

Swindon Joint Strategic Needs Assessment Bulletin

Special Educational Needs and Disability 2017 DRAFT



Appendix 1

Key Points:

- This JSNA gives facts about children and young people with special educational needs and disabilities (SEND) in Swindon. This helps us to understand what children and young people with SEND need and plan education, health and social care services and provision in the future to improve outcomes.
- The outcomes for children and young people with SEND are not as good as their non-SEND peers
- The number of children and young people with a Statement or Education Health and Care (EHC) plan is 1,595. The number of children and young people with an EHC Plan is increasing but as a percentage of school population is stabilising.
- The number of children and young people with SEND Support (with SEND needs but not requiring a statutory plan) is 4,542. The number of children and young people with SEND Support is increasing, but as a percentage of the school population has been reducing since 2012.
- The number of children and young people in Swindon with SEND is forecast to increase as the population grows significantly by 2020.
- The number of children in care in Swindon has increased to 290 which equates to 59 per 10,000 population. 68.7% of children in care have SEND. 32.2% of children in care have a statement of SEN or and EHC plan and 36.5% have SEND Support.
- 29.8% of those at school with an EHC plan have a primary need related to Autistic Spectrum Disorder. This is the most common reason for an EHC. 15.9% have a primary need of social, emotional and mental health difficulty and 10.9% have a primary need of speech, language and communication needs.
- In Swindon there is a good range of services and provision for children and young people with SEND across education, health and social care is also room for improvement.
- The JSNA makes 9 recommendations – these are on pages 7 and 8.

What is a Joint Strategic Needs Assessment (JSNA)?

JSNA helps us to understand:

- the current education, health and wellbeing needs of local people;
- how their needs are being met;
- what we think their future needs are likely to be; and
- how their needs can be best met.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect education, health and wellbeing and the implications for future services are vital in setting priorities and planning future services to improve the outcomes for children and young people with SEND.

Introduction and Background

Nationally children and young people with SEND have poorer outcomes than their non-SEND peers. In Swindon we want to better understand the needs of our SEND population so that we can commission appropriate services and provision to meet their needs and improve outcomes.

Swindon Council and NHS Swindon Clinical Commissioning Group (CCG) are required to have a coordinated and joint analysis of the data available for SEND need, services and provision available across education, health and social care for ages 0-25. This enables us to identify gaps in knowledge and data, to determine a clear picture of need across Swindon, to identify areas of concern, and services which will be used to inform the development of SEND Commissioning priorities and strategy.

What is SEND?

The SEND Code of Practice states that a child or young person has special education needs (SEN) 'if they have a learning difficulty or disability which calls for special educational provision to be made for him or her'. There is consequently a significant overlap between those with disabilities and those with SEN; although not all children with disabilities will have SEN and vice versa.

Children and young people with SEN all have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. These children and young people may need extra or different help to others.

SEN Support – Extra or different help is given from that provided as part of the schools usual curriculum. The class teacher and SEN coordinator (SENCO) may receive advice or support from outside specialists.

Statement/Education Health and Care Plan – A pupil has a Statement of SEN or an EHC plan when a formal assessment has been made. A legal document is in place that sets out the child's needs and the extra help they should receive. Following the SEN reforms in 2014 Statements are being transferred to EHC plans by March 2018.

SEND Population in Swindon

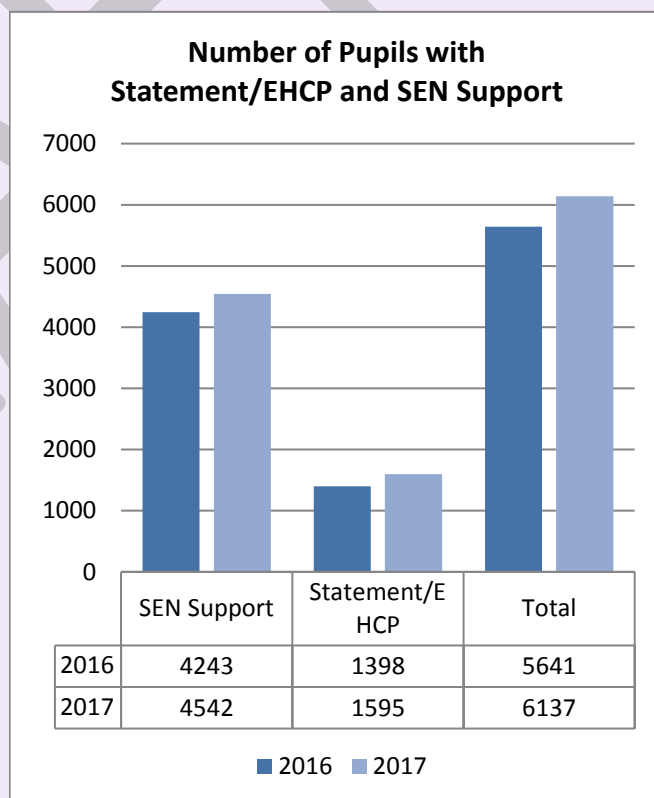
The population in Swindon was 209,000 at the last census in 2011 and is set to grow to over 250,000 by 2026.

In 2016, the number of those aged 25 or under in Swindon was 67,798 and made up 31.1% of the total population.

How many children and young people with SEND in Swindon?

Figure 1 shows that the number of pupils being identified at both SEN Support and with a Statement or EHC Plan has increased by 7.05% and 14.09% respectively between January 2016 and January 2017. Although the total number of pupils with SEND has increased, the proportion of the school population with a statutory EHC Plan has stabilised.

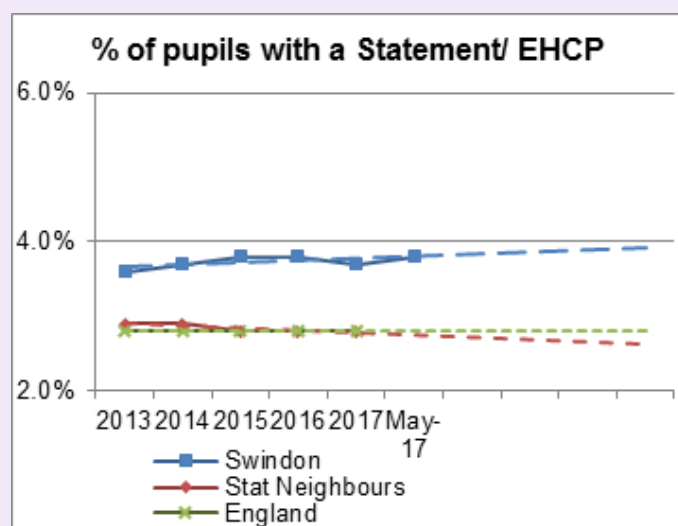
Figure 1: Swindon SEND population



Source: SEND MI data January 2017

The percentage of the school population with a Statement or EHC plan is 3.7% and has reduced since 2016 by 0.1%. Swindon is 0.9% above the national and regional average where the picture has remained stable in 2017 at 2.8%. (Source: SEND2 Survey 2017)

Figure 2: Pupils with a Statement or EHC Plan



In Swindon the percentage of the school population identified as requiring SEN Support is 13.3% which is 1.7% above the national average of 11.6%. The national average has fallen by 5.4% over the last five years from 17% in 2012. This trend has also been seen locally where it has reduced by 3.9% since 2012.

Swindon LA had 40.4 requests for statutory assessment per 10,000 population in 2016 which is a slight increase on 2015, however this is 3.4 per 10,000 lower than statistical neighbours and 4.65 per 10,000 below the England figure. This is a good indication that the percentage of the school population with a Statement or EHC Plan, currently 3.7%, will continue to decrease over time.

What are the needs of children and young people with SEND?

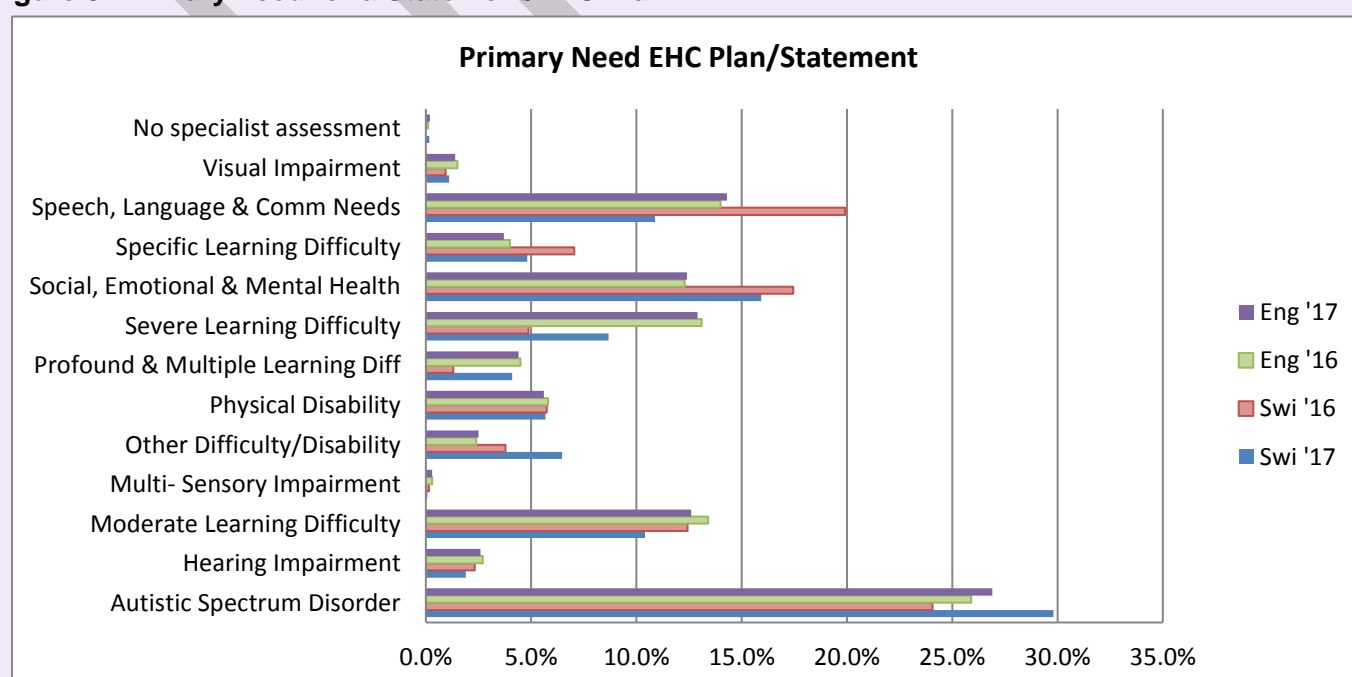
The January 2017 School Census data for students with EHC plan or a Statement shows that there has been a significant increase of pupils with a primary need of Autistic Spectrum Disorder (ASD) from 24.1% of the school population in 2016 to 29.8% in 2017. Nationally the proportion of ASD pupils has increased by 1% from 25.9% in 2016 to 26.9% in 2017. Swindon is 2.9% above the national average in 2017. In 2016, Swindon was below the national average.

In 2017, 15.9% of Swindon students had a primary need of Social, Emotional and Mental Health which represents a reduction from 2016 of 1.5%. Nationally the proportion of pupils with social, emotional and mental health needs was 12.4% in 2017, which is only a slight increase from the 2016 position. The gap between Swindon and national proportion is closing.

In 2016, 19.9% of Swindon students had a primary need Speech, Language and Communication needs compared to a national average of 14%. In 2017 this figure has reduced significantly to 10.9% and this is 3.4% below the national average of 14.3%.

In 2017, Swindon broadly reflects the England picture in other areas of need.

Figure 3: Primary need for a Statement/EHC Plan

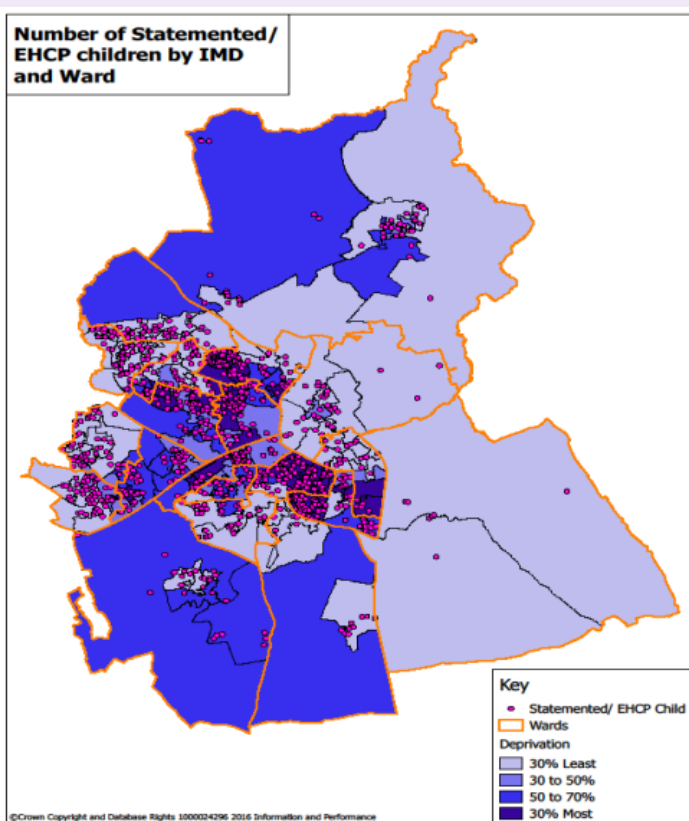


Where do children and young people with SEND live?

The proportion of EHC plans and statements is evenly distributed across the Children's Services localities in Swindon. Of the localities, Central North has the lowest percentage share of EHCP/ Statemented children with 21%, North and South have 24% and 27% respectively and Central South has the largest at 28%.

There are more EHCP/ Statemented children in areas of higher population density, showing that the need is proportionally distributed throughout the borough. 35.2% of EHCP/ Statemented children in Swindon, live in England's 30% most deprived areas and 32% live in England's 30% least deprived areas. This would suggest that deprivation has little or no impact on whether a child is EHCP or Statemented.

Figure 4: Statemented/EHCP children by location



Where are pupils with SEND educated?

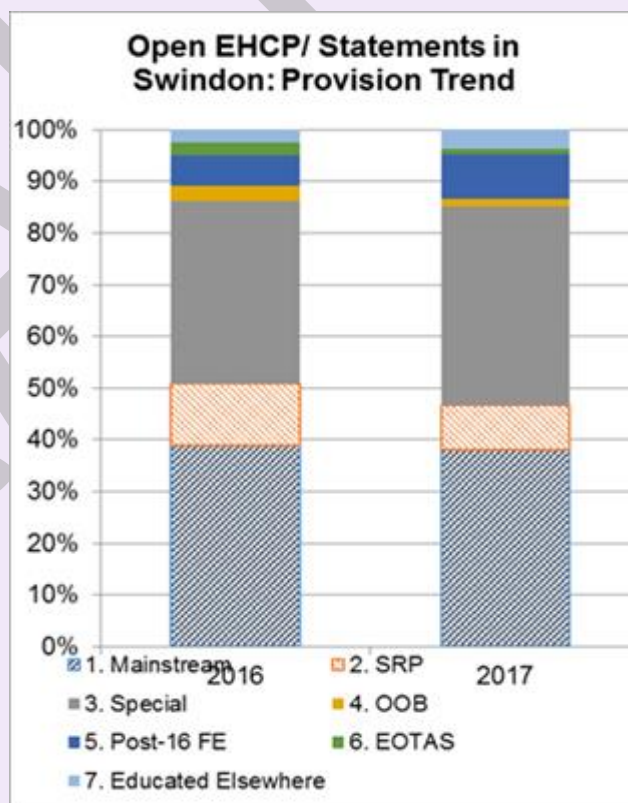
The SEN 2 survey includes data on the educational provision children and young people with an EHC Plan or Statement are currently receiving in Swindon and nationally. In Swindon, 38.2% of the pupils with EHC plans and Statements attend mainstream school provision which is higher than the England figure of 36.5%.

A further 38.3% of the pupils with EHC plans and Statements attend special school and 8.6% attend specialist resourced provision (SRP) inside the borough both higher than the national average.

Compared to other local authorities a relatively high proportion of children and young people attend specialist provision. However, the proportion of pupils with a statutory plan that attend a mainstream school is also higher than in many similar authorities.

The trend is that the number at specialist provision is increasing, although there has been a reduction in SRP in January 2017. Students educated at independent specialist provision outside of the borough has reduced to 1.5% and is significantly below the national average of 6.3%.

Figure 5: Education provision

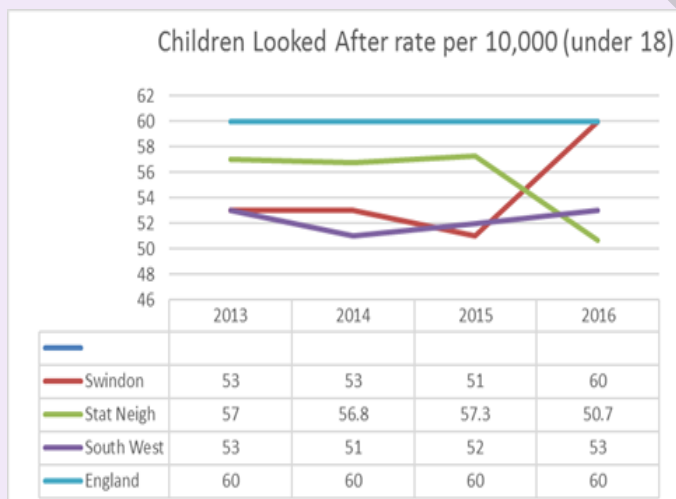


Children and Young People with SEND who are looked after

290 children were in care in Swindon in 2016, up from 250 in 2015, this equates to 59 per 10,000, which is in line with the national rate. The national average has remained stable and Swindon has been well below in the previous five years so this represents a significant increase.

There is a higher prevalence of SEN amongst looked after children than the child population as a whole. In 2016, 32.2% of children in care have a statement of SEN or and EHC plan and 36.5% have SEND Support. The proportion of looked after children and young people with SEN (68.7%) was higher than England (57.3%), statistical neighbours (56.5%) and the South West (64.3%) in 2016. More analysis and research needs to be undertaken to understand why children in care are more likely to have SEND and why the number of children in care is increasing in Swindon.

The proportion of children and young people in Swindon who are “in need” (CIN) that have SEND is 48.3% which is above the national and statistical neighbour benchmarks. Those with a Statement or EHC Plan is 18.5% and is lower than the national average 20.7% and the regional average 21.8%.



Social Care for Young People 18-24 with SEND

In June 2017, there were 194 people aged 18 to 25 receiving social care services from Swindon Borough Council. This age group represented 5.8% of the total number receiving services. The primary support reason for the majority of this age group is learning disability support.

What provision and services are there for children and young people with SEND?

The LA commissions a range of education, health and social care provision for children and young people with SEND.

A range of services for disabled children, young people and their families are based at the Salt Way centre in West Swindon.

These services include Paediatric Therapies, Speech and Language Therapists, Continuing Care team, social workers and early years services such as Koalas Opportunity Group, Special Tots and Portage.

Complex and continuing health care

The complex care service provides clinical nursing support to children and young people in Swindon who have specific complex health needs. The service also provides training to children and young people, families and carers and to staff in schools and other settings to allow children to engage, enjoy and achieve in family life, social activities and at school.

The Continuing Health Care service works in partnership with children, young people and their families to provide continuing care assessments which are then considered at panel and in cases when care is agreed, care packages are regularly reviewed. The service offers support that varies according to need and includes respite care overnight to provide parents and carers with the ability to rest properly, support at school including on the way to and from school, enabling children and young people to access the curriculum and to fully engage with school activities and their peer groups and for example to provide care that delivers a specific medical procedure in school as part of a child's routine care but that allows the child to be independent for the rest of the school day.

For both services there has been a steady increase in children receiving complex and or continuing health care support over the last 10 years.

Speech and Language Therapy

The SBC Speech and Language team are seeing a consistent year on year increase in accepted referrals for children requiring speech and language therapy intervention of 11.6% year on year since 2013. In June 2016, the service had 2,449 children who required the speech and language therapy service compared with 1,895 in June 2013, this is an overall increase of 29% in the last three years.

There has been an increase in the number of children and young people on the three ASD speech and language therapy caseloads from March 2013 to March 2015 (from 72 to 210 children and young people).

Paediatric Therapy

The paediatric therapy service provides a jointly managed and planned specialist service delivered by physiotherapists and occupational therapists that provide holistic care to meet the specific physical, cognitive and sensory needs of each child or young person who has complex on-going needs. The service provides a range of therapy and care to enable children and young people to maximise their own functioning independence allowing them to enjoy a full and rewarding life within their families, peer groups and the wider community. As well as working directly with children and young people the service also works with families and professional colleagues to support them to deliver therapeutic interventions for children that support the specialist work of the therapy service.

The focus of pressure in the Paediatric Therapy service is the assessment and management of children and young people with ASD and as the referral rate continues to increase additional resources will be required to provide effective service delivery. Interestingly the pressure around ASD referrals is also reflected within the speech and language therapy service pressures.

Learning Difficulties Child and Adolescent Mental Health Services (CAMHS)

Over the last five years, LD CAMHS have maintained a caseload between 125 and 140 young people with a learning disability.

However, the case-mix is changing and there appears to have been an increase in the number of referrals for children with ASD or LD under the age of 5.

There appears to be an ongoing unmet need for young people who have a diagnosis of ASD but no LD or co-morbid mental health problems. LD CAMHS can struggle to signpost this group of children to an appropriate service when there are ASD associated behavioural difficulties.

Commissioned education support services

The LA commissions a range of advisory services which provide advice and support to improve inclusive opportunities and educational outcomes for children and young people with SEND. This includes, hearing impairment, ASD, visual impairment, physical difficulties, social, emotional and mental health and assistive technology. Support is provided in mainstream schools and colleges as well as specialist provision as well as pre-schools. Demand for these services is increasing year on year.

What are the outcomes for children and young people with SEND?

Children and young people with SEND face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcomes their peers expect and to succeed in school.

Key stage 2 achievement

Achievement and progress at the end of KS2 for pupils with SEND has improved consistently in Swindon and was above national benchmarks up to 2014/15. However the % with a statutory plan who achieved Level 4 including Reading, Writing and Maths fell below national and regional benchmarks in 2015 for the first time.

The attainment gap between SEND students and their non-SEND peers has widened in 2014/15 for level 4+ in reading (33%), maths (35%) and grammar, punctuation and spelling (52%). These are broadly in line with national averages. Level 4+ in writing has reduced to 43% and is 1% below the national average.

Key Stage 4 achievement

Achievement and progress at the end of KS4 for pupils with SEND is generally below national benchmarks, particularly for those with a statement or EHC plan of SEND. In 2015/16 21% of the SEND population got A*-C in English and maths, this is a 6% improvement on 2014/15, but still below the average for England which is 24%. The proportion of pupils with SEND making expected progress in English and maths has remained relatively stable and is now slightly above national benchmarks.

The gap between SEND students and their non-SEND peers for A*-C English and Maths is 48% in 2014/15 and 2015/16. This is 2% above the national average. The SEN gap in Swindon at Key stage 4 has been stable since 2014/15 although it increased from 41% in 2013/14.

The new attainment and progress measure Average Progress 8 and Average Attainment 8 shows that Swindon students with SEND make slightly better progress compared to England, but have slightly worse attainment.

Figure 7: KS2 attainment

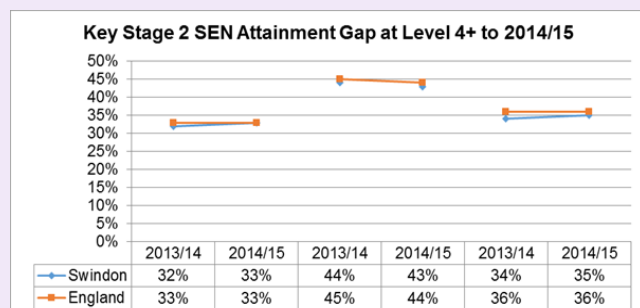
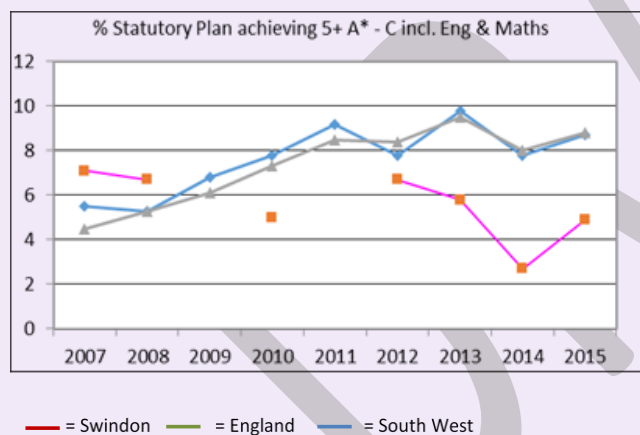


Figure 8: GCSE attainment



Post 16 achievement

Attainment for SEND students at post 16 has improved at the end of 2015/16. The percentage now achieving level 2 including English and maths by age 19 is 41%. This is an improvement of 15% on 2014/15 and is 8% above the national average. There was also an improvement in attainment for SEND students achieving level 3 by age 19 (31%). This is an 11% improvement on 2014/15 and is 3% above the national average.

The gap between post 16 SEND pupils and their non-SEND peers has closed for those achieving level 2 including English and maths by age 19 to 35%.

This is an improvement from 2014/15 of 15% and is 10% above the national average. Similarly the SEND gap for those achieving level 3 by age 19 has also closed and is now 27%. This is an improvement from 2014/15 of 14% and is 10% better than the national average.

Attendance and exclusions

Overall, school attendance in Swindon is better than regional and national benchmarks, including for pupils with SEND. However, the picture is less positive for pupils with a statement or EHCP, who have consistently poorer school attendance than other pupils in Swindon and also in comparison to pupils with a statutory plan nationally and in the South West.

The proportion of pupils that are persistently absent from school has fallen each year since 2012 – including pupils with SEN – and is generally lower than national and regional benchmarks. However, although it continues to fall, the rate of persistent absence among pupils with a statutory plan remains higher than other groups in Swindon and also in comparison to national, regional and statistical benchmarks.

Education, Employment and Training

Young people with Learning Difficulties (16-18) are less likely to be engaged in positive learning activities or education, employment or training than their peers. The difference in Swindon is broadly in line with national, regional and statistical neighbour benchmarks. The employment rate among people with learning disabilities who are known to services in Swindon is only 3.5% - one of the lowest in the country.

Recommendations

Joint Commissioning Priorities

1. Autistic Spectrum Disorder – the school census data shows that the incidence students with a primary need of ASD is 29.8% of the school population which 5.7% increase in this primary need in Swindon since January 2016. The evidence indicates that early identification, support and provision to meet the needs and improve the outcomes of children and young people with ASD should be a joint commissioning priority for the LA and CCG.

2. Speech, Language and Communication (SLC) Difficulties – 10.9% of the Swindon school population have Speech, Language and Communication identified as their primary need. This represents a 9% reduction from 2016. However, demand for the Speech and Language Therapy Service has consistently increased year on year with the service receiving very high numbers of referrals and increased number of students requiring therapeutic input. Early identification, support and provision to meet the needs and improve outcomes for children and young people with SLC difficulties should be a joint commissioning priority for the LA and CCG.
3. Social, Emotional and Mental Health (SEMH) Difficulties – 15.9% of students had a primary need of Social, Emotional and Mental Health. The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. Early identification, support and provision to meet the needs and improve the outcomes of children and young people with SEMH should be a joint commissioning priority for the LA and the CCG.
4. Specialist provision and services - work alongside colleagues across SBC and the CCG when commissioning and/or decommissioning specialist provision and services in Swindon to meet the needs of children and young people with SEND and improve their outcomes.
5. Employment for SEND – Alongside colleagues through employment and training workstream review current provision and options and outcome measures for young people to increase the percentage of young people with SEND in sustainable paid employment. Identify support and provision options and pathways for future commissioning priorities for the LA and the CCG.

Data Monitoring

6. SEND Population and demographic – The percentage of the school population with a Statement or EHC plan is 3.7% and has reduced since 2016 by 0.1%.

Swindon is 0.9% above the national average where the picture has remained stable at 2.8%. The LA should continue to closely monitor the overall SEND population to ensure that the percentage of children and young people with a Statement or EHC Plan continues to reduce and that the proportion at each age group is stable.

7. Requests for Statutory Assessment and EHCP issued – Since 2012 the number of EHC Plans/Statements issued annually has been on an upward trajectory. The LA should continue to closely monitor by age range the proportion of requests per 10,000 of the population and against national and regional benchmarks to ensure that this remains stable and begins to reduce over time.

Further Research and Analysis

8. Children in Care with SEND – Children in Care in Swindon are more likely to have SEND. Further research and analysis is required of the SEND cohort of children in care to identify why there is a disproportionate number of children in care with SEND and their outcomes. Once this is better understood this should inform the a joint commissioning priority for the LA and CCG to ensure there is early identification, support and provision in place to meet the needs and improve the outcomes of children in care with SEND.
9. Employment outcomes for young people with SEND – develop baseline data on outcomes and employment for young people with SEND in order to develop strategies and commissioning priorities to improve employment outcomes for young all people with SEND.

Further information

This Bulletin is an abbreviated version of the SEND JSNA report which can be found on Swindon's JSNA website:

www.swindonjsna.co.uk

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