficiency when considering placement matches for children and where safe to do so, focus on rehabilitating children to the care of their families.

5.0 LEGAL IMPLICATIONS

- 5.1 An annual report of the Independent Reviewing Service (IRO) for looked after children is required in accordance with the Children and Young Person's Act 2008 and subsequent statutory guidance published by the Department for Children Schools and Families in 2010 as set out in the IRO handbook.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications arising directly from this report.

7.0 RELEVANT RISKS

- 7.1 The work outlined within the report highlights how CYP directorate risks are being managed and mitigated.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 This has been a key focus area of the unit over the past two years and has seen significant change and sustained improvement. 1082 visits have taken place this year compared to only 867 visits in 2023/24. All of our visits are in person to the child. Every effort is made to ensure the child's voice can be heard, ideally directly from them, but some children choose to ask their Social Worker, parent, foster carer, teacher or advocate to share their views on their behalf.
- 8.2 Whilst IROs are always the child's first advocate, we recognise that at times children may wish to have their view represented by another individual. In 2025/26 128 children and young people were supported by the Barnardo's advocacy service. This included 27 who live out of borough. This is an increase on the previous year's figure which was 92.

9.0 EQUALITY IMPLICATIONS

- 9.1 Within the annual report the disparity our families face on Wirral is discussed. The latest English Indices of Deprivation (2025) reveals that Wirral is now the 28th most deprived Local Authority. This is a stark comparison to the 2022 figures which ranked Wirral as the 38th most income deprived LA area (out of 316). Whilst Wirral sits in the upper tier of deprivation nationally, we have concentrated deprivation rather than uniform poverty. Deprivation is heavily concentrated to the east of the borough whilst west Wirral is far less deprived with areas that are considered affluent. How we deliver our services is responsive to this and our presence and the support provided to these localities is understandably higher.

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS

- 10.1 There are no environment and climate implications arising from this report. However, it is important for our children and young people to understand environmental and climate implications. The IROs oversee how as a Local Authority the corporate parenting responsibilities are discharged including how a holistic approach is undertaken when caring for our children to have a broad understanding of the environment and climate.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 One of the responsibilities of the IROs is to oversee the plans of the Local Authority to support our young people into education and to be ready to enter the employment market. Children Looked After with the right support and encouragement will make a significant contribution to the wealth and wellbeing of the local community.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 The Independent Reviewing Officer has a key role in promoting the safety, stability and positive outcomes of children in care. While the Annual Report is not directly focused on crime and disorder, effective care planning, timely review processes and robust challenge by IROs contribute to reducing factors associated with offending behaviour, exploitation, anti-social behaviour and victimisation among vulnerable children and young people.

During the reporting period, the IRO Service has continued to monitor and challenge delays in care planning, permanence arrangements and access to appropriate support services. This oversight supports early identification of risks, including child criminal exploitation, child sexual exploitation, missing episodes and behaviours that may place children at risk of involvement in crime or disorder

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APPENDICES

Appendix 1 - IRO Annual Report 2025/6

BACKGROUND PAPERS

The IRO Handbook
Children and Young Person's Act 2008
Working Together to Safeguard Children
Wirral Childrens Services Plan
English Indices of Deprivation (2025)

TERMS OF REFERENCE

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

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



Independent Reviewing Service Annual Report

April 2025-March 2026

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FOREWORD

The Annual Report provides an account of the activity of the Independent Reviewing Officer Service between 1 April 2025 and 31 March 2026. It evaluates the effectiveness and impact of the IRO Service in the planning and outcomes for our children and young people. Ensuring that Wirral Local Authority, as a Corporate Parent, is fulfilling its statutory responsibilities towards them and remains ambitious in what we achieve with our children in Wirral. IROs have a crucial role to play in ensuring that care plans for children effectively address their needs, consider our children and young people's ascertainable views and opinions, and improve outcomes for them. The report demonstrates the continuous development of the IRO Service over the last year and its role in the continuous journey of improvement in Wirral.

1. SERVICE AND LEGAL CONTEXT

THE ROLE OF THE INDEPENDENT REVIEWING OFFICER (IRO)

The role of the IRO is set within a legal context and the framework of the IRO Handbook 2010. The appointment by local authorities of an IRO is a statutory requirement. The primary task of the IRO is to ensure that the care plans for looked after children fully reflect their needs, ensures that their wishes and feelings are given full and due consideration and that the actions set out in the plan are consistent with the Local Authority's statutory responsibilities. The statutory duties of the IRO are set out in Section 25B (1) of the Children Act 1989 which are to:

- Monitor the performance by the Local Authority of their functions in relation to the child's case.
- Participate in any review of the child's case.
- Ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority.
- Perform any other function which is prescribed in regulations.

The IRO Handbook clearly sets out the statutory roles and duties as well as the strategic and managerial responsibilities of Local Authorities in establishing an effective IRO Service. There are two clear and separate aspects to the function of an IRO outlined in the handbook, which are (i) to chair the child's review meeting and (ii) monitoring the child's progress on an ongoing basis.

1.2 PROFILE OF THE IRO SERVICE IN WIRRAL

The IRO Service in Wirral sits within the Safeguarding and Quality Assurance Unit. The service is managed independently of children's Social Work line management and is therefore offering an appropriate level of independence that enables the service to effectively challenge the practice, plans, arrangements, and impact for our children by the Local Authority. The Head of Service for Safeguarding and Practice Improvement reports directly to the Director of Children's Services. In Wirral we have a team of 18 divided into 11 IROs and 7 Child protection (CP) Chairs who are based within the Safeguarding Children Unit. They are a skilled, knowledgeable, and passionate team, who have a great deal of experience working with children, young people, their families and carers. The team also includes the Local Authority Designated Officer (LADO) and the Foster Care Reviewing Officer (FIRO). They oversee planning for children who are in our care including those who are privately fostered or placed at home with a Supervision Order.

Separating the role of CP Chair and IRO has allowed us to reduce caseloads from 2022/2023. IRO's now have caseloads of ranging between 70 - 80 children throughout the year of 2025/26. This is more in line with recommendations and best practice guidance. The maintenance of manageable caseloads is critical to ensure good quality oversight between reviews to monitor the progress of care planning and children achieving plans of permanence. This was acknowledged as a strength by the 2024 LGA Peer review, who stated that Continued separation would allow further development of the IRO's and

CP chairs as 'experts' in their respective areas. This will strengthen their identity and contribution to improvement.

The team of IROs is a stable one and the impact of this is that for most children in Wirral, they have lasting and stable relationships with their IRO who will have been alongside them in their experience of care. Relationships are key to our children feeling able to share their views, attend their meetings and have their ambitions understood.

We have a dedicated Business Support Unit, which enables the service to function effectively. They provide note taking for all our child protection conferences, LADO meetings and Secure Review meetings. Business support is a valued area. 2025/26 saw the movement all business support officers to a central business support hub, sharing knowledge and resources.

1.3 IRO CAPACITY

In 2025/26 IROs in Wirral chaired 1818 reviews. Service resourcing throughout the year has aimed to ensure that there was an adequate number of IROs in post enabling the service to have sufficient capacity to deliver effective reviews for our children. This year has seen an increase in the number of children becoming looked after and as a result caseloads have increased. However, we remain committed to caseloads remaining under 80 children to provide the capacity to carry out the duties and functions to a high standard, including sufficient oversight and challenge.

1.4 IRO LEARNING AND DEVELOPMENT

We have continued this year to ensure that IROs in Wirral are equipped with the right knowledge and skills that enable them to scrutinise practice, plans and arrangements for our children and young people effectively.

IROs continued to receive supervision six weekly in 2025/26. Supervision provided the IROs with an opportunity to reflect on planning, progress and outcomes for our children and the pro forma agenda reflects the Systemic Practice Model to ensure supervision is strength based and reflective. All IROs continued to have the opportunity to plan their learning and development in their annual Check In in line with Wirral Borough Council policy. IROs continue to have open access to expert advice through the provision of independent legal advice from Liverpool council and this is seen as a benefit to the IRO service. We know that generally IROs make most use of the independent advice to consider whether an escalation is required at a more senior level regarding a specific element of the Care Plan.

Systemic Practice:

- Two of our IROs have completed systemic practice training with the Centre for Systemic Practice. This means that they are now lead experts in this area and can assist in supporting and embedding this approach within the team and wider service.
- All of our IROs have completed Systemic Practice training which is Wirral's practice model. IROs also continually improve their knowledge and practice by attending regular training events such as Trauma Informed Practice and Substance Misuse.
- Two of our IROs are undertaking apprenticeships in areas of Leadership and Coaching.

Performance meetings are held monthly which focus on performance data and learning from Audits. This time provides the IROs the opportunity to discuss what is working well and what we would like to improve upon. Staff also have the opportunity to attend Staff Engagement Sessions led by the Senior Management Team and Learning and Celebration events.

In 2025/26 Wirral continued to invest in further Quality Assurance Training for all IRO's through the Practice Improvement Team and a specialist consultant. We will continue to upskill our workforce to ensure our 'birds eye view' on practice has a quality assurance focus. We continue to be in a position to offer guidance, advice and professional challenge with regards to driving practice with our children at the centre.

1.5 REGIONAL AND LOCAL LINKS

The IRO Managers attend quarterly meetings with the North West Regional IRO Managers Group. This feeds into the National IRO Manager's Group and the Department of Education (DfE) which considers changes to policy and practice. The IRO Managers Group shares data and good practice across the North West Local Authorities and in 2025/26 the regional group plan to come together to develop training and peer observations.

The IRO management team are integral to several panels in the Social Work Service in which the IRO perspective and overview of planning is valued as part of the decision-making process and over-view of practice. These include the Permanence Panel, MACE Panel and MAPPA meetings. IROs are linked to specific teams in Wirral to share their knowledge about good practice, to listen to Social Workers views about the review process and to build links with Social Workers and Team Managers in their allocated area. Moving forward into 2026/27 we wish to improve this connectivity with increased participation in quality assurance activity and delivering training and development. Establishing effective working relationships has been at the core of the Safeguarding Unit and this has seen the increase in the use of informal dispute resolution has also decreased the need for more formal escalations at times.

We are also part of the Child Death Overview Panel (CDOP) for the North West region and chair all of Wirral's SUDIC reviews and ALTE reviews.

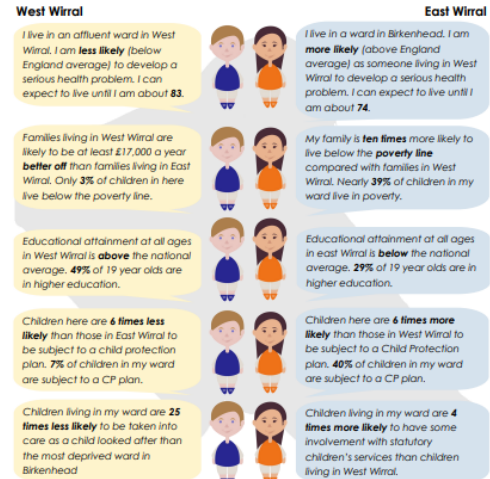
2. OUR CHILDREN & YOUNG PEOPLE DATA

IF WIRRAL HAD 100 CHILDREN



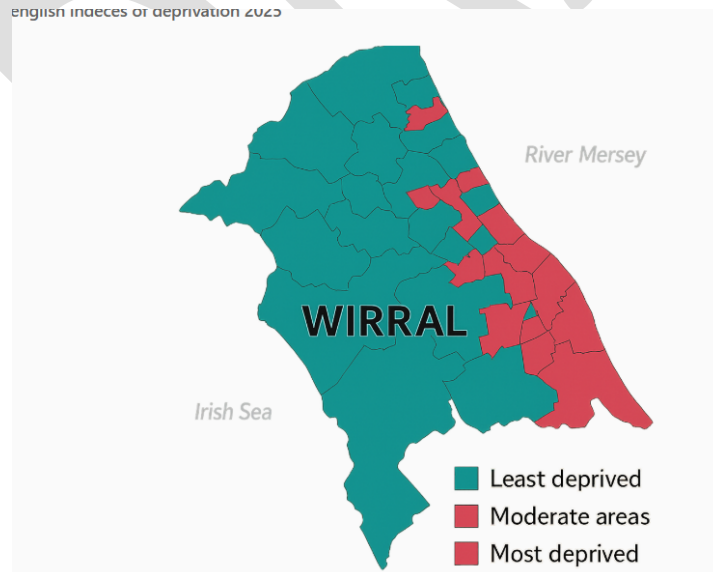
DISPARITY IN WIRRAL

Great disparity exists across the borough, meaning that children and young persons life chances and experiences are markedly different depending on where they live in the borough. This information is illustrated below using data drawn from affluent wards in West Wirral and much more deprived wards in East Wirral. The east and west wards lie less than 6 miles apart from each other.



The latest English Indices of Deprivation (2025) reveals that Wirral is now the 28th most deprived Local Authority. This is a stark comparison to the 2022 figures which ranked Wirral as the 38th most income deprived LA area (out of 316). Whilst Wirral sits in the upper tier of deprivation nationally, we have concentrated deprivation rather than uniform poverty. Deprivation is heavily concentrated to the east of the borough whilst west Wirral is far less deprived with areas that are considered affluent.

english indices of deprivation 2025



The drivers used to score deprivation are as follows:

Income and employment deprivation

Health inequalities (poorer outcomes in east Wirral)

Housing pressures in some neighbourhoods

Crime and community safety issues in specific hotspots

Emerging issues such as **digital exclusion and service access**

Deprivation in areas like Birkenhead and Seacombe is long-standing. Nationally, 82% of the most deprived neighbourhoods remained the same as 2019, and Wirral broadly reflects that persistence. Many Wirral communities experience entrenched, intergenerational deprivation, not short-term change. This is critical for our unit to understand so that we can drive early help, prevention, and long-term planning for our children and families.

2.1 PROFILE OF OUR CHILDREN

The Department for Education has set figures for the numbers of children who are looked after based on population figures per 10,000. The benchmark set being 83.2 – 95. Wirral's population figure are 100.3 at the end of March 2026. This is above Northwest comparisons but below statical neighbourhood of 90 and 107 per 10,000 respectively.

In relation to the children in care we serve, this number has fallen considerably since 2023/26 when our looked after population was 116 per 10,000. This is due to several initiatives being driven, including the Pathfinder, now Families First Programme and the Care Programme. As of end of March 25, we have 664 looked after children compared to 766 in March 2024 and 681 last year. Most children and young people (43%) are aged between 10-15 years.

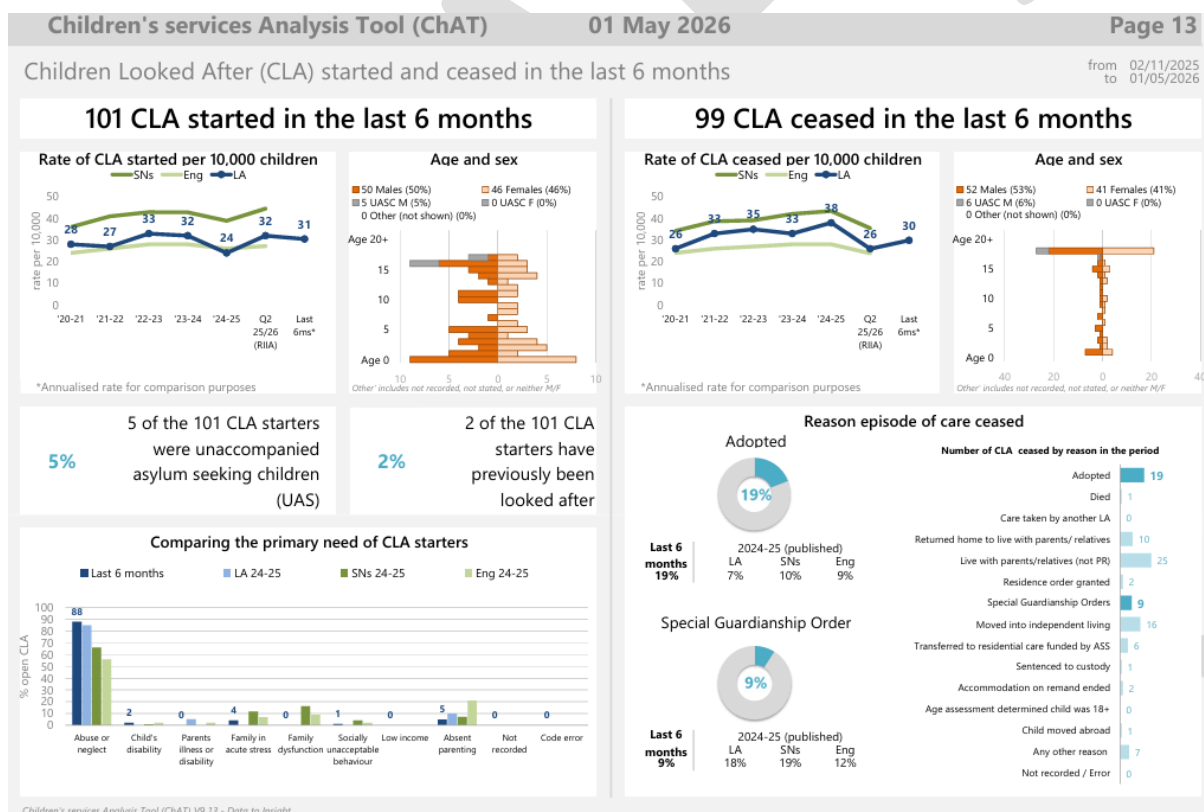
2025/26 saw 193 children cease being looked after. Most of these children (43) left care to return to parents, relatives or other family members. 16 children had a Special Guardianship Order granted. This can be viewed as an illustration of positive care planning for children who have been supported to return to live with their family. The IRO service remains central to these initiatives as the prospect of rehabilitation remains at the forefront of every child's review.

36 of our young people who are over 18 chose to continue to live with their foster carers. The IRO service realises the important benefits this brings to young people, including continued emotional support and stability and a smoother transition into independence. Ensuring our young people have the right support and plans in post 18 is an area of clear focus for the IRO's.

Reason for Leaving Care

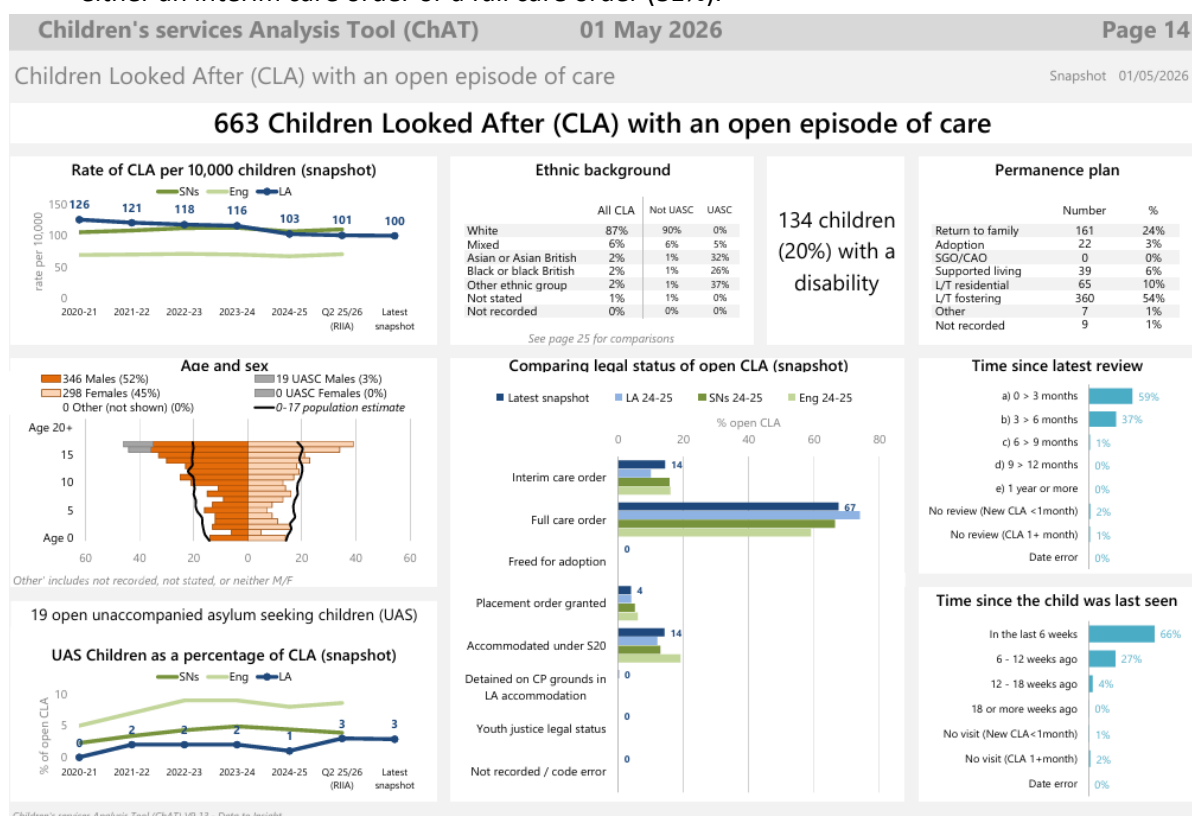


Whilst Wirral's Children Looked After population is above the Department for Education benchmark, a comparison of our statutory neighbours and England as a whole from October 2025 – April 2026, demonstrates that Wirral is now in line with our statutory neighbours but remains above the England national average.



Legal Status of our children looked after

As you can see from the graph below, most of our children and young people are subject to either an interim care order or a full care order (81%).



The chart above demonstrates that Children leaving care to live with parents or relatives is the most common outcome. Again, this demonstrates the 'we are Wirral' focus of keeping children with their families when it is safe to do so.

Definition of Orders in Chart Above

- *Section 20 is a voluntary agreement between the child and young person's parents or whoever holds parental responsibility for the child.*
- *Interim care order is an order that can be made by the court before the final hearing which allows the Local Authority to share parental responsibility with the child's parents or whoever holds parental responsibility for the child.*
- *Placement order is an order that allows the Local Authority to place a child with prospective adopters.*
- *Full care order is an order which allows the Local Authority to share parental responsibility with the child's parents or whoever holds parental responsibility for the child until the child reaches 18 years or the care order is discharged by the court.*

3.1 TIMELINESS OF OUR LOOKED AFTER CHILDREN REVIEWS

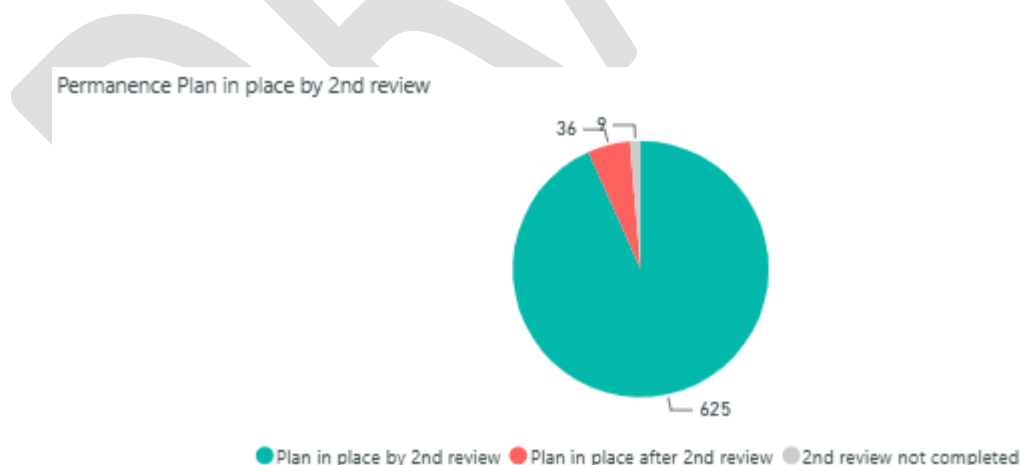
In 2025/26 93% of Looked after reviews were held in timeframe for our children. An increase from 2024/25 which was 91%. Despite the improving performance the service is committed to achieving a target of 95% or above and this will continue to be a focus of 2026/27.

We listen to our children. Our reviews are child led and focused. This is reflected in the number of reviews now being held in person. This is vital to ensure that IROs develop trusting meaningful relationships with children and has been a priority for the service. In the last 12 months 1818 reviews were held with 74% being held in person. This is a significant increase from 24/25 figure of 66% and the previous 23/24 of 52%. In 2026/2027 we expect this trajectory to continue this figure to further increase.

26% of reviews were held virtually. For these children, they have decided not to come to their review and prefer online. The child is still visited by their IRO in between reviews and are able to share their views in the way that they choose and feel most comfortable with.

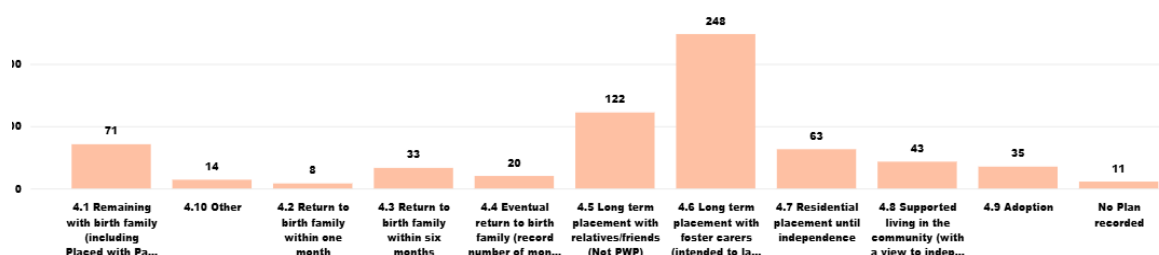
The minutes of reviews continue to be written to the child and young person, avoiding the use of jargon. Ultimately giving children and young people a greater understanding of their care plans and life stories. Our children and young people are all sent a copy of their minutes from reviews.

3.2 ACHIEVING PERMANENCY FOR CHILDREN AND YOUNG PEOPLE



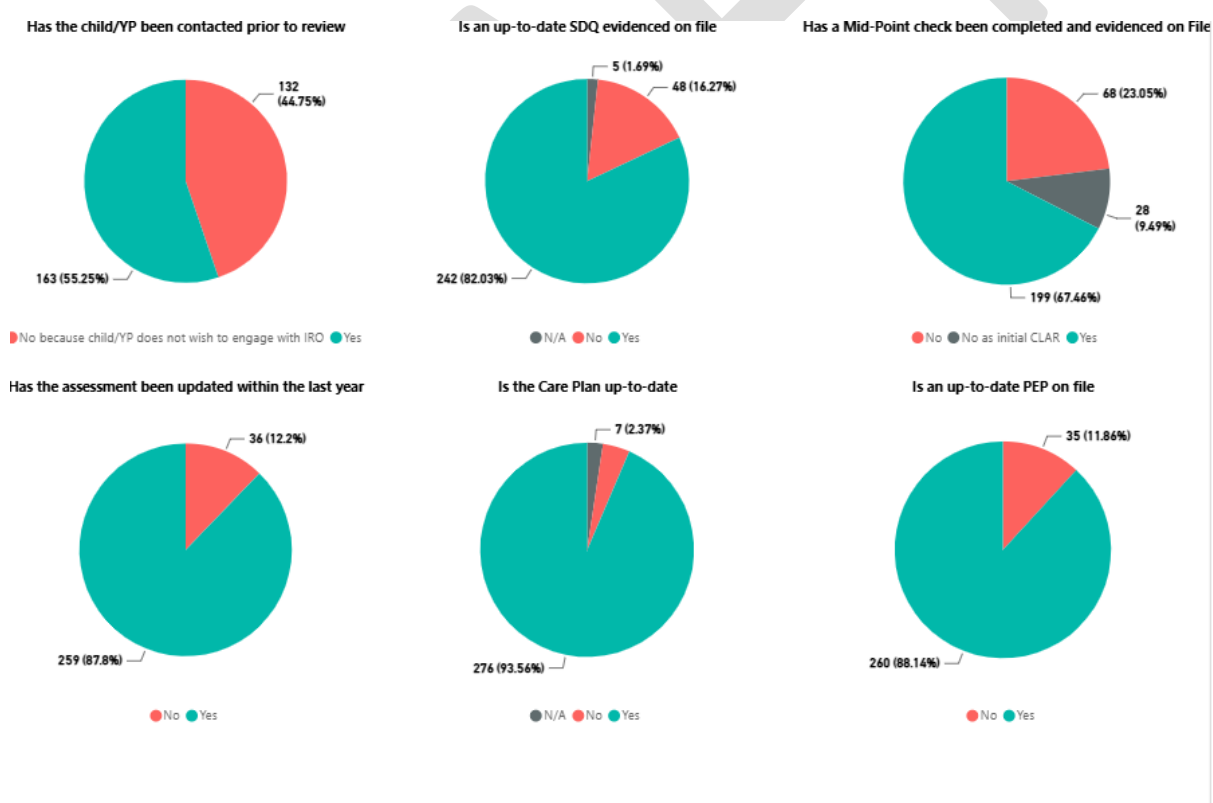
We strive to achieve the right plan of permanence for our children without drift and delay. For 2025/26 we saw that 93% of children had a plan of permanence identified by their second review, which is a similar picture to previous years' figures of 90% and 91% respectively, but a marked improvement upon the 2022/2023 figure of 55%. Whilst this figure is encouraging, we need to continue to ensure that our care planning remains robust. We know that Social Workers consider the primary and contingency plan for children, but this needs to continue to be clearly and consistently evidenced. The

outcome of this for children is that more children will have secure permanency plans in place by their second review. Broken down below are the plans of permanence for our children and young people. This provides a visual demonstration of how our plans focus heavily on remaining or returning to live with family. Our IROs drive this forward, when safe to do so.



3.3 FOCUS AREAS OF THE CHILD LOOKED AFTER REVIEWS

The below figures show a snapshot of key areas that looked after reviews focus on:



Health needs and the educational needs for our looked after children is a focus area for IROs. For our cohort of children who require an Educational Health Care Plan (EHCP) IROs ensure EHCP assessments are progressed in a timely manner and once completed are recorded on the child's file. For those children who so have Special Educational Needs but are yet to obtain a formal diagnosis or plan,

review focuses on working with our partners in education and ensuring the child has the right support in place in a timely manner without delay. This support is then reflected in care plans.

4. PARTICIPATION & ENGAGEMENT

4.1 IRO ENGAGEMENT & VISITS TO CHILDREN & YOUNG PEOPLE

This has been a key focus area of the unit over the past two years and has seen significant change and sustained improvement. The key part of the IRO role is to ensure that children have been consulted about their views and have their wishes and feelings given due consideration in plans for their care. Since 2024/25 IROs have focused upon encouraging all of our Wirral children to participate in face-to-face visits, including those children with disabilities, and attend their meetings in person. This has ensured that meaningful relationships with children is underpinned by practice that promotes this.

1082 visits have taken place this year compared to only 867 visits in 2023/24. All of our visits are in person to the child.

This year some children declined a visit with the IRO within six weeks prior to the review. When children do not wish to see their IRO a range of alternative methods are offered to ensure they can share their views, set their agenda and be able to influence their care plans. Some children decline the visit choosing instead to attend their review and share their views themselves. Others agree to speak to the IRO on the day before their meeting starts. Every effort is made to ensure the child's voice can be heard, ideally directly from them, but some children choose to ask their Social Worker, parent, foster carer, teacher or advocate to share their views on their behalf.

4.2 PARTICIPATION AND ENGAGEMENT OF CHILDREN IN OUR CHILDREN REVIEWS

The key priority for Wirral and a primary objective of the IRO service is to ensure children are central to the decisions made about them and that they actively participate in the meetings about their care plans. A key element in delivering this objective is the measure of the young person's participation in the Statutory Review of their care plan and care arrangements. IROs have worked hard and creatively over this period by being in contact with children face to face, over telephone, text, emails, WhatsApp to ensure that children participate and engage in their reviews in a way that is meaningful and that their voices are heard using a variety of methods.

Our children now have consistent say in who attends their meetings and where they are held. We continue to distribute the consultation form twice annually. This is evidenced in the increase we have seen in children attending their reviews this year. This reflects the dedication of the IROs in Wirral who ensure that children are given every opportunity to engage through a variety of methods.

1818 reviews were held in this period with 74% being held in person which demonstrates the upward trajectory from last year's 66%. We continue to focus on this as a unit and aim to exceed our target of 75% in 2026/27. As stated earlier, our expectation is that all children under the age of 10 are visited in person.

74% of children attended their review which is an increase from last year's figure of 66% and the 2022/23 figure of 20%. This is within touching distance of the unit's target of 75% and it is encouraging that our children want to be part of their reviews and are building trusting relationships with their IROs. We also know that even when our children do not formally attend their review, they are being visited, and their views are then being shared by the IRO and considered as part of their planning. By having our children at the very heart of their reviews we are optimistic that this figure will continue to increase.

Out of the 26% of children who did not attend their reviews: 11% were too young, 5% had limited understanding and 10% did not wish to attend.

All children aged 5 and over, are sent a consultation form prior their CLA reviews, their IRO also contacts our children in addition to this.

10% of children did not attend or share their views with the review meeting, stating that they did not wish to engage with the IRO. A key priority for the IROs of these children is to meet with them and gain an understanding as to why this was and support them to feel able to share wishes and feelings.

The IRO is key to ensuring that children understand their right and can have access to an Advocate. In 205/26 128 children were supported by an advocate.

Wherever possible we want parents to attend their child's review. However, when this is not feasible our IROs always ensure that parents views are sought, shared and included within the minutes of reviews.

4.3 ADVOCACY

Whilst IROs are always the child's first advocate, we recognise that at times children may wish to have their view represented by another individual. In 2025/26 128 children and young people were supported by the Barnardo's advocacy service. This included 27 who live out of borough. This is an increase on the previous year's figure which was 92.

We continue to raise awareness of our advocacy offer from BARNARDOS across the wider service, ensuring that were they need it our children are helped to be heard. Barnardo's support children aged 8-18 years and 18-25- year-olds who are care experienced. They also support children who are part of the child protection process.

We use BARNARDOS for our independent visitor service. There are currently 18 children matched.

We have continued to challenge and adapt some of the language that we use in what we say and how we record information about our children and young people. The unit took the lead on this approach and we continue to see this having an effect not only within children's services, but also across partner agencies. 3 of the IROs from the service deliver multi agency training in respect of writing to the child and the power of language

4.4 WHAT OUR CHILDREN, FAMILIES AND PROFESSIONALS TELL US:

Over 2025/2026 we have received some fantastic feedback.

The feedback received for IRO's has been captured by email from families, carers, practitioners and professionals.

Feedback is also gathered, of course, during visits and in 2025/26 IROs recorded feedback from 1082 visits. From these visits we can see that our children are telling us what they think and feel about their plans. Such focus on seeing our children has seen the number of visits increase significantly from pre 2024. Feedback focuses significantly on who and where they are living and how family time should look. Feedback also allows us to understand how they want other professionals to work with them. It gives the entire service an idea of what we are doing well and how we can improve.

Some examples of feedback from Children and Young People

'you said you like your new home and seeing your family again. You said you know you can talk to me whenever you want. You have my contact details'

I want to go to college or Uni when I'm older. I am happy at home but I enjoy seeing my Mum and Dad.

I'm happy here and want to stay until I join the military.

It really bothers me when my Dad doesn't show up

'Everything is fine here, no problem'.

From the data we collect there are key threads of what families find helpful that can be identified from the feedback which include:

- Advice given being appreciated
- The child being at the centre of decisions made
- The child's needs being the priority
- The IRO being supportive, empathic, knowledgeable, approachable and listening to the families
- The meetings being balanced with concerns for the child and hearing the parents and carers

We also developed a post card, which was sent out to all children and young people. This allowed children the opportunity reach out and share their views in a different way. From this we picked up how our IROs support the children and young people they work with:

- Listened to me
- Spent time with me
- Share my views, wishes and feelings

- Supported me to access services

Feedback received from the Children in Care Council

- shared that they know their IRO and like them

In 2026/27 we will continue to establish links with our Children in Care Council and Our Space and attend meetings alongside them. This allows us to be at the centre of any changes they wish to make. They are also integral in assisting us in co-producing any existing processes and developing new approaches.

5. QUALITY ASSURANCE

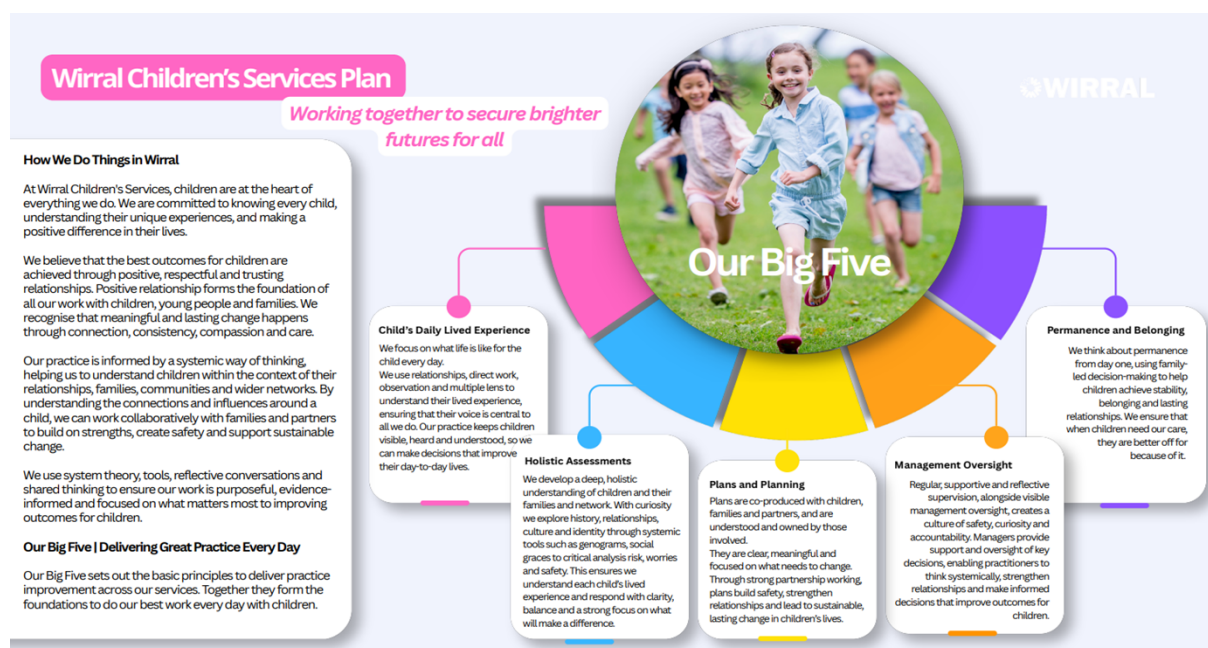
In 2025/26 we saw the relationship between the Practice Improvement team and Safeguarding Unit continue to grow. Wirral's Quality Assurance framework, incorporating the approaches of Systemic Practice, IROs continue to be an integral part of that process, undertaking bimonthly reflective reviews. IROs continue to monitor children's progress and planning between each review.

5.1 THE ROLE OF THE IRO IN QUALITY ASSURANCE

The IRO's role is pivotal in providing independent monitoring of the child's care plan to ensure the children and young people achieve positive outcomes. In Wirral IROs complete a Midpoint Review whereby they hold a meeting with the allocated social worker and discuss progression of the plan and whether recommendations from the previous review have been completed. This not only evidences their footprint but also allows them to discuss any gaps with the social worker and consider whether an escalation is required.

This year 1232 1353 reviews have been completed, which is a decrease from the previous year's figure of 1353 but still far greater than 2023/24 figure of 1082.

5.2 WIRRAL CHILDREN'S PLAN – HOW WE DO THINGS



This year we have continued to embed the role of Safeguarding Improvement Unit within the Quality Assurance Framework (QAF). The Quality Assurance work that the unit undertakes has a clear focus, aligning with Wirral Children Services plan and our Big 5 practice priorities. The Quality Assurance Framework set out not just how we gather information about children's lives but how we evidence that the information that we gather includes the voice and influence of children and young people, and that we can see the impact of good quality of practice through better outcomes for children. The framework promotes the foundation for practice improvement:

- Voice and daily lived experience of child / young person at the centre of all practice and evident throughout.
- Quality Assessments that are holistic.
- Quality Plans – coproduced with our children and families
- Quality management oversight that evidences active support, reflection and contributes to timely decision making.
- Permanence and belonging – We consider permanence from day one.
- Evidence of involving our parents, family and carers throughout our involvement.
- Gathering crucial feedback from our children and families.

Wirral continues to embrace a systemic model of working and quality assurance is undertaken using a model of Reflective case review discussions. These involve meeting with the practitioner and having a reflective discussion together about the work undertaken with the child and family and the impact this has had. The safeguarding unit will continue to undertake these in the coming year.

5.3 DISPUTE RESOLUTIONS: IRO CHALLENGE AND SCRUTINY

IRO's will review children and young people's plans to ensure these are progressing and achieving plans of permanence in a timely way. This includes monitoring the progress of the plan between Children Looked After Reviews and conversing with a range of professionals, family members and the child. Where there appears to be delay, poor practice, concerns for the child safety, placement stability for children and young people, an IRO will raise a professional challenge called Dispute Resolution Process (DRP). This will involve highlighting the concern or delay with the relevant level of management to achieve the fastest change or outcome for the child.

The Dispute Resolution Process is our formal challenge process, which every IRO service must have. This has been shared with our colleagues across the wider service and is very clear. Central to our challenge is the impact for the child or family we are working with to create a positive outcome or change for them. We commence a challenge at an informal level and can escalate where deemed necessary to create action. There are 3 stages to our formal process however, this does not need to be linear. The challenge will be made at the most appropriate level to create the quickest outcome for the child or young person.

We have issued the dispute resolution process on 324 occasions.

205 Informal

119 Formal

Working systemically with teams and with the development of team links we are seeing a more efficient way of working, with outcomes being achieved for our children via effective communication rather than a dispute process that can contribute to further delay.

Moving into 2025/26 we are looking to improve upon the current process, streamlining and increasing effectiveness for our families. The new approach will also look at including positive feedback, to acknowledge the good practice that is happening across Wirral. We will also continue to provide themes in practice, themes from DRPs and feedback from families to help improve the quality of practice and service delivery from Children's Services.

As part of the new process, we intend to link with the Principal Social Worker to scrutinise these cases and examine has challenge been effective, what has been the impact for the child and how can we improve this.

5.4 IRO OVERSIGHT

Part of the IROs role is to contribute to improve outcomes for our children with the core purpose being to ensure the care plan for a child fully reflects the child's needs and ensures that each child's wishes and feelings are given full and due consideration. Their role is to monitor the child's progress on an ongoing basis as well as reviewing the CLA Care Plan at regular intervals. To do this it was recognised that we need to: - show regular oversight of the planning process, - monitor the pace of progress and - robustly challenge where there is drift and delay - provide scrutiny of the progress and effectiveness of the child's care plan between reviews. This includes check-ins and mid-point overviews to ensure recommendations are being progressed. It considers the progression of the planning, the voice and

influence of the child in the planning, evidence of parental involvement and impact, management oversight influencing the progression and direction of the plan and overall analysis and impact on the child. The aim of this is to improve the outcomes for our children in care.

6. OUTCOMES & IMPACT OF THE SERVICE

6.1 PROGRESS MADE IN 2025/26

In writing the 2025/2026 Annual Report we were ambitious in setting out what we hoped to achieve. Which were:

1) Impact and Achieving permanence

- IROs and CP Chairs are producing plans that are meaningful and impactful for children. The next phase is to support the wider service in embedding systemic My Journey. This will include delivering training and supporting via team links
- For those children who are accommodated, reunification is considered at all review meetings. When appropriate, care orders are discharged.
- Should a child be accommodated then IROs will assess placement sufficiency, when considering placement matches and fully explore all potential options within the family, using systemic Genograms and family group conferencing.
- IROs will lead in delivering specific training around permanence and ensure that this mandatory training is delivered to all staff so that we have shared values and understanding.
- Outcome: we can see that this was achieved in 2025/26. Our children in care numbers remain lower than they have been in previous years as IROs strive for children to remain with family, wherever it is safe to do so and reunification is considered at every juncture. Our permanency planning starts prior to initial conference, and we aim to implement the right plan of support to the family at the earliest opportunity.

2) Challenge and Dispute Resolution

- In 2025/26 we will revisit the current process in order to ensure that when we raise challenges we are doing so in a systemic and effective manner
- The Independent Chairs who are linked to the regional network will work alongside neighbouring safeguarding units to develop a more effective resolution process – pooling knowledge and ideology.
- Midway monitoring will continue but will be adapted to ensure reflection and hypotheses are happening that drive forward care planning for our children and drift and delay is addressed.

Outcome: our IROs continue to challenge and ensure they are driving children's plans. Our strengthened links with the regional networks is sharing good practice ideas and in 2026/27 we aim to revisit the current process and make this more aligned with the systemic practice model.

3) Participation and engagement

- The focus this year will continue to be visits. All visits will be in person with the aim of building valued and trusted relationships with our children and those people who are important to them.
- Family will be included and their views and situation updated
- Feedback will be sought so that we continue to get things right for our children and for those who currently do not wish to attend their meetings, we understand why. SO that we can seek to change this.

Outcome: this year more children participated in their review than ever before and IRO's continue to complete high numbers of visits. Thus ensuring our children and young people have further opportunity to share their views and have reviews on their terms. All visits are face to face and our children receive a consultation form prior to their meetings, so that they each can participate. There is still work to be done as we move into 2026/27.

4) Contribution to Quality Assurance

- There is an expectation that there will be a continued commitment to undertake bimonthly reflective case reviews.
- Themes and trends will be identified and shared with Practice Improvement and senior management teams so that any training or support needs can be addressed immediately.
- IROs will take part in learning reviews and multi-agency reflective groups and in 2025/26 we will look to lead in this area alongside the practice improvement team.

Outcome: great progress has been achieved and maintained in this area. The safeguarding unit is proud to be an integral part of the wider quality assurance framework and their knowledge and expertise in supporting social work practitioners and holding beneficial reflective discussions has been acknowledged. This is an area that requires consistent improvement as we move into 2026/27.

7. KEY PRIORITIES 2026/2028

The key priorities for the Safeguarding Unit and IRO's, connect to the priorities outlined within the Directorates Children and Young People's Plan for 2026/2028. This ensures that our priorities have a golden thread to the aims and objectives that are outlined for all Children in Wirral. Our progress will be monitored through our governance structures which will include Children's Committee.

The priorities for 2026 – 2028 are outlined below.

1) **CHILDREN GET THE RIGHT HELP AT THE RIGHT TIME THROUGH EFFECTIVE LOCALITY SERVICES**

IROs will drive the quality of assessment and plans for our children by undertaking quality assurance and providing oversight at agreed points in the child's journey.

IROs will promote all children having permanence assessment assessments / leaving care assessment and other appropriate assessments that ensure that their needs are well understood to enable quality plan and support. This will be recorded clearly in recommendations and actions from review meetings. When assessments are not undertaken this will be raised through the resolution policy.

2) CHILDREN ARE SAFE INSIDE AND OUTSIDE OF THEIR HOMES

IROs will ensure all children who are identified at risk have a clear and effective safety plan in place at the earliest opportunity.

3) ALL CHILDREN GET GOOD QUALITY SUPPORT EDUCATION AND SUPPORT IN INCLUSIVE SETTINGS

IROs will help to ensure that our children feel seen, valued and connected in their education setting with the right support around them, at the right time.

Educational neglect will be considered and included appropriately within care plans

The Safeguarding units understanding of the impact of school attendance will be increased and this will strengthen care planning

IROs will ensure that our children have a high-quality PEP; when children do not have a PEP that is meeting their needs they will include in recommendations and or utilise the resolution policy to drive improvements and impact for children achieve the best outcomes in education

4) CHILDREN HAVE STABLE AND LOVING HOMES AND MAINTAIN STRONG RELATIONSHIPS WITH THOSE WHO ARE IMPORTANT TO THEM.

IROs will ensure that family time arrangements are appropriately included within children's plans.

IROs, when safe to do so, will promote reassessment of family network members to support children return to the care of family members.

IROs will promote effective permanence planning through holding timely CLA review meetings.

IROs will ensure that the child's voice is central to all CLARs through developing a positive relationship with our children. Consulting with them before their CLAR

IROs will support Our Wirral Children be prepared for Adulthood by recommending the completion of their pathway plan in a timely manner and ensuring care plans promote the development of life skills and independence skills.

5) WORK WITH OUR PARTNERS TO USE AND DEVELOP RESOURCES EFFECTIVELY TO DELIVER HIGH QUALITY SERVICES FOR CHILDREN, INFORMED BY FEEDBACK FROM CHILDREN AND FAMILIES

The Robust quality assurance that IROs undertake delivers accurate information that is then used to improve and develop the quality of services, improving experiences and outcomes for our families.

The Safeguarding Unit will undertake a review of the resolution policy to ensure that we continue to provide high challenge, high support in driving improved outcomes for our children and families.

All members of the Safeguarding unit will continue to participate in the Quality Assurance Framework, undertaking a range of Quality Assurance activity.

IROs will participate in all learning circles co-ordinated by the safeguarding partnership.

The Safeguarding unit will have an improved understanding of learning from WSCP reviews or LCSPRs and will continue to support the embedding of learning within practice.

Safeguarding unit will have a presence at all appropriate committees.

7.1 CONCLUSION

The IRO Service in Wirral has demonstrated consistent progress in 2026–2027, with measurable improvements in permanency planning, participation, and quality assurance. The service continues to evolve, embedding systemic practice and maintaining a strong focus on the voice and lived experience of children and young people.

These achievements reflect the dedication, expertise, and collaborative spirit of the IRO team and their commitment to ensuring every child in care receives high-quality, responsive, and meaningful support.

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CHILDREN, YOUNG PEOPLE & EDUCATION COMMITTEE

WEDNESDAY, 14 OCTOBER 2026

REPORT TITLE:	LOCAL AUTHORITY DEDICATED OFFICER (LADO) ANNUAL REPORT 2025/26
REPORT OF:	DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION

REPORT SUMMARY

This report presents the annual performance and activity of the Local Authority Designated Officer (LADO) Service for 2025/26. The report provides an overview of referral volumes, performance, outcomes, workforce development activity, service improvements, and emerging themes relating to allegations against adults working with children. The report demonstrates increasing demand for the service, continued confidence from partner agencies in safeguarding arrangements, and the effectiveness of the LADO function in promoting safe workforce practices across Wirral

This report provides an overview to the Children Young People and Education Committee for scrutiny and comment.

This report is aligned to the Wirral Childrens Services Plan 2026-28 priority: Working together for brighter futures for our children, young people, and their families

This affects all wards but is not a key decision.

RECOMMENDATION/S

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

- 1) Review and scrutinise the contents of the LADO Annual Report 2025/26.
- 2) Approve the publication of the LADO Annual Report 2025/26.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Committee has oversight responsibilities in relation to safeguarding arrangements and receives annual assurance regarding the effectiveness of statutory safeguarding functions. The LADO Annual Report provides evidence of service activity, outcomes, emerging trends and areas of development across the children's workforce in Wirral.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No alternative options have been considered as the presentation of annual safeguarding performance and statutory function activity provides assurance regarding the effectiveness of local safeguarding arrangements and supports transparency and accountability

3.0 BACKGROUND INFORMATION

- 3.1 The LADO Service is responsible for the management and oversight of allegations made against adults working with children in paid or voluntary positions of trust. During 2025/26, the service received 538 referrals, representing the highest referral volume recorded and a 75.8% increase over the previous three years. Of these referrals, 173 met the threshold for formal LADO involvement. Education settings generated the highest number of referrals, accounting for 42.6% of all referrals received.
- 3.2 A total of 187 cases were concluded during the reporting period. The majority of investigations were concluded within three months, with substantiated findings representing the largest outcome category. Forty-nine cases resulted in referrals to the Disclosure and Barring Service and/or relevant professional regulatory bodies.
- 3.3 The report also highlights improvements to referral pathways, updated policies and procedures, enhanced business support arrangements and a comprehensive programme of workforce safeguarding training delivered across partner agencies.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The LADO Service operates within existing Children's Services resources. During the reporting period, additional business support capacity was introduced to assist with the coordination and administration of the increasing referral volume. Ongoing monitoring of demand will be required to ensure the service remains appropriately resourced to effectively undertake its statutory responsibilities.

5.0 LEGAL IMPLICATIONS

- 5.1 Local authorities are required to have a designated officer responsible for the management of allegations against adults working with children in accordance with Working Together to Safeguard Children. The LADO function supports compliance with statutory safeguarding duties and promotes effective management of allegations through multi-agency partnership working.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The significant increase in referral activity places continued demand upon the service. Dedicated business support arrangements have been strengthened through the introduction of additional administrative capacity and continued use of the Liquidlogic system for case management, performance monitoring and reporting.

7.0 RELEVANT RISKS

- 7.1 The principal risk relates to the increasing volume and complexity of referrals. Failure to maintain sufficient capacity could impact the timeliness of safeguarding oversight and management of allegations. The service continues to mitigate these risks through strengthened business support arrangements, streamlined referral processes, workforce development activity and ongoing performance monitoring.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The LADO Service works closely with a broad range of partner agencies including education settings, social care providers, health organisations, police, residential providers, fostering services and voluntary sector organisations. The service delivers training, consultation and awareness-raising activity to support understanding of safeguarding responsibilities, referral thresholds and workforce safeguarding processes.

9.0 EQUALITY IMPLICATIONS

- 9.1 The LADO Service contributes to promoting equality by ensuring allegations involving adults who work with children are managed consistently, fairly and proportionately. The service seeks to safeguard children from harm whilst ensuring that investigations are conducted in accordance with established procedures and principles of fairness.

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE CHANGE IMPLICATIONS

- 10.1 There are no direct environmental, biodiversity or climate change implications arising from this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Effective workforce safeguarding arrangements support safe communities and contribute to public confidence in organisations that provide services to children and young people. The LADO Service promotes safe recruitment, professional accountability and organisational learning across Wirral's children's workforce.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 The LADO Service contributes to the prevention and detection of crime by ensuring that allegations which may constitute criminal offences are appropriately referred to and investigated by the police. The service works closely with partner agencies to ensure risks to children are identified and managed effectively. During 2025/26, 49

cases resulted in referrals to the Disclosure and Barring Service and/or professional regulatory bodies, supporting wider public protection and safeguarding arrangements

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APPENDICES

Appendix 1 - LADO Annual Report 2025 - 2026

BACKGROUND PAPERS

Children and Young Person's Act 2008.
Working Together to Safeguard Children.
Wirral Childrens Services Plan.

TERMS OF REFERENCE

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

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Local Authority Dedicated Officer (LADO)

Annual Report 2025/26

1.0 Introduction

Local authorities are required to have a designated officer for managing allegations against professionals and persons in a position of trust who work with children; in accordance with Working Together 2026. In Wirral, the LADO role is fulfilled by an individual officer, within the Safeguarding Unit.

The LADO is responsible for the management and oversight of individual circumstances when an allegation is made against an adult who works with children in a position of trust within regulated activities, both paid and within a voluntary capacity. An allegation may relate to a person who works with children in regulated activity who has:

- behaved in a way that has harmed a child, or may have harmed a child.
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The LADO's key role is to provide advice and guidance to employers or voluntary organisations when there has been a concern or allegation against a member of staff or volunteer. The LADO will liaise with the police and other agencies, including Ofsted and professional bodies and monitor the progress of referrals to ensure that they are dealt with consistently, fairly and in a timely manner.

The LADO ensures organisations operate a thorough and fair process of investigating allegations. The LADO will provide oversight and monitoring of the investigative process through to its conclusion. The LADO will liaise with other local authority LADOs where there are cross-boundary issues.

2.0 LADO Process

Allegations and concerns must be referred through to the LADO within 24 hours of identification, however immediate/interim safeguarding measures should be actioned as a priority. This may include an immediate suspension of the adult and a referral to Merseyside Police if there is suspicion that a crime may have been committed against a child. Agencies and professionals must always follow their own Safeguarding procedures.

All agencies are required to complete a LADO Referral form. The referral form should be completed to the highest quality to provide the LADO with all relevant information. The LADO will then determine if the LADO threshold is met. All LADO referrals are recorded and tracked on the Liquid Logic recording system.

Any referral that is deemed to meet the LADO threshold will progress to an Initial Management of Allegations Meeting, Review meetings (as required on a case-by-case basis) and a Closure meeting. All the meetings are chaired by the LADO and summary notes of the meeting are recorded.

The LADO service is supported by dedicated Business Support arrangements. During the reporting period, an additional part-time Business Support post was introduced to provide dedicated support for the coordination of LADO meetings and the recording of meeting minutes. The service is also supported by a dedicated Business Support Officer working four days per week, with responsibility for case management, reporting, performance monitoring. These arrangements have enhanced the capacity of the service and supported the effective management of increasing referral volumes.

3.0 Increasing Demand for the LADO Service

The number of referrals received by the LADO service has significantly increased over the last 3 years. This year represents the highest level of referrals received by the service. The referrals have risen from 306 referrals in 2023/24 to 404 referrals in 2024/25 and further increasing to 538 referrals in 2025/26. This represents an increase of 232 referrals (75.8%) over the three-year period. The most recent increase of 134

referrals (33.2%) between 2024/25 and 2025/26 demonstrates growing awareness of safeguarding responsibilities of employers and voluntary organisations and increased confidence amongst partner agencies in seeking advice and support through the LADO Service. Whilst this is positive, this places significant pressures on the LADO to meet the demands of the services.

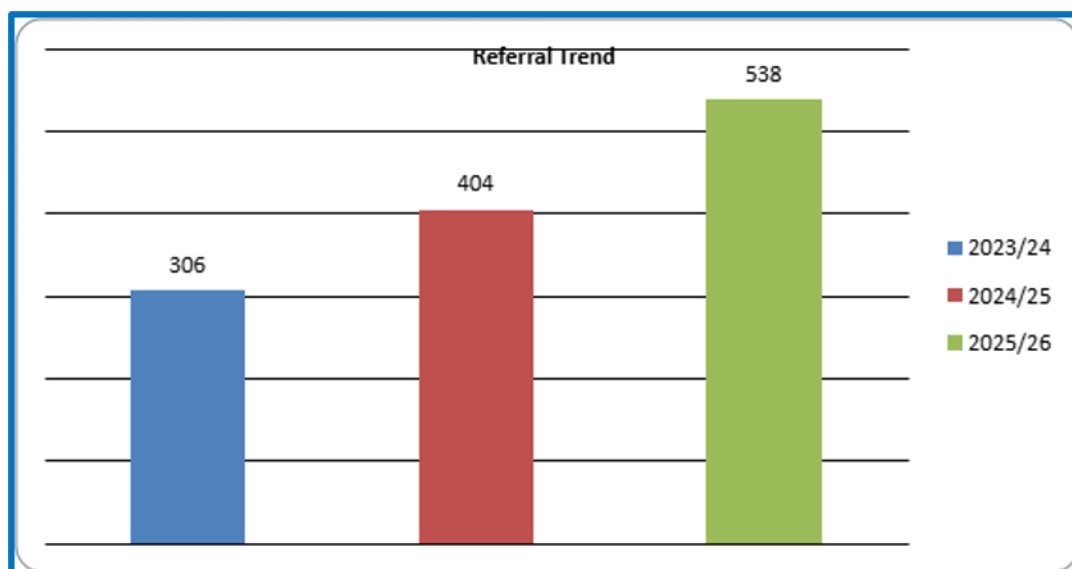


Chart 1

Referrals were received from a wide range of organisations working with children and young people across Wirral. Education settings accounted for 42.6% of all referrals received and represented the largest source of referrals to the LADO service, reflecting the size of the workforce and level of contact with children. Outside of education, Residential Providers represented the largest source of referrals. Referrals were also received from fostering services, transport providers, health services, social care, and voluntary sector organisations, demonstrating broad engagement with workforce safeguarding responsibilities and continued confidence in accessing advice and oversight through the LADO service.

The chart below illustrates the range of employing organisations referring into the LADO.

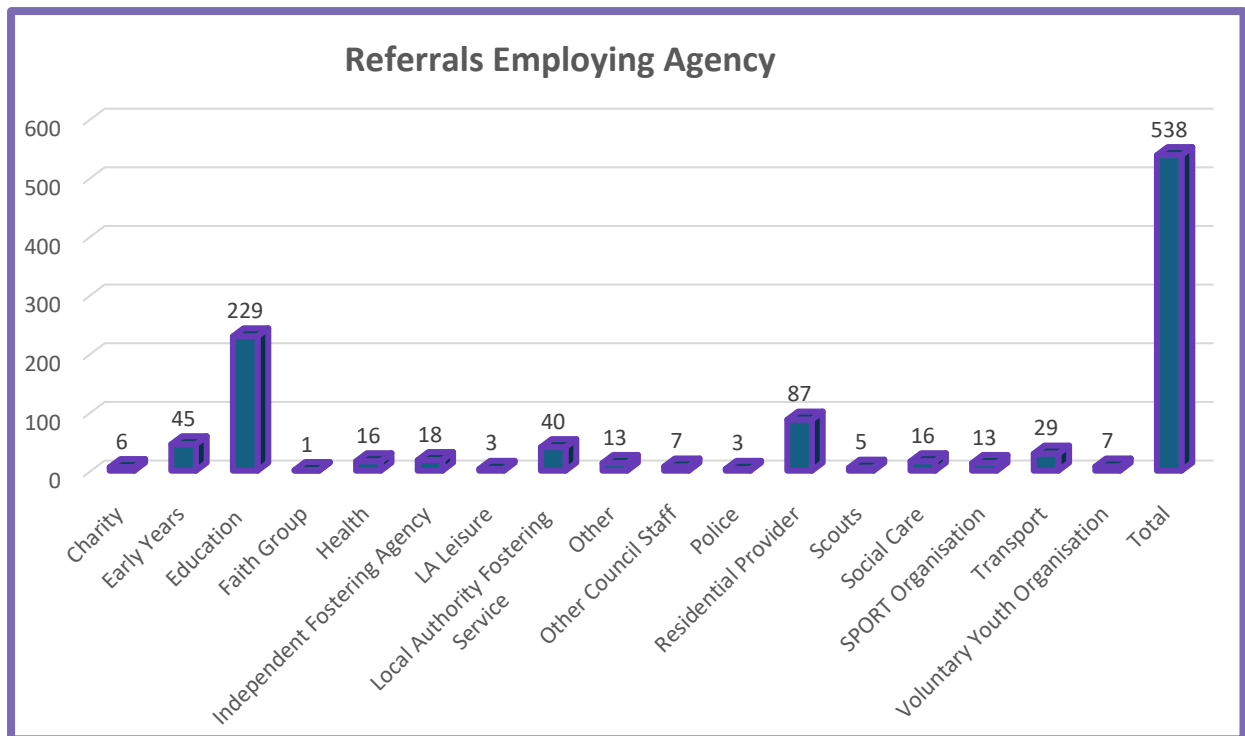


Chart 2

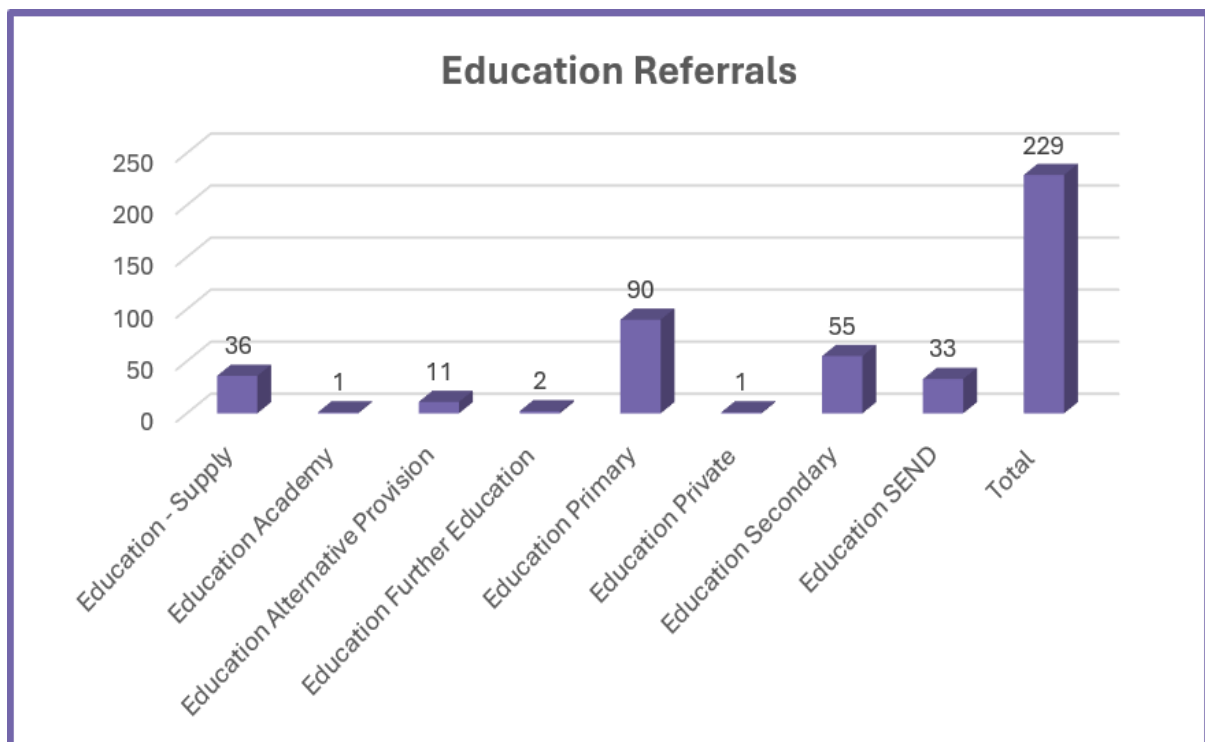


Chart 3

3.1 LADO Referrals Met Threshold for Investigation

The chart below shows the distribution of referrals that met the threshold for formal LADO involvement across employing organisations during 2025/26. Of the 173 referrals that met the threshold for formal LADO involvement, Education settings accounted for 33.5% of cases. Residential Providers represented the largest non-education source of threshold cases (13.9%), followed by Transport organisations (11.0%) and Local Authority Fostering Services (9.8%). The spread of threshold cases across a variety of sectors highlights the importance of effective workforce safeguarding arrangements across all organisations working with children and young people.

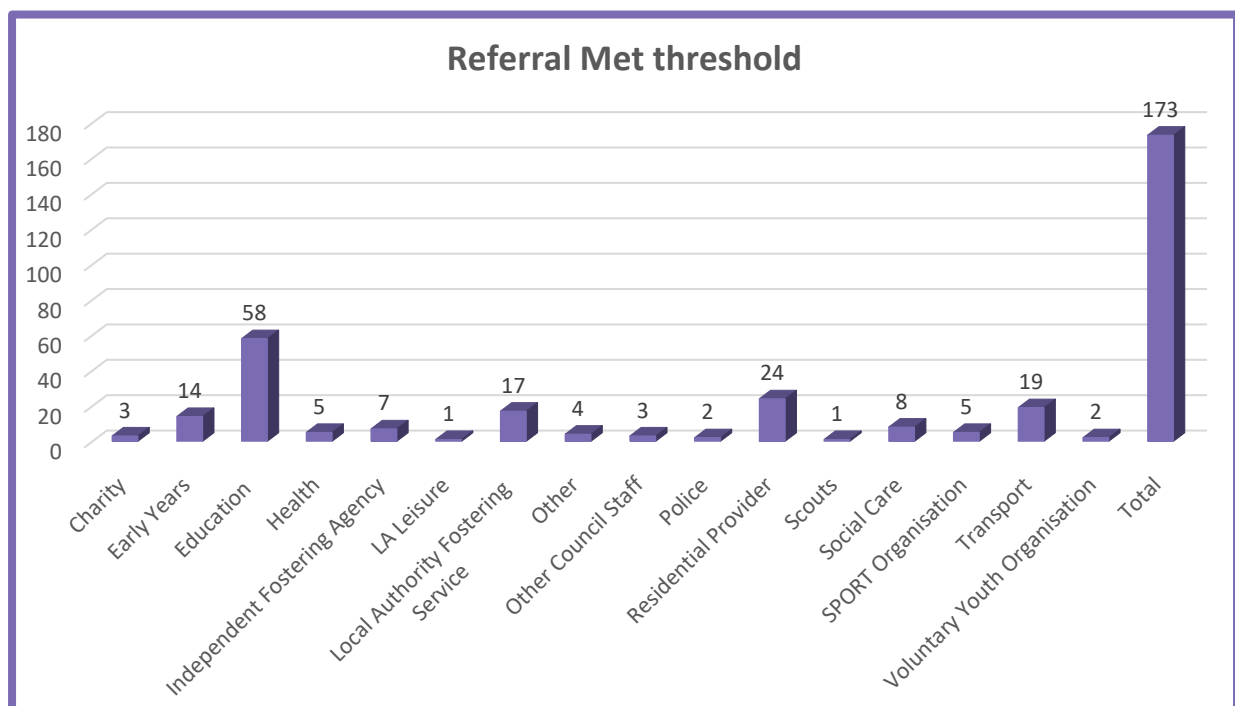


Chart 4

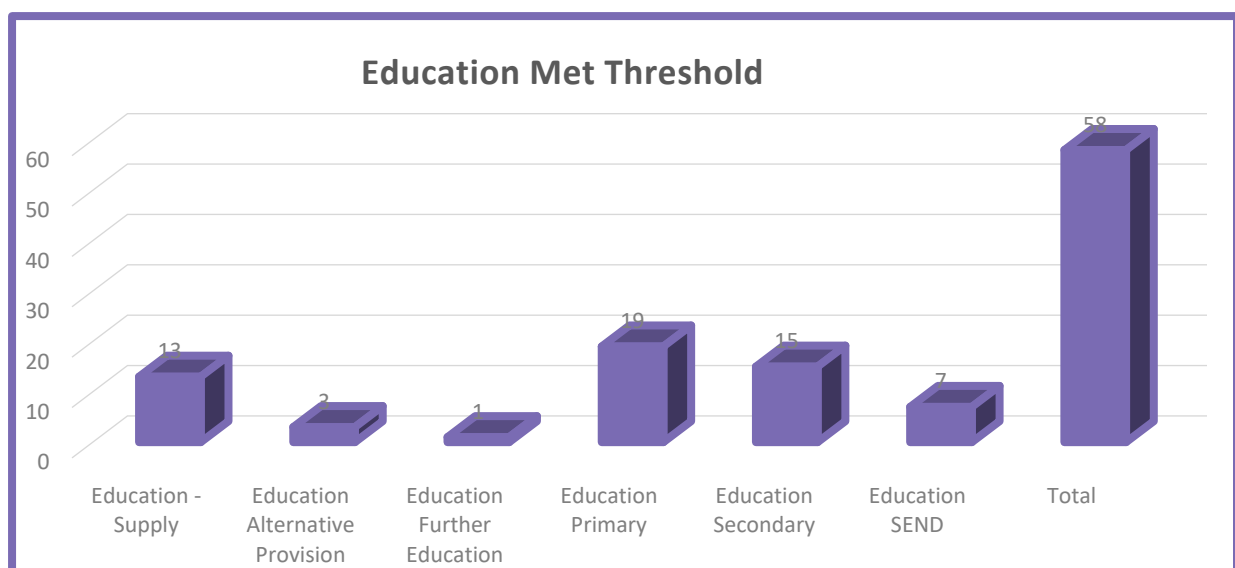


Chart 5

The categories of allegations are: Emotional Harm, Neglect, Physical, Sexual, and Suitability. Of all the LADO referrals, Physical abuse and Suitability were the most common categories representing, 38.5% and 30.1%, respectively. The chart below provides a breakdown of the referral categories of abuse.

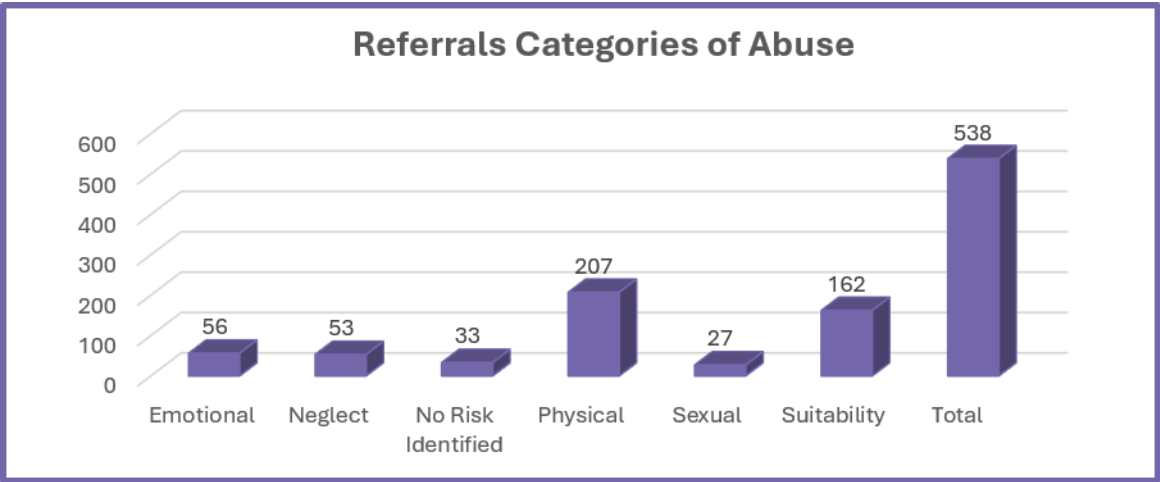


Chart 6

Of the 173 referrals that met the threshold for formal LADO management, Suitability concerns remained the largest category (67), followed by Physical allegations (48). This reflects the continued importance of managing concerns relating to professional conduct and behaviours that may indicate an ongoing risk to children.

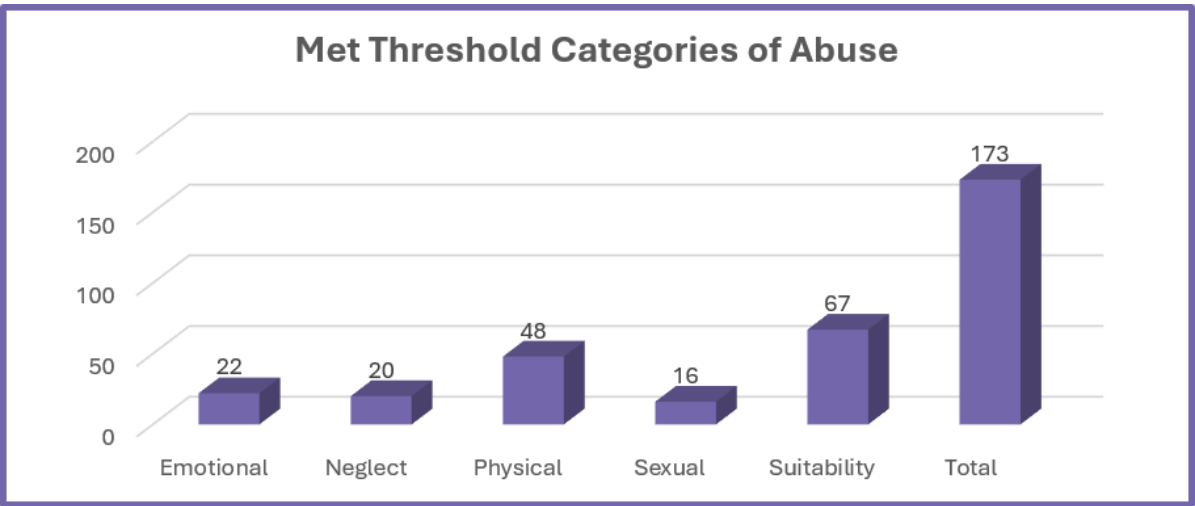


Chart 7

The Outcomes of the LADO process are:

- **SUBSTANTIATED**– Where there is evidence to indicate that the allegations are supported by the evidence collected.
- **FALSE** – there is sufficient evidence to disprove the allegation.
- **MALICIOUS** – This implies a deliberate act to deceive. For an allegation to be classed as malicious, it will be necessary to have clear evidence which proves this intention.
- **UNFOUNDED** – This indicates that the persons making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of the circumstances. For an allegation to be classified as unfounded it will be necessary to have evidence to disprove the allegation.
- **UNSUBSTANTIATED** – This allegation is not the same as a false allegation. It simply means that there is insufficient evidence to prove or disprove the allegation. The term therefore does not imply guilt or innocence.

4.1 LADO Closure Outcomes

A total of 187 cases were concluded during the 2025/26 reporting period. This figure includes referrals that were received prior to this reporting period. A case is concluded when no further action is required by the employer, voluntary organisation, social care, police, or courts. Substantiated outcomes were the largest category (91 actual), while false and malicious allegations remained rare.

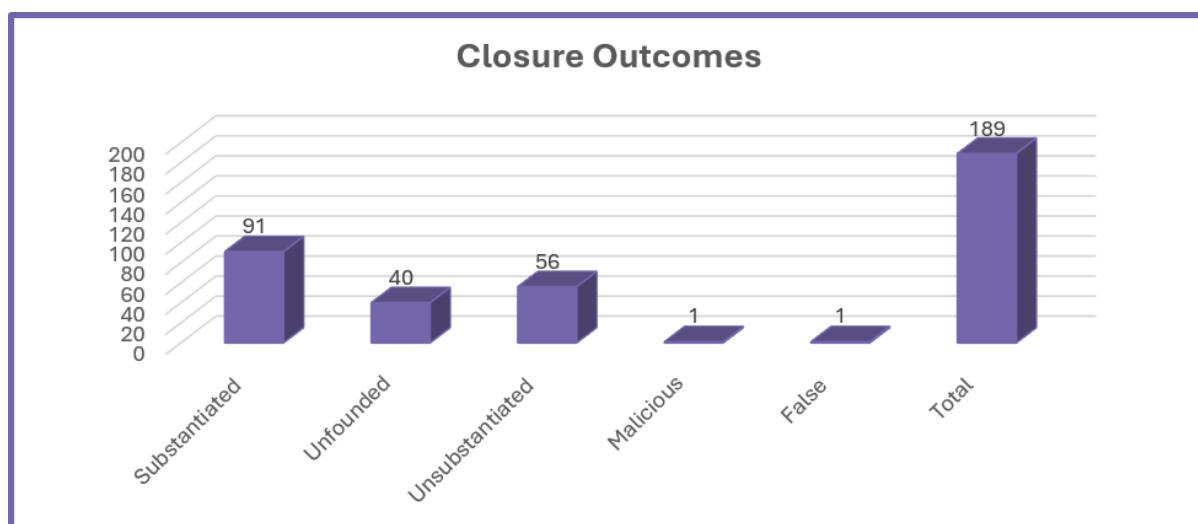


Chart 8

NB More than one outcome can be agreed if applicable. As a result, the combined total of outcomes may exceed the total number of cases concluded during the reporting period.

The majority of LADO investigations (62.6%) conclude within a 3-month period, however, a small number of investigations 1% have taken more than 12 months to conclude. This is due to the complexity of allegations and investigation, which may

have resulted in a police investigation and possibly criminal proceedings. The LADO ensures that a full closure summary is completed before any case is closed.

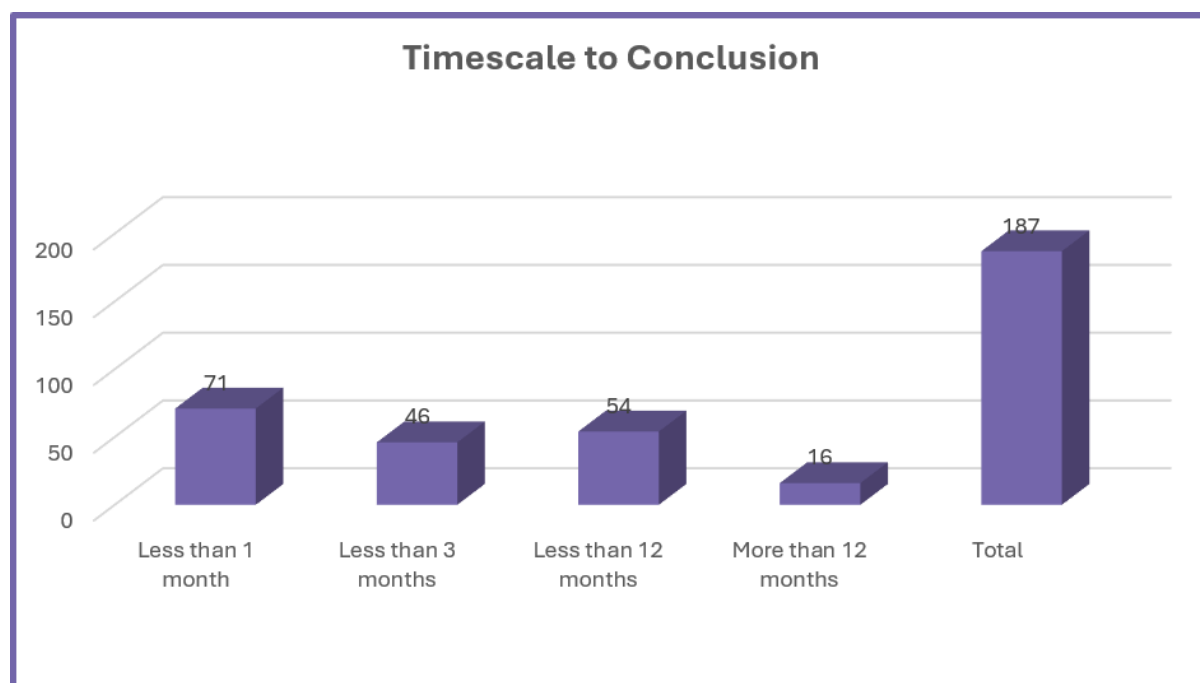


Chart 9

If the outcome of an allegation is substantiated, then consideration is given to submitting a referral to the Disclosure and Barring Service and to other regulatory bodies as appropriate (e.g. Teaching Regulatory Authority, Nursing & Midwifery Council, Social Work England). Other actions or recommendations may include disciplinary actions by the employer or voluntary organisation.

During 2025/26, 49 cases were referred to the Disclosure and Barring Service (DBS) and/or relevant regulatory bodies ensuring that safeguarding information was shared appropriately and that professional accountability was maintained. The 49 referrals to the Disclosure and Barring Service and/or relevant regulatory bodies represent 26.2% of all cases concluded during the year, demonstrating the significant role of the LADO service in identifying matters that require consideration beyond local safeguarding processes.

5.0 Workforce Development

The LADO service provides independent oversight of workforce safeguarding concerns, ensuring that allegations are managed consistently, risks to children are identified and addressed promptly, and employers receive timely advice to support safe and informed decision-making.

The service is supported by dedicated business support arrangements, which enable effective case management, recording, data monitoring, and reporting activities.

During 2025/26, the LADO contributed to:

- Multi-agency safeguarding training.
- School leadership induction programmes.
- Advice and consultation for partner agencies.
- Workforce safeguarding awareness sessions.
- Threshold and procedural guidance.
- Practice learning and reflective discussions.

The LADO delivered a bespoke training programme session to Willowtree Residential Children's Home.

The LADO and Amanda Waterfall (Education Officer Wirral Safeguarding Children Board) delivered a bespoke training programme session for School Designated Safeguarding Leads and Assistant Headteachers who have been newly appointed to their role.

The LADO and Alex Jones (Head of Service of Wirral Safeguarding Unit) delivered a bespoke training programme session for the Headteachers, Deputy Headteachers and Designated School Safeguarding Leads regarding the LADO threshold. This session was presented in consideration of the number of LADO referrals which are received from Education settings (see tables above). Of the 229 LADO referrals received from education settings, 58 met the threshold for formal LADO involvement, representing 25.3% of all education referrals.

The aim of the session was to assist the safeguarding leads in the education settings in their consideration of when a matter should be referred to LADO.

The LADO has also delivered two Multi-Agency LADO awareness training sessions. The purpose of these activities is to strengthen awareness of safeguarding responsibilities across the children's services sector, support improvement in the understanding of the LADO role, processes, and thresholds, and to ensure that there are appropriate LADO referrals submitted.

The growth in LADO referrals received during 2025/26 demonstrates increasing awareness of and confidence in the LADO safeguarding arrangements in Wirral and the value placed on timely access to LADO advice and oversight.

During the review period the LADO referral process has been updated. There are no longer a LADO Consultation Form and a LADO referral Form. There is now one LADO referral form which has been updated. This has streamlined the LADO referral process and has reduced delay.

The LADO Policy and Procedure Document has been updated.

The Information regarding the LADO service has been updated and refreshed on the LADO webpage. The information now includes the updated LADO Policy and Procedure Document, the updated LADO referral Form, and a LADO process Flowchart.

7.0 Summary

During 2025/26 the LADO Service experienced a significant increase in referral activity, receiving 538 referrals, the highest number recorded within the last three years. This growth demonstrates increasing awareness of safeguarding responsibilities across partner agencies and confidence in the support, advice and oversight provided by the service.

Alongside its statutory responsibilities, the service has continued to contribute to workforce development through training, consultation, awareness raising, and procedural improvements. These activities have strengthened understanding of safeguarding thresholds and promoted consistency in referral practice across Wirral.

Report Authors

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Date Published: 28 September 2026

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CHILDREN YOUNG PEOPLE AND EDUCATION COMMITTEE

WEDNESDAY, 14 OCTOBER 2026

REPORT TITLE:	SEND IMPROVEMENT
REPORT OF:	DIRECTOR OF CHILDREN'S SERVICES

REPORT SUMMARY

This report provides Children Young People and Education Committee with an update on the improvement programme for Special Educational Needs and Disabilities (SEND) for the Local Area in Wirral. The report covers the September LASPB Meeting which, in addition to oversight of the delivery of Wirral's SEND Priority Action Plan approved Wirral's new Preparation for Adulthood Strategy and received updates on the recovery trajectory for Wirral's neurodevelopmental pathway. The report also contains information for members in relation to Wirral's SEND local area monitoring inspection and the September 2026 Stocktake meeting outcome.

RECOMMENDATION/S

The Children Young People and Education Committee is recommended to note the progress of the Local Area SEND Partnership Board in progressing system improvement as required by the Improvement Notice.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It has been agreed with DfE and NHS England through the revised Terms of Reference for the Local Area SEND Partnership Board that the Health and Wellbeing Board is the appropriate forum to provide oversight of SEND improvement activity in Wirral, ensuring that the Priority Action Plan is fully delivered by March 2027. This report is presented to the Children, Young People and Education Committee to provide assurance of improvement and enable alignment with the business of the committee.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered. The Local Area SEND Partnership Board (LASPB) will provide updates for information to Wirral Health and Wellbeing Board, the Children, Young People and Education Committee, the Adult Social Care and Public Health Committee, and Wirral Safeguarding Children Partnership.

3.0 BACKGROUND INFORMATION

- 3.1 The September Wirral Local Area SEND Partnership Board (LASPB) was a standard performance meeting. The progress against the Priority Action plan was reported with updates across each priority area. A copy of the Priority Action Plan can be found below in Appendix 1. Key updates of note for Children's Committee members are:
- 3.2 Priority Action 1: *Ensure effective action is taken to improve the quality and timeliness of Education, Health and Care Plans and Annual Reviews*
Performance remains strong in the early stages of the EHC assessment pathway. Decision-making within six weeks continues to exceed target performance, achieving 95.3% in July 2026. Timeliness of advice submissions remains close to target levels and significantly improved compared with previous reporting periods. Quality assurance activity has strengthened through implementation of a revised Quality Assurance Framework. Although the number of plans reviewed during July reduced, the proportion rated Good or Better increased from 27.8% to 41.7%, demonstrating positive impact from strengthened management oversight and practitioner support. The backlog profile continues to improve, with only seven assessments outstanding beyond 52 weeks. However, statutory timeliness for issuing draft and final plans remains below target due to ongoing focus on reducing historic backlog and managing increasing demand. Educational Psychology capacity continues to present the most significant system challenge affecting overall performance; however, recruitment activity continues to mitigate this in the near future.

3.3 *Priority Action 2 – Develop and embed a joint Preparation for Adulthood framework to support coordinated transitions into adulthood across education, health and care services.*

Partnership activity continues to strengthen arrangements supporting young people as they transition into adulthood. Improvements have been reported in relation to transition planning, learning disability health checks, supported internships, travel training, transition panels and development of the Young Adult Service model. Performance remains positive in several areas, including annual reviews completed within 12 weeks for young people aged Year 9 and above and access to local post-16 provision, whilst supported employment opportunities have increased in preparation for the September intake. Development of the Young Adult Service remains a key area of improvement, with plans underway to co-produce the service specification with young people to ensure the service is designed to effectively meet young people's needs at the earliest opportunity.

3.4 *Priority Action 3 - Reduce waiting times for Speech and Language Therapy and Neurodevelopmental assessments and improve communication and support for children, young people and families.*

Speech and Language Therapy performance remains strong, with 95% of children receiving a first appointment within 18 weeks and 100% positive experience feedback reported during July. Progress within the Neurodevelopmental pathway continues through implementation of the multidisciplinary triage model, development of the ND Dashboard, enhanced discharge arrangements and growth of the SENDLO Neurodevelopmental Hub. Referral triage performance remains at 100%, demonstrating strong operational control of front-door processes. The Priority Plan Group received an update from the Neurodevelopmental System Oversight Group highlighting progress relating to waiting list recovery, dashboard development and family engagement. Members welcomed the strong culture of collaboration that has emerged across the partnership noting that this has led to the development of the ND dashboard.

3.5 The group also reviewed the Neurodevelopmental Improvement Plan, which outlines current pressures, recovery activity, pathway transformation and investment proposals designed to reduce waiting times and improve long-term sustainability.

3.6 The ND Strategic Oversight Group continues to focus on reducing the neurodevelopmental waiting list, strengthening system oversight and improving communications with families. The group assures the partnership that there is a clear understanding of the challenges and is strengthening the recovery response and governance of this.

3.7 In addition to the work involved in delivering the local area's Priority Action Plan, overall delivery of the local area strategy continues as well. Progress against all four of the local area's strategic priorities (Delivering the Priority Action Plan, Improving Preparation for Adulthood Arrangements, Improving our Communication Culture and Identifying and Meeting Needs Early) remains broadly on track.

- 3.8 The key development in September was Wirral LASPB's review and approval of a new Preparation for Adulthood Strategy (appendix 2). The strategy is a result of significant partnership work undertaken across children's services and adult social care to redesign transition arrangements and establish a more coordinated pathway into adulthood. Key developments within the strategy include:
- The introduction of a multi-agency 14-16 panel to identify young people requiring additional support at an earlier stage.
 - Development of a revised 16-18 transitions panel to strengthen oversight of young people likely to require adult social care involvement.
 - Increased emphasis on prevention, earlier intervention and improved transition planning.
 - Development of outcome measures and proposals for a dedicated performance dashboard to monitor implementation.
- 3.9 The PFA strategy was developed following consultation with children, young people, families and stakeholders, and is focused on aspirations, person centred planning and positive outcomes for young people with SEND. Work is now progressing to implement the strategy and develop a co-produced young person's guide informed by the SEND Youth Forum.

SEND Performance

- 3.10 Performance and insight against the LASPB's SEND dashboard and scorecards highlighted that there remains solid improvements in a wide range of indicators, though challenges remain within the system as ongoing demand rises continue to pressure the capacity of services.
- 3.11 Within health services, Speech and Language Therapy (SALT) continues to perform strongly on waiting times, with an average wait of 5 weeks, well below the 18-week target, despite increasing referral demand. Paediatric Occupational Therapy and Physiotherapy are also meeting their waiting time targets, with average waits of 9.5 weeks and 8 weeks respectively. CYPMHS access remains relatively timely, with an average wait of 6 weeks from referral to assessment. Branch data is now being reported through a scorecard, providing oversight of referrals into the single point of access, the number of children and young people with SEND, and the services accessed including CYPMHS. enhanced performance information from Branch and My Mind services. Greater access to referral, demographic and presenting needs data is supporting improved understanding of demand and service utilisation. Key findings identified:
- Anxiety, stress and worry remain the most common presenting concerns.
 - Wider contributing factors such as sleep difficulties, eating concerns and social media use require continued consideration.
 - Information will inform future commissioning decisions, service development and prevention activity.

- 3.12 Overall, NHS therapy services are maintaining acceptable assessment waiting times, but neurodevelopment and community paediatrics continue to experience substantial capacity and demand challenges, driving the longest waits across the SEND pathway.

SEND Stocktake

- 3.13 On 8th September leaders from across the local area SEND partnership, including parent representatives, met with the Department for Education and NHS England for the fourth of Wirral's regular six monthly Stocktake meetings. The stocktake meetings are a critical part of the oversight of Wirral's SEND improvement and are required under Wirral's SEND Notice to Improve that was reissued following the 2025 Local Area Inspection outcome letter.
- 3.14 Having heard leaders present on the progress that had been made against the priority action the DfE have responded with a post Stocktake letter confirming some recommended actions for the future. Overall, the progress that Wirral have demonstrated was well received. The Stocktake letter is contained in Appendix 3.

SEND Reforms

- 3.15 At the September 2026 Children's committee, members received information in relation to the SEND reform plans that Wirral had submitted to the DfE. The SEND reform plans were a requirement of every 1st Tier Local Authority in England and provided the DfE with assurance on how well equipped each local area is to deliver the national SEND reforms set out in the Schools' white paper published in February 2026 and the SEND reform consultations undertaken nationally in the Spring.
- 3.16 On 2nd October Wirral received formal confirmation that its reform plans had been approved. In addition to providing a springboard to move the work of the local area partnership forward the approval of Wirral's SEND Reform plans has enabled Wirral to access the DfE's SEND Stability grant resulting in a 90% write down of the overspend in Wirral's DSG High Needs Block. The indicative High Needs Stability Grant allocation for Wirral is £59,767,870.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct resource implications arising from this report. The LASPB have considered those arising from improvement work on an individual basis and have agreed the necessary arrangements, as is documented in the board's minutes and action log.

5.0 LEGAL IMPLICATIONS

- 5.1 The Council, working with the Integrated Care Board (ICB) and its other partner agencies must comply with the Improvement Notice and the actions it contains, as set out in Section 28 (2) of the Children and Families Act 2014.

Failure to comply would lead to further intervention from the Minister for Children, Families and Wellbeing.

- 5.2 Provision of Education, Health and Care Needs assessments and plans are statutory responsibilities under the Children and Families Act 2014

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no direct resource implications arising from this report. The LASPB have considered those arising from improvement work on an individual basis and have agreed the necessary arrangements, as is documented in the board's minutes and action log.

7.0 RELEVANT RISKS

- 7.1 A risk and issues log is maintained and reviewed by the LASPB at each meeting. The LASPB Executive Group meets twice monthly to add additional oversight to risk management.
- 7.2 Should the Local Area SEND Partnership Board not deliver the improvement required as set out in the notice and Written Statement of Action further intervention under Section 497A of the Education Act 1996 would be invoked, thereby directing the Council to take further action to improve SEND services

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The Department for Education funds, via third sector organisation Contact, a parent carer forum for the local area. In Wirral, Parent Carer Participation Wirral (PCPW) are the designated group to represent the voice and experience of local families. PCPW are represented at the LASPB and its subgroups.
- 8.3 In addition regular meetings are held between senior leaders within Children's services and Health Services on behalf of the LASPB, and parent representative groups, including PCPW and Positivitree. LASPB will continue to seek the views of young people and parent carers by evaluating the feedback received through its annual survey. The survey itself has been co-produced with the views of parents and young people at the core and will provide valuable insight into the progress on outcomes being made by the partnership.
- 8.4 The LASPB has secured intervention funding from the Department for Education to support additional engagement and participation activity. As part of the use of this fund a young person's stakeholder group is being established in order to improve the level of direct input that young people have in setting the agenda for the LASPB and holding them to account.
- 8.5 Individual developments and transformation work for all activity under the LASPB should be in compliance with The Partnership's Co-production Charter

ensuring that the voice of children, young people and parents is at the heart of all work in relation to SEND and Inclusion.

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS

- 10.1 Wirral Council and NHS Cheshire and Merseyside and partners are committed to carrying out their work in an environmentally responsible manner.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 There are no crime and disorder implications arising from the contents of this report.

REPORT AUTHOR: **Adrian Leach**
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APPENDICES

Appendix 1 – Wirral SEND Priority Action Plan
Appendix 2 – Wirral Preparation for Adulthood Strategy
Appendix 3 – Wirral September 2026 Stocktake letter

BACKGROUND PAPERS

While there are no background papers in relation to this report the full agenda and papers pack for the Local Area SEND Partnership are available on Wirral's Local Offer website, www.SENDLOWirral.co.uk

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Children, Young People and Education Committee	Sep 24
Children, Young People and Education Committee	Oct 24
Children, Young People and Education Committee	Nov 24
Children, Young People and Education Committee	Jan 25
Children, Young People and Education Committee	Mar 25
Children, Young People and Education Committee	Jun 25
Children, Young People and Education Committee	Jul 25
Children, Young People and Education Committee	Sep 25
Children, Young People and Education Committee	Oct 25
Children, Young People and Education Committee	Nov 25
Children, Young People and Education Committee	Jan 26
Children, Young People and Education Committee	Mar 26
Children, Young People and Education Committee	June 26
Children, Young People and Education Committee	July 26
Children, Young People and Education Committee	Sept 26

LOCAL AREA SEND PARTNERSHIP BOARD

PRIORITY ACTION PLAN

SEPTEMBER 2026

AGENDA ITEM 4.1 – APPENDIX 1

Priority Action 1: The partnership should ensure that as a matter of urgency, effective action is taken to:

- ensure that EHC plans consistently identify and meet the needs of children and young people effectively
- ensure that the timeliness of initial EHC plans, and subsequent annual reviews, comply with statutory guidance

Metrics - EHC Plans	Target Sep-26	LASEND Dec 24	Traj. Sep-25	Feb-26	Mar-26	Traj. Mar-26	Apr-26	May-26	Jun-26	Jul-26
M1. Timeliness of decision to assess (within 6 weeks)	95.0%	40.7%	90.0%	95.9%	93.9%	95.0%	94.7%	96.5%	97.7%	95.3%
M2. % of those progressed following decision	N/A	68.1%	N/A	56.2%	69.7%	N/A	72.0%	73.7%	68.2%	74.5%
M3. Timeliness of EHC Needs Assessment advice (within 6 weeks) (multi-agency aggregated position)	75.0%	*	25.0%	65.5%	73.1%	50.0%	70.7%	75.1%	82.7%	72.1%
M4. Timeliness of providing draft EHC Plan to young person, parent carers, and partners (within 16 weeks)	75.0%	*	50.0%	6.7%	10.3%	65.0%	9.7%	13.9%	10.0%	17.7%
M5. Timeliness of issuing EHC Plan (within 20 weeks)	60.0%	14.1%	15.0%	23.2%	12.1%	40.0%	20.3%	13.3%	20.8%	15.9%
M6. Number of newly issued EHC Plans quality assured within month	40	0	40	19	31	40		13	18	12
M7. % of quality assured EHC Plans with a rating of good or better	85.0%	0.0%	25.0%	42.1%	41.9%	60.0%	17.4%	23.0%	27.8%	41.7%
M8. Number of open episodes over 20 weeks	200	*	550	240	241	350	271	253	279	289
M9. Number of open episodes 52+ weeks	0	*	150	30	16	75	8	6	5	7
M10. Average time for a new EHC Plan to be issued (in weeks)	20	45	40	36	41	30	36	34	32	32
M11. Longest time for a new EHC Plan to be issued (in weeks)	30	85	80	109	138	50	115	127	104	105
M12. Number of complaints received by SENDSTART in relation to quality or timeliness of EHC Plans	4	13	13	10	7	8	5	8	15	4

Metrics - Annual Reviews	Target Sep-26	LASEND Dec 24	Traj. Sep- 25	Feb-26	Mar-26	Traj. Mar- 26	Apr-26	May-26	Jun-26	Jul-26
M13. Termly SENDSTART confirmation with provider of scheduled Annual Reviews	100.0%	*	80.0%	*		90.0%				
M14. Timeliness of Review meeting recommendation submitted to Local Authority (within 2-weeks)	80.0%	*	50.0%	59.5%	65.7%	65.0%	70.9%	73.5%	73.7%	
M15. Timeliness of informing young person, parent carers, and providers of decision to cease, amend or maintain (within 4 weeks)	70.0%	15.0%	55.0%	36.5%	44.3%	60.0%	39.4%	66.4%	64.1%	53.9%
M16. Timeliness of those EHC Plans agreed to be revised issued (within 12 weeks)	70.0%	*	35.0%	8.3%	17.3%	55.0%	19.8%	15.0%	14.9%	17.7%
M17. Proportion of Annual Review outcome letters issued in month	80.0%	*	50.0%	100.0%	100.0%	65.0%	100.0%	100.0%	100.0%	100.0%
M18. Number of revised EHC Plans that have been quality assured in month	40	0	40	19		40		17		24
M19. % of revised EHC plans quality assured with a rating of good or better	70.0%	0.0%	30.0%	42.1%		55.0%		47.0%		33%

AGENDA ITEM 4.1 – APPENDIX 1

Actions

Action- EHC Plans	Lead	Expected Completion Date	On Track (Y/N)	Barriers/Risks	Narrative	Complete?
A1. All SENDSTART Caseworkers have successfully completed the induction programme	SENDSTART Manager	September 2025	Yes	None identified	Induction and training programme delivered by SENDSTART Training officer since Jan. Ongoing training and support remain available	Yes - BAU
A2. All SENDSTART Caseworkers have IPSEA L1 and NASEN L3 SEN Caseworker award (or working towards)	SENDSTART Manager	September 2026	Yes	Following SENDSTART Managers attending IPSEA L1 training the areas covered have now been incorporated into the caseworker CPD schedule. No barriers identified: remains on track	The first of 3 tranches of caseworkers have started the NASEN L3 qualification. IPSEA L1 training will be provided for all Caseworkers as part of a whole-team CPD opportunity. Update: Cohort 1 is due to complete their NASEN qualification next month. Cohort 3 are about to start so we will then have 30 caseworkers either completed or working towards this qualification. IPSEA L1 equivalent training has been delivered to all staff through whole team training.	Yes - BAU
A3. Case management system (Liquid Logic EYES) accurately reports all metrics in the Priority Action Plan and EHC Plan Scorecard	SEND Strategy and Transformation Manager	June 2025	Yes	Capacity in the systems team remains a bottleneck in ongoing system development, however no barriers in relation	Reports in place but inconsistencies remain where data ownership and report running creates confusion. This is an operational issue about establishing a robust “single version of the truth”	Yes - BAU

AGENDA ITEM 4.1 – APPENDIX 1

				to the PAP and scorecard have been identified outside of this		
A4. Validation of data inputting within Liquid Logic EYES and process compliance	SEND Strategy and Transformation Manager	July 2025	Yes	In relation to missing provision there is a barrier to addressing this as caseworkers do not have the permissions to change the provider in LL	On track and delivered ahead of LL update 08/25. Health Portal to go live in January 2026. Annual Review process to go live in January 2026. Still 536 EHCPs in system with no provision 435 over 16 T&F group established to understand and correct by end Dec 2025	Yes - BAU
A5. Review function and capacity of Educational Psychology Service to ensure statutory advice is provided within 6 weeks of request	Principal Educational Psychologist	September 2026	Yes	Additional system calls on core EPS time (EBSA Strategy, Consultations with schools etc) and lack of recruitment continues to place pressure on the core EP team to deliver stat assessments	Lack of available power BI reporting remains a challenge, but monthly core team performance reporting is being gathered. Core team prioritisation review is underway with EP Framework commission currently going through LA committee approval.	
A6. Deliver termly EHC Plan Quality Assurance Report to Children's Services Assurance Board and Local Area	SENDSTART Manager	October 2025	Yes	Capacity of partners to commit to the multi-agency QA meetings and focus on addressing the	First report has been compiled. Additional revision of LA framework and QA or plans through SENDSTART locality managers identified as further improvements from Oct onwards. Additional capacity in SENDSTART identified.	Yes - BAU

AGENDA ITEM 4.1 – APPENDIX 1

SEND Partnership Board				backlog in SENDSTART has impacted the intended delivery of QA.		
A7. Extend functionality Liquid Logic EHM through the incorporation of the professionals' delegation portal	SEND Strategy and Transformation Manager	January 2026	Revised to include Health Portal roll out)	No current risks/issues identified	Delegation portal is in place with training rolled out to professionals across health, education, and social care.	Yes- BAU
A8. Recruitment of Clinical Co-ordinator roles (2.0 FTE) to improve quality assurance of health	SENDSTART Manager/C&M ICB DCO	February 2026	No - revised	ICB Funding agreed. Delay rationale is not clear at present.	Both Co-ordinator posts filled commencing from 02/03/26	Yes- BAU
A9. Review the role of the Designated Social Care Officer and recruit a suitably experienced lead officer	Assistant Director for SEND & Inclusion	July 2025	No	Review has highlighted a potential need to invest additional capacity in this area.	Revised DCSO Role submitted with recruitment request. Awaiting outcome pending identification of additional funding requirement.	
A10. Publish a timeline for EHC Plan Recovery milestones including key Priority Action Plan outputs and improvement trajectory	SENDSTART Manager	June 2026	No	Staff capacity over the summer period	Bottleneck in terms of SENDLO capacity, as officers focus on ND hub.	
A11. Extend functionality of Liquid Logic EHM through the	SEND Strategy and	April/May 2026	Yes	None Identified	EHC Portal is launching over March and April. As of the end of February all consultations for places will be conducted through the EHC portal. Fully launched for professionals.	

AGENDA ITEM 4.1 – APPENDIX 1

embedding of the online EHC Plan module	Transformation Manager	(Fully functional by Sept 2026)			Final phase for parents to be rolled out following consultation with parents As of March 2026, the EHC Portal is launching for professionals at the end of the month. After a short trial, this will go out to parents. Communication is being considered around the introduction of the portal to parents starting with new requests only. Parent testing portal being conducted mid March. As of the end of February all consultations for places will be conducted through the EHC portal for mainstream schools. Special schools will be using the portal for consultations from end of March. Annual reviews to be delegated through EHC portal from summer term. Final phase for parents to be rolled out following careful consideration of how this will be best actioned in consultation with parents. The launch of the forward-facing portal was delayed due to unavoidable upgrade in the system. This is scheduled for 16th April. Parents have tested the request front facing portal and that is ready to launch at the end of May for making requests. The assessment tracking functionality is delayed due to an unavoidable system issue which we hope to be rectified for the start of the academic year. The annual review training is continuing the first week in June and then will have been done for sencos but not for parents or wider professionals. The issue is a system issue.	
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AGENDA ITEM 4.1 – APPENDIX 1

					IT have raised it with System C to see if we will incur any costs for amendments to be made. This will impact on the next action (A12) as that is something that parents will see when the tracking is finished.	
A12. Develop an automated feedback process following the issue of a final EHCP or letter.	SEND Strategy and Transformation Manager	September 2026	Yes	None identified to date	The capacity to deliver this has been built into the forward development plan for EHM as part of roll out. This is not an available feature of the current system but we will be able to use the EHM assessment tracking portal to gather feedback. As this is part of the assessment tracking module of the portal, this will not be available until September 2026. There has been a briefing note issued to support moving this date to November due to IT limitations.	
Actions- Annual Reviews	Lead	Completion	On track	Barriers/Risks	Narrative	Complete?
A13. Monitor and report to the Local Area SEND Partnership Board on new Annual Review and phase transfer process	SENDSTART Manager	December 2025	Yes	None identified	Phase transfer reviews ahead of 2026 Yr 7 intake completed ahead of Autumn. Presented to SENCOs Oct 25 and published on SENDLO Nov 25.	Yes
A14. Deliver Annual Review training to SENCOs, health and social care professionals, and parent carers	SENDSTART Manager	April 2026	No – Oct-Dec training	Availability and SENCO attendance at Summits and exchanges poses a risk to all schools receiving training.	Training roll out over half term Nov/Dec 2025 to enable the Annual Reviews to go live in January 2026. Special school training was completed in Feb 26. Further work required to inform parents and carers to ensure that all are aware of the AR process. SENDCO training online and recorded April 2026 with an in person follow up in May 2026. 5 sessions have been offered to SENCOs and all materials have been shared via the SENDLO officer. This is set for completion in June 2026. There are mop-up sessions taking place in	

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					September and then roll out to non-maintained settings to take place in the Autumn term. Parent workshop planned for SENDLO Live.	
A15. Revise and publish the process for Annual Reviews where children and young people are transferring across phases of education	SENDSTART Manager	September 2025	Yes		This has been completed and shared with all schools and settings for them to share with parents. It is also available on SENDLO	Yes - BAU
A16. Revise EHC Plan template and Annual Review guidance to ensure that all new EHC Plans and Annual Reviews, from age 14, are discussed on Preparation for Adulthood outcomes	SENDSTART Manager/Post 16 Locality Manager	May 2026	Yes	Review of EHCP template itself was held until there was a clearer view of the timescales for reform. This will be reconsidered over March/April 2026	The new annual review paperwork on EHM includes this and this is the case for advice forms on the portal for health and social care advice. Paperwork has been shared with settings. Annual review paperwork goes live on EHM Summer term 2. There were limitations to this due to the delegation portal. Some tests were carried out but this will start from Autumn term dependent on the functionality of the delegation portal. The new EHCP template has been launched in August 2026.	
A17. Co-produce revised EHC Plan section on SENDLO to ensure that all information is up to date and meeting needs of young people and their families	SEND Strategy and Transformation Manager/SENDLO Officer	October 2025	No	There are several competing priorities for SENDLO updates that need deconflicting.	SENDLO Officer and SEND Manager Quality and Systems meeting to implement review. SENDLO Officer undertaking broader audit of navigability to ensure SENDLO is meeting needs.	

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Narrative

M1: Timeliness of decision to assess (within 6 weeks)

Performance declined slightly in July due to some handover of staff and issues with the system. It is not thought that this decline will continue. This remains above both the September 2026 target of 95% and the expected trajectory and demonstrates continued strength in front-end processes.

Maintaining timely decisions at the start of the EHC assessment process remains critical, ensuring maximum time is available for assessments and supporting overall statutory compliance across the pathway.

M2: % of those progressed following decision

This measure increased from 68.2% in June to 74.5% in July.

As previously reported, this remains a raw figure without a prescribed target and reflects legally compliant decision-making rather than performance against a benchmark. Month-to-month fluctuations are expected and are influenced by the individual circumstances, evidence and needs presented within each case. The measure continues to be monitored for quality assurance purposes rather than performance management.

M3 - M5 and M8 - M9: Assessment Timeliness and Backlog Position

Performance across the EHCNA process continues to reflect the ongoing challenge of balancing statutory timeliness with the clearance of historic backlog cases. Whilst month-on-month performance has fluctuated, activity remains focused on reducing older assessments whilst maintaining throughput for new requests.

There were some mixed results during July:

- **M3 (assessment advice received within 6 weeks)** reduced to 72.1%, compared with 82.7% in June. Despite this dip, performance remains significantly stronger than earlier in the year and is close to the September target of 75%.
- **M4 (draft plans issued within 16 weeks)** increased to 17.7%, up from 10.0% in June, demonstrating improved throughput of assessments progressing to draft stage.
- **M5 (final plans issued within 20 weeks)** reduced slightly to 15.9%, compared with 20.8% in June. Whilst performance remains below target, activity continues to focus on moving older assessments through to completion and reducing the age profile of open cases.

Whilst compliance remains below target for draft and final plan issuance, performance should continue to be viewed within the context of ongoing recovery activity. The service remains focused on resolving older assessments whilst simultaneously ensuring that newly received requests progress through the system as efficiently as possible. This continues to create a tension between statutory performance measures and backlog reduction, particularly where resources are directed towards completing historic cases.

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M6-M7 Quality Assurance

Performance against quality assurance measures should be considered in the context of the revised Quality Assurance Framework, which has introduced additional stages of review and more robust scrutiny of EHC Plans prior to issue. As these new arrangements become embedded, some fluctuation in performance measures is anticipated.

During July, the number of plans undergoing formal quality assurance review decreased from 18 in June to 12 in July. Whilst volumes were lower, the quality of plans reviewed showed a significant improvement. The proportion of plans graded as Good or Better (M7) increased from 27.8% in June to 41.7% in July.

This improvement provides encouraging evidence that the range of quality improvement activities implemented across the service are beginning to have a positive impact on plan quality. Enhanced practitioner support strengthened management oversight, and the introduction of revised quality assurance processes are contributing to greater consistency in drafting and improved outcomes from review activity.

Whilst the relatively small number of plans reviewed means that monthly percentages may fluctuate, the upward trend in quality is positive and reflects the service's continued focus on improving the quality and effectiveness of Education, Health and Care Plans for children and young people.

The revised framework is expected to provide a more robust assessment of plan quality and support sustainable improvements over time, ensuring that quality assurance activity not only identifies areas for development but also drives continuous improvement across the service.

Backlog Position for July

Analysis of active assessments by timeliness group continues to provide a detailed picture of current demand and backlog pressures. While statutory timeliness remains challenging, the age profile of the backlog demonstrates ongoing progress in addressing the oldest assessments. The number of open episodes over 20 weeks increased from 279 in June to 289 in July. This reflects the continued pressure of incoming demand and the complexity of assessments progressing through the system. However, it is important to view this increase alongside the continued reduction in the very oldest cases.

Of the 289 assessments open beyond 20 weeks:

- Only 7 assessments remained open beyond 52 weeks, compared with 5 in June and significantly below historic levels.
- The overall backlog continues to be concentrated within the lower age bands, indicating that assessments are progressing through the system more effectively than during earlier stages of the recovery programme.
- The service has maintained its focus on resolving older and more complex assessments whilst supporting the increasing volume of new requests entering the system.

Although the total number of assessments open beyond statutory timescales has increased slightly during July, the backlog profile remains improved when compared with the position at the outset of the recovery programme. The relatively small number of cases exceeding 52 weeks demonstrates sustained progress in tackling the longest-standing assessments and reducing the risk associated with historic cases.

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As previously reported, sustainable improvement in statutory compliance remains dependent upon reducing older assessments whilst maintaining effective management of incoming demand. The continued focus on backlog reduction, alongside improvements in quality assurance and assessment processes, provides confidence that recovery activity continues to have the intended impact despite ongoing system pressures.

Key System Pressure

As previously reported, delays within the EHCNA process continue to be significantly influenced by Educational Psychology capacity, which remains the most material factor affecting assessment timeliness across the service.

M10 - M11: Average and Longest Wait Times

Average Wait Time

The average waiting time for a new EHC Plan remained stable at 32 weeks in July, maintaining the improvements achieved during the first half of the year. Average wait times have reduced from 40 weeks in January to 32 weeks in July, demonstrating that children and young people are receiving plans more quickly overall despite ongoing backlog pressures.

Longest Wait Time

The longest wait time increased marginally from 104 weeks in June to 105 weeks in July. Whilst this reflects a slight increase, the measure is influenced by a small number of complex legacy cases. The longest wait remains significantly below the 138-week peak recorded in March 2026, demonstrating continued progress in addressing the most longstanding assessments.

M12: Complaints

A total of 4 complaints relating to EHCP timeliness or quality were received during July, compared with 15 complaints in June.

This represents a significant reduction in complaint volumes and returns performance to levels more consistent with those seen earlier in the year. Whilst complaint numbers can fluctuate month to month and are often influenced by individual cases and statutory timescales, this decrease is encouraging and will continue to be monitored alongside other indicators of service performance. Understanding complaint themes remains an important part of identifying areas for improvement and informing ongoing quality assurance and service development activity.

M13: Annual Review scheduling

This remains a termly metric and previous reporting confirming provider notification remains accurate. No further update is required this month.

M15 - M16: Annual Review timeliness

Performance across Annual Review measures showed some variation during July.

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- **M15 (timeliness of decision-making following review)** reduced to 53.9%, compared with 64.1% in June, and is now below the September target trajectory.
- **M16 (amended plans issued within 12 weeks)** improved to 17.7%, up from 14.9% in June, demonstrating some progress in the timeliness of issuing amended plans, although performance remains significantly below target.

The improvements seen earlier in the year continue to be reflected in parts of the Annual Review pathway. However, timeliness of decision-making and the issuing of amended plans remain key areas for improvement. Focused activity is continuing to address delays within these stages of the process and improve overall compliance with statutory timescales.

It is anticipated that the migration of Annual Reviews to the SEND Portal during the autumn term will strengthen the tracking and monitoring of Annual Review activity, providing improved visibility of performance and enabling more robust management oversight of statutory timescales. This is expected to support further service improvements and provide greater confidence in the accuracy and completeness of Annual Review performance reporting.

M17: Annual Review outcome letters

Performance remained exceptionally strong during July, with 100% of Annual Review outcome letters issued within the required timescale. This continues the consistently high performance reported throughout 2026 and demonstrates effective management of statutory decision notifications following Annual Reviews.

M18 - M19: Quality assurance of revised plans

The revised Quality Assurance Framework continues to provide greater oversight of the quality and compliance of amended EHC Plans. A rating of Good or Better indicates that a plan has been assessed as fully compliant against the agreed compliance checklist.

During July, 24 revised EHC Plans were quality assured, an increase from 17 plans in June. Of those reviewed, 33% were graded as Good or Better, compared with 47.0% in June.

As previously reported, compliance quality assurance data has only recently become available following the implementation of a new recording methodology. Whilst monthly results may fluctuate as the revised framework becomes embedded, the introduction of this data provides a valuable baseline for monitoring compliance and identifying areas for improvement.

The increased number of plans reviewed during July demonstrates growing use of the revised quality assurance process, and the findings will continue to inform targeted improvement activity to strengthen the quality, consistency, and compliance of EHC Plans across the service.

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Overall Summary

July's data shows continued progress in key areas of SENDSTART performance. Average waiting times have been maintained at 32 weeks, complaints reduced significantly from 15 to 4, and the quality of EHC Plans continues to improve, with 41.7% of quality assured revised plans graded as Good or Better.

Although statutory timeliness measures for EHC assessments and Annual Reviews remain below target, improvement activity continues to have a positive impact. While the number of assessments open over 20 weeks increased slightly to 289, only 7 cases remain open beyond 52 weeks, demonstrating sustained progress in reducing the oldest backlog cases.

Overall, July reflects continued movement towards a more sustainable and higher-quality service, with improvements in quality assurance, complaint levels and backlog management providing confidence that recovery activity remains on track.

Danielle Smith

SEND Manager

30.07.26

Recommendation for LASPB decision or direction

The LASPB is recommended to note the progress made against the actions above, alongside the risks and issues included below.

Risks and issues

Educational Psychology (EP) capacity and impact on timeliness Capacity within the Educational Psychology Service continues to be the most significant constraint within the EHCA process. Delays in the provision of EP advice remain a primary driver of overall assessment delays and continue to impact the timeliness of EHC Plans being issued within statutory timescales. Whilst actions are in place to mitigate this, including the development of a commissioned framework and prioritisation of statutory work, demand continues to outstrip available capacity. This places sustained pressure on the wider system and limits the pace at which backlog reduction and compliance improvements can be achieved.

In January 2025, SENDSTART underwent a significant restructure, with service capacity modelled based on approximately 4,000 active EHCPs at that time.

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As of 28 August 2026, the number of active EHCPs has increased to 6,846, representing a rise in demand of over 71% since the staffing model was established.

This increase has a direct and cumulative impact on service capacity, including:

- A significant increase in the volume of Annual Reviews.
- Increased casework complexity, particularly in relation to specialist provision and placement sufficiency pressures.
- Greater communication and engagement demand from a growing number of children, young people, and families.
- Increased expectations around quality assurance, compliance, and service improvement activity.

Whilst the service has delivered sustained improvements in performance, quality and backlog reduction, this level of growth was not anticipated within the original staffing model.

Without a review and realignment of capacity:

- Progress may slow or plateau.
- The service may struggle to maintain current performance levels.
- Opportunities to accelerate improvement and achieve statutory compliance may be limited.
- Increased demand may result in the service becoming increasingly reactive rather than maintaining its planned trajectory of improvement.

Risk to Continued Service Stabilisation

SENDSTART has made substantial progress in:

- Reducing historic backlog.
- Improving front-end flow through the assessment pathway.
- Increasing plan throughput.
- Strengthening quality assurance and plan quality.
- Reducing average waiting times.

However, the service has now reached a critical phase in its improvement journey where future progress is increasingly dependent on capacity rather than process improvement alone.

If capacity is not reviewed in line with demand growth:

- The pace of improvement is likely to slow.
- Performance gains may become increasingly difficult to sustain.
- Progress towards statutory compliance could be compromised as demand continues to rise.

The Board is therefore asked to recognise the need to:

- Review current capacity assumptions.
- Consider whether current resource levels remain appropriate given the scale of demand growth.
- Support the development of a sustainable resourcing model capable of maintaining and accelerating improvement.

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System-Wide Demand and Sufficiency Pressures

Ongoing pressures within the specialist provision system continue to drive workload across SENDSTART. Challenges in securing appropriate placements can result in:

- Delays in finalising EHC Plans.
- Increased consultation and negotiation activity.
- Extended casework for individual children and young people.

These pressures continue to affect both timeliness and staff capacity and are unlikely to reduce significantly in the short term.

Communications – key messages

SENDSTART continues to demonstrate sustained improvement across key performance indicators despite operating against demand levels significantly higher than those assumed within the January 2025 restructure. Backlog reduction activity is delivering measurable results, waiting times remain improved, complaint volumes have reduced, and the quality of EHC Plans is showing encouraging progress through the revised Quality Assurance Framework. However, the service has now reached a critical point where the sustainability of this progress depends upon capacity keeping pace with demand.

The Board is asked to recognise that continued improvement is now increasingly dependent upon service capacity rather than process improvement alone. The service has demonstrated that the recovery strategy is delivering results; the key risk is no longer whether improvement is possible, but whether the resource available is sufficient to sustain and accelerate that improvement in the face of rapidly increasing demand.

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Priority Action 2: The partnership should work together to develop and embed a joint framework on preparation for adulthood, to ensure a fully coordinated approach across education, health, and care, to support young people with SEND as they transition into adulthood

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Metrics

Metrics - Preparation for adulthood	Target Sep-26	LASEND Dec 24	Traj. Sep-25	Feb-26	Mar-26	Traj. Mar-26	Apr-26	May-26	Jun-26	Jul-26
M20. Proportion of Learning Disability health checks completed for eligible 14–25-year-olds	80.0%	*	40.0%	59.9%	63.7%	60.0%	65.0%	67.7%		
M21. Number of Learning Disability health checks quality assured (per 3-month period)	5	*	5			5				
M22. Proportion of Annual Review meetings held for young people in curriculum Year 9 and above	90.0%	21.9%	30.0%	35.9%	43.1%	60.0%	45.3%	46.5%	48.8%	57.6%
M23. Proportion of Annual Reviews completed for young people in curriculum Year 9 and above (within 12 weeks)	70.0%	35.8%	50.0%	97.2%	98.9%	60.0%	100.0%	95.0%	93.7%	96.0%
M24. Proportion of EHC Plans (Year 9 and above) with Preparation for Adulthood outcomes included	95.0%	*	60.0%			80.0%				
M25. Proportion of young people transitioning between Children’s and Adult Social Care Services with a named lead worker	95.0%	*	40.0%			75.0%				
M26. Proportion of 16–25-year-old with an EHC Plan able to access provision within Wirral	80.0%	*	60.0%	82.4%	82.6%	70.0%	83.0%	83.9%	84.1%	82.5%
M27. Number of supported employment and internship opportunities available for Wirral young people with SEND (annually)	67	38	40	16	16	54	15	15	14	50 (September intake)
M28. Proportion of 16–25-year-olds with an EHC Plan in employment, education, or training.	80.0%	73.0%	78.0%	71.7%	72.8%	79.0%	72.8%	72.6%	73.6%	

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Actions

Action- Preparation for Adulthood	Lead	Expected date of completion	On track (Y/N)	Barriers/Risks	Narrative	Complete?
A18. Collaborate with stakeholders to undertake a Preparation for Adulthood audit using a recognised tool (CDC/NDTI) to fully understand provision and address any gaps	Assistant Director for SEND & Inclusion	July 2025	Yes	Risk: Full participation by all key stakeholders required	Now Complete	Yes
A19. Based on audit findings co-produce a Preparation for Adulthood framework for approval by Local Area SEND Partnership Board	Assistant Director for SEND & Inclusion	October 2025	Yes	Risk: Full participation by all key stakeholders required	PfA Strategy Group had its first meeting in October 2025. Terms of Reference, action plan and subgroups agreed. More work to do on the health aspects of the PFA plan. Next Strategy Group meeting to take place in December 2025.	Yes
A20. Learning from the audit to inform SEND Sufficiency Strategy/ Wirral Regeneration for People through Education and Skills Strategy	Assistant Director for Education	March 2026	Yes		SEND Sufficiency report has been collated by SEND Manager and presented to colleagues. This has informed the business case for the Complex Needs Provision and P16 provision. The SEND Sufficiency working group coordinated by Anna Dollard meet regularly to coordinate data held regarding needs and placements of students. UPDATE: we have mapped baseline provision across all ages including post 16 and have identified the gaps. We attended a joint commissioning meeting to look at alignment in provision for post 16 and are exploring options with stakeholders on how to address gaps	
A21. Establish a <i>Young Adult Service</i> providing bespoke support for Preparation for Adulthood and transitions	Director for Children, Families and Education	February 2026	Yes		Current work being undertaken to identify premises for the service whilst also unpicking the perceived Children's / Adult Social Care systems related barriers and / or opportunities. Work also being undertaken to develop the specifications for new roles with the service.	Ongoing

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from Children's to Adult Social Care Services					Developing more advanced in respect of transitions and operational models for service delivery. Role descriptions completed aligned to draft structure and in evaluation process. Further consultation taken place – CWP / ICB colleagues. YAS provision will be scoped out through the work of the PFA/Transitions Strategy Group who meet fortnightly. Please see narrative for full update	
A22. "Spring into Adulthood" event to launch the <i>Young Adult Service</i>	Head of Service Improvement	March 2026	Yes		In planning This event will be coordinated by the PFA/Transitions Strategy group once the service has been approved/finalised	
A23. Create a cohort demand/needs analysis to stimulate and support engagement with local employers generating employment opportunities.	Head of Service 14-19, Learning & Skills	September 2025	Yes		Work complete and full report produced for October Board. SPARK Youth HUB commissioned to deliver resource for employers and to stimulate hot leads with large local employers. SPARK Youth Hub delivered an inclusive jobs fair on 26 th February 2026, attended by 80 young people with SEND. Report updated with latest data and shared 5 th March 2025.	Yes - BAU
A24. Review Learning Disability health check access and quality for eligible 14–25-year-olds	Cheshire & Merseyside ICB Head of Quality	August 2025	Yes		Data has been collated by NHS colleagues. This is the current data for 14 – 17years old (not 25). Annual Review documentation now has a Health Check tick box to say that parents are aware of their entitlement. New DCO (Mike Banner) will assist us with scoping out this project	
A25. Develop and implement a quality assurance framework for Learning Disability health checks	Cheshire & Merseyside ICB Head of Quality	November 2025	Yes		In planning We have considered looking into geographical areas who are successful/unsuccessful at delivering health checks and then will liaise with schools to host targeted work to increase the uptake and raise awareness. Update from Mba: <i>Scoping has taken place to explore effective approaches towards the quality assurance of Annual Health</i>	

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					<i>Checks in Wirral. This has identified 2 key work streams, as follows;</i> <i>Wirral Improvement Team's ongoing AHC quality assurance project - in partnership work Mencap (All Age- with 10 audits completed to in 2026 to date for 14-25 age group)</i> <i>ICB led comprehensive AHC QA audit (completed 2025) - St Helens place .</i> <i>These are to be evaluated further to ensure efficient strategic and methodological alignment and to avoid duplication.</i>	
A26. Undertake cohort analysis for young people at or below Level 1 to inform post-16 provision needs	Assistant Director for SEND & Inclusion	June 2025	Yes		Initial analysis undertaken for KS 4 and 5 in special schools to understand provision requirements. Broader analysis is now required at Level 1 and below from a greater range of schools. Specialist School provision has been completed. SEMH and mainstream schools' analysis is in progress. Action complete but SEMH data required before it becomes BAU.	Yes
A27. Review the quality of careers guidance available to young people (Year 9 and above) with an EHC Plan	Head of Service 14-19, Learning & Skills	November 2025	Yes		Full report completed for November Board – includes scoping of mainstream secondary and special school careers education for young people with an EHCP. Data for all schools regarding Careers Provision has been collated by LCR and shared with PFA Operations Manager. Headlines are that all schools are all schools are reporting on Careers Education using COMPASS reporting. Schore against the Gatsby Benchmarks are high (over 90% in all areas for most schools but isolated incidents of low attainment in Benchmarks 5 and 6 which relate to work experience) These findings have been shared with the Supported Employment Forum during the PFA Strategy meeting to see how we can link employers to schools more effectively.	Yes

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					Samples of Careers Advice in Annual Reviews have been reviewed, and destinations are linked to aspirations (data given by a variety of schools and Career Connect). SEND Schools are not consistently utilising Careers Interviews effectively and one specialist school needs to implement Careers Advice from Year 9. Post-16 OOB placement data shared as supplementary evidence.	
A28. Co-produce a Good Practice Guide and quality assurance tool to improve consistency and quality of Careers Education Information Advice and Guidance (CEIAG) for young people with SEND	Head of Service 14-19, Learning & Skills	February 2026	Yes		Initial mapping of current guidance and SEND best practice guide alongside LCR Careers & Enterprise Company. Resource an approach identified for engagement of schools during the autumn term 2025. Road Map for schools linked to Gatsby Benchmarks As of 23rd January, 10 schools across Wirral have the national Quality in Careers Standard (DFE). All other schools have been given the LCR equivalent Internal Leadership Review resources which does not have a cost. This resource is a Good Practice Guide which should be utilised using the support from the LCR and each schools Enterprise Advisor. UPDATE: 13 schools now have the Standard – an increase of 3 since January. The PFA Padlet has been shared with all schools which can be used during Careers interviews and Annual Reviews. Feedback has been excellent so far.	Closed - BAU
A29. Revise EHC Plan template and Annual Review guidance to ensure that, from age 14, focus is on Preparation for Adulthood outcomes.	SENDSTART Manager/Post 16 Locality Manager	January 2026	Yes	Ensure to include health and social care in development	Gaps in guidance identified and additional PFA specific guidance suggested for adoption – be rolled using SENCO Network. Paperwork has been changed and rolled out to schools however initial findings are that schools are not using this new format. Action: Communication to SENCOs and HT needs to be sent urgently to ensure PFA discussions are meaningful and recorded effectively. P16 SENDSTART manager to deliver	Yes - BAU

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					training alongside PFA OPS Manager in the March SENCO Connect event. PFA OPS Manager to conduct implementation checks in summer term and effectiveness of the new guidance. UPDATE: Excellent feedback from SENDSTART Caseworkers and schools who report that the new AR paperwork and the PADLET resource are assisting with conversations with families and easier to navigate	
A30. Review participation and engagement approach to ensure that the voice of children and young people with SEND is gathered, shared, and acted on	Head of Service Improvement	December 2025	Yes		Children's P&E activity and approach is being evaluated. Awaiting revised strategy. The PFA OPS manager is linking with children who attend Hiveability sessions to run a session on PFA. Work has already been undertaken and the link established by SENDLO officer. Case studies have been collected from students in Prep for Life at WMC and Response Service and shared with colleagues. Ops Manager to gain case study evidence from a range of students in other P16 settings and adult services.	
A31. Clarify governance and accountability for Preparation for Adulthood within the local area arrangements	Business Change and Prog Mgt.	August 2025	Yes		Awaiting outcome of partnership audit activity with recommendations going SEND Continuous Improvement Group. UPDATE: considerations have been made to the current PFA Strategic group membership and amendments have been made to ensure colleagues from Adults SC are represented and that the PFA chair is from Children's services and the Vice chair is from Adults Services. UPDATE: PFA/Transitions strategic group meet fortnightly and have workshopped all strategic policy documents across all services.	BAU
A32. Co-develop a holistic transition passport for young people with an EHC Plan	Assistant Director for SEND & Inclusion	June 2026	Yes		In development with Empowerment Passport and the Virtual School. Pilot has started with Foxfield/Meadowside school. Briefing note written for LASPB August 26	

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A33. Co-produce a Preparation for Adulthood section on the local offer website, SENDLO	Head of Service 14-19, Learning & Skills/ SENDLO Officer	January 2026	Yes	Risk: capacity issues due to current work demands and staffing shortage because of SEND Manager vacancy	Stakeholder engagement activity to take place alongside current developmental work, including Young Adults Services information. SENDLO being updated and current information validity / currency checked. Site map complete – identifying gaps As an interim measure prior to completion, a Preparation for Adulthood Padlet tool has been co-produced with children with complex needs and school staff and shared with all schools and received strong feedback so far. Update: PFA content has been sent to SENDLO officer to be uploaded (May 26) Awaiting update from SENDLO officer	
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Narrative

METRICS FOR M27: Current numbers for supported employment

SEPTEMBER INTAKE AT WMC	
Pre internship programme	Supported Internship programme
29	21

Youth Guarantee Trailblazer/ILM programme – YP with SEND	
January 25	September 26
50	49

METRICS FOR M25 – (June) There are currently 75 young people aged 14 -18 in the CWD team
25 aged 17 - 18

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COHORT AGED 17-18	TOTAL CURRENTLY IN PANEL	PROGRESS
CWD	23	10 named social worker 11 assessed but awaiting to be assigned 2 do not meet criteria for ASC
NON - CWD	14	9 assigned ASW 4 awaiting <u>assessment</u> 1 no need to assess

Transition panels for CWD and non CWD young people are now embedded. We have reviewed the protocol and used current cases as a deep dive to advise on urgent remedial action such as amending the membership of the High-Cost Funding Panel and Tripartite Panel which has now been implemented. Progress and issues raised can be found in our review documents:

[PFA Position report and recommendations July.docx](#)

[PIT Strengthening Preparation for Adulthood and Social Care Transitions - Progress Update and Proposed Future Model - to amend.docx](#)

Recommendation for LASPB decision or direction

Recommendations to amend the metrics as follows:

M22. Proportion of annual reviews meetings for YP in Year9 and above held within timescale.

M23. Proportion of annual reviews requiring amendment to the EHCP for YP in Yr 9 and above completed within 12 weeks.

M24. Proportion of Annual Reviews (Year 9 and above) with Preparation for Adulthood outcomes and targets fully completed

M25. Proportion of young people transitioning between Children's and Adult Social Care (CWD and Non CWD) who have had a Care Act Assessment and subsequent named social worker should they meet eligibility criteria before their 18th birthday (17.5)

M27. Number of young people accessing pre-internships, supported internships and other supported employment pathways (Youth Guarantee Trailblazer, ILM)

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Risks and issues

YAS remains a risk and requires a budget code to progress further. The recruitment of staff is being considered as a phased approach – we have identified that 3 transition workers would be our priority.

We are looking into recruiting 1 travel trainer with the support of LCR.

Communications – key messages

Preparation for Adulthood and transitions for children to a range of settings and services remain high on the priorities for all services across Wirral. As a response to this, a specific Preparation for Adulthood strategic group has been created with membership from all services (CSC, CWD, ASC, Education, Health, and commissioning) to ensure actions from all services are considered from all perspectives. Initially, the group is focussed on young people with SEND but ensuring we develop effective, supportive transitions for our most vulnerable children will undoubtedly ensure smooth transitions and opportunities for all. This includes the development of a Young Adult Service.

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Priority Action 3: The partnership should ensure that waiting times for specialist speech and language and neurodevelopmental assessments are reduced and that children and young people, and their families, consistently receive effective communication and support while waiting

Metrics

Metrics - Speech and Language and ND	Target Sep-26	LASEND Dec 24	Traj. Sep-25	Feb-26	Mar-26	Traj Mar-26	Apr-26	May-26	Jun-26	Jul-26
M29. Speech and Language Therapy - % of children receiving a first appointment within 18 weeks following referral	80.0%	9.0%	30.0%	97.0%	100.0%	60.0%	100.0%	100.0%	100.0%	95.0%
M30. Speech and Language Therapy - % of people reporting a positive experience in service	90.0%	88.0%	85.0%	94.7%	87.9%	88.0%	100.0%	90.5%	91.7%	100.0%
M31. Neurodevelopmental Offer - % of young people referred with a completed profiling tool (About Me)	95.0%	*	30.0%	16.2%	30.6%	60.0%	16.7%	4.9%	6.4%	13.7%
M32. Neurodevelopmental Offer – % of referrals triaged within 18 weeks following referral	40.0%	*	10.0%	100.0%	100.0%	25.0%	100.0%	100.0%	100.0%	100.0%
M33. Neurodevelopmental Offer – Reduction in total patient caseload (Number and %)	5127	5827	5594	7181	6487	5361	6424	6276	5721	4200
	-12%	5827	-4.0%	+23.2%	+11.3%	-8.0%	+10.2%	+7.7%	-1.8%	+16.6%
M34. Neurodevelopmental Offer - % of people reporting a positive experience in service	80.0%	*	70.0%	59.4%	60.0%	75.0%	61.0%	63.2%		
M35. Number of people accessing information via the SENDLO Neurodevelopmental Hub	Increase	*	Increase	383	426	Increase	962	463		

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Actions

Action	Lead	Expected date of completion	On track (Y/N)	Barriers/Risks	Narrative	Complete?
A34. Speech and Language Therapy – continue to be appropriately resourced to maintain increased capacity required to improve timeliness of assessment	Joint Commissioner for Children & Young People	March 2026	Yes	Potential risks – inability to recruit to temporary posts. Risk of waiting list increasing and length of wait increasing once additional funding stops.	Temporary funding from ICB has been identified until 31 March 2026. KPI performance continues to achieve 100% of children received a first appointment within 18 weeks following referral. Monitoring of waiting lists will inform whether further resources are necessary in the future.	Yes - BAU
A35. Speech and Language Therapy – Update SENDLO information to optimise support for Speech and Language needs	Chief Nurse, NHS Foundation Trust	July 2025	Yes		SENDLO has been reviewed and required amendments forwarded to Annie Grady. Annie Grady has confirmed that updates have been made to SENDLO	Yes
A36. Speech and Language Therapy – Develop a process to ensure families are kept up to date regarding progress of their referral and where they can access support whilst waiting	Chief Nurse, NHS Foundation Trust	October 2025	Yes	No relevant risks at this time	Acknowledgement of referral letter informs that there will be a wait and signposts people to our website for support on strategies whilst waiting. Copy of standard letter circulated to group, for assurance, with Sept minutes/actions. Waiting list updates can be sent to families via EPR – not required at present due to improved waiting list position.	Yes
A37. Neurodevelopmental Offer- roll out training on the profiling tool (About Me) for education, health, social care and parent carers	Joint Commissioner for Children & Young People	January 2026	Yes	Schools not adopting the Knowing Me C&M tool until a digital solution is available that supports and streamlines the end-to-end process.	It was agreed with schools (SENCOs and Head Teachers) that the paper-based <i>This Is Me</i> tool will continue to be used until a digital version of <i>Knowing Me</i> is in place. Development has commenced, with testing planned for the summer term and implementation proposed for 1st September. Training on the new tool was provided to SENCOs attending the SENCO Connect event in April. Work on duplication of	

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Page 136				Understanding by schools of the part the profiling tool will play in the graduated approach and referrals to the diagnostic pathway.	paperwork is ongoing. The prototype for the tool has now been developed, launch date has been delayed due to updates being made to the Knowing Me tool – due to be launched at SENDLO event 12th October. All other professionals are being trained in the new C&M digital tool. Training is being rolled out to Early Years and post 16 providers. PCPW have been asked to attend the C&M training as parent/carers reps. The dual referral process will remain in place until the digital <i>Knowing Me</i> tool is implemented, with <i>This Is Me</i> referrals continuing to be accepted. Since the launch of the new MDT in Feb 2026, 21% (97) of referrals use the <i>This Is Me</i> tool, and evidence shows these are more likely to be accepted due to the quality of information provided.	
A38. Neurodevelopmental Offer – Embed a consistent approach to use of the profiling tool (About Me) as part of the Graduated Offer	Joint Commissioner for Children & Young People	March 2026	N/A	There is a risk that schools will see this as a referral tool and a barrier to referring children for a diagnosis	Profiling Tool has been linked into Tier 2 of the Graduated Approach. Further guidance is being developed. Feedback indicates SENCOs are positively engaging with the tool and understand its role in supporting children through the graduated approach.	
A39. Neurodevelopmental Offer – Co-develop the Neurodevelopmental Offer Hub within SENDLO to promote support aligned	Joint Commissioner for Children & Young People	September 2026 (revised from February 2026)	Yes		The ND Knowing Me Hub is now live on SENDLO and continues to be developed in line with the digital tool linking resources and strategies for the 10 domains.	Yes

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with the 9 dimensions of the About Me tool				Some support services are short term funded	Short term commissioning gaps have been identified and being addressed as part of the joint commissioning work.	
A40. Neurodevelopmental Offer – Co-produce an information booklet for families on the diagnostic assessment processes and how to access support	Executive Managing Director, NHS Foundation Trust	April 2026	No		Booklet completed and shared with Parent carer forum for comments on 25 th April. Follow up meeting to be scheduled for feedback.	
A41. Neurodevelopmental Offer – Update the Graduated Approach to reflect the wider support for neurodiversity, including early help and ongoing need.	Joint Commissioner for Children & Young People	April 2026	N/A	No relevant risks at this time	This is being reviewed as part of the development of the ND Hub to ensure consistency to provision and support. Work is ongoing to embed health offer within graduated approach.	
A.42 Neurodevelopmental Offer – Embed the Cheshire & Merseyside Prioritisation Framework to ensure those with greatest are seen earlier.	Head of Quality & Safety Improvement	April 2026	N/A	No relevant risks currently	This is embedded within the ND service as part of the referral process and patients are being risk stratified and prioritised as part of the current triaging process.	Yes – Ongoing. Evidence available within EPR system of prioritisation.
The A43. Neurodevelopmental Offer – Establish and embed a multi-disciplinary team for clinical triage, assessment, and diagnosis	Executive Managing Director, NHS Foundation Trust	February 2026	Yes		Initial Triage MDT in place as of 30 th January 2026. Diagnosis and assessment MDT established monthly with colleagues from CYPMHS SLT in post as part of MDT with further recruitment to expand team underway.	Yes - Ongoing
A44. Neurodevelopmental Offer – Establish and	Executive Managing	March 2026	Yes	No relevant risks currently	A dashboard has been developed and is now live as of January 2026 to provide end-to-end oversight of all	Yes

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embed appropriate discharge pathways	Director, NHS Foundation Trust				patients on the ND pathway within WUTH, including those awaiting diagnosis and on follow-up caseloads to support visibility of referral routes, patient prioritisation, age profile, weeks waited, and diagnostic outcomes, enabling pathway-specific reporting. The dashboard improves understanding of demand, flow, and capacity, supporting service planning and the identification of patients suitable for safe discharge or transfer, with further integration underway as the single ND pathway is implemented.	
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25

Narrative	
Page 138	Speech and Language Therapy (SLT) Performance against the 18-week standard fell slightly in month to 95%. The service continues to meet timeliness expectations for first appointments, reflecting the sustained impact of pathway redesign, effective triage, and strengthened capacity management. Feedback from families remains positive, reinforcing improvements in communication, clarity of process, and access to early advice and strategies. This continued stability indicates that service improvements are increasingly embedded rather than reliant on short-term mitigations.
	Neurodevelopmental (ND) Pathway The ND pathway continues to show improving system control and flow, with strong performance in triage timeliness and increasing utilisation of the ND Hub. However, profiling tool completion and overall caseload remain key pressures, alongside variable experience measures.
	Front door / referral quality (M31, M32) M31 (profiling tool completion) has increased in July to 13.7% (42 of 307 referrals received) following reductions in May & June. The total number of referrals triaged with a profiling tool since the launch in February 2026 is 146 or 14.8% (146 out of 1008 referrals received). This reflects the transition phase between “This Is Me” and the new “Knowing Me” approach, with variability in adoption across schools and settings. Referral triage performance (M32) remains strong at 100%, showing that once referrals are received, the MDT triage process is now fully embedded and operating reliably within expected timescales.
	Position summary: Strong triage performance is now embedded.

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- **Consistency of profiling tool use is not yet secured** and remains a priority for system improvement; this is expected to improve with the implementation of the Knowing Me profiling tool and digital platform in September/October 2026.

Caseload and flow (M33)

- Reporting metric amended to show the reduction in the number of children on the ND caseload

This position reflects:

- Continued **impact of discharge pathways and improved data oversight**
- Increasing ability to **actively manage caseload through the ND dashboard**

Position summary:

- Early signs of sustainable reduction are evident, but
- Overall caseload remains high and requires continued focus on flow and capacity across the pathway

Experience of families (M34)

- Data for June and July not obtained due to reporting issue within WUTH
- Performance remains below the 80% target.

Previous feedback indicates:

- Families are benefiting from clearer triage and earlier contact, but
- Waiting times and variability in communication across the pathway continue to influence experience

Position summary:

- Gradual improvement, but
- Experience remains an area requiring further focus, particularly for those waiting longer in the pathway.

Access to support while waiting (M35)

- Data for June and July not obtained/submitted

This demonstrates:

- Reduction in access to SENDLO hub despite the
- Positive impact of **ongoing development and promotion of SENDLO ND content**

Position summary:

- **Reduced access to support while waiting**, however, this is a quarterly trend as increased activity was seen in January and April with decreased access in the months of February, March, and May.

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Recommendation for LASPB decision or direction

Neurodevelopmental (ND)

- **Note the continued strong performance within SLT**, including sustained achievement against timeliness standards and consistently positive feedback from families.
- **Support continued system-wide collaboration to embed the single ND pathway**, ensuring consistent application of the revised referral, triage and profiling model, and reinforcing the role of the Initial Triage MDT in early decision-making.
- Note the ongoing work with SENCOs to resolve implementation issues, adopt the new C&M tool, and ensure consistent communication with schools, parent-carers, and professionals to reduce confusion during the transition.
- **Acknowledge the significant increase in profiling tools received into MDT triage (M31)** and the assurance provided by the recent ND Profiling Tool Audit. Note that audit findings confirm improvements in referral quality, with clear system learning being shared to strengthen consistency and readiness of referrals across education and health partners.
- **Note and endorse the reduction in ND caseload (M33)**, recognising this because of strengthened discharge pathways, improved data visibility through the ND dashboard, and more active caseload management.
- Acknowledge the progress in establishing the MDT triage model and the importance of the ND dashboard as a key enabler for managing demand and prioritisation.

Risks and issues

Neurodevelopmental (ND)

- Overall ND caseload remains high, continuing to place pressure on all stages of the pathway. While recent data indicates a slowing of growth and early signs of reduction through strengthened discharge pathways, this position remains sensitive and requires sustained oversight.
- Some elements of the ND Hub remain reliant on short-term funding, presenting a risk to the long-term sustainability of early help and self-management support if recurrent funding is not secured.
- There remains a risk of misunderstanding of the profiling tool within education settings, particularly if it is perceived as a diagnostic gateway rather than a graduated-support and evidence-gathering tool. Ongoing engagement with SENCOs is required to reinforce its intended purpose and consistent use.
- The transition from “This Is Me” to “Knowing Me” may result in short-term inconsistency in language and communication across the system, particularly while parallel tools and messaging are still in use.
- Full realisation of improved pathway flow and discharge remains dependent on wider system readiness, including capacity and responsiveness within Early Help, community provision, and post-diagnostic support offers.
- Implementation of the “Knowing Me” tool will be delayed while duplication issues are resolved and a digital solution is developed, reflecting SENCO concerns about administrative burden. This may slow full embedding of the tool within the graduated response in the short term.

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- Sustained multi-agency capacity is required to maintain MDT triage frequency and momentum, including clinical, education and operational input, to ensure continued improvements in assessment flow, prioritisation and decision-making.

Communications – key messages

- Introduction of the triage MDT and the ND dashboard mark a major step forward in creating a clearer, more coordinated and more transparent pathway.
- Schools have now received profiling-tool training on This is Me with a conversion session at SENCO Connect sessions to support use and address concerns.
- Significant improvement in referrals into the diagnostic MDT with completed profiling tools.
- Development of a digital profiling solution and improved ND Hub content will make support easier to access and reduce duplication for schools and families. Both these pieces of work are near completion with ND Hub live and Digital Tool due to be launched 12th October.
- Clear communication will be essential as the Knowing Me profiling tool is rolled out, and the new approach is embedded across the system.
- The system is moving toward a single, consistent ND pathway with better governance and faster triage.

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Preparing for Adulthood & Transitions Strategy

2026 to 2029

One pathway from 14 to 25 – a successful transition experience for all. Held, hopeful and heard: every young person, into a good adult life.

Our vision in Wirral for young people with special educational needs and disabilities, for those in and leaving our care, and for every young person who needs extra help to move into adult life, is the same as for all our children and young people – for them to achieve well in their education, to be loved, safe and supported, to take part and be involved in their communities, and to lead happy, healthy and fulfilled adult lives.



Employment
and learning



A home of
my own



Friends and
community



Good
health



Wirral Council and NHS Cheshire and Merseyside. Co-produced with our young people, parents, carers, National Development Team for Inclusion and Wirral Preparation for Adulthood and Transitions Strategic Group

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Glossary

Our Workstreams

1 Foreword

A letter to you

Dear you – growing up in Wirral,

Before the long words begin, there is something we want to say plainly, because it matters more than anything else in this document.

We see you. We are proud of you. And we believe in the life you are going to build.

Growing up can feel exciting and frightening at the same time. You may have told your story to more strangers than you can count. You may have wondered what happens when you turn 18 – whether the people who know how to support you now, will still be there in the future, and whether your plan truly reflects your wishes. So before we explain anything else, here is what every adult who signs this strategy commits to you.

- **We will not let go of you at 18.** Your birthday is not a deadline. Growing up shouldn't feel scary and if it does, we are here to help. When things have to change, we will walk across to adulthood with you – not wave you off.
- **We will start early, and we will start with your dreams.** From Year 9, long before anything changes, we will plan with you. We will ask what you want your life to look like – and then we will work backwards from your answer.
- **We will stand with the people who love you.** Your family and your carers will be told what is happening, included in it and supported through it – before they have to ask, and without ever having to fight.
- **You will never have to tell your story twice.** One team. One plan. If our services need to talk to each other, that is our job to sort out, not yours.
- **We will see everything you can do.** Not only what you find hard. Anything you enjoy, your hobbies, friends who make you laugh, good health – we will start with what you want and build from there.
- **We will listen – and you can judge us.** Every year we will ask you and your family whether we kept these commitments. You will have your voice heard.

Wirral is your home and we want to enjoy living here and being educated here. Your future matters to us more than any page in this document. So keep this letter. Show it to anyone who needs reminding. And hold us to every word.

Together, we are stronger.

From everyone who leads and works in Wirral's education, care and health services

Growing up is the most important journey any of us will ever make. For most young people it is exciting; for some – especially those with special educational needs and disabilities, those in and leaving our care, and those living with poor mental health – it can also feel uncertain and, at times, frightening. Families tell us that turning 18 should feel like a beginning, not an ending. We agree. This strategy exists to make that real.

We write with optimism and commitment. Our SEND partnership has come through a period of change and focus: we know you have been waiting a long time for this strategy and we have been working hard behind the scenes to make sure we have got it right. A multi-agency Preparing for Adulthood Strategic Group gives this work shared leadership across education, health and care. Leaders from every part of our system have sat down with families and with national partners to plan, honestly and ambitiously, for better transitions. What that told us matters more than anything: Wirral has the expertise, the vision and, above all, the heart to get this right.

AGENDA ITEM 4.3 – Appendix 1

We are equally honest about the challenge. Moving from children's to adult services and from one education setting to another, is recognised nationally as one of the most persistent risks in the whole system. We want to be your cheerleaders as you move between services and settings and support you through it all.

AGENDA ITEM 4.3 – Appendix 1

Our own Joint Strategic Needs Assessment shows a borough of profound contrasts. Where the recorded prevalence of learning disability is among the highest in Cheshire and Merseyside, and where the gaps that shape adult lives open early. Demand is rising, budgets are stretched, and too many families still experience transition as a struggle rather than one supported journey. That is not the Wirral we want, and it is not the Wirral we will accept.

This strategy is our commitment to change it. It sets out one joined-up pathway from 14 to 25; dedicated transition panels so that no young person who needs extra oversight is ever lost between services; drop-in hubs where young people, parents, carers and guardians can get help without a referral; and true multi-agency membership at decision making so that funding decisions and communication improves across our own services. Most importantly, it puts young people's own voices, strengths and dreams at the centre of every decision.

We believe in Wirral's young people. We are excited about the futures they will build, and we are determined that every one of them will step into adulthood held, hopeful and heard. Thank you to every young person, parent, carer and professional who has shaped this strategy. Now let's deliver it – together.

Wirral Council

Children, Families and Education

Wirral Council

Adult Care and Health

NHS Cheshire and Merseyside

Wirral Parent Carer Forum

with the young people of Wirral

2

Our vision and the Wirral Commitment

Our vision in Wirral for young people with special educational needs and disabilities, for those in and leaving our care, and for every young person who needs extra help to move into adult life, is the same as for all our children and young people – for them to achieve well in their education, to be loved, safe and supported, to take part and be involved in their communities, and to lead happy, healthy and fulfilled adult lives.

Preparing for adulthood is not a service, a form or a meeting. It is a culture of high aspiration that starts in the earliest years and runs through everything we do – the belief, held by every adult a young person meets, that a good adult life is theirs to build and ours to back. Our vision applies to every young person aged 14 to 25 who needs additional help to reach adulthood: young people with SEND, with or without an Education, Health and Care plan; children in our care and care leavers; young people known to youth justice or mental health services; young carers and young adult carers; and young people at risk of falling between services altogether.

The Wirral Preparing for Adulthood Commitment

Six commitments sit at the heart of this strategy. They are written to be repeated – in classrooms, in clinics, in committee rooms – and to be tested. Every year, young people and families will tell us publicly whether we are keeping them.

1

No uncertainty at 18

Support will change as young people grow – it will never simply stop. You will be supported in every planned move between services, provisions or settings

AGENDA ITEM 4.3 – Appendix 1

2

Planning begins early

Preparation for adulthood starts by Year 9. Your school or setting will make sure you can make your own person centre plan and communicate it however you need to.

3

Families are partners

Parents, carers and guardians will be informed, involved and supported at every step, with help available before they have to ask for it.

4

One system, one plan

Education, care, health, housing and employment services will work to a single joined-up pathway from 14 to 25.

5

Strengths and aspirations first

Decisions will start with what a young person can do and wants to do – work, a home, friendship and good health – alongside what they need. You told us we need to really listen to your aspirations, not dismiss them.

6

We will be held to account

Young people and families will help govern this strategy, see our data, and tell us honestly whether life is getting better. We will use your experiences to make an impact on our future work.

3

One minute read!

This page is for young people – and for anyone who wants the whole strategy in one minute.

What is this?

Wirral's three-year plan to make moving into adult life work brilliantly for young people aged 14–25 who need extra support.

Who is it for?

Young people with SEND (with or without an EHCP), young people in and leaving care, young carers, and any young person who needs help crossing into adulthood – and their parents, carers and guardians.

What will change?

Planning starts by Year 9. Special transition panels that monitor your journey so no one is lost. Drop-in hubs with no referral needed. Housing, jobs, friendship and health planned alongside care.

Who is in charge?

Children's and adults' services, health, education – together – answering to a partnership board where young people and parent carers sit as equals.

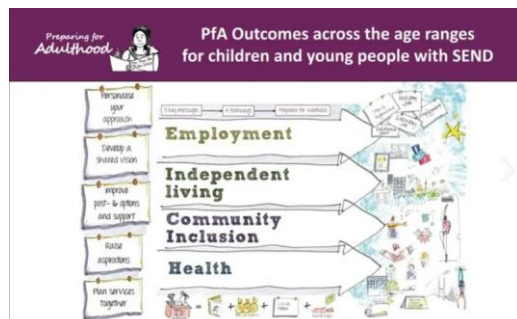
How will we know it's working?

We will measure what matters – being in education or employment, your achievements, your health and living arrangements and how transition feels – and publish it every year, in formats everyone can read.

AGENDA ITEM 4.3 – Appendix 1

Four PfA pathways, 6 priorities, one commitment

Everything in this strategy hangs on a simple frame: the four Preparing for Adulthood pathways every young person's plan must cover (employment and learning · a home · friends and community · good health), the six priorities that organise our work, and the Commitment we will be judged against. We have worked with the NDTi and all stakeholders to make sure this strategy is what we need!



4 Introduction, scope and how this strategy was built

This is the strategy of the Wirral local area partnership – Wirral Council and NHS Cheshire and Merseyside – working with schools, colleges, providers, National Development Team for Inclusion, the voluntary, community, faith and social enterprise sector, and above all with young people and families. It covers young people aged 14 to 25 and runs from 2026 to 2029, with an annual refresh of its implementation plan.

How it was built

- On the voices of young people and families – through our Parent Carer Forum, youth voice groups and the engagement that has run through Wirral's SEND improvement journey.
- On the evidence – our Joint Strategic Needs Assessment and the Wirral Intelligence Service's 2025 analysis (Section 6), the July 2025 Preparation for Adulthood review with the National Development Team for Inclusion, and national research on transitions and NEET prevention.
- On honest external challenge – our Area SEND inspection priority actions and the six-monthly DfE and NHS England stocktakes, the most recent of which (March 2026) recognised substantial progress while keeping quality and consistency firmly in view.
- On what already works – the progress made via the SEND Priority Action Plan, the new PfA Strategic Group, improved Year 9+ annual review documentation, strengthened post-16 planning, and the developing Young Adults Service.

How this strategy fits

This strategy delivers Priority 1E of the Wirral Children's Plan 2026–2028 – 'Championing Brighter Futures': to be ambitious for children and young people and enable them to thrive and move confidently into adulthood. It forms part of the local area SEND strategic plan overseen by the Local Area SEND Partnership Board, aligns with the Corporate Parenting strategy for our care-experienced young people, and connects to the borough's health and wellbeing, housing, and economic strategies. It is deliberately a whole-system document: no single organisation can keep the commitment alone.

5

The national picture – what the law, CQC and Ofsted expect

Wirral is not starting from a blank page. The law is clear, the inspectorates are clear, and national reform is moving – decisively – in the direction this strategy takes. We intend not merely to comply with that direction, but to lead within it.

AGENDA ITEM 4.3 – Appendix 1

This strategy does not sit alone. It is fully aligned with national guidelines. for health and social care services. We have hyper-linked them here for you:

<https://www.nice.org.uk/guidance/qs140/chapter/Quality-statements>

<https://www.nice.org.uk/guidance/ng43>

<https://www.cheshireandmerseyside.nhs.uk/latest/publications/plans-and-strategies/children-and-young-people-s-mental-health/>



The legal framework

The Children and Families Act 2014 and SEND Code of Practice: preparation for adulthood must feature in EHCP reviews from Year 9 at the latest, across all four outcome areas; support can continue to 25 where needed.

The Care Act 2014: transition assessments for young people, and for their carers, where there is likely need for adult care and support and it is of significant benefit – with continuity duties so children's support cannot simply stop at 18 while adult decisions are pending.

The Mental Capacity Act 2005, Mental Health Act (including section 117 aftercare) and deprivation of liberty frameworks: rights-based decision-making as young people become adults, planned in advance rather than discovered in crisis.

The Children (Leaving Care) Act 2000 and corporate parenting duties: our obligations – and our pride – as parents to care-experienced young people to 25.

The Children Act 1989 and 2004: ensuring the welfare of a child is paramount to decision making

What CQC and Ofsted expect

The Care Quality Commission's assessments of local authorities repeatedly identify transition from children's to adult services as an area of persistent risk nationally. CQC praises tracking from Year 9, named governance for pathways to adulthood, documented process maps, transitional safeguarding, and continuity that lets young people go to college, into work and into homes of their own. The Area SEND inspection framework judges local partnerships on whether young people are well prepared for their next steps and achieve strong adult outcomes. This strategy deliberately builds each of those ingredients into Wirral's system and is answered within the Priority Action Plan

National reform – and why we will not wait

SEND reform and the schools programme: the Government's evidence base describes families 'having to fight', EHCP numbers doubling since 2014, and outcomes static while spending rises. Reform points towards inclusive mainstream education, earlier identification and national consistency. Wirral's vision is clear: confident settings, timely pathways, more young people supported locally, and families reporting greater trust.

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>: Strategic shift from hospital care to community care and from sickness to prevention.

The Casey Commission on adult social care:

The focus is a long-term future built on fairness, prevention and treating people as citizens, not cases. Its direction of travel – invest early, plan ahead – is exactly the direction of this strategy. Wirral will not wait for national reform to do what we already know is right for our young people.

AGENDA ITEM 4.3 – Appendix 1

Government review on Care Leaver Deaths (2026)

The most significant care leaver publication commissioned by the DFE after evidence that care leavers were dying at disproportionately high rates

6 The Wirral picture – what our JSNA tells us

A strategy is only as honest as its evidence. This chapter draws directly on Wirral's Joint Strategic Needs Assessment – the Wirral Intelligence Service's 2025 statistical summary and the JSNA Health and Wellbeing evidence base on the Wirral Health and Wellbeing Knowledge Hub – together with the English Indices of Deprivation 2025 and our own service data. It tells a story of real strengths, stark inequalities, and a clear, specific mandate for this strategy.

6.1 Our borough



Wirral is a growing borough with an above-average level of disability, the highest recorded learning disability prevalence in Cheshire and Merseyside, and an economy in which care itself is the most common occupation.

6.2 A borough of contrasts

The Indices of Deprivation 2025 bring encouraging news: Wirral's overall deprivation rank has improved from 77th to 108th of 296 local authorities, and the share of our neighbourhoods among the least deprived tenth in England has more than doubled since 2019, to 13.4%. Yet we still have health inequalities across the borough.

this strategy stands.

Four wards – Birkenhead and Tranmere, Seacombe, Bidston and St James, and Rock Ferry – are consistently our most deprived, and consistently carry the borough's highest child poverty, lowest early development, highest Universal Credit claims and highest crime rates.

In Birkenhead and Tranmere, fewer than half of working-age residents (48.2%) are economically active employees, against 59.0% across Wirral; Universal Credit claim rates there (397.7 per 1,000 adults) run at two and a half times the borough average.



6.3 The gap our young people inherit – and can close

13.3 yrs

gap in male life expectancy between Rock Ferry and West Kirby & Thurstaston (2023–25); 11.7 years for women between Seacombe and Greasby, Frankby & Irby

~59–60

years of healthy life expectancy in Wirral – many residents in our most deprived wards become unwell before their children reach the end of this strategy's age range

26.2 pts

ward gap in children's early development at age 2–2½ – the life-chances gap opens before school begins

56.1%

of Wirral boys achieve a good level of development at Reception, against 76.2% of girls – and 66.1% overall, below England's 68.3%

Life expectancy in Wirral is significantly below England's, The four most deprived wards have the lowest life expectancy for both men and women. Child poverty is concentrated in exactly the same four wards, and – although Wirral compares well within the Liverpool City Region – it has been rising since 2020/21.

6.4 Adolescence into adulthood – the 14–25 evidence

NEET: 4.9% of Wirral's 16–17-year-olds were not in education, employment or training in 2023/24 – broadly in line with England, but rising for three consecutive years from 4.1%. National research shows the risk multiplies where SEN, low qualifications, disability and poor mental health overlap – exactly the young people this strategy tracks.

Qualifications and progress: 83.9% of young people reach Level 2 by 19 – real strengths to build on. But a lot of our young people with SEND look to be educated out of borough - we know we need a better, more diverse offer for vocational training, pre Level 1 and specific courses for our young people with a diagnosis of Social, Emotional and Mental Health. We also have to look at provision for our young people with Complex Learning Difficulties and improve the Day Opportunities with Adult Services.

Mental health: hospital admissions for self-harm among 10–24-year-olds (252.1 per 100,000) are the second lowest in Cheshire and Merseyside – encouraging – but markedly higher among young women, and poor mental health is one of the strongest predictors of becoming NEET. Mental health transitions therefore sit inside this strategy, not beside it.

6.5 What the JSNA means for this strategy

Five evidence-led design choices

Start where the gap opens – the development gap is visible by age two, so preparation for adulthood connects deliberately to Best Start in Life and early help, and never waits for crisis.

Lead with health – because our sharpest national outlier is health-and-disability deprivation, planned health and mental health handovers, annual health checks and the Dynamic Support Register are core business, not add-ons.

Build the economy in – with the region's care economy on our doorstep and 18.3% of employees below the real living wage, supported employment, internships and our own workforces are levers for both young people's futures and the borough's. We want to increase the number of supported employment opportunities for all.

Plan for rising demand – the highest learning disability prevalence in Cheshire and Merseyside is tomorrow's adult social care demand; the Commissioning and Funding Group will use JSNA and tracker data to shape housing and support supply years ahead.

One JSNA, one system

The Children's Plan 2026–2028 commits Wirral to a dedicated SEND Joint Strategic Needs Assessment, signed off by the Local Area SEND Partnership Board in 2026, and a maintained SEND data dashboard. This strategy will both feed that JSNA – through tracker and outcomes data – and be steered by it, so our understanding of need and our plan for meeting it are never out of step. Evidence: Wirral Intelligence Service / Wirral Health and Wellbeing Knowledge Hub, JSNA 2025; English Indices of Deprivation 2025; DfE/NHSE stocktake, March 2026.

7

The four pathways to adulthood - What's on offer in Wirral?

Nationally, the Preparing for Adulthood outcomes give every young person's plan the same four cornerstones. In Wirral they are more than headings on a form! We have brought them to life! What will your days be made of? Where will home be? Who will be around you? And how will we keep you well? We are excited to share our dedicated Preparation for Adulthood Padlet with you as your guide!



Employment and learning

Meaningful days: education, training, volunteering and paid work that reflect each young person's interests and talents.

You will be discussing your aspirations in every EHCP, annual review and relevant care plan from Year 9, you will get careers guidance that gives clear structured guidance on how to achieve your goals.

We will grow supported internships, apprenticeships and supported employment, working with local employers, colleges and job coaches – building on the priorities co-produced with NDTI in 2025.

Our schools will use the Risk of NEET Indicators from Year 10 so that support wraps around our young people before they disengage, not after.

☒ We will make sure our Wirral education and social care opportunities reflect your needs and aspirations.



A home of my own

A clear housing pathway, planned years ahead – not discovered in a crisis.

☒ We will give you information about your options for housing - you can make an informed choice

Develop a range of options: supported living, shared lives, adaptations, technology-enabled care and pathways to tenancies of one's own.

Prepare young people practically for independence – money, cooking, travel training, tenancy skills – through better

PfA and personal development opportunities in our schools and communities.

Plan housing early for care leavers and young people in residential placements, so that no one's first conversation about

where they will live happens at 17%.



Friends, relationships and community

A life rich in connection: friendship, belonging, safety and fun.

Make sure that genuinely inclusive community, leisure and volunteering opportunities on the Local Offer, and dedicated Preparation for Adulthood Padlet are regularly updated. You deserve a life full of opportunities.

Redesign short breaks and day opportunities around what young adults actually ask for, with personal budgets that follow their interests.

Support safe relationships and online life, with transitional safeguarding that protects young people from exploitation without shrinking their world.

☒ Make Wirral's public spaces, transport and events visibly welcoming to young people with additional needs.



Good health

Being as healthy as possible, and moving to adult health services that already know you – body and mind together.

Guarantee planned handovers from paediatric services and CAMHS to adult health and mental health services, with joint appointments and health transition plans – no one discharged into a gap.

AGENDA ITEM 4.3 – Appendix 1

Promote GP registration and make sure you go to your annual health checks from 14 for young people with a learning disability. Make sure you know the online support that's available to you such as Branch.

Operate the Dynamic Support Register jointly with the ICB, with keyworkers for young people with learning disabilities and autism at risk of admission – community support, not hospital, as the default.

Begin NHS Continuing Healthcare screening by 17 and plan section 117 aftercare before any discharge, so that funding decisions never delay a young person's future.

8

Our six priorities – what we will do

Six priorities turn our vision, our evidence and our Commitment into a delivery programme. Co-production runs through every one; the implementation plan in Section 16 gives each its milestones.

Priority

1

Start early, plan together

Why this matters

The evidence is unambiguous: early, aspirational planning drives better adult lives, and it is the step most often missed nationally. Our own inspection asked us to embed a joint framework on preparation for adulthood – and our answer begins in Year 9, when the whole system leans in together.

What we will do

We have already changed the annual reviews so that the four Preparing for Adulthood outcomes are the major focus - so that 100% of young people with SEND have PfA embedded in their planning – the commitment already made in the Wirral Children's Plan 2026–2028.

Publish a co-produced 14–25 pathway on the Local Offer – plain-language steps, timelines and who to call – in accessible and easy-read formats.

Use Year 9 and 10 annual reviews as the natural moment to refer a young person into the 14 - 16 transitions panel should they need any additional support above and beyond universal services. We will also make sure that anyone who may need a Care Act Assessment for Adult Services will be able to discuss this at their Year 11 annual review.

What success looks like

By 14, every young person in scope has an aspirational plan across all four pathways. By 17 - 17.5, they and their family can name their next steps and their named contact. Nobody first hears about adult services on their 18th birthday.

AGENDA ITEM 4.3 – Appendix 1



One pathway, no cliff edge at 18

Why this matters

Families describe 18 as the moment “the services disappear”. The Care Act 2014 requires transition assessments where there is likely need; our Commitment goes further – a single supported journey from 14 to 25 in which age 18 is a milestone, not an exit.

What we will do

- Complete Care Act transition assessments for every young person likely to have adult needs from age 16 - 17.5 and never left to the eve of a birthday.

- Establish the Young Adults Service as a bridge across 16–25, building on the development already recognised at our 2026 SEND stocktake, so relationships – not case files – carry young people across the boundary.

- Consistently use the joint protocols between children's and adults' social care, health and education for handover, information-sharing and joint working during the transition window.

- Keep one plan per young person: education, health, care, housing and employment goals in one place, reviewed with the young person at the centre.

We have used the Cheshire and Merseyside Overarching Transition Policy for Young People with Learning Disabilities, Autism Spectrum Condition and Mental Health to inform Priority 2.



Track the young people who need us most

Why this matters

Some young people need more from us than others – and they carry the greatest risk of being lost between services. We will use our Transitions Panels that we have implemented so that oversight is guaranteed by design, never by luck.

What we will do

- Operate the multi-agency Transitions Panels overseen by the Operational Manager for Preparing for Adulthood, tracking every young person aged 14–25 who meets the agreed criteria for extra oversight – including substantial packages of support, community DoL, section 117 entitlement, Continuing Healthcare, placement instability, youth justice involvement, and those young people who are at risk of becoming NEET.

- Take referrals from the whole team around the child: schools, youth justice, CAMHS and mental health services, primary care and health, leaving care, and the voluntary and community sector.

- Recommend interventions early – including our Early Help offer – so the approach is preventative, not reactive; agree the right team and the right time for each young person.

- Feed forward every tracked young person's future needs to the Commissioning and Funding Groups, turning individual planning into borough-level foresight.

AGENDA ITEM 4.3 – Appendix 1

What success looks like

Every young person who meets the criteria is known, allocated and planned for. Escalations are resolved in weeks, not terms.

Priority
4

Commission and fund for the future – including housing

Why this matters

Poorly planned transitions are the most expensive kind: crisis placements at considerable weekly cost, out-of-borough moves, and young adults not living where they grew up. Planning ahead is both the kind thing and the wise thing.

What we will do

Change the membership of the Commissioning and Funding Groups so that children's, adults', health and education commissioners with housing and finance at the table – to agree the best commissioning pathway for every tracked young person and to plan the borough's future supply.

Use the Transition Panels EHCP/Annual Reviews and JSNA data to forecast demand for shared lives, supported living, short breaks, day opportunities and specialist provision three to five years ahead.

Agree joint funding principles – including education, social care, CHC and section 117 responsibilities – before the point of transition, so that no young person waits while organisations negotiate.

Shape the local market towards what young people actually want: ordinary homes, community lives, local provision – reducing reliance on distant or crisis-driven placements, and easing financial pressures.

What success looks like

Provision exists because we planned for it. Spend shifts, year by year, from crisis response to early support – and young people stay local, in lives they have chosen.

Priority
5

Nothing about us without us

Why this matters

Young people and families are the experts in their own lives. Co-production is how this strategy was made, and it is how the strategy will be run – not a consultation at the end, but shared power from the start.

What we will do

Embed young people and parent carers – including the Parent Carer Forum – as co-chairs and members within the governance of this strategy, with preparation, support and payment for their time.

Co-design every major product of this strategy – the pathway, the hubs, the Local Offer content, the family-facing information – with the people who will use them.

Build a standing young people's voice group for preparing for adulthood, connected to the Youth Voice infrastructure and to the SEND Youth Forum, with feedback loops that show 'you said, we did'. We have worked with young people from Foxfield School and Meadowside School plus held sessions with young people at Wirral Metropolitan College who have shaped the content of this strategy.

Publish our performance openly, in accessible formats, and invite challenge!

AGENDA ITEM 4.3 – Appendix 1

What success looks like

Families say: we were listened to, we shaped this, and we can see the difference. Co-production is business as usual, not a project.

Priority
6

A confident, connected workforce with high aspirations for our young people

Why this matters

Every good transition, somewhere behind it, has professionals who know each other, understand each other's worlds, and communicate hope. We will grow that workforce deliberately.

What we will do

☒ Challenge anyone who isn't aspirational for our young people!

☒ Hold regular 'deep dives' to promote reflective practice, so professionals understand the whole 14–25 journey – not just their segment of it.

Build confidence in the Mental Capacity Act, transitional safeguarding and rights-based practice, with advocacy woven through.

Grow a network of PfA Champions in every school, team and provider, and include the Wirral Commitment in every relevant induction – part of our 'We are Wirral Children's Services' culture work.

What success looks like

Any professional a family meets – from classroom to clinic to community group – understands preparing for adulthood, knows the pathway, and communicates belief in what young people can do.

9

Support when you need it – The Young Adult Service

No referral. No wrong door. Just help.

An explicit ambition of this strategy is that drop-in support is offered to young people going through transition – and equally to their parents, carers and guardians – so that families feel supported through the whole process, not processed by it. Most transition anxiety is not about eligibility; it is about not knowing. The hubs put knowledge, kindness and connection within reach, and catch worries before they become crises.

The offer

☒ A dedicated Young Adult Service - regular community-based drop-in hubs across the borough –open to any young person aged 14–25 with additional needs. No referral, diagnosis or EHCP required.

Extend this offer for parents, carers and guardians: honest conversations about what changes at 16 and 18, money and benefits, housing options, the Mental Capacity Act and deputyship, carers' assessments, and their own wellbeing.

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Staffed by transition keyworkers and rotating experts – careers and supported employment advisers, adult social care, housing, health, welfare rights, advocacy – alongside peer mentors with lived experience and our voluntary and community sector partners.

Advice, guidance and signposting to services that can help. We have a dedicated PfA email address for any queries:



prepforadulthood@wirral.gov.uk

Our dedicated PfA Padlet for opportunities and guidance!

Why hubs matter

Hubs tell every family, in bricks and smiles as well as words: you are not doing this alone. They are also our early-warning system – the place where small worries surface early enough to stay small.

10

Young carers – our children who care for others

You look after someone. We will look after you.

Some of Wirral's young people are already doing one of the most demanding jobs an adult can do. They get a brother dressed and out of the door before school. They watch for the signs that a parent is becoming unwell. They translate, they budget, they lift, they reassure, and they worry in a way no child should have to. They are children and young people first, and they are entitled to a childhood now and an adult life of their own choosing later.

In a borough where around one in nine residents provides unpaid care, and where caring is the most common occupation, this is not a small group – and our Joint Strategic Needs Assessment names young carers as a priority in their own right. Many are never identified at all, because families are proud, or frightened, or simply coping. Preparing for adulthood in Wirral therefore deliberately includes the young people who are already holding families together.

Their rights, and our duties

The Children and Families Act 2014: every young carer has the right to a young carer's needs assessment – whether or not the person they care for receives support, and whatever that person's condition. The assessment considers whether the care they give is excessive or inappropriate for their age.

The Care Act 2014: where a young carer is likely to have needs of their own once they turn 18, a young carer's transition assessment must be carried out when it is of significant benefit – well before the birthday, never after it.

Wirral local area Preparing for Adulthood & Transitions Strategy 2026 to 2029

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✘ **A whole-family approach:** no adult's care and support plan should quietly depend on a child. Whenever we assess the person being cared for, we will ask who else is caring, and what that caring means for them.

What we will do

Find them earlier. Ask the young carer question routinely – in schools and colleges, in general practice and hospital, in every adult assessment and every EHCP annual review – so that being identified never depends on a family knowing to ask.

Assess them in their own right. Offer every young carer we identify their own needs assessment, and complete young carer's transition assessments in good time before 18, so their future is planned with them rather than assumed around them.

Protect their education and their ambitions. A named contact in every secondary school and college, practical flexibility that never costs a young person their qualifications, and inclusion in our work to prevent young people becoming NEET. Caring must not narrow what a young person is able to become.

Plan two journeys at once. When the person they care for moves between children's and adults' services, the young carer's own transition is planned alongside it by the same joined-up team – so one family is never handed two separate journeys to navigate.

Give them a life of their own. Breaks, friendships, peer groups and activities for young carers and young adult carers aged 16 to 25 – time that belongs to them, without guilt and without having to arrange cover first.

Include them in everything. Young carers and young adult carers in our voice groups, in the drop-in hubs and in the annual co-produced report, so this strategy keeps being shaped by people who know exactly what caring costs and what it gives.

What success looks like

No young person in Wirral becomes an adult carer by default. Every young carer we know is known as a young person first – with their own assessment, their own plan, their own ambitions and a life outside caring. And every young carer we have not yet found is someone we are actively looking for.

11. Governance - how we will be held to account

Clear governance turns good intentions into delivered commitments. Accountability for this strategy sits jointly with the Directors of Children's Services, Adults Services and NHS services. We report into the Local Area SEND Partnership Board.



12. Communications and engagement

We know we haven't always been great at sharing the right information at the right time and you told us that families cannot use guidance they cannot find, and partners cannot deliver a Commitment they have not heard.

Our communications plan is simple:

One front door online – a refreshed Preparing for Adulthood area of SENDLO carrying the 14–25 pathways, and plain-language guides to every major decision point, in accessible and easy-read formats.

Information that arrives before it is needed – automatic 'what happens next' information at Year 9, 16 and 17½; annual Preparation for Adulthood and Careers events in every secondary school and college.

Campaigns with faces and stories – young people's own journeys into work, homes and community life, told by them, celebrated publicly, and used to raise expectations everywhere.

AGENDA ITEM 4.3 – Appendix 1



We thank our young people from the RESPONSE service, Wirral Met College, Foxfield School and Meadowside School for their engagement. We thank our schools - Woodchurch High School, South Wirral High School, Ridgeway High School and Birkenhead High School Academy for giving us insight into how we shape our PfA work.

We will develop a Young persons guide to transition and an easy read version of this strategy by December 2026

March 2027 will see our SPRING INTO ADULTHOOD event where we will launch all things Preparation for Adulthood including every opportunity in our local area!



13. Performance framework and key indicators

We will measure what matters to young people's lives, not just what is easy to count – and we will publish it. Baselines are set in 2026/27; trajectories are agreed by the PfA Strategic Group and reported quarterly to the Local Area SEND Partnership Board.

What we will know	Indicators include
Planning starts early	% of Year 9+ EHCP annual reviews on time and with high-quality PfA sections across all four pathways; % of eligible care plans with PfA outcomes; young people referred to the panels at the right time.
No cliff edge at 18	% of Care Act transition assessments completed before 17.5. increase in young people with a lead professional by 17%; number of support packages ending before a successor begins (target: zero); % of young carers with a transition assessment completed before 17.5. Increase in schools achieving Quality
Adult lives, not just adult services	in Careers Standard. Destinations at 16, 18 and 25; sustained education or employment at 6 and 12 months; 16–17 reduction in NEET rate including SEND; supported internships and apprenticeships; housing outcomes for tracked young people and care
Healthy transitions	leavers. % with a completed health transition plan and planned handover; annual health check uptake from 14; Dynamic Support Register operation and admissions avoided; CHC screening started by 17.

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Families feel it	Young person and family experience measures at each transition point; Plans are clear and voices are heard. Parent Carer Forum temperature checks; complaints and escalations trend.
The system is sustainable	Use our SEND Sufficiency Strategy and JSNA so that there is a shift in spend from crisis response to planned support.

14. Three-year implementation plan

Delivery is phased so that foundations are laid properly, embedded deliberately, and sustained visibly. A detailed annual delivery plan sits beneath this summary, owned by the PfA Strategic Group.

Year	Focus	Headline milestones
2026	Establish	Strategy launched and Commitment adopted by all partners Transition Panels and Commissioning and Funding Groups fully operational Children's and Adults digital systems able to 'talk to each other' Published 14–25 pathways on the Local Offer and PfA Padlet widely used Risk of NEET indicators used in our schools Person Centred Planning established in our schools
Year	Focus	Headline milestones
2027	Embed	100% Year 9+ reviews carrying quality PfA planning · Young Adults Service operating across 16–25 · hub network borough-wide · supported employment and internship growth · housing demand forecast shaping commissioning intentions · education provision expanded for our most complex learners and first annual co-produced Commitment report published
2028/29	Sustain and stretch	Demonstrable movement on destinations, health handovers and placement stability · spend shifting from crisis to planned support · co-production embedded as business as usual · independent review of impact with young people and families · refreshed strategy for 2029 onwards, built on what we have learned.

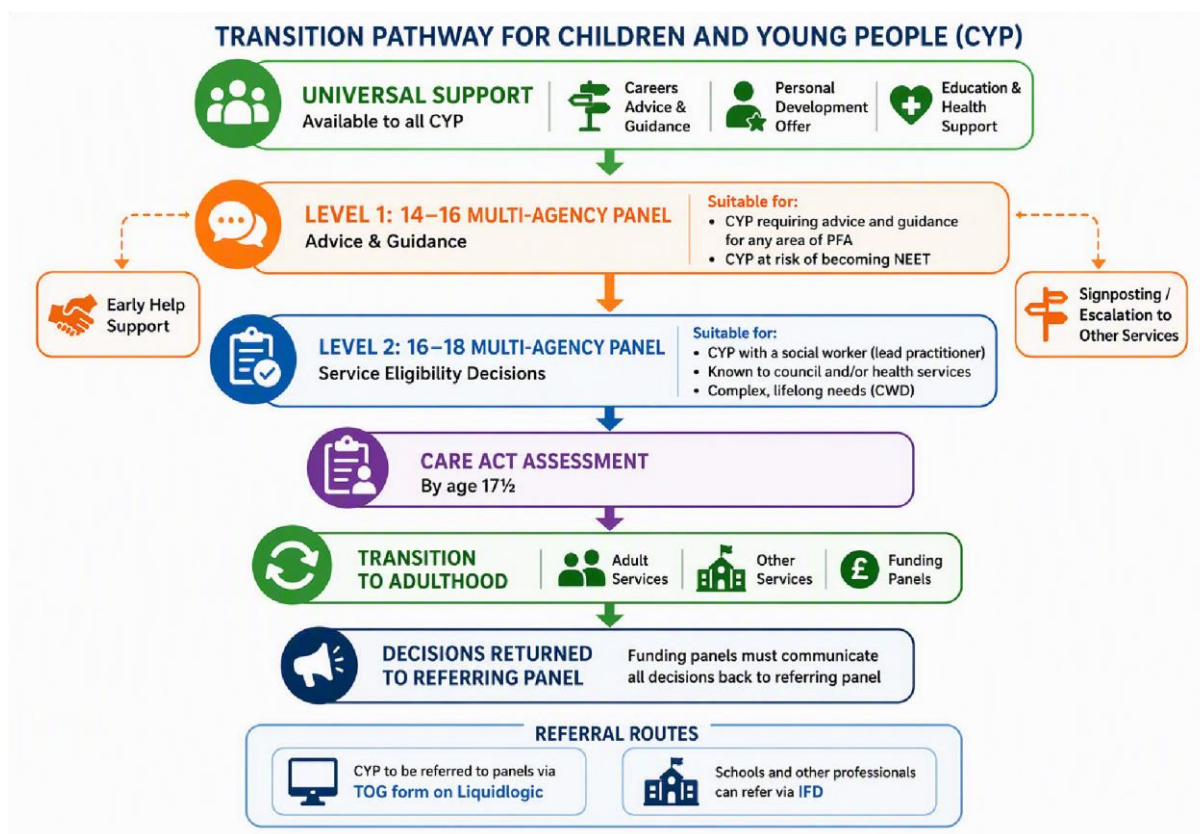
15. Equality Impact Assessment – summary

A full Equality Impact Assessment accompanies this strategy. In summary: the strategy is expected to have a strongly positive impact on disabled young people, on care-experienced young people, and on young people living in the borough's most deprived communities – the groups our JSNA shows face the steepest path to adulthood. We will pay particular attention to: boys and young men, whose early development and Level 2 outcomes trail girls'; young women, who experience higher self-harm admissions; young carers; and young people from minority ethnic communities, ensuring co-production reaches them and data is disaggregated so no group's experience is hidden inside an average. Accessibility – easy read, BSL, community languages and digital inclusion – is a design requirement for every product of this strategy.

16. Our transition panels

We have been working hard behind the scenes to get things right. Our Preparation for Adulthood Strategic Group now have defined workstreams so we can keep on track! You can find this in the appendix.

We have spoken about our Transitions Panels a lot! Here is a graphic to explain:



Glossary – the words we use, explained simply

AGENDA ITEM 4.3 – Appendix 1

Term	What it means
EHCP Annual Review	Education, Health and Care plan – a legal plan for a young person with SEND, which can continue to age 25. The annual review of this is also a legal requirement.
Preparing for Adulthood (PfA)	The national framework of four outcomes – education/employment, independent living, community inclusion and health – that every plan should build towards from Year 9.
Care Act assessment	An assessment under the Care Act 2014 of a young person's (or carer's) likely adult needs, done before 18 when it will be of most benefit.
Term	What it means
Transitions Panel	Wirral's multi-agency group that keeps oversight of young people aged 14–25 who meet agreed criteria for extra support, so no one is lost between services.
Dynamic Support Register	A register, run with the NHS, of people with a learning disability or autism at risk of hospital admission, so community support can be put in first.
CHC	NHS Continuing Healthcare – NHS funding for people whose needs are primarily health needs; screening for young people should start by 17.
Section 117 aftercare	Free aftercare support that some people are entitled to after detention under the Mental Health Act.
Community DoL	A court authorisation needed when a person who lacks capacity is deprived of their liberty in a community setting. 'Deprivation of Liberty Safeguards'
NEET	Not in education, employment or training.
JSNA	Joint Strategic Needs Assessment – the shared evidence base about the health and wellbeing needs of Wirral's population.
LASPB	Local Area SEND Partnership Board – the board that holds Wirral's SEND system to account.
Co-production	Professionals and people with lived experience designing and deciding things together, as equals.
SENDLO Local Offer	The website where the local area publishes all support available to children and young people with SEND.
VCFSE	Voluntary, community, faith and social enterprise organisations.
Young carer	A child or young person under 18 who helps look after a family member – with illness, disability, mental ill health or addiction. They have a legal right to an assessment of their own needs.
Young adult carer	A carer aged 16 to 25 – the age range of this strategy – balancing caring with education, work and building an adult life.

If a word or letter combination you meet in this system is not here, tell us – we will add it, and we will use plainer language next time.

AGENDA ITEM 4.3 – Appendix 1

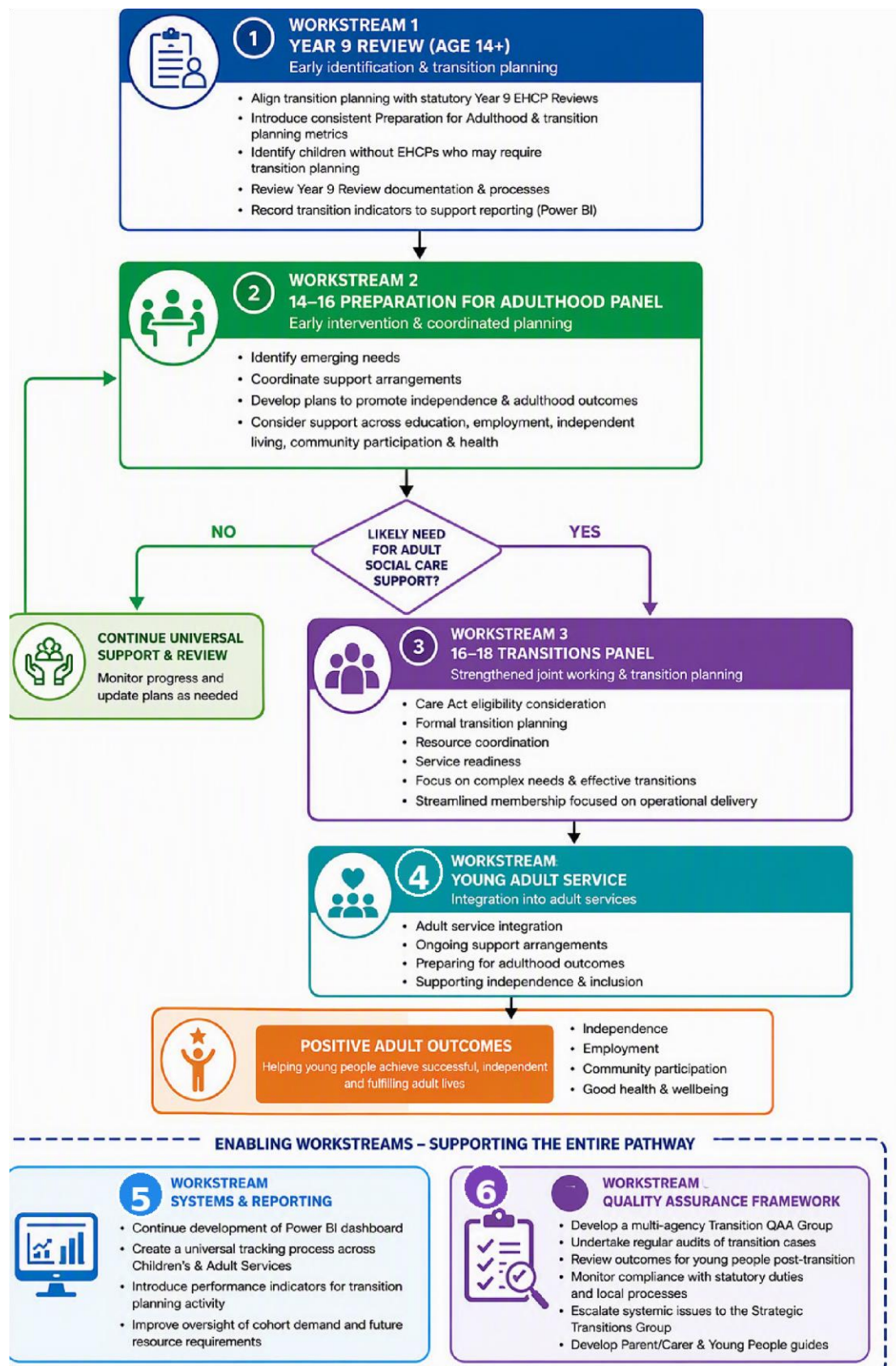
Hold us to every word.

This strategy belongs to Wirral's young people. If you are a young person or a family reading it, everything in here is a commitment made to you – the letter in Section 1 and the Wirral Commitment in Section 2 tell you exactly what to expect. Progress is published every year through the Local Area SEND Partnership Board, and judged by the people who matter most: you.

Wirral Council · NHS Cheshire and Merseyside · co-produced with our young people, parents, carers and partners



Appendix: Our Workstreams



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Department
for Education

Anthony Kirk, Interim Director of Children's Services, Wirral Metropolitan Borough Council
Paula Basnett, Leader of the Council, Wirral Metropolitan Borough Council
Dr. Liz Bishop, Interim Chief Executive of Integrated Care Board

25 September 2026

Dear Tony, Paula and Liz,

**WIRRAL LOCAL AREA PARTNERSHIP: 6-MONTHLY SEND STOCKTAKE MEETING:
REVIEW OF STRATEGIC PLAN AND PRIORITY ACTION PLAN**

Thank you for arranging and ensuring appropriate attendance at the stocktake meeting on 8 September 2026 to demonstrate the progress made against your Priority Action Plan (PAP) and your Strategic Plan, this was focused on the period since the previous inspection in January 2025 until September 2026.

We are particularly grateful for the contributions from representatives of the Parent Carer Forum (PCF), local authority officers and ICB leaders who attended the meeting.

The purpose of this joint letter is to provide a high level summary of the discussions held at the stocktake meeting, documenting specific feedback from participants on the Areas for Priority Action and Areas for Improvement, based on evidence from the six months leading up to and during the stocktake meeting.

The presentation provided during the stocktake meeting demonstrated progress against the priority actions in the period since the inspection in January 2025.

Priority Action 1: *The partnership should ensure that as a matter of urgency, effective action is taken to:*

- *ensure that EHC plans consistently identify and meet the needs of children and young people effectively*
- *ensure that the timeliness of initial EHC plans, and subsequent annual reviews, comply with statutory guidance*

The local area partnership reported significant action to improve both the timeliness and quality of Education, Health and Care (EHC) plans. Timeliness has shown some improvements, increasing from 2.1% completed within 20 weeks in May 2025, to 20.1% in September 2026. Average waiting times have reduced from 53 weeks to 32 weeks, the number of open cases exceeding 20 weeks have reduced by 400 but open cases over 20 weeks still slightly above the target of 200 cases, at 247. Cases waiting over 52 weeks have significantly reduced from 195 to seven, despite a significant increase in the number of EHC plans being maintained, increasing from 4,427 in 2023/24 to 6,480 in 2025/26.

Local Area partners reported that this has been supported by investment in the SEND team, strengthened case management through a new case management system, improved oversight of individual cases, enhanced tribunal processes, and tighter commissioning arrangements for educational psychology advice. Alongside this, the partnership discussed the strengthened quality of EHC plans through a new multi-agency quality assurance framework and improved scrutiny, regular audits, and stronger feedback mechanisms across education, health and social care. Leaders acknowledge that further improvement is needed, particularly to achieve statutory timescales consistently, but evidence presented demonstrates sustained progress, strengthened governance, and a clear focus on ensuring plans more effectively identify and meet children and young people's needs.

Priority Action 2: *The partnership should work together to develop and embed a joint framework on preparation for adulthood, to ensure a fully coordinated approach across education, health and care, to support young people with SEND as they transition into adulthood.*

The partnership described a strengthened and coordinated approach to preparation for adulthood through the establishment of a multi-agency Preparation for Adulthood Strategic Group. Transition arrangements have been strengthened through revised transition protocols, increasing the number of young people receiving Care Act Assessments before their 18th birthday and ensuring eligible young people have a lead social worker. The Partnership reported that transition panels are helping to reduce the risk of young people experiencing a 'cliff edge' at adulthood. The partnership has also expanded opportunities to support independence and employment including through the supported internship programme.

Further progress reported includes the successful pilot of Empowerment Passports, the implementation of revised Year 9+ annual review processes to improve the recording of preparation for adulthood outcomes and transition planning, improvements in learning disability health checks through alignment with the All Age Disability Service, and the strengthening of the performance framework to focus on outcomes, lead social worker arrangements and participation in employment pathways. The partnership reported that preparation for adulthood is increasingly becoming a coordinated, person-centred and outcomes-focused system, with revised annual review processes beginning to show impact and strong performance maintained in annual reviews for young people in Year 9 and above.

Priority Action 3: *The partnership should ensure that waiting times for specialist speech and language and neurodevelopmental assessments are reduced and that children and young people, and their families, consistently receive effective communication and support while waiting.*

The partnership described the progress made in reducing waiting times for speech and language therapy and improving support for children, young people and their families. The proportion of children receiving a first appointment within 18 weeks increased from 16% in May 2025 to 100% by June 2026, with average waiting times reducing to six weeks. Family satisfaction also increased from 85% to 91.7%, exceeding the 90% target. Through communication clinics, a daily helpline, environmental audits, workforce training and therapist-led coaching, 472 children were supported, 287 staff trained, 19% of children were identified earlier for referral and 81% were supported without escalation to specialist services.

The partnership also described strengthened neurodevelopmental pathways through a single integrated pathway, multidisciplinary triage and risk stratification processes. The Neurodevelopmental Profiling Tool and SENDLO Neurodevelopmental Hub have increased access to advice and support while families wait for assessment, with 57.7% of referrals now supported by a completed profiling tool. The partnership reports strong performance in triaging referrals within 18 weeks and has developed recovery plans to reduce longstanding waiting lists.

Further work is required to reduce neurodevelopmental waiting times, particularly for children waiting more than 104 weeks. Action is also needed to increase uptake of the profiling tool, improve school engagement with communication audits, strengthen speech and language support, and provide clearer support arrangements for young people aged 16 to 25.

Next steps

The partnership has reported considerable progress against the priority actions since the inspection in January 2025. Leaders are clear that there are still areas to progress across the three priority actions but are committed to making the necessary improvements..

There were clear examples of where the work to date has had a positive impact and it is important that the partnership continues to work on demonstrating the impact of this work on the experiences of children, young people and their families.

A possible future deep dive into the neuro-development pathway and the communications to ensure families understand what support is available.

In addition to preparation for the monitoring visit due in 2027, the partnership should refresh the timelines contained in its Priority Action Plan,

The next six monthly stocktake meeting is due to take place in March 2027. We will review this date in the event of a SEND monitoring inspection.

Your SEND Adviser, Kevin Burns, and NHS England Adviser, Lindsey Marlton, will continue to offer support and challenge and Corrina Bielby will provide support as SEND Case Lead. Please contact them if you require further assistance.

We are copying this letter to: Matthew Bennett, Chief Executive; Elizabeth Hartley, Executive Director for People; Lorraine Mulrone, Head of SEND NHS England; Lindsey Marlton, Regional SEND Senior Manager NHSE; Kevin Burns DfE commissioned SEND Adviser; Mark Bellamy, Assistant Director for Education; Adrian Leach, Assistant Director SEND and Inclusion; and Corrina Bielby DfE Case Lead.

Yours sincerely,



Carl Fagan
SEND Improvement Regional Lead
North West Vulnerable Children's Unit
Department for Education

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CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

WEDNESDAY 14 OCTOBER 2026

REPORT TITLE:	CHILDREN, YOUNG PEOPLE AND EDUCATION WORK PROGRAMME
REPORT OF:	CHAIR OF CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

REPORT SUMMARY

The Children, Young People and Education Committee, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Children, Young People and Education Committee is attached as Appendix 1 to this report.

RECOMMENDATION

The Children, Young People and Education Committee is recommended to note and comment on the proposed Children, Young People and Education Committee work programme for the remainder of the 2026/27 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Children, Young People and Education Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

3.0 BACKGROUND INFORMATION

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

Terms of Reference

The Children, Young People and Education Committee is responsible for services which help keep children and young people safe and fulfil their potential. It incorporates schools and attainment, and social care for children and families. It has a particular focus on those children who are in care, and for whom the Council has corporate parenting responsibility. The Committee is charged by full Council to undertake responsibility for: -

- (a) exercising management, oversight and delivery of services to children and young people in relation to their care, wellbeing, education or health, with the exception of any powers reserved to full Council;
- (b) the functions and powers conferred on or exercisable by the Council as Local Authority in relation to the provision of education;
- (c) working with all schools (including academies) in relation to raising standards of attainment and developing opportunities;
- (d) leading for the Council and its partners in the discharge the Council's functions as Corporate Parent for its children in care and care leavers;
- (e) any other functions comprised in partnership arrangements with other bodies connected with the delivery of services for children, young people and families;

- (f) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions;
- (g) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
 - child protection;
 - children's centres;
 - education, schools and settings;
 - looked after children;
 - mental health services;
 - safeguarding;
 - special educational needs and disability (SEND);
 - youth offending services;
 - youth services; and
 - social and education transport

4.0 FINANCIAL IMPLICATIONS

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no direct implications to Staffing, ICT or Assets.

7.0 RELEVANT RISKS

- 7.1 The Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

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

This report is for information to Members and there are no direct equality implications.

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS

- 10.1 This report is for information to Members and there are no direct environment and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 This report is for information to Members and there are no direct community wealth implications.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 This report is for information to Members and there are no direct crime and disorder implications.

REPORT AUTHOR: **Bryn Griffiths**
 Senior Democratic Services Officer
 Phone: 0151 691 8117
 email: bryngriffiths@wirral.gov.uk

APPENDICES

Appendix 1 - Children, Young People and Education Committee Work Plan

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Children, Young People and Education Committee	Every Committee

CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

WORK PROGRAMME 2026/27

DECISIONS TO BE TAKEN IN OCTOBER 2026

TITLE	KEY / NON KEY	DATE	LEAD OFFICER
October 2026			
Home To School Travel	Key	October 2026	Elizabeth Hartley
Schools Closure Consultation Report	Key	October 2026	Mark Bellamy
Independent Reviewing Service Annual Report	Non-Key	October 2026	Alexandra Jones
LADO Annual Report	Non-Key	October 2026	Alexandra Jones
SEND Improvement	Non-Key	October 2026	Adrian Leach
November 2026			
Family First Transformation	Non-Key	November 2026	Alexandra Jones
Fostering Annual Report	Non-Key	November 2026	Kerry Mehta
Corporate Parenting Implementation Plan	Non-Key	November 2026	Steve Smith
Attendance Service Report	Non-Key	November 2026	Damian Stormont/Mark Bellamy
2026/27 Budget Monitoring for Quarter 2	Non-Key	November 2026	Jessica Whitley
SEND Improvement	Non-Key	November 2026	Adrian Leach
Regional Care Co-Operative	Non-key	November 2026	Kerry Mehta
Annual Safeguarding Partnership Report	Non-Key	November 2026	Alexandra Jones

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Performance Monitoring Report	Quarterly June September January March	Tony Kirk/Tricia Thomas

Wirral Plan Performance Monitoring Report	Quarterly July September November March	Tony Kirk
Budget Update	Quarterly July November January March	Jess Whitley
SEND Improvement	Each meeting	Adrian Leach
Reappointment of School Appeals Panel Members	Every June	Vicki Shaw
Children's Committee Work Programme Update	Each Meeting	Vicki Shaw

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Working Groups/ Sub Committees				
Budget Oversight Panel	Quarterly meeting		Jess Whitley	
Young People's Action Group	Quarterly meeting	TBC	Tony Kirk	
Corporate Parenting Board	Quarterly Meeting		Kerry Mehta	
Reports to be scheduled				
Juno Homes repayment arrangements	Committee Report	TBC		
Children's Home Conversions and Out of Area placements	Committee Report (?)			
Spotlight Sessions and Workshops				
Special Educational Needs and EHCPs	Workshop	July 2026		Completed
Falling Rolls	Workshop	November 2026		
School Inclusion	Workshop	February 2027		

Schools' Budget- Designated Schools' Grant and High Needs Block Funding	Workshop	January 2027		
Home to School Travel Update	Workshop	March 2026	James Backhouse	
Ofsted Annual Engagement	Briefing Note		Elizabeth Hartley	
Juno Homes	Workshop	TBC	Elizabeth Hartley	
Dentistry (Shared from HWBB or PBPB)	Briefing Note	TBC	Kerry Mehta	
Education?	Workshop	TBC	??	
Regional Care Co- operative	Workshop	Oct/Nov 2026	??	

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