Special Educational Needs Joint Strategic Needs Assessment

Final Version

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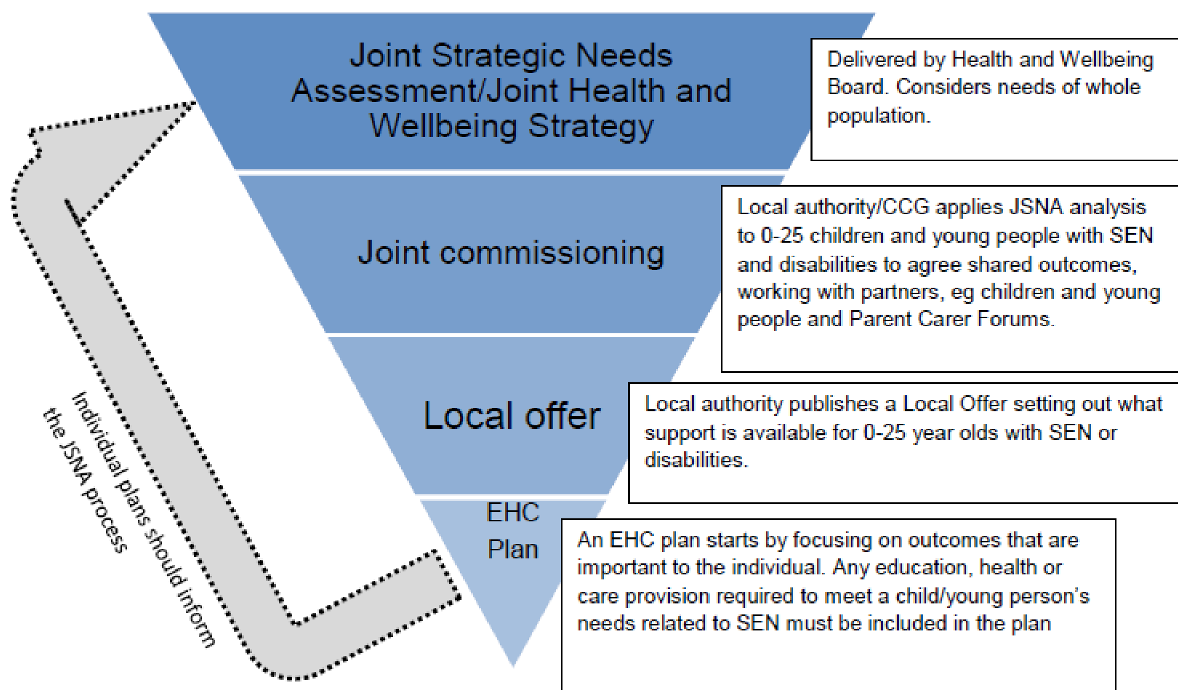
Executive Summary

Nationally children and young people with Special Educational Needs or Disabilities (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.

The purpose of this needs assessment is to bring together and analyse all the relevant Health, Education and Care data about children and young people in Swindon who are aged 0-24 and have special educational needs (SEN) or are disabled.

The Joint Strategic Needs Assessment (JSNA) is the means by which the Health and Wellbeing Board understands and agrees the needs of local people. This document forms part of the JSNA for Swindon and will inform joint commissioning decisions made for children with SEN and Disabilities (SEND). We have analysed the data and identified key messages that will inform agreement on priorities for commissioning. These priorities will ensure that resources are allocated to make the greatest impact, and that the right support is available to build effective support plans for children and young adults with SEN and Disabilities.



Key Findings

1. Outcomes for children and young people with SEND

Research from Department for Education (DfE) outlines a number of barriers and circumstances that make disabled children and their families particularly vulnerable. Children and young people with SEND face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcome their peers expect and to succeed in school. The outcomes for children and young people with SEND are not as good as their non-SEND peers.

- Attainment of pupils with SEND is poorer than their non-SEND peers, however the attainment gap between SEND and non-SEND peers at KS2, KS3 and KS4 is closing.

- In Swindon Children and young people with SEND are more likely to receive at least one fixed term exclusion and have poorer attendance at school and higher proportion of persistent absence than their non-SEND peers. Swindon is above national and regional benchmarks for exclusion and absence, particularly for those with a statutory plan but the picture is improving.

- Young people (aged 16 to 18) with Learning Difficulties 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.

2. Population and prevalence of special educational needs and disabilities

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.

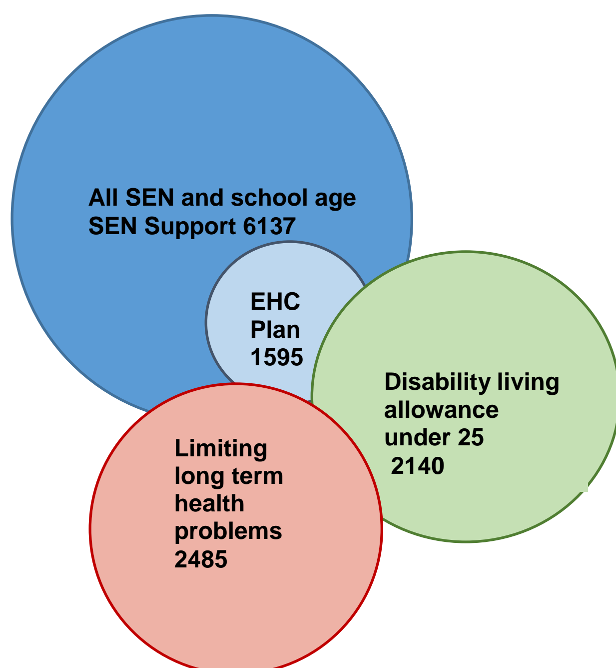
Between 2011 and 2031, the 0-24 year old population in Swindon is projected to increase from 64,142 to 75,915 (18.4%). Over the same period, the 5 to 19 population (roughly school age) is projected to grow from 37,204 to 45,969 (23.6%).

In January 2017, 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 2026 and beyond.

Figure 1 – SEND population in Swindon July 2017



3. Children Looked after

The number of children in care in Swindon in Jan 2017 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. More research needs to be done to understand why the number of children in care is increasing and why there is a disproportionate number of children in care with SEND.

4. Primary Need of pupils 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.

5. Education provision

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 of these figure are 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. This is because Swindon has a higher proportion of pupils with SEND at both SEN Support and those with an EHC plan.

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%. This demonstrates that Swindon is investing in developing provision locally to meet a wider range of needs.

6. Service provision

In Swindon there is a good range of services and provision for children and young people with SEND across education, health and social care. The increase in demand across SEND has resulted in pressure for education settings and place planning.

There is a reported pressure on commissioned services such as speech and language therapy, due to the increasing demand evidenced through higher rates of appropriate referrals in the context of a static High Needs Block of the Designated School Grant.

Next steps

The recommendations set out the joint commissioning priorities, data analysis priorities and key areas of development from April 2018.

Introduction and background

What is a Joint Strategic Needs Assessment (JSNA)?

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

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 health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

This JSNA is part of a suite of documents to understand the needs of children and young people in Swindon. These are available on the Swindon JSNA website: http://www.swindonjsna.co.uk/dna/CYP-JSNA

What is SEND?

The SEND Code of Practice states that a child or young person has special education needs '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.

The SEND Code of Practice covers children from birth to the end of the school year after their 25th Birthday.

Special educational needs

Children and young people with special educational needs (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.

Many children and young people may have SEN of some kind during their education. Child care providers - like nurseries or child minders - mainstream schools, colleges and other organisations can help most children and young people succeed with some changes to their practice or additional support. But some will need extra help for some or all of their time in education and training.

Children and young people with SEN may need extra help because of a range of needs. The 0-25 SEND Code of Practice sets out four areas of SEN:

- Communicating and interacting – Children and young people have speech, language and communication difficulties which make it difficult for them to

make sense of language or to understand how to communicate effectively and appropriately with others.

- Cognition and learning – Children and young people learn at a slower pace than others their age, have difficulty in understanding parts of the curriculum, have difficulties with organisation and memory skills, or have a specific difficulty affecting one particular part of their learning performance such as in literacy or numeracy.

- Social, emotional and mental health difficulties – Children and young people have difficulty in managing their relationships with other people, are withdrawn, or they behave in ways that may hinder their and other children's learning or have an impact on their health and wellbeing.

- Sensory and/or physical needs – Children and young people with visual and/or hearing impairments, or a physical need that means they must have additional ongoing support and equipment.

Some children and young people may have SEN that covers more than one of these areas.

Disability

Many children and young people who have SEN may also have a disability. A disability is described in law (the Equality Act 2010) as 'a physical or mental impairment, which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.' This includes, for example, sensory impairments such as those that affect sight and hearing, and long-term health conditions such as asthma, diabetes or epilepsy.

The Equality Act requires that early years providers, schools, colleges, other educational settings and local authorities:

- must not directly or indirectly discriminate against, harass or victimise disabled children and young people

- must make reasonable adjustments, including the provision of extra aid services (for example, tactile signage or induction loops), so that disabled children and young people are not disadvantaged. This duty is known as 'anticipatory'. People also need to think in advance about what disabled children and young people might need.

National strategies, policies and guidance for SEND

The Children and Families Act 2014

For the first time an integrated system for children and young people who have SEND, pulling together a number of Acts across education, health and social care process and assessment 0-25. It outlines the duties and responsibilities for Local Authorities and Clinical Commissioning Groups (CCG) to ensure integration between educational provision and training provision, health and social care provision to improve outcomes for children and young people with SEND. It also requires the LA

and CCG to make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities.

Special Educational Needs and Disability Code of Practice: 0 to 25 Years (January 2015)

Sets out in detail the statutory responsibilities and duties for implementing the Children and Families Act for all parties. It is underpinned by key principles:

- Person centred approaches across the system with the views, wishes and feelings of the child or young person, and the child's parents being considered
- The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

The Framework for the Inspection of Local Areas' Effectiveness in Identifying and Meeting the Needs of Children and Young People who have Special Educational Needs and/or Disabilities

The SEND reforms are a national priority and a new joint Ofsted and Care Quality Commission (CQC) inspection framework commenced in May 2016 to evaluate how effectively local areas:

- Identify disabled children and young people and those who have special educational needs;
- Meets the needs of disabled children and young people and those who have special educational needs; and
- Improve the outcomes of disabled children and young people and those who have special educational needs.

Education Act 1996

This legislation sets out the duties on the Secretary of State and local authorities to provide suitable education to meet the needs of children and young people in the area. This includes those in primary, secondary and Further Education and should take into account the wishes of parents so far as that is compatible with the provision of effective instruction and training and the avoidance of unreasonable public expenditure.

Equalities Act 2010

The act sets out the legal obligations that schools, early years providers, post-16 institutions, local authorities and others have towards disabled children and young people. These include the duty to ensure that there is no discrimination arising as a consequence of the child or young person's disability and the requirement to make reasonable adjustments, including the provision of auxiliary aids and services, to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers.

What is Swindon's strategic approach to SEND?

In Swindon, a SEND Joint Commissioning Workstream has been established and its primary role is to ensure the Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC) are compliant with the requirements of the Children and Families Act 2014.

This includes the alignment of strategies and the integration of provision and/or co-operation between services to promote health and wellbeing.

A joint improvement plan for the LA and CCG is in place which outlines the key priorities, actions and an identified lead. This is agreed and monitored through the SEND Strategic Board.

Drivers for the SEND JSNA

The LA and 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 0-25. This will enable commissioners to identify gaps in knowledge and data, to determine a clear picture of need across Swindon and to identify areas of concern. The JSNA will be used to inform the development of SEND Commissioning priorities and strategy.

Population overview: Disability in Children and Young People in Swindon

Population profile: all children and young people

Population

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

Table 1: 0-25 population

	Swindon	South West	England
All ages	217,905	5,515,953	54,786,237
0-4	15,074	306,112	3,429,046
5-9	14,487	315,657	3,428,266
10-14	12,385	288,280	3,070,254
15-19	12,246	313,951	3,179,410
20-25	13,606	409,185	4,333,510
0-25	67,798	1,633,185	17,440,486
% of population	31.1%	29.6%	31.8%

Source: 2016 mid-year estimates, ONS

Central, Chiseldon and Lawn, Covingham and Dorcan and Eastcott were the wards in Swindon UA with the highest proportions of young people aged 0-25 in their population.

Table 2: Ward populations

Ward name	Number of 0-25s	% of ward population (2015)
Central	4,610	34.6%
Chiseldon and Lawn	4,518	35.4%
Covingham and Dorcan	4,357	32.5%
Eastcott	4,013	34.4%
Gorse Hill and Pinehurst	3,964	30.9%
Liden, Eldene and Park South	3,906	32.4%
Lydiard and Freshbrook	3,641	31.3%
Mannington and Western	3,639	29.0%
Old Town	3,612	30.2%
Priory Vale	3,357	31.2%
Ridgeway	3,283	30.4%
Rodbourne Cheney	3,214	28.0%
St Andrews	3,077	28.6%
St Margaret and South Marston	3,046	26.3%
Shaw	2,947	29.0%
Walcot and Park North	2,820	26.0%
Wroughton and Wichelstowe	2,795	25.4%
Blunsdon and Highworth	2,127	26.2%
Haydon Wick	1,471	24.2%
Penhill and Upper Stratton	922	27.5%

Source: 2015 mid-year estimates, ONS

The ethnic group with the highest proportion of the population under 25 years is White at over 86% (2011 Census).

Table 3: Ethnicity

	Under 25	% of total
White	55,372	86.4%
Asian/Asian British	4,822	7.5%
Mixed/multiple ethnic group	2619	4.1%
Black/African/Caribbean/Black British	987	1.5%
Other ethnic group	272	0.4%

Source: 2011 Census, ONS

Between 2001 and 2011, the under 25 population of Swindon increased from 56,041 to 64,142 (14.5%). During the same period people aged 25-64 years increased by 17% and those over 65 by 16%. The higher increases in these older age groups account for the relative decrease in the proportion of the population under 25 between 2001 and 2011 (31.1% to 30.6%).

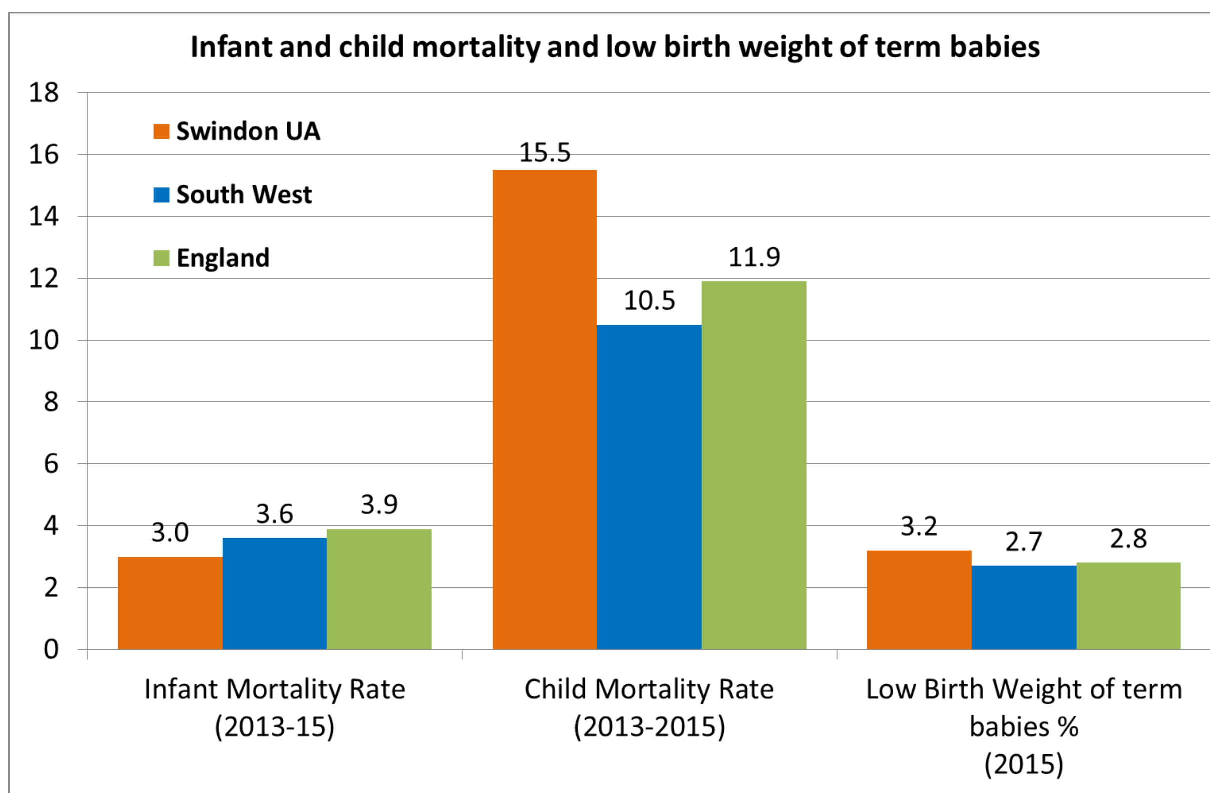
Average life expectancy at birth in Swindon UA, has increased from 80.8 to 82.8 years for females over the decade to 2013-15, while for males over the same period,

the increase has been from 77.4 to 79.6 years. These levels of life expectancy are similar to those for England as a whole.

Health and wellbeing indicators

The infant mortality rate in Swindon (2013-2015) is slightly lower than the national figure but the child mortality rate (2013-2015) and the percentage of term babies of low birth weight (2015) are slightly higher than England. None of these differences are statistically significantly.

Figure 2: Infant and child mortality and low birth weight of term babies



Source: PHE fingertips tools: https://fingertips.phe.org.uk/

Children in Swindon have similar levels of obesity in Reception Year (8.5%) as England (9.3%) but lower levels in Year 6 (17.3%) than England (19.8%) (2015/16). In 2014/15, only 4.2% of 15 year olds in Swindon were regular smokers, compared to 5.5% nationally.

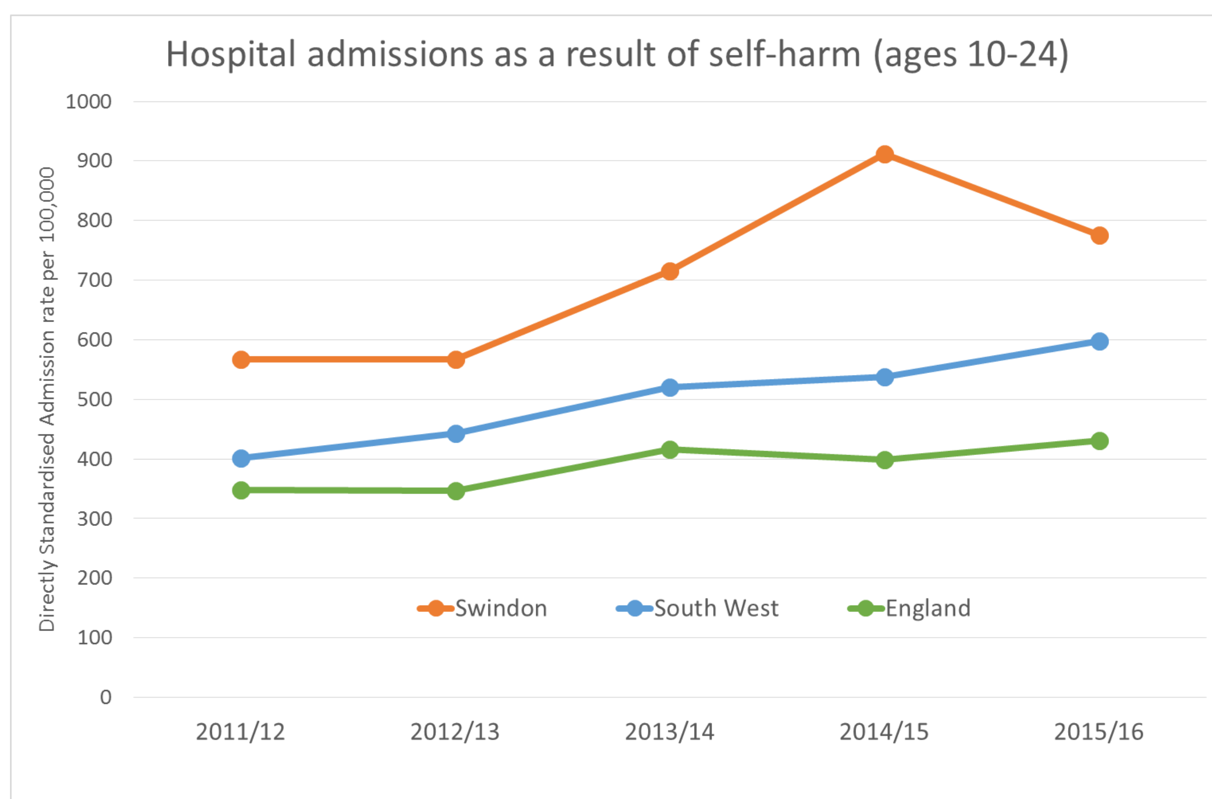
Swindon's under 18s conception rate (20.2 per 1,000 in 2015) is similar to that for England (20.8) and the under 16s conception rate (4.0 per 1000 in 2015) is also similar to the England rate (3.7). Additionally, the level of sexually transmitted infections (STIs) newly diagnosed in young people has fallen in Swindon from 879 per 100,000 in 2012 to 762 per 100,000 in 2015 and this is now lower than the national average (815).

In Swindon, in 2015/16, 94.9% of girls aged 12-13 received the first dose of the Human Papilloma Virus (HPV) vaccine, one of the highest coverage rates in the country.

The rate of alcohol-specific hospital admissions for Swindon young people (under 18) has fallen from 108.4 per 100,000 in 2006/07-08/09 to 41.9 per 100,000 in 2013/14-15/16. Swindon's rate is now similar to England's (37.4). However, the number of young people (aged 15-24) admitted for substance misuse has risen from 65.7 per 100,000 in 2008/09-10/11 to 156 per 100,000 in 2013/14-15/16. This is significantly higher than the national and South West admission rates.

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. As this is a persistent trend that is also repeated in many authorities in the South West, there is a regional piece of work led by Public Health England to investigate the reasons for such high levels. It is not clear whether the figures reflect a higher prevalence of self-harm or different admissions policies in some hospitals.

Figure 3: Hospital admissions as a result of self-harm



Source: Public Health England

Children in Swindon aged five were found (in 2014/15) to have similar levels of tooth decay (0.78 decayed, filled or missing teeth (dfmt) on average) to England overall (0.84 dfmt). However, admissions for dental caries in the under 5s was significantly higher in Swindon (333 per 100,000) than England (241) in 2013/14-15/16.

In 2015/16, 68.8% of Swindon children achieved a good level of development at the end of the Reception Year at school which is up from 55.1% in 2012/13 and similar to England (69.3%).

There are 62 primary schools, 12 secondary schools and 7 special schools in Swindon. Further and higher education in the Swindon area is provided by New College, Oxford Brookes University and Swindon College.

Figures for 2015/16 show 54.3% of Swindon pupils achieved 5 or more GCSEs A*-C or equivalents (including English and maths), compared to 53.5% in England and 53% in Swindon in 2014/15. Swindon pupil's achieved an average attainment score of 48 in the new Attainment 8 measure compared to 48.5 for England. However, the percent of Swindon pupils achieving the English Baccalaureate decreased to 17.4% (23.1% in England as a whole).

Swindon's attainment gap (between disadvantaged pupils and their peers), as measured by those achieving 5 or more GCSEs A*-C or equivalents (including English and maths), was 27.8 % points in 2015/16, which was exactly the same as the national average.

In 2015, in Swindon, there were 310 16-18 year olds not in employment, education or training (NEET). This was 4.0% of this age group. Nationally, 4.2% of 16-18 are NEETs.

There were 56 homeless households in Swindon in 2015/16 where the head of the household was aged between 16 and 24. This equates to 6 per 10,000 households which is similar to national levels.

Health Determinants and risk factors

Research suggests that a number of factors can influence the prevalence of special educational needs and disability and the outcomes of those children affected. These factors fall into two distinct groups; health factors and social factors.

The prevalence of special educational needs and disability and the overall health of a child can be influenced by pre-natal factors including; smoking during pregnancy, substance misuse and maternal age. It can also be influenced by post-natal factors including; breastfeeding and injuries.

Maternal age

Maternal age is a pre-determinant of low birth weight and pre-term births, with those at extreme ends of the maternal age spectrum having a higher prevalence of low birth weight or pre-term birth. Advanced maternal age is also linked to a number of conditions in children that can lead to special educational needs and disabilities, such as Down's Syndrome.

2,847 babies were born in Swindon UA in 2015, 25 of these were born to women aged under 18 and 570 to women aged under 25 (20% of all births). In the same year there were 536 births to women aged 35 or over (19% of all births). These proportions are similar to those for all England.

Swindon's general fertility rate in 2015 was 66.6 births per 1,000 women aged 15-44. This was higher than England (62.5). Multiple births account for around 3% of live births nationally.

Maternal diet

Maternal diet plays an important role in the prenatal development of the child. The ingestion of certain foods and supplements can offer benefits to an unborn child.

Folic acid has been identified as reducing the incidence of major birth defects including spina bifida. All women are recommended to supplement their diet with folic acid before pregnancy and this dosage is increased if women have a BMI over 35, are epileptic or have had a previous affected baby.

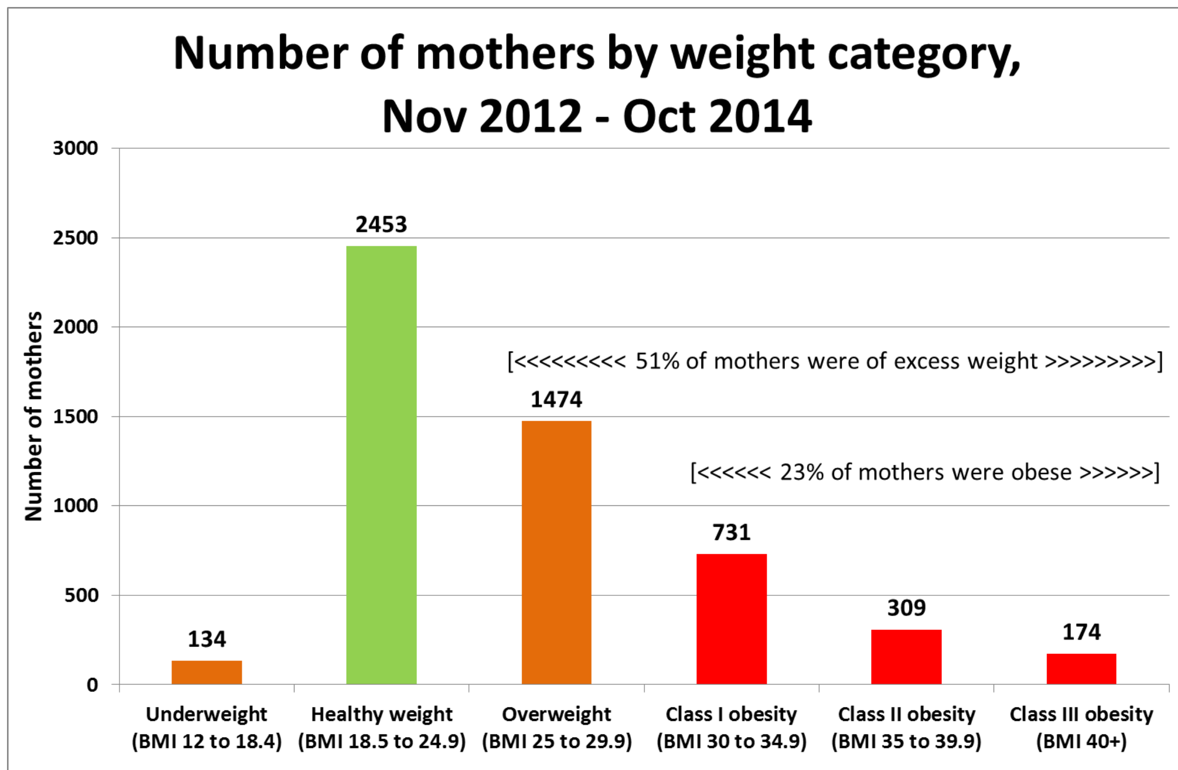
Data from GWH for 2016/17 shows that in Swindon CCG area around 11% of expectant mothers were not taking folic acid. About 30% had been taking folic acid before becoming pregnant and around 60% started once pregnancy was confirmed. The figures varied by coverage area with only 4% not taking folic acid in Wroughton and Shrivenham but 15% in Swindon Centre. Younger mothers were less likely to take folic acid with 25% of those aged 16-19 not taking it compared to 8% of those aged 30-34 and 9% aged 35 plus. Women from BME backgrounds were less likely to take folic acid (13%) than white British women (9%).

Maternal obesity has been shown to increase the risk of stillbirths, neonatal death pre-term births and congenital abnormalities including: neural tube defects, spina bifida, cardiovascular anomalies, septal anomalies, cleft lip and palate, anorectal atresia, hydrocephaly and limb reduction anomalies[1].

Measures of maternal obesity are based on body mass index, a person is usually classified as obese if their BMI is greater than 30. A study of maternity data from the Great Western Hospital (GWH) Trust for 2013-2014 found, over the two-year period, nearly half of mothers (45%) were in the healthy weight range. A small proportion (2.4%) were underweight and about a quarter (26.1%) were overweight (but not obese). In terms of obesity, 21.5% of mothers were clinically obese. Thus, 47.6% of mothers were either overweight or obese. GWH mothers were probably as likely to be obese as their peers in England as a whole, but may have possibly been less likely to be overweight. The proportion of obese mothers belonging to the most deprived third of the population (41.1%) was significantly greater than in either the middle third (30.0%) or the least deprived third (28.9%).

[1] Public Health England, Maternal obesity and child health, Available: http://www.noo.org.uk/NOO_about_obesity/maternal_obesity/childhealth

Figure 4: Maternal obesity, Swindon



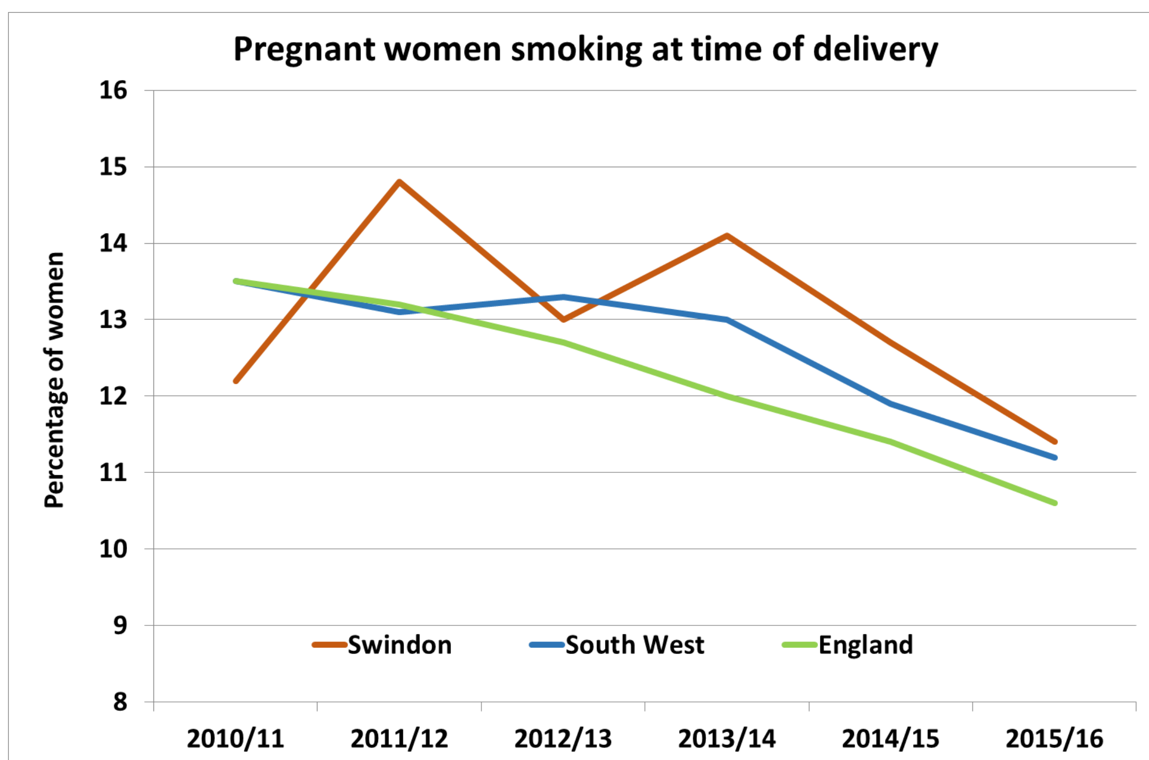
Source: Swindon Pregnancy and Birth Outcomes Study 2015

Smoking during pregnancy

Smoking during pregnancy can cause a range of serious health problems, including lower birth weight, pre-term birth and placental complications, all of which could lead to disabilities.

In 2015/16, 11.4% of mothers in Swindon were smoking at the time of delivery. This was slightly higher than the regional and national figures. The proportion of mothers smoking at the time of delivery has fallen from a high of 14.8% in 2011/12.

Figure 5: Smoking at the time of delivery



Source: Public Health England

Substance misuse

National research shows substance misuse during pregnancy increases the risk of miscarriage, maternal and infant death, developmental problems and disabilities.

There is little information on the number of people who continue to use drugs and drink during pregnancy. Estimates suggest that in 2009, 4.5% of births in England were to mothers who were misusing substances[2]. By applying this proportion to births in Swindon, it is estimated, that in 2015 around 130 babies were born to mothers who were misusing substances.

Gestational age

The World Health Organization (WHO) defines prematurity as babies born before 37 weeks from the first day of the last menstrual period[3]. Premature babies are at increased risk of neurodevelopment impairments, respiratory and gastrointestinal complications. The EPICure studies looked at premature babies born in hospitals throughout England in 1995 and 2006, and found that 80% of babies born under 26 weeks gestation had some form of impairment[4].

Survival rates of pre-term babies have improved in recent years. A national study looked at survival rates and ongoing illnesses or complications affecting babies born extremely prematurely (between 22 and 26 weeks of pregnancy) in England in 2006

[2] NICE (2010) Pregnancy and complex social factors, Available: http://www.nice.org.uk/nicemedia/live/13167/50819/50819.pdf
[3] World Health Organisation (2013) Preterm births, Available: http://www.who.int/mediacentre/factsheets/fs363/en/
[4] EPICure studies. BMJ 2012

and 1995[5]. Their main finding was that when comparing survival-to-discharge rates (meaning babies were eventually thought to be well enough to leave hospital) between 1995 and 2006, there was an increase from 40% in 1995 to 53% in 2006. However, there was no difference in the level of ongoing illnesses or disabilities affecting these surviving babies.

Of the babies born in the GWH around 0.25% were extremely preterm (<28 weeks), this was less than the national figure of 1.6%. Total pre-term births (<37 weeks) account for around 13.2% of births in Swindon, this was in line with the national figure of 12.3%.

Table 4: Births by gestational age 2015/16

Gestation length (weeks)	Great Western Hospitals NHS Foundation Trust		ENGLAND	
	Number	% of total	Number	% of total
22 or under	*	*	2,219	0.34%
23-25	*	*	1,784	0.28%
26-28	11	0.25%	6,062	0.94%
29-31	19	0.44%	3,285	0.51%
32-34	83	1.92%	9,018	1.39%
35-37	456	10.56%	57,351	8.85%
38-40	2,836	65.66%	336,725	51.96%
41-43	845	19.56%	104,435	16.11%
44 or over	*		338	0.05%
Unknown	61	1.41%	126,890	19.58%
Total	4,319	100.00%	648,107	100.00%

Source: Hospital Maternity Activity, 2015-16, Provider Level Analysis 2014-15 to 2015-16 (NHS Digital)
Note: The number of births at GWH is higher than the number of births in Swindon because mothers from outside of the borough deliver their babies at GWH.

Low birth weight

Low birth weight is closely associated with foetal and neonatal mortality and morbidity, inhibited growth and cognitive development and chronic diseases later in life. A baby's low weight at birth is either the result of preterm birth (before 37 weeks of gestation) or due to restricted foetal (intrauterine) growth. Low birth weight has been defined by the World Health Organization (WHO) as weight at birth of less than 2,500 grams[6].

In 2015, 7.6% of all births and 3.2% of term births in Swindon were of low birth weight. These proportions were similar to the regional and national averages. The proportion of low birth weight babies has been on a very gradual upward trend in Swindon since 2010.

[5] Costeloe KL, Hennessy EM, Haider S, et al. Short term outcomes after extreme preterm birth in England: comparison of two birth cohorts in 1995 and 2006 (the EPICure studies). BMJ. Published online December 4 2012
[6] WHO (2011) Available: http://www.who.int/maternal_child_adolescent/documents/9789241548366.pdf

Table 5: Percentage of births who are of low birth weight (<2,500 grams)

Year	Swindon		South West		England	
	Term babies	All Babies	Term babies	All Babies	Term babies	All Babies
2010	2.7%	6.6%	3.4%	6.4%	2.9%	7.3%
2011	3.0%	7.3%	3.7%	6.2%	2.8%	7.4%
2012	2.9%	6.9%	3.6%	6.4%	2.8%	7.3%
2013	2.9%	7.5%	3.6%	6.2%	2.8%	7.4%
2014	2.9%	7.5%	3.7%	6.2%	2.9%	7.4%
2015	3.2%	7.6%	3.9%	6.8%	2.8%	7.4%

Source: PHE Child health and pregnancy fingertips tool: https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy

Breastfeeding

There is evidence that breastfeeding has positive health benefits for mother and baby in the short and longer term. International research shows that conditions such as gastroenteritis, respiratory disease, Sudden Infant Death Syndrome (SIDS), and otitis media for infants, and breast cancer for mothers, are more prevalent when infants are not breastfed. Recent studies have shown an increased risk of poorer cognitive development and behavioural problems in children who were not breastfed[7].

The latest figures for Swindon show that the breastfeeding initiation rate in 2014/15 was higher than the England average at 76.3% compared to 74.3%. The breastfeeding prevalence at 6-8 weeks after birth in Swindon for 2015/16 was also higher than the England rate at 47.8% compared to 43.2%.

Maternal mental health and poverty

Maternal mental health has been recognised as a pivotal influence on a child's wellbeing, particularly when combined with socio-economic disadvantage[8]. Children's exposure to a mother with poor mental health has been shown to adversely affect their social, cognitive, emotional and behavioural outcomes in the short and long term.

Research in the United Kingdom suggested that over one third of all adults with mental health problems are parents and approximately a quarter of pupils in an average primary school classroom were living with a mother with a mental health problem[9]. By applying this proportion to primary school pupils in Swindon, we can estimate that in January 2016 around 5,000 primary school pupils were living with a mother with a mental health problem.

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[7] UNICEF (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK

[8] WHO (2008) Maternal mental health and child health and development in low and middle income countries.

[9] [quoted in this report] http://www.childandfamilyresearch.ie/media/ilascfrc/reports/cyp_report_6_web.pdf

Injuries to children and young people

Injuries to children and young people can lead to ongoing medical problems and special educational needs. In Swindon, in 2015/16, there were 342 hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 and 405 in those aged 15-24. However, this means that admission rates were significantly lower than England for the 0-14 age group but significantly higher for the 15-24 age group.

Social determinants and risk factors

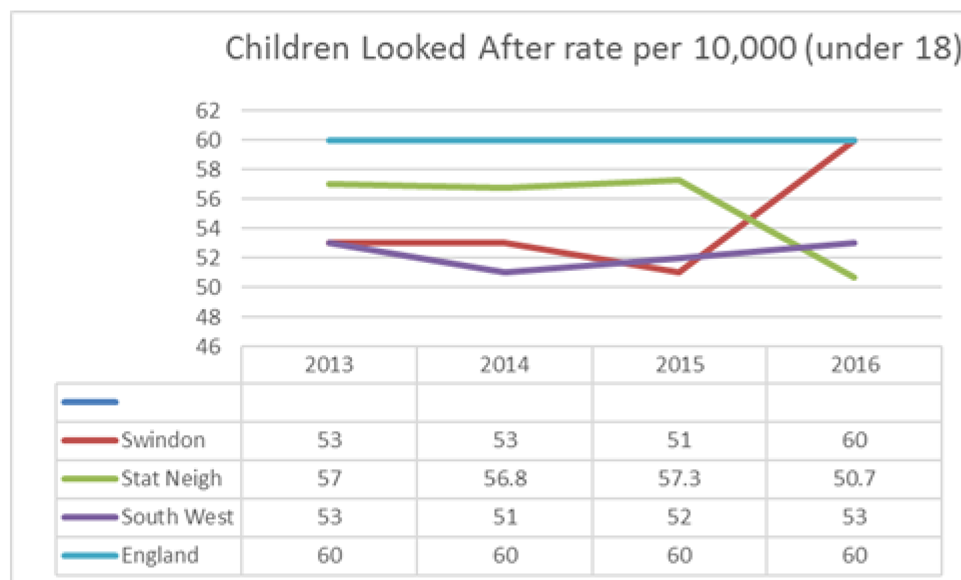
Research suggests that a number of factors can influence the prevalence of special educational needs and disability and the outcomes of those children affected. These factors fall into two distinct groups; health factors and social factors.

Social factors can contribute to the prevalence of disability and/or special educational needs, and influence the outcomes of those children affected and the support they require.

Looked After Children

290 children were in care in Swindon in 2016, up from 250 in 2015, this equates to 59 per 10,000, similar to the national rate of 60 per 10,000. The national average has remained stable and Swindon has been well below in the previous five years.

Figure 6: Looked After Children



	2013	2014	2015	2016
Swindon	53	53	51	60
Stat Neigh	57	56.8	57.3	50.7
South West	53	51	52	53
England	60	60	60	60

There is a higher prevalence of special educational needs amongst looked after children than the child population as a whole. In 2015, 35.1% of Swindon's school age looked after children had a statement of special educational needs, a further 35.1% had SEN without a statement and only 29.8% of looked after children did not have any form of SEN.

Numbers of children in care have also increased in 2016, which would suggest the number of children in care with SEN has also increased.

Table 6: Looked after Children in Swindon, 2011-2016

	2011	2012	2013	2014	2015	2016
Number of looked after children on 31st March	235	255	250	255	250	290
Rate per 10,000 under 18s	51	55	53	53	51	60

Source: Local Authority Interactive Tool (LAIT), Department for Education.

Child Protection

213 children were subject to a child protection plan at 31st March 2015. This was down by one from 2013/14 but up from 147 in 2012/13. Swindon has similar rates (43.8 per 10,000 population under 18) to the national average (42.9) and South West (41.9).

Research on the incidence of harm to disabled children in the United Kingdom is limited. A study of more than 40,000 children conducted in North America found that disabled children were 3.4 times more likely to be abused or neglected than nondisabled children[10], this is supported by small scale studies in the UK which have also found disabled children at a greater risk of abuse or neglect.

A report by Ofsted[11] suggests that despite being at greater risk of harm, children with disabilities are less likely than other children in need to be the subject of child protection plans. The children in need census as at 31 March 2016 showed that there were 1,968 children in need in Swindon of whom 217 (11.0%) were recorded as having a disability. At that time 238 (12%) children were subject to a child protection plan of whom 1,600 (3.8%) were recorded as having a disability. This suggests either that risks to disabled children are not well identified or that the existing support effectively reduces risks and reduces the need for child protection plans.

Gypsy Roma and Traveller Children

Within the United Kingdom children who are from Gypsy, Roma and Traveller groups are reported to have the highest level of special educational needs of all ethnic minority groups. This may be the result of families lacking information or experiencing problems accessing appropriate health care, or schools failing to respond appropriately to cultural difference.

Children in poverty

The level of child poverty is better than the England average (20.1%) with 16.3% of children under 16 living in poverty in Swindon in 2014.

Childhood experiences lay the foundations for later life. While some children who grow up in low-income households will go on to achieve their full potential, many others will not. Poverty blights the life chances of children from low income families,

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[10] Sullivan, P. M. and Knutson, J. F. (2000) Maltreatment and disabilities: a population-based epidemiological study in Child Abuse and Neglect 24(10), October 2000: 1257-1273.
[11] Ofsted (2012) Protecting disabled children: thematic inspection, Available: http://www.ofsted.gov.uk/news/protecting-disabled-children

putting them at higher risk of a range of poor outcomes when compared to their more affluent peers'[12].

Child poverty means growing up in a household with low income. Income poverty and material deprivation is therefore at the heart of tackling child poverty, however this is just the core of a series of complex issues and outcomes, which harm children's development. Research shows that children who grow up in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential. As a result their education may suffer, making it difficult to get the qualifications they need to move onto well-paid employment. This limits their ability to earn enough money to support their own families in later life, creating the on-going cycle of inter-generational poverty.

There is a strong link between low income and higher rates of SEND prevalence (especially those with a Statement)[13]. Children identified as having a SEND are more likely to both experience poverty and have lower educational outcomes, each of which increases the risk of experiencing poverty as an adult[14]. It should also be noted that families raising a disabled child experience higher costs than those raising a non-disabled child, with some estimates suggesting it can be up to three times more expensive[15],[16].

Estimated prevalence of disability in CYP in Swindon

There are a number of different sources available to estimate the number of children with special educational needs and disabilities. These include pupils with Special Educational Needs (SEN), children who had limiting long term illness at the time of the 2011 Census, and those receiving disability living allowance.

The various sources provide a very wide range of estimates, and the children captured may not always be consistent – for example, not all SEN children have disabilities and not all children with disabilities with have SEN.

Census - Limiting long term health problems and disabilities

The Census records the number of children described as having a long-term health problem or disability which limits daily activity. This is a very broad definition, not based on an official definition as described by the Disability Discrimination Act (DDA), and is likely to include some but not all children with special educational needs as well as those with disabilities.

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[12] The Independent Review on Poverty and Life Chances led by Frank Field (December 2010)
[13] Parsons S., Platt, L. Disability among young children: prevalence, heterogeneity and socio-economic disadvantage. 2013. Available from http://eprints.ioe.ac.uk/21055/
[14] Shaw B., Bernardes, E., Trethewey, A. & Menzies, L. Special educational needs and their links to poverty. 2016. Available from https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty
[15] Joseph Rowntree Foundation. Paying to care: the cost of childhood disability. 1998. Available from https://www.jrf.org.uk/report/paying-care-cost-childhood-disability
[16] Contact a Family. Counting the costs. 2014. Available from http://www.cafamily.org.uk/media/805120/counting_the_costs_2014_uk_report.pdf

In 2011, there were 2,485 children and young people aged (0-24) with a limiting long-term health problem or disability in Swindon. This represents 4.0% of the 0-24 year old population, which was lower than the regional and national average of 4.3%.

The number of children and young people reporting a long term health problem or disability increased by 160 people or 6.9% between 2001 and 2011. During the same period, the total 0-24 year old population increased by 9,334 people or 16.7%.

The most common definition of disability is based on the Equality Act 2010, which focuses on physical or mental impairments that have a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. The causes of childhood disability are not always clear and many conditions result from both genetic and social or environmental conditions.

Family Resources Survey

The Family Resources Survey (FRS) collects extensive information on disability and is considered one of the key sources of information on populations of disabled adults and children. Everyone classified as disabled in this survey would also be classified as disabled under the general definition of disability in the Equality Act which has applied since 1st October 2010. However, some people who were classified as disabled and having rights under the Equality Act would not be captured by this definition.

In the UK in 2015/16, the overall proportion of the population who were disabled was 21%. This percentage differed by age group, 7% of children were disabled compared to 18% of adults of working age. Between genders the overall split was 23% females and 19% of males were disabled.

Table 7 uses prevalence rates by age group and gender calculated by the survey applied to the Swindon 2015 ONS population estimate. The total number of disabled children and young people (0-24 years) in Swindon is estimated at 5,001. This equates to about 8% of the 0-24 year old population. The estimated prevalence numbers are higher than those reported in the Census.

Table 7: National disability prevalence and estimated prevalence of disability in Swindon by age and gender

Age	National Prevalence		Applied to Swindon population			
	Males	Females		Males	Females	Persons
0-4	3%	3%		232	222	454
5-9	9%	5%		656	344	1,000
10-14	11%	7%		683	414	1,097
15-19	10%	11%		632	673	1,304
20-24	9%	11%		515	631	1,145
0-24				**2,718**	**2,283**	**5,001**

Source: Family Resources Survey 2015/16, ONS mid-year population estimates 2015

Table 8 contains more detailed information about the types of impairment that disabled people had. These have been calculated by applying the national prevalence for children to the 0-24 age group disabled population in Swindon that was estimated in the above table. Please note that respondents can be affected by

and therefore report more than one type of impairment. Numbers may not add up with other prevalence tables due to this reason.

Table 8: Impairment types reported by disabled people applied to the estimates disabled population (0-24) in Swindon.

Impairment type	National Prevalence (children)	Applied to Swindon population estimates of disabled children and young people (aged 0-24 years)
Vision	8%	400
Hearing	6%	300
Mobility	21%	1,050
Dexterity	12%	600
Learning	36%	1,800
Memory	11%	550
Mental Health	17%	850
Stamina/breathing/fatigue	26%	1,300
Social/behavioural	42%	2,100
Other	14%	700

Source: Family Resources Survey 2015/16, ONS mid-year population estimates 2015

Children in Need

A child in need is one who has been assessed by children's social care to be in need of services. These services can include, for example, family support (to help keep together families experiencing difficulties), leaving care support (to help young people who have left local authority care), adoption support, or disabled children's services (including social care, education and health provision).

The children in need census as at 31 March 2016 showed that there were 1,968 children in need (aged 0-17) in Swindon of whom 217 (11.0%) were recorded as having a disability. Nationally, 12.7% of children in need have a disability recorded and 15.9% in the South West, both of which are higher proportions than in Swindon. Table 9 shows the number of children in need by disability and type of disability. It must be noted that a child may have more than one disability recorded and will therefore appear in more than one row in the table.

Table 9: Number of children in need by disability and type of disability, March 2016

	England	South West	Swindon
Number of children in need at 31 March 2016	394,400	34,790	1,968
Number of whom have a disability recorded	49,990	5,520	217
Percentage having a disability recorded	12.7%	15.9%	11.0%
	Percentage of children reported with a disability who report the following disabilities		
	England	**South West**	**Swindon**
Autism/ Asperger Syndrome	31.7%	28.9%	31.3%
Behaviour	22.1%	33.5%	18.0%
Communication	22.2%	31.4%	13.4%
Consciousness	5.3%	7.1%	*
Hand Function	4.3%	6.9%	*
Hearing	5.4%	5.2%	6.0%
Incontinence	8.3%	13.8%	0.0%
Learning	44.8%	50.1%	32.7%
Mobility	20.2%	22.2%	18.9%
Personal Care	12.1%	19.9%	0.0%
Vision	8.5%	10.1%	10.1%
Other Disability	20.1%	16.9%	6.0%

Source: Department for Education
*Number supressed due to small numbers.

Prevalence of severely disabled children

Public Health England's Child & Maternal Health Intelligence Network use analysis from ONS using the General Household survey and Family Fund Trust data to generate age specific estimates for local authorities[17]. This uses a national estimate of between 3.0% and 5.4%. When applied to the population of Swindon this equates to between 1,314 and 2,365 children experiencing some form of disability (based on the 2011 population). The rate of severe disability was found to be greatest amongst children from semi-skilled manual family backgrounds, whilst the lowest rates were for children from professional and managerial family background. Based on national data, PHE estimate there were 38 children (0-19 years) in Swindon who were experiencing severe disability in 2011.

It is estimated that a third of parents with a severely disabled child under two years old use more than three pieces of equipment daily to provide basic care. Four out of five 12 to 14 year old severely disabled children need help with self-care, e.g. eating,

[17] http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=44&geoTypeId=4

washing, dressing, going to the toilet. For many of these children, their needs are long-term[18].

Disability Living Allowance (DLA)

DLA is a social security benefit paid to eligible claimants (or parents/carers) who have personal care and/or mobility needs as a result of a mental or physical disability and as such is made up of a care award and a mobility award. Although it is not means-tested, people who may be entitled to it may not claim leading to a potential under-estimate of disability using this measure alone. An advantage of using DLA figures to estimate levels of disability in an area is that recipients of the benefit will have had to give evidence of disability, usually by assessment.

Table 10: Claimants of Disability Living Allowance in Swindon, by age group, August 2016.

	Under 5	5 to 10	11 to 15	16 and 17	18 to 24	Total under 25
Male	120	560	490	80	290	1,540
Female	70	190	200	40	130	630
Total persons	190	740	690	110	410	2,140

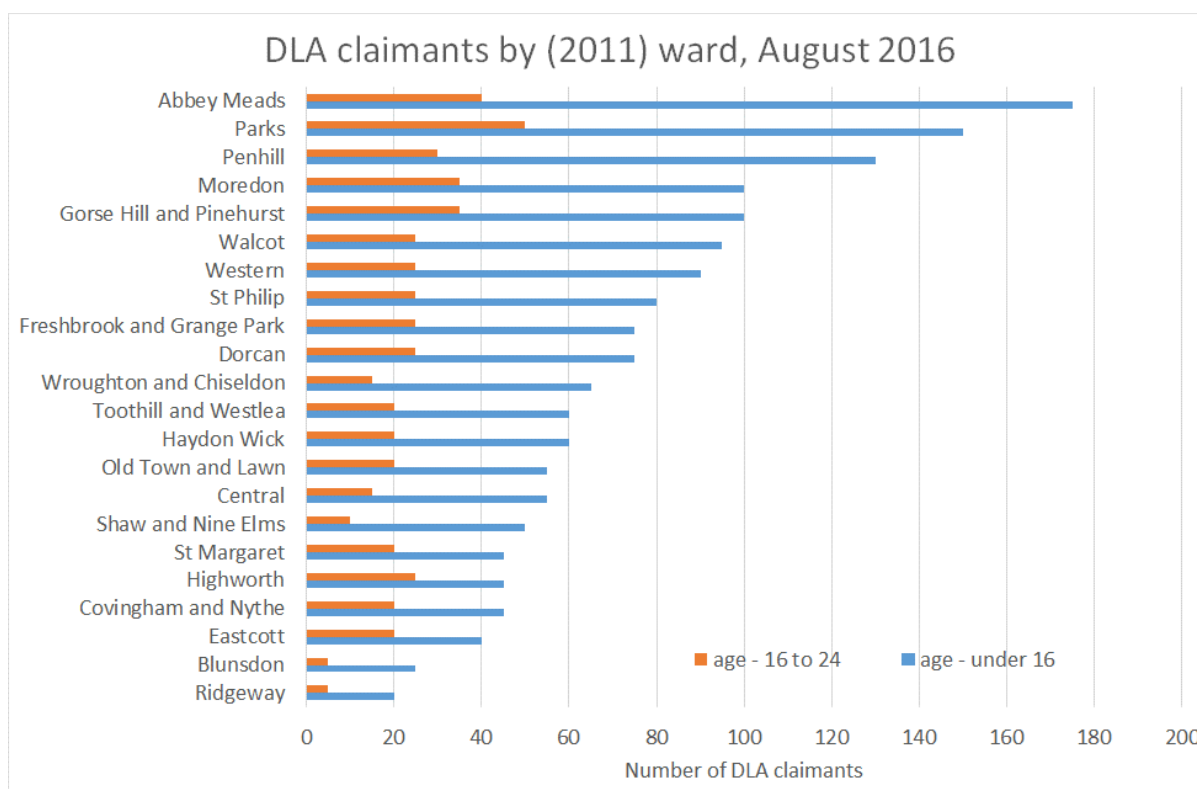
Source: Department for Work & Pensions
Note: Figures may not exactly match other tables due to rounding

There are more males claiming DLA in Swindon than females. This finding is similar to the estimates in disability in other sections of this document in which prevalence for males is higher.

The claimant figures can be broken down by ward but only by the pre-2012 wards in Swindon, many of which have seen boundary changes since then. However, the analysis does show the variability of claimant numbers which is partly due to the overall size of the ward.

18 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199955/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Disabled_Children_and_Young_People_and_those_with_Complex_Health_Needs.pdf

Figure 7: Number of DLA claimants by ward (pre 2012 ward boundaries), under 25, August 2016.



Source: Department for Work & Pensions

Personal Independence payments started to replace DLA from April 2013[19]. There is no data currently available by age and local authority, however, the total number of people on caseload for Swindon at April 2015 was 2,071 people.

Sight loss

In Swindon, in 2015, there were an estimated 23 blind and 68 partially sighted children aged 0-16 and 11 blind and 34 partially sighted aged 17-25[20]. However, this figure is likely to be an underestimate due to issues with registration data; estimates suggest the actual number could be over 50% higher. It is estimated that only one in four children under 16 will have a NHS sight test, which is lower than the England average, meaning that there may be a number of children with some degree of undiagnosed and uncorrected visual impairment[21].

Neuro-developmental impairments and conditions

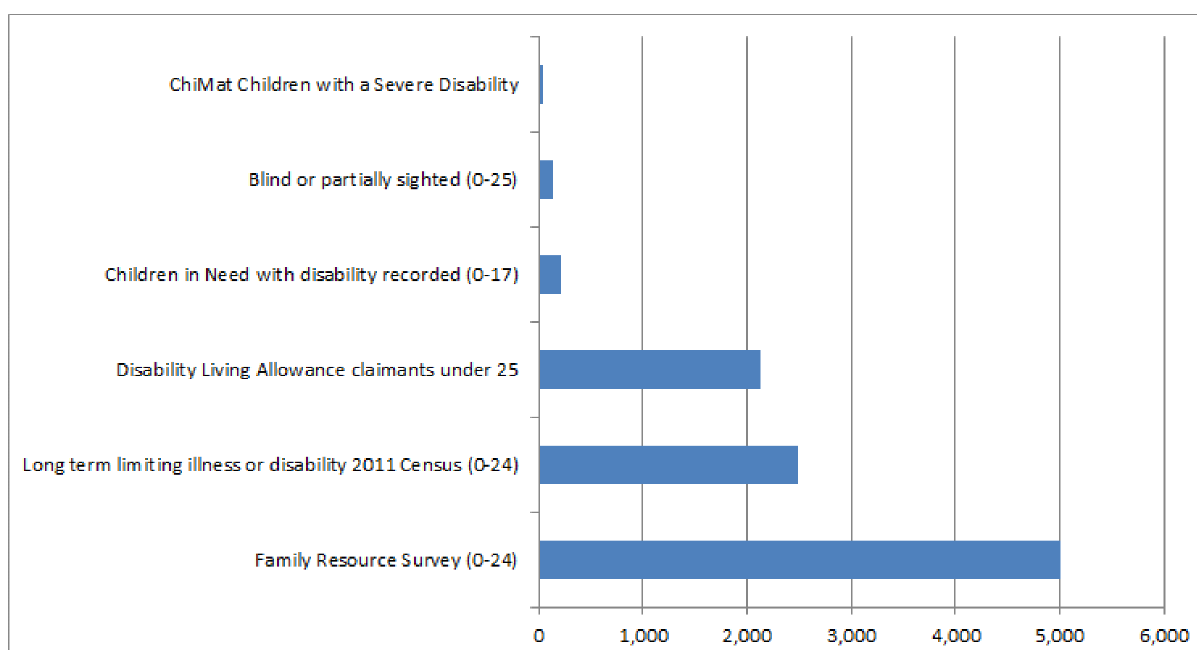
The estimated prevalence of neurodevelopmental impairments and conditions is around 3–4% of children in England. This includes children with ADHD, impairments affecting speech, language and communication, and specific and moderate learning difficulties as the most commonly reported primary disorders or diagnoses. Many children however, experience a number of impairments and co-morbidities, leading to complex medical, educational and social support needs.

[19] https://www.gov.uk/pip/overview
[20] RNIS Sight Loss tool Version 3.2: http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool
[21] HSCIC General Ophthalmology Services, Activity Statistics 2013/14

Autism is known as a spectrum disorder/condition (ASD/ASC), and occurs early in a child's development, affecting the way the child communicates with, and relates to, other people and how they make sense of the world around them. The latest prevalence studies indicate that 1.1% of the population in the UK may have ASC. Between 40% and 67% of children with autism are estimated to have learning disabilities and the estimated percentage of children with learning disabilities who also have autism is 30%. The annual school census shows that the proportion of SEN children with ASC in 2010 was 0.5% in Swindon compared to 0.7% in England, and this has grown in 2014 to 0.9% in both Swindon and England.

Summary of prevalence measures

Figure 8: Summary of different estimates of children with a disability or long-term limiting condition



From the 2011 Census 4.0% of the 0-24 year old population in Swindon consider their daily activities to be 'limited a lot' by long term health problems or a disability.

Applying the Family Resources Survey estimate to the Swindon population would suggest 5,001 under 25 year olds have a disability with the most frequent being a social / behavioural disabilities, a learning disability and, stamina / breathing or fatigue problems.

2,140 children and young people under 25 were claiming Disability Living Allowance (or having it claimed on their behalf) in August 2016.

11.0% of children in need in March 2016 in Swindon had a disability recorded (including autism).

Estimates from the Public Health England Child and Maternal Health (ChiMat) Intelligence Network suggest 38 children in Swindon have a severe disability.

Children with special educational needs in schools/educational settings including FE

The following section presents a detailed analysis of the pupils who are identified as having special educational need and disability in line with the Code of Practice 2014. This data is collated from a range of sources including school census, SEN2 Survey and monthly monitoring outturn data from 2015-2017.

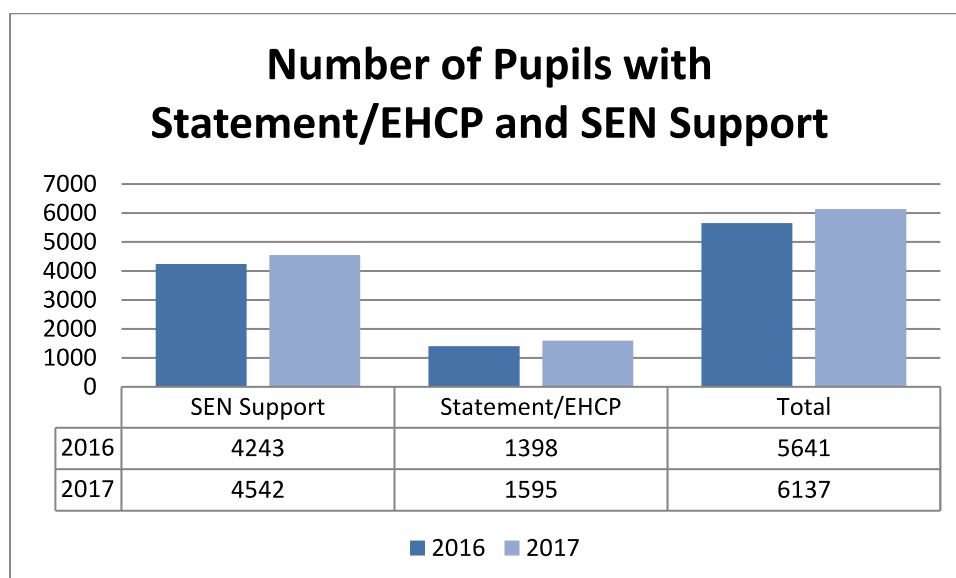
From 2014 SEN Statements and Learning Difficulty Assessments are being replaced by a single, simpler birth to 25 assessment process and Education, Health and Care Plan (EHCP). A child may have either a SEN or a disability but there is considerable overlap. A disability might give rise to a learning difficulty that calls for special educational provision to be made for a child. However, not all those defined as disabled under the Disability Discrimination Act (DDA) will have SEN.

Special Educational Needs in Schools

Figure 9 shows that the number of pupils being identified at both SEN Support and with a Statement or Education, Health and Care Plan has increased by 7% and 14% respectively between January 2016 and January 2017.

The number of pupils with a Statement or Education Health and Care plan includes all pupils aged 0-25 in all educational settings. However it is noteworthy that the number with SEN Support is collected through the School Census return, which at present does not include post 16 settings such as further education colleges, where pupils can also be identified as being SEN Support in line with the Code of Practice.

Figure 9: The number of pupils identified with SEN Support, Statement and Education, Health and Care Plan.



	SEN Support	Statement/EHCP	Total
2016	4243	1398	5641
2017	4542	1595	6137

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 has been the same picture locally where it has reduced by 3.9% since 2012.

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%.

Table 11: % of school population with Statement or EHCP and SEN Support

% of school population with S/EHC Plan and SEN Support					
	DfE Published				
	2013	2014	2015	2016	2017
Pupils with a Statement/ EHCP					
Swindon	3.6%	3.7%	3.8%	3.8%	3.7%
Stat Neighbours	2.9%	2.9%	2.8%	2.8%	2.8%
England	2.8%	2.8%	2.8%	2.8%	2.8%
Pupils with SEN Support					
Swindon	15.4%	15.0%	13.1%	12.9%	13.3%
Stat Neighbours	15.8%	14.4%	11.9%	9.8%	9.8%
England	16.0%	15.1%	12.6%	11.6%	11.6%

Figure 10: Percentage of pupils with a Statement/EHCP, 2012-2017

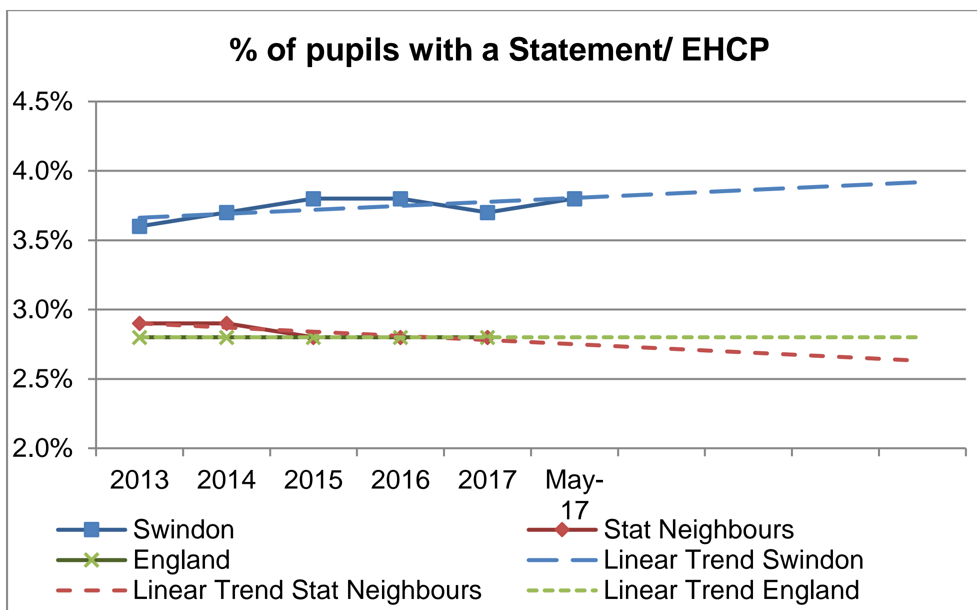
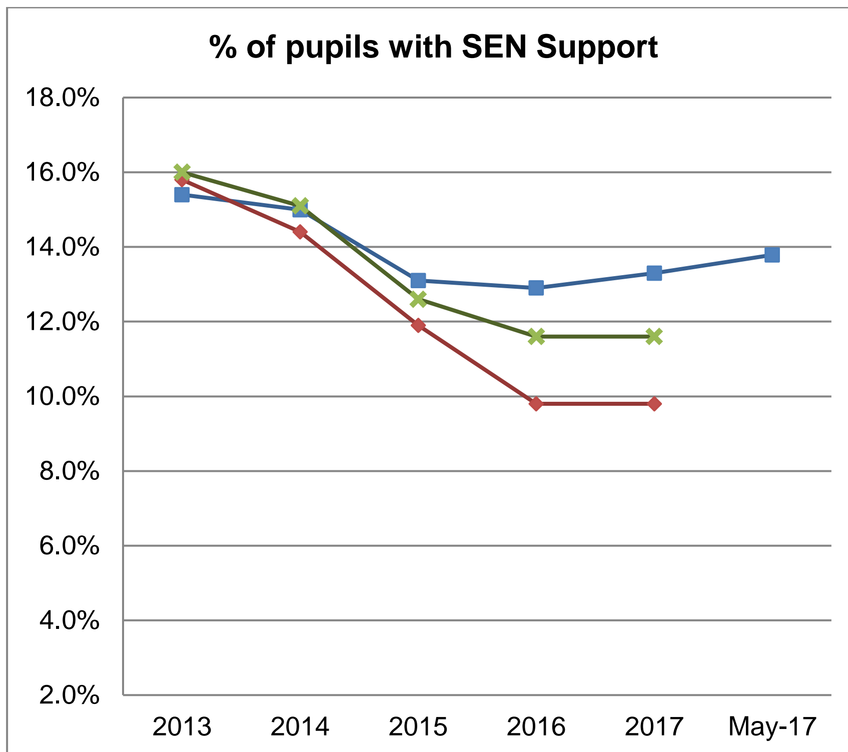


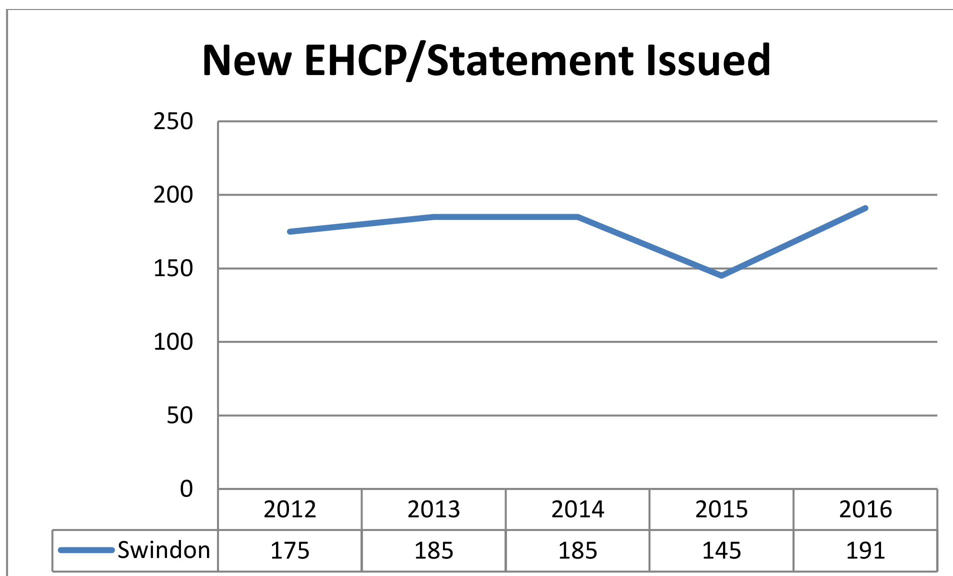
Figure 11: Percentage of pupils with SEN support, 2012-2017



New Statements and EHC Plans issued in one calendar year

Since 2012 the number of EHC Plans/Statements issued annually has been on an upward trajectory. In 2014 the number remained stable and in 2015 there was a reduction of 22% which may be as a result of the implementation of the new SEND legislation. The percentage increase from 2015 to 2016 is 32%, however the growth compared to 2014 is only 3% and 9% increase to 2012 which is more in line with the growth between 2012 and 2013 at 6% and suggests a return to the original trajectory.

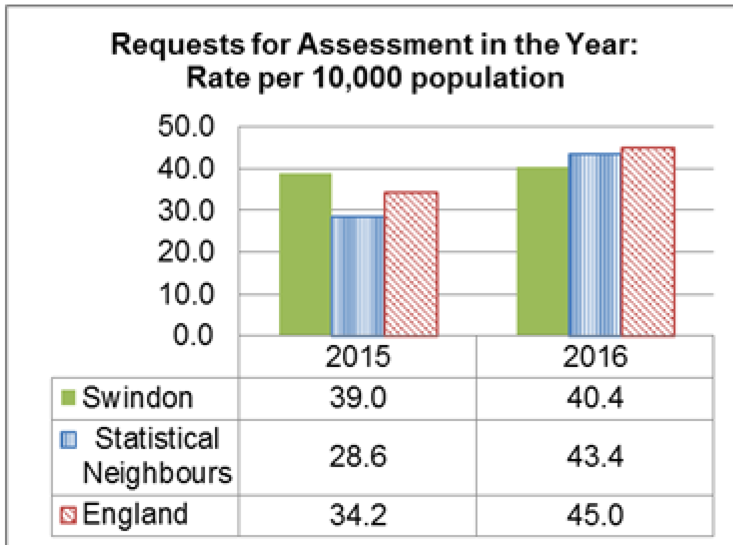
Figure 12: New Education, Health and Care plans issued in calendar year



	2012	2013	2014	2015	2016
Swindon	175	185	185	145	191

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

Figure 13: Requests for Assessment

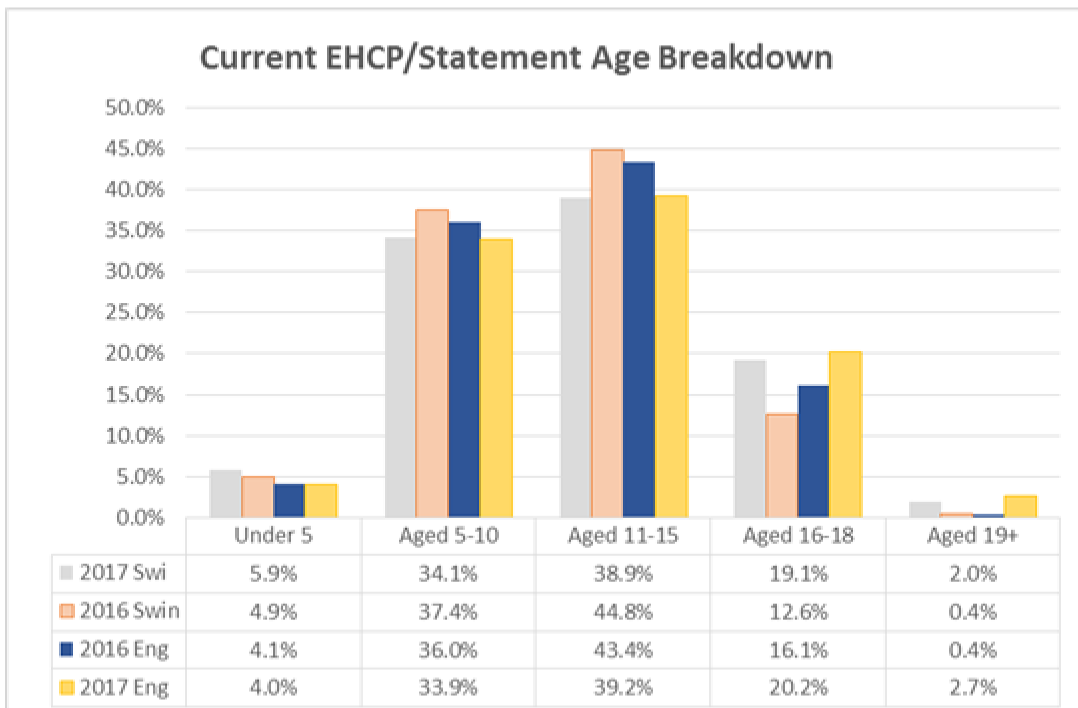


Profiling of children and young people with SEND

EHC Plan and Statement by Age Breakdown

Figure 14 shows the age breakdown of the current EHC plans and Statements taken from monthly monitoring in March 2016 and March 2017 compared to the national average published in the SEN2 Survey.

Figure 14: Current EHC Plans and Statements by Age



In 2016, the proportion of pupils with statements or EHC plans aged under 5 was 4.9%. This was 0.8% above the national average. In 2017 those under 5 represent 5.9% compared to the national average of 4%. Whilst the Swindon figure has increased by 1% the national average has reduced by 0.1%.

In 2016, the proportion of pupils with statements or EHC plans aged 5-10 was 37.4%. This was 1.4% above the national average of 36%. In 2017 those aged 5-10 represent 34.1% compared to the national average of 33.9%. The proportion has reduced by 3.3% in Swindon and whilst the national average has also reduced Swindon is now only 0.2% above national average in this age range.

In 2016, the proportion of pupils with Statements or EHC Plans aged 11-15 was 44.8%. This was 1.4% above the national average 43.4%. In 2017 those aged 11-15 represent 38.9% compared to the national average of 39.2%. The proportion in Swindon has reduced by 5.9% and whilst the national average has also reduced Swindon are now below the national average for this age group.

In 2016, the proportion of pupils with Statements or EHC plans age 16-18 was 12.6%. This was 3.5% below the national average at 16.1%. In 2017 the proportion is 19.1% in Swindon compared to the national average 20.2%. Whilst the proportion in Swindon has increased by 6.5%, the national average has also increased by 4.1%. Swindon remain 1.1% below the national average.

In 2016, the proportion of pupils aged 19-25 with Statements or EHC Plans was 0.4% which was in line with the national average. In 2017 the proportion is 2% and the national average is 2.7%. Whilst the proportion in Swindon has increased this is in line with the national trend and we are now 0.7% below the national average for this age range.

Further analysis of the number of students at each age group demonstrates an overall increase across the board and at each age range from 2016 to 2017. The number of EHCs and Statements in under 5's has increased by 20%, by 4.1% in the 5-10 age group and by 1.3% in the 11-15 age group. The largest increase has been in the post 16 sector, where there has been a73.2% increase at age 16-18 and age 19+ a 1500% increase (from 2 to 32 EHCs or Statements). Although this increase seems dramatic in this age range, this is broadly what we would expect as this age range is now included in to the statutory framework of EHCPs and there have been new assessments for post 16 pupils who would previously have had a Learning Difficulty Assessment.

Figure 15: Current EHC Plans and Statements by Age

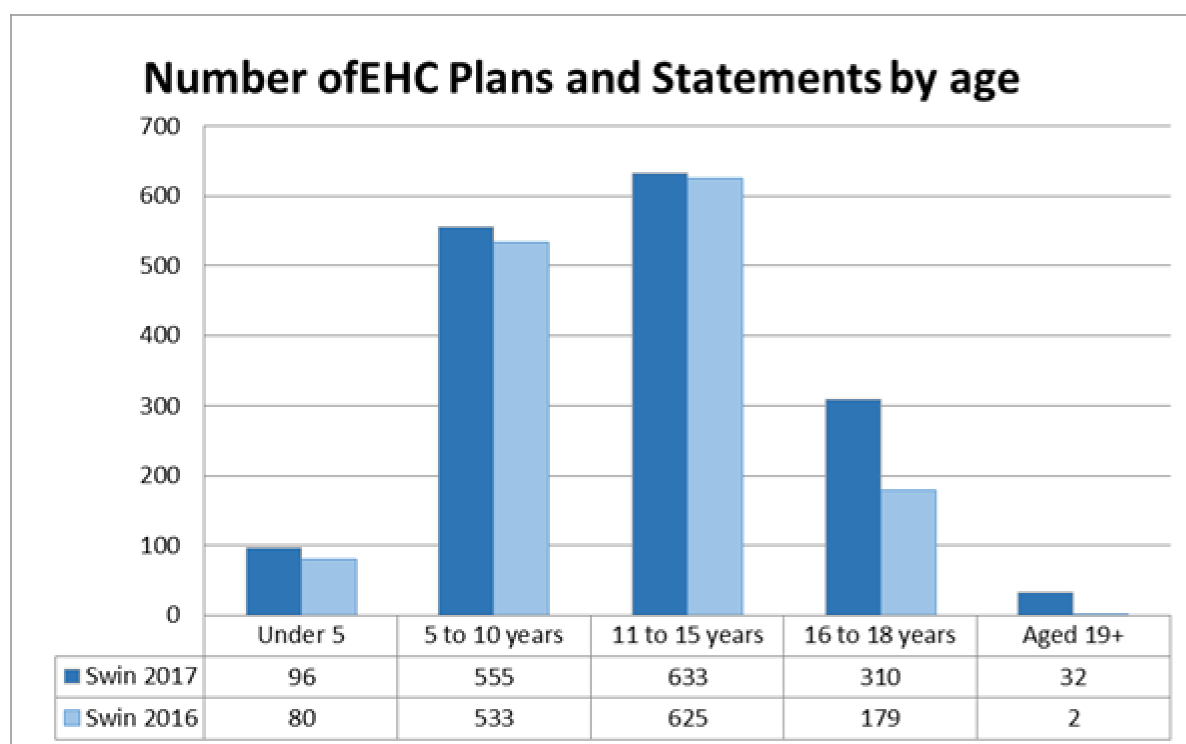
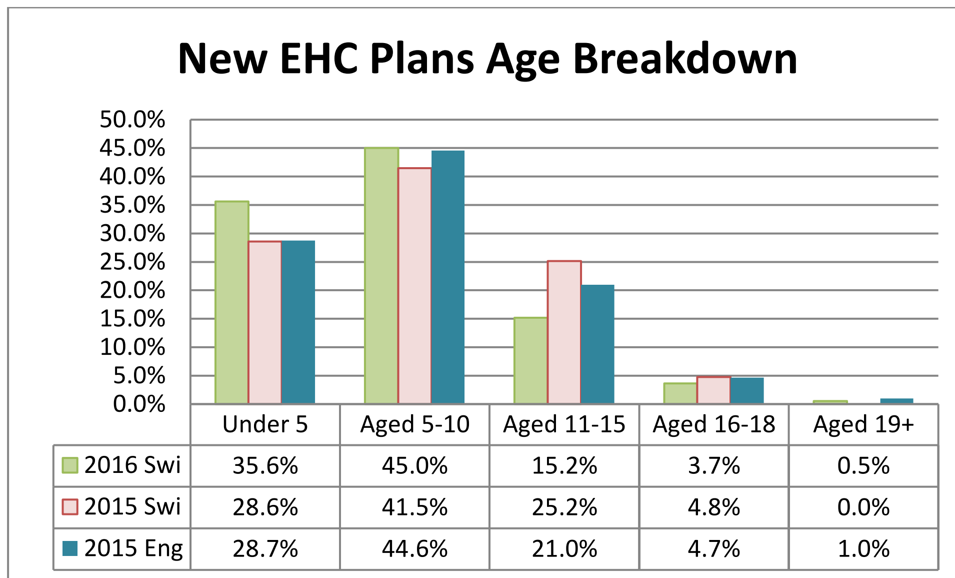


Table 12: Current EHC Plans and Statements by Age

Age Group (Academic Age)					
		Swindon 2017	Swindon 2016	Difference	% Increase
No.	Under 5	96	80	16	20.0%
	5 to 10 years	555	533	22	4.1%
	11 to 15 years	633	625	8	1.3%
	16 to 18 years	310	179	131	73.2%
	Aged 19+	32	2	30	1500.0%

Figure 16 shows the age breakdown of new EHC Plans issued annually in a calendar year 2015 and 2016 taken from the SEN2 Survey. The proportion of the pupils under 5 has increased significantly in 2016 to 35.6% which is 6.9% higher than the national average. Requests for pupils aged 5-10 has also increased, where in 2015 Swindon was below the national average, it is now just above. The number of requests received for 11-15 year olds has reduced by 10% from 2015 to 15.2% and is now below the 21% national average. New EHC plans for 16-18 and 19+ remains under that of the national average.

Figure 16: New EHC Plans issued in a calendar year by age



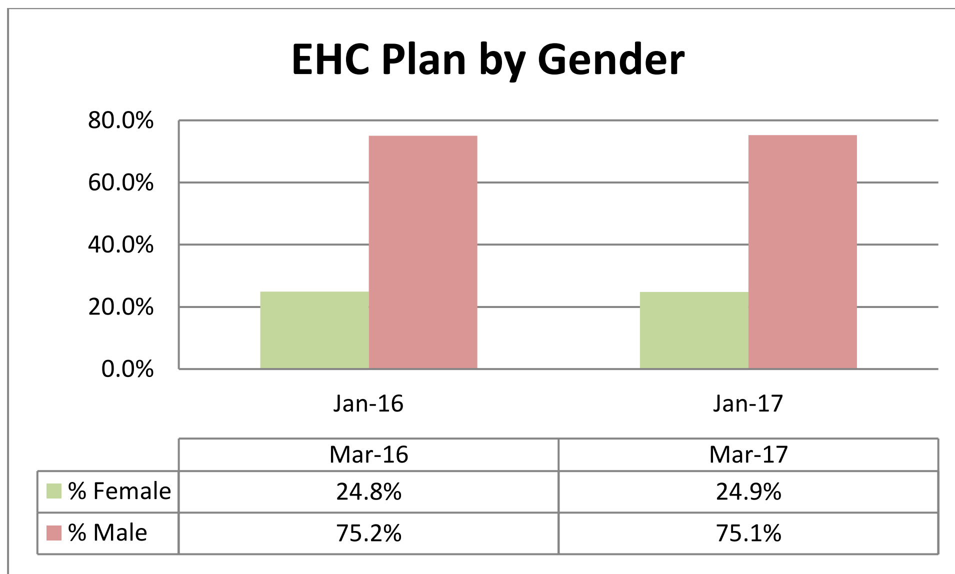
Gender

Despite the increase in EHC Plans across the age ranges, the proportion of male and female remains the same in 2017. Males with EHC Plans represent 75% of the cohort which is in line with the national trend.

Table 13: Current EHC Plans and Statements by gender

Gender			
		Mar-17	**Mar-16**
%	**Female**	24.8%	24.9%
	Male	75.2%	75.1%
No.	**Female**	404	354
	Male	1222	1065

Figure 17: Current EHC Plans and Statements by gender



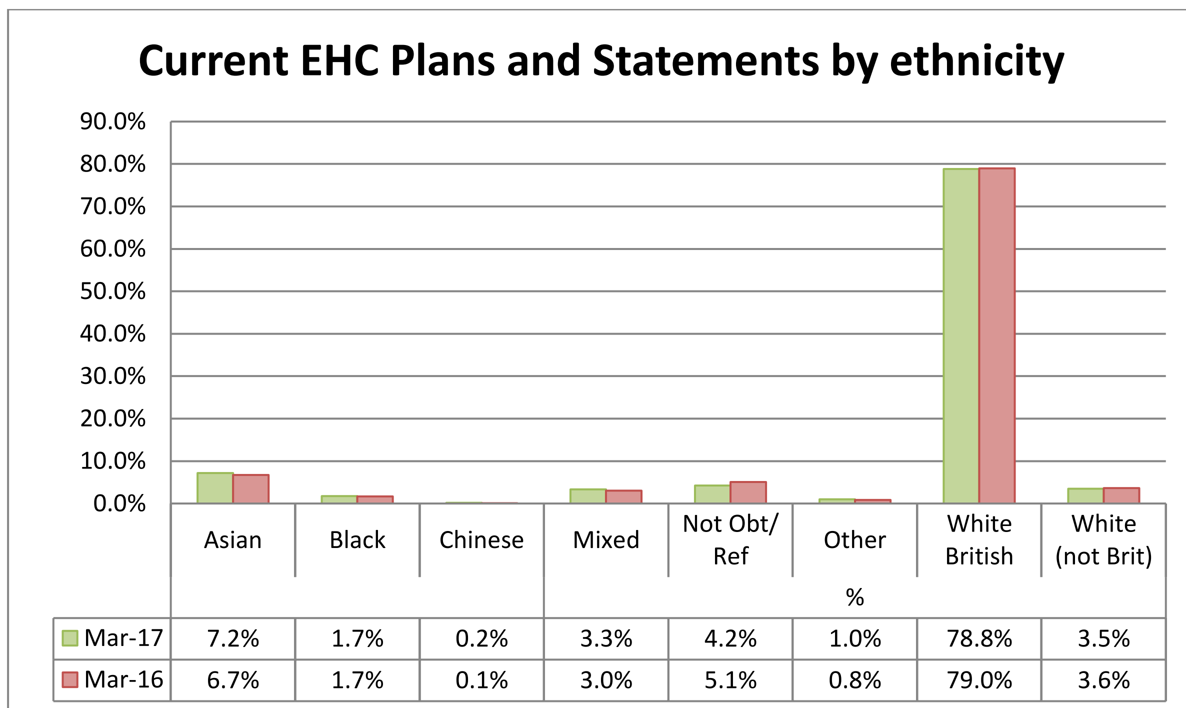
Ethnicity

The ethnic profile of the current cohort shows that the largest proportion of EHC plans and statements are white British. This is in line with the ethnic demographic of Swindon population.

Table 14: Current EHC Plans and Statements by ethnicity

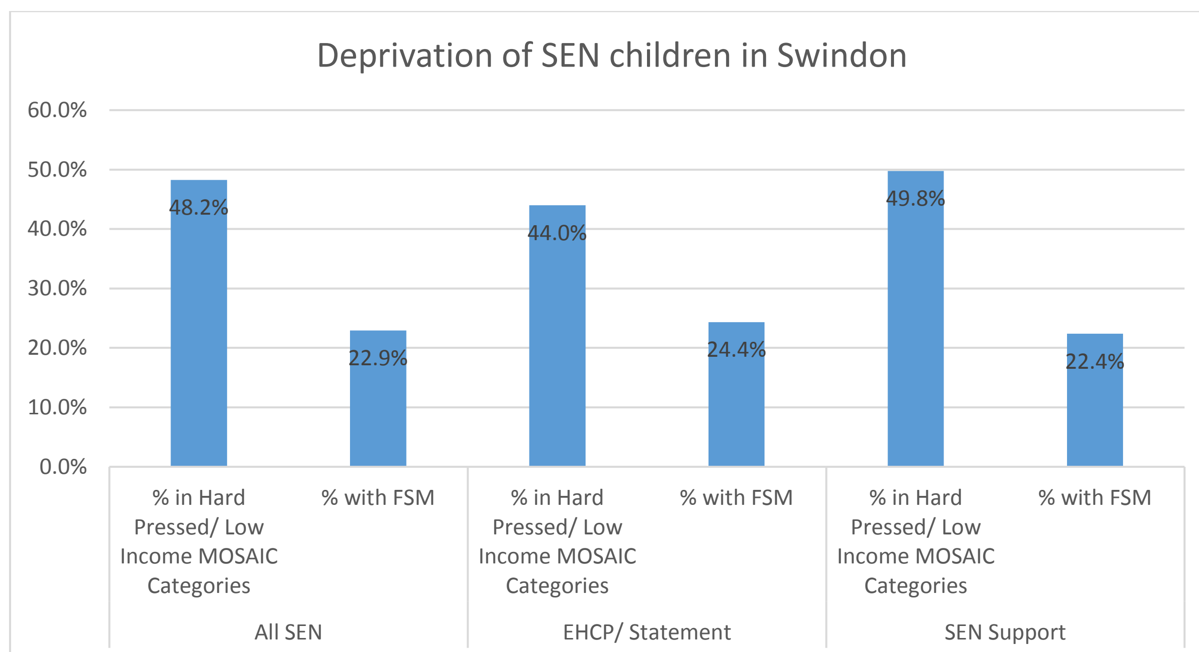
Ethnic Group			
		Mar-17	Mar-16
%	Asian	7.2%	6.7%
	Black	1.7%	1.7%
	Chinese	0.2%	0.1%
	Mixed	3.3%	3.0%
	Not Obt/ Ref	4.2%	5.1%
	Other	1.0%	0.8%
	White British	78.8%	79.0%
	White (not Brit)	3.5%	3.6%

Figure 18: Current EHC Plans and Statements by ethnicity



Indicators of deprivation

Figure 19: Deprivation of SEN children in Swindon



In Swindon 48.2% of pupils with SEN are in Hard Pressed/Low Income MOSAIC categories and 22.9% are in receipt of Free School Meals.

Locality

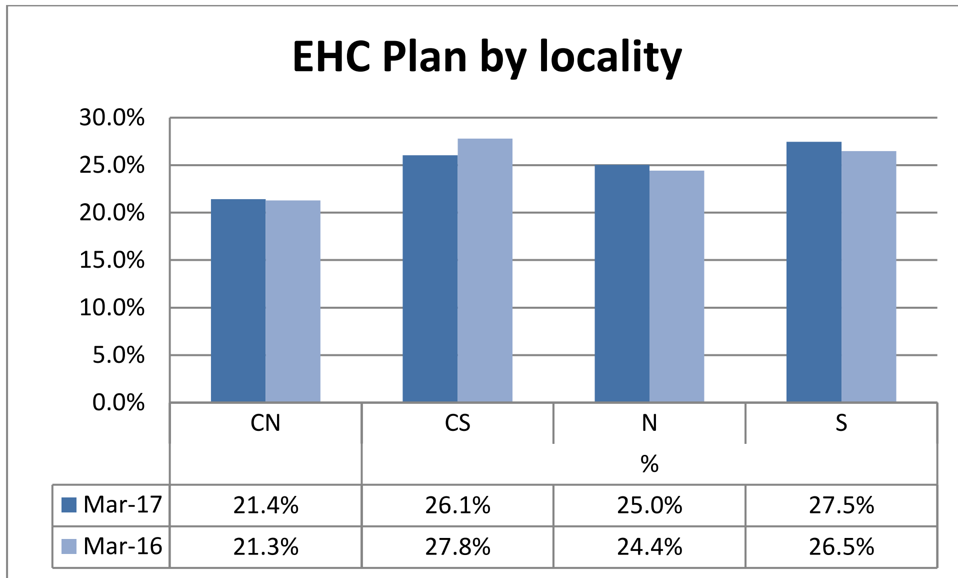
The proportion of EHC plans and statements is evenly distributed across the localities in Swindon. Of the localities, Central North has the lowest percentage share of EHCP/ Statemented children with 21%, North and South have 24% and 27% respectively and Central South has the largest at 28%.

There are more EHCP/ Statemented children in areas of higher population density, showing a proportional representation in the local population.

Research using data from the Millennium Cohort Study highlighted the strong association between childhood disability and family socio-economic disadvantage, and found that this was particularly entrenched for children with special educational needs (SEN) or a statement of needs.

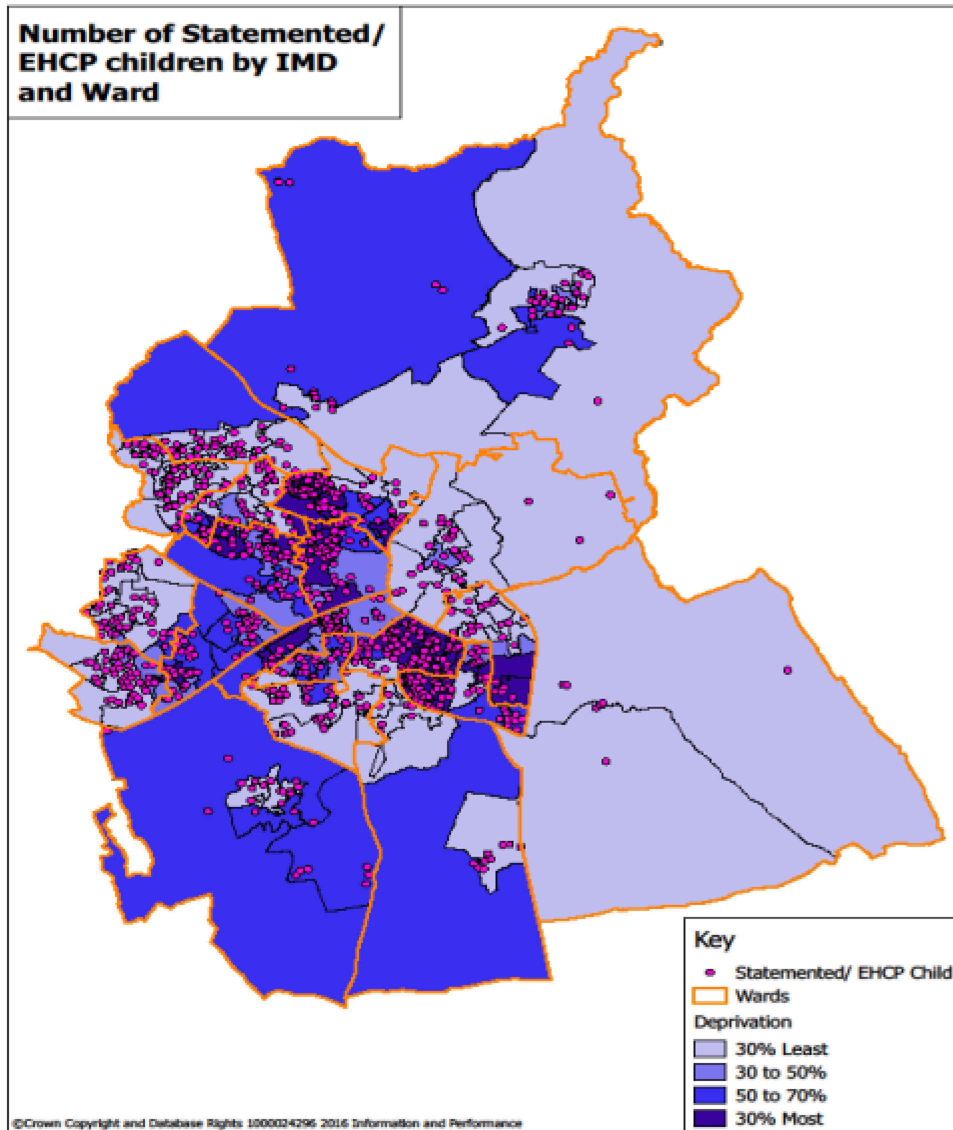
35.2% of EHCP/ Statemented children are from one of England's 30% most deprived areas. 32% are from one of England's 30% least deprived areas. This would suggest that deprivation has no/ little impact on whether a child is EHCP or Statemented.

Figure 20: EHC Plans by locality



	CN	CS	N	S
Mar-17	21.4%	26.1%	25.0%	27.5%
Mar-16	21.3%	27.8%	24.4%	26.5%

Figure 21: Statemented/EHCP children by IMD and ward



Primary Need

Figure 22 and table 15 illustrates the picture of primary need of pupils with SEN Support from the school census data. The primary needs profile of pupils at SEN Support shows that there is an over representation of pupils in Swindon with social, emotional and mental health needs compared to the national picture. It shows that there is an under representation of pupils with speech, language and communication needs compared to the national average.

Figure 22: Primary Need for SEN Support

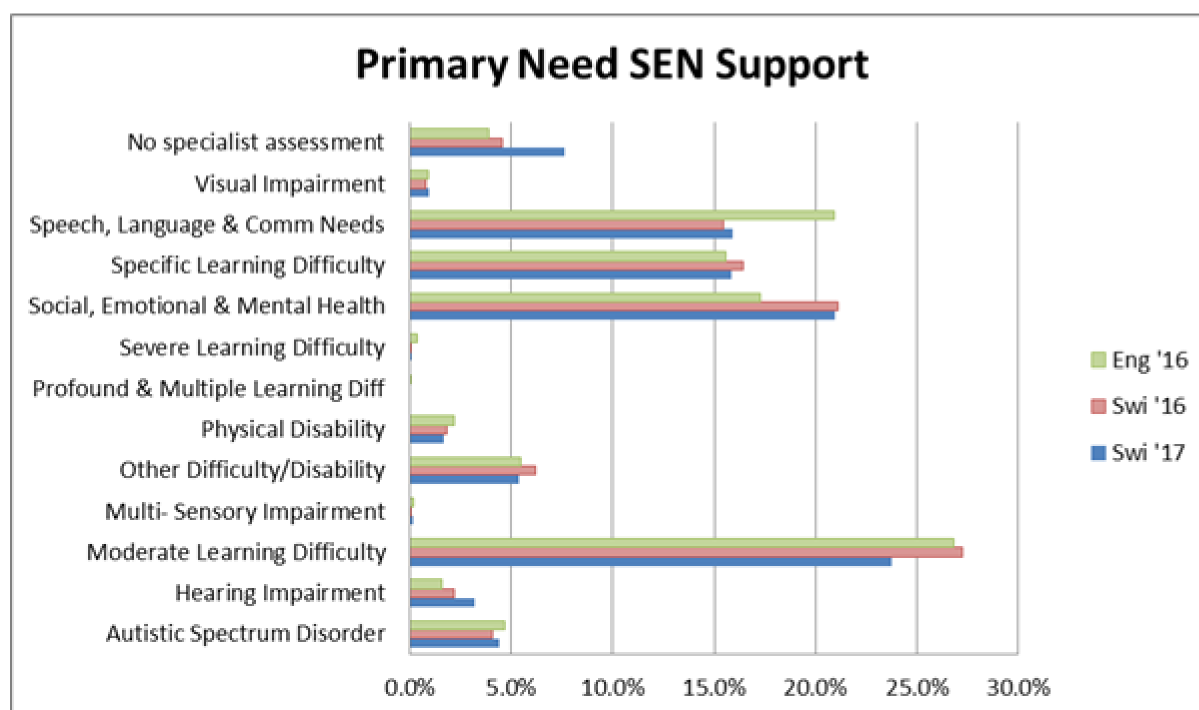


Table 15: Primary Need for SEN Support

SEN Support	Swindon 2017	Swindon 2016	England 2016
Autistic Spectrum Disorder	4.4%	4.1%	4.7%
Hearing Impairment	3.2%	2.2%	1.6%
Moderate Learning Difficulty	23.7%	27.3%	26.8%
Multi- Sensory Impairment	0.2%	0.1%	0.2%
Other Difficulty/Disability	5.4%	6.2%	5.5%
Physical Disability	1.7%	1.8%	2.2%
Profound & Multiple Learning Diff	0.0%	0.0%	0.1%
Severe Learning Difficulty	0.1%	0.0%	0.4%
Social, Emotional & Mental Health	21.0%	21.1%	17.3%
Specific Learning Difficulty	15.8%	16.4%	15.6%
Speech, Language & Comm Needs	15.9%	15.4%	20.9%
Visual Impairment	0.9%	0.8%	0.9%
No specialist assessment	7.6%	4.6%	3.9%

The January 2016 School Census data for students with an EHC Plan or Statement shows that there is an under representation of students with a primary need of Autistic Spectrum Disorder. However the 2017 data for Swindon shows students with a primary need of ASD is 29.8% of the school population which represents a 5.8% increase in this primary need in Swindon since January 2016. National comparator data will be available at the end of July 2017.

In January 2016 Swindon students with a primary need of Social, Emotional and Mental Health was 17.4% compared to an England average of 12.3%. In January 2017 this had reduced to 15.9% of the school population in Swindon.

In 2016 students with a primary need Speech, Language and Communication needs was over represented with 19.9% compared to a national average of 14%. In 2017 this figure has reduced to 10.9% in Swindon.

In 2016 Swindon broadly reflects the England picture in other areas of need.

Figure 23: Primary Need for EHC Plan/Statement

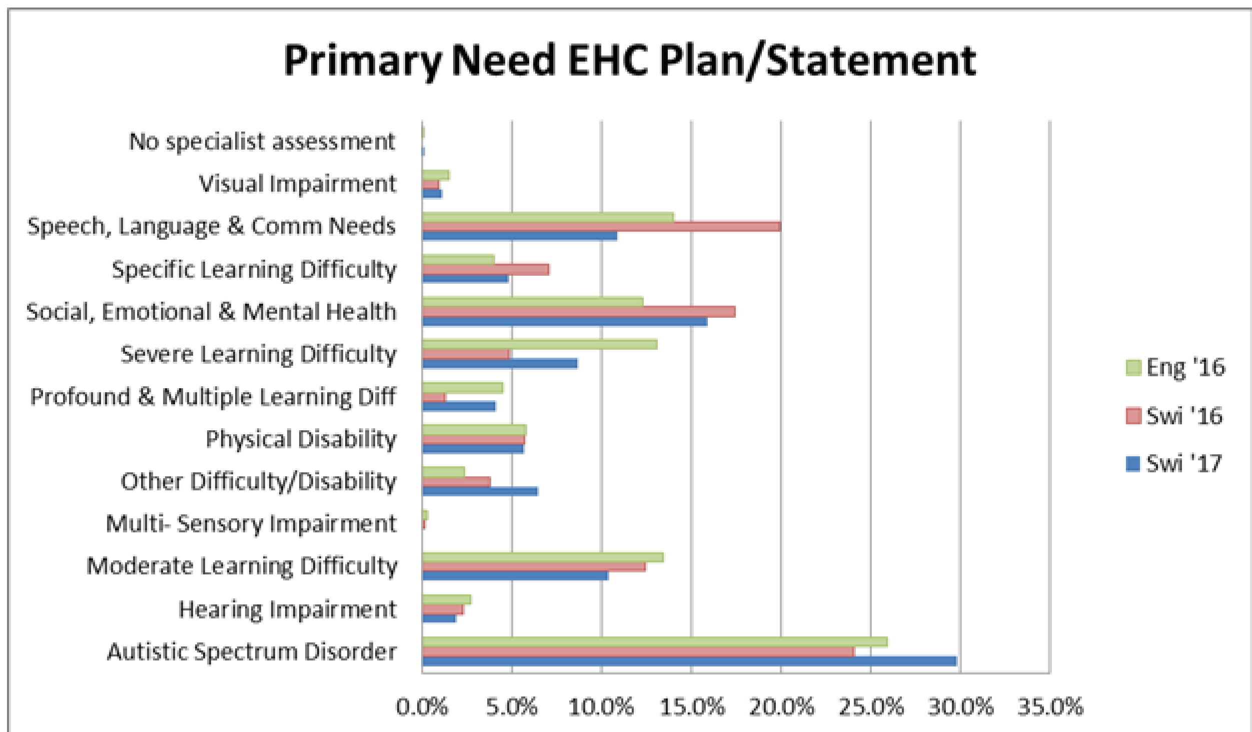


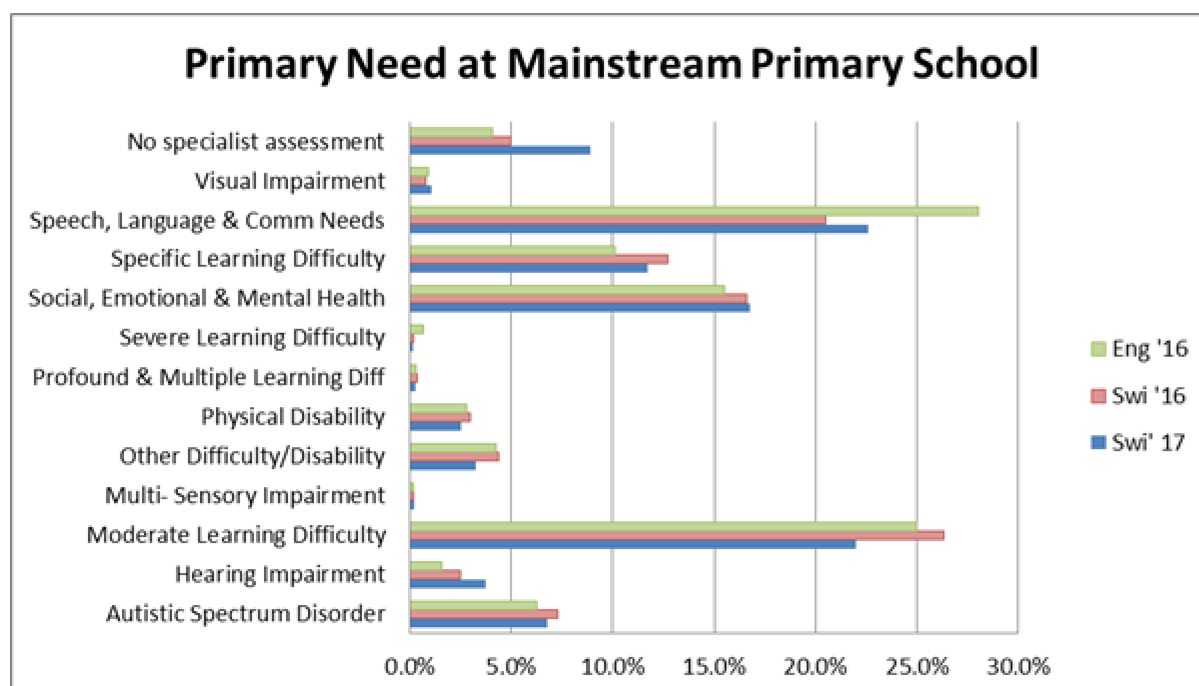
Table 16: Primary Need for EHC Plan/Statement

EHCP/ Statement	Swindon 2017	Swindon 2016	England 2016
Autistic Spectrum Disorder	29.8%	24.1%	25.9%
Hearing Impairment	1.9%	2.3%	2.7%
Moderate Learning Difficulty	10.4%	12.4%	13.4%
Multi- Sensory Impairment	0.1%	0.1%	0.3%
Other Difficulty/Disability	6.5%	3.8%	2.4%
Physical Disability	5.7%	5.7%	5.8%
Profound & Multiple Learning Diff	4.1%	1.3%	4.5%
Severe Learning Difficulty	8.7%	4.9%	13.1%
Social, Emotional & Mental Health	15.9%	17.4%	12.3%
Specific Learning Difficulty	4.8%	7.0%	4.0%
Speech, Language & Comm Needs	10.9%	19.9%	14.0%
Visual Impairment	1.1%	0.9%	1.5%
No specialist assessment	0.2%	0.0%	0.1%

Primary Need and Educational Provision

The January 2017 School Census shows the primary need breakdown of the SEND population at mainstream primary school. The largest primary need group at mainstream primary school is speech, language and communication difficulties 22.6% an increase from 2016 however this is 3% below the national average in 2016.

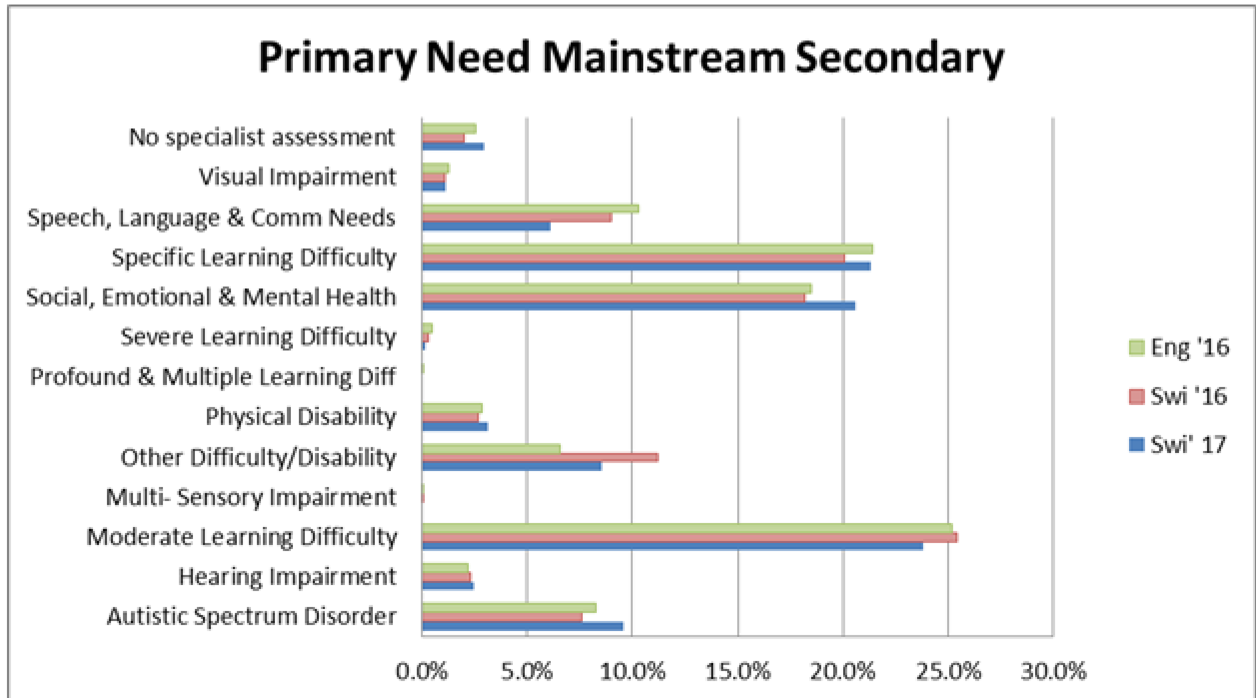
Figure 24: Primary Need at Mainstream Primary School



In mainstream secondary school the January 2017 school census identified that that the most common primary need is moderate learning difficulty (23.8%) this is slightly

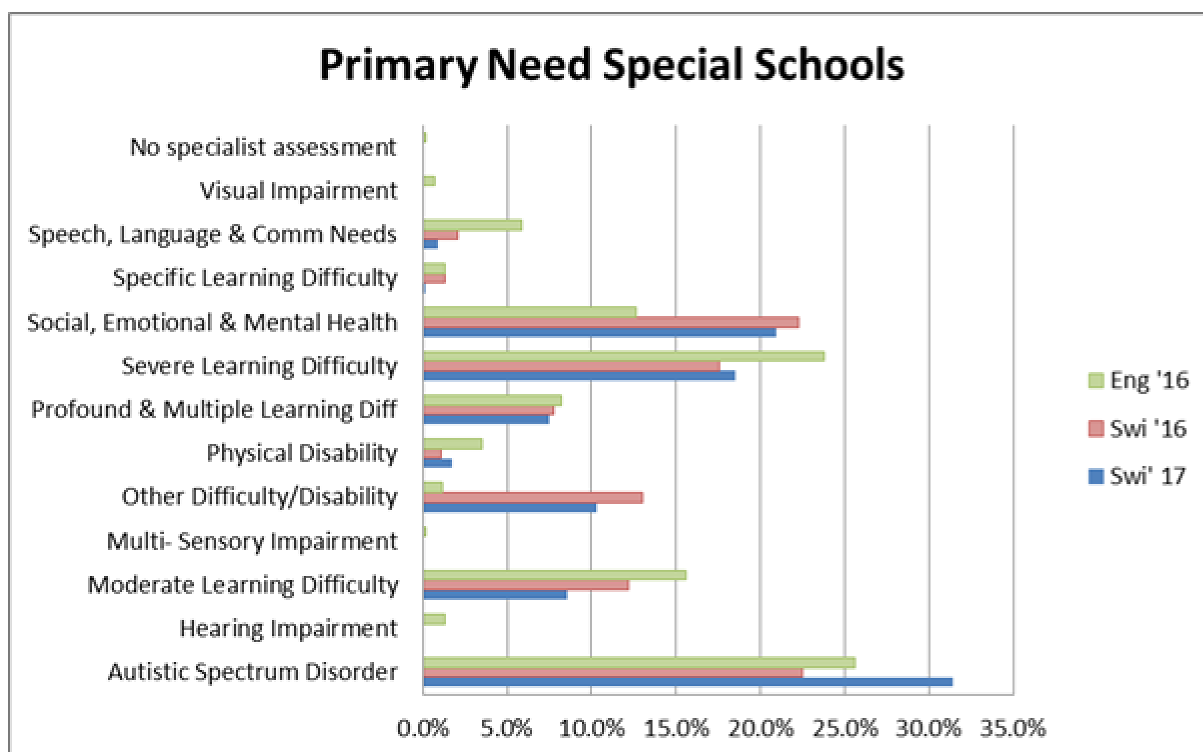
below the national average, specific learning difficulty (21.3%) in line with national average and social, emotional and mental health (20.6%) 2.1% above national average. It is also noteworthy that Autistic Spectrum Disorder has increased by 2% in 2017 and is 1.3% above the national average.

Figure 25: Primary Need at Mainstream Secondary School



The school census shows the primary need of the special school population. The most common primary need in specialist provision in Swindon is Autistic Spectrum Disorder (31.4%) this is 5.8% above the national average and represents an increase from 2016 of 8.9%. Social, emotional and mental health represents 20.9% of the special school population. This is 8.3% above the national average but a slight reduction on the proportion from 2016.

Figure 26: Primary Need at Special Schools



SEN Provision 0-25

Data from the SEN 2 survey demonstrates the educational provision children and young people with an EHC Plan or Statement are currently attending in Swindon and nationally.

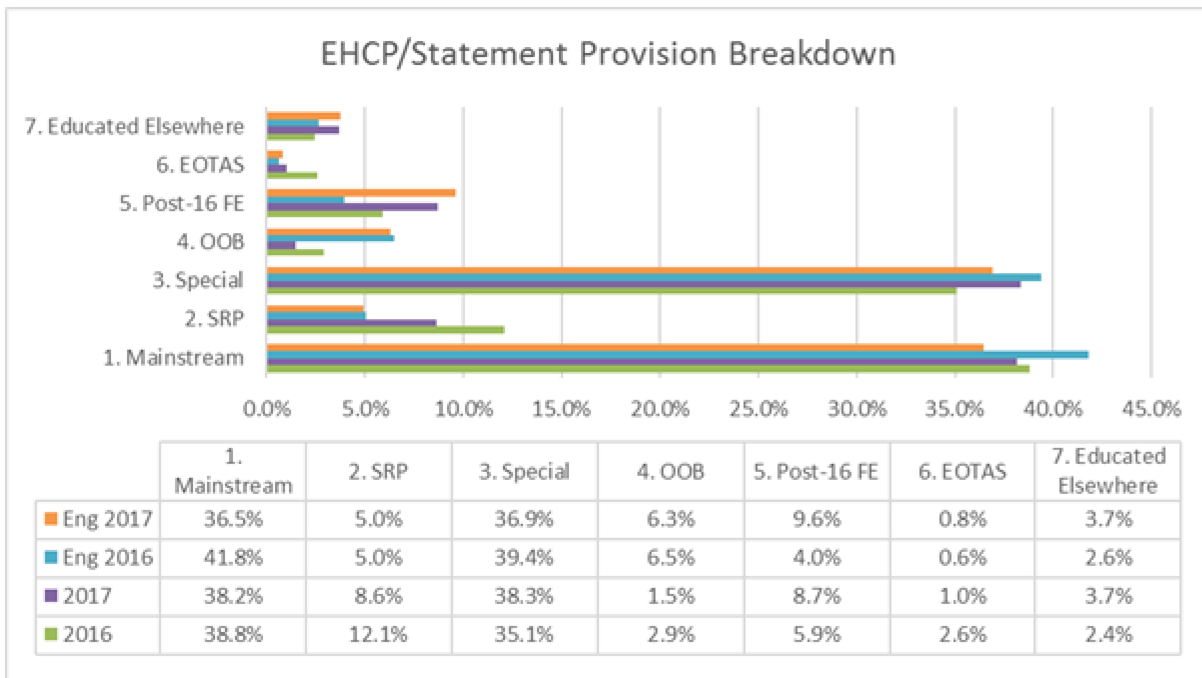
38.2% of the pupils with EHC plans and Statements attend mainstream school provision which is higher than the national average of 36.5%.

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

Compared to many local areas 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.

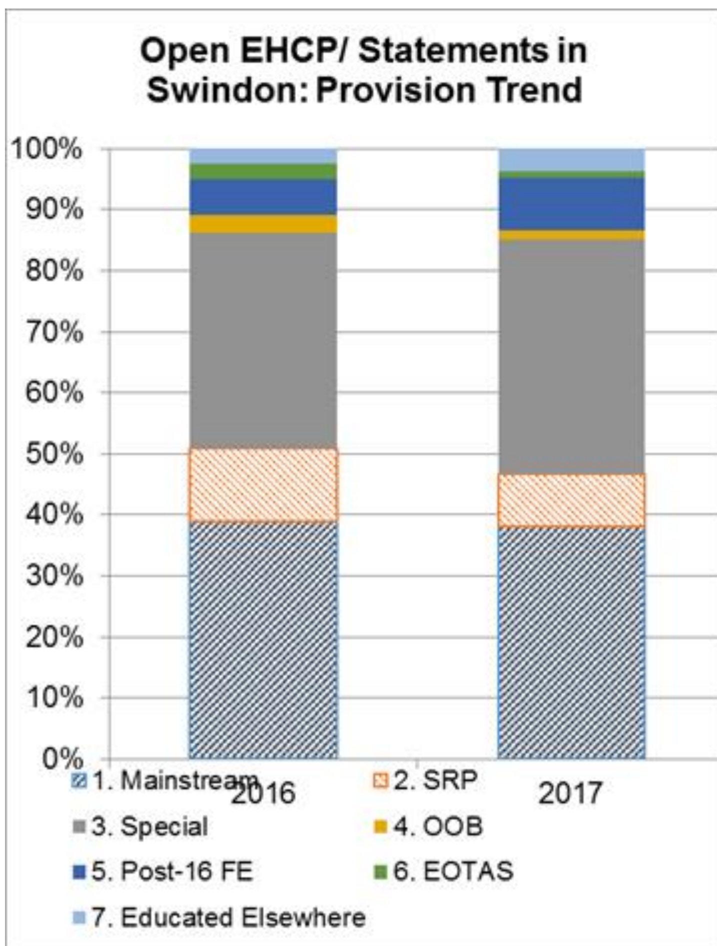
The trend is that the number at specialist provision is increasing, although there has been a reduction in SRP in January 2017. Students educated at independent specialist provision outside of the borough has reduced to 1.5% and is significantly below the national average of 6.3%.

Figure 27: SEN2: EHCP/Statement Provision



	1. Mainstream	2. SRP	3. Special	4. OOB	5. Post-16 FE	6. EOTAS	7. Educated Elsewhere
Eng 2017	36.5%	5.0%	36.9%	6.3%	9.6%	0.8%	3.7%
Eng 2016	41.8%	5.0%	39.4%	6.5%	4.0%	0.6%	2.6%
2017	38.2%	8.6%	38.3%	1.5%	8.7%	1.0%	3.7%
2016	38.8%	12.1%	35.1%	2.9%	5.9%	2.6%	2.4%

Figure 28: SEN2: Open EHCP/Statements Provision Trend 2016-2017



Children in Care

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%.

However, the proportion of looked after children and young people with SEN (68.7%) was higher than national (57.3%) and statistical neighbour (56.5%) and regional (64.3%) in 2016.

Table 17: Children in Care and SEN

		2015			2016		
		SEN All	SEN Support	EHCP/ Statmnt	SEN All	SEN Support	EHCP/ Statmnt
Proportion of CIN as at 31/03 with SEN	**Swindon**	50.0%	30.8%	19.2%	48.3 %	29.8%	18.5%
	Stat Neigh	49.6%	25.6%	24.8%	44.8 %	22.4%	22.4%
	South West	52.2%	27.0%	25.2%	51.1 %	29.3%	21.8%
	England	49.8%	28.2%	21.6%	46.7 %	26.0%	20.7%
Proportion of CLA as at 31/03 with SEN	**Swindon**	70.3%	35.1%	35.1%	68.7 %	36.5%	32.2%
	Stat Neigh	59.8%	30.8%	29.2%	56.5 %	28.1%	28.1%
	South West	67.9%	34.3%	33.6%	64.8 %	32.3%	32.6%
	England	60.5%	32.9%	27.6%	57.3 %	30.4%	27.0%

Outcomes for SEND children and young people

Key Stage 2

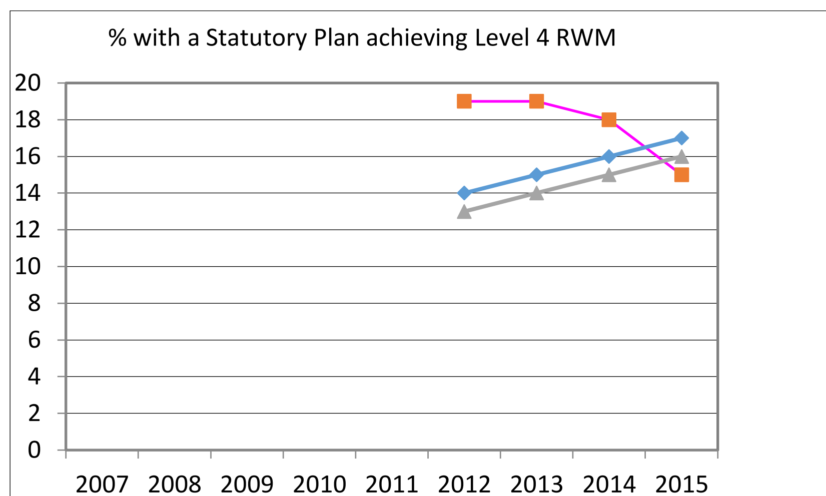
Achievement and progress at the end of KS2 for pupils with SEND improved consistently and was above national benchmarks up to 2013/14 and 2014/15. However the percentage of children and young people with a statutory plan that achieved Level 4 including RWM fell below national and regional benchmarks in 2015 for the first time:

- The proportion of pupils with SEND making expected progress in reading increased by 3% in 2013-14 from the previous year (when it was broadly in line with national benchmarks). Similarly the proportion of pupils with a statement of SEN making expected progress in reading also rose by 3% in 2013-14 (having previously been broadly in line with national benchmarks).

- The proportion of pupils with SEND making expected progress in maths increased by 5% in 2013-14, having previously been broadly in line with

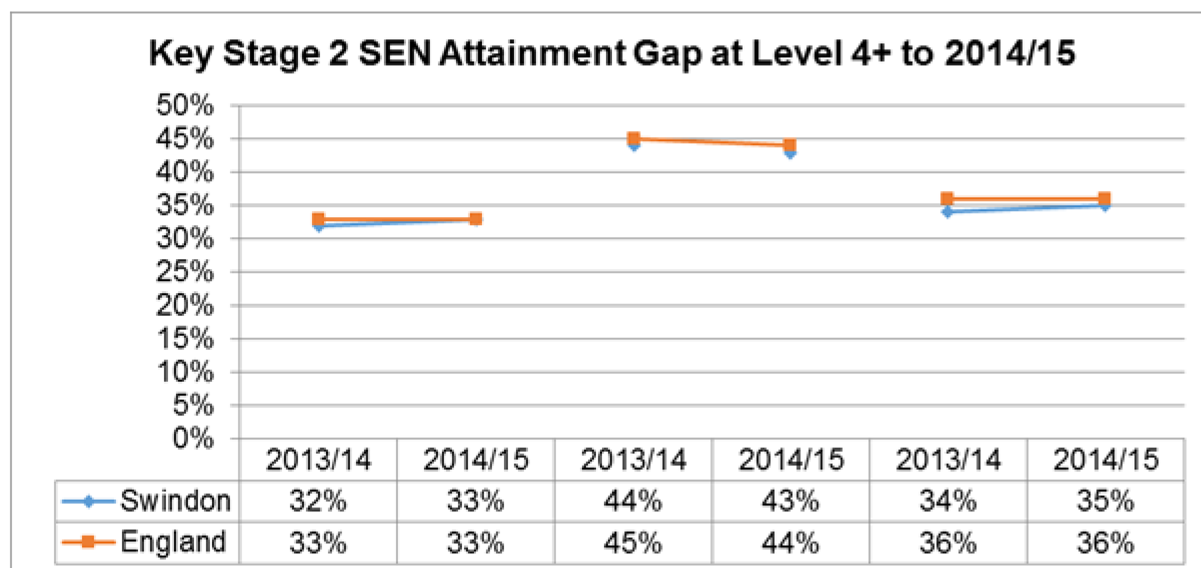
national benchmarks. Over the same period, the proportion of pupils with a statement that made expected progress in maths rose by 11%, having also previously been broadly in line with national benchmarks.

Figure 29: % with a Statutory Plan achieving Level 4 RWM



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%). This is broadly in line with national average. Level 4+ in writing has reduced to 43% and is 1% below the national average.

Figure 30: Key Stage 2 SEN attainment gap at Level 4+, Swindon and England



	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
Swindon	32%	33%	44%	43%	34%	35%
England	33%	33%	45%	44%	36%	36%

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 of SEND.

The proportion of pupils with SEND (with and without a statutory plan) that achieved at 5 A*-C GCSE, including English and maths, falls consistently below national benchmarks – an exception being 2012-13 when 36% of children and young people with SEND but without a statutory plan achieved the benchmark standard compared

to 27% nationally. See figure 31. In 2015/16 21% of the SEND population got A*-C in English and maths, this is a 6% improvement on 2014/15, however 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.

Figure 31: Attainment: 5+ A*-C including English and Maths

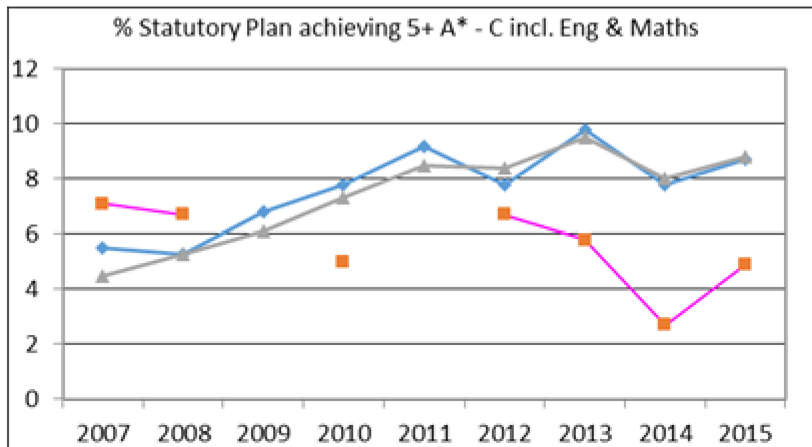


Figure 32 demonstrates the gap between SEND students and their non-SEND peers for A*-C English and Maths is 48% in 2014/15 and 2015/16. This is 2% above the national average. The SEN gap in Swindon at Key stage 4 has been stable since 2014/15 although it increased from 41% in 2013/14.

Figure 32: Key Stage 4 SEN Attainment Gap

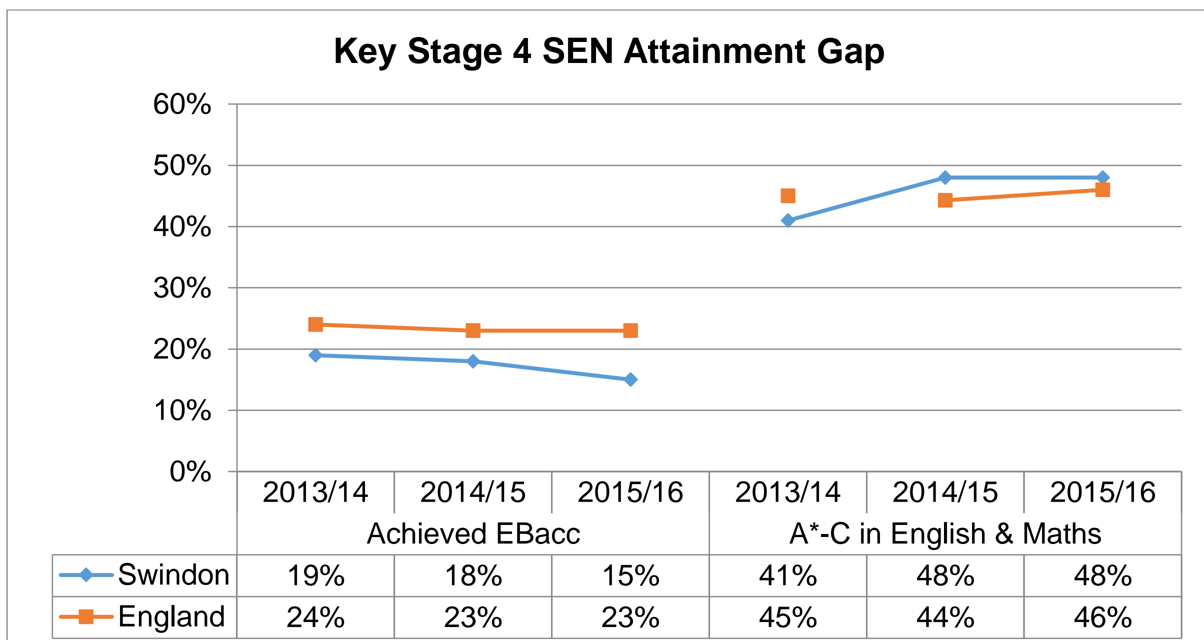
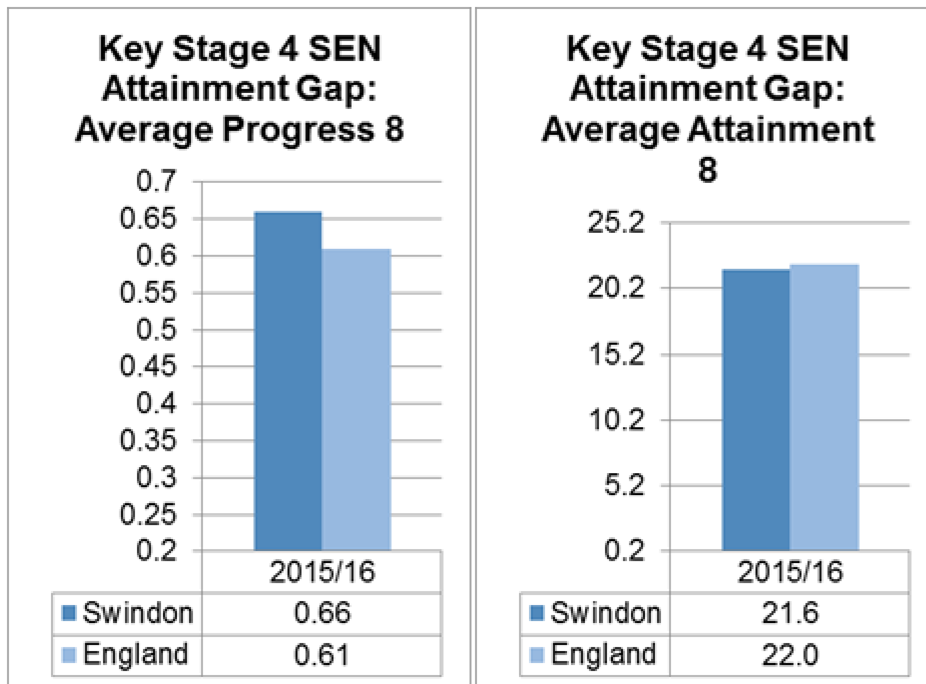
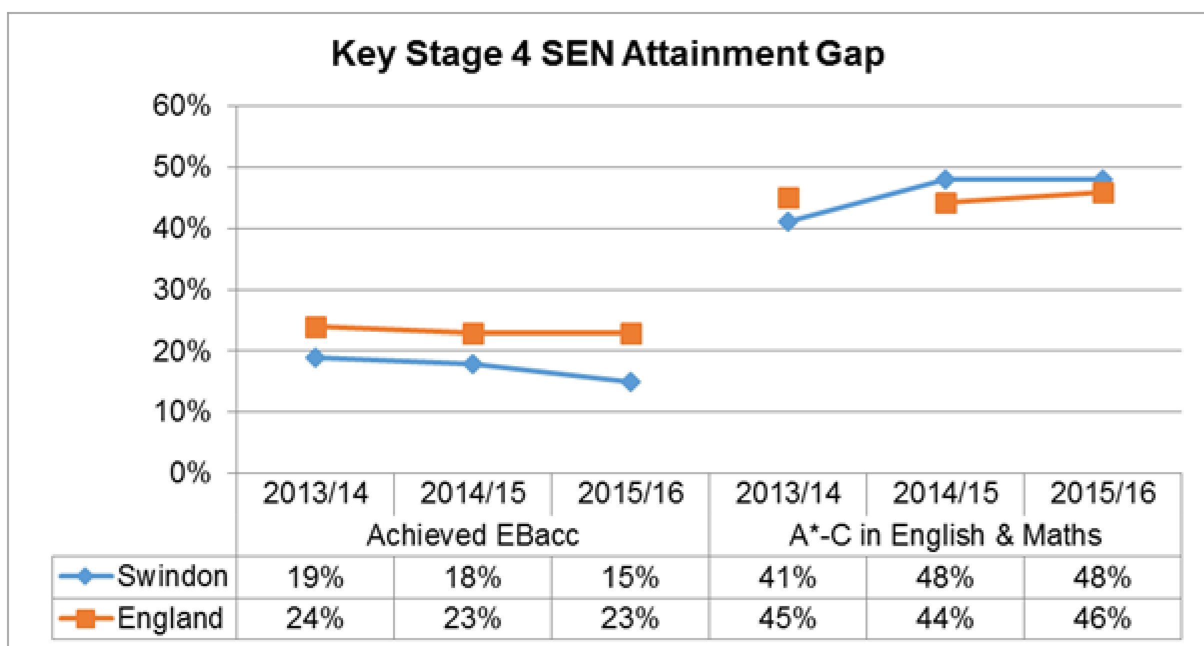


Figure 33: Key Stage 4 SEN attainment gap, Swindon and England



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 34: Key Stage 4 SEN attainment gap, Swindon and England



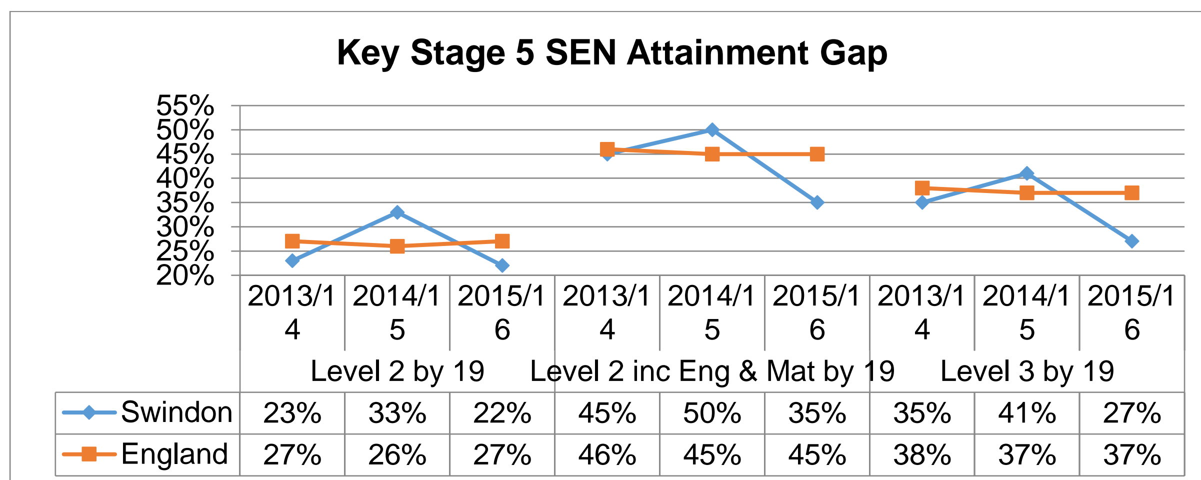
Post 16 achievement

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 has also been 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.

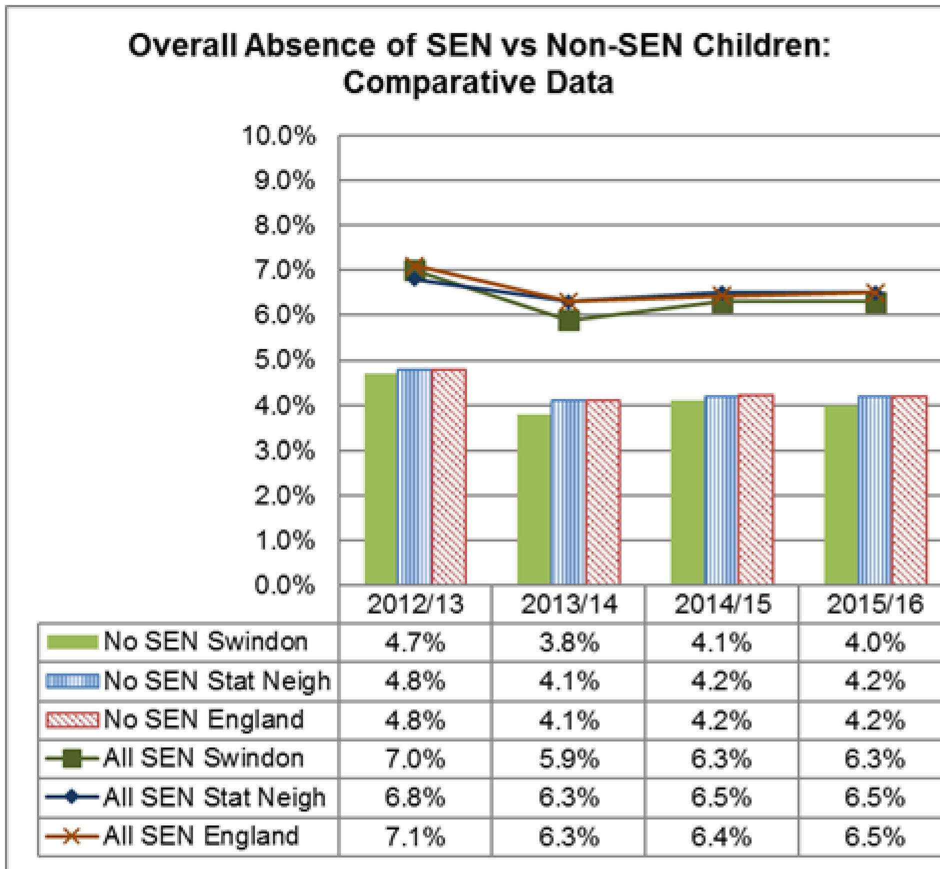
Figure 35: Key Stage 5 SEN attainment gap, Swindon and England



Attendance and Exclusions

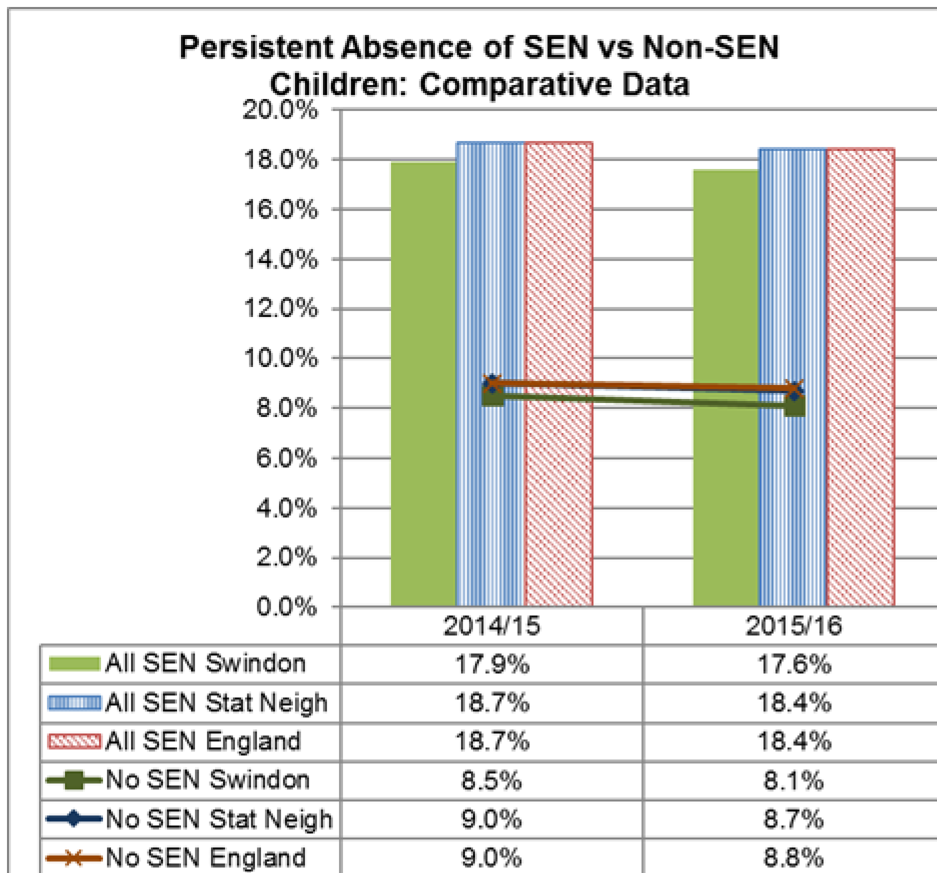
Overall, school attendance in Swindon is better than regional and national benchmarks, including for pupils with SEND. However, the picture is less positive for pupils with a statement or EHCP, who have consistently poorer school attendance than other pupils in Swindon and also in comparison to pupils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

Figure 36: Absences, SEN v Non-SEN children



	2012/13	2013/14	2014/15	2015/16
No SEN Swindon	4.7%	3.8%	4.1%	4.0%
No SEN Stat Neigh	4.8%	4.1%	4.2%	4.2%
No SEN England	4.8%	4.1%	4.2%	4.2%
All SEN Swindon	7.0%	5.9%	6.3%	6.3%
All SEN Stat Neigh	6.8%	6.3%	6.5%	6.5%
All SEN England	7.1%	6.3%	6.4%	6.5%

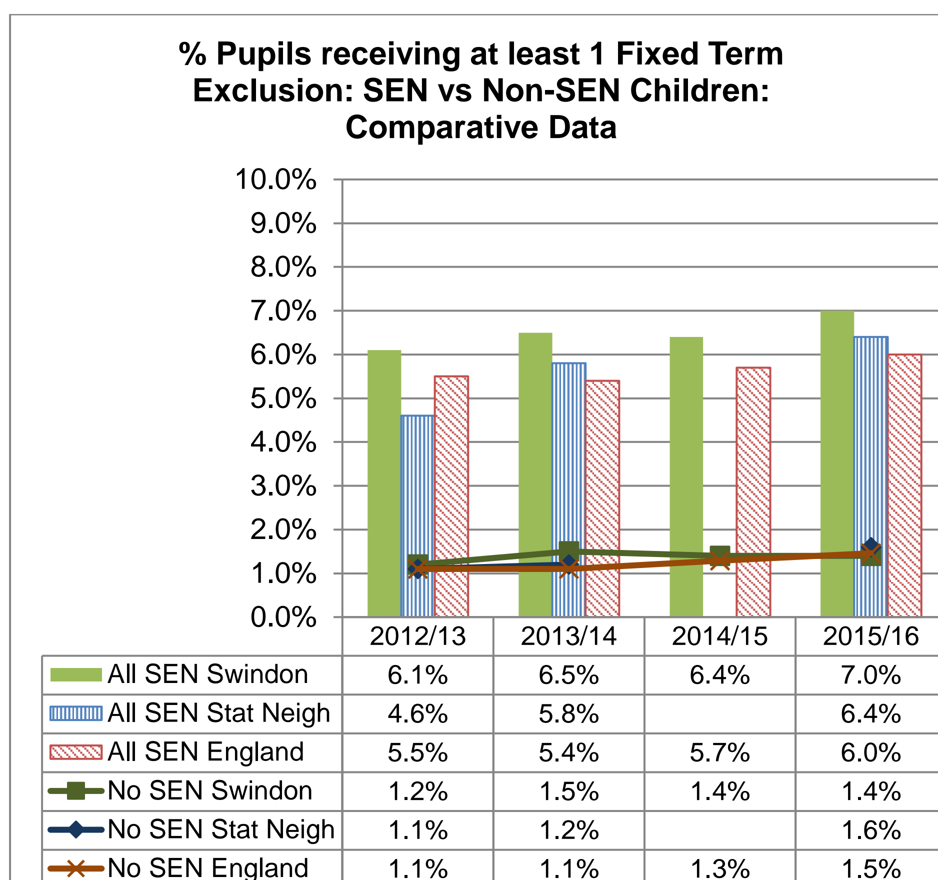
Figure 37: Persistent absence, SEN v Non-SEN children



	2014/15	2015/16
All SEN Swindon	17.9%	17.6%
All SEN Stat Neigh	18.7%	18.4%
All SEN England	18.7%	18.4%
No SEN Swindon	8.5%	8.1%
No SEN Stat Neigh	9.0%	8.7%
No SEN England	9.0%	8.8%

The proportion of pupils that are persistently absent from school has fallen each year since 2012 – including pupils with SEN – and is generally lower that 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.

Figure 38: Exclusions, SEN v Non-SEN children



	2012/13	2013/14	2014/15	2015/16
All SEN Swindon	6.1%	6.5%	6.4%	7.0%
All SEN Stat Neigh	4.6%	5.8%		6.4%
All SEN England	5.5%	5.4%	5.7%	6.0%
No SEN Swindon	1.2%	1.5%	1.4%	1.4%
No SEN Stat Neigh	1.1%	1.2%		1.6%
No SEN England	1.1%	1.1%	1.3%	1.5%

In 2015/16 non SEN pupils receiving at least one fixed term exclusion in Swindon is 0.5% lower than the national average, but has increased slightly since 2012/13. In 2015/16, 10.3% of pupils with an EHCP or Statement received at least one fixed term exclusion which is 4% above the national and regional average and is a concern for the local authority. Fixed term exclusions for pupils with SEN Support are in line with national and reginal average. Fixed term exclusions for all SEN pupils are 1% higher than the national average at 7% which represents a 0.9% increase from 2012/13.

Service provision

The Educational Psychology Service (EPS) provide educational psychological advice, support and assessment and have a specialist Educational Psychologist (EP) for the early years. Referrals to the EPS are received direct from pre-school/nursery settings, professionals (e.g. Health visitors, Speech and Language Therapists), and through the Swindon Early Support Pathway. The number of involvements from the EPS were 605 in 2016/17 which is an increase from 552 in 2015/16.

Table 18: EPS caseload

Measure	Q4 2015/16		Q4 16/17	
New Involvements in the year to date	552		605	
Number and % of activities in the year to date that are: Statutory Social Care	33	2%	54	3%
Statutory	943	51%	669	38%
Non-Statutory	862	47%	1041	51%

Source: Children's Early Help Quality Framework June 2017

There are two Early Years Consultants in Swindon who support 79 Private, Voluntary and Independent (PVI) early years settings, 5 children's centres and 19 maintained school nurseries. Part of their role includes acting as Area Special Educational Needs Co-ordinators (SENCO's) in providing advice and guidance to early years providers. Children with additional needs in early years settings are identified through graduated approach and all early years SENCO's in settings are trained to follow this process.

The number of individual children for whom the Early Years Consultants provided advice to facilitate early support increased from 88 in 2013/14 to 119 in 2014/15. Of these, approximately one fifth required specialist outreach work/provision due to complex learning needs.

Specialist commissioned services include:

- Advisory service for Visual Impairment - the service provides educational advice and support, to improve inclusive opportunities and educational outcomes for Swindon children and young people who have a visual impairment. Support is provided wherever appropriate in both mainstream and special schools as well as homes and pre-schools.

- ASC Advisory and outreach service – aim is to support schools and other educational settings to develop their capacity to meet the needs of children affected by social communication and interaction difficulty including autism.

- Advisory service for Hearing Impairment - aim is to support and maximise the learning opportunities of children in Swindon with a hearing loss. The team support children and young people in gaining the skills and knowledge they need to live a happy and fulfilling life through and beyond their years in education.

- Advisory Service for Assistive Technology - aim is to improve inclusive opportunities and educational outcomes for children and young people with Special Educational Needs who need Assistive Technology and/or Alternative and Augmentative Communication (AAC).

- Advisory Service for Dyslexia – Aim to support educational establishments to receive and have access to the training, skills, advice and support they require to feel confident and competent in achieving improved outcomes for children and young people with SpLD/Dyslexia.

- Advisory Service for Physical Disability - aims to improve provision, support and resources for Swindon Children and Young People who have a Physical Disability or Complex Medical need. Support is available for the student, their family and educational staff.

- The Nylands Outreach Team provides support of children with behaviour, emotional and social difficulties for children in early years' settings or primary school and provide some support to early years settings.

- Specialist early education settings for children with SEND are stretched and there are waiting lists for Koalas, Portage and Special Tots.

Graduated Response

The Early Help Record and Plan (EHRP) is the common process in Swindon for supporting children, young people and families with additional needs through early identification, swift intervention and a planned, coordinated response. Early Years settings have been producing an average of just over four EHRPs each month, more than other Early Years' services. For children with SEND the Early Help Record and Plan is the best practice framework to plan and monitor the graduated response to meeting the SEND needs of children and young people.

SEND Information, Advice and Support Service (SENDIASS) This service (formerly Swindon Parent Partnership Service) offers confidential and impartial support and advice to parents on all aspects of SEND.

SEND Provision Continuum

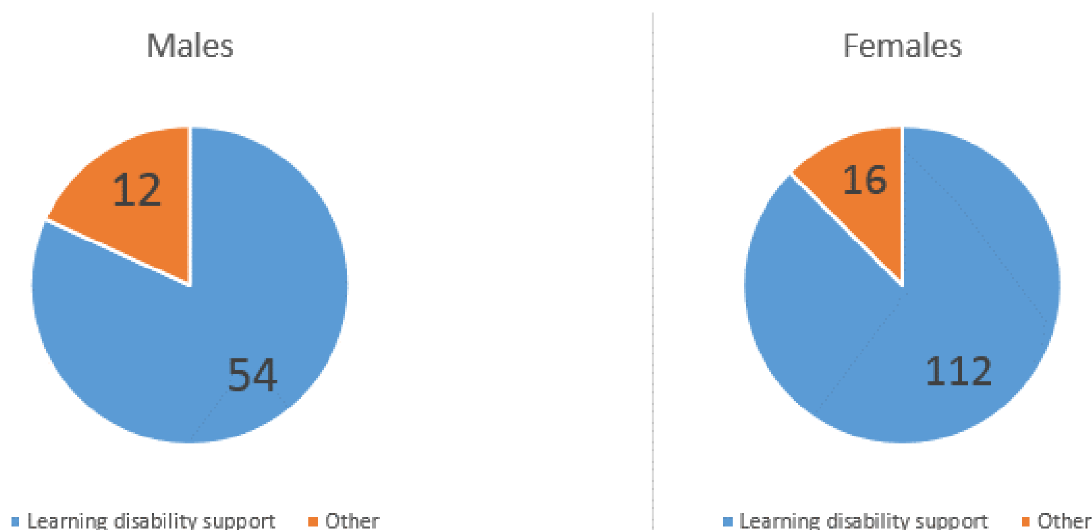
The SEND Continuum sets out the specialist provision in Swindon and the entry criteria. This is reviewed annually as part of the place planning and commissioning review.

Social care for children and young people with disabilities

Social care for people aged 18 to 25

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.

Figure 39: Primary support category for clients aged 18 to 25



Source: SBC, Social Care

The average weekly cost of supporting a learning disabilities client is around £500 and is less than the cost for mental health clients but greater than that for clients with physical health needs.

Seventeen people with learning disabilities or needing mental health support are in permanent residential care, which equates to 8.5% of the total number of people supported by the Council with this type of care. 142 out of 153 (93%) of learning disabilities clients (18 to 25) with long term services are in settled accommodation but less than 5 are in employment.

Just under half (45%) of clients aged 18 to 25 receive a personal budget or direct payment which is higher than for all social care clients overall (39%).

Pathways

There are a number of multi-agency pathways in Swindon for the assessment and support of children under-five who have identified additional needs:

- The Swindon Early Support Pathway (SESP) provides assessment and access to services for children who have additional needs in two or more spheres of medical, communication and physical needs. At the end of May 2015, 2.4% of the local population of under-fives (352 children) were known to the SESP, of which more than three quarters (77%) were aged two and above. This pathway uses the common assessment process in Swindon (the

Early Help Record and Plan - EHRP) for supporting children, young people and families with additional needs. Concerns have been identified during this JSNA about significant delays during the SESP assessment process.

- The ASC diagnostic pathway at Great Western Hospital is for children with social interaction and sensory difficulties. Referrals of under-fives from Swindon to this ASD pathway have been around 80 in each year and of these about 70% have an ASC diagnosis after assessment. Referrals to the pathway tend to start at about age 2 and increase with each year of age. Timeliness is an issue. In 2014/15, there were 83 under-fives from Swindon referred to the pathway, of whom more than 60% were still waiting to be seen in July 2015. This pathway is not part of the Swindon EHRP process.

- Oxford Health CAMHS Learning Disability Service provide ASC assessments for children with learning disabilities who are receiving support from the team.

- Children with requirements for a single service are referred directly to:

    - Community Paediatricians at GWH for medical needs;
    - Speech and Language Therapy (SaLT) for communication difficulties;
    - Paediatric therapy (physiotherapy/occupational therapy) for fine/gross motor difficulties;
    - Educational Psychology Service (EPS) for educational psychological advice, support and assessment.

Each of these services may later refer a child on to a multi-agency pathways such as the Early Support Pathway.

Health care for children and young people with disabilities

Hospital admissions for epilepsy, cerebral palsy and learning disabilities

Epilepsy

There were between 40 and 50 admissions to hospital in the 0-24 age range for epilepsy in each of the three years from 2014/15 to 2016/17. However, when admissions of young people with epilepsy for any reason are counted the numbers are higher, as table 19 shows.

Table 19: Hospital admissions for young people with epilepsy in Swindon.

Age	2014/15	2015/16	2016/17
00 - 04	27	14	27
05 - 09	50	61	58
10 - 14	15	32	38
15 - 19	38	41	43
20 - 24	31	29	46
Total	161	177	212

Source: SUS data courtesy of NHS Swindon CCG
Note: ICD10 G40 (primary and all secondary diagnosis fields)

Admissions for young people with epilepsy peaked in the 5-9 age group for males and the 15 to 19 age group for females. The same was true for the limited number of admissions for epilepsy. There were similar numbers of admissions for males and females.

Cerebral Palsy

There were around 10 admissions to hospital in the 0-24 age range for cerebral palsy in each of the three years from 2014/15 to 2016/17. However, when admissions of young people with cerebral palsy for any reason are counted the numbers are higher, as table 20 shows.

Table 20: Hospital admissions for young people with cerebral palsy in Swindon.

Age	2014/15 – 2016/17
00 - 04	37
05 - 09	69
10 - 14	60
15 - 19	51
20 - 24	22
Total	239

Source: SUS data courtesy of NHS Swindon CCG
Note: ICD10 G80 (primary and all secondary diagnosis fields)

Admissions for young people with cerebral palsy peaked in the 5-9 age group for males and the 10 to 14 age group for females. There were similar numbers of admissions for males and females.

Learning disabilities

The situation regarding coding of hospital admissions involving learning disabilities is complex and explained in detailed in a briefing from Public Health England.[22] In summary, the recommended ICD10 codes to use are F70-F79 but because of how these are described in this international system hospital coders in the UK often use codes F81 and F819 when these are not designed for this purpose.

In Swindon, in the three years from 2014/15 to 2016/17 a total of 36 admissions for young people (0-24) were recorded for learning disabilities using the recommended codes. However, 203 admissions using the un-advised codes were recorded and it is likely that the majority of these do relate to learning disabilities. The vast majority of admissions were for young people with learning disabilities and not because learning disabilities was the primary reasons for the admission.

Table 21: Hospital admissions for young people with learning disabilities in Swindon, 2014/15 to 2016/17

Age	Female	Male	Persons
00 - 04	7	14	21
05 - 09	16	42	58
10 - 14	18	19	37
15 - 19	42	33	75
20 - 24	27	21	48
Total	110	129	229

Source: SUS data courtesy of NHS Swindon CCG
Note: ICD10 F70-F79, F81 (primary and all secondary diagnosis fields)

Speech and Language[23]

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. This had decreased slightly to 2,338 by December 2016.

There has been a 191% 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). This has led to increased waiting times for assessment and diagnosis of ASD for children and young people from an average of 10 weeks in 2012/13 to 20 weeks in 2014/15. The latest figures show there were 162 children and young people on the average caseload in September 2016.

[22] Have you got a learning disability? Asking the question and recording the answer for NHS healthcare providers.
https://www.improvinghealthandlives.org.uk/publications/1145/Have_you_got_a_learning_disability?_Asking_the_question_and_recording_the__answer_for_NHS_healthcare_providers
[23] Community Speech and Language additional investment proposal, Swindon CCG, 27/11/2016.

In February 2017, there were 72 children and young people waiting to be seen on the ASD diagnostic pathway. The average waiting time is 22 weeks. The average SLT referrals for ASD for 2016 was 7.6 referrals per month.

In Speech and Language Therapy capacity in the ASD caseload has been full since 2015/16. In order to manage this, the specialist ASD caseloads now take only the higher need and more specialist cases. Cases deemed to be less complex remain on clinic caseloads and this is part of the reason for the pressure in the mainstream clinic caseloads. This cohort of children requires more complex assessments and need more intervention for a longer period. Managing this work further reduces the capacity to manage increasing demand in the core clinic service. As reported in June 2017 the waiting time for a specialist ASD assessment is 30-32 weeks.

Referrals from both health visiting and early years' services are increasing as the two year review becomes integrated and embedded in these services and as more two year olds access a preschool setting. This is continuing to increase the pre-school caseloads across Swindon. Waiting times in some locality preschool clinics are exceeding the agreed 13 week waiting time and have reached 20 weeks at times during 2015. The target of offering an initial assessment within 13 weeks was achieved in 2014/2015 with an overall rate of 81% of cases seen within 13 weeks. However as this referral rate continues to steadily increase, the number of referrals seen within 13 weeks has dropped to 56.5% in the first two quarters of 2016/17. Specific pressure is seen in the ASD diagnostic and treatment caseloads and the core clinic therapy service.

Capacity to deliver intensive therapy is reduced due to the overall increase in the number of children requiring therapy. One of the results of this is seen in a longer average duration of care with the service before a successful outcome is achieved for the child or young person. In March 2015 the average duration of an episode of care had increased by 20% over the previous year. More intensive blocks of therapy could result in improved outcomes sooner and therefore earlier discharge for children and young people from the service.

Delivering Education Health Care Plan (EHCP) assessment contributions within the turnaround time of six weeks is impacting on the time available to deliver therapy and this will increase in 2015/2016 and 2016/17 as more conversions are completed for children on current Special Educational Needs (SEN) statements to EHCP's.

In order to manage the pressures to date the service has taken a number of steps to ensure most effective use of resources. This includes:

- Establishing an Early Language Support Pathway to manage referrals and initial support and help for preschool children.

- The service provides training prevention and teaching packages in preschool settings, for the health visiting service and in schools to build capacity in settings to deliver interventions to promote speech, language and communication development for children without requiring direct speech and language therapy interventions.

Paediatric therapy[24]

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.

Given the nature of the cohort of children and young people the service works with a relatively steady caseload number would be expected. However, the service saw an increase in the children and young people receiving care of 10.5% from 980 at the end of June 2015 to 1,083 in June 2016 (1,032 at the end of December 2016). The average caseload per whole time equivalent post (wte) was 85 in September 2016 a reduction from 108 in March 2016 and 119 in September 2015. These caseloads are higher than would be recommended and recruiting to the vacant and new posts will help to reduce caseloads. The nature of the caseload is changing with specific pressures in the following areas:

- Occupational therapy waiting times for assessments for children with ASD have increased significantly since 2014/15 and the average waiting time in March 2017 was 16.4 weeks against a target of assessing 80% of children within 13 weeks. 56 children and young people were waiting to be seen. The average waiting time for occupational therapy is 6-7 weeks and 5-6 weeks for physiotherapy overall. Children and young people with ASD now make up around half of the caseload.

- The ASD pathway waiting time is now 39-40 weeks (9 months). The number of referrals received for ASD is outlined below:

    - Total referrals in Jan ‘14- Dec ‘14 = 47
    - Total referrals in Jan ‘15- Dec ‘15 = 74
    - Total referrals in Jan ‘16- Dec ‘16 = 82

  The overall increase from 2014 to 2016 was 74% which is the cause of the pressure in the service area.

Delivering EHCP assessments within the target time of six weeks is impacting on the time available to deliver therapy and this pressure increased in 2015/2016 and 2016/17 as more for children on current SEN statements have these converted to EHCPs. Final EHCPs should be delivered within a target time of 20 weeks.

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

[24] Paediatric Therapy Service, additional investment proposal, 28/11/2016.

service delivery. Interestingly the pressure around ASD referrals is also reflected within the speech and language therapy service pressures. The level of additional resource required is now higher than it was in 2015/16 as the number of referrals continues to increase and the overall waiting time has gone from 20-22 weeks to 39-40 weeks.

Learning Difficulty CAMHS

Neurodevelopmental assessment pathway

When a young person is open to CAMHS and there are concerns around a possible diagnosis of ASD or ADHD a neurodevelopmental assessment will be offered. Following discussions with the Paediatricians in the Complex cases forum, young people with a very complex presentation may also be assessed in CAMHS.

The referral rate for these assessments fluctuate but have continue to be requested at the same rate over the past 2 years. Currently Community CAMHS run a full day clinic every week and the wait for an assessment is 9 months (31 young people currently waiting). LD CAMHS complete 1 assessment each month and the wait is 8 months (8 young people currently waiting). All young people will continue to receive any required appropriate CAMHS intervention whilst they are waiting an assessment.

LD CAMHS

Over the last five years, LD CAMHS have maintained a caseload between 125 and 140 young people with a learning disability. Average referrals are 6 a month (fluctuating between 2 and 10). The length of time in treatment is very varied. A young person may be referred in with a very specific difficulty, and following treatment, may have good outcomes and discharged within 6 to 9 months with the option of referring themselves back in within a year. Others may be referred with very complex ongoing difficulties which may mean they receive a service from the team for much longer - although appropriate discharge plans are always considered. The team use GOAL measures with families to set targets and measure outcomes.

Trends

There appears to have been an increase in the number of referrals for children with ASD or LD under the age of 5. This is likely to be as a result of the closure in a number of children services resource centres.

Unmet needs

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.

Complex and Continuing Health Care[25]

Complex care service

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

[25] Children's Complex and Continuing Health Care Key Performance Indicators Report 2016/17 – Q4

schools and other settings to allow children to engage, enjoy and achieve in family life, social activities and at school. The service works in close partnership with the children's community outreach nursing service provided by the Great Western Hospital (GWH) and with the specialist school nurse based in one of the special schools provided by Oxford Health.

There were 38 children and young people receiving complex care support in March 2017. Some of these children also have commissioned continuing care packages.

Continuing Health Care Service

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.

There were 12 agreed continuing care packages in March 2017.

Trends

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

Service provision

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.

Koalas, Portage and Special Tots are jointly managed and based at Saltway and referrals are predominantly through the Swindon Early Support Pathway. Koalas Swindon Opportunity Group is a registered charity which provides a service to children with complex health care needs, Down syndrome, ASC, speech and language delay, physical disability, and learning disability and their families. Koalas provide a pre-school for 40 children.

Special Tots is a pre-school group for children who have additional needs and their families. This includes children with social interaction and communication difficulties and those who have a diagnosis of Autistic Spectrum Condition.

Swindon Portage provides a home visiting programme for a child with complex needs who is either receiving multi professional input or is likely to require it before they start school.

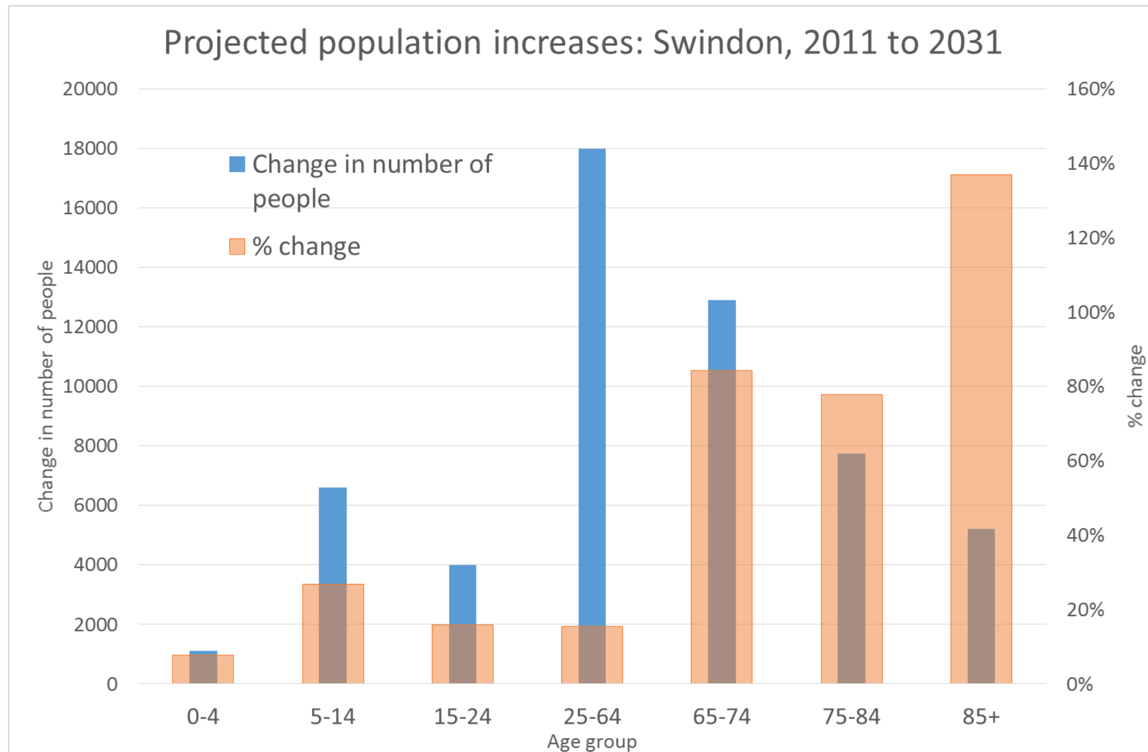
Early Bird is a licensed programme for parents whose child has received a diagnosis of an autism spectrum disorder (ASD) and is of pre-school age (not yet of statutory school age). The programme aims to support parents to facilitate their child's social communication and appropriate behaviour. Early Bird is a 3 month programme involving eight 2½ hour group sessions and 5 home visits. Over the two year period up to May 2015, four Early Bird courses were delivered in Swindon to 24 families. In 2015, Children's Centre have been trained to provide Early Bird courses.

Future projections

Population projections

Between 2011 and 2031, the 0-24 year old population in Swindon is projected to increase from 64,142 to 75,915 (18.4%). Over the same period, the 5 to 19 population (roughly school age) is projected to grow from 37,204 to 45,969 (23.6%).

Figure 40: Projected population increases: Swindon, 2011 to 2031



Source: Swindon Borough Council policy-led population projections, 2014

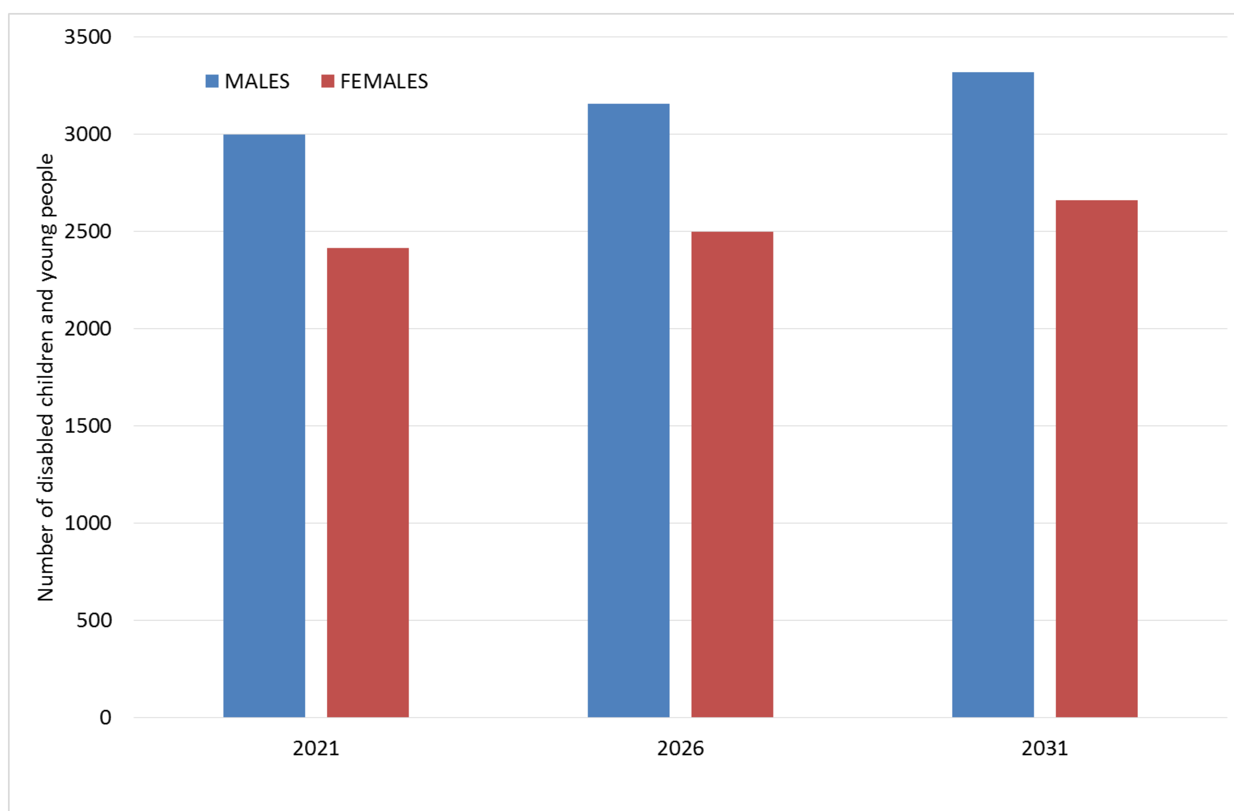
Projections are taken from Swindon Borough Council policy led projections, based on population numbers from 2011. These take into account local policy such as housing strategy when being calculated. The levelling out of the numbers in 2031 related to a lower number of houses being built than in the previous years as Swindon's housing targets go up to the year 2026.

The Office for National Statistics (ONS) has estimated Swindon's total population will increase by 18.2% from 2014 to 2039. This is higher than for England overall (16.5%) and the South West (16.4%). For those under 25 Swindon's numbers are projected to increase by 11.8% over the same period compared to 9.6% for England and 10.9% for the South West.

Children with a disability

Based on prevalence data from the Family Resources survey, the total number of disabled children and young people (0-24 years) in Swindon was estimated at 5,001 in 2015. Using these prevalences and the SBC population projections, the number of disabled children and young people in future years has been forecast.

Figure 41: Disability prevalence from Family Resources Survey, applied to Swindon projections



Source: Swindon Borough Council policy-led population projections, 2014 & Family Resources Survey

Table 22: Disability prevalence from the Family Resources Survey by age and gender

Age	2021			2026			2031		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
0-4	233	222	455	238	226	463	235	223	459
5-9	701	371	1072	720	379	1099	732	384	1116
10-14	834	490	1324	865	511	1375	887	521	1408
15-19	631	623	1254	740	736	1476	767	768	1534
20-24	599	709	1309	592	647	1240	695	763	1458
0-24	**2998**	**2415**	**5413**	**3155**	**2498**	**5653**	**3316**	**2659**	**5975**

Source: Swindon Borough Council policy-led population projections, 2014 & Family Resources Survey

The overall number of children and young people with a disability is projected to grow by almost 1,000 (20%) between 2015 and 2031.

User Views

DfE Parent and Young Persons Survey[26] Findings

The DfE completed a survey of over 13,000 parents and young people who received an EHC plan in 2015. The questionnaire, sent in 2016, asked respondents for their views on different aspects of the EHC needs assessment process and the impact of their EHC plan. The report provides results for different groups at the national level and robust local results are available for around two thirds of local authorities. The report conveys positive messages overall and also indicates the parts of the EHC process that local areas may wish to develop further in terms of service users' satisfaction.

There were 56 responses from Swindon parents or young people. 62% agreed that the EHCP will achieve outcomes but 8% disagreed.

45% agreed that getting an EHCP was a positive experience and 11% disagreed. Over half (54%) thought that Health and Support in EHCP will help child achieve what they want in life and 12% disagreed. 72% were satisfied with whole experience of getting an EHCP but19% were not satisfied.

Poet Survey Findings – Practitioners

Well over three quarters of practitioners said that Education Health and Care Plans had 'always or mostly' helped them work in partnership with parents/carers. More than three quarters of practitioners said that Education Health and Care Plans had 'always or mostly' helped them in two other areas of their work: putting children at the centre of their planning and understanding the needs of children in the context of their home, family and school. More than half of practitioners said that Education Health and Care Plans had helped them 'always or mostly' in their work over the last year in all of the seven areas asked about.

Well over three quarters of practitioners said that Education Health and Care Plans helped children 'mostly or always' with taking part in school and learning slightly more than respondents from other parts of England. More than two thirds of practitioners said that Education Health and Care Plans helped children 'mostly or always' think about and prepare for the future - slightly more than respondents from other parts of England.

Less than a quarter of practitioners aid that Education Health and Care Plans 'rarely or never' helped children be as fit and healthy as they can be, less than respondents from other parts of England. A quarter of practitioners said that Education Health and Care Plans 'rarely or never' helped children be part of their local community - slightly more than respondents from other parts of England

[26] https://www.gov.uk/government/publications/education-health-and-care-plans-parents-and-young-people-survey

Figure 42: How practitioners feel about the Education Health and Care planning process

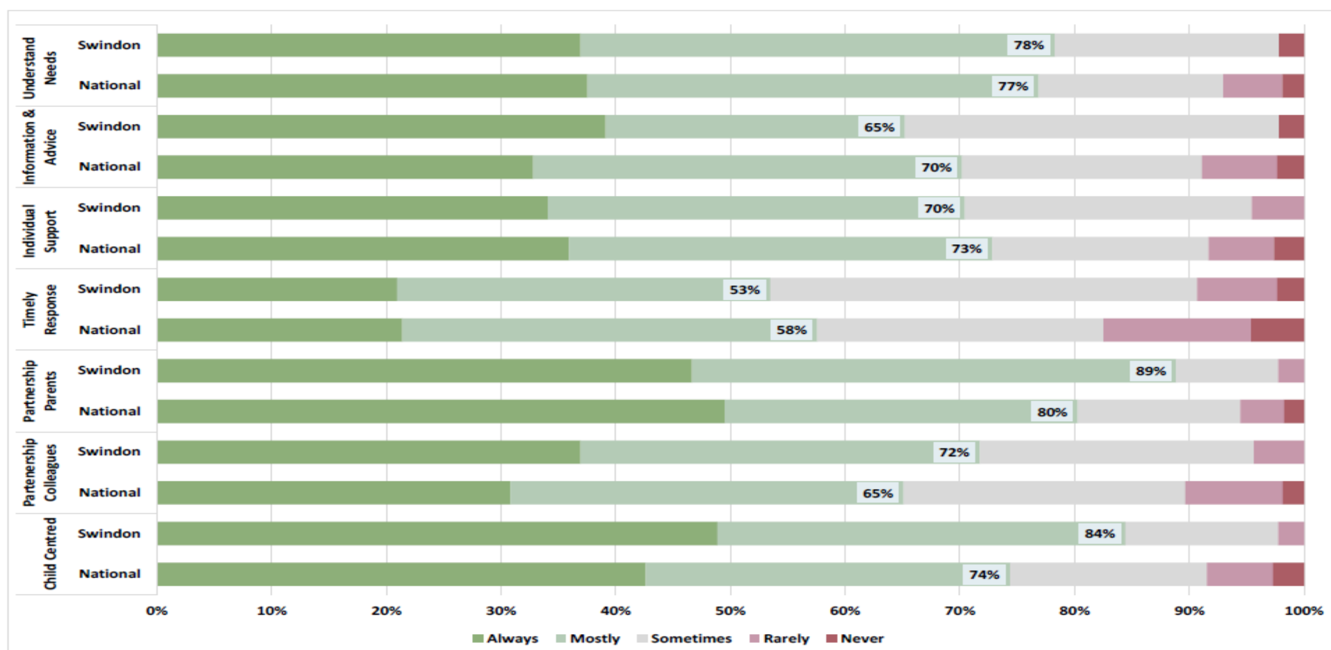
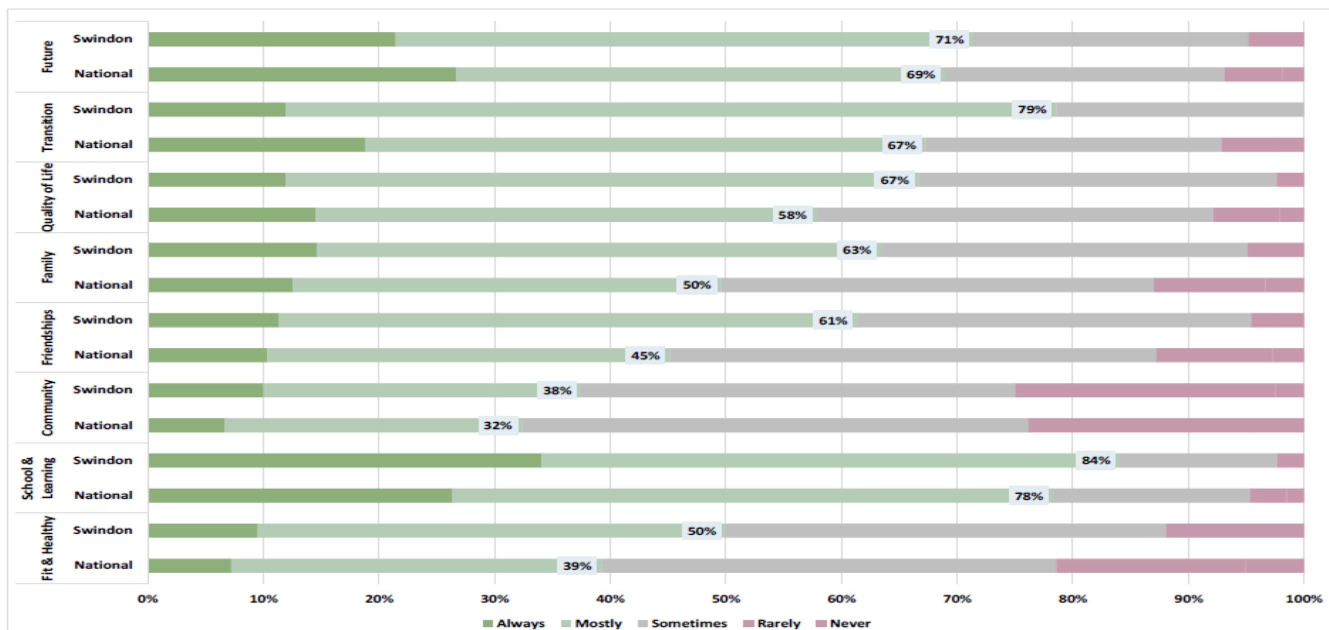


Figure 43: How helpful do practitioners think EHCPs are to the children they work with



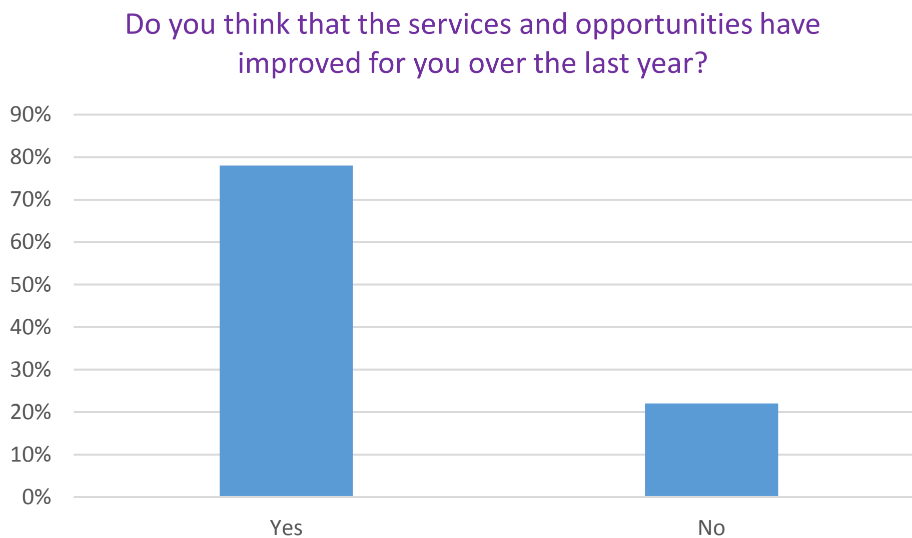
'You Tell Us' Survey – Children and Young People Findings May 2016

Following a very low response rate to the young people's POET survey in 2015 an alternative questionnaire was devised by young people in May 2016. 132 responses were received, 40% from under 11's and 40% from 14-16 year olds. 33% of respondents were female and 67% male. Only 25% had heard about the SEND reforms and 28% had heard about My Care My Support (the local offer in Swindon). 52% said they felt involved in decisions about their future and 78% felt services and opportunities had improved over the last year.

The survey will be repeated annually in order to compare responses over time. Further detailed work will now take place through focus groups to explore some of the responses and gain a richer picture of young people's views.

Figure 44: Involvement in decisions

Figure 45: Improvements in service and opportunities



Recommendations

JOINT COMMISSIONING PRIORITIES

- 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 5.8% 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.

- Speech, Language and Communication 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. 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.

- Social, Emotional and Mental Health Difficulties – Students with a primary need of Social, Emotional and Mental Health (SEMH) is 15.9% of the school population. 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 you ng people with SEMH should be a joint commissioning priority for the LA and the CCG.

- 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.

- 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

- 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.

- 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

- 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.

- 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.