Special Educational Needs and Disability

0 to 25 years

Joint Strategic Needs Assessment
2019

Contents

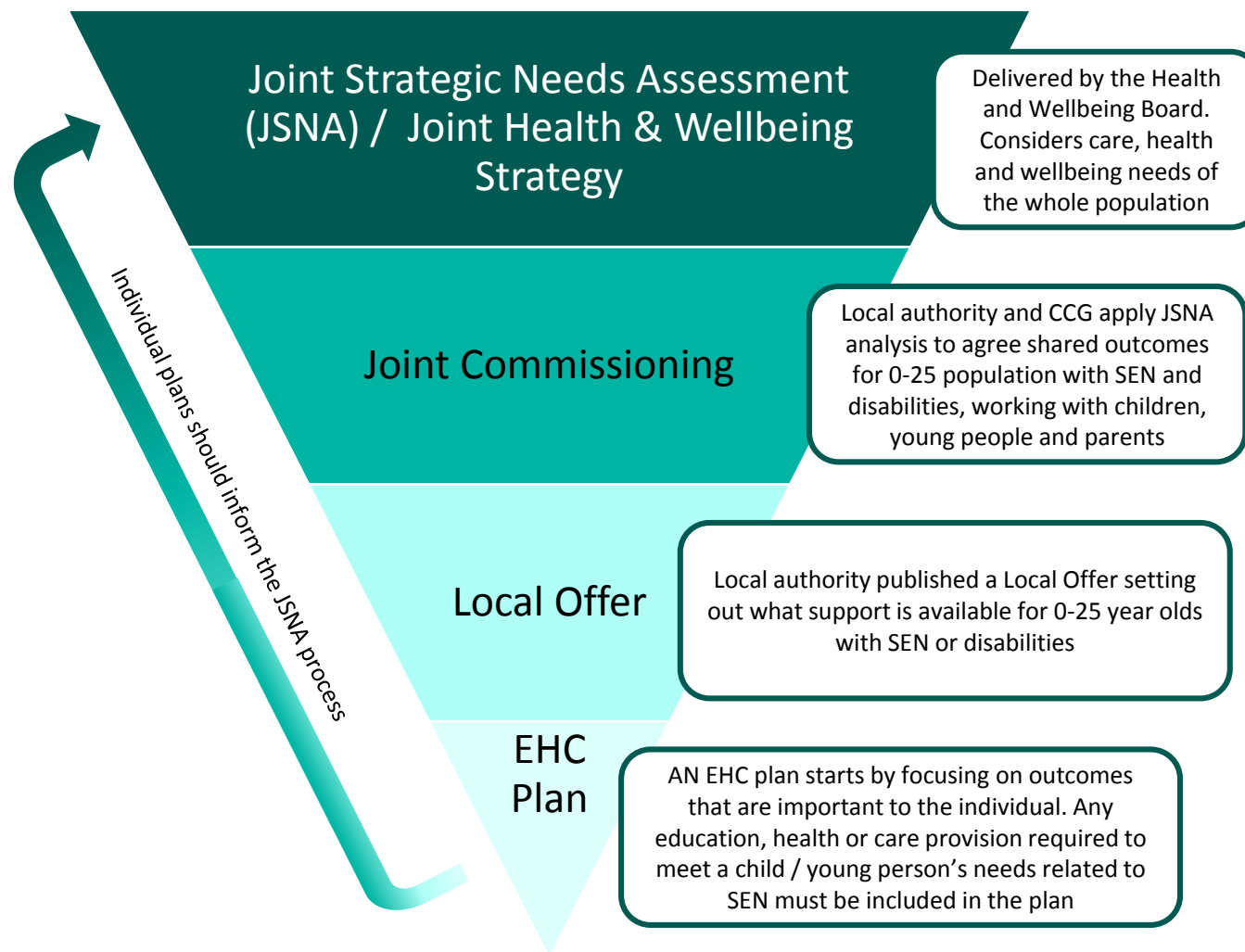# Introduction and background

What is a JSNA?

A Joint Strategic Needs Assessment (JSNA) is a **review of the current and future health and social care needs** of a defined community; in this case the population aged 0 to 25 living with Special Educational Needs and Disability (SEND) in Stockport.

The purpose of a JSNA is to identify ways to improve the health and wellbeing of the local community and reduce inequalities for all ages. A JSNA should collect data from a range of sources including national and local datasets. It is also important that the voice of the service users is incorporated within the process.

Figure 1 demonstrates the way in which this SEND JSNA is expected to influence commissioning decisions, SEND service provision and, ultimately, Education and Health Care (EHC) Plans themselves. This JSNA also covers the needs of those receiving SEN support. Rather than being a one-off exercise, it is intended that this JSNA will continue to develop, helping to improve the way in which evidence on SEND activity and outcomes becomes further integrated within planning and service delivery.

In order to identify good practice, and areas for improvement, it is important (where possible) to benchmark performance against other areas. For the purposes of this JSNA, performance in Stockport is compared with three statistical neighbours, **Bury**, **Solihull** and **Warrington**. These are the areas to which Stockport is most alike with respect to education and health. Comparisons are also made to the **North West** and **England** averages.

Figure 1: The role of a JSNA in influencing SEND planning and service delivery[1]

Individual plans should inform the JSNA process

Joint Strategic Needs Assessment (JSNA) / Joint Health & Wellbeing Strategy — Delivered by the Health and Wellbeing Board. Considers care, health and wellbeing needs of the whole population

Joint Commissioning — Local authority and CCG apply JSNA analysis to agree shared outcomes for 0-25 population with SEN and disabilities, working with children, young people and parents

Local Offer — Local authority published a Local Offer setting out what support is available for 0-25 year olds with SEN or disabilities

EHC Plan — AN EHC plan starts by focusing on outcomes that are important to the individual. Any education, health or care provision required to meet a child / young person's needs related to SEN must be included in the plan

Introduction and background

What is SEND?

SEND is a term which encompasses children and young people with **Special Educational Needs** (SEN) and / or a **Disability**.

SEN: The 2015 SEND Code of Practice states that children and young people have Special Educational Needs if they: "*have a learning difficulty or disability which calls for special educational provision to be made for him or her*"

Disability: The 2010 Equality Act defines someone with a disability as having: *'…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 'a year or more' and 'substantial' as being 'more than minor or trivial'. As such, this definition is relatively broad and encompasses a range of conditions including sensory impairments and long-term health conditions such as asthma or epilepsy.

SEN and disability are concepts which overlap in many, but not all, children and young people.

The 2015 SEND Code of Practice identifies four broad areas of need and support, however, many children and young people will have needs in more than one area, and the type and degree of need can fluctuate over time.

1. Communication and interaction
2. Cognition and learning
3. Social, emotional and mental health
4. Sensory and/or physical needs

The 2014 Children and Families Act extended the SEN system from 0 to 25 years – it is this age range which will be the focus of this JSNA.

What types of support are available to the SEND population?

There are two types of support available to children and young people with SEND who are considered to have additional needs.

SEN support: This consists of help given in addition to that provided by a school's usual curriculum. This may involve the class teacher and SEN co-ordinator receiving advice and support from external specialists.

EHC plan: An educational, health and care (EHC) plan is created as part of a formal assessment for children who require further help. This is a legal document which outlines the child's needs and the additional help which is required. EHC plans replaced 'Statements of SEN' in 2014 and most children have now been transferred over to EHC plans.

Stockport provides a number of services to support children and young people with SEND. These services are commissioned and delivered by a large number of organisations. The Stockport 'Local Offer' website provides and overview of available services for those aged 0 to 25 years, including in relation to:

- Education and learning
- Children's Health service for young people aged 0-25 with SEND
- Leisure activities and short breaks
- Early years advice and support
- 16 plus support and services
- Support around Transitions
- Money matters
- Social Care

Introduction and background

CQC/Ofsted inspection, 2018

In September 2018 there was a joint inspection of SEND services in Stockport by the Care Quality Commission and Ofsted. This team spoke with children and young people with SEND, parents and carers, service providers, Stockport Council and NHS CCG officers.

As a result of the inspection it was decided that a Written Statement of Action was needed due to significant areas of weakness in practice.

Some of the main strengths and weaknesses of SEND provision in Stockport are listed on this page. The full version of the letter is available here.

This JSNA supports the wider response of Stockport Council and CCG to the inspection letter. It is intended to improve understanding of the SEND population in Stockport in order to improve the commissioning and delivery of services for the SEND population.

Strengths

– There are passionate, knowledgeable and dedicated front-line workers.

– There are effective pathways into the child development unit which helps to identify children's needs before they start school.

– Children and young people with the most complex health needs receive effective interventions from the community children's nursing team and other specialist services.

– Young children have their needs assessed in a timely manner.

– Parents appreciate the local area's follow up when they are refused requests for a needs assessment.

– The willingness of front-line services to adapt their offer.

Weaknesses

– Poor shared understanding by local area leaders of the needs of these children and young people and their educational, care and health outcomes.

– Lack of an effective approach to jointly plan and commission the services that meet the needs of those with SEND.

– Failure to assess and meet the children and young people's social care needs in conjunction with EHC needs assessments and plans.

– Lack of involvement of children, young people and their families in meaningful, effective co-production of services, resources and support they need.

– Weak assessment of the effectiveness of the local area in improving outcomes.

– Limited progress in establishing pathways for autism spectrum disorder and ADHD meaning young people are having to access services out-of-area.

– Failure to predict and plan for the increased demand on therapy services.

– Variation in provision of SEND services (e.g. SALT) between different schools.

– Parents find themselves frequently repeating their story due to a lack of integration between SEND services.

– Absence and exclusion rates for SEND children and young people are relatively high.

SEND population in Stockport

How large is the SEND population in Stockport?

There are currently 7,714 children and young people aged 0 to 25 years who have a diagnosis of SEND in Stockport (Table 1). Of this number, 71.1% (5,481) are in receipt of SEN support and 28.9% (2,233) have an EHC plan.

52.3% of the total SEND population is female. However, the majority of those with EHC plans are male (74.2%); whereas 63.2% of those receiving SEN support are female.

Figure 2 shows the age profile of the SEND population in Stockport in 2018. The average age of those receiving SEN support (11 years) is younger than those with an EHC plan (13 years). There are currently no young people aged over 21 years receiving SEN support and only 32 young people aged over 21 with an EHC plan.

Table 1: Total size of SEND population (0 to 25 years) in Stockport according to SEND code and gender, 2018 [*Stockport Council, EIS data*]

	Male	**Female**	**TOTAL**
EHC Plan	1,658 (74.2%)	575 (25.8%)	**2,233**
SEN support	2,019 (36.8%)	3,462 (63.2%)	**5,481**
TOTAL	**3,677 (47.7%)**	**4,037 (52.3%)**	**7,714**

Figure 2: Age profile of SEND population in Stockport, 2018 [*Stockport Council, EIS data*]

Number of people

■ SEN support ■ EHC plan
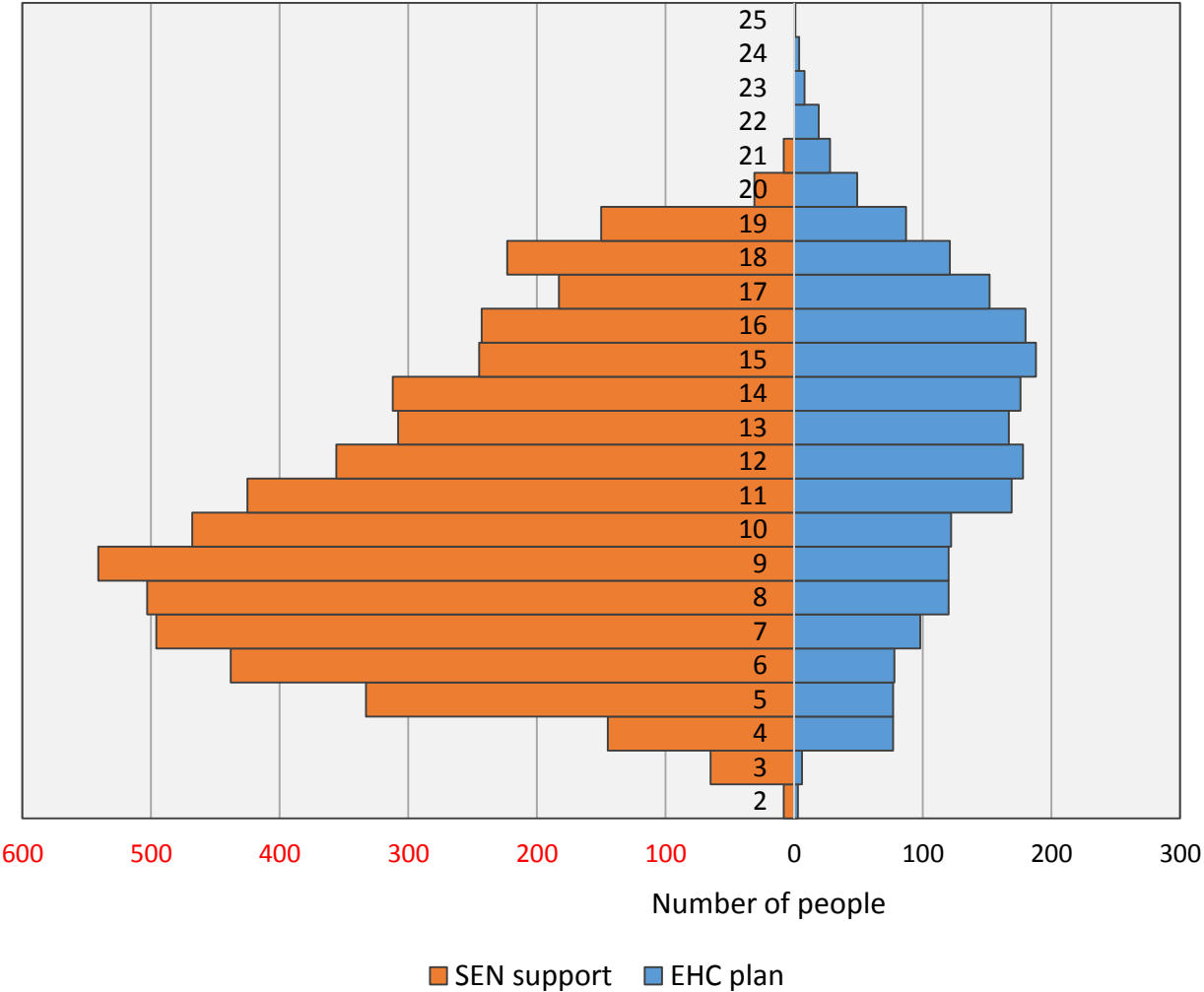
SEND population in Stockport

Is the size of the 0 to 25 year SEND population changing over time?

The numbers of school aged children and young people with either a Statement or the new EHC plan has been steadily increasing in recent years, from 1,388 in 2010 to 2,127 in 2018 (Figure 3). This is a rise of 53.2%, with the majority of this increase occurring in the last 3 years. This rate of increase is faster than changes in the general population.

Figure 4 presents data for all children aged 0 to 25 years and shows that the rate of increase in EHC plans has been greatest for the 17 to 25 years cohort whose numbers have more than trebled from 2015 to 2018, rising from 128 to 469. The reasons for this are likely to include the revised definition of SEND extending the upper age to 25 years. The overall increase for those aged 0 to 25 with an EHC plan between 2015 and 2018 was 25.5% (453), with the lowest increases in those aged 5-11 (0.6%) and 12-16 (10.8%).

Figure 3: School-aged Children and young people with an EHC Plan or Statement in Stockport 2010-2018 [*Department for Education data*]
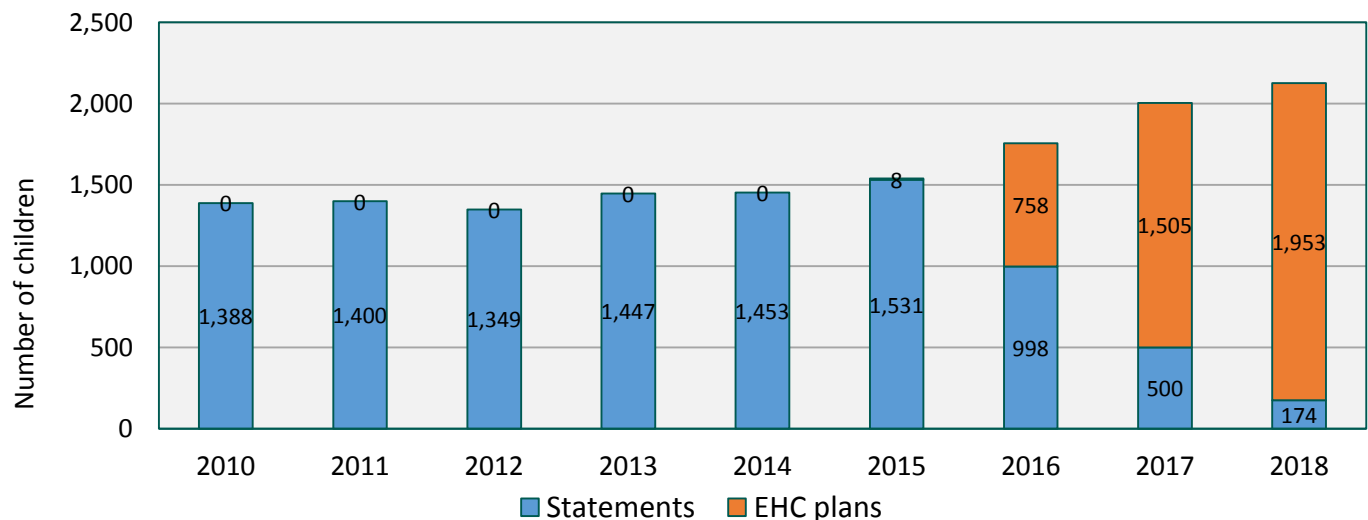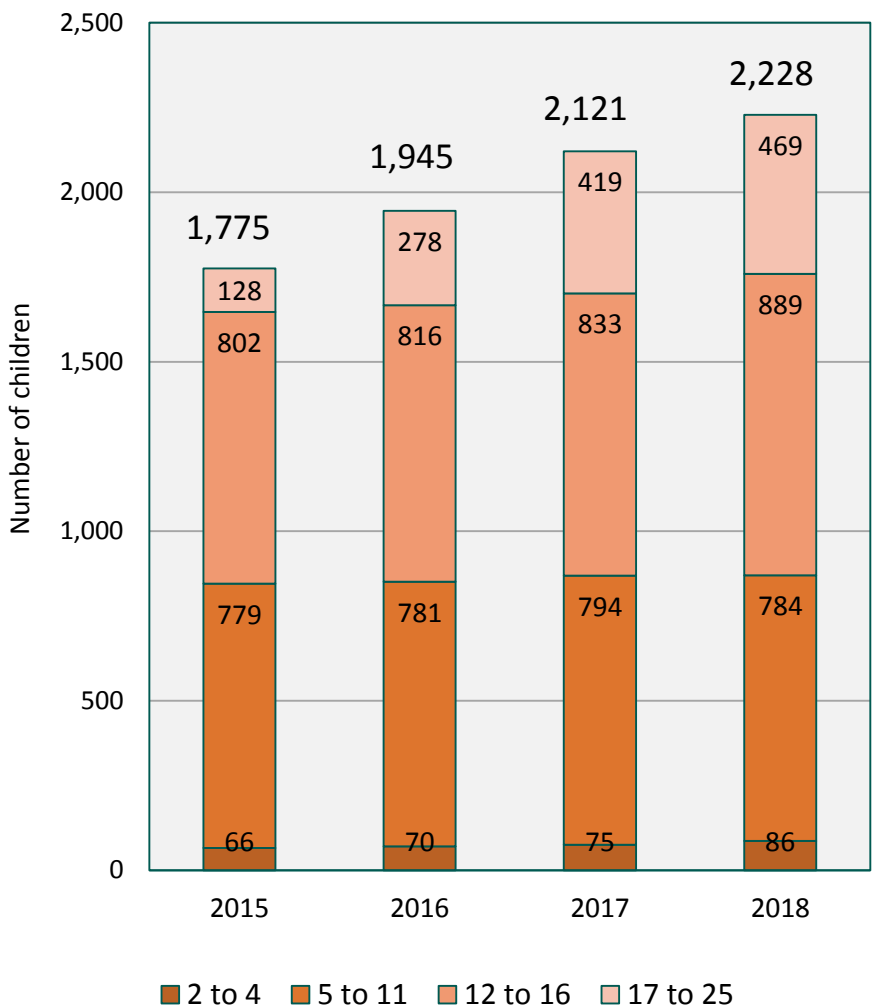
Figure 4: Numbers of children and young people aged 0-25 with an EHC plan in Stockport by age band, 2015-2018 [*Stockport Council, EIS data*]

SEND population in Stockport

Is the size of the school-aged SEND population in Stockport changing over time?

Figure 5: Time trend in proportion of school pupils with an EHC plan or statement in Stockport, with comparisons [*Department for Education data*]

Figure 6: Time trend in proportion of school pupils receiving SEN support in Stockport, with comparisons [*Department for Education data*]
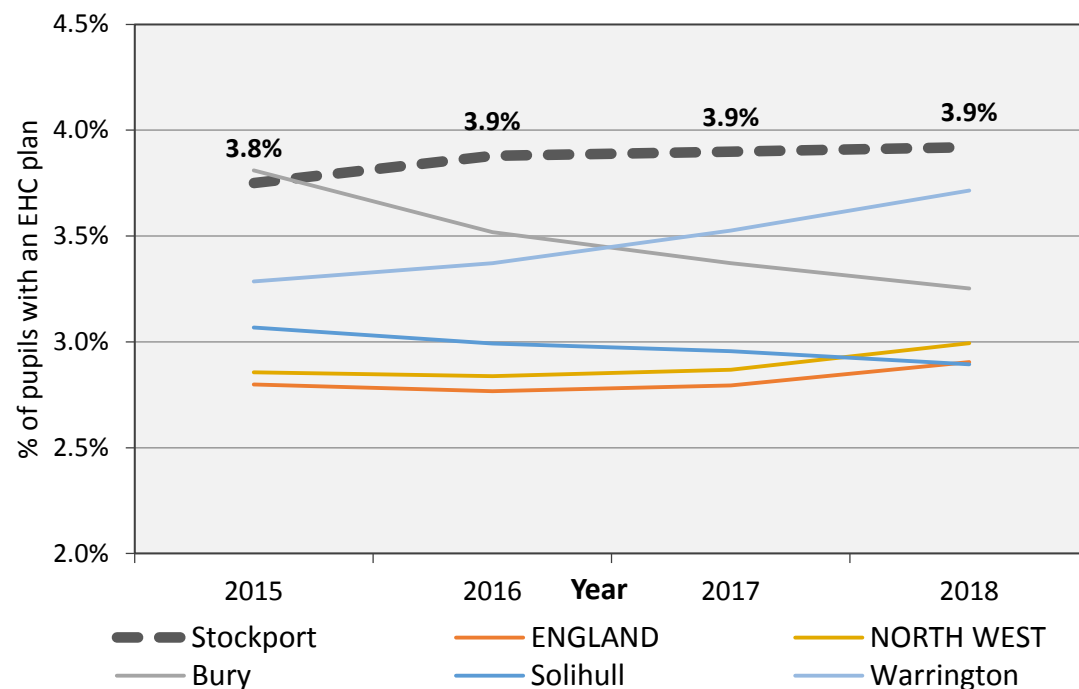
3.9% of school pupils in Stockport have an EHC plan. This proportion is noticeably higher than the national, North West and statistical neighbour comparisons (Figure 5).
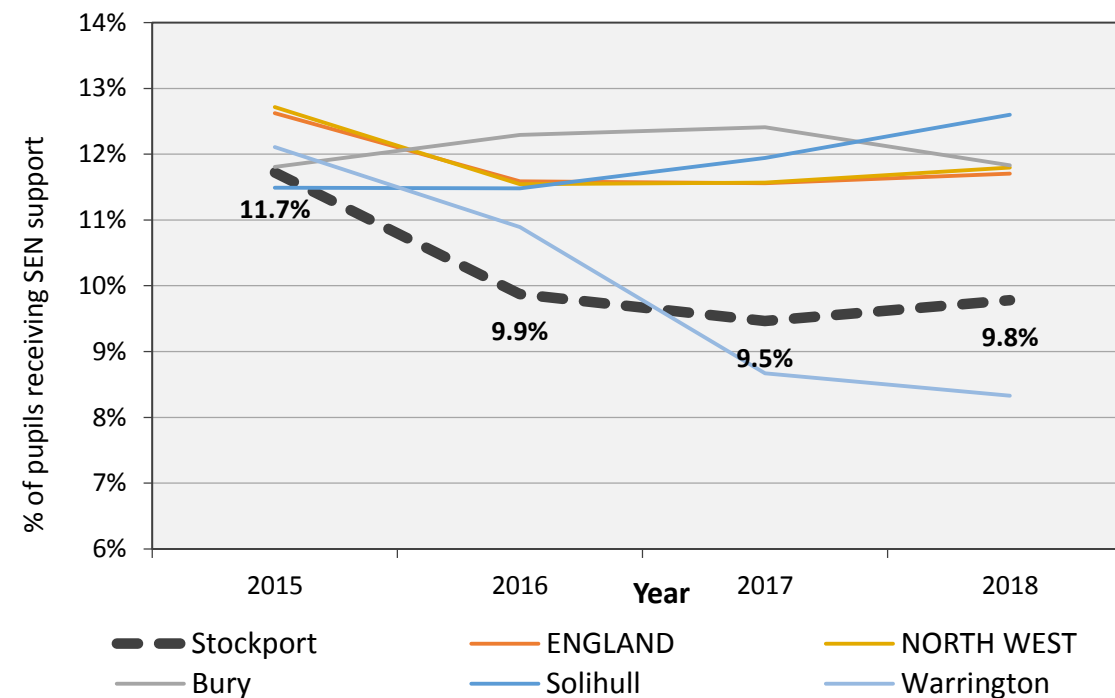
By contrast, the proportion of the Stockport school population receiving SEN support (Figure 6) has fallen over the same period, from 11.7% to 9.8% and is now noticeably lower than the national and North West averages, which have fallen slightly. Of the statistical neighbours, only Warrington shows a similar pattern to Stockport.

SEND population in Stockport

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

Table 2: Primary type of need for an EHC plan in Stockport, 2018 [*Stockport Council, EIS data*]

SEND code	SEND type	2015	2016	2017	2018	Change (2015 to 2018)
BESD	Behavioural, emotional and social difficulties	403	437	463	495 (22.3%)	+92 (23%)
SLCN	Speech Language & Communication Needs	392	432	449	492 (22.2%)	+100 (26%)
ASD	Autistic Spectrum Disorder	298	322	391	423 (19.1%)	+125 (42%)
MLD	Moderate Learning Difficulty	346	379	401	405 (18.3%)	+59 (17%)
OTH	Other Difficulty/Disability	86	92	99	101 (4.6%)	+15 (17%)
PD	Physical Disability	66	75	79	79 (3.63%)	+13 (20%)
SLD	Severe Learning Difficulty	41	45	52	53 (2.4%)	+12 (29%)
SPLD	Specific learning difficulty (dyslexia)	46	46	48	46 (2.1%)	0 (0%)
PMLD	Profound & Multiple Learn Difficulties	16	21	31	36 (1.6%)	+20 (125%)
SEMH	Social Emotional and Mental Health	8	16	19	30 (1.4%)	+22 (275%)
HI	Hearing Impairment	17	22	26	26 (1.2%)	+9 (53%)
VI	Visual Impairment	10	10	19	20 (0.9%)	+10 (100%)
MSI	Multi-Sensory Impairment	12	13	12	12 (0.5%)	0 (0%)
	TOTAL	**1,741**	**1,910**	**2,089**	**2,218**	**+477 (27%)**

Table 2 lists the SEND codes which are used as part of the SEND assessment process to classify the different needs relevant to this population. It lists the numbers of children with EHC plans in Stockport in 2018 according to their primary type of need. This is based on data for the whole population (aged 0 to 25 years).

In 2018, the most common types of need were *behavioural, emotional and social difficulties* which accounted for 22.3% of all EHC plan primary needs, followed *by speech, language and communication needs* (22.2%), *autistic spectrum disorder* (19.1%) and *moderate learning difficulty* (18.3%) – together these four needs are the primary need for 81.8% of children and young people. The least common types were multi-sensory impairment (0.5%), visual impairment (0.9%) and hearing impairment (1.2%).

It is also possible to comment on the trends in different types of need within Stockport. The greatest absolute increase has been seen in numbers of children and young people *with autistic spectrum disorder*, with numbers increasing by 125 between 2015 and 2018 (a 42% increase). This is followed by the increases in those *with speech, language and communication needs* (100 more cases) and *behavioural, emotional and social difficulties* (92 more cases).

SEND population in Stockport

Where do children and young people with SEND live?

Figure 7 shows the estimated proportion of the school population who have a SEN need in each of the wards in Stockport. Rates of SEN need are highest (16 to 19%) in the wards of Brinnington & Central (18.8%), Davenport & Cale Green (17.6%) and Edgeley & Cheadle Heath (17.2%) which are the wards with highest levels of poverty and deprivation.

The reasons for this variation may be partly explained by the known association between deprivation, as measured by IMD (index of multiple deprivation), and rates of SEN diagnosis. Figure 8 shows that the proportion of children and young people with an EHC plan or SEN support is more than twice as high in the most deprived quintile (1) compared to the least deprived quintile (5).

Figure 7: Map of where children with SEN (EHC plan or SEN support) live in Stockport, by ward [*Local data*]

Figure 8: SEND population in Stockport by deprivation (IMD) quintile according to SEND code [*Stockport Council, EIS data*]

Education

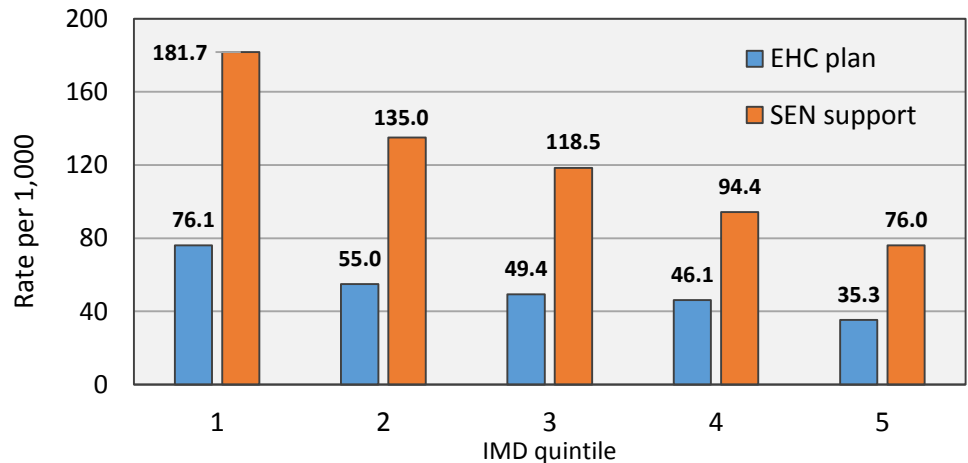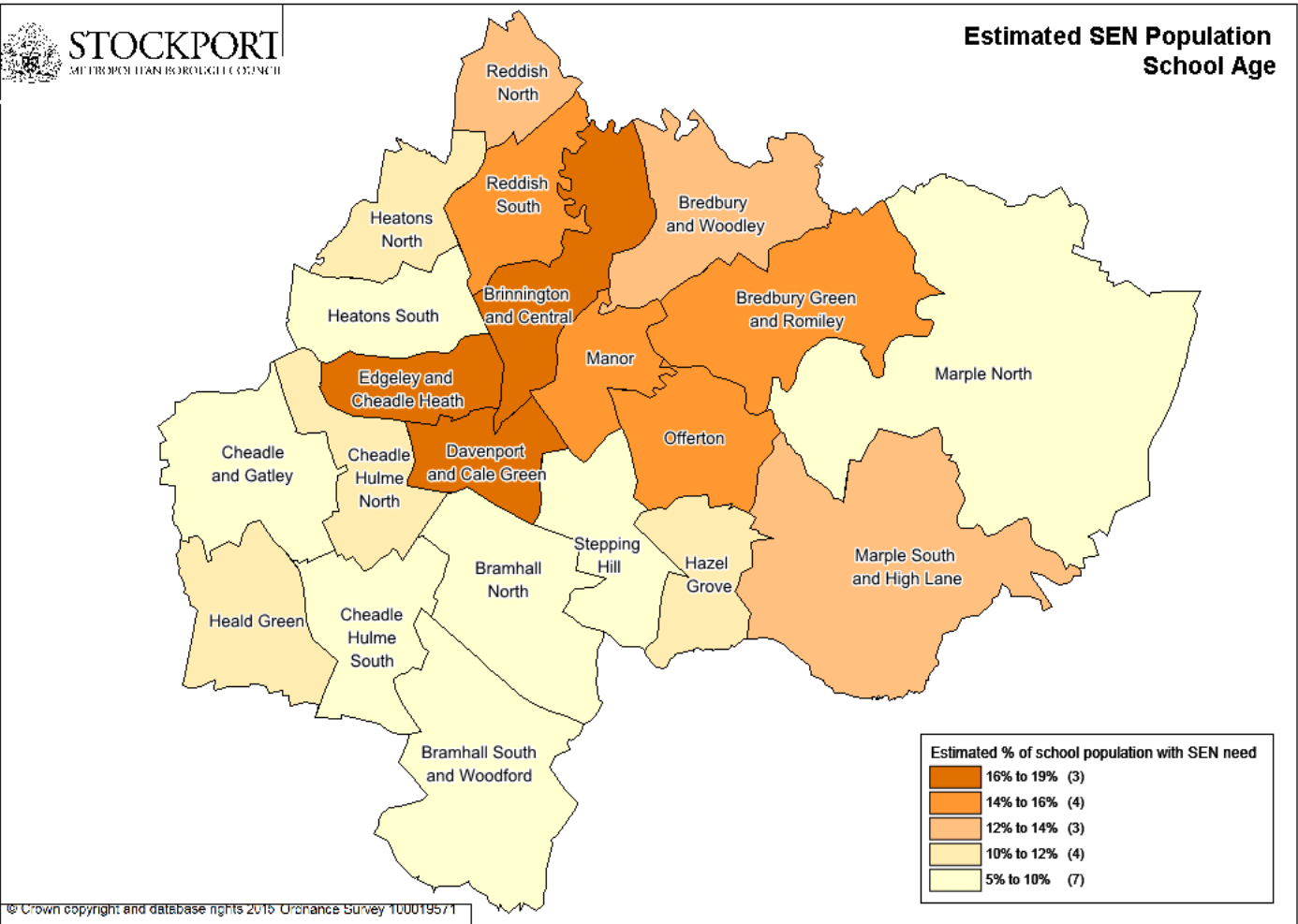## Where are pupils with SEND educated within Stockport?

The need for a high quality education is a fundamental right for all children and young people with SEND living in Stockport. Many, but not all, of this group will require additional support with their learning. The level of support required will vary between children and over time and is based on an individual assessment of each child.

Table 3 shows that the majority of the school-age cohort in Stockport are educated in primary schools (60.9%), followed by secondary schools (26.2%), special schools (10.6%), pupil referral units (1.5%) and nurseries (0.7%).

The relative needs of SEND children differ in each educational setting. Figure 9 shows that the average complexity of SEND needs increases with age, with the proportion requiring EHC plans or statements (versus SEN support) increasing from 7.9% in nursery, to 14.9% in primary school and then 27.4% in secondary school. Children with EHC plans require additional financial and human resources to meet their needs.

The complexity of SEND needs in Stockport also appears to be increasing over time. Between 2015 and 2018, the school age SEND population (5 to 16 years) increased by 5.8%. At the same time the amount of money spent by Stockport Council on SEND educational provision has increased by 30.9%. This is due to a number of reasons, including an increase in demand for more expensive special school places which has required a small number of children to be educated outside Stockport.

Table 3: Numbers of children with SEND codes attending schools in Stockport in 2018, according to school type *[Stockport Council school census]*

School type	EHCP	SEN Support	Statement	TOTAL
Nursery	3	35	0	38
Primary	391	2,804	101	3,296
Secondary	383	1,029	6	1,418
Special	536	4	34	574
PRUs	7	76	0	83
TOTAL	1,320	3,948	141	5,409

Figure 9: Relative proportions of different SEND codes in Stockport in 2018, according to school type. *[Stockport Council school census]*
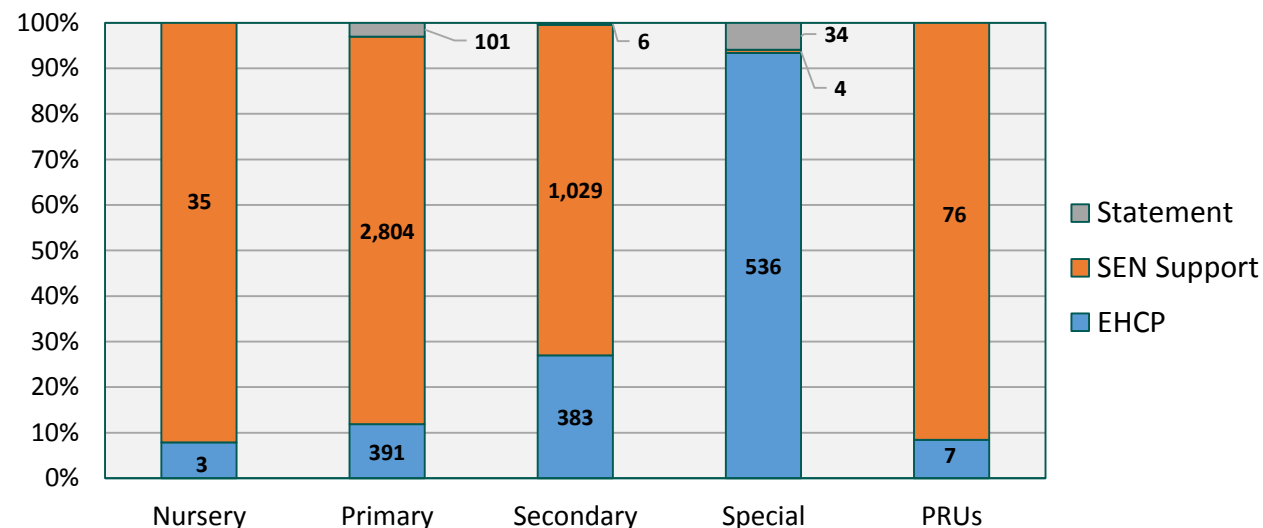
Education

Where are pupils with SEND educated within Stockport?

Table 4 shows that there has been a steady increase in the number of planned SEND places being supported by Stockport Council between 2014/15 and 2018/19, including places in both special school and resource bases.

Over the same period, the number of SEND children in independent schools increased from 75 to 98, due to increased specialist needs and insufficient capacity in the mainstream sector. The majority of placements are due to Behavioural, Emotional and Social Difficulties.

Table 4: Trend in SEND planned places in Stockport [local data]

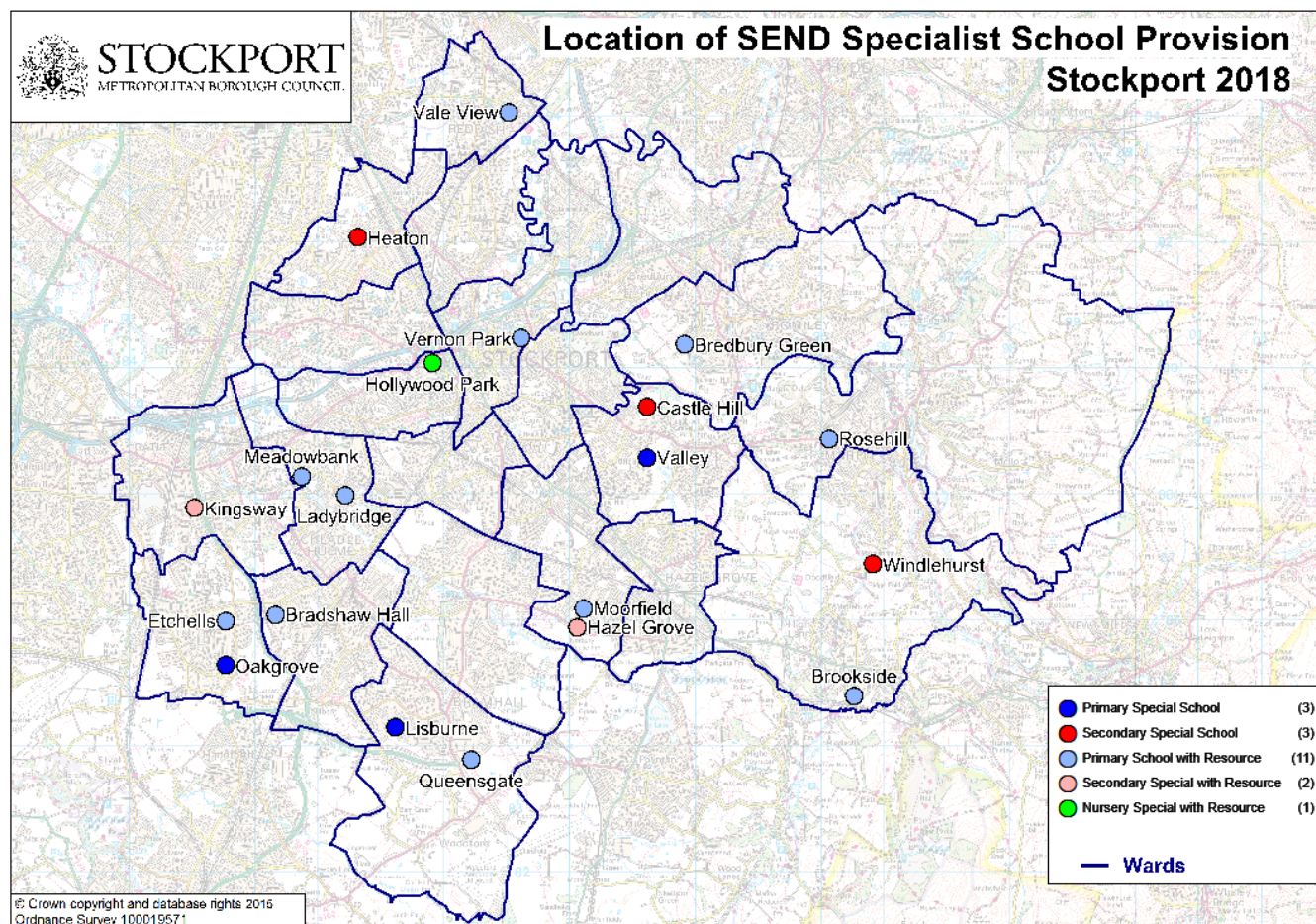| School type		2014/15	2015/16	2016/17	2017/18	2018/19
Special Schools	Primary	143	152	165	182	190
	Secondary	315	365	375	385	385
	TOTAL	**458**	**517**	**540**	**567**	**575**
Resource bases	Nursery	4	4	4	4	4
	Primary	138	138	150	150	150
	Secondary	41	46	46	48	52
	TOTAL	**183**	**188**	**200**	**202**	**206**
TOTAL Planned	Nursery	4	4	4	4	4
	Primary	281	290	315	332	340
	Secondary	356	411	421	433	437
	TOTAL	**641**	**705**	**740**	**769**	**781**

Figure 10 illustrates where schools with SEND provision are located in Stockport. Notably, there is a cluster of provision in the South and West of the Borough, which is an area with relatively low prevalence of SEND (Figure 7).

Education

How does provision of SEND education compare with other areas?

Table 5 compares the proportion of the SEND school-age cohort being educated in different educational settings in Stockport with other areas. 43.4% of children with SEND codes in Stockport are educated in mainstream schools. This is higher than the England and North West averages, although broadly comparable with our statistical neighbours.

31.7% of SEND children in Stockport are educated in special schools. This is significantly lower than the national average but, again, closer to the values seen in statistical neighbours.

In terms of post-16 education, Stockport has a lower provision of its SEND cohort going on to further mainstream or specialist institutions at 16, in comparison to statistical neighbours.

By contrast, for children who were newly started on an EHC plan in 2018, 61.5% were able to remain in a mainstream school whereas only 23.4% were being educated in a special school. There may be several explanations for this, such as an increased ability for mainstream schools to handle complex needs, or the likelihood that complexity of needs will increase over time following award of an EHC plan.

In January 2019, there were 38 SEND children being home educated in Stockport. Of this group, 28 are of secondary school age and 10 of primary school age. 23 are receiving SEN support and 15 have EHC plans.

Table 5: The proportion of the school-age SEND cohort with EHC plans attending different types of educational settings in Stockport in 2018, with comparisons *[Department for Education data]*

	STOCKPORT	England	North West	Bury	Warrington	Solihull
Early years settings	1.6%	0.5%	0.6%	0.5%	0.3%	0%
Mainstream schools	43.4%	40.1%	37.1%	44.1%	48.3%	32.8%
Special schools	31.7%	39.7%	42.8%	29.6%	26.5%	47.3%
Hospital schools	0%	0.1%	0%	0%	0%	0%
Alternate Provision/ Pupil Referral Unit	0.4%	0.7%	0.8%	1.4%	0.1%	1%
Post 16: Mainstream provision	14.0%	13.2%	13.8%	19.6%	21.2%	12.7%
Post 16: Specialist Institutions	1.7%	1.3%	1.6%	1.1%	2%	3.3%
Educated elsewhere	3.6%	2.2%	1.5%	1.1%	1.1%	2.9%

Education

What are the Key Stage 2 outcomes for children with SEND needs?

Figure 11: KS2 attainment of children in Stockport (reading, writing, maths), according to SEND type, with comparisons, 2018 [*Local Authority Interactive Tool*]
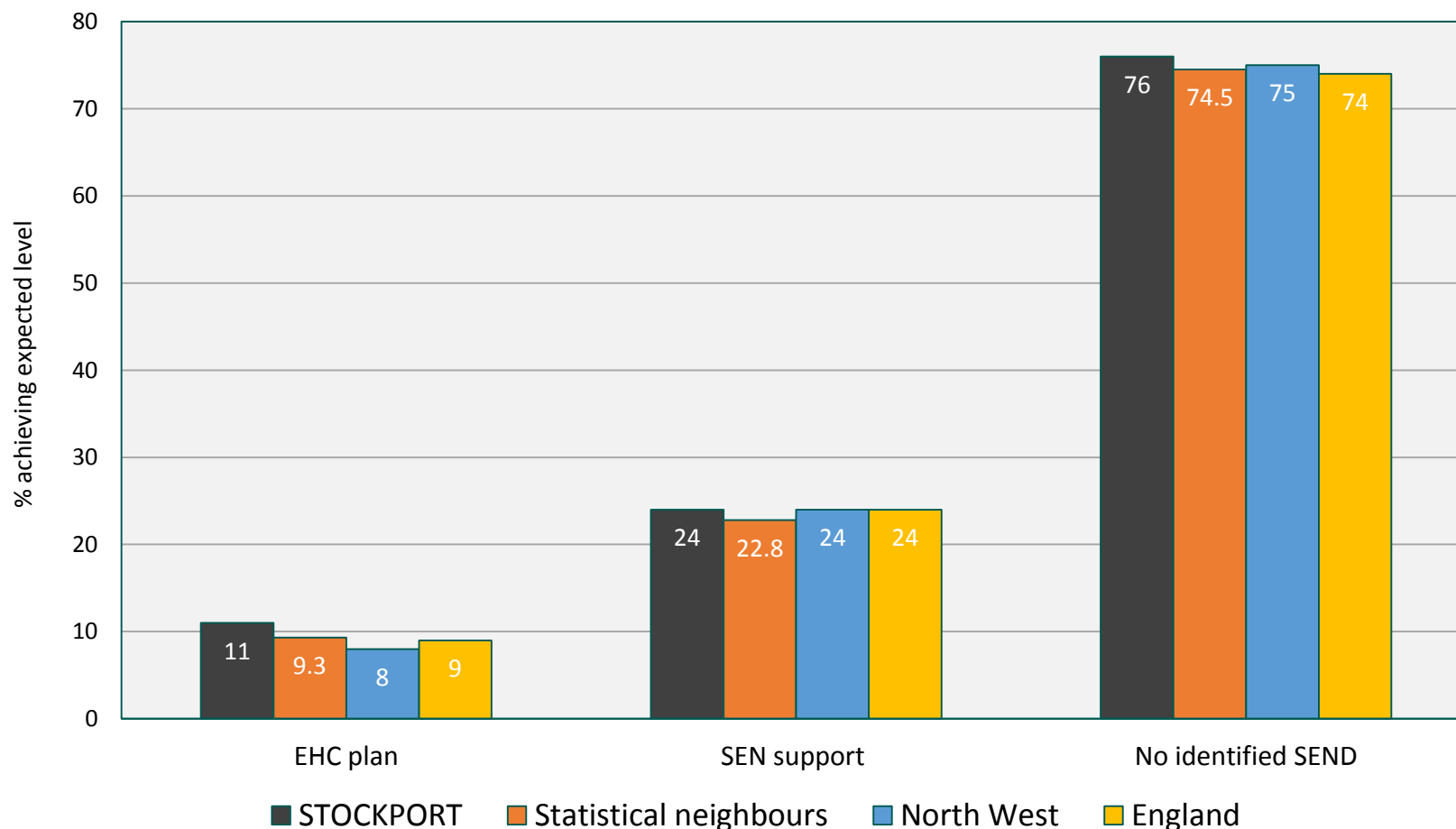
It is important to compare the educational outcomes of SEND children with two groups:

- SEND children in other areas
- Children in Stockport with no identified SEND

Figure 11 compares the educational performance at Key Stage (KS) 2 for children with an EHC plan or receiving SEN support with those who have no identified SEND.

At KS2, the proportion of the SEN support group in Stockport achieving the expected level (24%) is more than double that seen for the EHC group (11%). By contrast, 76% of children with no identified SEND achieve their expected level.

In comparison to other areas, outcomes are similar for all three groups, with a similar disparity in outcomes between the SEND and non-SEND groups.

Education

What are the progress 8 outcomes for children with SEND needs?

Figure 12: Progress 8 attainment of children in Stockport, according to SEND type, with comparisons, 2018 [*Local Authority Interactive Tool*]
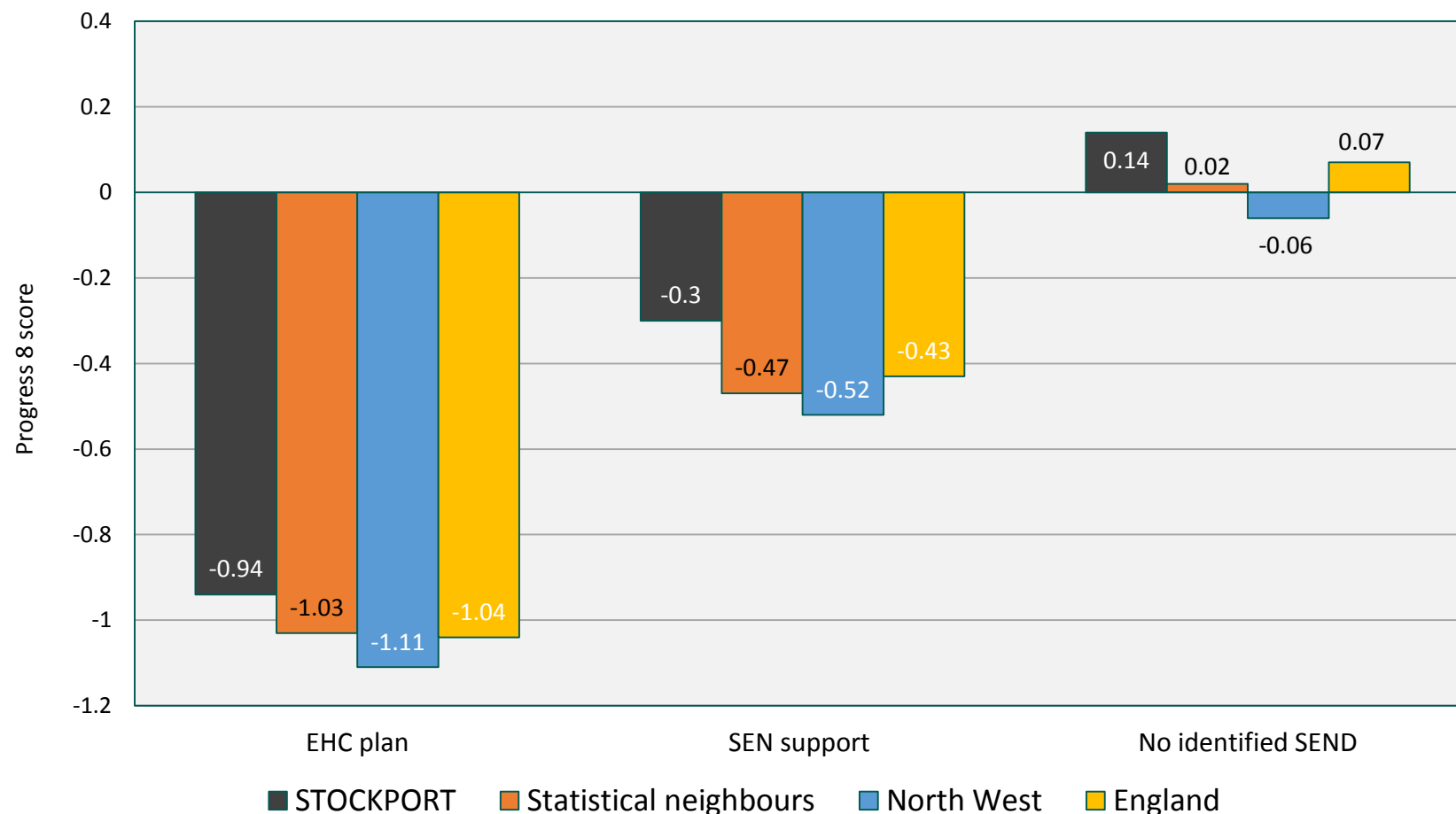
Progress 8 is a measure of the progress which children make between the end of primary and the end of secondary school, based on performance in 8 qualifications. A score of 0 indicates that, at the end of secondary school, students are performing in line with those who reached a similar level of attainment at the end of primary school.

Figure 12 shows that, in Stockport, negative scores are seen for both the group with EHC plans (-0.94) and those receiving SEN support (-0.30). This compares to an average score of +0.14 for those with no identified SEND.

However, for all the groups, average performance is better in Stockport than all the comparison areas. The difference is particularly noticeable for the SEN support cohort.

What are the further education and employment outcomes for children with SEND needs?

Figure 13: Proportion of KS4 pupils remaining in education/employment/training (including special schools) in Stockport, according to SEND type, with comparisons, 2017 [*Local Authority Interactive Tool*]
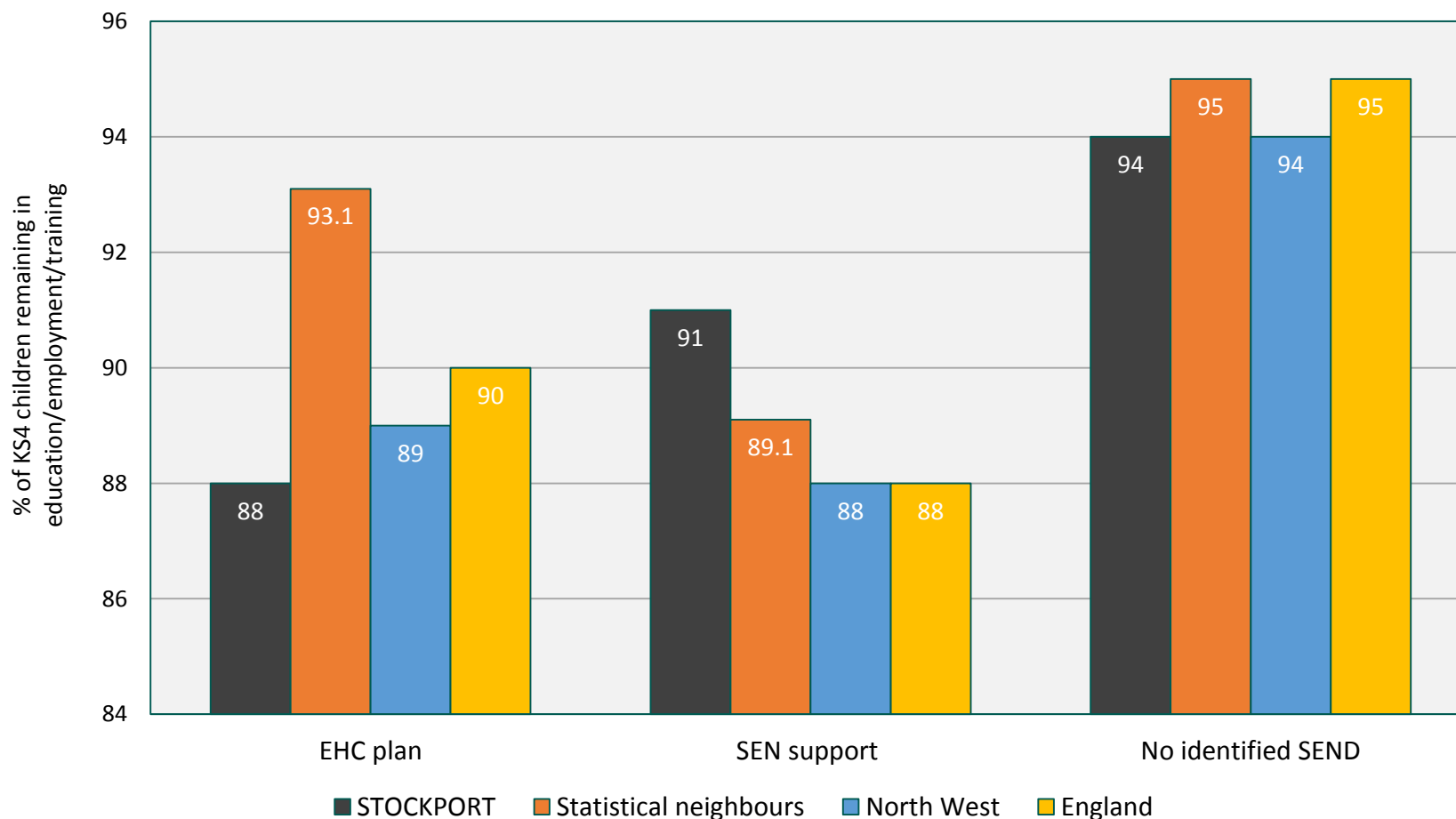
The point of transition from secondary school to further education or employment can be challenging for many young people with SEND and their parents, particularly as it comes at a time when young people had previously found themselves transitioning from child to adult services. The recent move towards having a standard 0 to 25 year offer is intended to help address some of these challenges.

Figure 13 shows the proportion of Key Stage 4 pupils who go on to either remain in education or else enter employment or training, depending on whether they have an EHC plan (88%), SEN support (91%) or no identified SEND (94%).

This outcome is above average for the SEN support cohort. However, for those children and young people with EHC plans, this proportion is lower than all other comparison areas. The difference is greatest between Stockport and statistical neighbours which are the group that should be most alike.

Education

What are the school absence and exclusion rates for SEND pupils?

Children with SEND are known to have higher rates of absence and exclusion from school than their peers. Both are important to monitor since they may indicate a need for additional support, either in mainstream or special schools.

Figure 14 shows that the groups in Stockport at increased risk of persistent absence are those with *social, emotional and mental health problems*, followed by those with *profound/multiple learning disability* or *physical disability*.

Figure 15 (overleaf) shows that persistent absentee rates are higher in Stockport than comparison areas for both the EHC and SEN support cohort, regardless of school type. Fixed-term exclusion rates are also noticeably higher than comparison areas for the EHC cohort.

Rates of permanent exclusion of SEND children are low. In 2016-17 there were 6 permanent exclusions of children receiving SEN support and 4 permanent exclusions of children with EHC plans (GM SEND Tableau dashboard).

Figure 14: Comparison of absence rates (% of sessions missed) according to primary need in Stockport schools, 2016 to 2017 [*GM SEND Tableau dashboard*]
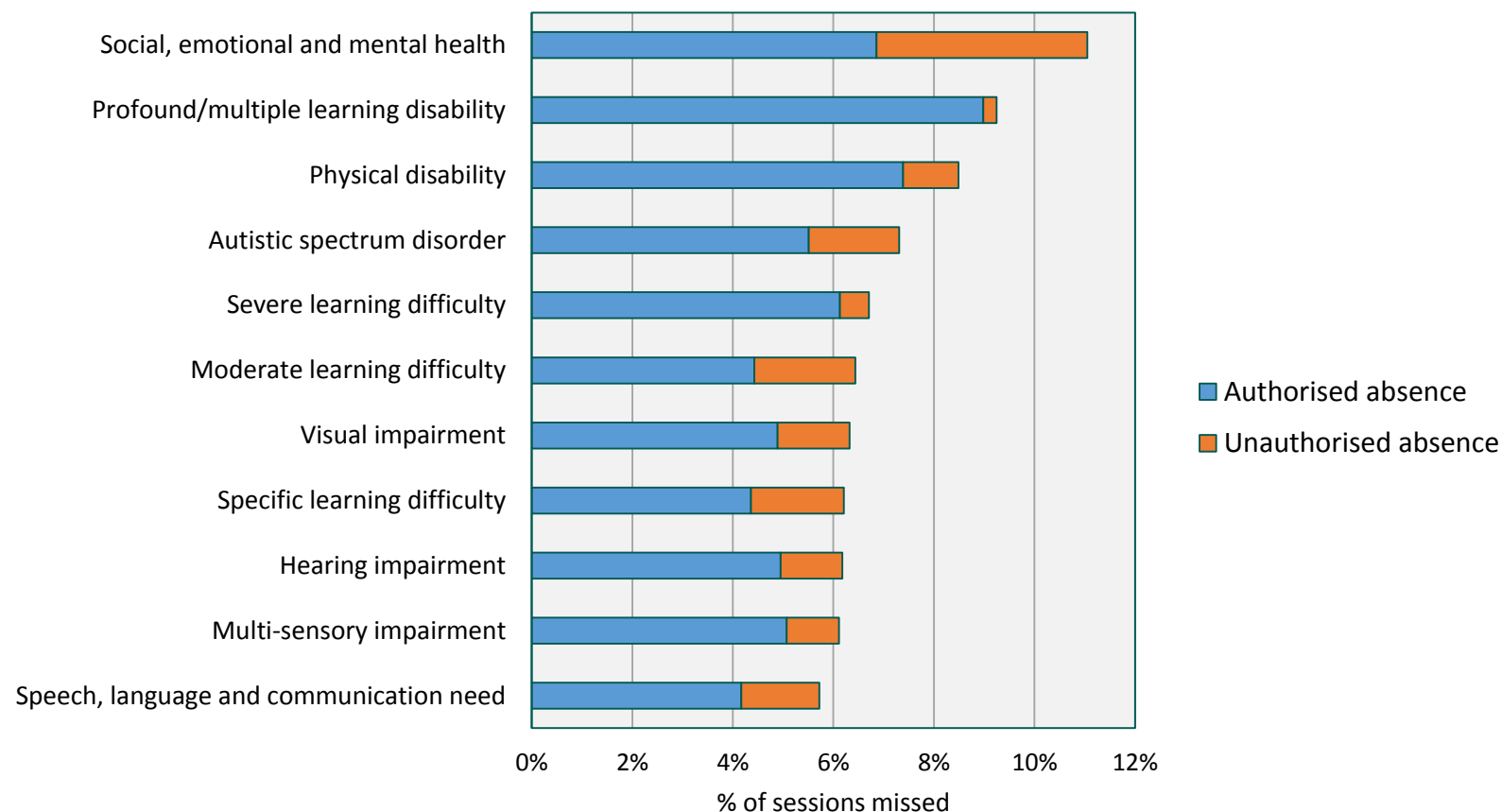
Education

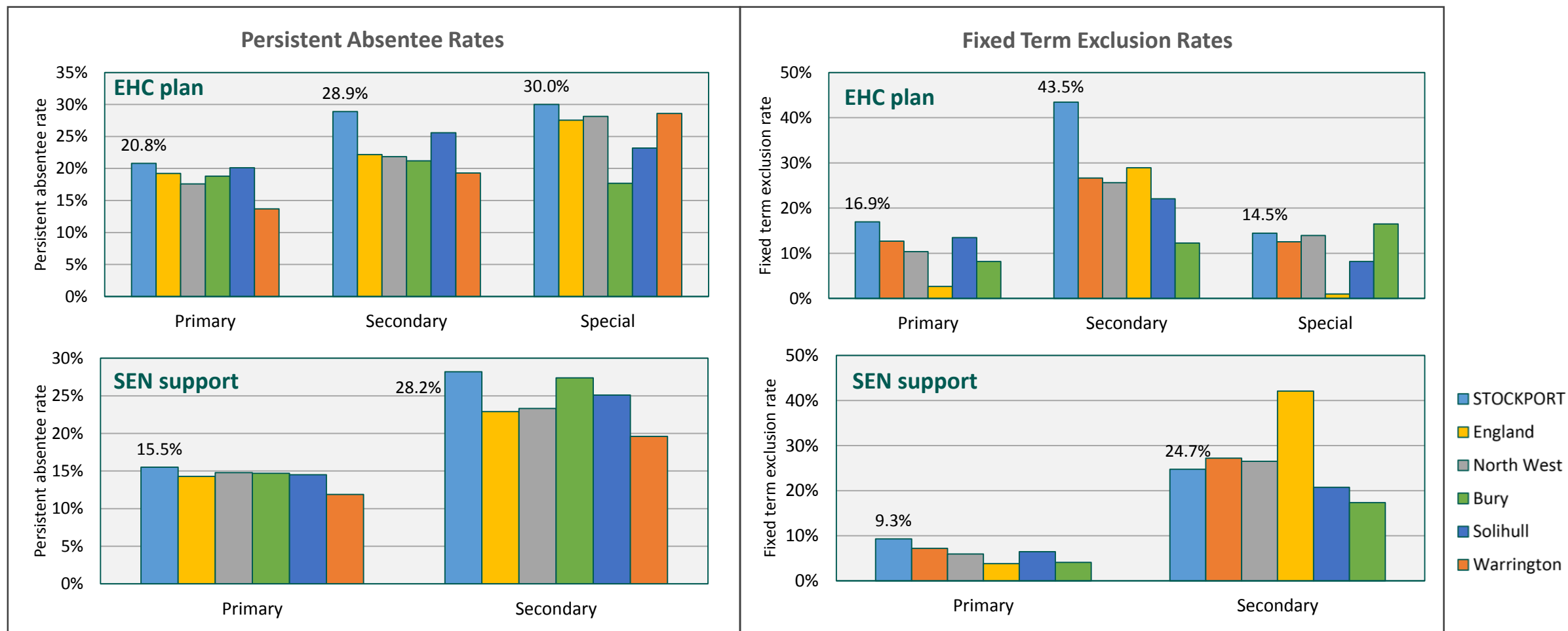**What are the school absence and exclusion rates for SEND pupils?**

Figure 15: Comparison of persistent absentee rates (>10% sessions missed) and fixed term exclusion rates for EHC plan and SEN support population in Stockport by school type, with comparisons, 2016-17 (GM Tableau dashboard)

What are the most common health problems affecting the 0 to 25 population?

Figure 16: Prevalence of common childhood conditions across all GP practices in Stockport, according to age band [*Source: Stockport Council EMIS web extract*]
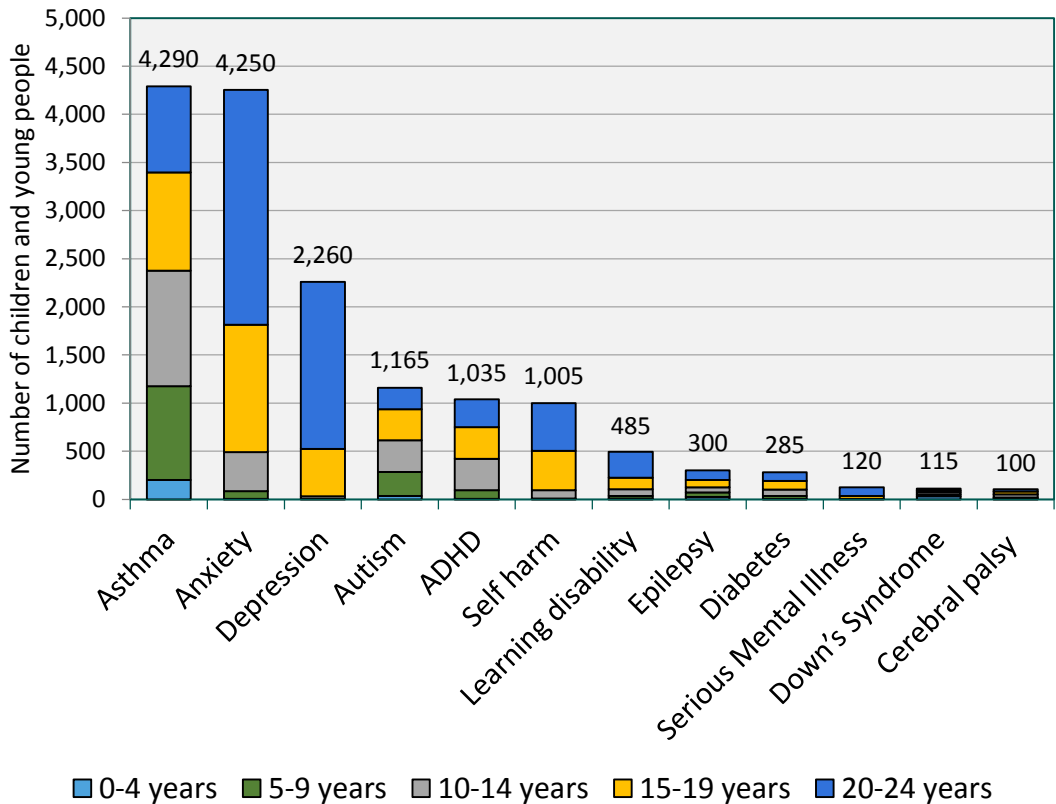

Legend: ■ 0-4 years ■ 5-9 years ■ 10-14 years ■ 15-19 years ■ 20-24 years

Table 6: Self-reported health and functional status of 0 to 25 population in Stockport [*2011 Census*]		DAY-TO-DAY ACTIVITIES			
		Limited a lot	Limited a little	Not limited	**TOTAL**
HEALTH	Very good/good	634	1,394	76,930	**78,958**
	Fair	462	690	1,006	**2,158**
	Bad/very bad	424	130	68	**622**
	TOTAL	**1,520**	**2,214**	**78,004**	**81,738**

The concept of disability is less clearly defined than that of SEN. Some forms of physical impairment are short-lived, while the functional impact of a given diagnosis is highly variable. It is currently not possible to link educational and health records of SEND children and so the health data presented here is for the **entire 0 to 25 population in Stockport**.

The 2011 Census (Table 6) asked questions on health and functional impairment. This found that 2,780 of those aged 0 to 25 years in Stockport rated their health as only fair, bad or very bad. It also found that 3,734 of this group stated their ability to perform day-to-day activities was limited either by a lot or a little. There is only a partial overlap between these groups.

Figure 16 shows the age distribution of the 12 commonest childhood conditions, taken from GP data This shows that the three most commonly coded conditions in general practice are asthma, anxiety and depression. For each condition there is a different age distribution which has implications for service provision. For example, the prevalence of asthma is reasonably stable, while the rates of both anxiety and depression increase with age. However, not all of these cases of disease will meet the definition of disability given above.

What are the most common health problems affecting the 0 to 25 population?

Figure 17 shows an overall upwards trend in hospital admissions for the **whole 0-25 year population** linked to the commonest chronic conditions in emergency admission children, most noticeably driven by an increase in the asthma rates.

Mental health admissions among those aged below 18 (Figure 18) are broadly comparable with those seen in other similar areas. There has been a downward trend since 2013, although this may be partly explained by alternative provision being available in the community. Substance misuse admissions among the population aged 15 to 24 years have seen an overall increase since 2010 (Figure 19), although admission rates have fallen slightly since 2013/14. These rates are slightly higher than those seen in statistical neighbours.

Figure 17: Trend in emergency admissions (0 to 25 years) in Stockport [*NHS SUS data*]
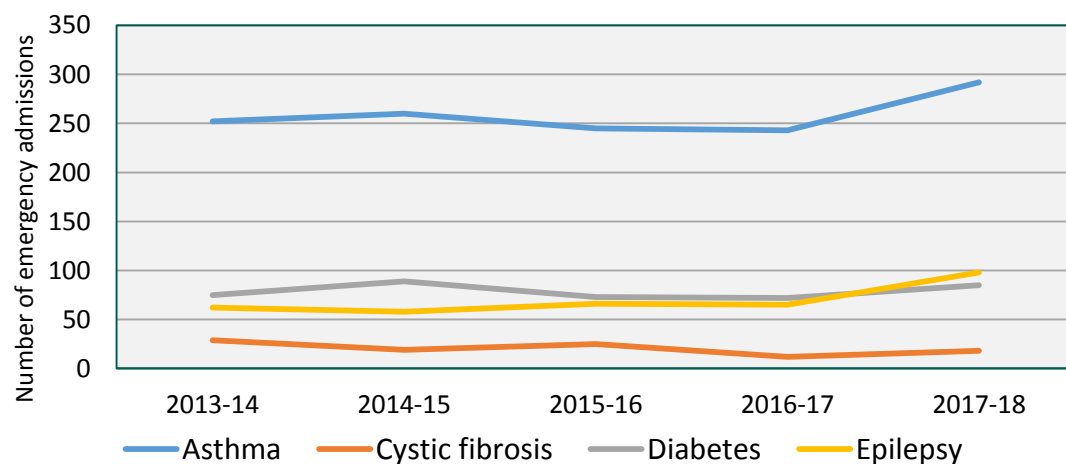

Figure 18: Trend in mental health admissions (<18 years) in Stockport, with comparisons [*PHE Child Health Profile*]
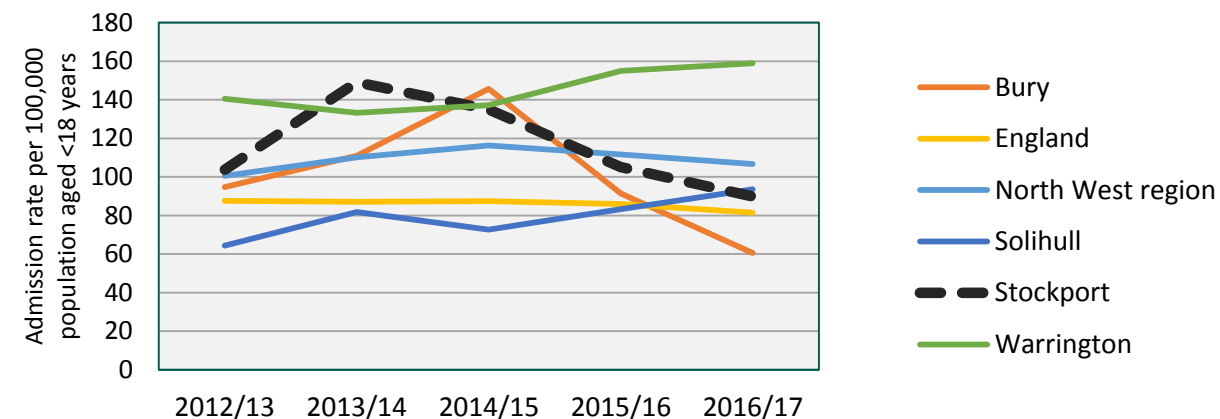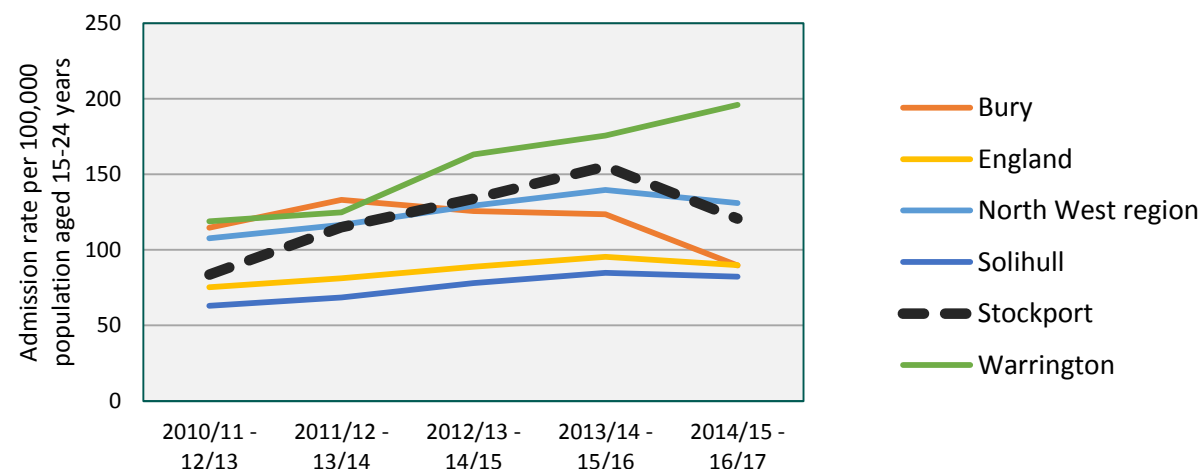

Figure 19: Trend in substance misuse admissions (15-24 years) in Stockport, with comparisons [*PHE Child Health Profile*]
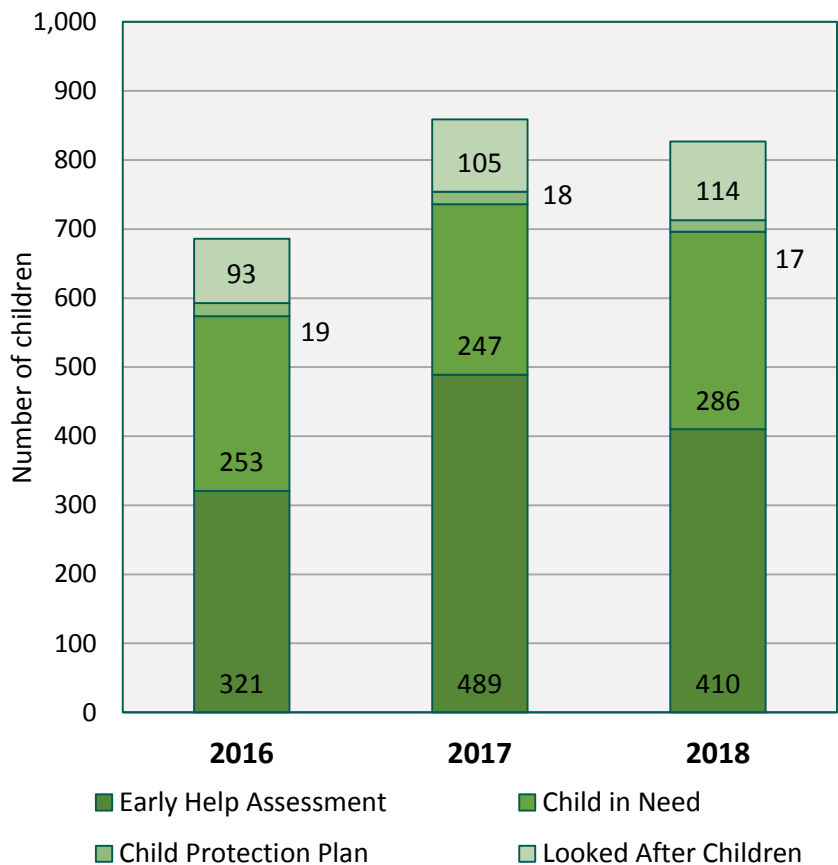
Social care

How many children and young people with SEND have social care involvement?

Figure 20: Time trend in numbers of children with an EHC plan who have social care involvement *[Stockport Council, EIS data]*

37.1% of children with an EHC plan in Stockport receive some form of involvement from social care (2018 data). Figure 20 shows the trend in the numbers of children and young people with an EHC plan who received some form of social care involvement between 2016 and 2018. The most common type of support received was an early help assessment. In 2018, 286 people in this group had Child in Need status, and noticeable increase from 253 in 2016. An additional 979 children with SEN support received some form of social care support. Approximately 30% of all looked after children in Stockport have an EHC plan.

The numbers of those with EHC plans known to the Youth Offending Service (YOS) in Stockport has risen slightly from 35 in 2016 to 42 in 2018. A further 59 young people with SEN support are also known to the YOS.

What type of housing do those aged 18-24 years in Stockport with SEND live in?

Table 7 shows the accommodation type for the 18 to 24 population in Stockport who have been under a long-term social care service for at least 12 months. Most people were receiving learning disability support (67%) followed by support for social isolation (18%) and personal care support (9%).

Excluding those with an unknown status, of this group 74.2% are living with family and friends and 12.1% are in sheltered accommodation. 9.1% are in unsettled accommodation.

Table 7: Accommodation type for population with social care needs in Stockport aged 18 to 24 in 2018 [*ASCOF data*]

Accommodation type	Number of people
Adult Placement Scheme	3
Living With Family/Friends	135
Supported Accommodation	22
Tenant - LA / Social Housing	5
Unsettled	17
Unknown	51

Social care

How many children and young people are receiving short break activities?

Local authorities have a statutory duty to provide services designed to give breaks to the carers of disabled children.

The short break service in Stockport aims to support children and their carers through the provision of a range of activities, including overnight breaks. This provision is separated into Aiming High[2] (Table 8) and social care-provided support[3] (Table 9) – with higher level support reserved for families where there is a greater level of need and complex disability.

The trend data shows a mixed picture. For those receiving Aiming high support there has a significant reduction in the number of eligible children receiving group based short breaks between 2012 and 2018,. However the number of group based hours provided has not decreased by the same proportion. The number of overnight short breaks has fluctuated, while the hours of family based or day care support has increase significantly

The majority of overnight breaks are for children and young people receiving social care support, where the number of hours of support has fluctuated, with the average levels remaining reasonably stable.

Table 8: Time trend for Aiming High short break support in Stockport *[local data]*

SHORT BREAK TYPE	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	Trend
Number of individual children and young people receiving a short break group based activity	448	486	332	233	267	244	
Number of overnight short breaks provided *	264	78	44	5	31	50	
Number of family based or day care sessional hours provided (1:1 support or direct payments) *	9,256	23,608	29,999	27,459	34,568	29,120	
Number of group based specialist support hours provided	15,350	14,713	10,533	10,469	11,204	13,850	

Table 9: Time trend for social care short break support in Stockport *[local data]*

SHORT BREAK TYPE	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	Trend
Number of individual children and young people receiving a short break activity	296	242	125	52	56	38	
Number of overnight short breaks *	2,122	2,209	2,170	2,253	2,848	2,356	
Number of family based or day care sessional hours provided (1:1 support or direct payments) *	35,000	41,963	50,134	30,491	48,584	30,371	
Number of group based specialist support hours provided	1,465	368	4,278	2,541	3,734	2,860	

* Numbers of individuals unknown

EHCP services in Stockport

How well does the SEND assessment process work?

In 2017 there were 247 new requests made for assessment for an EHC plan in Stockport (Figure 21). Of these, 36 were declined without an assessment. This is a lower rate than any other comparison area except Solihull.

There were then 207 assessments for an EHC plan made in Stockport during the same time period (Figure 22). Of these, EHC plans were made in all but two cases. This rate of approval (99%) is higher than that seen in all the comparison areas, including the England average (93.3%).

Figure 21: Outcomes from requests for EHC assessment in Stockport with comparisons, 2017 [*Department for Education data*]

	Request accepted	Request refused
STOCKPORT	211	36
England	49,969	14,586
North West	6,515	1,745
Bury	184	88
Warrington	215	43
Solihull	169	24
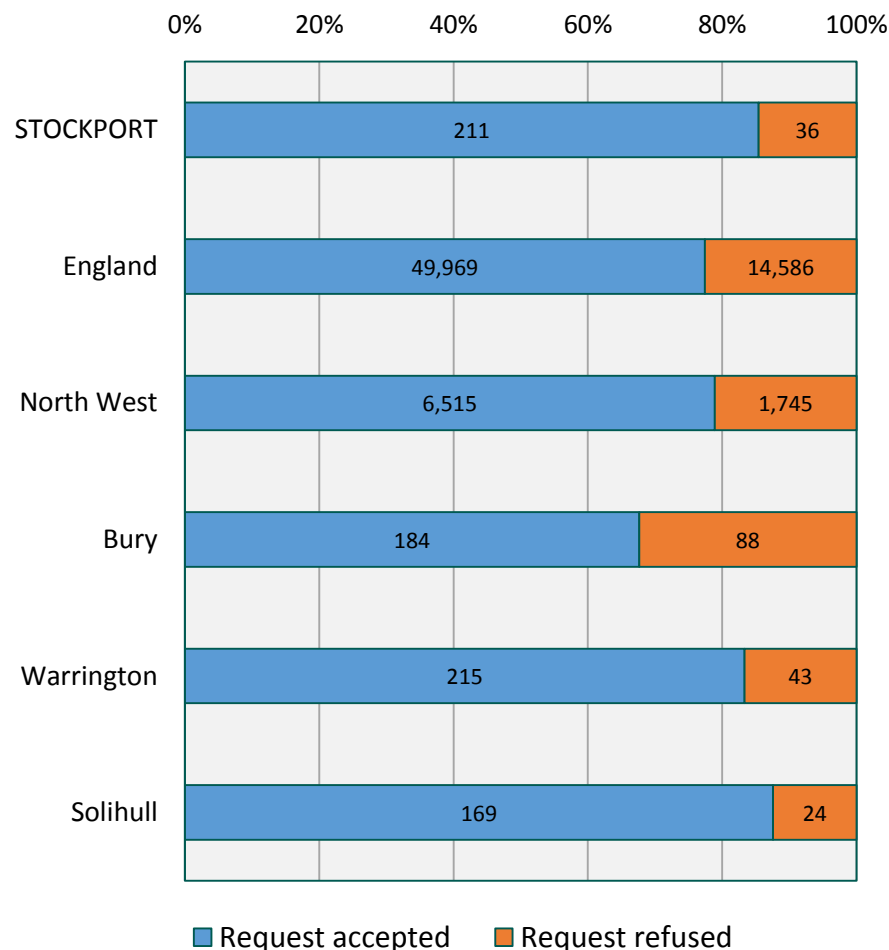
Figure 22: Outcomes from EHC assessment in Stockport with comparisons, 2017 [*Department for Education data*]

	EHC plan made	EHC plan not issued
STOCKPORT	205	2
England	42,162	3,043
North West	5,795	208
Bury	149	6
Warrington	199	9
Solihull	135	12

EHCP services in Stockport

How well does the SEND assessment process work?

It is recommended that EHC plans are issued within 20 weeks of initial referral. Figure 23 shows the trend in the proportion of EHC plans issued within this time period in Stockport, with comparisons. This shows that between 2015 and 2017, this rate was consistently above 95% in Stockport. This is noticeably higher than the rates seen elsewhere, with the average for England only 64.9%.

High rates of appeals being made against decisions regarding SEND status can be an indicator of problems within the assessment process. Figure 24 shows that the appeals rate in Stockport (2.64 appeals per 10,000 school population) is lower than that seen in all other areas, although this may partly be due to the relatively low number of initial requests which are declined.

Figure 23: New EHC plans issued within 20 weeks, excluding exception cases [*Local Authority Interactive Tool*]
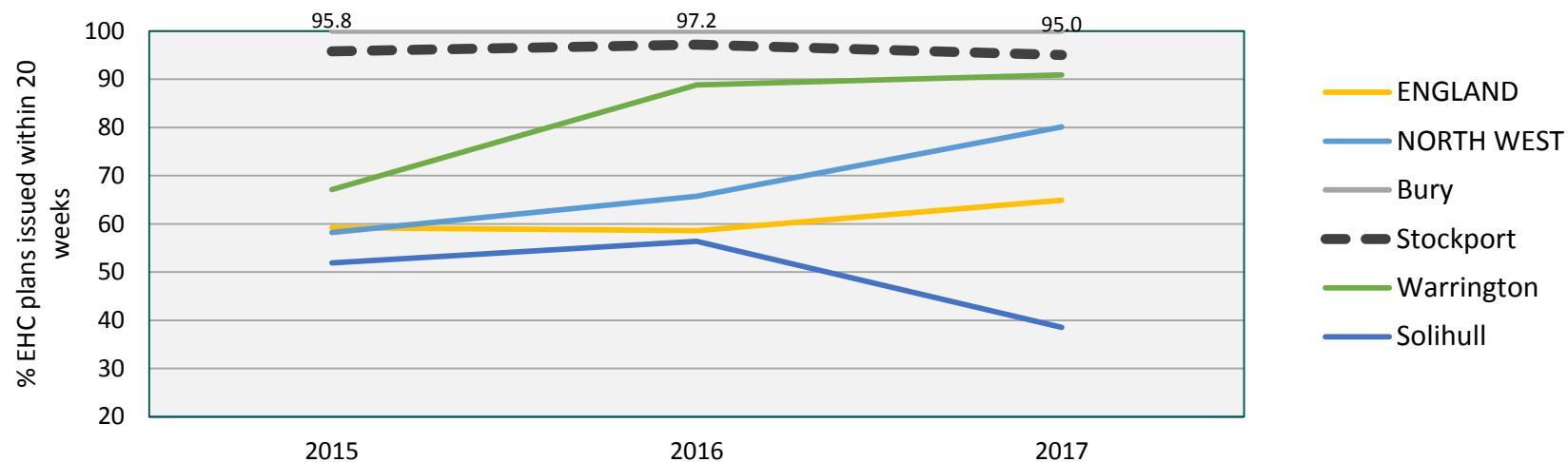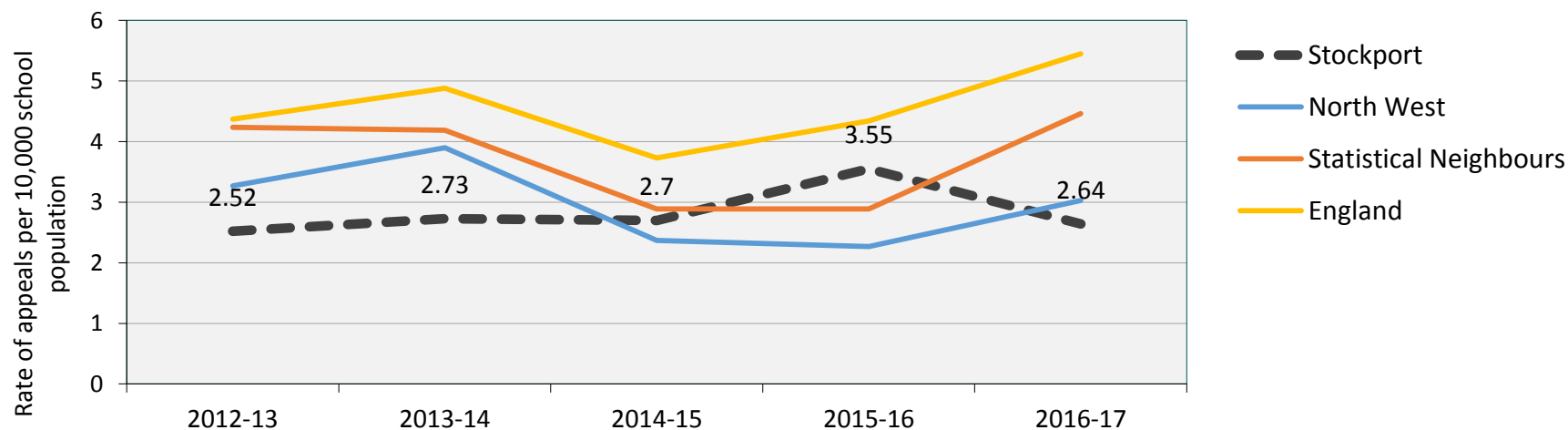

Figure 24: SEN appeals – registered appeals per 10,000 of school population [*Local Authority Interactive Tool*]

SEND services in Stockport

How are the demands on SEND services changing over time?

Services involved in supporting children and young people with SEND in Stockport report that they are dealing with increasing demands on their services, in excess of any increase in the SEND population itself. This suggests an increase in the complexity of needs within this group.

Table 10 shows the trend in the workload of SEND services in Stockport. The majority of services have seen significant increases in demand, some by as many as 50%. Children's therapy services (OT, physiotherapy, SALT) have seen particular increases in numbers of pre-school children accessing their services.

This increased demand is leading to increased waiting lists to access some services. Waiting times for children's therapy services are monitored against an 18 week standard, but waiting times for children's OT and physiotherapy were both 18 weeks in 2018, having been rising for several years.

Table 10: Trends in the activity levels of SEND services in Stockport [*Local data*]

Service *Measure*	2013/14	2014/15	2015/16	2016/17	2017/18	Trend
Portage *Referrals received*	85	85	124	110	122	
Educational psychology *Assessments conducted*		188	221	219	262	
Learning support service *Assessments conducted*	717	727	763	856	1,098	
Transition to adult social care *Numbers of young people*		14	23	21	34	
Children's occupational therapy *Referrals received*	390	450	430	481	489	
Children's physiotherapy *Referrals received*	445	439	502	446	452	
Children's SALT[4] *Referrals received*	1,924	2,025	2,224	2,205	2,230	
CAMHS / Healthy Young Minds *Attended contacts*				10,510	9,791	
Community paediatrics *Attended contacts*				667	361	
Paediatric audiology *Attended contacts*				80	68	

Draft Version 2

Predicted future trends

What can we predict about the size and needs of the SEND population in the future?

Understanding future trends in the size and characteristics of the SEND population in Stockport is essential in order to commission and design effective and appropriate services to this group. To project future trends for the SEND population in Stockport we need to consider:

1. The overall change in population (0 to 25 years) expected
2. Recent trends in the prevalence of SEND locally

Table 11 shows the projected **overall increase in the 0 to 25 years** Stockport population (both SEND and non-SEND), based on ONS population projections. There are currently 85,600 children and young people aged 0-25 living in Stockport, and over the next 10 years this population is expected to increase. By 2028 the population will be 4.7% higher, at 89,600. The increase will be greatest in the 15-19 age groups, which will rise by 20% in this period.

Table 12 applies the expected overall change in population rates to the SEND population **aged 0-25** if we assume that the 2018 prevalence of SEND **remains the same**, and just the population changes. This gives an overall 8% rise in the SEND population over the next 10 years, with 220 more with an EHC Plan and 410 additional receiving SEN support. This is the most conservative estimate as the data on SEND prevalence suggests that rates are increasing over time.

Table 11: Population Projections for Stockport-0-25 population [*ONS population projections*]

| Age Group	2018	2028	Change	% Change
0-4	17,800	18,000	+200	1.1%
5-9	18,550	18,800	+250	1.3%
10-14	17,550	19,150	+1,600	9.1%
15-19	14,850	17,850	+3,000	20.2%
20-25	16,750	15,750	-1,000	-6.0%
0-25	85,600	89,600	+4,000	4.7%

Table 12: 2018 SEND Prevalence applied Population Projections for Stockport-0-25 population [*local data*]

Group	2018	2023	2028	Change	% Change
EHC	2,230	2,370	2,450	+220	9.9%
SEN Support	5,480	5,770	5,890	+410	7.4%
Total SEND	7,710	8,140	8,340	+630	8.1%

Predicted future trends

What can we predict about the size and needs of the SEND population in the future?

Figure 25: 2010-2018 school-age SEND (EHC plan only) prevalence trend applied to Population Projections for Stockport-4-15 population [*local data*]
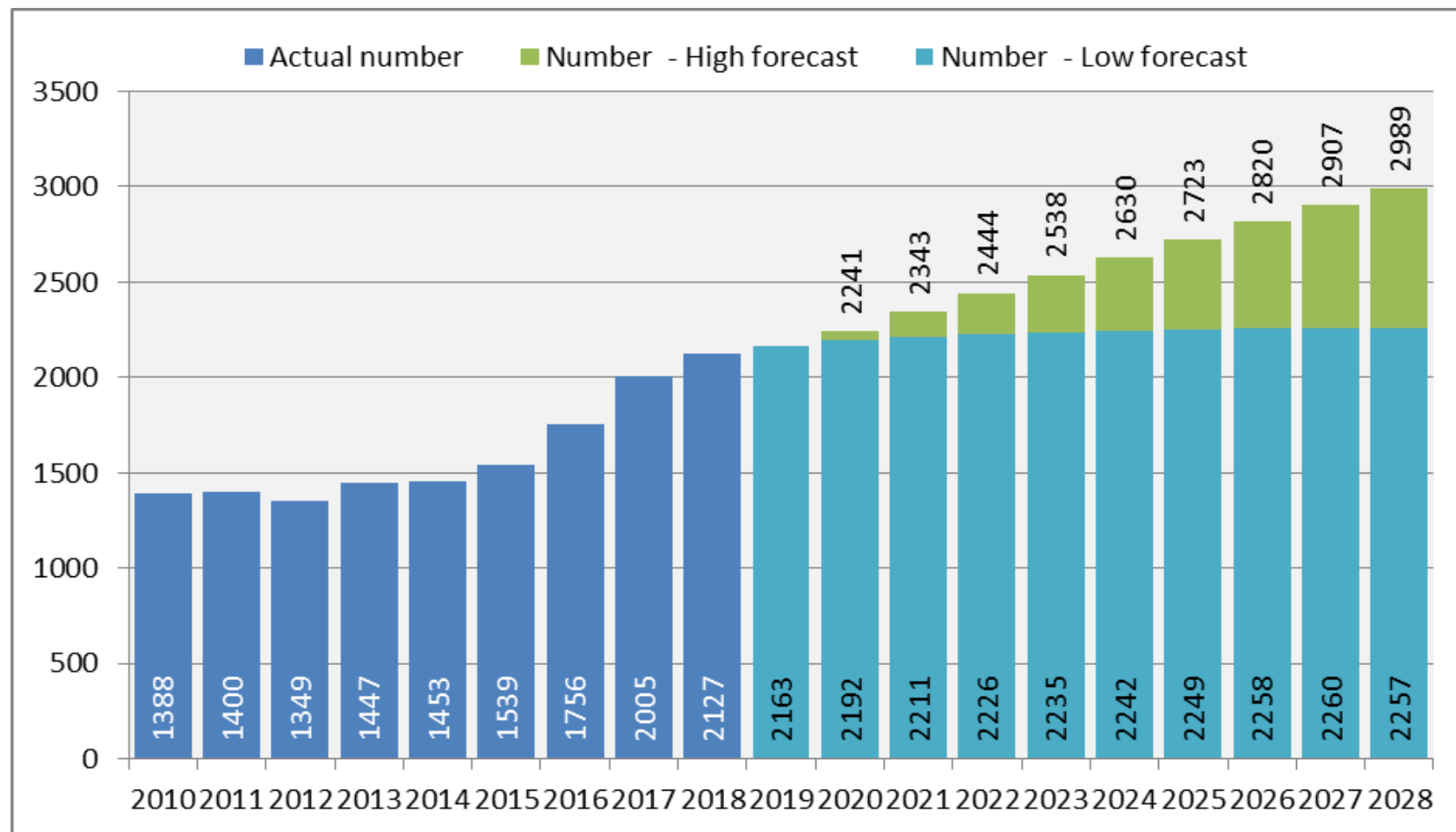
As shown by Figure 4, it is likely that the prevalence of SEND in Stockport is increasing over time. However, this is partly driven by an increased rate of diagnosis among those aged 16 to 25 following the recent change in SEND definition. Data for this group is therefore not robust enough to undertake trend analysis on yet.

Figure 25 shows the projections for **school-aged** SEND if the trend in prevalence increases between 2010 and 2018 continue for the next 10 years. This gives a 40% increase (up by 860), compared to the 6% increase (130) predicted if just the population changes.

It is difficult to give a definitive prediction of the number of SEND children and young people in 2028, however it is likely given the current trends and the growing population that numbers will continue to rise.

Evidence from children and young people

Between December 2018 and January 2019 Stockport Council and CCG organised a number of events and activities to hear from and gather the views and experiences of those families with experience of a range of services and support for children and young people with SEN and disabilities.

This work took the form of listening events: a series of workshops; online survey; small group consultation and individual consultation in some instances.

The following information is a summary of the highlight information from this work which heard evidence and next step solutions from over 300 parents' carers and young people. More detailed transcripts of information from all the activity can be found on the Local Offer.

The information from parents and children/young people will be presented verbatim (where possible) according to three key themes:

1. **Relationships, behaviour and attitudes**
2. **Processes and practices**
3. **Services and support**

Suggestions for improvement are also summarised.

Relationships, behaviour and attitudes

What needs to be improved?

-   Treat young people with respect and listen to us so that we can respect and listen to others

-   Teachers listening to us and respecting our privacy when we ask them to

-   Deal better with bullies

-   Teachers who better understand mental health and what causes young people stress

-   Professionals who understand better that anxiety and stress might be part of who we are and doesn't mean we are depressed and need tablets.

> *Not all young people are academic – give young people with SEND options to succeed academically or options to pursue practical and/or vocational choices – don't just tell us what to do!'*

Processes and practice

What needs to be improved?

-   Smaller classrooms and breaks between lessons so we don't lose concentration

-   Spending long periods of time in waiting rooms (e.g. Doctors and hospital) which gets us more anxious and more stressed out

-   Not being withdrawn from lessons to go to appointments e.g. HYMS and hospital when we want to learn

-   More help with core subjects in school like English and Maths

-   More advice on courses that are not strictly academic like public service courses and more vocational courses.

-   Early joint meetings as we get older with Doctors and hospital and GP for e.g. so that we don't have to repeat our story all the time

Services and support

What needs to be improved?

- Having school nurses available in school to talk to confidentially about what is bothering us but they are not there enough

- Professionals need to be sensitive about what things like ADHD/ASD mean for us if we are attending appointments e.g. waiting in bright and/or noisy /busy areas can be a problem

- Parents need help too

- Knowing how to make complaints about services when we are unhappy about them.

- Better mental health awareness in colleges and schools.

- Easier ways to detect mental health issues in young people and at an earlier point.

How can improvements be made?

1. Young people to be involved in wider SEND networks and organise this so that we have our say with the council and health board.

2. Look at ways to deal with anxiety problems that cause problems in school rather than exclude us

3. Look at ways to limit how long we wait for and at health appointments and maybe consider how this could happen in school settings instead.

4. For hospitals and other settings to have a chill out space for people with conditions like ASD who might struggle with waiting.

5. Have more school nurses and mental health workers available in school.

6. Train professionals (school) on mental health

7. Earlier transition planning

Evidence from parents

Relationships, behaviour and attitudes

What needs to be improved?

– Being listened to, respected and valued by professionals

– Remove the culture of blame towards parents from professionals and reduce the culture of conflict

– Having an equal say in our child's support/ EHCP

– Professionals who have an understanding of disability and discrimination and 'what is normal'?

– Support that celebrates and recognises the individuality of our children and planning support around that

– Education, Health and Care professionals working more closely together

> *'Too often professionals across education health and care disrespect each other and blame one another for the failings or shift responsibility, leaving the parent in the middle to solve the problem'*

Processes and practice

> *'There is no proper assessment of implementation of SEN support or EHC plans in Stockport'*

What needs to be improved?

– Having good information and advice made available about the range of SEND support

– Having early support before things deteriorate to crisis point and while waiting for an assessment and/or diagnosis.

– Having consistency across schools around the support our child receives,

– A link person/care co-ordinator to walk us through the EHC process and be the consistent thread

– Better information sharing between professionals so that we don't have to repeat our stories

– Autistic provision needs to improve. Stockport sends many children out of area as there is no specialist autistic support locally.

– Social care, education and health support is not joined up and works in silos, often with staff not knowing what services are available.

– More 'mainstream' children are currently in specialist provision because mainstream provision can't/won't deal with them.

– There is a rising prevalence of complex needs but specialist provision is not adequate to meet these needs.

Evidence from parents

Services and support

What needs to be improved?

– A range of services and therapies and not limited to Healthy Young Minds (HYMS)

– Less time waiting for assessment appointments (including autism assessments and HYMS

– Support for the whole family to minimise impact

– Insufficient specialist provision locally

– Lack of low-level social care support for families

– Widespread dissatisfaction with schools' provision for those on SEN support

– Parents and carers sometimes have their own disabilities and can face particular challenges in trying to support their children with SEND.

> *' The long term cost and effect of not dealing with SEND is significant, with more services needed to provide support including mental health, assisted living, increased medications and even police and prison services, All because the SEND services did not provide care. Could be avoided with early intervention'*

How can improvements be made?

1. Involve and listen to parents more and act on their suggestions.

2. Clear and comprehensive information and advice (from trained experts and online platform) about what is available, eligibility, what to expect from services, pathways to support and who can help with this.

3. A single 'go to' professional e.g. case workers/ family co-ordinator at the heart of the family from diagnosis to delivery and review of support

4. Increased co-ordination of services. A system that means we don't have to repeat our story to lots of different professionals.

5. Training for school and education professionals on SEN and disability issues and the range of health conditions e.g. SENCO's to develop expertise and understand legal requirements.

6. Schools to be held accountable for delivery of what is required in EHC plans

7. Less waiting for appointments with services e.g. HYMS, autism assessment.

8. A broader range of therapy support for our children who have anxiety based issues

9. Post-diagnosis support process for conditions like ASD.

10. More funding for SEND provision, at SEN Support as well as EHC plans

11. Whole family social activities and support

12. Increase specialist places for the children who need it.

Summary

Summary

- There are currently 7,714 children and young people aged 0 to 25 years who have a diagnosis of SEND in Stockport. 71.1% of the SEND population are in receipt of SEN support and 28.9% have an EHC plan.

- Boys are more than three times more likely than girls to have an EHC plan, while girls are 50% more likely to receive SEN support.

- The proportion of children and young people with SEND is highest in the more deprived areas of Stockport.

- The proportion of children with EHC plans in Stockport is far higher than other comparable areas.

- The prevalence of SEND in the school-age population has been relatively stable in recent years. Rates in the 16-25 years range have increased, following recent legislation which extended SEND services to this age range.

- The most common reasons for an EHC plan are behavioural/emotional/social difficulties or a speech/language/communication need. Since 2015, the greatest increase in size of any need is among the cohort with autistic spectrum disorders.

- Compared to the national average, Stockport has a greater proportion of the SEND population in mainstream schools and lower numbers in specialist provision. Educational outcomes are significantly worse for the SEND population in comparison to the non-SEND population but overall outcomes are better or comparable to other similar areas.

- Educational attainment for the SEND cohort is significantly worse than for children with no identified SEND. Progression to post-16 employment and further education is worse in Stockport than comparable areas.

- There are above-average rates of persistent absenteeism and fixed exclusions for children and young people with EHC plans in Stockport.

- The most commonly diagnosed long-term conditions in primary care in Stockport in those aged 0 to 25 years are asthma and anxiety, and there is an upward trend in asthma admissions.

- The overall complexity of the SEND cohort is increasing. This is demonstrated by a disproportionate rise in the number of SEND children and young people presenting with mental health problems, behavioural and communication problems and requiring social care support.

- There has been a significant increase in demand for services which meet the needs of this increasingly complex cohort, including the educational psychology and learning support services. This is leading to increased pressure on services and waiting lists.

- Increased demand for services is also likely to be driven by increases in the size of the SEND population in Stockport. Based on current understanding of SEND prevalence, it is forecast that there could be up to a 40% increase in the school-age SEND population with EHC plans over the next 10 years.

Recommendations

Key recommendations from the JSNA are listed below, grouped by theme.

1. Understanding our population

- Improve meaningful and ongoing co-production with children, young people, parents and carers in order to allow problems to be identified and solved collaboratively.
- Ensure the new "Liquid Logic" IT system improves integration of SEND data (including NHS number) – to better understand complexity within the SEND population.
- Work with commissioners and providers to present SEND data in a way which is meaningful (e.g. dashboard, improved coding within IT systems).
- Improve understanding of post-16 and post-25 outcomes for the SEND population, including in relation to employment outcomes.
- Consider ways to measure (and report on a cohort basis) individual progress and outcomes of children with EHC plans.
- Improve understanding of the numbers and needs of parents and carers of the SEND population.

2. Commissioning services

- Ensure joint commissioning delivers better, joined-up support by planning pathways of support for specific types of need (e.g. ASD, ADHD).
- Review activity data (including waiting times) for all SEND services to plan for future demand.
- Continue to review the sufficiency of SEND educational provision and, if necessary, consider how to increase specialist educational provision.
- Develop data sharing protocols and IT systems to allow greater sharing of information between SEND services, enabling parents/carers to only 'tell their story once'.
- Focus on work with schools with highest rates of SEND absenteeism and exclusion and work in partnership with schools to significantly improve these rates.
- Improve uptake of primary care health checks for the SEND population.
- Improve case finding methods to reduce rates of unidentified SEND.
- Utilise evidence base to improve early intervention offer including strengthening SEN support, taking account of large than average proportion of children with EHC plans in Stockport.
- Review post-16 offer, including employment and training support.
- Develop and use appropriate outcomes tools and processes, to gauge how well children, young people and families believe the local area is supporting them.

3. Providing services

- Service managers to review the trends (e.g. population size and complexity) and consider necessary changes to address these future needs
- Improve parental engagement in service design and individual planning through EHC needs assessment.
- Consider how to better understand and support the needs of parents and carers of children and young people with SEND (e.g. carers' assessments).
- Work with schools, colleges and their governors to improve the amount and consistency of provision for those on SEN Support.
- Ensure information about local support is easy for families and professionals to access.