

Warrington

Joint Strategic Needs Assessment (JSNA)

Children and young people with Special Educational Needs and Disabilities (SEND)

2017

Executive summary

The focus of this chapter is children and young people with special educational needs and/or disabilities (SEND) and has been informed by legislation, national policy, research and local intelligence, including quantitative data collected as part of the Department for Education's (DfE's) Special Educational Needs (SEN) statistical release.

Key findings, issues and gaps

The number of pupils with a classification of special educational needs and disabilities (SEND) in Warrington is reducing; this is a pattern that is also seen nationally. However, spend relating to SEND has been increasing year on year. The percentage of all pupils with an EHC plan in Warrington (3.4%) is statistically higher than England (2.8%).

The most common primary needs for pupils with SEND is moderate learning difficulty (4% of all pupils identified with this primary need) followed by social, emotional and mental health and speech language and communication needs (each with 2.4% of all pupils identified with this primary need). A similar pattern is also seen nationally, however Warrington has higher than expected numbers of pupils with a moderate learning difficulty (nationally 3.1% of all pupils are identified with this primary need). It has been identified that there was a substantial increase of 28% between 2015 and 2016 in the number of pupils with a classification of moderate learning difficulty in Warrington.

There are insufficient places to meet current and expected need within designated provision or special schools in Warrington to meet the needs of pupils with an EHC plan. The consequence is that a number of pupils are being placed out of area for their education. The sufficiency finding is also reflected with out of school provision (breakfast, after school and holiday club provision) for pupils with SEND.

In Warrington outcomes for SEN pupils in Key Stage 2 (ages 10 and 11) are slightly better than national and regional performance. However, wide gaps exist at Key Stage 1 (ages 6 and 7) in Warrington when compared to national and regional performance. This is due to a lower proportion of SEN pupils meeting the expected standard in the teacher assessments whilst a greater proportion of non-SEN pupils met the expected standard.

Positively for post 16 children there have been substantial increases in the percentage of pupils with identified SEN achieving Level 2 and Level 3 qualifications between 2006 and 2016 both nationally and locally, with a doubling of the percentage achieving Level 2 (67.2% during 2016 compared to 32% during 2006) and a greater increase for Level 3 (31.7% during 2016 compared to 12% during 2006).

The number of children and young people in Warrington with an EHCP has increased gradually since the introduction in 2014 (local authorities must maintain a Statement or EHC plan for children and young people aged 0 to 25 years). The number of new assessments and subsequent new EHC plans have also increased substantially, again this is a pattern seen regionally and nationally. However, spend per child/young person with a Statement or EHC plan in Warrington is low when compared to similar local authorities.

The proportion/rate of children and young people with EHC plans are highest in the more deprived areas of Warrington; this pattern is also observed when analysing the rate of disability living allowance (DLA) claimants aged 0 to 24 years. This finding is not unique to Warrington and national literature has demonstrated that children and young people from deprived social backgrounds are at increased risk of SEND.

Other groups of children and young people were found to have a higher prevalence of SEN support or EHC plans issued when compared to the whole pupil population. These include children in care and children and young people in contact with the youth justice service.

In Warrington and nationally, children and young people with SEND are more likely to have a higher absence rate from school and were more likely to be categorised as a persistent absentee.

During the calendar year 2016, there were no mediation or tribunal cases held in Warrington. Warrington was one of a small number of local authorities across the North West where no mediation or tribunal cases were held.

Funding for SEND Information, Advice and Support Service (SENDIASS) will cease in 2020.

At present (July 2017) limited information about the number of children and young people receiving health care is available from Bridgewater Community Healthcare NHS Foundation Trust; the Trust are currently updating all electronic health records to include diagnosis coding. Once this information has been recorded, it is recommended that information should be shared with Warrington Clinical Commissioning Group (CCG) and Warrington Council to identify if all eligible children and young people are receiving the care they require.

Where SEND children and young people require health services, health outcomes are more often measured on an individual basis, rather than as a group/cohort. This is mainly due to SEND children and young people having varied individual health needs requiring differing levels of support and having personalised goals dependant on their desired outcomes. This makes creating aggregate outcome measures more challenging but not impossible for some outcomes or conditions.

Opportunities for improvement and/or commissioning

As at August 2017, a market position statement and commissioning strategy are being developed to identify and support opportunities for commissioning, based on the findings from this JSNA chapter it is suggested that the following recommendations are considered within these documents.

- Based on the increasing number of EHC Plans and reducing number of children on SEN Support explore options to manage demand for services
- Develop the local offer to meet the increasing number of children and young people with EHC Plans and a primary need of ASD
- Identify children with SEND at the earliest opportunity to support better forecasting for school places and planning for other provision
- Of those who responded to the short breaks survey indicated that there needed to be more short breaks provision for parents including outreach support
- Develop sufficient childcare, holiday provision, before and after school clubs to account for new demand in the system and to meet the statutory changes which have introduced 30 hours free childcare
- Develop appropriate (local) post 16 – 25 provision so that young people have access to opportunities near home and are not travelling out of area
- Ensure that there are effective performance management arrangements for identifying need and monitoring performance of SEND across the health economy
- Review the responsibilities of the Designated Medical Officer (DMO)/ Designated Clinical Officer (DCO) and ensure that the key duties are addressed.

1) Introduction

1.1) Definition of Special Educational Needs and Disability (SEND)

1.1.1) Special Educational Needs

Under part 3, section 20 of the Children and Families Act 2014 (Children and Families Act, 2014), a child or young person is defined as having Special Education Needs (SEN) as set out below. This applies to all children and young people from birth to the age of 25 years.

- 1) A child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her.
- 2) A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
 - a. has a significantly greater difficulty in learning than the majority of others of the same age; or
 - b. has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.
- 3) A child under compulsory school age has a learning difficulty or disability if he or she is likely to be within subsection (2) when of compulsory school age (or would be likely, if no special educational provision were made).
- 4) A child or young person does not have a learning difficulty or disability solely because the language (or form of language) in which he or she is or will be taught is different from a language (or form of language) which is or has been spoken at home.

1.1.2) Disabilities

Under the Equality Act 2010 (Equality Act, 2010) a disability is described as a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. 'Long-term' is defined as one year or more and 'substantial' is defined as more than minor or trivial (Equality Act, 2010).

The definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN.

Under the SEND Code of Practice 2014 (Department for Education and Department of Health, 2014) if a disabled child or young person requires special educational provision they are categorised by the SEN definition.

1.2) Statutory framework

The provisions set out in the Children and Families Act 2014 have introduced major reforms to the previous statutory framework for identifying children and young people with SEND, assessing their needs and making provision for them and local authorities are now required to:

- a) Keep local provision for children and young people with SEND under review.
- b) Cooperate with their partners to plan and commission provision for those children and young people with SEND and publish clear information on services parents can expect to be available.
- c) Convert the existing Statements and establish new Education, Health and Care plans (EHC plans) for children and young people up to the age of 25 years. The provisions also place a new requirement on health commissioners to deliver the health care services specified in plans.
- d) Take into consideration the preference of parents and carers for the school or further education setting they wish their child to attend. This includes academy schools, further

education colleges and sixth form colleges, non-maintained special schools and independent special schools and independent specialist colleges.

- e) Give parents, carers and young people greater control over the way their support is provided through involvement with local authorities in reviewing services and through the option of using personal budgets to commission their own support and services.
- f) Consider mediation as a way to resolve disagreements without the need for tribunal appeals wherever possible. The right to appeal a decision made by the local authority has also been extended to young people in education and training (including further education) and for young people to make appeals to the tribunal themselves, rather than it having to be through their parent or carer.

In addition, the previous 'School Action' and 'School Action Plus' categories were replaced by a new category 'SEN support'. It was expected that all transfers to this category took place during the 2014/15 academic year (Department for Education, 2016a).

Pupils with special educational needs are currently provided with one of the following:

SEN Support

Extra or different help is given from that provided as part of the school's usual curriculum. The class teacher and special educational needs co-ordinator (SENCO) may receive advice or support from outside specialists. The pupil does not have a statement or education, health and care plan.

Statement of special educational needs (statement) or Education, Health and Care (EHC) Plan

A pupil has a statement or EHC plan when a formal assessment has been made. A document is in place that sets out the child's need and the extra help they should receive (Department for Education, 2016a).

The special educational needs and disability code of practice: 0 to 25 years (Department for Education and Department of Health, 2015) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.

The special educational needs and disability: supporting local and national accountability (Department for Education, 2015a) provides a framework to monitor improved outcomes and experiences for children, young people and their families; show how the SEND system is performing; hold partners to account and to support self-improvement.

2) Who is at risk and why?

The following section has been sourced from the Houses of Parliament Postnote Number 450 December 2013 (Houses of Parliament, 2013).

A child from any background may be assessed as having special educational needs (SEN); however researchers believe that there are certain genetic and environmental factors which are likely to increase the risk of certain learning difficulties and/or disabilities developing (Houses of Parliament, 2013).

2.1) Pre- and Perinatal Factors

"Certain biological and environmental factors during pregnancy and shortly after birth increase the risk of children developing conditions classed as SEN. Some disorders result from genetic mutations during foetal development, such as Down's syndrome. Environmental factors, such as maternal

alcohol and drug use in pregnancy can lead to conditions such as Foetal Alcohol Spectrum Disorder (FASD), which results in SEN” (pp2, Houses of Parliament, 2013).

“Premature birth is another significant risk factor that is suggested to account, in part, for the increase in children with Complex Learning Difficulties and Disabilities. Babies are classified as premature if they are born before 37 weeks of gestation. The number of babies born before 25 weeks of gestation who survived increased by 13% between 1995 and 2006. Prematurity is linked to impaired brain development. The more premature a baby is, the more likely he or she is to develop SEN. The risk of developing SEN increases substantially for babies born before 32 weeks although all those born prematurely are at greater risk. These children are typically placed in school year groups according to their actual birthday rather than their expected due date which may exacerbate their risk of developing SEN, particularly for those born in summer” (pp2, Houses of Parliament, 2013).

2.2) Social Background

“Research indicates that children from deprived social backgrounds have an increased risk of being identified with SEN. Eligibility for free school meals is often used as a proxy measure for deprivation and children eligible for them are more likely to have SEN. Parents’ educational attainment is also relevant. Children whose mothers have a degree are less likely to develop SEN” (pp2, Houses of Parliament, 2013).

2.3) Gender

“Boys are twice as likely as girls to receive support for SEN. Research shows that several learning difficulties, such as autism, are more common in boys. However, it has been suggested that in some cases this may be due to girls’ needs being less obvious since they are less likely to display poor behaviour compared with boys” (pp2, (Houses of Parliament, 2013).

2.4) Ethnicity

“Ethnicity is related to the likelihood of a child being identified with SEN, even when social background is accounted for, although not as strongly as poverty or gender. In addition, the type of SEN varies with ethnicity. An analysis of the 2005 School Census found that, for example, pupils of Asian heritage were less likely to be identified as having autism spectrum disorder than White British pupils. It is not known what drives these differences, but cultural factors could contribute, which may lead to varied levels of take up of interventions or greater difficulties in identification” (pp2, (Houses of Parliament, 2013).

2.5) Prevalence of SEND

The following section looks at the prevalence of SEND nationally, information has been grouped into the same categories that the Department of Education use when presenting information by primary need of the child. As at January 2016 1,228,785 children with SEN were known to schools in England; this is approximately 14.4% of all children (Department for Education, 2016a).

“Across all schools, the number of pupils with special educational needs has fallen from 1,301,445 in 2015 to 1,228,785 in 2016. 14.4% of pupils had special educational needs in 2016, a fall from 15.4% in 2015. This reduction is due to the decline in the number and percentage of pupils with special educational needs without a statement or EHC plan. This has declined in each of the past six years, falling from 18.3% of pupils in 2010 to 11.6% in 2016” (pp4, Department for Education, 2016a).

“236,805 pupils have a statement or EHC plan. This is an increase of 640 since 2015, but remains equal to 2.8% of the total pupil population. The percentage of pupils with statement or EHC plans has remained constant since 2007” (pp4, Department for Education, 2016a).

“Moderate Learning Difficulty remains the most common primary type of need overall. 24.2% of pupils with special educational needs have this primary type of need. This percentage has increased since last year, from 23.8%. Moderate Learning Difficulty is also the most common type of need for pupils on SEN support; 26.8% of pupils on SEN support had this primary type of need. Autistic Spectrum Disorder (ASD) remains the most common primary type of need for pupils with a statement or EHC plan, with 25.9% of pupils with a statement or EHC plan had this primary type of need. This has increased slightly from 24.5% in 2015” (pp5, Department for Education, 2016a).

“Special educational needs remain more prevalent in boys than girls. 14.7% of boys are on SEN support compared to 8.2% of girls. This is a reduction from last year when 16.0% of boys and 9.2% of girls were on SEN support. 4.0% of boys have a statement or EHC plan compared to 1.5% girls. This has fallen slightly from 4.1% boys and 1.6% girls in 2015” (pp7, Department for Education, 2016a).

“Pupils with special educational needs remain more likely to be eligible for free school meals. 27.2% of pupils with special educational needs are eligible for free school meals compared to 12.1% of pupils without special educational needs. Pupils with statements or EHC plans are more likely to be eligible for free school meals than pupils on SEN support (31.5% compared to 26.2%)” (pp8, Department for Education, 2016a).

Further detailed information about SEN in England can be sourced [here](#).

Chart 1: Trend in the percentage of pupils with special educational needs, England

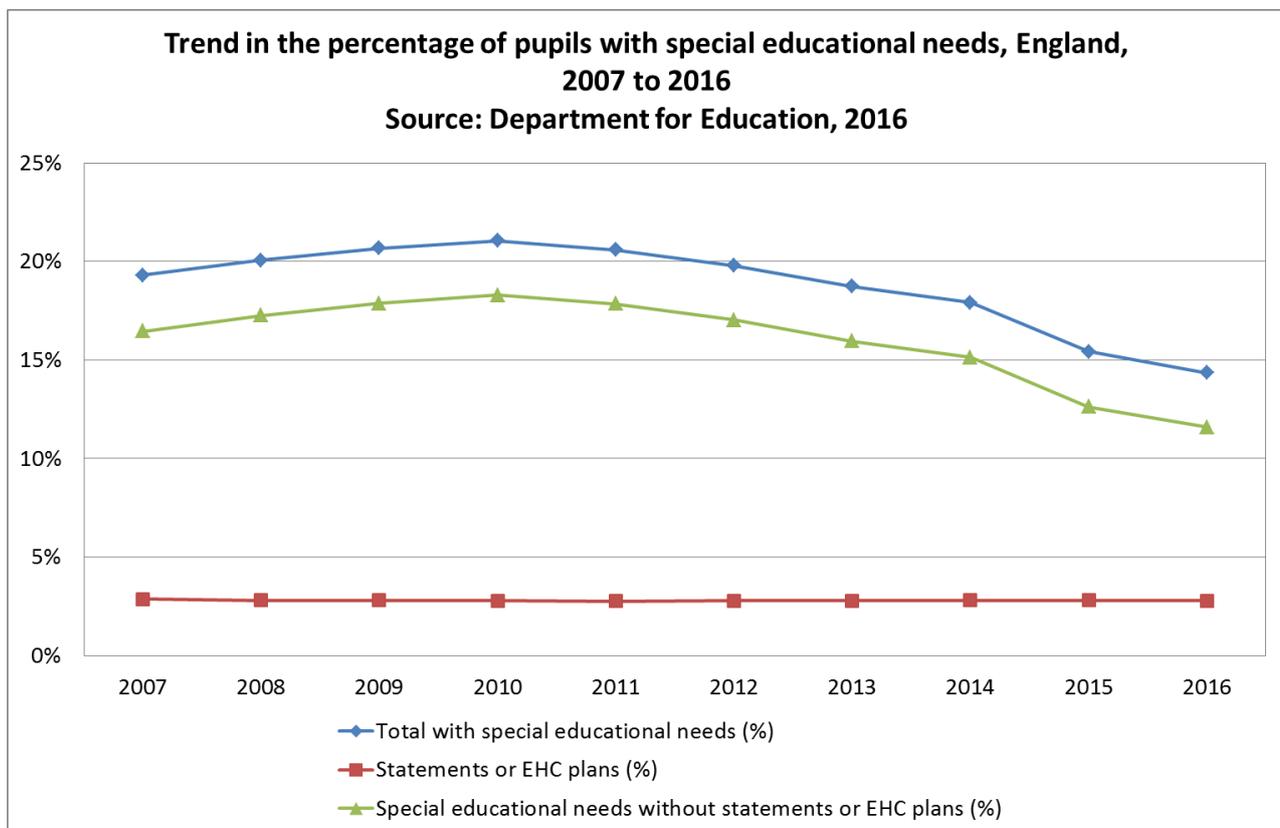
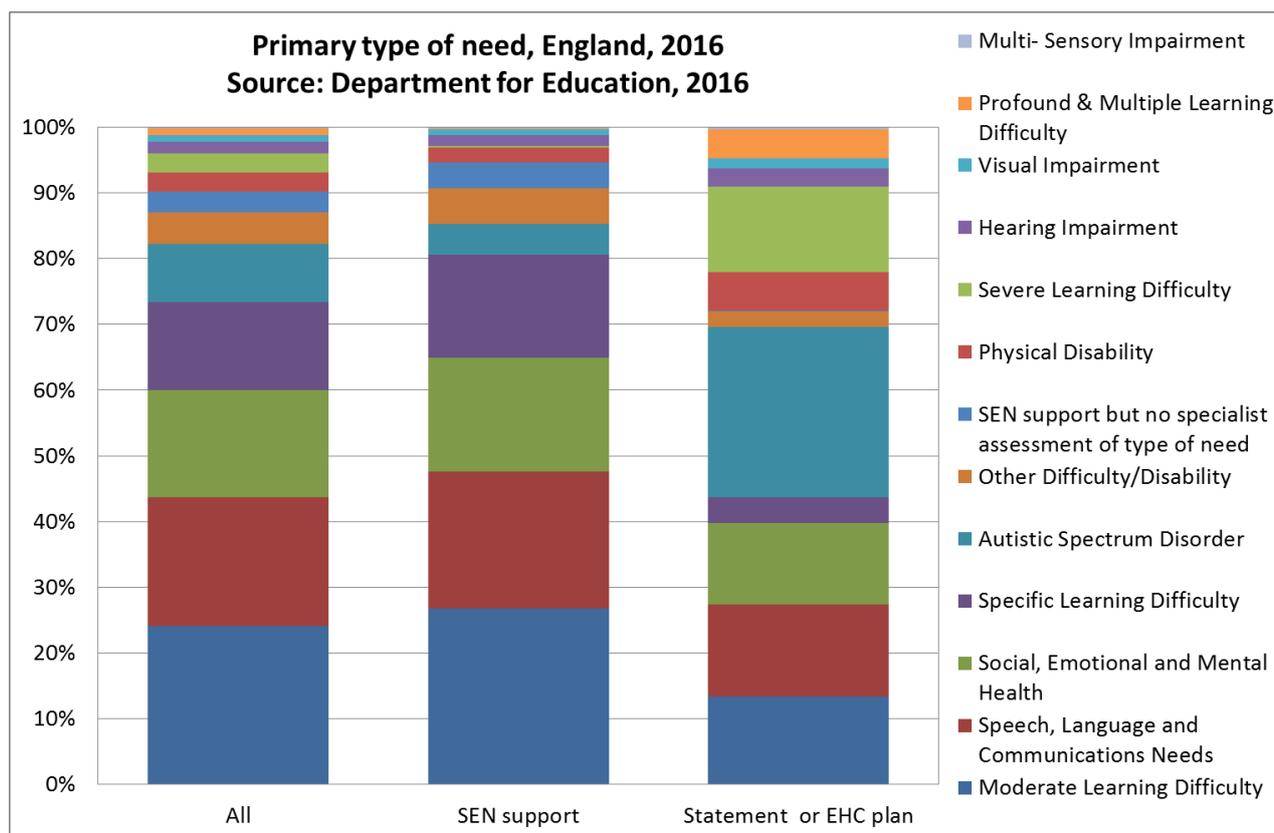


Chart 2: Primary type of need, England



According to the Equality Act 2010, children with long-term health conditions can be defined as having a disability if it is long-term and has a substantial adverse effect on their ability to carry out normal day-to-day activities. It is important to note that not all children with a long term condition will have SEN, or require a statement or EHC, however a substantial proportion of children with SEN are likely to also have a LTC.

This JSNA chapter will not include information about children and young people with LTC as LTC is a very wide ranging topic that requires a dedicated chapter. It is therefore recommended that children and young people with LTC be considered as a future JSNA chapter.

Disability Prevalence¹

It is estimated that there are approximately 800,000 children under the age of 16 in Great Britain with a disability (Office for Disability Issues, 2014); this equates to approximately 7% of all children aged 15 years and younger. Further research conducted by the Department for Work and Pensions through the Family Resources Survey has produced estimates of disability by age band. It is estimated that there are 1.5m people aged less than 25 with a disability in the UK² (Department for Work and Pensions, 2017).

2.5.1) Learning disability and learning difficulty

¹ It should be noted that the following estimates are for all children and young people with disabilities, this may also include conditions listed elsewhere within this chapter.

² Based on survey responses between 2013/14 and 2015/16

2.5.1.1) Learning disability

A learning disability affects the way a person learns new things in any area of life, not just at school. A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have more than one disability. Around 1.5m people (all ages) in the UK have one, it is thought that up to 350,000 people have severe learning disabilities and this figure is increasing (NHS Choices, 2015).

A learning disability happens when a person's brain development is affected, either before they are born, during their birth or in early childhood. Several factors can affect brain development:

- The mother becoming ill during pregnancy;
- Problems during birth resulting in not enough oxygen getting to the brain;
- The unborn baby developing certain genes;
- The parents passing on certain genes to the baby that make having a learning disability more likely;
- Illness such as meningitis or injury in early childhood.

(NHS Choices, 2015)

A diagnosis of a profound and multiple learning disability (PMLD) is used when a child has more than one disability, with the most significant being a learning disability. Many children diagnosed with PMLD will also have a sensory or physical disability, complex health needs, or mental health difficulties. People with PMLD need a carer or carers to help them with most areas of everyday life, such as eating, washing and going to the toilet (NHS Choices, 2015).

2.5.1.2) Learning difficulty

All children with a learning disability will also have a learning difficulty, however not all children with a learning difficulty will have a learning disability. Schools are very aware of children who have particular difficulties in learning. Every term they report to the Department for Education about all children who have special educational needs. They say what sort of needs the children have. There are four levels of learning difficulties: specific difficulties (like dyslexia), moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties (PHE, 2017).

Specific learning difficulty: These children have been diagnosed with a specific learning difficulty, for example dyslexia. As at January 2016, approximately 151,150 children were known to schools in England where a specific learning difficulty was their primary need; this is approximately 1.7% of all children (Department for Education, 2016b³).

Moderate learning difficulty: These children have difficulty in all areas of learning, they may have speech and language delay. As at January 2016, approximately 273,600 children were known to schools in England where a moderate learning difficulty was their primary need; this is approximately 3.1% of all children (Department for Education, 2016b⁴).

Severe learning difficulty: These children have serious difficulty in participating in ordinary school programs without support. Many have limited communications and self-help skills. As at January 2016, approximately 32,300 children were known to schools in England where a severe learning difficulty was their primary need; this is approximately 0.4% of all children (Department for Education, 2016b).

³ Figures presented refer to state funded schools only

⁴ Figures presented refer to state funded schools only

Profound and multiple learning difficulty: These children have very severe difficulty in learning combined with physical or sensory disabilities. They require a high level of adult support for both learning and personal care needs. As at January 2016, approximately 10,900 children were known to schools in England where a profound and multiple learning difficulty was their primary need; this is approximately 0.1% of all children (Department for Education, 2016b⁵).

2.5.2) Social, emotional and mental health

2.5.2.1) Mental Health

The survey of the mental health of children and young people in Great Britain 2004 (Green et al., 2005) found that:

- 10% of children and young people aged 5-16 have a mental disorder that is associated with “considerable distress and substantial interference with personal functions”, such as family and social relationships, their capacity to cope with day to day stresses and life challenges, and their learning;
- Mental disorders are more common in older than younger children and are more common in boys than girls:
 - 10% of boys and 5% of girls aged 5-10 years were found to have a disorder;
 - 13% of boys and 10% of girls aged 11-16 years were found to have a disorder;
- The prevalence of a mental disorder was greater amongst children that are in lone parent families, living in step-families, in families with no parent working, in low income families, in families from lower socio-economic groups, or living in social or privately rented accommodation;
- Children living in poverty are more likely to suffer behavioural and emotional problems throughout childhood. Conduct disorders are most strongly associated with socio-economic disadvantage, but psychiatric conditions, such as attention deficit hyperactivity disorder (ADHD), also show an association with deprivation;
- Some children and young people who are vulnerable for other reasons, such as those in care, those who have a learning disability, and those with chronic or persistent physical ill-health, are also found to have a higher prevalence of mental health problems.

Further information about children and young people’s emotional health and wellbeing can be found in the Warrington children and young people emotional health and wellbeing JSNA Chapter (https://www.warrington.gov.uk/info/201145/joint_strategic_needs_assessment/1918/joint_strategic_needs_assessment_jsna).

The Adult Psychiatric Morbidity Survey 2014 estimates that approximately 18.9% of people aged 16 to 24 years had experienced common mental disorders (CMD) in the past week (McManus et al, 2016).

2.5.2.2) Attention Deficit Hyperactivity Disorders (ADHD)

Attention deficit hyperactivity disorder (ADHD) encompasses a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness. The symptoms of ADHD tend to be noticed during childhood, and may become more obvious during a life changing situation, for example when a child starts school. Diagnosis is often made between the ages of 6 and 12 years (NHS Choices, 2016).

⁵ Figures presented refer to state funded schools only

It is estimated there are between 2% and 5% of school-aged children may have ADHD. The exact cause of the condition is unknown, but there does appear to be a genetic link as it can run in families. It has also been suggested that the following can increase the risk of developing ADHD:

- Being born prematurely (before 37 weeks gestation);
- Having a low birthweight;
- The mother consuming substances during pregnancy (tobacco, alcohol and drugs).

Those with ADHD are at greater risk of experiencing anxiety disorders.

(NHS Choices, 2016)

As at January 2016, approximately 184,900 children with social, emotional and mental health needs were known to schools in England where this was their primary need; this is approximately 2.1% of all children (Department for Education, 2016⁶).

2.5.3) Speech, language and communication needs

Speech, language and communication needs (SLCN) can have a profound and lasting effect on children's lives. The impact will vary according to the severity of the problem, the support the child receives, the child's confidence and the demands of the child's environment. Young children with SLCN are at risk of continued communication problems, as well as associated cognitive, academic, behavioural, social and psychiatric difficulties (National Literacy Trust, 2012).

A child with speech, language and communication needs:

- Might have speech that is difficult to understand;
- They might struggle to say words or sentences;
- They may not understand words that are being used, or the instructions they hear;
- They may have difficulties knowing how to talk and listen to others in a conversation.

Children may have just some or all of these difficulties; they are all very different (ICAN, 2017).

Based on information on prevalence studies and from schools census data, it is estimated that around 10% of all children have long term, persistent SLCN (Talking Point, 2017).

As at January 2016, approximately 221,500 children with speech, language and communication needs were known to schools in England where this was their primary need; this is approximately 2.5% of all children (Department for Education, 2016⁷).

Further information about children and young people's speech, language and communication needs can be found in the Warrington children and young people speech, language and communication needs JSNA Chapter

https://www.warrington.gov.uk/info/201145/joint_strategic_needs_assessment/1918/joint_strategic_needs_assessment_jsna).

2.5.4) Sensory Impairment

2.5.4.1) Hearing Impairment

It is estimated that there are more than 11 million people in the UK with some form of hearing loss, or 1 in 6 of the population. There are more than 45,000 deaf children in the UK, plus many more who experience temporary hearing loss (Action on Hearing Loss, 2017).

⁶ Figures presented refer to state funded schools only

⁷ Figures presented refer to state funded schools only

A hearing impairment can affect a child's learning:

- Difficulty following instructions through not hearing all the words clearly;
- Tiredness – the effort of having to listen carefully can lead to poor concentration and frustration;
- Difficulty with social interaction, especially in noisy environments;
- Self-confidence in speaking and being understood;
- Issues owing to patchy learning if hearing issues were not resolved when the child started school.

(Scope, 2017)

It is estimated that approximately 1 in every 1,000 children is born with a severe or profound hearing loss (Deaf Aware cited by Disability Resource Centre, 2012).

As at January 2016, approximately 20,500 children with a hearing impairment were known to schools in England where this was their primary need; this is approximately 0.2% of all children (Department for Education, 2016b⁸).

2.5.4.2) Visual Impairment

The Royal National Institute of Blind People estimate that around 34,560 children and young people up to the age of 25 in England and Wales have a vision impairment of sufficient severity to need specialist support (0.2% of all children and young people), of these approximately 24,500 are under 19 years. As many as 50% have additional disabilities, including some who have very complex needs; most are born with a vision impairment (RNIB, 2016).

Approximately two thirds of children with severe vision impairment and blindness are diagnosed before their first birthday. The single most common cause of vision impairment in children is cerebral. It accounts for up to 48% of blindness and between 32% and 45% of all vision impairment in children. Children at most risk of severe vision impairment or blindness are those who are born pre-term and of very low birth weight, from socio-economically disadvantaged backgrounds, or of South Asian origin. There is a high prevalence of blindness and partial sight in children with learning disabilities (RNIB 2016).

As at January 2016, approximately 11,600 children with a visual impairment were known to schools in England where this was their primary need; this is approximately 0.1% of all children (Department for Education, 2016b⁹).

2.5.4.3) Multi-sensory Impairment

Children and young people with multi-sensory impairment (MSI) have impairments of both sight and hearing. The effect of a combined reduction in both vision and hearing - even if mild - affects the amount and quality of information that a child can pick up from their environment.

Poor access to everyday information can have an impact on a child's:

- Social interaction;
- Understanding of concepts;
- Emotional development;
- Communication and independent mobility skills.

(Sense, 2015)

⁸ Figures presented refer to state funded schools only

⁹ Figures presented refer to state funded schools only

The Centre for Disability Research (2010) estimated that 21,000 children were identified who had experienced some level of sight and hearing difficulties. Within this group, however, there were 4,000 children identified as having significant hearing and visual impairments. This is considered to be the group therefore who require specialist support and approaches to teaching, learning and developing independence (Sense, 2016).

As at January 2016, approximately 2,300 children with multi-sensory impairment were known to schools in England where this was their primary need; this is approximately 0.03% of all children (Department for Education, 2016b¹⁰).

2.5.7) Physical disability

Estimated prevalence of physical disability in children does not exist in current literature. As at January 2016, approximately 32,900 children with a physical disability were known to schools in England where this was their primary need; this is approximately 0.4% of all children (Department for Education, 2016b¹¹).

2.5.8) Autistic Spectrum Disorder (ASD)

The causes of ASD remain unknown, although ongoing research is offering some insight into the probable reasons as to why some people develop this lifelong condition. Many experts believe that the pattern of behaviour from which ASD is diagnosed may not result from a single cause. There is strong evidence to suggest that ASD can be caused by a variety of physical factors, all of which affect brain development. There is evidence to suggest that genetic factors are responsible for some forms of ASD. Scientists have been attempting for some years to identify which genes might be implicated in ASD (The National Autistic Society, 2014).

In the United Kingdom it is estimated that 1% of the population have ASD (Baird et al, 2006), this equates to approximately 700,000 people nationally (The National Autistic Society, 2014). Numerous studies have found that ASD is more prevalent in males than females (The National Autistic Society, 2014). Data presented by the Health and Social Care Information Centre (HSCIC, 2009) estimate that the prevalence of ASD in males is 1.8% compared to 0.2% in females. Further information about ASD can be found in the Warrington Autism JSNA Chapter (https://www.warrington.gov.uk/info/201145/joint_strategic_needs_assessment/1918/joint_strategic_needs_assessment_jsna)

As at January 2016, approximately 100,000 children with ASD were known to schools in England where this was their primary need; this is approximately 1.1% of all children (Department for Education, 2016b¹²).

3) The Level of need in Warrington

3.1) Child Poverty and children living in socio-economic disadvantage

As mentioned in section 2, children and young people from deprived social backgrounds are at increased risk of SEND. Currently child poverty is defined as the number of children living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or are in receipt of Income Support or (Income-Based) Job Seeker's Allowance. The latest data from 2013 shows that nationally 18.6% of children aged less than 16 live in poverty. Locally in Warrington the

¹⁰ Figures presented refer to state funded schools only

¹¹ Figures presented refer to state funded schools only

¹² Figures presented refer to state funded schools only

percentage is significantly lower at 14.5%, however approximately 5,500 children in Warrington live in poverty.

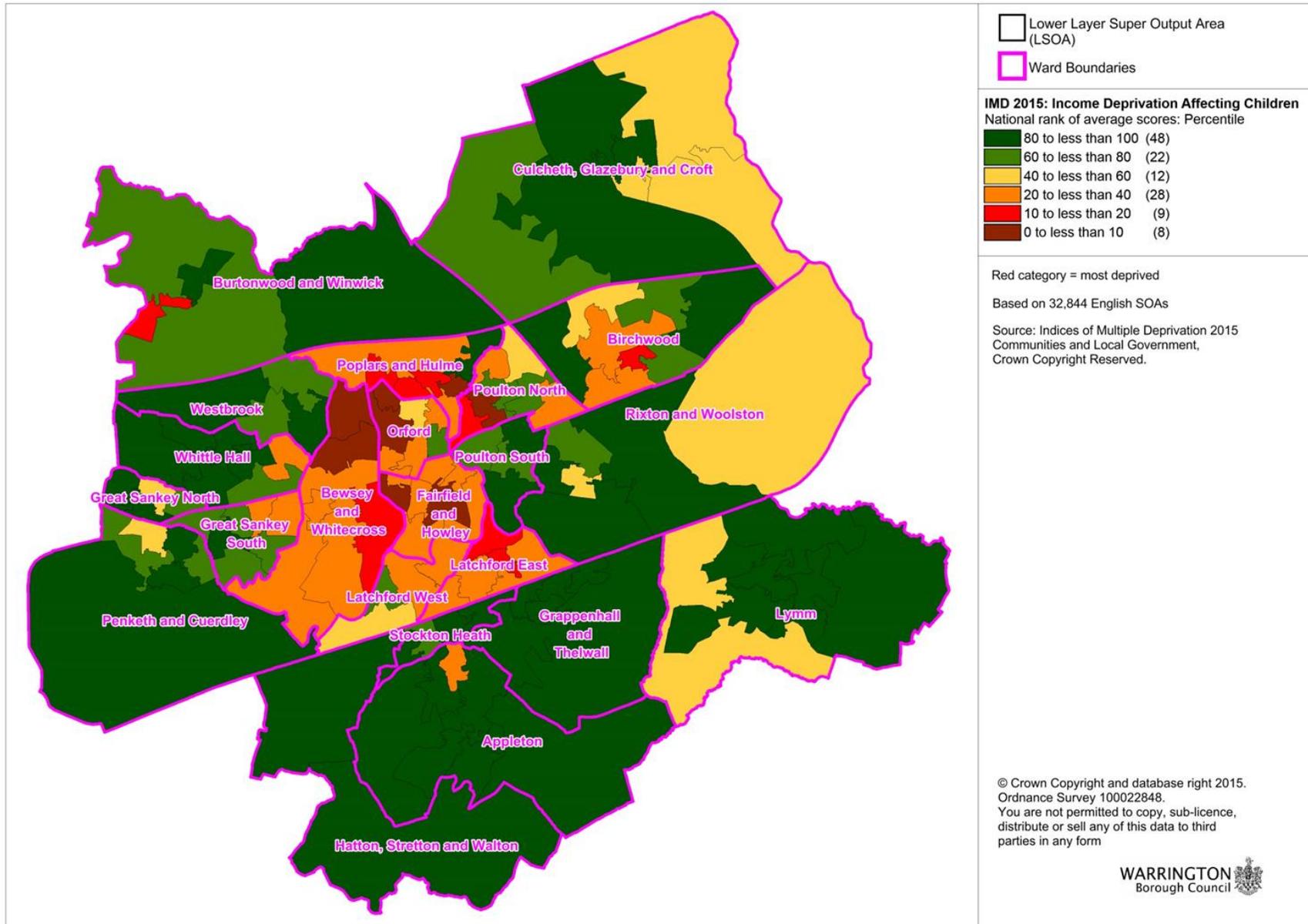
In addition to this poverty measure, the Indices of Deprivation 2015 (Department of Communities and Local Government, 2015) provides a supplementary index, which considers the percentage of children aged under 16 who are living in families in receipt of Income Support or income-based Jobseekers Allowance, Pension Credit (Guarantee), or families in receipt of Working Tax Credit and Child Tax Credit whose income is below 60% of median before housing costs. Please see the JSNA Chapter on Deprivation for further details.

Scores are available at a very local area level, and enable comparisons to be made at a sub-Warrington level. As Map 1 shows, there is considerable variation within Warrington. 17 of the 127 Lower Super Output Areas (LSOAs¹³) within Warrington are within the most deprived quintile nationally for income deprivation affecting children. Within these LSOAs, the proportion of children affected ranges from 31% to 54%.

Based on the national evidence, which highlights the higher prevalence of SEND amongst children from more disadvantaged backgrounds, it is likely that there may be increased need in these communities.

¹³ LSOAs are small geographical areas. Every LSOA in England has had a deprivation score calculated and are ordered by overall deprivation score. They are split into 5 evenly sized groups, with quintile 1 being the most deprived quintile.

Map 1: ID 2015:– Income Deprivation Affecting Children



3.2) Estimated Prevalence of SEND in Warrington

The following tables provide the estimated number of children and young people with SEND. The figures presented in the tables are based on 2015 ONS mid-year population estimates. Figures provided in each of the tables should not be summed to gain an overall number of children expected to have SEND in Warrington as it is likely that children and young people will have more than one condition listed within this section.

3.2.1) Any SEND

Based on information gathered by the Department for Education, approximately 14.4% of all children and young people of school age have a SEND in England, if this percentage was applied to the Warrington population aged 4 to 18 years, it is expected that there will be 5,330 children with SEND in Warrington.

3.2.2) Any disability

Based on data gathered through the Family Resources Survey it is estimated that if Warrington experienced the same prevalence estimates as the UK, there would be 4,947 children and young people aged 0 to 25 years in Warrington with a disability.

Table 1: Estimated prevalence of any disability

Age Group	Estimated prevalence (%)	Warrington population	Estimated Number
0 to 4	3	12,636	379
5 to 9	7	12,587	881
10 to 14	9	11,832	1,065
15 to 19	10	12,015	1,202
20 to 24	10	11,437	1,144
25	11	2,514	277
Total (0 to 25)			4,947

Source: Department for Work and Pensions, 2017

NB: numbers may not sum due to rounding

3.2.3) Learning difficulty

Information collected by schools and sent to the Department for Education provides an estimated prevalence of learning difficulty in England. The following table provides estimated numbers of children and young people aged 4 to 18 years likely to experience a learning difficulty. The population figure provided is based on the resident population, not the number of children who attend schools in Warrington (this information is presented in the following section).

Table 2: Estimated prevalence of learning difficulty

Type of learning difficulty	England Estimated prevalence (%)	Warrington population (4 to 18 years)	Estimated number
Specific learning difficulty	1.7	37,015	629
Moderate learning difficulty	3.1	37,015	1,147
Severe learning difficulty	0.4	37,015	148
Profound and multiple learning difficulty	0.1	37,015	37

Source: Department for Education, 2016b

3.2.4) Social, emotional and mental health

Robust, consistent and comparable data on the emotional wellbeing of children and young people is not routinely available. At a local level, there is also a lack of robust prevalence information on 'diagnosable mental health conditions'. The following utilises the nationally available prevalence estimates and applies them to the latest local estimates of the number of children and young people aged 5 to 16. The estimated prevalence of any mental health disorder in Warrington (8.9%) was based on the 2004 ONS survey (Green et al, 2005) and then adjusted by Public Health England to take into account the age, sex and socio-economic classification of children resident in the area. Based on this prevalence, there are approximately 2,619 children and young people with any mental health disorder in Warrington.

Based on estimates from the Adult Psychiatry and Morbidity Survey, it is expected that there are 3,966 young people aged 16 to 24 years with any common mental health disorder.

It is estimated there are between 2% and 5% of school-aged children may have ADHD. When applying these percentages to the Warrington population aged between 4 to 18 years, it is estimated there are between 740 and 1,851 children and young people with ADHD.

The final row in the following table presents the England estimated prevalence of social, emotional and mental health as a primary need as reported to the Department for Education. The estimated prevalence known to schools is much lower than the estimated prevalence of mental health disorders. This is most likely due to not all children and young people with a mental health disorder requiring SEN support or a statement or EHC plan or social, emotional and mental health is not their primary need.

Table 3: Estimated prevalence of social, emotional and mental health

Social, emotional and mental health	Estimated prevalence (%)	Warrington population	Estimated number
Any mental health disorder (aged 5 to 16)	8.9	29,426	2,619
Any common mental health disorder (aged 16 to 24)	18.9	20,984	3,966
ADHD (aged 4 to 18)	Between 2% and 5%	37,015	Between 740 and 1,851
Social, emotional and mental health (Primary Need, aged 4 to 18)	2.1	37,015	777

Source: Public Health England, 2016; McManus et al, 2016; NHS Choices 2016; Department for Education, 2016b.

3.2.5) Speech, language and communication needs

Based on information on prevalence studies and from schools census data, it is estimated that around 10% of all children have long term, persistent SLCN (Talking Point, 2017). If this percentage was applied to the Warrington population aged 4 to 18 years, it is expected that there will be 3,702 children with SLCN. Across England, 2.5% of children have SLCN as their primary need, much lower than the Talking Point estimated prevalence. This could indicate that some children are not being identified with SLCN and therefore not being provided with the support they need, or SLCN are being identified but are not their primary need.

Table 4: Estimated prevalence of speech, language and communication needs

Speech, language and communication needs	Estimated prevalence (%)	Warrington population	Estimated number
Prevalence of Speech, language and communication needs (4 to 18 years)	10	37,015	3,702
Speech, language and communication needs (Primary Need, aged 4 to 18)	2.5	37,015	925

Source: Talking Point, 2017; Department of Education, 2016b.

3.2.6) Sensory Impairment

It is estimated that approximately 1 in every 1,000 children is born with a severe or profound hearing loss (Deaf Aware cited by Disability Resource Centre, 2012), this equates to approximately 0.1% of the population (37 children and young people) in Warrington. The England estimated prevalence for hearing impairments as a primary need is higher than the Deaf Aware estimate at 0.2% (74 children and young people).

The Royal National Institute of Blind People estimate that 0.2% of all children and young people aged 0 to 24 years have visual impairment that requires specialist support (121 children and young people

in Warrington). This estimated prevalence is higher than visual impairments as a primary need (0.1%).

The Centre for Disability Research estimated the prevalence of impairments of both hearing and vision by age and gender (CeDR, 2010). It is estimated that somewhere between 0.03% and 0.15% of 0 to 19 year olds have multi-sensory impairment. This estimated prevalence is quite similar to the percentage of children with multi-sensory impairment at a primary need (0.03%).

Table 5: Estimated prevalence of sensory impairment

Sensory Impairment	Estimated prevalence (%)	Warrington population	Estimated number
Severe or profound hearing impairment (4 to 18 years)	0.1	37,015	37
Hearing impairment (Primary Need, 4 to 18 years)	0.2	37,015	74
Vision impairment requiring specialist support (0 to 24 years)	0.2	60,507	121
Vision impairment (Primary Need, 4 to 18 years)	0.1	37,015	37
Multi-sensory impairment (0 to 19 years)	Between 0.03% and 0.15%	49,070	Between 14 and 73
Multi-sensory impairment (Primary Need, 4 to 18 years)	0.03	37,015	11

Source: Deaf Aware, 2012; RNIB, 2016; CeDR, 2010; Department for Education, 2016b.

3.2.7) Physical disability

As mentioned previously, estimated prevalence of physical disability in children does not exist in current literature. Based on information submitted to the Department for Education, it is estimated that 0.4% of children and young people have a physical disability that is their primary need. When applied to the Warrington population (aged 4 to 18 years) this equates to 148 children.

3.2.8) Autistic Spectrum Disorder (ASD)

It is estimated that 1% of the population has ASD (Baird et al, 2006); this percentage is very similar to the proportion of children with ASD as their primary need in England (1.1%). When applying this percentage to the Warrington population aged 4 to 18 years, it is estimated that there are 407 children and young people with ASD in Warrington.

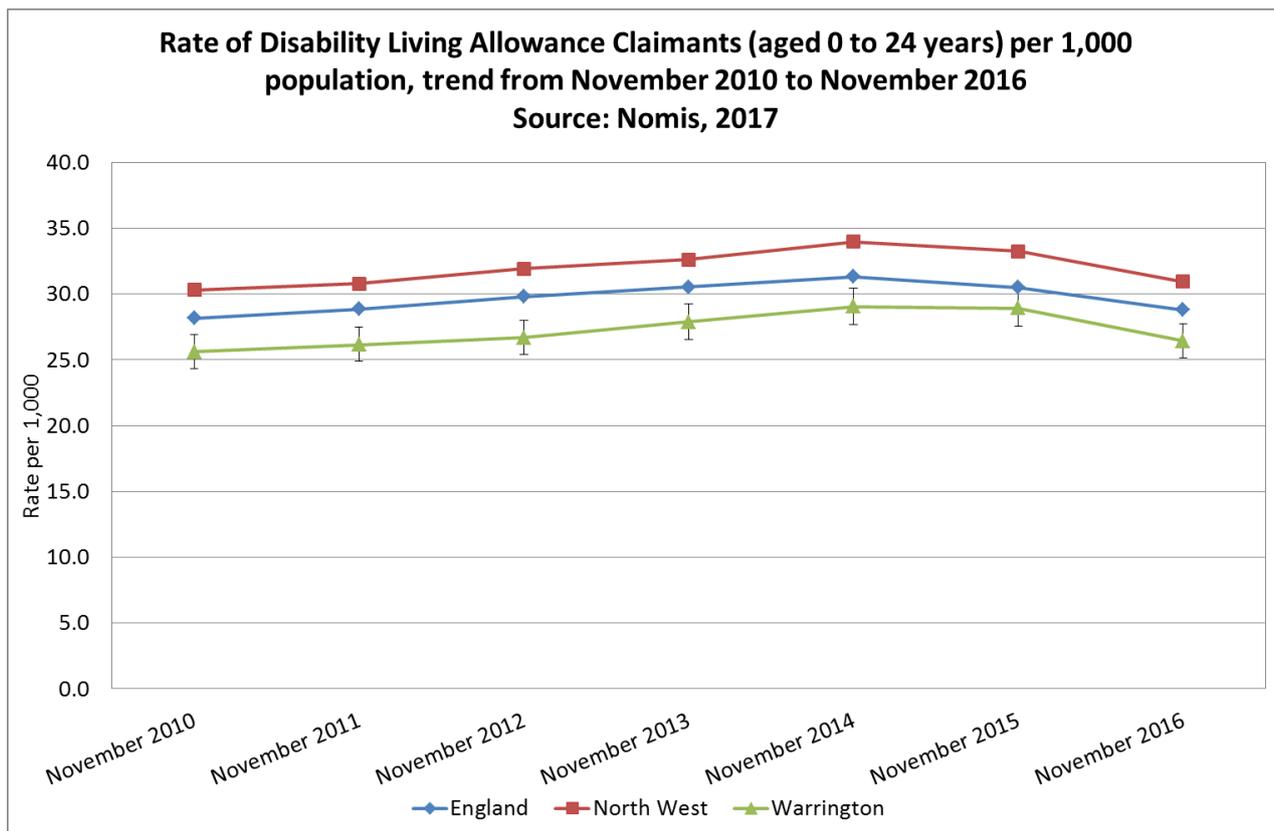
3.2.9) Information from GP Practices

Information has been extracted by Warrington CCG from all GP practices in Warrington to identify how many children and young people are recorded with a learning disability. As at May 2017 there were 171 children and young people aged 0 to 25 on the learning disability register. A further 279 children and young people were diagnosed with a learning disability. The number of children and young people on the learning disability register has not been summed with the number who have received a diagnosis as it is unknown if this will result in double counting of patients.

4) Current Demand

As at November 2016, there were 1,605 children and young people (aged 0 to 24 years) claiming the benefit Disability Living Allowance (DLA) in Warrington. The DLA is a benefit that helps with the extra costs that disabled people face as a result of their disabilities. The number and rate of children and young people claiming DLA had increased year on year until 2014, since 2015 there has been a reduction in the number of DLA claimants (as presented in the following chart). The rate of claimants in Warrington has consistently been significantly lower than both England and the North West.

Chart 3: Trend of rate of Disability Living Allowance Claimants

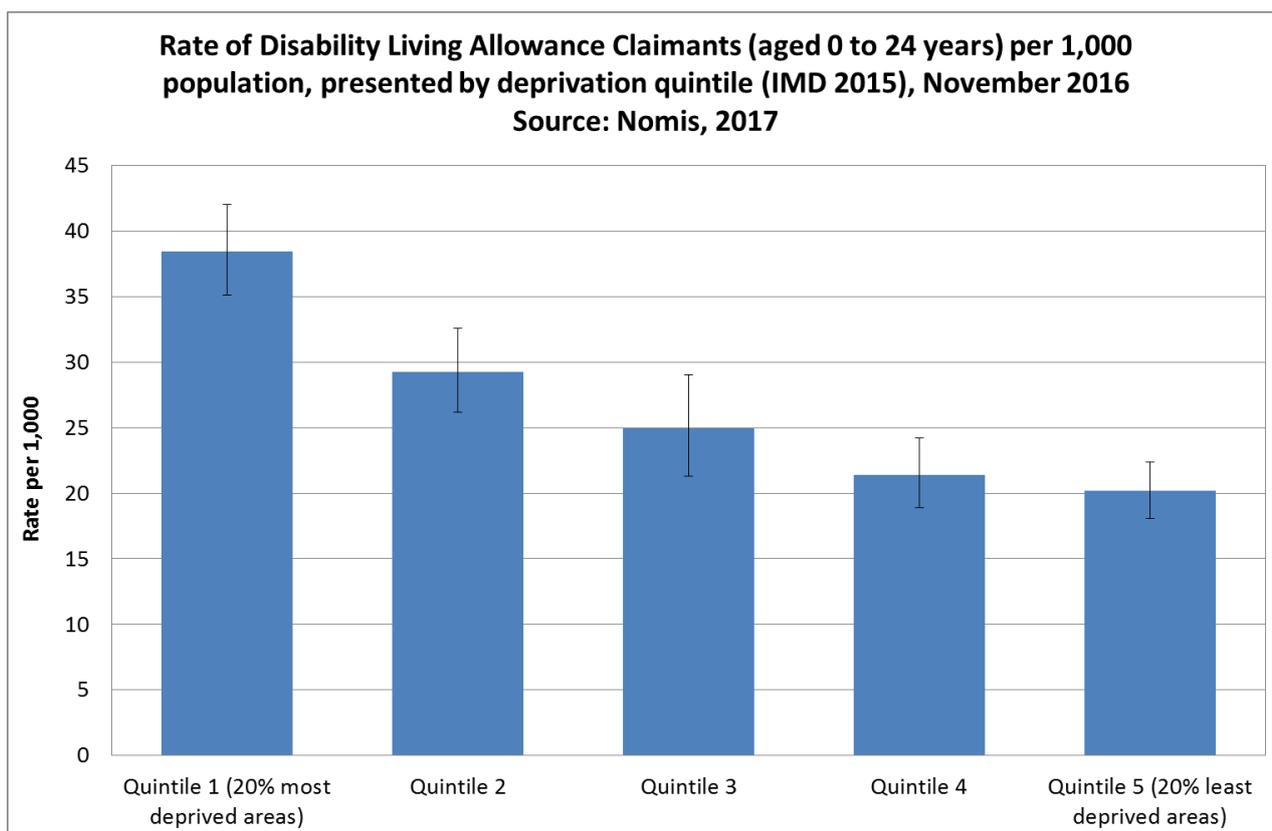


Further analysis illustrates that the rate of children and young people claiming DLA is highest in the most deprived areas of Warrington¹⁴, the claimant rate in the 20% most deprived areas was significantly higher than the remaining areas of Warrington; as the level of deprivation decreases, the claimant rate also reduces.

Within Warrington the following wards were found to have a significantly high claimant rate: Bewsey and Whitecross, Latchford East, Orford and Poulton North.

¹⁴ Deprivation based on the 2015 Index of Multiple Deprivation (IMD).

Chart 4: Rate of Disability Living Allowance Claimants presented by deprivation quintile



4.1) Early identification of SEND

4.1.1 Screening checks

Newborn blood spot screening¹⁵: As at Quarter 3 2016/17 97.6% of babies registered within Warrington CCG who were eligible for newborn blood spot screening and received a conclusive result by 17 days of age, this percentage was slightly lower than Cheshire and Merseyside (98.1%).

Information collected by Warrington hospital monitors the proportion of avoidable repeat blood spot tests; during 2016/17, 4.3% of tests were avoidable repeat blood spot tests.

Newborn and infant physical examination¹⁶: As at Quarter 3 2016/17, 95.9% of babies eligible for the newborn physical examination and were tested within 72 hours of birth at Warrington and Halton Hospital, this percentage was very similar to Cheshire and Merseyside (95.4%). Of the babies where a possible abnormality of the hips was detected, 62.5% received an ultrasound within two weeks of birth.

Of the babies eligible for audiology screening during 2016/17 (2,248), 2,226 were screened by 4 weeks corrected age (99%). Of the screens that took place, 68 babies were identified as having a no clear response in one or both ears. Of these babies 62 (91.2%) received an audiological assessment within the required timescale.

¹⁵ The following conditions are screened: sickle cell disease, cystic fibrosis, congenital hypothyroidism, inherited metabolic diseases.

¹⁶ Includes specific screening tests to see if there are any problems with eyes, ears, heart, hips and in boys the testicles.

4.1.2) 2 to 2.5 year review

The review is conducted by a health visitor or nursery nurse when a child is aged between 2 and 2.5 years. The review is an opportunity to talk about any issues a parent may have regarding their child's health. This may include their hearing and vision, language development, behaviour, sleeping or toilet training. The child will also be weighed and measured, and parents can discuss their immunisations and the various options for childcare and early years education (NHS England, 2017).

In Warrington the proportion of children who received a 2 to 2.5 year review has consistently remained significantly higher than England over the last 2 financial years. During 2016/17 91% of children who were due to receive a review did so, equating to 2,235 children.

It has not been possible to present any information about the outcomes of the reviews conducted in Warrington. At present (June 2017) limited information about the number of children and young people receiving health care is available from Bridgewater NHS Trust; the Trust are currently updating all electronic health records to include diagnosis coding. It is suggested that outcomes data should be explored in future versions of this chapter.

4.1.3) Supporting SEN at Nursery

The DFE Early education and childcare statutory guidance for local authorities states that Local Authorities are required by legislation to secure sufficient childcare to enable all eligible children to access:

- Two year old free entitlement;
- Three and four year old universal entitlement;
- Three and four year olds of working parents (extended entitlement).

(Department for Education, 2017)

From September 2017 the government will introduce the extended entitlement to 30 hours free nursery provision, an additional 15 hours a week for working parents of three and four year olds (on top of the universal entitlement of 15 hours a week for all three and four year olds).

The statutory guidance states that the Local Authority should promote equality and inclusion, particularly for disadvantaged families, looked after children, children in need and children with special educational needs and disability by removing barriers of access to free places and working with parents to give each child support to fulfil their potential. Local authorities must ensure they meet their duties under the Equality Act 2010 and take account of the Special Educational Needs and Disability (SEND) Code of Practice 0-25 when securing free places (Department for Education, 2017).

Eligibility for free early education for two, three and four year olds includes where:

- The child has a statement of special educational needs made under section 324 of the Education Act 1996;
- The child has an Education, Health and Care plan prepared under section 37 of the Children and Families Act 2014;
- The child is entitled to Disability Living Allowance under section 71 of the Social Security and Contributions and Benefits Act 1992.

During 2017/18 two new funds will be made available to support children with disabilities or SEN:

- Disability Access Fund (DAF); and
- SEN Inclusion Fund.

The DAF aids access to early years places by, for example, supporting providers in making reasonable adjustments to their settings and/or helping with building capacity (be that for the child in question

or for the benefit of children as a whole attending the setting). Children aged 3 to 4 years old will receive this funding if the child is in receipt of DLA and receives free early education.

The Department for Education have estimated for Warrington that 70 children will be eligible to receive the DAF for their child care providers.

The SEN inclusion fund requires local authorities to set up a fund to help child care providers better address the needs of individual children. The purpose of the fund is to support local authorities to work with providers to address the needs of individual children with SEN. This structure will also support local authorities to undertake their responsibilities to strategically commission SEN services as required under the Children and Families Act 2014. The SEN inclusion fund is for 3 and 4 year olds who are taking up any number of hours of free child care entitlement.

It is estimated that the SEN inclusion fund will support approximately 90 to 100 children in Warrington.

Warrington local authority currently offers financial support to settings who are supporting children in receipt of their free early year's entitlement and who have been identified through the graduated approach as requiring SEN support. This financial support is offered for all children in receipt of two, three and four year old funding. Due to the introduction of the SEN inclusion fund, Warrington local authority is currently revising their offer to ensure compliance with the new statutory guidance.

4.1.4) Supporting SEN at school

The number and percentage of children and young people (those who attend Warrington schools) with SEN has been decreasing year on year, as is the trend nationally (see section 2.5), as illustrated in charts 5 and 6. As at January 2016 there were 4,577 pupils with SEN, 14.3% of the pupil population; this was very similar to the England percentage (14.4%).

The number and percentage of pupils who received a Statement or EHC plan has remained fairly constant in Warrington, although small increases were seen during 2015 (1,045) and 2016 (1,082). As at January 2016, 3.4% of Warrington pupils had a Statement or EHC plan, this percentage was significantly higher than the England rate (2.8%). If Warrington were to experience the same percentage of pupils with a Statement or EHC plan as England (2.8%), Warrington would have 183 fewer pupils with a Statement or EHC plan than at present.

From 2015, following identification of high numbers of children and young people on the SEN register (without an EHCP), there has been a considered and planned Warrington-wide approach to supporting schools. Events have been delivered and training received by school leaders and SENCOs for supporting schools in making decisions regarding the SEN status of children. As a result there has been a very large reduction in the number of pupils with SEN but without a Statement or EHC plan (32% reduction since 2009). As at January 2016, 10.9% of Warrington pupils (3,495) had SEN but without a Statement or EHC plan, this percentage was lower than England (11.6%).

Although the overall percentage of Warrington pupils with SEN is similar to the England picture, the proportion of pupils with a Statement or EHC plan in Warrington is significantly higher than the England percentage, whilst the percentage of Warrington pupils with SEN but without a Statement or EHC plan is significantly lower than the England percentage. The higher percentage of Warrington pupils with a Statement or EHC plan suggests that the early help offer could be more effective as children and young people are being escalated to an EHC plan rather than other support routes being utilised first. This requires further investigation to understand if the correct children are on SEN support or an EHC plan.

Chart 5: Trend in the percentage of pupils with special educational needs, Warrington

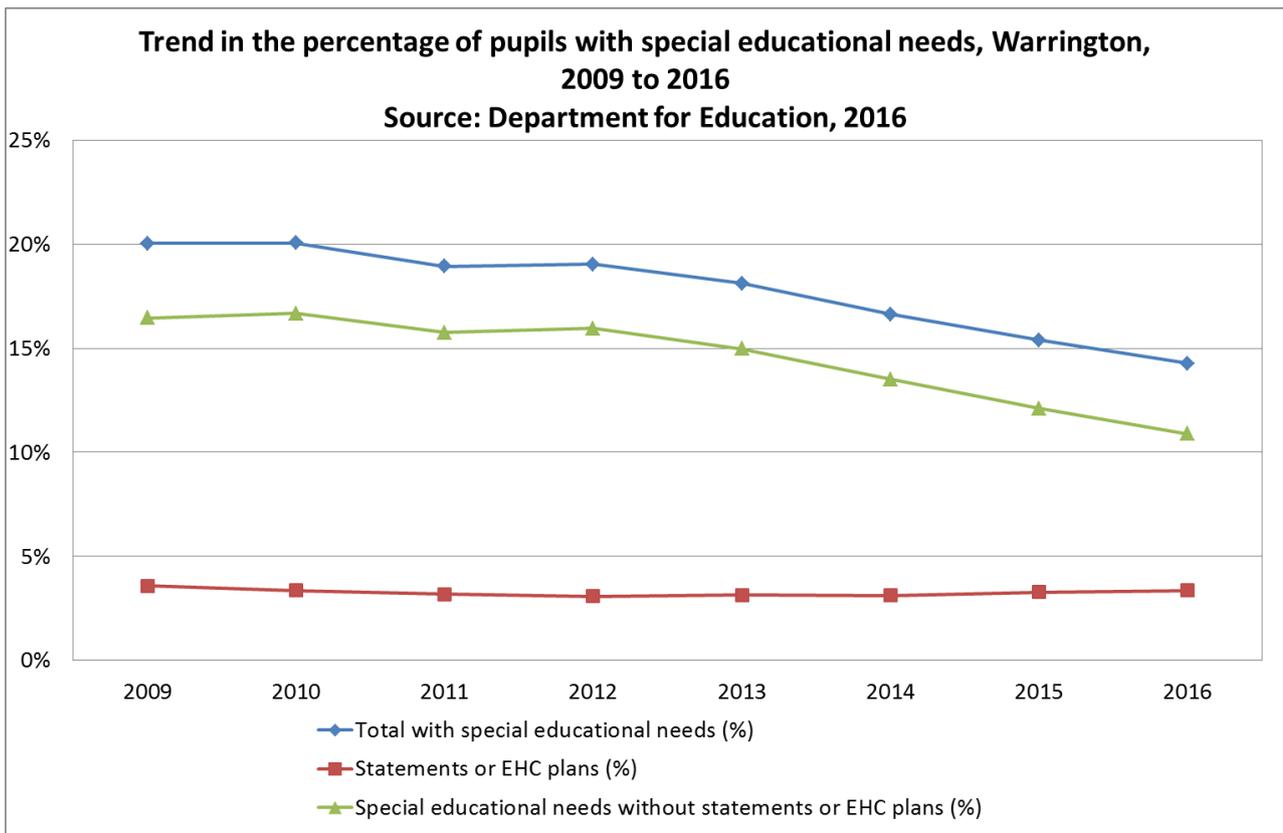
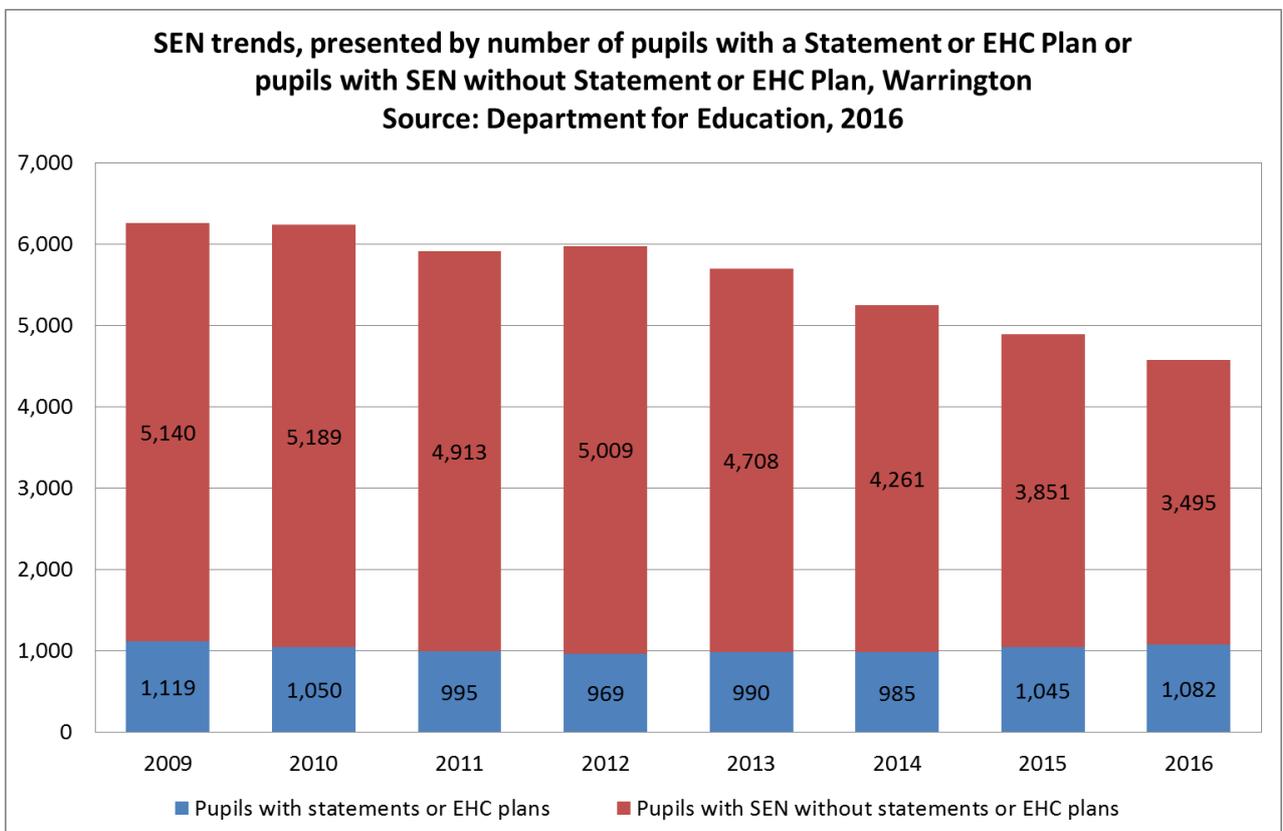


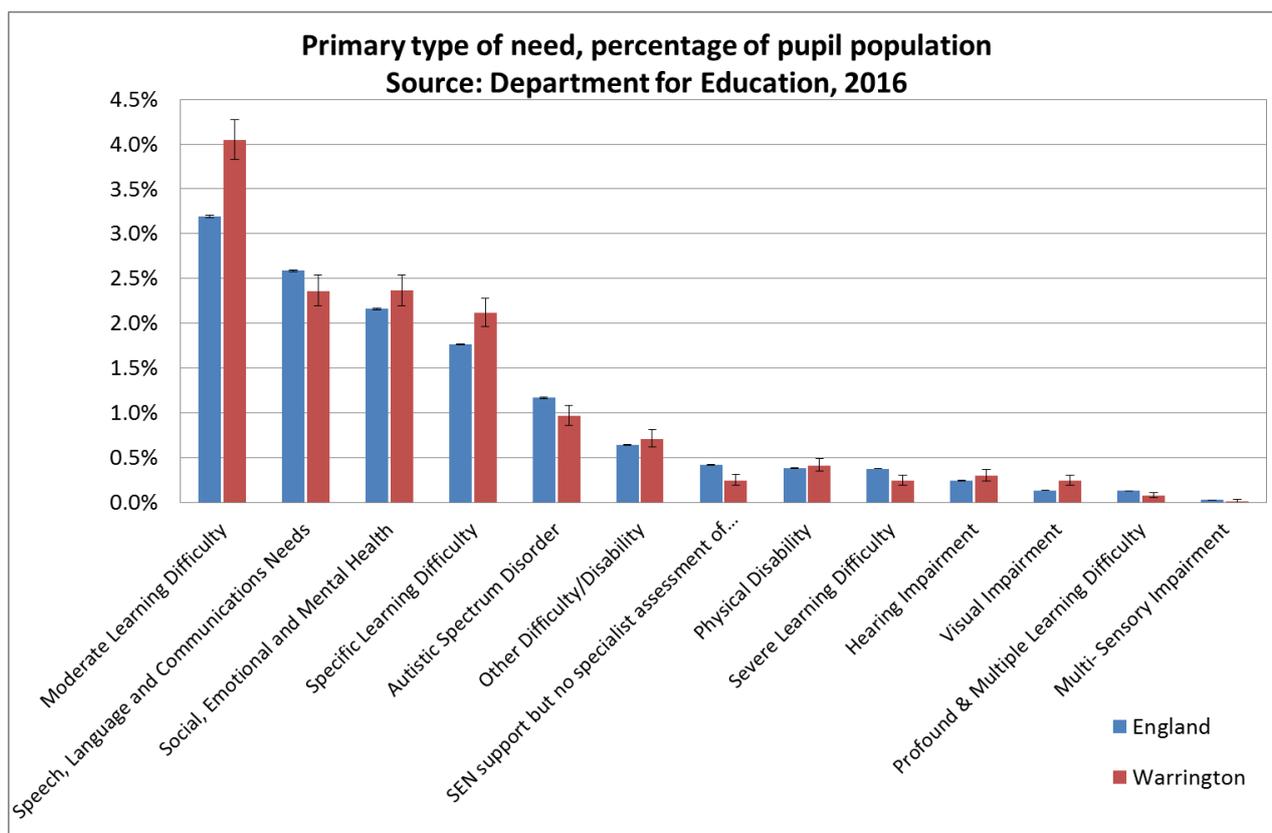
Chart 6: Trend in the number of pupils with special educational needs, Warrington



The most common primary need in Warrington for pupils with SEN support or Statement or EHC plan was moderate learning difficulty (1,298) with 4% of all pupils in Warrington identified with this need, this was followed by social, emotional and mental health (760) and speech, language and communication needs (758) each of which being 2.4% of the pupil population.

The following chart presents the proportion of pupils with each primary need for England and Warrington. The following types of primary need were statistically higher in Warrington pupils when compared to England: specific learning difficulty; moderate learning difficulty; social, emotional and mental health; and visual impairment. Whilst the following primary needs were statistically lower in Warrington when compared to England: severe learning difficulty; profound and multiple learning difficulty; speech, language and communication needs; autistic spectrum disorder; and SEN support but no specialist assessment of type of need.

Chart 7: Primary type of need, percentage of pupil population



When comparing the number of pupils with SEN by their primary type of need between January 2015 and 2016 it was found that there was a substantial increase in the number of pupils recorded as having a moderate learning difficulty (a 28% increase between 2015 and 2016), during 2015 there were 1,014 pupils recorded with this primary need, by 2016 it had increased to 1,298. This finding may require further investigation.

A large increase was also observed for pupils reported as having speech, language and communication needs (SLCN). During 2015 658 pupils were recorded as having this as their primary need, this increased by 15% to 758 during 2016. However, although a substantial increase in the number of pupils with SLCN was observed during 2016, the proportion of pupils with SLCN as their primary need in Warrington is significantly lower than England.

For those pupils with a Statement or EHC plan, there has been a substantial increase in the number of pupils with ASD recorded as their primary need, over the past five years the number has increased by 33% (from 180 to 239).

4.1.5) Holiday Childcare

Information gathered by Warrington Local Authority to inform the Family and Childcare Trust's 2017 holiday childcare survey has identified that there is not enough holiday childcare in place in Warrington for disabled children; this gap has been identified in Warrington for some years. At present¹⁷ there are 36 providers of holiday childcare who report that they can provide facilities for children and young people with special needs (out of 65 holiday childcare providers). However, the concerns highlighted by Warrington Local Authority relate specifically to the cessation of holiday childcare provision at Fox Wood Special School.

4.2) Statement of SEN and EHC Plans

"In September 2014 the special educational needs and disability (SEND) reforms came into effect as part of the Children and Families Act 2014. From 1st September 2014, any children or young people who are newly referred to a local authority for assessment are considered under the new EHC plan assessment process. The legal test of when a child or young person requires an EHC plan remains the same as that for a statement under the Education Act 1996. January 2016 marked just over one third of the way through the transition period for local authorities to transfer statements to EHC plans, which is due to end by April 2018" (pp3, Department for Education, 2016c).

4.2.1) Assessments for an EHC Plan

During the calendar year 2016 there were 219 children and young people who were assessed and a decision was taken whether or not to issue a Statement or EHC plan¹⁸, an increase when compared to 2015 when there were 155 assessments conducted (41% increase). Increases in the number of assessments conducted during 2016 when compared to 2015 were also observed for England (30% increase), the North West (32% increase) and Warrington's statistical neighbours¹⁹ (19% increase), although these increases were not as high as Warrington. However, it should be noted that Warrington's statistical neighbours experienced a wide range in variation of new assessments conducted between 2015 and 2016, ranging from a 28% reduction in Solihull up to an 82% increase in Bury.

A possible cause in the increase of the number of assessments nationally has been suggested by the Care and Additional Needs Policy Committee. It has been suggested that the widening of the age group who could receive an EHC Plan (from 0 to 19 to 0 to 25) could have contributed to the increase. Additionally, parents now have more control and choice in relation to their child's journey through education.

Of the 219 assessments conducted in Warrington, 218 children and young people were issued with a Statement or EHC plan for the first time during the calendar year, 99.5% of assessments resulting in an EHC Plan; this percentage was higher than England (95.6%), the North West (95.7%) and Warrington's statistical neighbours (97.6%).

The high percentage of assessments resulting in an EHC plan in Warrington requires further investigation.

At present there are no national guidelines in place to assist with the assessment process, the lack of national guidelines is illustrated by the range of the percentage of assessments that resulted in an

¹⁷ June 2017 – based on information sourced from <http://www.mylifewarrington.co.uk>

¹⁸ Children and young people aged 0 to 25 years

¹⁹ Bury, Central Bedfordshire, Cheshire East, Cheshire West and Chester, East Riding of Yorkshire, Solihull, Staffordshire, Stockport, Warrington, Warwickshire, York.

EHC plan. The percentage of assessments that resulted in an EHC plan ranged from 47.5% in Trafford up to 100% in 26 local authorities.

4.2.2) Statement and EHC Plans

There are two sources of information which present the number of Statements or EHC plans in place within a local authority. Firstly, there is the source which has been used in section 4.1.3, this data has been sourced from the School Census and presents data for children and young people attending schools within a local authority and are of school age. The second source of data is provided directly from local authorities and includes information about children and young people for whom the local authority must maintain a Statement or EHC plan (children and young people aged 0 to 25 years).

The School Census revealed that as at January 2016 there were 1,082 pupils attending Warrington schools with Statements or EHC plans.

The total number of Statements or EHC plans in place in Warrington for those aged 0 to 25 years is 1,280 as at January 2017. There has been small year on year increases in the number of Statements or EHC plans being issued in Warrington since 2015. The total number of Statements or EHC plans in place increased by 6.4% when compared to the previous year (1,203 Statements or EHC plans), larger increases were seen for England (12.1%), the North West (13.5% increase) and Warrington's statistical neighbours (11.0% increase).

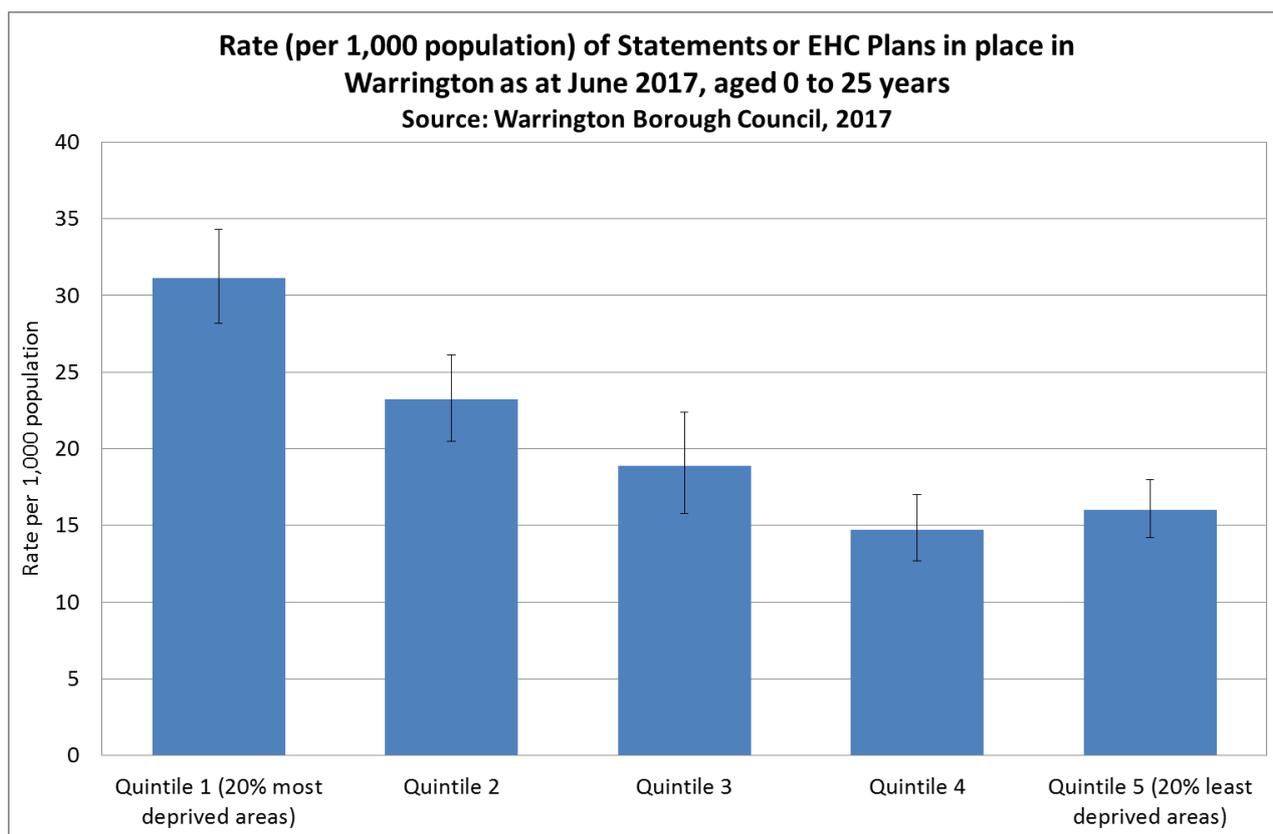
However, there was a substantial increase in the number of new EHC plans issued in Warrington during the 2016 calendar year when compared to the previous year. As stated in section 4.2.1, there were 218 new EHC plans issued in Warrington during 2016, an increase of 43% when compared to 2015 (152 EHC plans issued). Increases in the number of new EHC plans issued during 2016 were also seen across England (29% increase), the North West (30% increase) and Warrington's statistical neighbours (24% increase), but not to the same extent as locally. The increase in the number of new EHC plans should be investigated further to determine whether the increase is due to genuine demand or whether thresholds for EHC plans are too low in Warrington.

Data extracted by Warrington Borough Council as at June 2017 has shown a slight increase in the number of children and young people with a Statement or EHC plan (1,302) when compared to the January 2017 figure (1,280). The June 2017 information has shown that the rate of Statements or EHC plans that are in place in Warrington are highest in the more deprived areas²⁰ and then decrease as the level of deprivation reduces, with the exception of quintile 5 (20% least deprived areas) where the rate was slightly higher than quintile 4.

This finding follows the pattern presented in chart 4 showing DLA claimants and also national evidence which states that children and young people from deprived social backgrounds are at increased risk of SEND.

²⁰ Based on the postcode of the child or young person

Chart 8: Rate of Statements or EHC Plans in place in Warrington as at June 2017, aged 0 to 25 years



4.2.3) High Needs Budget

High needs funding is intended to provide the most appropriate support package for an individual with special educational needs in a range of settings, taking account of parental and student choice, whilst avoiding perverse incentives to over identify high needs pupils and students. It is also intended to support good quality alternative provision for pupils who cannot receive their education in schools.

The high needs funding system supports provision for pupils and students with special educational needs and disabilities (SEND) from their early years to 25 and it is expected that local authorities should use the budget to provide the most appropriate support package for the child or young person including:

- Children aged 0 to 5 with SEND whom the local authority decides to support from its high needs budget; some of these children may have EHC plans, but this is not a requirement;
- Pupils aged 5 to 18 (inclusive of students who turn 19 on or after 31 August in the academic year in which they study) with high levels of SEND in maintained schools, academies, FE institutions, SPIs or other settings which receive top-up funding from the high needs budget; most, but not all, of these pupils will have either statements of SEN or EHC plans;
- Those aged 19 to 25 in FE institutions and SPIs who have an EHC plan and require additional support costing over £6,000; if aged 19 to 25 without an EHC assessment or plan, local authorities must not use their high needs budgets to fund these students;
- Compulsory school-age pupils placed in Alternative Provision by local authorities or schools.

Funding is allocated to local authorities based on their past spending patterns, with a recent adjustment made to take into account the expanded 0-25 age range and to reflect other funding changes introduced in 2013. It is not based on any characteristics of the local authority, such as the number of Statements/EHC Plans.

During 2016/17 £15,398 was spent per child and young person with a Statement or EHC plan in Warrington, lower than the mean average of £16,608. The lower spend per child and young person in Warrington could be attributed to the recent increase in the number of children and young people with a Statement or EHC plan in Warrington.

Table 6: High Needs Budget

	£	CYP with a Statement/EHC plan	Spend per CYP
Cheshire West & Chester	39,700,000	1,671	£23,758
York	14,480,000	682	£21,232
Cheshire East	34,090,000	1,868	£18,249
Bury	23,750,000	1,378	£17,235
Solihull	22,640,000	1,415	£16,000
Warwickshire	50,630,000	3,260	£15,531
Central Bedfordshire	22,080,000	1,424	£15,506
Warrington	19,710,000	1,280	£15,398
Staffordshire	56,290,000	3,933	£14,312
Stockport	26,820,000	2,005	£13,377
East Riding of Yorkshire	19,110,000	1,580	£12,095

4.2.3) Personal budgets

A personal budget is an amount of money which can be used to deliver provision set out in an EHC plan and under the SEND Code of Practice local authorities are required to prepare a budget when requested. Local authorities must also provide information about organisations that may be able to provide advice and assistance to help parents and young people to make informed decisions about personal budgets.

In 2016 Warrington there were 129 personal budgets in place for children and young people with an EHC Plan²¹, of these 128 personal budgets were for social care needs (the remaining personal budget was for educational needs). As a proportion of all Statements or EHC plans issued as at January 2017, 10.1% had taken up a personal budget in Warrington, this percentage was substantially higher than England (2.2%), the North West (3.0%) and Warrington's statistical neighbours (3.1%).

The number of personal budgets taken up in Warrington increased during 2016 when compared to the previous year (110 personal budgets), an increase of 17%. Substantial increases in the number of personal budgets between 2015 and 2016 were seen for England (192% increase) and the North West (175% increase). The percentage increases were much higher for these areas when compared to Warrington because Warrington had a high uptake personal budgets during 2015, Warrington accounted for approximately a quarter of all personal budgets in place in the North West.

4.3) Education services / high needs

4.3.1) Placement of children with a Statement or EHC Plan

Of the 1,280 children and young people whom Warrington local authority have responsibility to maintain a Statement or EHC plan, over half (52%) are placed in a mainstream school; this is higher than both the England (43.4%) and the North West (39.7%) averages. These percentages include children and young people who attend SEN units and resourced provision (known as designated

²¹ Relates to children and young people aged 0 to 25 years

provision in Warrington). The percentage of children and young people who attend SEN units and resourced provision in Warrington (13%) was much higher than England (6.2%) and the North West (3.8%).

Of the 218 children and young people who received a new EHC Plan during 2016, three quarters (74.8%) attended mainstream school, substantially higher than England (61.5%) and the North West (57.7%). More specifically, over half (54.1%) of all children and young people who received a new EHC Plan during 2016 attended an LA maintained mainstream school, much higher than England (37.8%) and the North West (43.7%).

Chart 9: Placement of children with a Statement or EHC Plan

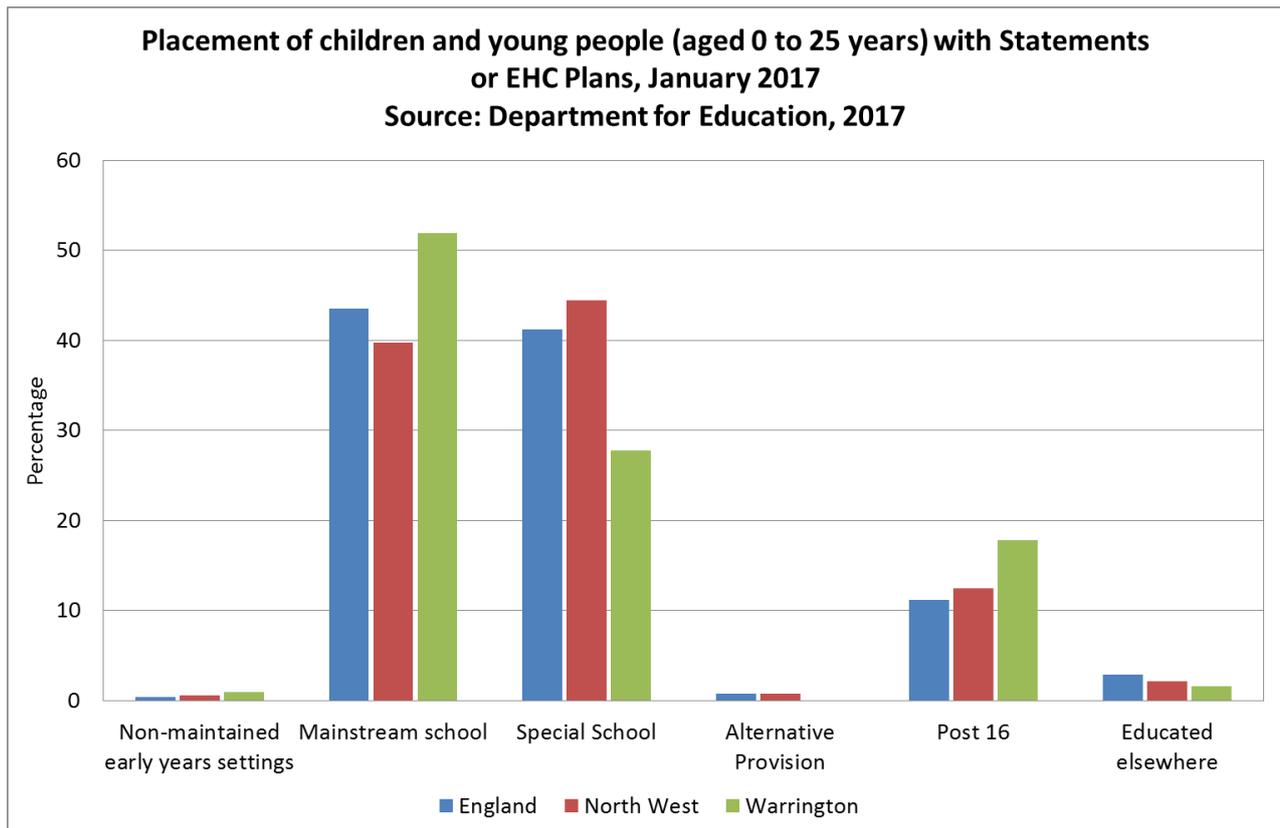
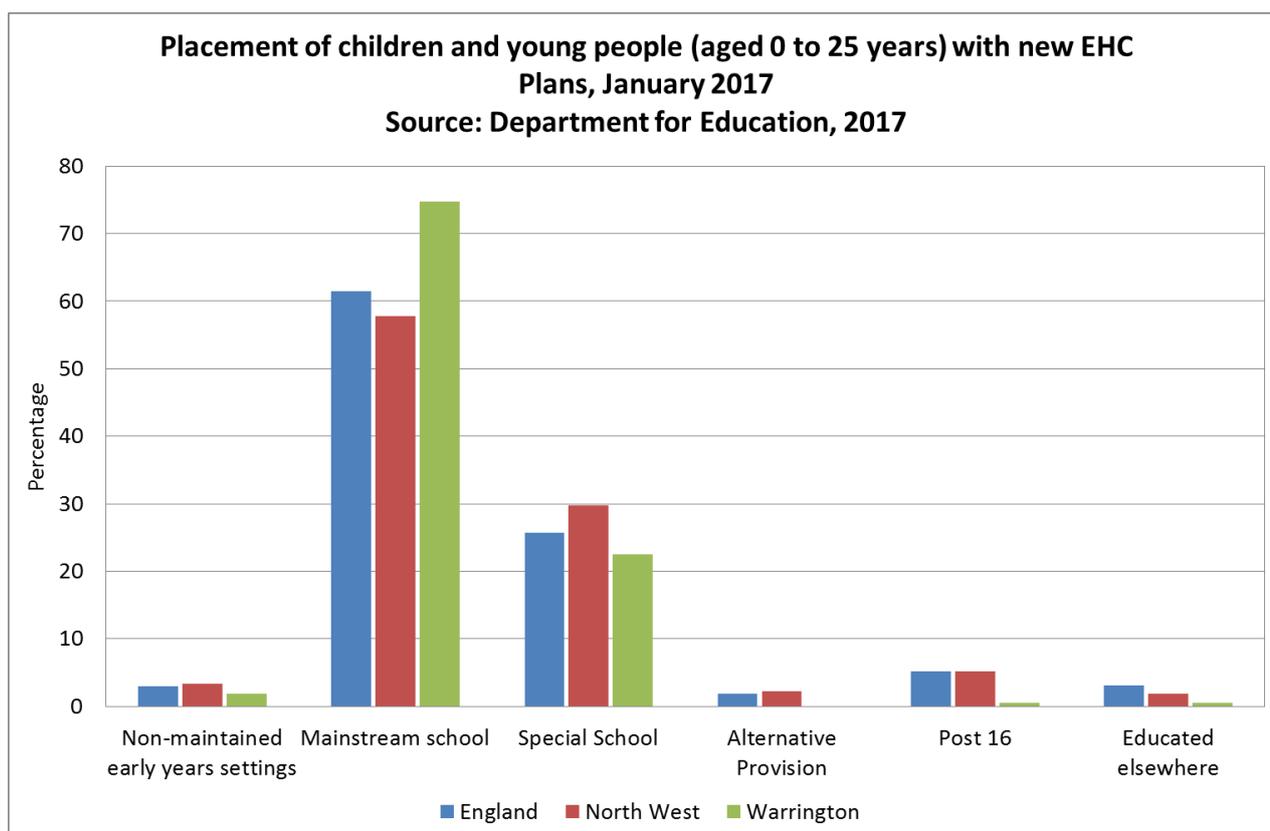


Chart 10: Placement of children with new EHC Plans



The School Census reported that as of January 2016, a higher percentage of state-funded Warrington primary school pupils attended SEN units and resourced provision when compared to England. 12.3% of state-funded primary school pupils with SEN with Statements or EHC plans attended SEN units (6.9% across England) whilst 15.5% of pupils were placed in resourced provision (7.8% across England). For state-funded secondary school pupils, a similar proportion of Warrington pupils attended SEN units and resourced provision when compared to England. 7% of state-funded secondary school pupils with SEN with Statements or EHC plans attended SEN units (5.4% across England) whilst 6.7% of pupils were placed in resourced provision (8.9% across England).

4.4) Health services

4.4.1) Continuing care packages and personal health budgets

“Some children and young people (up to their 18th birthday), may have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury. These needs may be so complex, that they cannot be met by the services which are routinely available from GP practices, hospitals or in the community commissioned by clinical commissioning groups (CCGs) or NHS England. A package of additional health support may be needed. This additional package of care has come to be known as continuing care. Continuing care is not needed by children or young people whose needs can be met appropriately through existing universal or specialist services through a case management approach” (pp5, Department of Health, 2016).

During 2015/16 the caseload of children aged 0 to 17 years who have been assessed and were deemed to be eligible for continuing care funding was 34. During 2015 there were 21 referrals to Warrington CCG, 16 of these were assessed as eligible for continuing care funding.

The children and young people who have been assessed as eligible for continuing care have varied and complex needs. Of the 34 children receiving funding during 2015/16, there were 35 separate medical and mental health conditions which had been diagnosed. Some children had more than 1 condition and some had multiple needs. ASD and learning disability were the most prevalent conditions which required additional support above and beyond the support that is currently commissioned. Of the cohort of 34, 35% had a diagnosis of ASD and 18% had a learning disability diagnosis.

Warrington CCG has reported that the number of children and young people receiving continuing care packages has increased over recent years.

“An amount of money allocated to meet a child or young person’s health and wellbeing needs. A personal health budget allows someone with a condition such as a long-term condition, learning disability, continuing healthcare or mental health needs to have more choice, flexibility and control over the services and care they receive, enabling them to better meet their desired health outcomes. CCGs are able to offer personal health budgets that do not involve giving money directly to individuals” (pp77, Department of Health, 2016).

Warrington CCG provided 18 personal health budgets during 2015/16.

4.4.2) Additional health services data

At present (July 2017) limited information about the number of children and young people receiving health care is available from Bridgewater Community Healthcare NHS Foundation Trust; the Trust are currently updating all electronic health records to include diagnosis coding.

It has been possible for Bridgewater NHS Trust to supply information about the number of children and young people (aged 17 years and under) receiving care for ADHD, as at June 2017 there were 608. This figure is lower than the expected prevalence for Warrington; if Warrington were to experience the same prevalence as presented by literature, it is expected that there would be between 740 and 1,851 children and young people with ADHD. This suggests that either Warrington has a lower prevalence of ADHD than expected, or there are individuals with ADHD but have not received a formal diagnosis from Bridgewater NHS Trust.

Bridgewater NHS Trust has also supplied information relating to the number of children and young people currently receiving care for speech, language and communication needs (SLCN). As at July 2017, there are a total of 1,282 active cases (aged 17 years and under) of which approximately 485 have an EHC plan. The total number of active cases (1,282) is lower than the expected prevalence for Warrington; if Warrington were to experience the same prevalence as presented by literature (10%), it is expected that there would be 3,702 children and young people with SLCN. This suggests that either Warrington has a lower prevalence of SLCN than expected, or there are individuals with SLCN but have not received a formal diagnosis from Bridgewater NHS Trust.

4.5) Children’s services

4.5.1) Early help

Portage

Warrington Portage Service was established in April 2016 (further information about the Portage Service can be found in Section 7). The team have supported 40 children in Warrington; the service sits within an Early Help environment and considers the needs of the child in the context of a ‘family’, conducting an early help assessment where a need presents. The service works closely with Children Centre teams, Health Visitors and Sandy Lane Outreach service.

Sandy Lane Forest School Nursey

Sandy Lane Nursery and Forest School is an inclusive mainstream nursery with alternative provision for children with complex needs between the ages of 2 and 4 years of age (further information about this service can be found in Section 7). During 2016/17 there were 20 allocated places at the nursery school.

4.5.2) Youth Justice Service

Warrington has experienced quite low numbers of young people in the youth justice service; the rate of first time entrants into the youth justice system have been significantly lower in Warrington when compared to England since 2011. As at June 2017, 18 young people had cases open to the youth justice service in Warrington, of these 7 had an EHC plan and a further 2 receive SEN support (50% of all young people known to the youth justice service). Of those with an EHC Plan, most were male and of teenage age. The percentage of children and young people known to the youth justice system with SEND (50%) is much higher when compared to the whole pupil population (14.3% as presented in section 4.1.4). This finding is also reflected nationally (Ministry of Justice and Department for Education, 2016)

4.5.3) Children in need

Children in need are defined in law as children who need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development, or are disabled.

In all English single tier and county councils, 28.1% of Children in Need were on SEN support and 21.9% had a statement of SEN or EHC plan in place during 2014/15. In Warrington, 32.0% of children in need were on SEN support, slightly higher than England. Whilst 16.2% of children in need had a statement of SEN or EHC plan, slightly lower than England (Local Government Association, 2017).

4.5.4) Children in care

Children in care are defined as those looked after by the local authority for one day or more. In Warrington during 2013/14 academic year, 30.8% of looked after children were on SEN support, compared to 37.5% in all English single tier and county councils. 41.7% of looked after children in Warrington had a statement of SEN or EHCP, compared to 30.0% in all English single tier and county councils (Local Government Association, 2017).

4.5.5) Short breaks

As at August 2017, there were 226 children and young people aged 0 to 17 receiving support from Warrington Borough Council for short breaks (further information about short breaks can be found in section 7). Just over two thirds (67%) of children and young people receiving short breaks were male (whilst 33% were female). Just under half (48%) of children and young people currently receiving short breaks were aged 11 to 15 years.

5) Outcomes for children, young people and their families

5.1) Attainment and Progress

5.1.1) Early years foundation stage

Attainment for children educated in early years foundation stage (EYFS) or reception class (ages 4 and 5) is measured through the following indicator – ‘percentage achieving a good level of development’. A good level of development is defined as those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics (Department for Education, 2016e).

Nationally, the percentage of children achieving a good level of development has improved between 2013 and 2016; however the gap in attainment between pupils with no identified SEN and pupils with SEN is very wide. The following table illustrates the percentage of children with no identified SEN compared to those with SEN who achieved a good level of development across England. The table illustrates that there has been improvements in the percentage of SEN pupils achieving a good level of development; however, the percentages remain substantially lower than non-SEN pupils. Data for Warrington has not been presented as the percentages for pupils with a Statement or EHC Plan were too small to be published by the Department for Education.

Table 7: Percentage of EYFS pupils achieving a good level of development, England

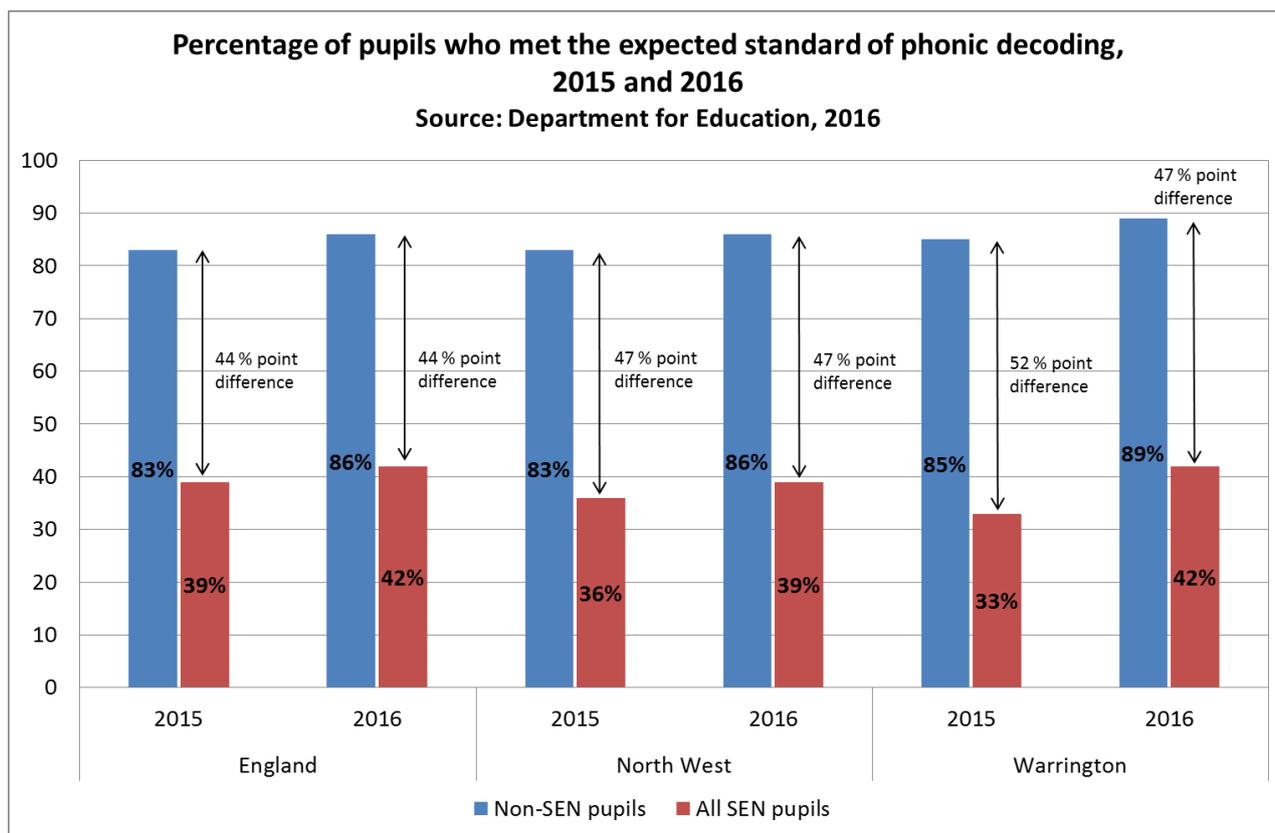
	2013	2014	2015	2016
Pupils with no identified SEN	53%	63%	69%	72%
All pupils with SEN	12.5%	16.9%	19.3%	22%

5.1.2) Key Stage 1

The phonics screening check is a statutory assessment for all pupils in year 1 (typically aged 5 and 6) to check whether they have reached the expected standard in phonic decoding. All state-funded schools with a year 1 cohort must administer the check. Those pupils who did not meet the standard in year 1 or who were not tested must be re-checked at the end of year 2 (typically aged 6 and 7) (Department for Education, 2016f).

The percentage of pupils who met the expected standard of phonic decoding is much lower for all pupils with SEN, when compared to pupils with no identified SEN. This pattern is seen nationally regionally and locally. Positively, across both groups of pupils, the percentage of pupils who met the expected standard increased during 2016 when compared to 2015, as the following chart illustrates. The rate of improvement for all SEN pupils was greater for Warrington when compared to England and the North West. During 2016 the gap in attainment in Warrington (47 percentage points) was similar to the North West but wider than England (44 percentage points). The gap in Warrington was wider because the percentage non-SEN pupils meeting the expected standard (89%) was higher than England (86%) and the North West (85%).

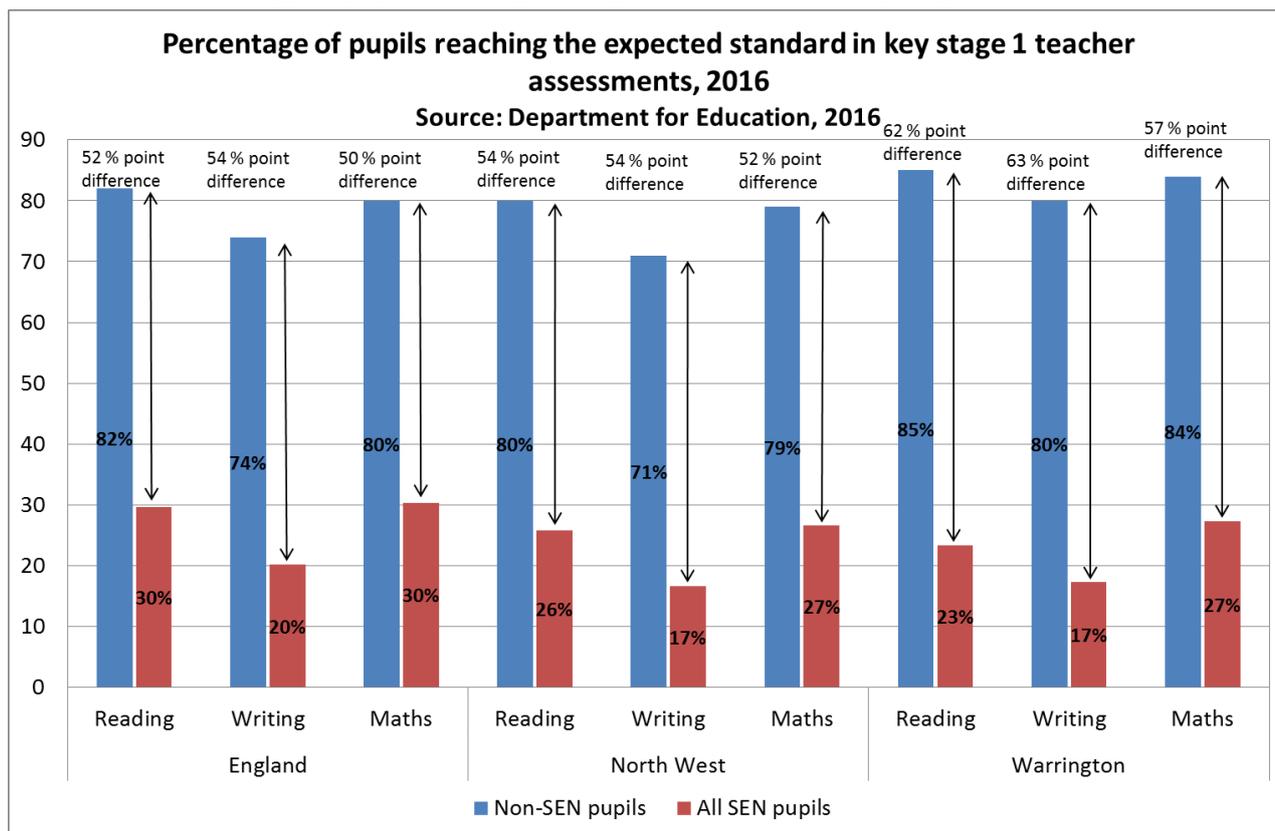
Chart 11: Percentage of pupils who met the expected standard of phonic decoding



New key stage 1 assessments were introduced for the first time during 2016, results of the assessments are based on teacher assessments to assess whether a pupil has met the new, higher expected standard. The percentage of all SEN pupils who reached the expected standards was much lower when compared to pupils with no identified SEN. However, the gap in attainment between SEN and non-SEN pupils was much higher in Warrington when compared to England and the North West for reading, writing and maths.

The percentage of pupils with SEN who achieved the expected standard for reading, writing and maths was lower in Warrington when compared to England, whilst the percentage of non-SEN pupils in Warrington meeting the expected standard was higher than England, therefore increasing the attainment gap.

Chart 12: Percentage of pupils reaching the expected standard in key stage 1 teacher assessments

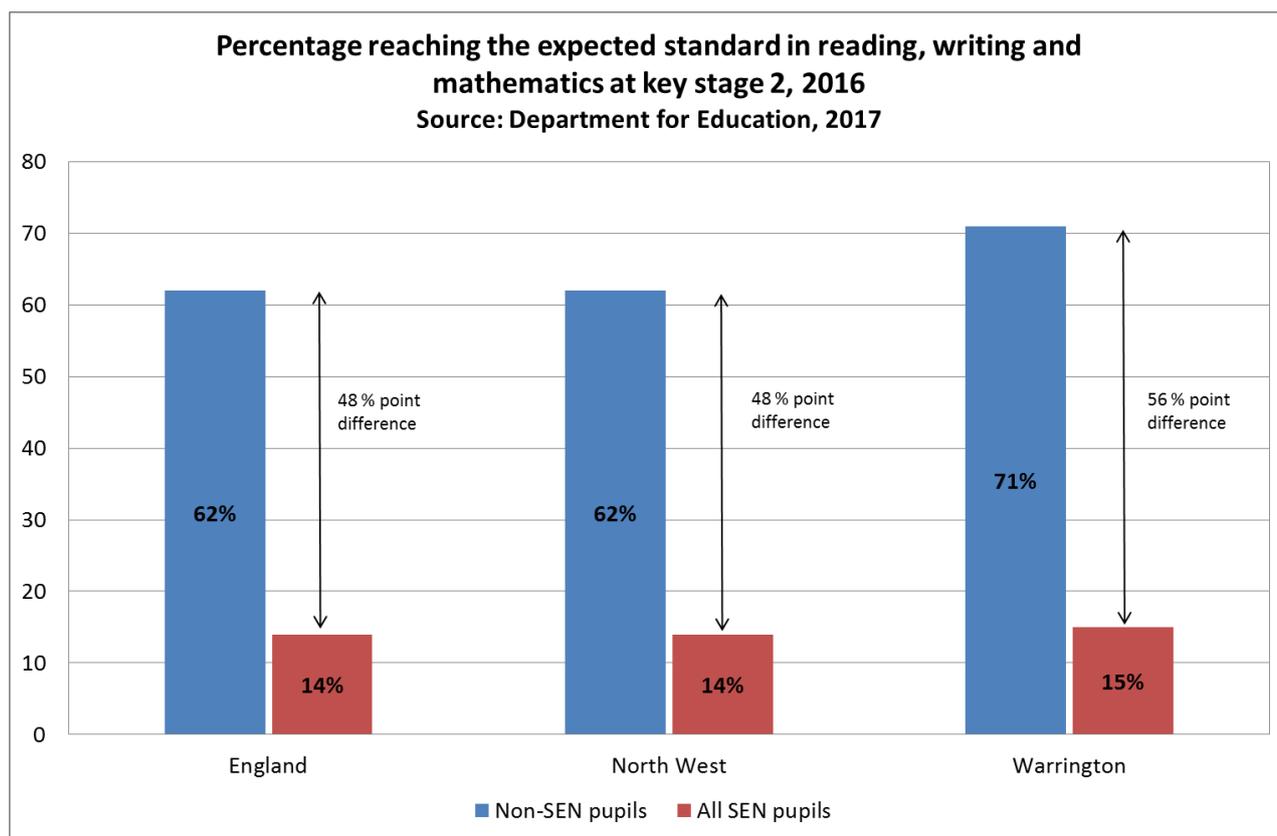


5.1.2) Key stage 2

New key stage 2 assessments were introduced for the first time during 2016, they assess the new, more challenging national curriculum which was introduced in 2014; pupils are tested during Year 6 (aged 10/11 years). As with key stage 1, the percentage of all SEN pupils who reached the expected standards was much lower when compared to pupils with no identified SEN, this pattern was seen nationally, regionally and locally in Warrington. However, the gap in attainment between SEN and Non-SEN pupils was much higher in Warrington (56 percentage point gap) when compared to England and the North West (both with 48 percentage point difference) for the combined reading, writing and maths.

The gap in Warrington was wider than England and the North West due to the higher percentage of non-SEN pupils who achieved the expected standard (71% compared to 62% for England and the North West), the percentage of SEN pupils achieving the expected standard in Warrington (15%) was slightly higher than England and the North West (both were 14%).

Chart 13: Percentage of pupils reaching the expected standard in key stage 2 teacher assessments



5.1.3) Key Stage 4

Attainment at key stage 4 (aged 15/16 years) is measured through a number of different attainment indicators. Analysis conducted by the Department for Education has identified that the attainment gap between pupils with SEN compared to pupils with no identified SEN remains the largest gap of all characteristics groups: pupils with SEN perform significantly worse than pupils with no identified SEN across all headline measures in attainment (Department for Education, 2017b).

24.2% of all SEN pupils across England achieved A*-C in English and Maths during 2015/16, substantially lower than pupils with no identified SEN (70.1%). Percentages for Warrington have not been released by the Department for Education due to small numbers.

The English Baccalaureate (EBacc) is a school performance measure, it allows people to see how many pupils get a grade C or above in the core academic subjects²² at key stage 4.

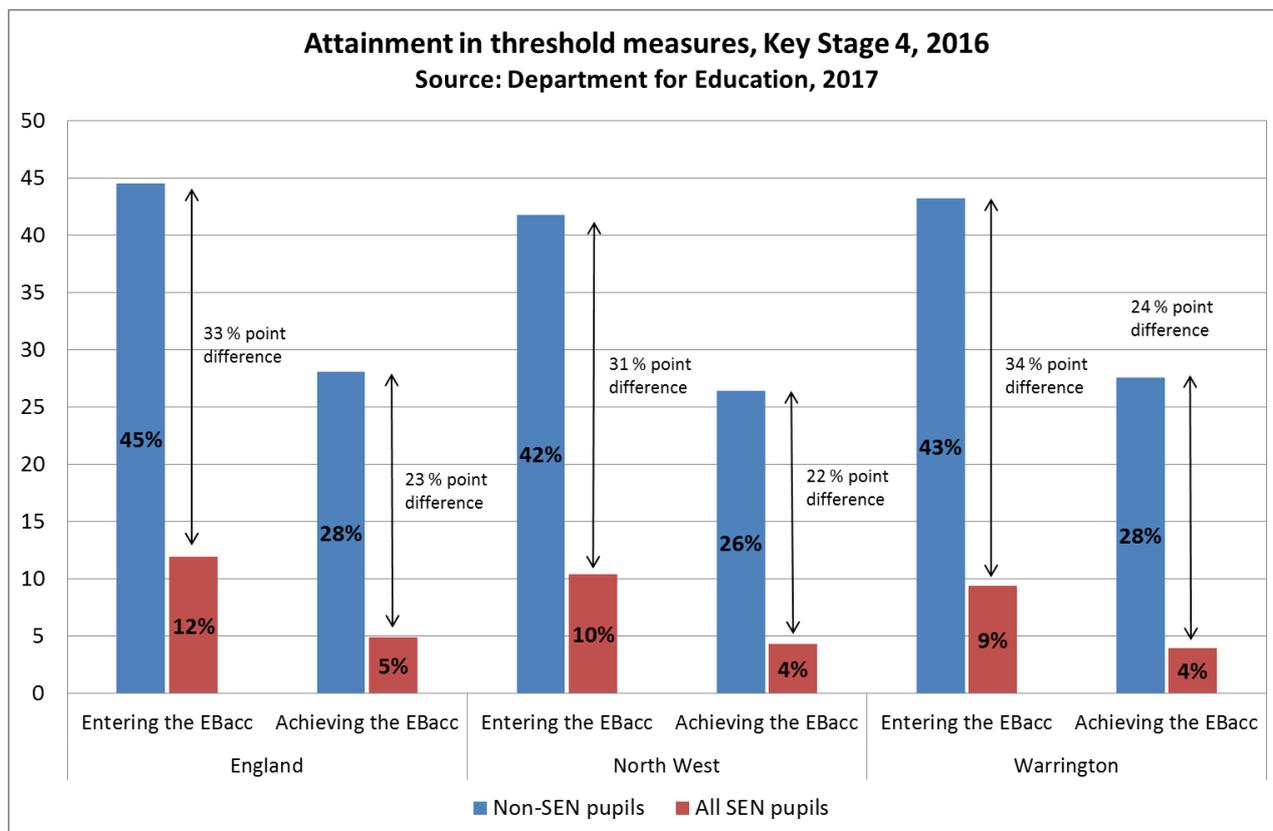
The percentage of Warrington pupils with SEN who entered the EBacc (9%) was slightly lower than England (12%) and the North West (10%), but substantially lower than pupils with no identified SEN (43%) as presented in the following chart. The percentage point gap between non-SEN pupils and pupils with SEN in Warrington (34 percentage points) was slightly wider than England (33 percentage points) and the North West (31 percentage points).

In Warrington 4% of pupils with SEN achieved the EBacc, similar to the North West (4%) and slightly lower than England (5%). Nationally, regionally and locally the percentage of pupils with SEN who achieved the EBacc was considerably lower than non-SEN pupils; in Warrington there was a 24

²² English, maths, history or geography, the sciences, a language.

percentage point difference, slightly wider than England (23 percentage points difference) and the North West (22 percentage points difference).

Chart 14: Attainment in threshold measures, Key Stage 4



5.1.4) Virtual School Head

During 2012 it was made law that every council must have a 'virtual school head'; the primary focus of the virtual school head is to raise the educational attainment of children in care (CiC) by getting these children the support they need to succeed at school and in later life (Department for Education, 2012).

As at June 2017 there were 316 4 to 16 year old CiC, of these 70 had an EHC Plan, this equates to approximately 22% of all CiC. For those aged 16 to 18 years, there are a total of 110 CiC, of which 25 have an EHC Plan – 23% of all CiC. The percentage of CiC children with SEND (22%) is much higher when compared to the whole pupil population (14.3% as presented in section 4.1.4).

Looked after children are four times more likely to have a special educational need (SEN) than all children and are almost 10 times as likely to have a statement of special educational need or an EHC plan (Department for Education, 2017c).

Of the CiC cohort with identified SEND aged 4 to 16 years (n=70), over three quarters (77%) were boys (23% were girls). 60 children (86%) attend schools with either good or outstanding judgements by Ofsted, whilst 10 children attended schools judged as requiring improvement or inadequate by Ofsted (14%).

14% of this cohort has received at least 1 fixed term exclusion over the last academic year.

All statutory school aged children have a current Personal Education Plan (PEP) completed within statutory time scales. All PEPs are quality assured, during the most recent term 96% were judged as good or outstanding.

5.2) Health outcomes

Where SEND children and young people require health services, health outcomes are more often measured on an individual basis, rather than as a group/cohort. This is mainly due to SEND children and young people having varied individual health needs requiring differing levels of support and having personalised goals dependant on their desired outcomes. This makes creating aggregate outcome measures more challenging but not impossible for some outcomes or conditions.

It is recommended that health service providers explore opportunities to utilise any appropriate existing tools that could be implemented which measure health or wider outcomes, for example, the 5 Every Child Matters Outcomes; stay safe, make a positive contribution, enjoy and achieve, be healthy and achieve economic well-being.

5.3) Preparation for adulthood

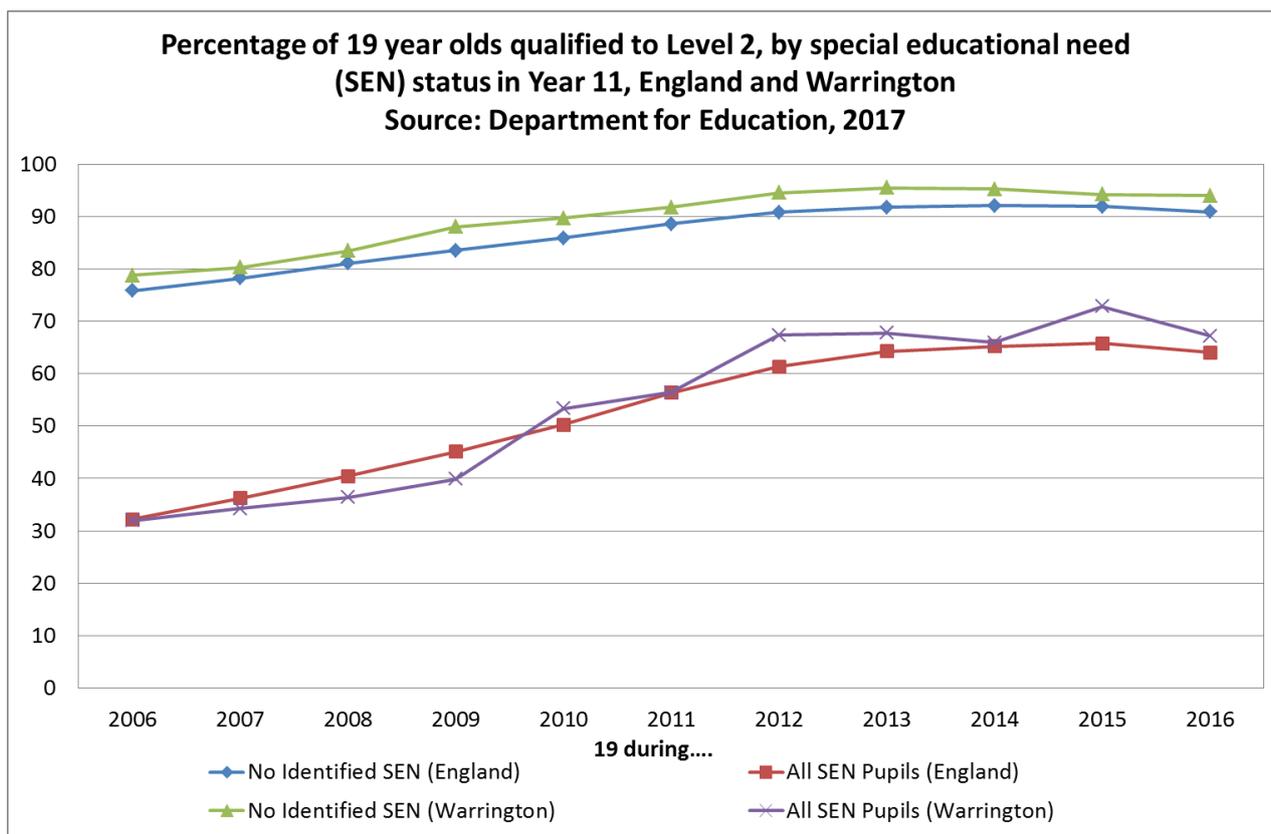
5.3.1) Education, employment and training destinations

Education: Level 2²³ attainment in Warrington has consistently been higher than the overall England performance for all pupils, pupils with SEN and pupils with no identified SEN. 67.2% of young people who were 19 years old during 2016 and identified with SEN were qualified to Level 2 in Warrington, higher than England (64%) and the North West (62%). The gap between attainment for pupils with no identified SEN and all SEN pupils in Warrington was 40% (percentage of pupils with no identified SEN who achieved Level 2 was 40% higher than pupils with identified SEN), for England the gap was 42%.

There has been a substantial increase in the percentage of pupils with identified SEN achieving Level 2 qualifications between 2006 and 2016 both nationally and locally, with a doubling of the percentage achieving Level 2. However, during 2016 there was a reduction in the percentage of SEN pupils achieving Level 2 in England and Warrington.

²³ Attainment of Level 2 equates to achievement of 5 or more GCSEs at grades A*-C or a Level 2 vocational qualification of equivalent size

Chart 15: Percentage of 19 year olds qualified to Level 2, England and Warrington

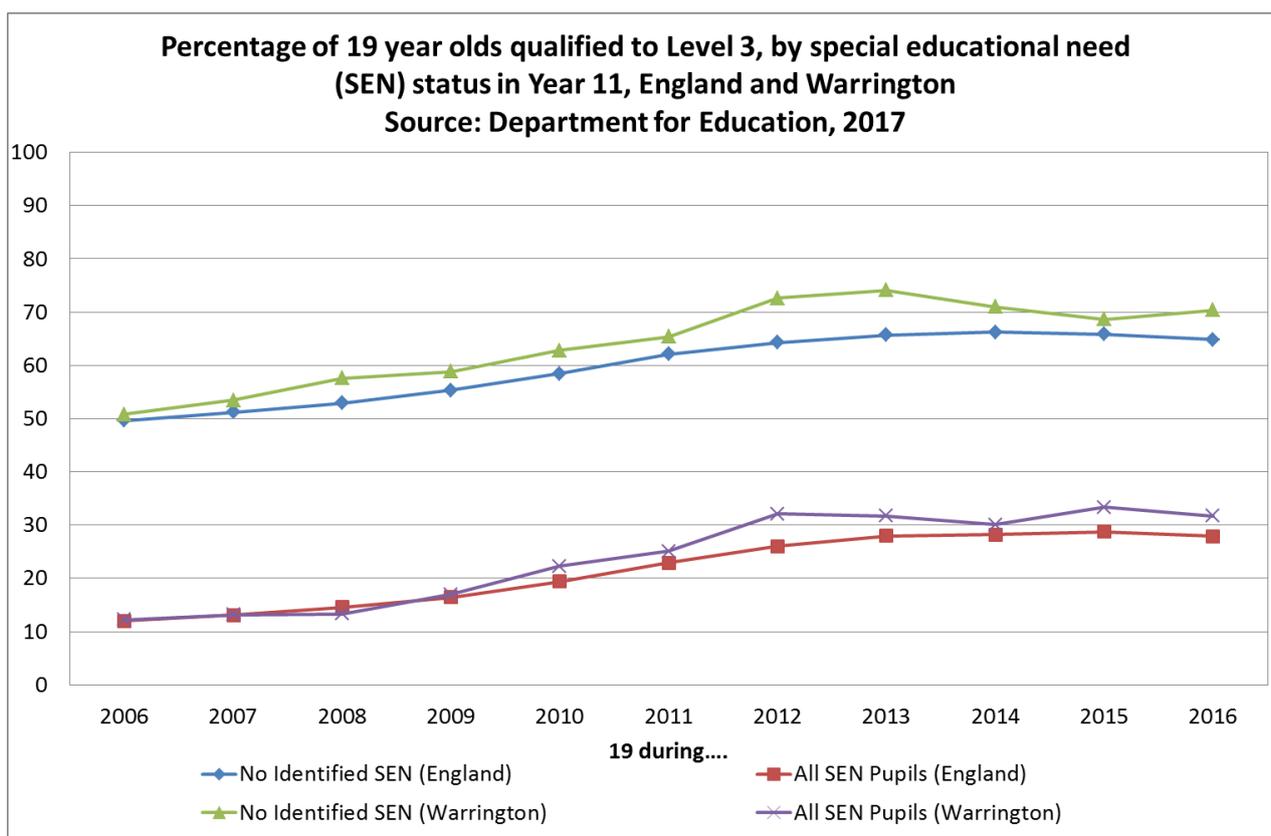


Level 3²⁴ attainment has also increased substantially between 2006 and 2016 across England and in Warrington. During 2006, 12% of young people who were 19 years old had achieved a Level 3 qualification (12% for both England and Warrington), this increased to 27.9% for England and 31.7% for Warrington during 2016, a slight decrease from the previous year (28.7% for England and 33.3% for Warrington).

There is a substantial gap between attainment for pupils with no identified SEN and all SEN pupils, much wider than the gap observed for Level 2 qualifications. In Warrington the percentage of pupils with no identified SEN who achieved Level 3 qualifications (70.4%) was more than double (122% higher) the percentage of pupils with identified SEN (31.7%), the gap was even wider for England (132% higher). However, the gap in attainment between SEN and non-SEN pupils has narrowed when compared to 2006.

²⁴ Attainment at Level 3 equates to achievement of 2 or more A-levels or an equivalent sized vocational qualification.

Chart 16: Percentage of 19 year olds qualified to Level 3, England and Warrington



As at March 2017, there were 249 16 to 17 year olds identified with SEND, this is approximately 5.2% of the whole 16 to 17 year old population. The percentage of 16 to 17 year olds with SEND in Warrington is higher than England (3.8%) the North West (4.0%) and Warrington’s statistical neighbours (4.2%).

Of the 249 16 to 17 year olds identified with SEND, 85.9% were in learning, slightly lower than the England percentage (87.6%) but slightly higher than the North West (85.1%).

The percentage of SEND 16 to 17 years olds defined as NEET²⁵ is lower in Warrington (5.6%) when compared to England (6.8%), the North West (8.7%) and Warrington’s statistical neighbours (6.6%). However, while NEET remains stable in Warrington, regionally it has decreased by 2% and nationally 3% in the last year. The concern is that if this trajectory continues Warrington will be higher than regional and national NEET averages.

5.3.2) Internship

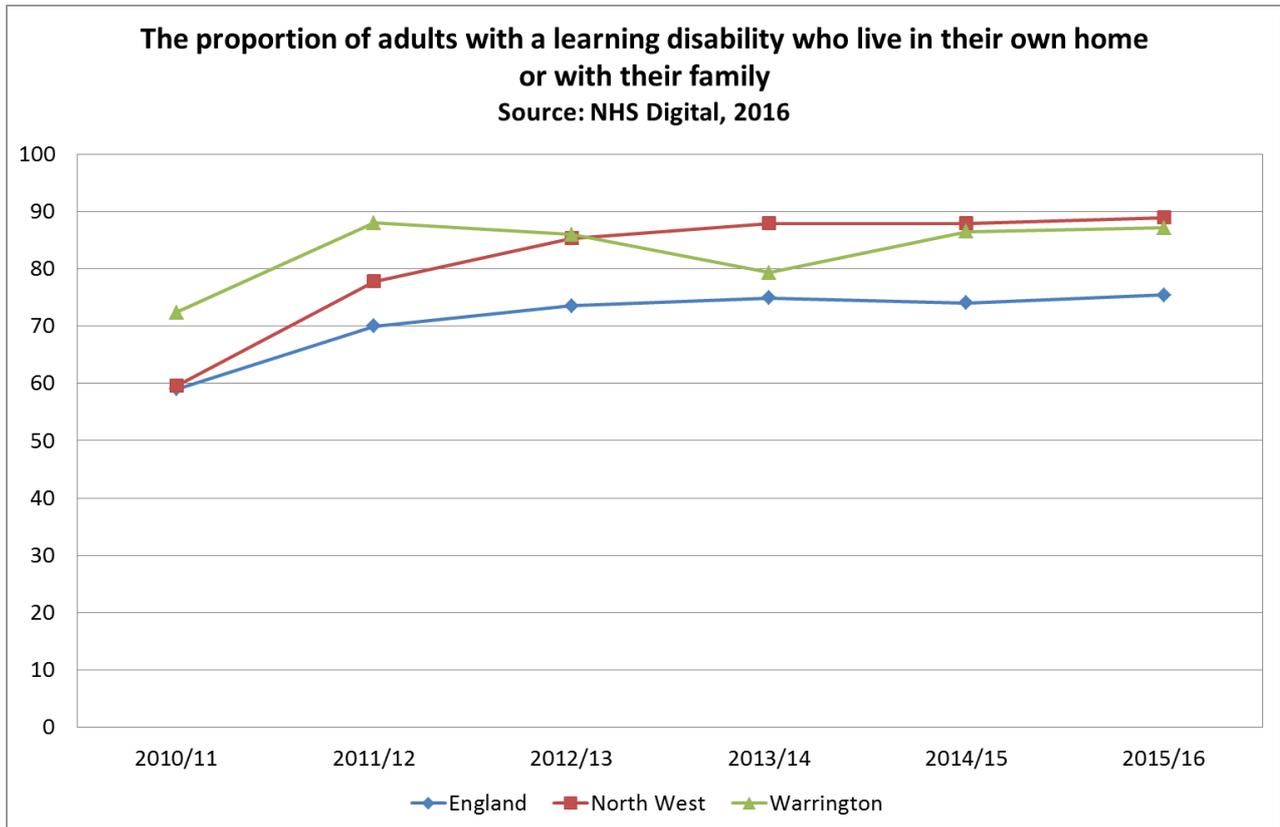
During 2016/17, 13 young people had participated in the internship programme (further information about the programme can be found in section 7); at the time of recruitment, 8 young people were NEET and 5 had completed a programme of study at Warrington Collegiate during the previous year. All learners were aged between 18-24 years at the time of enrolment (July 2016) and the majority (85%) were male.

²⁵ NEET – Not in Education, Employment or Training

5.3.3) Stable accommodation

75.4% of adults in England with a learning disability were reported as living in their own home or with their family in 2015-16, the percentage for Warrington was higher at 87.1%; Warrington has consistently had higher percentages than England, whilst being quite similar to the North West average.

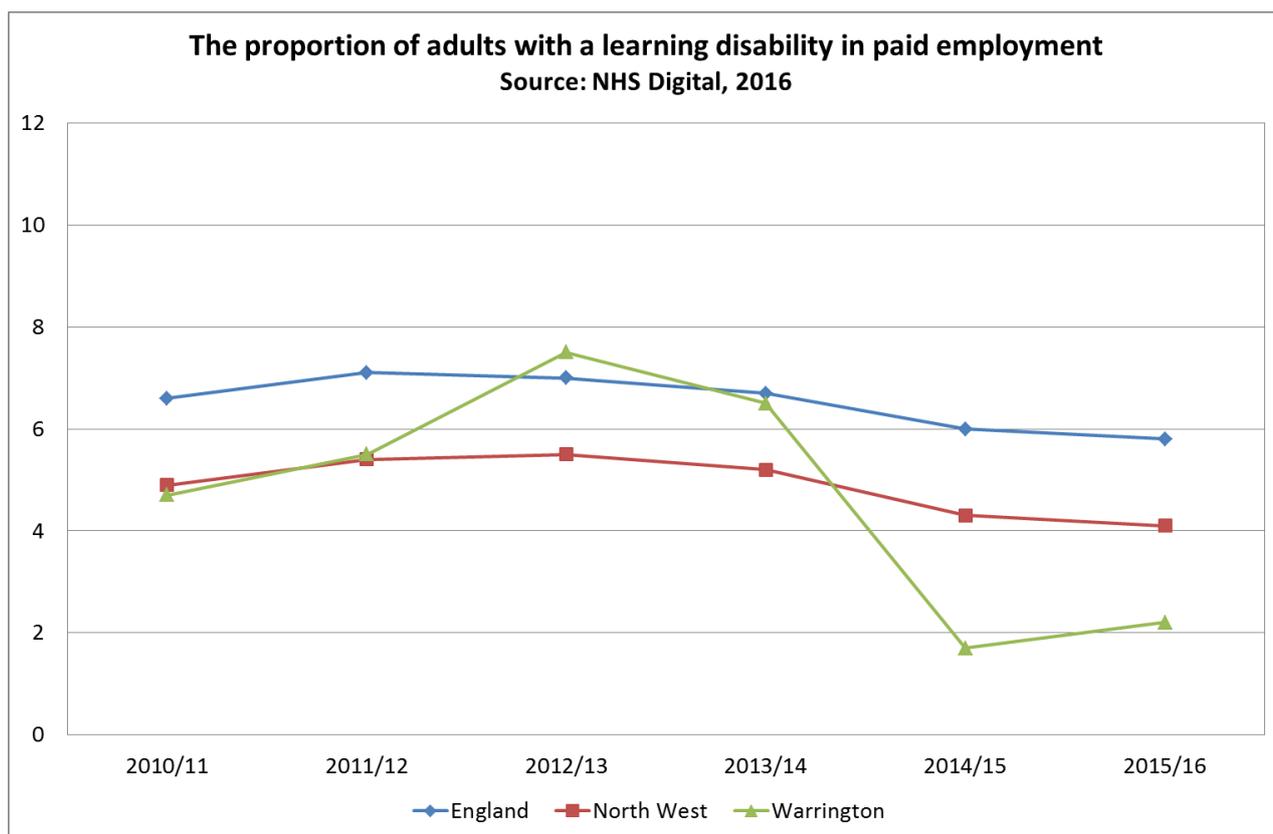
Chart 17: The proportion of adults with a learning disability who live in their own home or with their family



5.3.4) Paid Employment

5.8% of adults in England with a learning disability were reported as being in paid employment in 2015-16, the percentage for Warrington was lower at 2.2%. Caution should be used when interpreting the percentages for Warrington as they have been based on small numbers, therefore resulting in an erratic trend line (as illustrated in the following chart).

Chart 18: The proportion of adults with a learning disability in paid employment



5.4) Experience of the system

5.4.1) School absence and exclusions

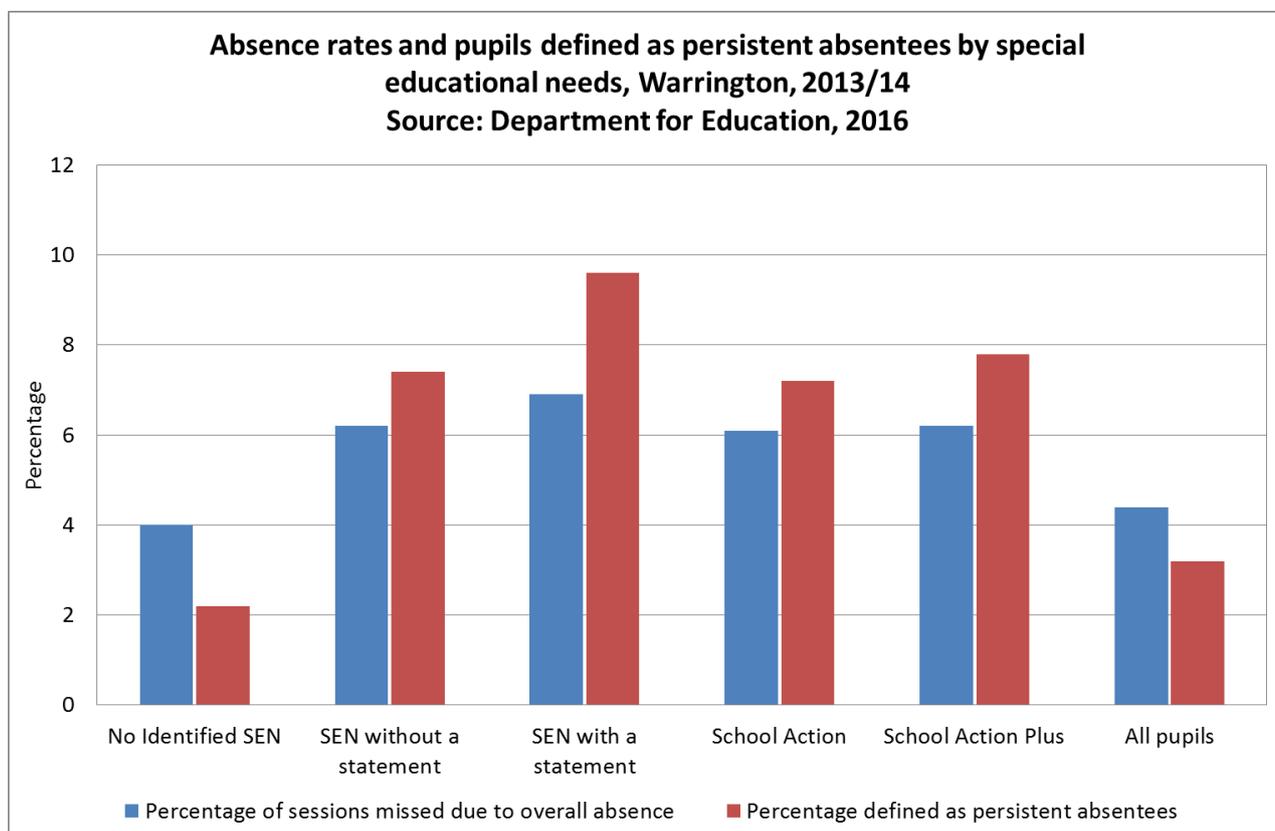
Analysis produced by the Department for Education during 2016 illustrates school absence and exclusions for children with SEN for the academic year 2013/14. During 2013/14 the following categories of SEN were in place: School Action and School Action Plus. School Action (SA) was used when there was evidence that a child was not making progress at school and there was a need for action to be taken to meet learning difficulties. SA could include the involvement of extra teachers and may have also required the use of different learning materials, special equipment or a different teaching strategy. School Action Plus (SA+) was used where SA has not been able to help the child make adequate progress. At SA+ the school would seek external advice from the local education authorities support services, the local Health Authority or from Social Services. SEN support replaced SA and SA+.

Over the six half terms during the 2013/14 academic year in Warrington, 4% of sessions were missed by pupils where no SEN had been identified, the percentage of sessions missed increased for those with SEN; these ranged from 6.1% for pupils with SA up to 6.9% for those with SEN with a Statement. Similar percentages were also seen nationally.

National data shows that for non-SEN pupils, over half of all absences (60.5%) were due to illness and 6.6% of absences were due to medical/dental appointments. For SEN pupils, the proportion of absences due to illness were lower (ranging from 47.9% for pupils with SA+ up to 54.1% for pupils with SA) and absence due to medical/dental appointments were higher (11.9% of absences for pupils with SEN with a Statement).

The percentage of pupils classified as persistent absentees²⁶ was much higher for pupils with SEN (ranging from 7.2% of SA pupils up to 9.6% of pupils with SEN with a Statement) when compared to pupils with no identified SEN (2.2%). A limitation to this dataset is that pupils with health conditions or disabilities that require frequent medical appointments or result in frequent illness are defined as a persistent absentee although they have no control over their absences.

Chart 19: Absence rates and pupils defined as persistent absentees



More recent data extracted by Warrington Borough Council (relating to 2015/16 academic year) illustrates that the absence rate for pupils has remained fairly similar; 4.4% of all pupils were recorded as absent during 2015/16, during 2013/14 the percentage was 4.6%. The absence rate increased to 6.1% for pupils with SEN support and 6.9% for pupils with a Statement or EHC plan.

The definition of persistent absenteeism changed from September 2015 where it was defined as the overall absence rate of 10% or more. The following data has been extracted by Warrington Borough Council and relates to the 2015/16 academic year. It should not be compared to any previous data presented in this JSNA chapter as like would not be compared with like.

This analysis showed that during the 2015/16 academic year, 9.4% of all pupils were defined as being persistent absentees, this reduced to 7.8% for pupils with no identified SEN. Those with SEN support or a Statement or EHC plan, the percentage of pupils who were persistently absent increased substantially to 16.9% for pupils with SEN support and 20.1% for pupils with a Statement or EHC plan.

For the academic year 2014/15 national exclusions data identified that:

²⁶ Persistent Absentees are defined as having an overall absence rate of around 15% or more. This equates to 56 or more sessions of absence (authorised and unauthorised) during the year for pupils aged between 5 and 14 and 46 or more sessions of absence (authorised and unauthorised) during the year for pupils aged 15.

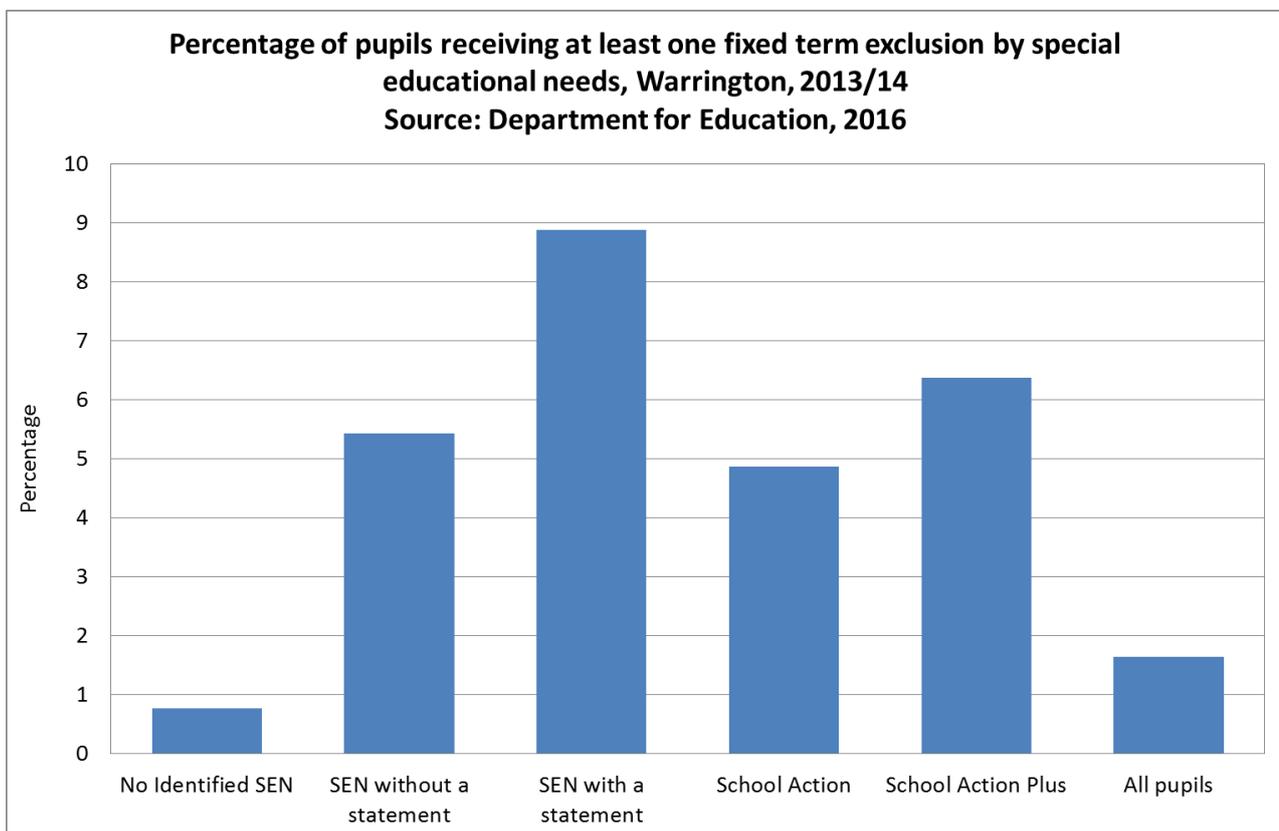
- Pupils with an EHC plan or with a statement of SEN had the highest fixed period exclusion rate and were almost 7 times more likely to receive a fixed period exclusion than pupils with no SEN;
- Pupils with identified SEN accounted for just over half of all permanent exclusions and fixed period exclusions;
- Pupils with SEN support had the highest permanent exclusion rate and were over 7 times more likely to receive a permanent exclusion than pupils with no SEN.

(pp5-6, Department for Education, 2016d)

Warrington data for 2013/14 (latest data available) showed that less than 1% (0.76%) of pupils with no identified SEN received at least one fixed period exclusion, this was substantially lower than pupils with identified SEN. The percentage of pupils with SEN who received at least one fixed period exclusion ranged from 4.9% of pupils with SA, up to 8.9% of pupils with SEN with Statement.

The number of pupils who received a permanent exclusion in Warrington during 2013/14 were too small to be able to perform robust analysis.

Chart 20: Percentage of pupils receiving at least one fixed term exclusion



5.4.2) SEND Information, Advice and Support Service (SENDIASS)

The Warrington SEND Information, Advice and Support Service (SENDIASS) support children and young people aged 0 to 25 years; further information about the service can be found in Section 7.

The service has supported 415 families in Warrington. The type of support offered includes: information and advice, visits and meetings with early year providers/schools/local authority, casework, appeals, tribunals and independent support.

5.4.3) Complaints

Warrington Borough Council has a statutory complaints procedure for complaints relating to children's social service, further information about the policy and procedure can be found [here](#). Between April 2013 and May 2017 there were 347 complaints reviewed and responded to by the council under this procedure. 54 (16%) of these complaints related to children and young people with special educational needs and/or disabilities (SEND). Over this time period almost two thirds (63%) of complaints were relating to corporate issues rather than statutory social care (37% of complaints).

The number complaints increased each year between 2013/14 and 2015/16 where the peak of 17 complaints was recorded. The number of complaints dropped substantially during 2016/17 to 7 in total; during the first two months of 2017/18 1 complaint has been recorded.

Over the time period of April 2013 to May 2017 the most common reason for complaints were due to either the delivery of a service (n=16) or service provision (n=15). Just over one fifth (22%) of complaints made were upheld by Warrington Borough Council, whilst over half (52%) were partially upheld. Just over a quarter (26%) of complaints were not upheld. The upholding (fully or in part) of complaints is a strong indicator of the department's commitment to deal with complaints in a fair and open manner accepting fault where appropriate.

5.4.4) Mediation

"If parents or young people want it to, mediation can take place following decisions by a local authority not to carry out an EHC needs assessment, not to draw up an EHC plan, after they receive a final EHC plan or amended plan, following a decision not to amend an EHC plan or a decision to cease to maintain an EHC plan" (pp251, Department for Education and Department of Health, 2015).

Warrington Borough Council currently contracts KIDS to provide independent information, advice and guidance to parents and young people about whether they want to go to mediation or proceed to tribunal.

During the calendar year 2016, there were no mediation cases held in Warrington. Warrington was one of four local authorities across the North West where no mediation cases were held.

5.4.5) Tribunals

"The tribunal hears appeals against decisions made by the local authorities in England in relation to children's and young people's EHC needs assessments and EHC plans. It also hears disability discrimination claims against schools and against local authorities when the local authority is the responsible body for a school" (pp259, Department for Education and Department of Health, 2015).

During the calendar year 2016, there were no tribunal cases held in Warrington. Warrington was one of five local authorities across the North West where no tribunal cases were held.

Since 2013 Warrington has placed more of an emphasis on the early resolution of cases and this work has been undertaken by the Integrated Services management team. Since 2013 there has been 1 tribunal held in Warrington; whilst during this time (2013 to 2016) there were 6 cases where an agreement was reached pre-tribunal.

6) Implementation of the reforms

Education, Health and Care Plans for children and young people aged up to 25 were introduced on the 1 September 2014 as part of the Special Educational Needs and Disability provisions in

the Children and Families Act 2014. From this point, any child newly referred to a local authority for assessment is considered under the new Education, Health and Care Plan assessment process.

The local authority is also required to transfer children and young people with Statements and those young people with a Learning Difficulty Assessments (LDA) to EHC plans by the 1 April 2018.

Progress in implementing the reforms is required to be reported to the Department for Education on an annual basis.

6.1) Conversions of statements to EHC Plans

In Warrington as of January 2016 there were 700 children and young people with a Statement, by January 2017 67.7% (474) were converted to an EHC plan. The percentage of plans converted during 2016 in Warrington was substantially higher than England (32.7%), the North West (33%) and Warrington's statistical neighbours (31.7%). As at August 2017, there are approximately 107 Statements to be converted to an EHC plan by April 2018, Warrington is on line to meet this deadline.

6.2) New EHC plans issued in statutory timelines

"The whole process of EHC needs assessment and EHC plan development, from the point when an assessment is requested (or a child or young person is brought to the local authority's attention) until the final EHC plan is issued, must take no more than 20 weeks" (pp152, Department for Education and Department of Health, 2015).

Excluding exceptions²⁷, during the calendar year 2016, 187 new EHC plans were issued within the statutory timelines, 88.8% of all new plans. This percentage was an increase from the previous year where 67.1% of plans were issued within 20 weeks. The Warrington percentage for 2016 (88.8%) was higher than England (58.6%) and the North West (65.7%).

The special education needs and disability regulations allow for exceptions to the time limits in certain cases. In Warrington 90.4% of EHC plans were issued including exception cases.

6.3) Discontinued statements or EHC Plans

In the calendar year up to January 2016 there were 31 Statements or EHC plans that were reviewed and subsequently discontinued in Warrington. Approximately 87% of the discontinued Statements or EHC plans were transferred to another local authority, whilst for the remaining discontinued Statements or EHC plans it was felt that special needs were being met without a Statement or EHC plan.

6.4) Learning Difficulty and Disability (LDD) transfers

"Learning Disability Assessments (LDAs) were undertaken for young people either because they had a statement at school or because, in the opinion of the local authority, they were likely to need additional support as part of their further education or training and would benefit from an LDA to identify their learning needs and the provision required to meet those needs" (pp23, Department for Education and Department of Health, 2015).

²⁷ The special education needs and disability regulations 2014 allow for exceptions to the time limits within the 20 week period.

As at August 2016, all (100%) young people in Warrington with an LDA (96) were issued with an EHC plan.

7) Current Services in relation to need

7.1) Early Years Services

7.1.1) Health Visiting

The Health Visiting Service forms part of the 0-19 Integrated Public Health Service commissioned by Warrington Borough Council. The responsibility of commissioning the 0-19 service commenced in October 2015. All families/children are offered a universal health visiting service from birth to 5 years and comprises of 5 mandated assessments²⁸, health promotion and the early identification of additional needs.

The Universal Plus offer to parents provides expert timely advice, guidance and support when needed for issues such as attachment, behaviour management, toilet training and infant feeding.

Universal Partnership Plus work in collaboration with other health, social care and education professionals where health needs are identified and co-ordinate tailored packages of additional care as required. This could include young people and families with mental health, substance misuse problems, risk taking behaviours, child protection or safeguarding issues and children with complex needs (Warrington Borough Council, 2015).

7.1.2) Portage Service

Warrington Portage Service employs four part time Early Years Portage workers who deliver home teaching programmes for pre-school children who have SEN or a disability. Children aged 0-4 can be referred to the Warrington Portage team by other professionals. The Portage model of learning is characterised by regular home visiting, supporting the development of play, communication, relationships, and learning for young children within the family, supporting the child and family's participation and inclusion in the community in their own right, working together with parents within the family, helping parents to identify what is important to them and their child and plan goals for learning and participation, keeping a shared record of the child's progress and other issues raised by the family and responding flexibly to the needs of the child and family when providing support.

7.1.3) Sandy Lane Forest School Nursey and Outreach Teacher

Sandy Lane Nursery and Forest School is an inclusive mainstream nursery with alternative provision for children with complex needs between the ages of 2 and 4 years of age. They function as the assessment nursery for the local authority and also operate an 'Outreach' SEN Service. The local authority has a service level agreement (SLA) in place that ensures support is provided to Early Years providers who are supporting children through SEN support. This support is provided for pre-school children who have or are undergoing assessment by the Child Development Centres (CDC) multi-disciplinary team. Referrals for Outreach Support are received via the CDC.

7.2) Support, Advice and Information

²⁸ Pre-birth assessment, new birth assessment, 6-8 week health assessment and review of maternal mental health, 12 month child health review and 2½ years child health review.

There are a range of support groups and organisations in Warrington providing information and support to families of disabled children and young people.

7.2.1) SENDIASS

SENDIAS replaced what was previously known as Warrington Parent Partnership Service in September 2014. SENDIASS exist in every local authority to provide impartial information, advice, support and guidance to parents/carers of children with special educational needs and since September 2014 to provide the same services for young people over the age of 16 who want information, support and guidance.

Warrington SENDIASS currently provides support, advice and guidance in the following areas:

- Independent support around the Education, Health and Care assessment process;
- Support to parents/carers on additional support in the Early Years;
- Support with transition to school and college (nursery, primary, secondary);
- Explaining the complexities of EHC assessments, plans and statements of special education needs;
- Annual and emergency reviews of statements and EHC plans;
- Disagreement resolution services;
- Home visits (if applicable);
- Training for parents/carers and professionals in all aspects of SEN and disability;
- Parent events such as early years, starting school and a year 5 transition event;
- Support around personal budgets/key working;
- The service has a dedicated confidential helpline where parents/carers and young people can talk to the SENDIASS officer. The service will offer a home visit where applicable and the officer also provides support for parents/carers and young people in meetings with schools, local authority and colleges. Where there may be a dispute it also helps parents/carers/young people to express their views either by writing their views or advocating at meetings.

Warrington SENDIASS currently offers a full time service but this is provided by Independent Support monies and this funding will end in 2020.

7.2.2) Independent Supporters

Independent Supports are qualified professionals who provide free information and support to children / young people and their families during the process of obtaining an Education, Health and Care Plan.

7.2.3) Formal complaints

Complaints about the provision for children and young people with special educational needs and/or disabilities should be directed to the Complaints Manager at Warrington Borough Council who will aim to resolve the matter in 10 working days.

7.2.4) Mediation and Disagreement Resolution

Many concerns can be settled through conversations or meetings with the other people involved. Sometimes however, a more formal meeting to discuss the issues can help move the situation on. Warrington Borough Council commission Mediation Support for children/young people and their parents/carers.

7.2.5) SEND appeals tribunal

In accordance with the Children and Families Act 2014 young people and their parents/carers have the right of appeal to the independent Special Educational Needs and Disability Tribunal if they are unhappy with the information contained within the EHC Plan or with the provision made. Appeals to the tribunal can only be made following contact with an independent mediation adviser to see if this is a more appropriate method of resolving the disagreement. Appeals must be registered within two months of the date of the EHC plan being made or a certificate being issued following mediation, or you being given mediation information, whichever is the later.

7.2.6) Local Government Ombudsman

The Local Government Ombudsman (LGO) is independent and deals with claims of maladministration leading to injustice. This provides a non-legal avenue for individuals seeking to scrutinise the decisions of public bodies. The LGO expects complaints to be made first of all to the local authority before they will investigate. If there is an alternative remedy such as a right of appeal to the tribunal, then the LGO will normally wait for the outcome of the appeal before investigating, as a decision may be needed before they can assess the injustice.

7.2.7) Local Offer

Ask Ollie <https://askollie.warrington.gov.uk/localoffer/> supports parents and carers of children and young people with Special Educational Needs and/or Disabilities (SEND) and young people with SEND themselves. It also provides information for professionals / practitioners working with children and young people with SEND and their families. Ask Ollie is co-produced by Warrington Borough Council with local young people with SEND, parents and carers of children with SEND and SEND practitioners who support these families.

7.3) School Access and Learning Support

Support in schools can be provided at a range of different levels, depending on the needs of the child/young person.

The Local Authority has an inclusive approach to the education of children with special and additional needs and seeks to educate children in their local schools where possible. There are 69 mainstream primary schools and 14 secondary provisions. These are a mix of academies, free schools, voluntary and maintained provisions.

The range of specialist provision includes designated provision attached to some mainstream schools for pupils with ASD, cognition and learning difficulties or behaviour, emotional and social difficulties and speech, language and communication needs. Designated placements are funded via the High Needs Budget from the early years through to Key Stage 4 for a range of needs set in the following table. 163 designated provision places are available in Warrington.

Table 8: Designated Provision in Warrington

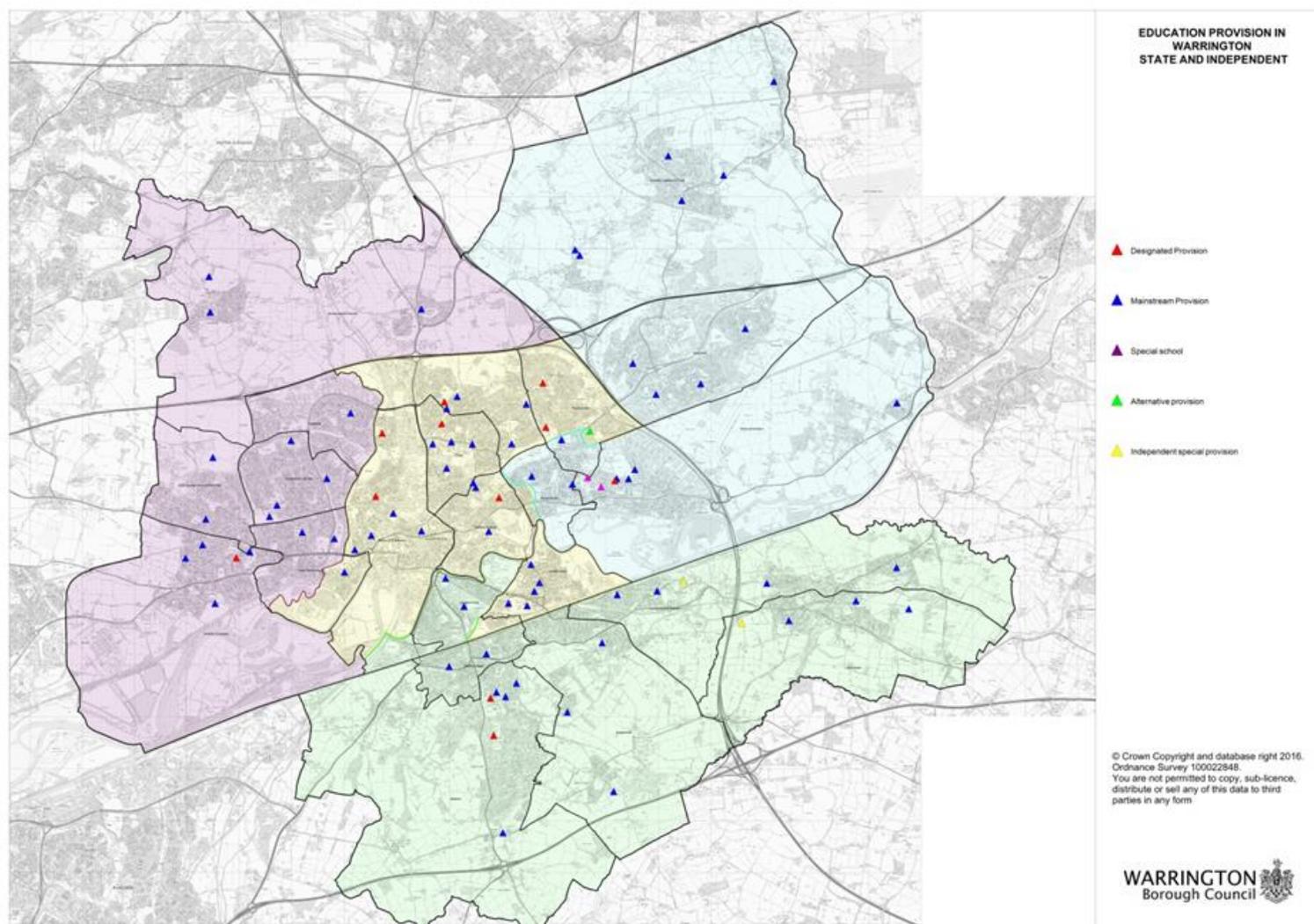
Phase	Early Years		Key Stage 1	Key Stage 2			Key Stage 3 & 4	
School	Sandy Lane	Dallam	Bewsey Lodge	Bewsey Lodge	Oakwood Ave	Woolston	Penketh	Bridgewater
			Cinnamon Brow	Meadowside		Dallam	University Academy Warrington	St Gregory's
			Dallam	Oakwood Ave		Sir Thomas Boteler		
			Meadowside					
Places	16 part time	4 part time	8 per provision	10 per provision	9 per provision	12 per provision	12 per provision	16 per provision
Need	All needs		Learning Difficulties	Cognition and Learning	Behaviour, Emotional & Social Disability	Autistic Spectrum Disorder	Autistic Spectrum Disorder	Cognition and Learning
			Speech, Language & Communication Needs					

There are three maintained specialist schools in Warrington, such as Fox Wood, Green Lane and Woolston Brook. These schools accommodate children and young people with complex learning needs, ASD and behaviour, emotional and social difficulties. There are 283 designated provision places available in Warrington.

Table 9: Special Schools in Warrington

Age range:	5 to 19	5 to 19	5-16
School:	Fox Wood	Green Lane	Woolston Brook
Places	78	141	64
Need:	Severe & Profound Learning Difficulties Autistic Spectrum Disorder	Moderate, Severe & Complex Learning Difficulties Autistic Spectrum Disorder	Behaviour, Emotional & Social Disability

Map 2: Education provision in Warrington



In total there are 446 places available in maintained specialist schools and designated provision across Warrington to pupils with an EHC plan, the number of places available is substantially lower than the number of pupils with EHC plans (1,082 during 2016). However, it is recognised that not all children and young people with an EHC plan will require a place within designated provision or a special school.

Warrington Borough Council also commission a large number of external agency placements which is due to the rapid increase of the number of children and young people with an EHC plan over the past three years whose needs cannot be met in the current established provision. These are from a range of independent providers mainly out of the Warrington area.

An application was submitted to the Department for Education in 2016 to open an ASD special school based on the increasing presentation of pupils with ASD, however the application was declined.

7.4) Social Care and Short Breaks

The Council's Children with Disabilities team provides support and advice to families with disabled children up to the age of 18 to discover which services they may be eligible for and best suit the needs of the child.

Personal Budgets are provided by the Council and Warrington Clinical Commissioning Group for children and young people and are an allocation of money for families to use to employ a Personal Assistant or fund support services of their own choosing. Children who are eligible for NHS Continuing Healthcare, can also access Personal Health Budgets to support their care needs.

Short Breaks are also commissioned by the Council and provide some families with a disabled child or young person respite. There are many different short breaks available, including holiday clubs, group sessions, agency carer support, overnight care in a residential centre, support from another family, or a direct payment to employ a personal assistant.

7.5) Travel and Transport

Warrington Borough Council provides free home-to-school transport for primary aged pupils who live more than two miles away, and for secondary aged pupils who live more than three miles away. Pupils with an Education, Health and Care Plan will be provided with transport or travel assistance to a designated unit or special school where it has been agreed that the school best meets the child's needs and it is over the statutory walking distance.

7.6) Health Services and Continuing Care Packages

In addition to universal services, such as GPs and health visitors, there are a range of specialist health services providing support for disabled children. The Child Development Centre (CDC) at Sandy Lane provides a focus for a number of assessments and services, particularly therapy services such as physiotherapy, speech and language therapy, and occupational therapy. The Community Paediatric Service is also based at the CDC and has recently been enhanced with the addition of a specialist nurse and emotional health and wellbeing post, both focused on supporting children with Neuro-developmental difficulties. This was in direct response to families concerns around timely access to diagnoses and also for support with mental health issues.

Wherever possible, services are provided in school or community settings. A Specialist Learning Disability Nursing Team works in the community to offer support and advice to parents of children with learning difficulties, delayed development and Autistic Spectrum Disorder. A Community Nursing Team work with children with very complex health needs. This includes children with long term and life-limiting conditions.

The Continuing Care Framework for Children (Department of Health, 2010) sets out the framework through which the needs of children with the most complex health needs should be planned for and provided. As required by the framework local processes include a Children's Continuing Care Assessment, Planning and review process. This is supported through a well establish Children's Continuing Care Panel and Continuing Care Health Needs Coordinator whose post is to ensure the effective co-ordination of care planning and support for this group of children and young people.

The Children's Continuing Care Panel also ensures that any child or young person who is eligible to Section 117 Aftercare receives the appropriate provision.

Support for children and young people with emotional health and well-being issues is provided through CCG locally commissioned CAMHS services. Where locally commissioned services cannot meet the identified 'health' need of a child or young person who meet the threshold of 'Continuing Care' and this is not available through NHS England commissioned Tertiary or Tier 4 CAMHS then

these needs will be met through the joint commissioning arrangements in place between Warrington CCG and Warrington Borough Council for Children's Continuing Care. Additionally, the 'Thrive' model²⁹ is currently being implemented in Warrington which will support integrated working and 'getting the right support at the right time and place' for children and young people with emotional and mental health needs.

Personal Health Budgets are available for Children, Young People and Families/Carers with SEND and these are utilised to good effect by a number of families already to ensure provision can meet their needs.

Each Clinical Commissioning Group (CCG) should provide a designated medical officer (DMO) or designated clinical officer (DCO) dedicated to children with special educational needs and disability (SEND).

Their role is to:

- Provide a point of contact for local authorities, schools and colleges seeking health advice on children and young people who have been identified as having SEND and when specialist health advice is required.
- Have oversight to ensure that assessment, planning and health support is carried out for children and young people with SEND, recognising the requirement to incorporate the transition to adult services and up to the age of 25.
- Provide advice to the CCG and local authority in relation to strategic planning and the commissioning of services in relation to children and young people with SEND.

At present this role is not in place with Warrington CCG. It is recommended that Warrington CCG develops this role.

7.7) Sensory support team

The Visual Impairment and Hearing Impairment team based within Warrington Council support children and young people who have visual or hearing impairment. The team also support parents/carers and the schools/settings, including early years settings.

7.8) Internship

All internships involve a programme of study (functional skills and employability) for one day per week at Warrington Collegiate. The remainder of the week is spent at their placement where they are supported by the Supported Internship Officer and their employment supervisor; this involves looking at personal progress, areas for development and setting goals. Each intern's contact hours in placement vary due to the needs of the individual and the set role they do in the workplace. The internship programme also help source placements and liaise with employers, interns and parents as part of the process to provide updates and progress reviews.

²⁹ More information about the 'Thrive' model can be found in [the Children and Young People Emotional Health and Wellbeing JSNA Chapter](#)

7.9) Transition

There is multi-agency planning process, which is designed to plan for the transition of children with disabilities from childhood to adulthood. This process can start from when the child is in Year 9 (for complex young people) or Year 11 (non-complex) with a referral through to the Transition Social Workers in Adults Social Care. Transition planning includes consideration of benefits, further education, higher education, employment, health issues, transport, housing, leisure opportunities, social care services, short break services and individualised budgets. Families continue to be supported by their Social Worker or Children and Families Practitioner during the period of transition as well as meeting with their worker from Adults Services.

A transition pack was launched in 2012 to help families through what can be a difficult time and published as part of the SEND Local Offer (Ask Ollie Website) and this will be reviewed in 2017/18.

A Transition Operational Group of professionals from all relevant agencies ensures operational oversight of transition arrangements for young people who require a co-ordinated response to ensure a smooth transition into adulthood. This could include young people with complex health needs, disabilities, mental health needs and vulnerable care leavers.

The Transition Strategic Group oversees the whole transition to adulthood agenda and identifies local priorities for improvement. The Group is responsible for setting the strategic commissioning direction for the transition process and development of a robust multi-agency transitions pathway, adopted by health, education and social care services to ensure adequate provision is in place for young people from the age of 14 onwards who are transitioning into adult services and whose needs span health, social care and education. The strategic group will ensure that through the transitions pathway, improved outcomes for young people complex health needs, disabilities, mental health needs and vulnerable care leavers are achievable within available resources and that access to interventions and services are delivered in an equitable, sustainable and timely manner. Partners will work together with young people and their families towards maximising their independence and supporting young people's social inclusion, education, employment and quality of life.

Transition is also one of the key work streams in the Adult Social Care Transformation Programme from 2017. This work stream will redesign the pathway from children's services through into adulthood for young people, ensuring that appropriate local services are available to meet the needs of individuals and there is effective commissioning arrangements both at an individual and service level to reduce the number of out of area placements.

A transition pathway has been developed with the Continuing Health Care team and shared with partner agencies and the Continuing Care Panel.

8) Projected service use and outcomes

The following table illustrates the expected number of children and young people with any disability, the projected figures have been based on the findings from the Family Resources Survey (see section 3.2.2) and using 2014 based ONS population projections. The table illustrates that the expected number of children and young people with any disability is likely to increase; the expected increase between 2019 and 2039 will be 6%.

Caution should be used in the interpretation of these figures as it is assumed that the estimated prevalence of any disability in children and young people aged 0 to 25 will remain constant. It is also assumed that the 2014 based ONS population projections are accurate.

Table 10: Estimated projections of prevalence from any disability

	2019	2024	2029	2034	2039
0 to 4	374	383	379	373	378
5 to 9	931	915	937	927	914
10 to 14	1,154	1,229	1,208	1,236	1,222
15 to 19	1,119	1,222	1,297	1,274	1,302
20 to 24	1,051	977	1,065	1,132	1,112
25	284	258	249	278	278
Total (0 to 25)	4,912	4,984	5,135	5,220	5,205

Projections for the number of EHC plans in place in Warrington over the coming years have not been calculated in this report for a number of reasons. Firstly, the introduction of the Children and Families Act in 2014 broadened the age range of children and young people eligible to receive an EHC Plan to 0 to 25 years (was compulsory school age only). Therefore, data presenting the number of EHC plans since 2015 cannot be compared to data from previous years as like is not being compared with like. It would be inappropriate to produce trends and projections using this data.

Secondly, it would also be inappropriate to produce projections on the data published since 2015 as only three time periods (2015, 2016 and 2017) are available. Within this time period the percentage of the 0 to 25 Warrington population with an EHC plan had increased from 1.7% in 2015 to 2% in 2017. It is not possible to state at the present time if the increase in the percentage over this three year time period is due to the broadening of the age range who are eligible for an EHC plan (therefore there has been a sudden increase in the number of plans being issued) or if the need for EHC plans in the 0 to 25 population is increasing.

It is suggested that this is explored further over the coming years as more annual data will be available.

9) Evidence of what works

9.1) NICE Guidelines

The National Institute for Health and Care Excellence (NICE) have produced a number of guidelines to support children and young people with SEND:

- Transition from children's to adults' services for young people using health or social care services ([NG43, 2016](#));
- Learning disabilities: challenging behaviour ([QS101, 2015](#));
- Looked-after babies, children and young people ([pathway, 2016](#));
- Attention deficit hyperactivity disorder overview ([pathway, 2017](#));
- Antisocial behaviour and conduct disorders in children and young people overview ([pathway, 2017](#));

9.2) Reducing fixed period exclusions for pupils with SEN

Contact a Family (2013) developed a series of recommendations from a report they produced which examined illegal exclusions for disabled children. It is not known what proportion, if any, of the fixed period exclusions that took place in Warrington were illegal, however the following recommendations could be adopted regardless of an exclusion being legal or illegal.

“A child with a disability, SEN or additional need should never be barred from school or college, a classroom activity or trip because of insufficient support. Schools need swift access to specialist support services, and all agencies including the school, health and local authority must work together in partnership with the parent to ensure the pupil gets the help they need to succeed”(pp4, Contact a Family, 2013).

“The most frequently excluded children with a disability, SEN or additional need are those who have conditions which affect behaviour. Schools should take early action to tackle the underlying cause, and to put in support before a crisis occurs. There should be an obligation on schools to consider moving the pupil to the next level of school-based support, and/or requesting a statutory assessment” (pp4, Contact a Family, 2013).

“Exclusion can have a wider financial, social and emotional impact on the family. Families under pressure are often less able to support their children. The well-being of the family should always be taken into account when disciplinary decisions are made” (pp4, Contact a Family, 2013).

10.0) (Target) population/service user views

Parent and carers views are communicated through the Warrington Parent and Carers (WarrPAC) Forum. They are a voluntary group of experienced parents, carers, grandparents and family members of children and young people aged 0 to 25 years with disabilities and additional needs. The forum listen to families and young people in Warrington to find out what is important to them, what support they need, what is working for them and what needs to be improved. The forum work with the organisations that plan and provide services in Warrington to make the best use of the resources available. Further information about the Warrington Parent and Carers Forum can be found [here](#).

During March 2017 a conference was held in Warrington to help shape children and young people’s future services, the event was attended by approximately 100 parents and professionals. Feedback from the day has provided partners and service providers with a number of priorities to focus on over the coming three years.

Key priorities identified were:

- Getting the right service at the right time;
- Improved transition planning;
- Improved early support offer;
- Increase the variety of short break services available;
- Develop sufficient and sustainable education provision in Warrington, including post 16;
- Fully embed EHC planning and processes.

Further information about these priorities can be found [here](#).

Warrington CCG asked all families who receive Continuing Care packages to complete a questionnaire. Out of 33 questionnaires which were sent to families, 8 were returned. From the responses received it is apparent that the process of Continuing Care may need to be explained more fully at assessment and timescales for reviews need to be agreed with parents.

A short breaks survey was conducted during 2016 where 65 parents/carers responded to the questionnaire. Of those who responded to the questionnaire, 80% were currently accessing short breaks. Of those who currently access short breaks, the following were cited as the most common

benefits short breaks brought to their family. 22% reported that short breaks allowed parents/carers to have a break and recharge their batteries. 21% reported that short breaks allow parents/carers to spend time with their other children. 19% of respondents reported that short breaks allowed their child to have fun and meet friends, whilst 13% of respondents stated that short breaks allowed them to catch up on sleep.

Respondents reported that increasing the level of provision would improve the short breaks service.

11.0) Safeguarding

The law requires each local area to set up a Safeguarding Children's Board which brings together all major organisations responsible for delivering services to children and young people. They must co-ordinate what is done by each agency to safeguard and promote the welfare of children and young people in the area and ensure the effectiveness of that work. The board in Warrington is called the Warrington Safeguarding Children Board (WSCB).

The WSCB does not commission or deliver direct frontline services. Their job is to make sure that the services which partners deliver or commission all work well together and that they are effective in keeping children and young people safe. They have a statutory responsibility to scrutinise the work of partners and to challenge poor practice (Warrington Safeguarding Children's Board, 2017).

Safeguarding practice guidance for disabled children and children missing education can be found [here](#).

12.0) Unmet needs and service gaps

The JSNA has identified that in Warrington there is a significantly higher percentage of pupils with either a Statement or EHC plan (3.4%) when compared to England (2.8%). This suggests that the early help offer could be more effective as children and young people are being escalated to an EHC plan rather than other support routes being utilised first. This requires further investigation to understand if the correct children are on SEN support or an EHC plan.

During 2016 there was a large increase in the number of new EHC plan assessments conducted (for children and young people aged 0 to 25 years), with almost all of these assessments resulting in an EHC plan. This resulted in an increase in the number of new EHC plans during 2016. An audit has recently commenced (July 2017) to investigate the increase and understand the causes of the increases in the number of assessments. Additionally, Warrington Borough Council has recently commissioned multi-agency outcomes training from the Council for Disabled Children, the focus of which was to improve the quality and outcomes of EHC plans. An action plan will be implemented based on the outcomes of this training.

At present there are not enough designated provision places or places available within special schools in Warrington based on the number of pupils with an EHC plan.

The JSNA chapter has identified that there has been a substantial increase in the number of pupils with moderate learning difficulty recorded as their primary need (a 28% increase when compared to the previous year). This may require further investigation.

The local authority has identified that there is not enough holiday childcare for disabled children currently in place in Warrington; this gap has been identified for some years. The gap has been exacerbated by the cessation of holiday childcare provision at Fox Wood Special School.

Analysis has identified that the rate of DLA claimants (aged 0 to 24) and the rate of children and young people with an EHC plan (aged 0 to 25 years) is significantly high in the more deprived areas

of Warrington. Warrington Council and partners need to ensure that services that are in place to support children and young people with SEND are accessible to people living in these areas.

At present (July 2017) limited information about the number of children and young people receiving health care is available from Bridgewater Community Healthcare NHS Foundation Trust; the Trust are currently updating all electronic health records to include diagnosis coding. Once this information has been recorded, it is recommended that information should be shared with Warrington CCG and Warrington Council to identify if all eligible children and young people are receiving the care they require.

Where SEND children and young people require health services, health outcomes are more often measured on an individual basis, rather than as a group/cohort. This is mainly due to SEND children and young people having varied individual health needs requiring differing levels of support and having personalised goals dependant on their desired outcomes. This makes creating aggregate outcome measures more challenging but not impossible for some outcomes or conditions.

Each Clinical Commissioning Group (CCG) should provide a designated medical officer (DMO) or designated clinical officer (DCO) dedicated to children with special educational needs and disability (SEND). At present this role is not in place with Warrington CCG.

The gap in educational attainment between all SEN pupils and pupils with no identified SEN is wide; this gap has been identified in literature produced by the Department for Education. However, in Warrington the gap in attainment at Key Stage 1 is wider than what is seen for England and the North West.

Funding for SENDIASS will cease in 2020

13.0) Opportunities for commissioning

As at August 2017, a market position statement and commissioning strategy were being developed which identify and support opportunities for commissioning, based on the findings from this JSNA chapter it is suggested that the following recommendations are considered within these documents.

Based on the increasing number of EHC Plans and reducing number of children on SEN Support it is proposed that the Senior Advisor resource be re-focused to quality assure the children on EHC Plans in conjunction with the schools, rather targeting those on SEN Support.

Based on the increasing number of children with neuro development conditions³⁰ it is proposed that more ASD educational/respite provision needs to be developed, including post 18 support.

The declined application for the ASD school also needs to be revisited and a business case developed for a Multi Academy Trust (MAT) / independent provider to supply the shortfall in provision.

More designated / special school places based on the low number of places currently available in Warrington compared to regional and statistical neighbours sufficiency.

The short breaks survey indicated that there needed to be more short breaks provision for parents including outreach support.

Holiday provision, before and after school clubs need to be developed on site of designated and special school sites as identified by parents/carers in survey in 2016.

More childcare provision for children with SEND at Sandy Lane is needed to take into consideration the establishment of 30 hours free childcare from September (statutory change).

³⁰ This includes conditions such as dyslexia, attention deficit hyperactivity disorder (ADHD), learning deficits and Autistic Spectrum Disorder (ASD)

Post 16 – 25 provision is needed in Warrington to ensure that young people have access to opportunities locally and are not travelling out of area, as is the case now.

Health service providers to explore opportunities to utilise any appropriate existing tools that could be implemented which measure health or wider outcomes.

A DMO/DCO role needs to be developed by the CCG in order to support health services to work in an integrated manner and to support the CCG in identifying and developing local health services for SEND.

Based on the increasing number of babies and children with long term complex health conditions who are in receipt of Continuing Care and need to access respite or residential provision, and the lack of provision for this cohort, there are opportunities to develop a residential/respite provision in Warrington for babies and young children with complex health needs.

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