

# Swindon Joint Strategic Needs Assessment Bulletin

## Special Educational Needs and Disability – 2019 UPDATE



### Key Points:

- This is a data-update of the 2017 JSNA bulletin. The JSNA gives facts about children and young people with special educational needs and disabilities (SEND) in Swindon. This helps us 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 an Education Health and Care (EHC) plan in 2019 is 1,987. The number of children and young people with an EHC Plan is increasing but as a percentage of school population is stable since 2015.
- The number of children and young people with SEND Support (with SEND needs but not requiring an EHC plan), educated in Swindon schools, in 2019, is 4,574. The number of children and young people with SEND Support is increasing, but as a percentage of the school population it has been stable since 2015.
- The number of children and young people in Swindon with SEND is forecast to increase as the population grows significantly by 2028.
- The number of children in care in Swindon has increased to 360 which equates to 72 per 10,000 population. 56.7% of children in care have SEND. 21.0% of children in care have an EHC plan and 35.7% have SEND Support.
- 30.2% 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. 17.1% have a primary need of social, emotional and mental health difficulty and 11.9% 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 but also room for improvement.
- The 2017 JSNA made 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.

**Education Health and Care Plan** – A pupil has an EHC plan when a formal assessment has been made. This is a legal document that sets out the child's needs and the extra help they should receive. EHCs replaced Statements following the SEN reforms in 2014. All statements in Swindon were due to be transferred to EHC plans by March 2018 and this was achieved by June 2018.

## SEND Population in Swindon

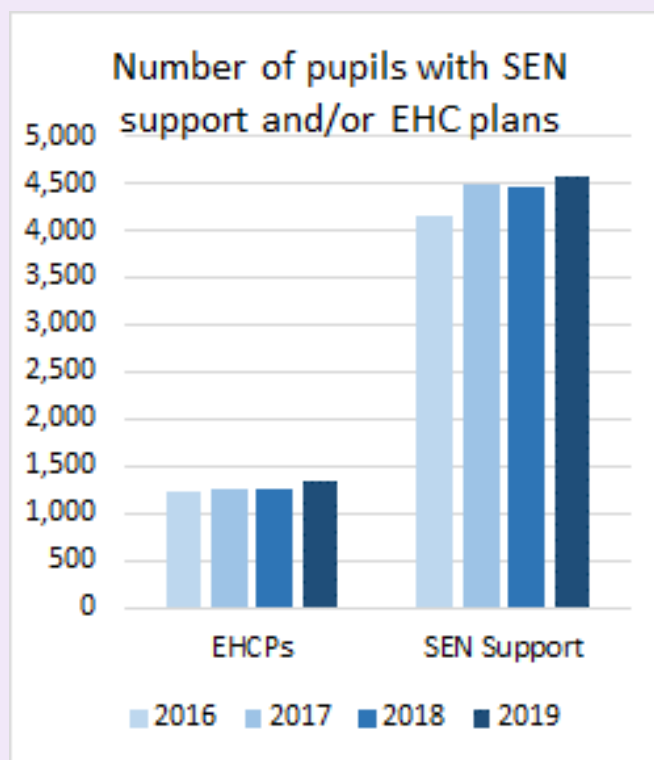
The population in Swindon was 209,000 at the last census in 2011 and is set to grow to almost 250,000 by 2028 (20% increase).

In 2018, the number of those aged 25 or under in Swindon was 68,679 and made up 31% 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 an EHC Plan has increased by 2.8% and 7.0% respectively between January 2018 and January 2019. Although the total number of pupils with SEND has increased, the proportion of the school population with a statutory EHC Plan has stabilised.

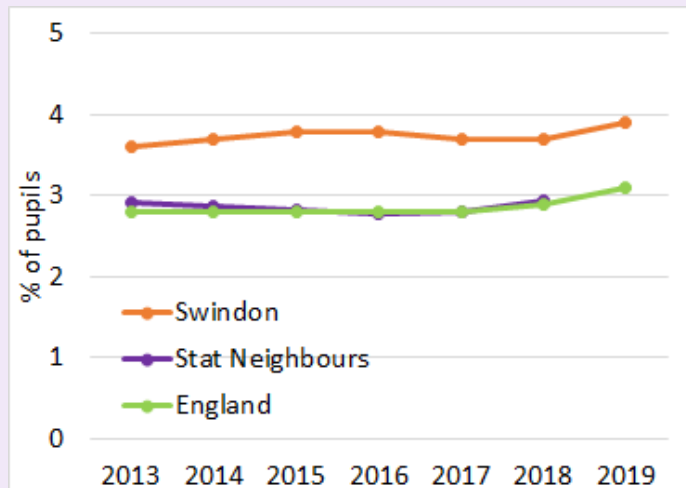
Figure 1: Swindon SEND population



Source: SEND MI data January 2019

The percentage of the school population with an EHC plan, in 2019, is 3.9%, 0.2% higher than in 2018. Swindon is 0.8% above the England value and 0.9% above the South West figure. National and regional percentages rose by 0.2% between 2018 and 2019. (Source: SEND2 Survey 2019)

**Figure 2: Pupils with an EHC Plan**



In Swindon, in 2019, the percentage of the school population identified as requiring SEN Support is 13.2% which is 1.3% above the national average of 11.9%. The national average has fallen by 5.1% over the last six years from 17% in 2012. This trend has also been seen locally where it has reduced by 4% since 2012.

Swindon LA had 41.3 requests for statutory assessment per 10,000 population (0-17 years) in 2018 which is a slight increase on 2016. However this is 2.2 per 10,000 lower than the England figure. This is a good indication that the percentage of the school population with an EHC Plan, currently 3.9%, will continue not increase significantly over time.

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

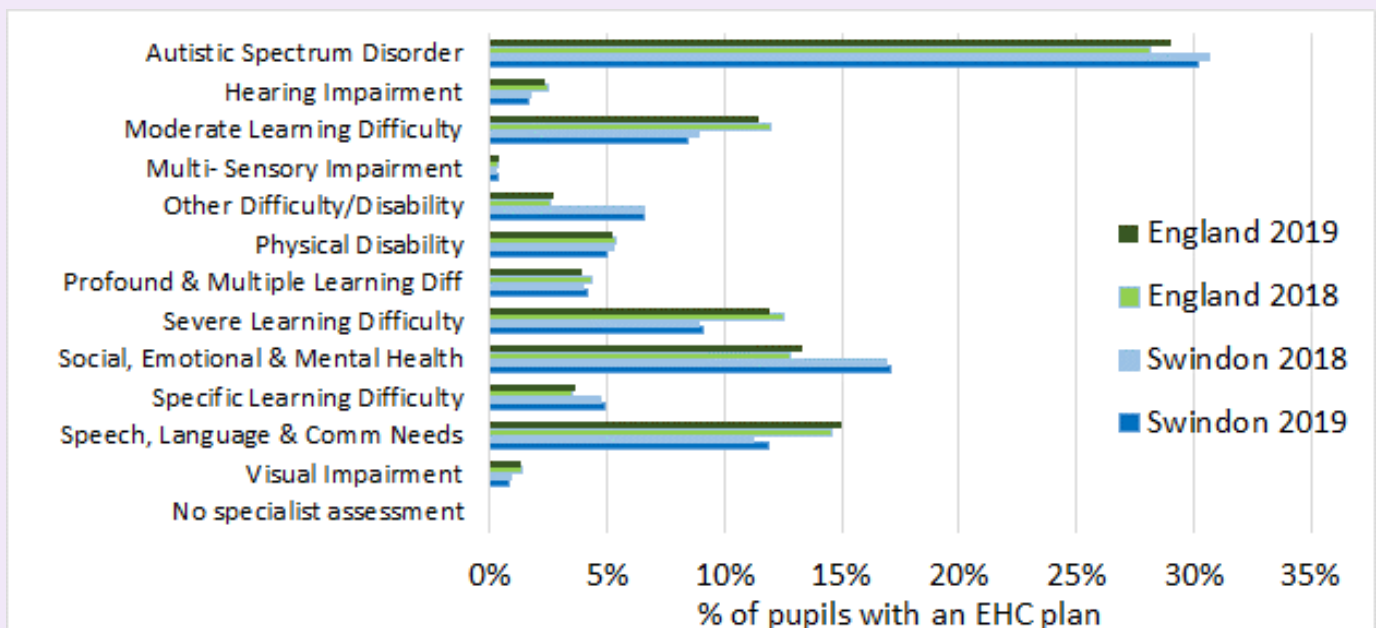
The January 2019 School Census data for students with an EHC plan shows that the percentage of pupils with a primary need of Autistic Spectrum Disorder (ASD) has remained stable at 30.1% in 2017, 30.7% in 2018 and 30.2% in 2019. Nationally the proportion of ASD pupils has increased by around 1% from 28.2% in 2018 to 29.0% in 2019. Swindon was 1.2% above the national average in 2019. In 2016, Swindon was below the national average.

In 2019, 17.1% of Swindon students with an EHC plan had a primary need of Social, Emotional and Mental Health which represents an increase from 2017 of 1.8%. Nationally the proportion of pupils with social, emotional and mental health needs was 13.3% in 2019, which is around a 1% since 2017. The gap between Swindon and national proportion remains around 4%.

In 2019, 11.9% of Swindon students with an EHC plan had a primary need Speech, Language and Communication needs. This figure has reduced significantly from 19.9% in 2016 and this is 3.1% below the national average of 15.0%.

In 2019, Swindon broadly reflects the England picture in other areas of need for pupils with an EHC plan.

**Figure 3: Primary need for an EHC Plan**

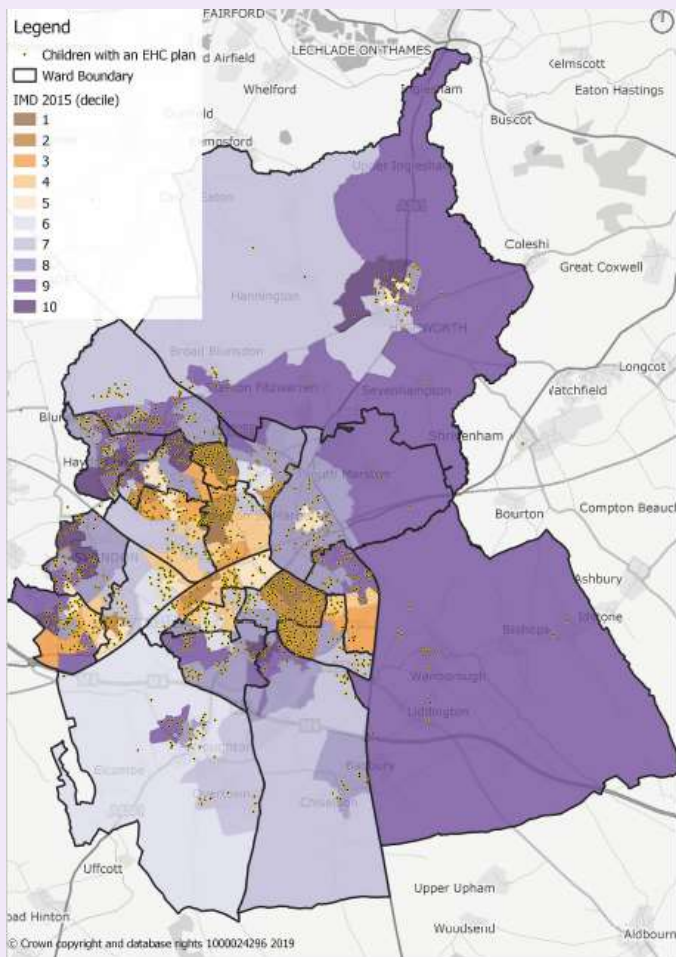


## Where do children and young people with SEND live?

Figure 4 shows where children and young people with an EHC plan in Swindon live. There are 470 children and young people with an EHC plan per 10,000 (aged 0-24) in Swindon's 20% most deprived areas. In other areas of Swindon the rate is around 270 per 10,000.

Penhill and Upper Stratton ward has the highest rate (496 per 10,000), with Liden, Eldene and Park South ward and Walcot and Park North ward also having a rate in excess of 400 per 10,000. In contrast Central ward, Eascott ward and St Margaret and South Marston ward all have rates under 200 per 10,000.

**Figure 4: Children with an EHC plan by location**



## Where are pupils with SEND educated?

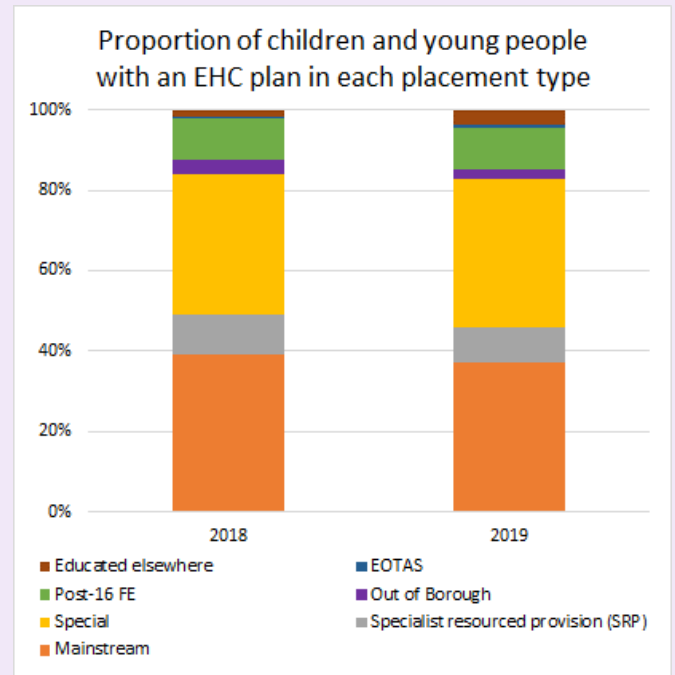
The SEN 2 survey includes data on the educational provision children and young people with an EHC Plan are currently receiving in Swindon and nationally. In Swindon, 37.2% of the pupils with EHC plans attend mainstream school provision which is higher than the England figure of 33.8%.

A further 37.0% of the pupils with EHC plans 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 stable. Students educated at independent specialist provision outside of the borough has increased from 1.5% in 2016 to 2.3% in 2019 and is below the national average of 3.3%.

**Figure 5: Education provision in Swindon**



## Children and Young People with SEND who are looked after

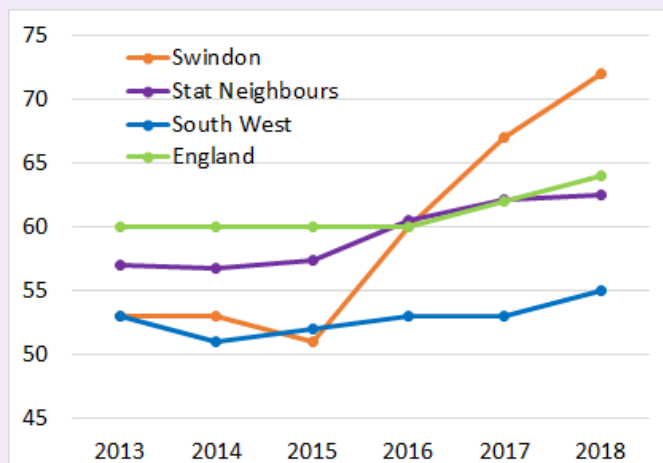
360 children were in care (looked after) in Swindon in 2018, up from 250 in 2015, this equates to 72 per 10,000, which is higher than the England rate of 64 per 10,000. The national average has risen slightly from 60 per 10,000 in 2016 but Swindon has changed from being below the England rate (up to 2015) to above it (2017 and 2018).



There is a higher prevalence of SEN amongst looked after children than the child population as a whole. In 2018, 21.0% of children in care have an EHC plan and 35.7% have SEND Support. The proportion of looked after children and young people with SEN (56.7%) was similar to England (55.5%) and statistical neighbours (55.6%) but lower than the South West (65.1%). More analysis and research needs to be undertaken to understand why children in care are more likely to have SEND.

The proportion of children and young people in Swindon who are “in need” (CIN) that have SEND is 42.1% which is below the national and statistical neighbour benchmarks. Those with an EHC plan is 12.9% and is lower than the national average 21.0% and the regional average 19.6%.

**Figure 6: Looked After Children (U18) / 10,000**



### Social Care for 18-24 year-olds with SEND

In May 2019, there were 205 people aged 18 to 25 receiving social care services from Swindon Borough Council. This age group represented 6.05% of the total number receiving services. The primary support reason for 91% of the 18 to 25 age group is learning disability support.

### Services 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 universal and early help (e.g. Targeted Mental Health Services (TAMHS), Paediatric Therapies, Speech and Language Therapists, 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.

These services are managed and delivered by the Great Western Hospital Trust. For both services there was a steady increase in children receiving complex and or continuing health care support in the decade to 2017 but numbers have stabilised since then and currently around 30 receive complex care and 10 continuing care.

### Speech and Language Therapy

The SBC Speech and Language service has reviewed and introduced new referral pathways and the number of referrals has stabilised at the levels seen in 2016. In March 2019, the service had 2,148 children who required the speech and language therapy service with a stable overall referral rate of approximately 900 referrals per year during 2016 to 2019.

The number of children and young people on the three ASD speech and language therapy caseloads (preschool, mainstream and

assessment pathway) has remained stable since 2016. In May 2019, there were 114 children and young people on the three ASD caseloads. A specialist ASD therapist has been appointed and the waiting time for ASD pathway assessments has reduced from 60 months in 2016 to within 12 weeks in 2019.

**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 who are waiting for health Occupational Therapy. This pressure is a result of issues in the recruitment and retention of health Occupational Therapist. Additional Occupational Therapist capacity was commissioned by Swindon NHS CCG and the referral rate has stabilised.

**Learning Disabilities Child and Adolescent Mental Health Services (CAMHS)**

In 2019, the LD CAMHS caseload has increased to 150 young people with a learning disability, up from historical levels of between 125 and 140.

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. Referrals and caseloads for these services are generally increasing year on year.

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

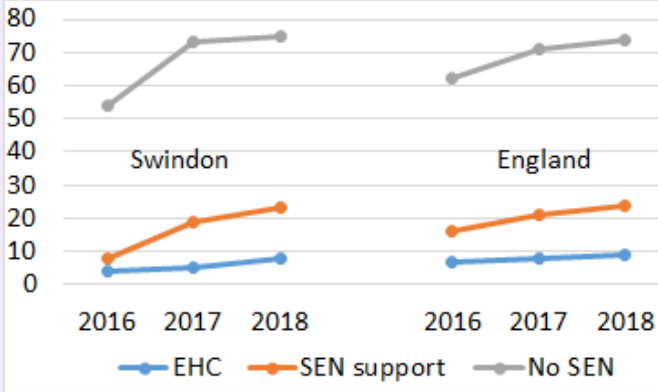
Young people with SEND face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcomes their peers expect and to succeed in school.

**Key stage 2 achievement**

Achievement and progress at the end of KS2 for pupils with SEND has improved in Swindon between 2017 and 2018 and is similar to the national benchmarks. The % with an EHC plan who met the expected standard in reading, writing and maths in 2018 was up 3% from 2017 at 8% just below the England figure of 9%. Likewise the % with SEN support who met the standard was up from 19% to 23% compared to the England figure of 24%. Swindon is above statistical neighbour benchmarks in both cases.

The attainment gap between SEND students and their non-SEND peers has narrowed for Swindon pupils in 2018 who are meeting expected standards at KS2. However, the gap remains slightly larger than for England.

**Figure 7: KS2 attainment: % achieving expected standard in reading, writing & maths**



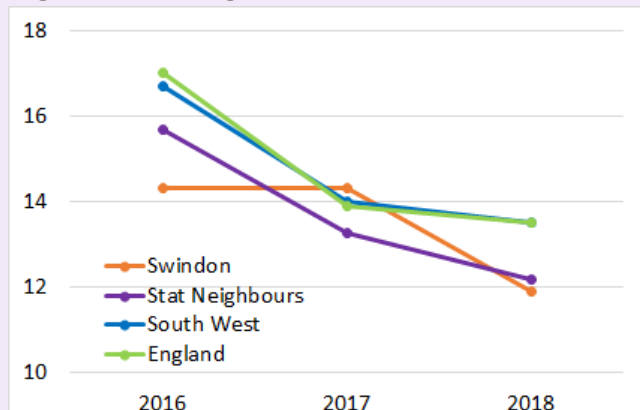
## Key Stage 4 achievement

Swindon's overall pattern of secondary attainment is below England benchmarks, for children both with and without SEND. In 2018, 5.3% of pupils with an EHC plan achieved grades 5-9 in English & Maths (5.3% England) and 9.6% achieved 4-9 (10.5% England). 16% of SEN support pupils achieved grades 5-9 (16.5% England) and 28.1% achieved 4-9 (31.3%) nationally. The Attainment 8 score was also below national benchmarks for SEN pupils.

In Swindon, 45.5% of non-SEN pupils achieved grades 5-9 in English and Maths in 2018. The gap between them and those with an EHC plan was 40.2% and 29.5% for those with SEN support. In England, 48.5% of non-SEN pupils achieved grades 5-9 in 2018 and therefore the national gaps were larger than in Swindon.

The new attainment and progress measures Progress 8 and Attainment 8 show that Swindon students with SEND make slightly worse progress compared to England and also have slightly worse attainment.

**Figure 8: Average Attainment 8 score**



Note: Attainment 8 measures achievement across 8 qualifications

## Post 16 achievement

Attainment for SEN support students at post 16 has fallen from 47.8% in 2016. The percentage in 2018 achieving level 2 including English and maths by age 19 is 29.5%. This is a decrease of 18.3% and Swindon is 6.1% below the national average. There has also been a fall in attainment for SEND students achieving level 3 by age 19 (28.3%). This is 7.6% lower than 2016 and is 2.7% below the national average.

The gap between post 16 SEN support pupils and their non-SEN support peers has widened for those achieving level 2 including English and maths by age 19 to 44.9%.

This is 18.9% wider than the gap in 2016 and is 5% bigger than the national average (39.9%). Similarly the SEND gap for those achieving level 3 by age 19 has also widened and is now 26.4%. This is 7.1% bigger than in 2016 and 7.6% worse than the national average.

## Education, Employment and Training

Young people with SEND or learning disabilities are less likely to be engaged in positive learning activities or education, employment or training than their peers. 6.7% of all 16-18 year olds in Swindon are not in employment, education or training (NEET) which is significantly higher than the England figure of 6.0%. The employment rate among people with learning disabilities who are known to services in Swindon was 6.1% in 2018/19 – in line with the England value of 6.0%.

## Attendance and exclusions

Overall attendance in Swindon schools fell below the national benchmark in 2017, after previously having been above average. In 2017/18 pupils with an EHC plan had 9.3% overall sessions missed (8.6% England), compared with 6.4% for SEN support pupils (6.5% England), and 4.3% of those with no identified SEN (4.4% England).

Overall persistent absence at Swindon schools has been on the rise since the definition changed in 2016. Persistent absence for pupils with EHCP/statement has increased from 23.3% in 15/16 to 27.4% in 17/18, and is higher than national benchmarks. For those with SEN support without an EHCP, persistent absence is 18.1% in 17/18, up from 16.1% two years prior. This compares to 8.9% of children in Swindon schools with no identified SEN who are persistently absent.

## Recommendations

### Joint Commissioning Priorities

1. Autistic Spectrum Disorder – school census data shows that the incidence students with a primary need of ASD is 30.2% of the school population which 6.1% 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 commissioning priority for the LA and CCG.

2. Speech, Language and Communication (SLC) Difficulties – 11.9% of the Swindon school population have Speech, Language and Communication identified as their primary need. This represents a 8% reduction from 2016. However, demand for the Speech and Language Therapy Service remains high and the service receives around 900 referrals per year and an increased number of students have required therapeutic input in recent years. 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 – 17.1% 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 an EHC plan in 2019 is 3.9%, 0.2% higher than in 2018.

Swindon is 0.8% above the national average where the rates are broadly stable. The LA should continue to closely monitor the overall SEND population to ensure that the percentage of the school population with an EHC plan continues to not increase and that the proportion at each age group is stable.

7. Requests for Statutory Assessment and EHC plans issued – Since 2012 the number of EHC plans (or previously 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. Complete.

### Further information

This bulletin is an updated version of the 2017 JSNA bulletin. Both versions of the bulletin and the full 2017 SEND JSNA report can be found on Swindon's JSNA website:

<https://www.swindonjsna.co.uk/dna/SEND>

This bulletin was published in September 2019.