The recent reform to the Government’s Children and Families Act (2014) and introduction of the ‘special educational needs and disability (SEND) code of practice: 0 to 25 years’ (2015) is transforming the way children and young people with SEND receive services across education, health and social care. In Wolverhampton, SEND is a key priority for joint commissioning between the local authority and clinical commissioning group (CCG).

This needs assessment aims to collate and analyse national and local information and data to develop a comprehensive picture of education, health and social care needs of children and young people with SEND in Wolverhampton.

**Scope of SEND JSNA**

This JSNA focuses on children and young people aged 0 to 25 years in Wolverhampton. It considers the education, health and social care needs of children and young people with:

- Learning difficulties (specific learning difficulties, moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties)
- Special educational needs (Across the 4 areas of need described in SEN(D) code of practice i.e. communication and interaction, cognition and learning, social, emotional and mental health and sensory and/or physical needs). This would include hearing impairment, visual impairment and multi-sensory impairment (MSI)
- Physical disability and
- Autistic spectrum disorder (ASD)

The SEND Code of practice emphasises the role of the Joint Strategic Needs Assessment (JSNA) in identifying the needs of children and young people with SEND and commissioning services that meet the needs of these children identified in their education, health and care (EHC) Plans (Fig 1).
Definition of Special Educational need (SEN) (SEN Code of Practice 2014)

**Definition of SEN (SEN Code of Practice 2014)**

Children have SEN if they have a **learning difficulty or disability** which calls for special **educational provision** to be made for them.

Children or young people have a learning difficulty or disability if they:

- Have a significantly greater difficulty in learning than the majority of others of the same age, or
- Have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions
- Are under the compulsory school age and fall within the definition of (i) or (ii)

**Special educational provision** means:

- for children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the LEA, other than special schools, in the area
- for children under two, educational provision of any kind.

Within the SEND Code of practice, disability is defined according to the Equality Act 2010 – that is ‘…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’. This definition provides a relatively low threshold and includes more children than many realise.

‘Long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. This 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 children and young people who have a disability and those with a SEN.

Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

**National Picture**

1. **Population**
- In 2014, 30% of the England’s population is aged 0 – 25 years and has increased by 8% since 2001. Highest proportion of children and young people are in the age groups 20-24 (22%) and 0-4 (21%)

2. **Prevalence**
- 15.4% pupils in England have SEN. Of these 2.8% have SEN statements and 12.6% receive SEN support
- The most common primary need of children with SEN support is moderate learning difficulty and of children with SEN Statement/ Educational, Health and Care (EHC) Plans is autistic spectrum disorder
SEN is more prevalent in boys, among 5-10 year old pupils and in children from black ethnic backgrounds

3. Health Needs
   - People with SEN have greater health needs and utilise more healthcare
   - Mental health issues are more prevalent in those with SEN than those without, and levels of mental health problems increase with levels of educational support needed
   - Children and young people with SEND have higher palliative care needs than general population

4. Wider Determinants
   - Research indicates a strong relationship between disability, low income, social exclusion and disability among families who have a disabled child
   - There is strong evidence that parental disability is a driver of poverty
   - 60% of all looked after children (i.e. children looked after continuously for at least twelve months as at 31 March 2015, excluding those children in respite care, are identified with SEN

5. Education
   - 14.4% of primary school pupils and 14.3% of secondary care pupils were identified with SEN in England
   - Pupils with SEN are less likely to perform well compared to pupils without SEN at all stages of education
   - Children with SEN are more likely to be persistent absentees compared to children with no SEN
   - School exclusions have been higher for pupils with SEN, particularly pupils with SEN support compared to pupils without SEN
   - In 2015, there were 87.3% 16-17 year olds with SEND in education and training compared to 91.3% 16-17 year olds without SEND

6. Housing
   - Families with a child who has a disability are 50% more likely than other families to live in overcrowded accommodation, to rate their home as being in a poor state of repair and to report problems with wiring, draughts and damp in the child’s bedroom

7. Lifestyle factors
   - National evidence suggests that pupils with learning difficulties (14%) are more likely to take an illicit substance including alcohol compared to pupils without learning difficulties (11%)
   - Children who have a limiting illness are more likely to be obese or overweight, particularly if they also have a learning disability
   - Young people with a disability are more likely to be inactive (60%) than those who do not have a disability (47%)

Local Picture

1. Population
   - Wolverhampton has a higher proportion of children and young people (32%) compared to England (30.4%)

2. Prevalence
There are 6,935 pupils receiving SEN provision in Wolverhampton, of which 5,782 (83%) received SEN support, 972 (14%) received a SEN statement and 181 (2.6%) received an EHC plan in 2015/16.

851 children with SEN or EHC Plans have accessed social care services as of April 2015.

In 2014, Wolverhampton had significantly higher prevalence of moderate (59.2 per 1,000) and severe (5.34 per 1,000) learning difficulties compared to England where the prevalence is 28.6 per 1,000 and 3.8 per 1,000 respectively.

There were 1,030 children and young people in Wolverhampton recorded on CareFirst with learning disabilities up to April 2015.

The rate of children with learning disabilities known to schools in Wolverhampton (65.9 per 1,000) in 2014 is significantly higher compared to England (33.7 per 1,000) and West Midlands (48.5 per 1,000). Also, Wolverhampton has the 2nd highest rate of children with learning disabilities known to schools compared to the 15 CIPFA (Chartered Institute of Public Finance and Accounting) neighbours.

In April 2015, there were 314 children and young people aged 25 and below recorded with autism by CareFirst (social care system) and 345 by Graphnet (GP registers). In 2014, the rate of children with autism known to schools in Wolverhampton was 4.6 per 1,000.

3. Education

- The trend in the proportion of pupils receiving SEN support and SEN statements/EHC plans in Wolverhampton is decreasing.
- Moderate LD is the most common type of primary SEN need in primary schools (48.7%) as well as secondary schools (41.1%) followed by speech, language and communication needs (SLCN) for primary schools (17.7%) and social, emotional and mental health (19.4%) for secondary schools. In Special schools in Wolverhampton, severe LD is the most common type of primary SEN need (27.1%) followed by Moderate LD (24.9%) and autistic spectrum disorder (ASD) (14%).
- Educational attainment for children and young people with SEN in KS1, KS2 and at year 11 is improving.

5. Wider determinants

- In 2015, Wolverhampton had an Income deprivation Affecting Children Index (IDACI) score of 31.3 which is 12th most deprived in England.
- Claimants for disability living allowance (DLA) aged 0-24 years are increasing in Wolverhampton, particularly for boys.
- The total fertility rate for women is higher in Wolverhampton compared to England, particularly for women aged 15-19 years and 20-24 years.
- Smoking at the time of delivery (16.3%) in Wolverhampton in 2015/16 is higher compared to 12.8% in West Midlands and 10.6% in England.

Future Needs

The future needs of children and young people with SEND have been identified by using the Holts method of forecasting which extends simple exponential smoothing (i.e. it assigns decreasing weights as the observation gets older) to allow forecasting of data with trends. However, this data must be used with caution, as it only provides an indication of the future trends. A number of assumptions have been utilised while developing the forecasts, which may or may not hold true in the future. Moreover, the forecast is only based on trend data.
and does not take into account changes in service delivery and management or the changing population.

The identified future needs for children and young people with SEN(D) in Wolverhampton are likely to be influenced by the following:

- Estimated increase in 0 - 24 year old population, particularly those in the age group 10 - 24 year olds
- Predicted increase in:
  - specific learning difficulty and visual impairment in secondary schools
  - speech, language and communication needs in secondary schools
  - rate of autism
- Increasing complexity of need, including mental health

**Current Services**

The services for children and young people with SEND in Wolverhampton are commissioned by the Wolverhampton Clinical Commissioning Group (CCG) and the City of Wolverhampton Council. The main healthcare providers in Wolverhampton are The Royal Wolverhampton NHS Trust (RWT) and Black Country Partnership Foundation NHS Trust (BCPFT).

The local offer on the City of Wolverhampton Council website provides information about all the services available to children and young people with SEND and their parents/carers.

**Key Assets**

- SEND Partnership Board
- Child Development Centre
- Special Needs Early Years’ Service
- Team Around the Child
- Key working
- Sensory Inclusion Service
- Local Offer
- Partnership working among Wolverhampton CCG, City of Wolverhampton Council and Parent/Carer forums such as Voice4Parents and Changing Young Lives
- Short Breaks

**Stakeholder Views**

Surveys were conducted to obtain the views of service providers and commissioners who provide and/or commission services for children and young people with SEND as well as parents/carers of children and young people with SEND and young people with SEND. Four surveys were conducted: 1 survey for health and social care service providers and commissioners, 1 survey for the education sector and 2 surveys for parents/carers of children and young people with SEND and young people with SEND.

The results of these surveys are the views and opinions of the people/organisations/teams/parents/young people who responded to the survey. These results should be interpreted with caution as they do not reflect the views of all the service providers/commissioners or education sector/parents in Wolverhampton.
Stakeholder views from national studies, national surveys, local SEND related strategies and other relevant literature have been included to further inform the needs of children and young people with SEND.

**Key themes arising from service providers/ commissioners including education**

- Improved data collection
- Support for children and young people with ASD and mental and behavioural problems
- Specialist training for staff
- Increased independence and employment opportunities
- Bespoke services for older children with SEND (14 – 24 year olds)
- Improved transition from children to adult services

**Key themes arising from Parents/ Carers and young people**

- Improved communication with parents and among services
- Timely referral and diagnosis
- Timely SEN assessments
- Raise awareness of services available
- Improved transition pathways
- Improved transport services and travel training

**Evidence Review**

- There is comprehensive, evidence-based best practice available to support transition to adulthood, including improving transition to health services, social care and employment

- There is a comprehensive database of evidence-based, effective interventions for speech, language and communication needs which is free and easily accessible

- Although the evidence base supporting early intervention for children with a disability is relatively strong, there is uncertainty regarding the long-term sustainability of the outcomes

- Individual budgets may increase choice and control over the support available for children with SEND, as well as support transition to adulthood, but there is insufficient details provided on interventions purchased to achieve these outcomes

- There is weak evidence available indicating interventions to improve educational partnerships with parents to improve child outcomes
Gaps in service provision and evidence

Gaps in service provision were primarily found in the following areas: specialist provision for particular types of SEN, specialist training for staff, referral pathways for health care and awareness of current services available. Detailed gaps analysis can be found in Section 8 of the full JSNA document.

The following gaps in the evidence of effective interventions for children and young people SEND were identified:

- effective interventions for children aged 4 and above
- effective interventions for dealing with sleep disorders
- robust data on outcomes for parents or other family members
- data on fathers’ experiences as the large majority of studies on parental views feature the opinions and experiences of mothers
- research studies based on UK sources
- long-term outcome studies depicting outcomes from childhood through to adulthood
- studies that compare the effectiveness of different approaches
- evaluation of interventions that support the transition to adult services

Recommendations

A face-to-face stakeholder engagement event was organised which aimed to share the results of the stakeholder engagement surveys and identify recommendations for the JSNA. Key personnel from health, education, social care and voluntary sector were invited and we are grateful for the contribution for all those who could attend the event. Five specific themes emerged from the stakeholder engagement event and a total of 41 recommendations arose from the discussion which were categorised for implementation in the short, medium and long term.

Data for children and young people with SEN(D)

1. It is recommended that the four areas of need, as described in the SEN(D) Code of Practice, be applied for all data collections related to SEN(D) across all organisations to ensure consistency (Short Term)
2. To develop shared definitions across all sectors informed by the SEN(D) Code of Practice (Short Term)
3. To develop a coherent data sharing protocol to ensure all relevant data can be shared across education, health and social care (Short Term)
4. To increase focus on early years to identify emerging trends (Short term)
5. To initiate a city-wide annual survey of children and young people with SEN(D) to improve qualitative data and obtain lifestyle data for children and young people with SEN(D) (Medium Term)
6. To establish a single database for patients’ records, accessible by all partners including health, social care and education and explore the use of EHC plans to achieve this (Medium term)
7. To raise the need for electronic records within health organisations nationally (Medium term)
8. To convene a project to identify good practice on shared data systems in the UK (Long term)
9. To develop a system of data mapping across health and social care including primary care and secondary care (including clinical coding) (Long Term).

**Transition to adulthood**

10. To effectively utilise transition planning to drive commissioning by providing a clear understanding of the needs of children and young people with SEN(D) (Short Term)
11. To utilise EHC Plans for transition planning at an early age and plan ahead for ‘support intensive’ children (Short Term)
12. To identify and share good practice in transition to adulthood for children and young people with SEN(D) (Short term)
13. Education sector to develop protocols for obtaining information from other educational authorities (Medium term)
14. To improve transition support at nurseries (Medium term)
15. To improve life skills and employability offer from the education sector (Medium Term)
16. To review transition pathways to ensure person centred not condition or diagnosis based on achievable outcomes (Medium Term)
17. All organisations to incorporate 18 – 25 year olds in their SEN(D) policies and processes (Medium Term)
18. To encourage employers, including local authorities and CCGs, to provide apprenticeship and employment opportunities for young people with SEN(D) (Long Term)
19. To review the learning disability pathway (Long term)

**Support for children and young people with SEN(D) with complex needs and mental health needs**

20. To explore the role of Headstart and how it can be used to improve early identification of children and young people with SEN(D) (Short Term)
21. To explore the role of health visiting, school nursing and family nurse partnerships to improve the early identification of children and young people with SEN(D) (Short term)
22. Specialist training for staff in educational sector including schools, colleges and universities (Short Term)
23. To develop shared definition of ‘complex needs’ across education, health and social care (Short term)
24. To develop/improve multi-disciplinary processes to support children with complex needs (Short Term)
25. To develop a system to record children with SEN support to identify the levels of support needed (Short term)
26. To incorporate decision makers at case review meetings (Short term)
27. To explore enhancing the short breaks service to incorporate children with complex needs and behavioural issues
28. To identify and share good practice in providing support for complex needs and mental health needs in schools, colleges and universities (Medium term)
29. To explore the provision of a lower-tier/Tier 2 multi-disciplinary workforce to improve early identification of children and young people with SEN(D) (Long term)
30. To explore the provision of a lower tier/Tier 2 multi-disciplinary workforce to provide support to children and young people with SEN(D) who do not meet the criteria for CAMHS (Long term)

**Promoting Independence among children and young people with SEN(D)**

31. To explore utilising existing services (including schools) to provide focused support for parents and families on promoting independence early and during transition (Short Term)
32. To explore utilising existing services to provide focused support on personal budgets and direct payments (Short Term)
33. To identify and share good practice on what independence means and ways of promoting it in children and young people with SEN(D) (Short Term)
34. To utilise EHC plans to identify support required to promote independence (Medium term)
35. To explore enhancing the transport service for children with SEN(D) in terms of the criteria as well as improving the experience of the journey
36. To explore utilising existing services including support groups, voluntary organisations, schools and universities to promote independence for children and young people with ASD (Long term)

**Organisational Training needs**

37. To provide basic training on SEN(D) Code of Practice across education, health, social care and employment sector (Short Term)
38. To increase awareness of how and where training is available across organisations (Short Term)
39. Incorporate SEN(D) training requirements into mandatory training across all organisations (Medium Term)
40. Develop a specialist group of trainers for joint training across the city (Medium Term)
41. To develop online forums to discuss issues and learn from what others are doing (Medium term)

**In addition to the above recommendations, it is also recommended that:**

42. The PI database is explored to link social care and secondary healthcare data for SEN(D), after SEN(D) data is incorporated within PI in phase 3.