# Children with Special Educational Needs and Disabilities JSNA

## October 2013

### Intelligence for Healthy Lancashire (JSNA)

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## Executive Summary

One of the key priorities for 2013/14 in the Lancashire Children and Young People's Trust strategic action plan is to develop, agree and implement a Lancashire response to the new SEND legislation. SEN reforms are currently in progress overseen by the SEND reforms governance board and the introduction of these reforms will commence in 2014. To inform commissioning under the SEND reforms a comprehensive needs assessment was commissioned by the SEND reforms governance board which follows the methodology of a Joint Strategic Needs Assessment (JSNA) carried out by the CYP Integrated Health Service.

There are a number of statutory definitions relating to disability used by central government, and no common definition is used across health, local authority or other relevant groups. For the purpose of this JSNA, a definition was written which encapsulated the common held values within other definitions: *"'A disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on the child or young person's ability to carry out normal day to day activities. (Substantial means more than minor or trivial)"*.

### Population and prevalence of special educational needs

The number of children and young people in Lancashire has fallen and there are now almost 14,000 fewer children than 10 years ago. Looking ahead, population projections suggest that the number of children and young people in Lancashire will continue to decline over the next 25 years.

Overall prevalence of a child or young person having any special educational need is 16% which is lower than at any time in the last 10 years in Lancashire and is less than the national rate of 1 in 5.

Lancashire's school aged population with special educational needs has remained fairly consistent, albeit with a reduction in the number of statements and an increase in the number at school action plus. In spite of the overall population decreases, the prevalence of special educational needs is also decreasing and 16% of school aged children have special educational needs in 2013.

Deprivation and the level of special educational needs are strongly linked in Lancashire, as severe and moderate special educational needs defined by statements and school action plus are higher in districts with higher levels of deprivation. Prevalence of special educational needs is highest in Lancaster and West Lancashire, while prevalence is lowest in Ribble Valley.

Gender and ethnicity remain consistent, with higher levels of special educational needs among males and among children and young people of Asian or Asian British heritage.

Autistic Spectrum Disorders (ASD) continue to rise in Lancashire, and is the most common diagnosis within children and young people with statements of special educational need. Levels of ASD have risen 45% over 4 years, representing an additional 445 children and young people.

Moderate Learning Difficulties (MLD) and Behavioural, Emotional and Social Difficulties (BESD) also remain high, each representing 20% of all children with special educational needs.

## Outcomes for children or young people with special educational needs

Children and young people with special educational needs continue to have lower outcomes than their peers, and this is especially prominent in exclusions. Children and young people with special educational needs are seven times more likely than their peers to be permanently excluded from school and six times more likely than their peers to have fixed term exclusions.

## Determinants of special educational needs

The number of children looked after continues to rise across Lancashire, and this is likely to impact upon the level of special educational needs, as 7 in 10 children looked after will have some level of special educational need. This is compounded by an increase in the number of children looked after due to abuse or neglect which has strong correlation with special educational needs.

Improvements in perinatal care is resulting in an ongoing improvement in survival rates; however although most preterm babies now survive, they are at increased risk of neurodevelopment impairments, respiratory and gastrointestinal complications. Disability rates among extremely premature babies, show that around 50% will grow up with some form of neurological or developmental disability.

In the east of the county, the NHS work with inter family relationships and consanguineous marriages to reduce the occurrence of Autosomal Recessive Disorder (ARD) through a comprehensive screening programme, which will positively impact on the level of special educational needs and disabilities.

There has been a slight reduction in the proportion of mothers smoking at time of delivery in North and East Lancashire, but rates across the county remain higher than the national average.

## Recommendations

There are a number of recommendations detailed at the end of the report. Key to understanding the level of special educational needs and disability across Lancashire is the use of combined intelligence and information from all stakeholders. Recent reorganisation of the health services from PCTs to CCGs has presented a number of challenges within this JSNA, and there is a need for

colleagues to work closely together to improve the pan-Lancashire information on special educational needs and disability to improve commissioning and outcomes for the children.

# Introduction

## Introduction

One of the key priorities for 2013/14 in the Lancashire Children and Young People's Trust strategic action plan is to develop, agree and implement a Lancashire response to the new SEND legislation. SEND reforms are currently in progress overseen by the SEND reforms governance board and the introduction of these reforms will commence in 2014. To inform commissioning under the SEND reforms a comprehensive needs assessment was commissioned by the SEND reforms governance board which follows the methodology of a Joint Strategic Needs Assessment (JSNA) carried out by the CYP Integrated Health Service.

## Methodology

A working group comprising policy, research and intelligence officers from council, health, and voluntary sectors was formed to scope this JSNA and contribute data, analytical products and intelligence from their areas of expertise. The partnership arrangement expanded the knowledge base and ensured that all parties were represented in this cross organisation topic.

This joint strategic needs assessment (JSNA) looks at all the evidence available for children with disabilities within Lancashire County Council and all health partners, combined with nationally published statistics and research materials. The evidence base looks at current literature and Lancashire partnership intelligence about the prevalence and trends in special educational needs and/or disability in the county. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

The JSNA has been completed during a challenging time, with the change in health from primary care trusts (PCT) to the new clinical commissioning groups (CCG) impacting on availability of information and the capacity for intelligence to be provided. Within the county council, there are upcoming changes to social care systems which impact on the information currently available.

### Districts of Lancashire

Lancashire is divided into 12 districts; these are used by Lancashire County Council for administration and planning purposes and are divided up into three locality areas, North Lancashire, East Lancashire and Central Lancashire.

Please note that health and other partners may not adhere to the same definition of district as used by the county council.

### CCG Areas (from 1st April 2013)

Clinical Commissioning Groups (CCGs) are the new NHS organisations with responsibility for commissioning local health, wellbeing and social care services. Lancashire's CCG areas have been defined and are now used by the health sector. In most cases nationally, CCG areas are coterminous with local authority areas.

Within Lancashire there are six CCG areas, which are contained within County Council boundary. However, the six CCGs do cross the district council boundaries, at times splitting the district between more than one CCG.

In order to address this, where possible, the needs analysis will split the population into both district and CCG areas.

## Definitions of special educational needs and disability

### Local authority definitions of special educational needs and disability

There are a number of statutory definitions relating to disability used by central government, and no common definition is used across health, local authority or other relevant groups.

For the purpose of this JSNA, a definition was written which encapsulated the common held values within other definitions: *"'A disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on the child or young person's ability to carry out normal day to day activities. (Substantial means more than minor or trivial)"*.

Within Lancashire County Council, different definitions are used depending on which service the child or young person is involved with:

- Education use the term 'special educational needs' as defined by the SEN Code of Practice and the Education Act 2001
- Social care refer to 'children with disabilities' as defined by the Children Act 2004
- Other relevant definitions are seen under Disability Discrimination Act 1995 and more recently the Equality Act 2010

**Definition of Special Educational Needs (Education Act 2001)**

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

Children have a *learning difficulty* if they:

a) have a significantly greater difficulty in learning than the majority of children of the same age; or
b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority
c) are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

*Special educational provision* means:

a) 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
b) for children under two, educational provision of any kind.

*See Section 312, Education Act 1996*

**Definition of Children with Disabilities (Children Act 2004)**

A child is disabled if he is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

*Section 17 (11), Children Act 1989*

**Definition of Children with Disabilities (Disability Discrimination Act 1995)**

A person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to day activities.

*Section 1(1), Disability Discrimination Act 1995*

**Definition of Disability (Equality Act 2010)**

A person is disabled, if he or she has a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to do normal daily activities:

- 'substantial' is more than minor or trivial - e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more - e.g. a breathing condition that develops as a result of a lung infection

*Equality Act 2010*

## Local authority types of special educational needs and disability

Within the SEN code of practice, which details the requirements around special educational needs, a number of categories and types of special educational needs are used.

Children and young people with the most severe special educational needs are given statements of SEN, sometimes abbreviated to S or SEN-S. The other two categories are School Action Plus, sometimes abbreviated to P or SEN-P; and School Action, sometimes abbreviated to A or SEN-A.

Severity ↓

| SEN category | Abbreviation |
|---|---|
| Statement | S or SEN-S |
| School Action Plus | P or SEN-P |
| School Action | A or SEN-A |

Within statements and school action plus, the child or young person will be given a type of SEN. A minimum of a primary type of SEN is given, but for those with complex needs, a secondary or tertiary SEN type can also be given. The SEN types are as follows:

| SEN code | SEN type |
|---|---|
| ASD | Autistic Spectrum Disorder |
| BESD | Behavioural, Emotional and Social difficulties |
| HI | Hearing Impairment |
| MSI | Multi-Sensory Impairment |
| MLD | Moderate Learning Difficulty |
| PMLD | Profound and Multiple Learning Difficulty |
| SLCN | Speech, Language and Communication Needs |
| SLD | Severe Learning Difficulties |
| SpLD | Specific Learning Difficulty |
| VI | Visual Impairment |

Under the Children Act 2004 there are a number of disability types which refer to specific functions and are currently in use by children's social care in Lancashire:

| Disability code | Disability type | Description |
|---|---|---|
| AUT | Autism or Asperger's Syndrome | Children diagnosed by medical practitioner |
| BEH | Behaviour | Condition resulting in socially unacceptable behaviour |
| COMM | Communication | Speaking and/or understanding others |

| | | |
|---|---|---|
| CON | Consciousness | Fits and seizures |
| DDA | Other disability | Other disability under Disability Discrimination Act 1995 |
| HAND | Hand function | Holding and touching |
| HEAR | Hearing | Difficulty hearing and/or understanding others |
| INC | Incontinence | Controlling passage of urine and faeces |
| LD | Learning | Have special educational needs |
| MOB | Mobility | Getting about the house and beyond |
| PC | Personal care | Washing, dressing, going to the toilet etc. |
| VIS | Visual impairment | Difficulty seeing and/or understanding others |

## Other local authority definitions

### Early Years Service (Population aged 0 to 4 years)

The early years service within the county council work to the definitions within the SEN Code of Practice as defined by the Education Act 2001, albeit with the specific terminology of Early Years Statements (EYS) and Early Years Action Plus (EYAP) combined with the SEN types as described above. There is no school action or early years action category used within the early years service.

### Young People's Service (Population aged 16 to 19)

The Young People's Service (YPS) within Lancashire County Council is required to hold all information about their young people on the Client Caseload Information System (CCIS) which provides the definition for learning difficulties and disabilities (LDD):

**Definition of Learning Difficulty and/or Disability (CCIS, 2013)**

A young person is deemed to have a learning difficulty and or disability if he/she:

- had a statement of special educational need at the time of completing compulsory education; is still
- attending school and has been given a statement of special educational need since completing compulsory education;
- or has received a learning difficulty assessment

Young people assessed as school action or school action plus should not be recorded as having a LDD; services may wish to record this information locally.

## Health definition of disability

Across the Lancashire area there are a number of health organisations, and there will be variation in the definitions used within each individual organisation and indeed within departments of the same health organisation. Overall within health, the assumption is that the World Health Organization (WHO) definition is used:

### Definition of Disability (WHO, 2013)

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions:

- An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; a participation restriction is a problem experienced by an individual in involvement in life situations.

http://www.who.int/topics/disabilities/en/

However disability is not a helpful term in health and there has never been a consensus on the use of the term disability across health. Different organisations across health services may use different definitions, if used at all. This is due to the medical model being used in health; medical diagnosis or assessed need determines the medical management or treatment of a specific diagnosed issue. It is likely that certain diagnoses mean that a child will likely fall into a local authority category of special educational needs, by the nature of the diagnosis.

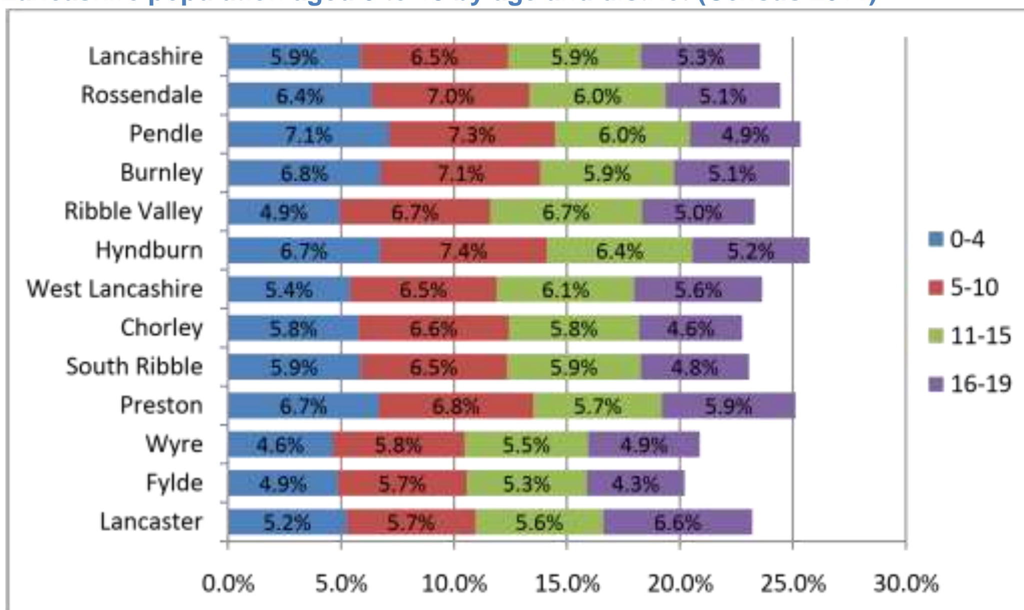
# Population

## General population overview

People's health in the North West is generally worse than the England average. There are inequalities in health across the region which are closely related to deprivation. Children's health across the North West is also generally worse than the England average, including the proportion of mothers smoking in pregnancy and the average number of decayed, missing and filled teeth among children aged five years. However, the level of physical activity among children is better than the England average (APHO, 2010).

There are more than 275,000 children and young people aged 0 to 19 living in the county of Lancashire. If Lancashire were made up of 100 children and young people, 12 would live in Lancaster; 13 in Preston; 9 would live in Chorley, South Ribble and West Lancashire respectively; 8 would live in Burnley, Hyndburn, Pendle and Wyre respectively; 6 would live in Rossendale and Fylde respectively; whilst there would only be 5 living in Ribble Valley.

**Figure 1: Lancashire population aged 0 to 19 by age and district (Census 2011)**




Children and young people make up more than a quarter of the total population of the east Lancashire districts of Burnley, Hyndburn and Pendle, and also in Preston. They are a smaller proportion in Fylde and Wyre accounting for just over a fifth of the total population.

Although similar numbers of children and young people live in the districts of Wyre and Pendle, the makeup of the populations is very different. Wyre has a lower proportion aged 0 to 19 years compared to the Lancashire average. Conversely, Pendle has a high proportion aged 0 to 19 years and a higher proportion of children aged less than eleven years. The needs of these different groups will be very different and services must be delivered appropriate to the age structure of the population and varying levels of need.

**Figure 2: Lancashire population aged 0 to 19 in census year (Office for National Statistics, 2012)**

| | 2001 Census | 2011 Census | Change | % change |
|---|---|---|---|---|
| Burnley | 25,021 | 21,594 | -3,427 | -14% |
| Chorley | 24,624 | 24,383 | -241 | -1% |
| Fylde | 15,765 | 15,284 | -481 | -3% |
| Hyndburn | 22,551 | 20,766 | -1,785 | -8% |
| Lancaster | 33,652 | 32,686 | -966 | -3% |
| Pendle | 25,067 | 22,669 | -2,398 | -10% |
| Preston | 34,866 | 35,650 | 784 | 2% |
| Ribble Valley | 13,150 | 13,347 | 197 | 1% |
| Rossendale | 17,835 | 16,593 | -1,242 | -7% |
| South Ribble | 25,940 | 25,046 | -894 | -3% |
| West Lancashire | 27,690 | 26,342 | -1,348 | -5% |
| Wyre | 24,749 | 22,561 | -2,188 | -9% |
| **Lancashire** | **290,910** | **276,921** | **-13,989** | **-5%** |
| **North West** | **1,736,803** | **1,693,501** | **-43,302** | **-2%** |
| **England** | **12,310,418** | **12,712,275** | **401,857** | **3%** |

Over the last 10 years the number of children and young people in Lancashire has fallen and there are now almost 14,000 fewer children than there were ten years ago. This is against the national pattern of a slight increase in children and young people, but in line with the North West pattern albeit a little more pronounced. There is variation in population change between the districts of Lancashire, with a slight increase in the number of children and young people aged 0 to 18 in Preston and Ribble Valley, but a large decrease in Burnley of almost 3500 CYP.

The 2011 census shows a peak in the age population at ages 20, 21 and 22. Three years previously this large cohort was part of the 0 to 19 population, and has been replaced with a smaller cohort of new children aged 0 to 2, which goes some way to explain the fall in the population.

Looking ahead, population projections suggest that the numbers of children and young people in Lancashire will decline over the next 25 years.

Further details on the population profile of Lancashire are available in the CYP JSNA: http://www.lancashire.gov.uk/media/899028/cyp-jsna-final.pdf and on Lancashire Insight http://www.lancashire.gov.uk/lancashire-insight

## Prevalence of special educational needs and disability in Lancashire

The World Health Organization (WHO) estimates that 15 out of 100 people in the world have a disability, and between two and four people in 100 will have a severe disability.

The number of disabled children in England is estimated by the Thomas Coram Research Unit (TCRU) to be between 288,000 and 513,000. The mean percentage of disabled children in English local authorities has likewise been estimated to be between 3.0 and 5.4 percent. If applied to the population of Lancashire in 2011 this would equate to between 7,307 and 13,153 children experiencing some form of disability.

Ofsted stated in September 2010 that just over one in five pupils (1.7 million school-age children in England) are identified as having special educational needs. If applied to the school-aged population of Lancashire recorded in the Census 2011, this would equate to around 29,158 children aged 5-16 having at least one special educational need.

### Special educational needs in schools

The widest and most comprehensive individualised count of the number of children with special educational needs is collected via the School Census; collected three times a year with a "main" collection in January of each year. The school census requires all schools, mainstream or academy, to complete a census of all children within their school on a particular day, and includes a number of supplementary characteristics of the children; including special educational need provision and special educational need type (January collection only). Due to consistency of this collection the information is available over a number of years, hence ten years is displayed below.

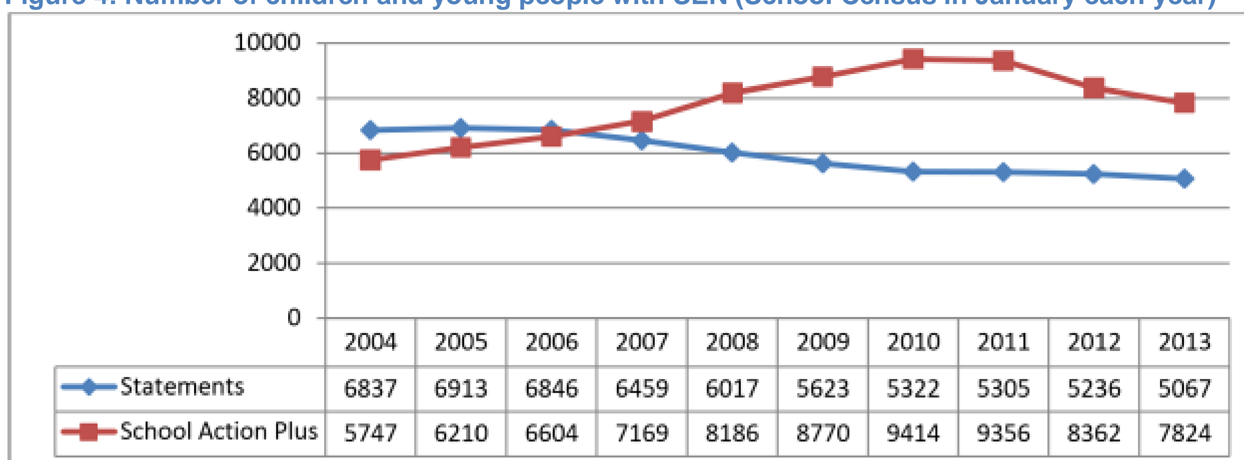
**Figure 3: Number of children and young people with SEN (School Census in January 2013)**

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|
| Statements | 6837 | 6913 | 6846 | 6459 | 6017 | 5623 | 5322 | 5305 | 5236 | 5067 |
| School Action Plus | 5747 | 6210 | 6604 | 7169 | 8186 | 8770 | 9414 | 9356 | 8362 | 7824 |
| **S + P** | **12584** | **13123** | **13450** | **13628** | **14203** | **14393** | **14736** | **14661** | **13598** | **12891** |
| School Action | 17090 | 16249 | 15804 | 15384 | 15612 | 15292 | 14768 | 14629 | 14587 | 13778 |
| **S + P + A** | **29674** | **29372** | **29254** | **29012** | **29815** | **29685** | **29504** | **29290** | **28185** | **26669** |

There has been a fundamental shift in the numbers of children and young people with statements of SEN and those at school action plus, due to policy and practice changes within Lancashire County Council. From 2005, there was an effort to reduce the number of children with statements by providing additional support via enhanced school action plus (ESAP) to support without the need for a statement. The policy was successful, but makes tracking a true number of children with SEN or disabilities harder, and must be done via the use of the combined total of statements and school

action plus. The chart below demonstrates how the use of enhanced school action plus has raised the number at school action plus and reduced the number of statements:

**Figure 4: Number of children and young people with SEN (School Census in January each year)**

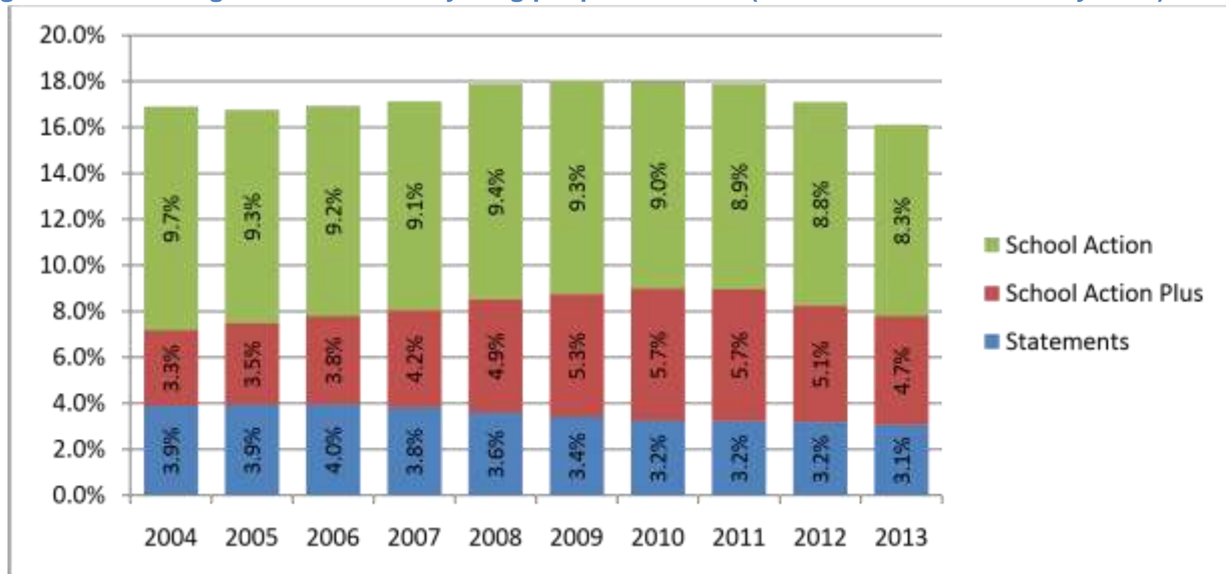



The information above suggests that Lancashire's school aged population with SEN has remained fairly consistent, although with movement between statement and school action plus. However in spite of the overall population decreases shown on page 13, the prevalence of special educational needs is also decreasing, which can be seen in the table below:

**Figure 5: Percentage of children and young people with SEN (School Census in January 2013)**

| | **2004** | **2005** | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** |
|---|---|---|---|---|---|---|---|---|---|---|
| Statements | 3.9% | 3.9% | 4.0% | 3.8% | 3.6% | 3.4% | 3.2% | 3.2% | 3.2% | 3.1% |
| School Action Plus | 3.3% | 3.5% | 3.8% | 4.2% | 4.9% | 5.3% | 5.7% | 5.7% | 5.1% | 4.7% |
| **S + P** | **7.2%** | **7.5%** | **7.8%** | **8.0%** | **8.5%** | **8.7%** | **9.0%** | **9.0%** | **8.2%** | **7.8%** |
| School Action | 9.7% | 9.3% | 9.2% | 9.1% | 9.4% | 9.3% | 9.0% | 8.9% | 8.8% | 8.3% |
| **S + P + A** | **16.9%** | **16.8%** | **16.9%** | **17.1%** | **17.9%** | **18.0%** | **18.0%** | **17.9%** | **17.1%** | **16.1%** |

Figure 6: Percentage of children and young people with SEN (School Census in January 2013)




Accounting for the decrease in population by the use of prevalence rates, in real terms the level of mid to high special educational needs (statement or school action plus) amongst school aged children has also decreased from 9.0% in 2011 to 7.8% in 2013. The overall prevalence of a child or young person having any special educational need at school action or higher is 16.1% which is lower than at any time in the last 10 years in Lancashire and is less than the national rate of 1 in 5 children (20%) as stated by Ofsted. The most recently published information on SEN rates across England was based on the January 2012 school census and SEN2 returns from 2012:

Figure 7: Prevalence of children and young people with SEN in Lancashire and England (DfE, 2012)

| | Pupils with statements | Pupils at School Action Plus | Pupils at School Action | Total SEN |
|---|---|---|---|---|
| Lancashire | 3.4% | 5.0% | 8.5% | 17.2% |
| England | 2.8% | 6.0% | 10.3% | 19.8% |

DfE, SFR 14/2012: http://www.education.gov.uk/rsgateway/DB/SFR/s001075/index.shtml

This table shows that in England the rate is that nearly 20% of children will have SEN, whereas in Lancashire this rate is lower at 17.2%. The rate of statements in Lancashire is higher than nationally and analysis of special school populations may be needed to understand this fully.

## Prevalence of children with SEN across Lancashire districts

Using the school census information from January 2013, the latest prevalence rates for the three stages of special educational needs can be seen across Lancashire districts, based on the child's place of education.

**Figure 8: Distribution of children and young people with SEN across Lancashire (school census in January 2013)**

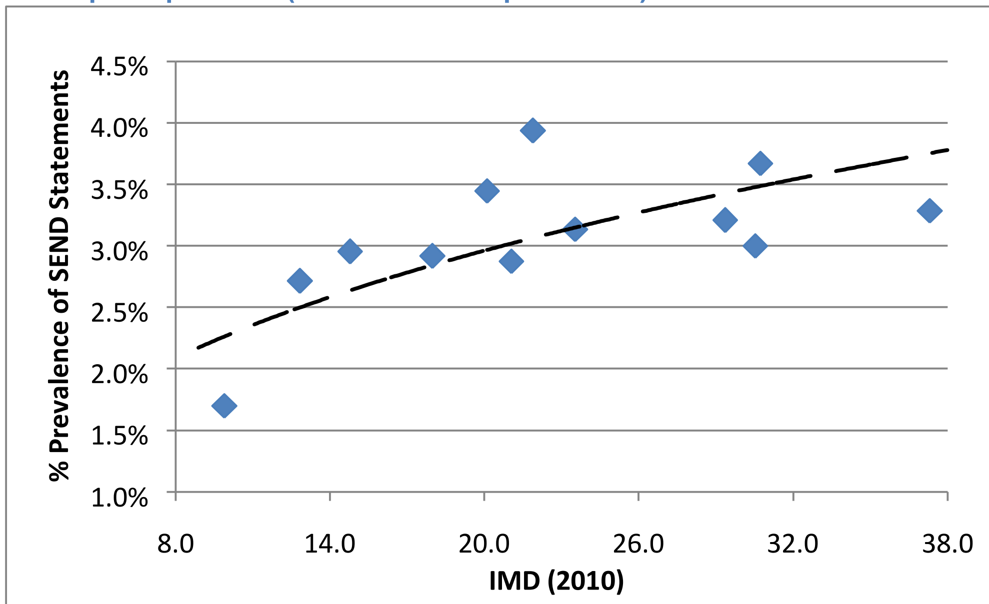
| District of Education | Statement | Action+ | S+P | Action | All SEN | Population in School |
|---|---|---|---|---|---|---|
| Burnley | 3.1% | 5.8% | **8.9%** | 11.1% | 19.9% | 13421 |
| Chorley | 3.0% | 5.0% | **8.0%** | 6.6% | 14.6% | 14371 |
| Fylde | 2.7% | 3.3% | **6.0%** | 7.4% | 13.4% | 8073 |
| Hyndburn | 3.2% | 6.2% | **9.4%** | 11.9% | 21.3% | 13355 |
| Lancaster | 3.7% | 4.6% | **8.3%** | 7.9% | 16.2% | 18915 |
| Pendle | 3.0% | 5.9% | **8.9%** | 10.2% | 19.0% | 13042 |
| Preston | 3.0% | 5.2% | **8.1%** | 7.8% | 15.9% | 17837 |
| Ribble Valley | 1.7% | 3.5% | **5.3%** | 6.2% | 11.5% | 10024 |
| Rossendale | 3.1% | 3.8% | **6.8%** | 7.8% | 14.7% | 11516 |
| South Ribble | 2.8% | 4.0% | **6.8%** | 6.7% | 13.5% | 15873 |
| West Lancashire | 3.7% | 4.3% | **8.0%** | 8.9% | 16.9% | 15670 |
| Wyre | 3.1% | 4.3% | **7.4%** | 7.1% | 14.4% | 13475 |
| **Lancashire** | **3.1%** | **4.7%** | **7.8%** | **8.3%** | **16.1%** | **165572** |

Prevalence rates can vary considerably by district with levels of more severe SEND (S & P) showing high prevalence (9.4%) in Hyndburn, a district with higher deprivation, compared to a low prevalence (5.3%) in Ribble Valley, the least deprived district, although a major special school is within Ribble Valley raising the prevalence there. Overall level of SEND (including school action) shows that some districts can have twice as many children with SEND than other districts.

## Prevalence of children with SEN within deprivation areas

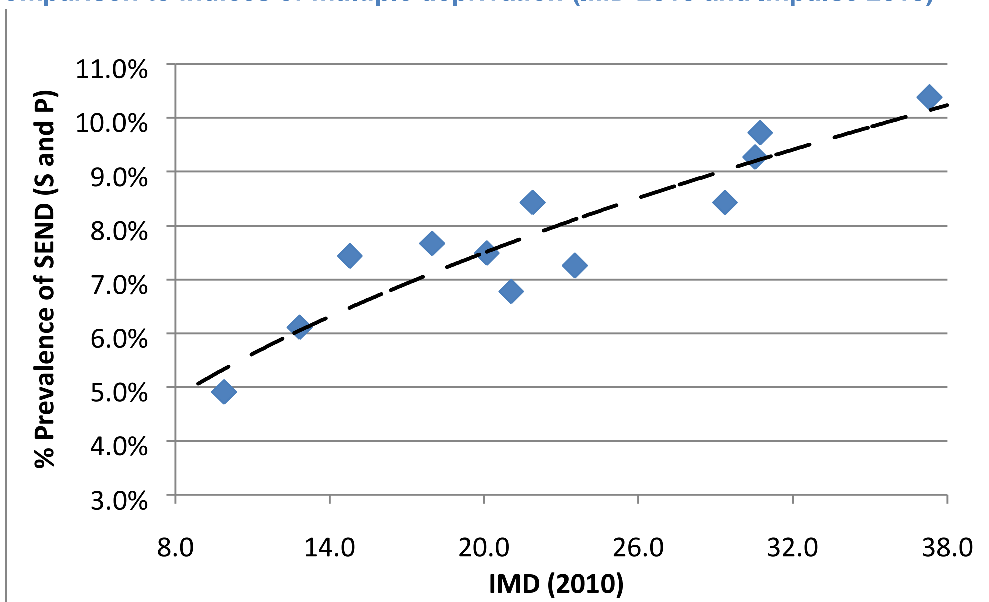
Correlation between the prevalence of statements of special educational needs and deprivation as given under the single value Indices of Multiple Deprivation measure (2010) is present, but it is not a strong correlation, and it shows that more deprived areas are more likely to have a higher level of children with severe special educational needs as defined by a statement.

**Figure 9: Percentage of children and young people with statements of SEN in district in comparison to indices of multiple deprivation (IMD 2010 and Impulse 2013)**




Including the wider categories of severe and moderate special educational needs defined by statements and school action plus, there is a stronger correlation between prevalence rates and deprivation as given under the single value Indices of Multiple Deprivation measure (2010). This allows it to be stated with certainty that deprivation and the level of special educational needs are strongly linked in Lancashire.

**Figure 10: Percentage of children and young people with SEN (statement or school action plus) in district in comparison to indices of multiple deprivation (IMD 2010 and Impulse 2013)**



## Special Educational Needs – Types of SEN

There are 11 main types of SEND, plus 1 "Other" category. When being allocated a statement or school action plus a child or young person will also be allocated an SEN type, or in some cases, two SEN types of which one will be the primary SEN type. For the purpose of this analysis, only the primary SEN type is used.

**Figure 11: Type of SEN statement or school action plus in Lancashire (school census in January 2013)**

| SEN Type | Statements (S) | | School Action Plus (P) | | S & P | |
|---|---|---|---|---|---|---|
| | No | % | No | % | No | % |
| Autistic Spectrum Disorder (ASD) | 1129 | 22.3% | 311 | 4.0% | 1440 | 11.2% |
| Behavioural, Emotional and Social Difficulties (BESD) | 684 | 13.5% | 1819 | 23.2% | 2503 | 19.4% |
| Hearing Impairment (HI) | 151 | 3.0% | 269 | 3.4% | 420 | 3.3% |
| Moderate Learning Difficulty (MLD) | 864 | 17.1% | 1693 | 21.6% | 2557 | 19.8% |
| Multiple Sensory Impairment (MSI) | 11 | 0.2% | 3 | 0.0% | 14 | 0.1% |
| Physical Disability (PD) | 446 | 8.8% | 281 | 3.6% | 727 | 5.6% |
| Profound and Multiple Learning Difficulty (PMLD) | 216 | 4.3% | 7 | 0.1% | 223 | 1.7% |
| Speech, Language, Communication Needs (SLCN) | 645 | 12.7% | 1589 | 20.3% | 2234 | 17.3% |
| Severe Learning Difficulty (SLD) | 503 | 9.9% | 25 | 0.3% | 528 | 4.1% |
| Specific Learning Difficulty (SpLD) | 201 | 4.0% | 1135 | 14.5% | 1336 | 10.4% |
| Visual Impairment (VI) | 116 | 2.3% | 121 | 1.5% | 237 | 1.8% |
| Other (OTH) | 101 | 2.0% | 571 | 7.3% | 672 | 5.2% |
| **All SEN Types** | **5067** | -- | **7824** | -- | **12891** | -- |

## Autistic Spectrum Disorder (ASD)

There has been a strong rise in the number of Autistic Spectrum Disorders in recent years, and now 22.3% of all statements are a statement of ASD, compared to less than 15% four years ago. Accounting for the number of children with ASD on school action plus, there are an additional 445 children with ASD than 4 years ago, a 44.7% rise in prevalence.

**Figure 12: Number of statements of ASD or school action plus with ASD in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **ASD** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 816 | 14.5% | 869 | 16.3% | 952 | 18.3% | 1047 | 20.4% | 1129 | 22.3% |
| School Action Plus | 179 | 2.0% | 234 | 2.5% | 295 | 3.4% | 307 | 4.0% | 311 | 4.0% |
| **S + P** | **995** | **6.9%** | **1103** | **7.5%** | **1247** | **9.0%** | **1354** | **10.5%** | **1440** | **11.2%** |

### Behavioural, Emotional and Social Difficulties (BESD)

There is minor fluctuation in the level of those diagnosed with Behavioural, Emotional and Social Difficulties (BESD); however the levels remain around 20% and have been for each of the last 4 years.

**Figure 13: Number of statements of BESD or school action plus with BESD in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **BESD** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 714 | 12.7% | 691 | 13.0% | 712 | 13.7% | 722 | 14.1% | 684 | 13.5% |
| School Action Plus | 2078 | 23.7% | 2214 | 23.5% | 2097 | 24.4% | 1966 | 25.4% | 1819 | 23.2% |
| **S + P** | **2792** | **19.4%** | **2905** | **19.7%** | **2809** | **20.4%** | **2688** | **20.9%** | **2503** | **19.4%** |

### Hearing Impairment (HI)

The number of children diagnosed with Hearing Impairment (HI) has remained fairly consistent over the last 5 years. It should be noted that this analysis looks at primary SEN types only, and hearing impairment is common as a secondary SEN type for other primary diagnoses. In 2012-13, 77 children with a statement had a secondary SEN type of HI – an additional 38% prevalence.

**Figure 14: Number of statements of HI or school action plus with HI in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **HI** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 177 | 3.1% | 168 | 3.2% | 171 | 3.3% | 166 | 3.2% | 151 | 3.0% |
| School Action Plus | 242 | 2.8% | 251 | 2.7% | 291 | 3.4% | 272 | 3.5% | 269 | 3.4% |
| **S + P** | **419** | **2.9%** | **419** | **2.8%** | **462** | **3.3%** | **438** | **3.4%** | **420** | **3.3%** |

### Moderate Learning Difficulties (MLD)

The number of children diagnosed with Moderate Learning Difficulties (MLD) has declined steadily over the last 5 years, a decline of 853 children representing 25.0% of the cohort.

**Figure 15: Number of statements of MLD or school action plus with MLD in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **MLD** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 1183 | 21.0% | 1057 | 19.9% | 1006 | 19.4% | 969 | 18.9% | 864 | 17.1% |
| School Action Plus | 2227 | 25.4% | 2421 | 25.7% | 2366 | 27.5% | 2041 | 26.3% | 1693 | 21.6% |
| **S + P** | **3410** | **23.7%** | **3478** | **23.6%** | **3372** | **24.4%** | **3010** | **23.4%** | **2557** | **19.8%** |

### Multi-Sensory Impairment (MSI)

There are a very low number of children diagnosed with Multi-Sensory Impairment (MSI) which may not be an indicator of the cohort, but a tendency to complete a singular sensory impairment as the primary SEN type with another sensory impairment as a secondary SEN type. In 2012-13, there were 4 children with a statement of primary SEN type HI, who had VI as a secondary SEN type; and

there were 4 children with a statement of primary SEN type VI, who has HI as a secondary SEN type. This implies that the MSI levels seen below represent only around 60% of those with MSI and an anomaly with recording gives a lower level than in reality.

**Figure 16: Number of statements of MSI or school action plus with MSI in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **MSI** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 7 | 0.1% | 11 | 0.2% | 13 | 0.3% | 13 | 0.3% | 11 | 0.2% |
| School Action Plus | 4 | 0.0% | 4 | 0.0% | 3 | 0.0% | 2 | 0.0% | 3 | 0.0% |
| **S + P** | **11** | **0.1%** | **15** | **0.1%** | **16** | **0.1%** | **15** | **0.1%** | **14** | **0.1%** |

## Physical Disability (PD)

Children with a Physical Disability (PD) represent 5.6% of the cohort of children with SEN, but represent a higher number of the children with statements, showing that physical disability more often necessitates a child receive a statement. PD can be a wide ranging SEN type and is susceptible to interpretation. In 2012-13, 141 children with a statement had a secondary SEN type of PD, an additional 32%.

**Figure 17: Number of statements of PD or school action plus with PD in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **PD** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 518 | 9.2% | 461 | 8.7% | 448 | 8.6% | 442 | 8.6% | 446 | 8.8% |
| School Action Plus | 235 | 2.7% | 258 | 2.7% | 282 | 3.3% | 274 | 3.5% | 281 | 3.6% |
| **S + P** | **753** | **5.2%** | **719** | **4.9%** | **730** | **5.3%** | **716** | **5.6%** | **727** | **5.6%** |

## Profound and Multiple Learning Difficulties (PMLD)

Children with Profound and Multiple Learning Difficulties (PMLD) represent some of those children with the most complex needs and it is unlikely that these children will be at school action plus, with the majority on statements. The level of children with statements of PMLD has been fairly consistent over the last 5 years at around 4.5% however the numbers are slowly declining.

**Figure 18: Number of statements of PMLD or school action plus with PMLD in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **PMLD** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 258 | 4.6% | 249 | 4.7% | 226 | 4.3% | 224 | 4.4% | 216 | 4.3% |
| School Action Plus | 5 | 0.1% | 5 | 0.1% | 5 | 0.1% | 3 | 0.0% | 7 | 0.1% |
| **S + P** | **263** | **1.8%** | **254** | **1.7%** | **231** | **1.7%** | **227** | **1.8%** | **223** | **1.7%** |

## Speech, Language and Communication Needs (SLCN)

Speech, Language and Communication Needs (SLCN) is an unusual SEN type in the list, as it can be a secondary SEN type as a result of another SEN type and a larger number of children with SLCN

are under School Action Plus, rather than with statement. 28% of children with statements with a secondary type have a secondary SEN type of SLCN, and 18% of all children on School Action Plus with a secondary type have a secondary SEN type of SLCN. There is no major change in the levels of SLCN over the last 4 years with only minor fluctuations between the years.

**Figure 19: Number of statements of SLCN or school action plus with SLCN in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **SLCN** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 731 | 13.0% | 738 | 13.9% | 717 | 13.8% | 688 | 13.4% | 645 | 12.7% |
| School Action Plus | 1328 | 15.1% | 1474 | 15.7% | 1546 | 18.0% | 1436 | 18.5% | 1589 | 20.3% |
| **S + P** | **2059** | **14.3%** | **2212** | **15.0%** | **2263** | **16.4%** | **2124** | **16.5%** | **2234** | **17.3%** |

### Severe Learning Difficulties (SLD)

Like PMLD, those with Severe Learning Difficulties (SLD) are amongst the children with the most complex needs, and this is indicated by the majority of the cohort having a statement of SEN rather than being at School Action Plus. The levels of statement of SLD have remained fairly consistent over the last 5 years. There are 118 children with a secondary SEN type of SLD, and the majority of these are to primary SEN types of ASD (66%).

**Figure 20: Number of statements of SLD or school action plus with SLD in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **SLD** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 491 | 8.7% | 485 | 9.1% | 518 | 10.0% | 501 | 9.8% | 503 | 9.9% |
| School Action Plus | 30 | 0.3% | 29 | 0.3% | 34 | 0.4% | 25 | 0.3% | 25 | 0.3% |
| **S + P** | **521** | **3.6%** | **514** | **3.5%** | **552** | **4.0%** | **526** | **4.1%** | **528** | **4.1%** |

### Specific Learning Difficulties (SpLD)

Children with Specific Learning Difficulties (SpLD) can have wide ranging needs, and are represented in both the cohort of statements and School Action Plus. The number of children with SpLD has declined over the last 5 years, especially statements of SpLD which have halved.

**Figure 21: Number of statements of SpLD or school action plus with SpLD in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **SpLD** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 441 | 7.8% | 362 | 6.8% | 320 | 6.2% | 237 | 4.6% | 201 | 4.0% |
| School Action Plus | 1431 | 16.3% | 1543 | 16.4% | 1586 | 18.4% | 1324 | 17.1% | 1135 | 14.5% |
| **S + P** | **1872** | **13.0%** | **1905** | **12.9%** | **1906** | **13.8%** | **1561** | **12.1%** | **1336** | **10.4%** |

### Visual Impairment (VI)

The number of children diagnosed with Visual Impairment (VI) has risen slightly over the last 4 years, with an increase of 40 children (20%). It should be noted that this analysis looks at primary SEN types only, and visual impairment is common as a secondary SEN type alongside other

primary diagnoses. In 2012-13, 108 children with a statement had a secondary SEN type of VI – an additional 93% prevalence in children with statements.

**Figure 22: Number of statements of VI or school action plus with VI in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **VI** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 114 | 2.0% | 106 | 2.0% | 115 | 2.2% | 118 | 2.3% | 116 | 2.3% |
| School Action Plus | 83 | 0.9% | 92 | 1.0% | 92 | 1.1% | 99 | 1.3% | 121 | 1.5% |
| **S + P** | **197** | **1.4%** | **198** | **1.3%** | **207** | **1.5%** | **217** | **1.7%** | **237** | **1.8%** |

### Other Disability or Difficulty (OTH)

There is a remaining catch-all SEN type of Other Disability or Difficulty (OTH) for those SEN that do not fit within other categories, and its use is discouraged. It is a sporadically used type and it is difficult to draw conclusions from the information presented below.

**Figure 23: Number of statements of OTH or school action plus with OTH in Lancashire**

| | 2008-09 | | 2009-10 | | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Other** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** | **No** | **%** |
| Statement | 173 | 3.1% | 125 | 2.3% | 107 | 2.1% | 109 | 2.1% | 101 | 2.0% |
| School Action Plus | 928 | 10.6% | 889 | 9.4% | 759 | 8.8% | 613 | 7.9% | 571 | 7.3% |
| **S + P** | **1101** | **7.6%** | **1014** | **6.9%** | **866** | **6.3%** | **722** | **5.6%** | **672** | **5.2%** |

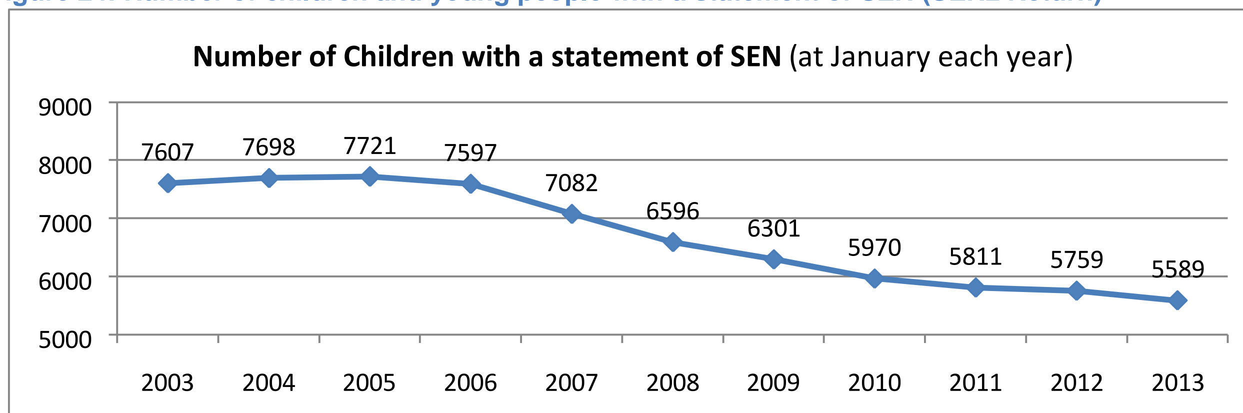
### Special educational needs – statements

The children and young people with the more severe needs in Lancashire are those with a statement of special educational needs. Lancashire's statutory recording system for children with statements of special educational needs is EDIMIS/Impulse, which records statements for all children aged 0 to 19 years, who reside in Lancashire regardless of where they are educated. Due to the ability to record details of those outside of school age it is considered to be a fuller and more accurate count than the school census, although it is restricted to just statements. Please note that due to the age range difference and the method of recording, these numbers of statements will be very different to those collected under the school census and the due to the effect of cross border schooling.

While the table below appears to show a declining population of statements within Lancashire, this isn't a true reflection of prevalence of all SEN over this time due to the use of Enhanced School Action Plus to assist those who could be moved from statements to school action plus via additional funding. The scheme was introduced around 2005 and the drop in numbers can be seen over the next 5 years to the cessation of the scheme in 2010.

Since the end of the scheme the number of statements has continued to decline albeit at a lesser pace and the success of Lancashire reducing the number of children requiring can be seen today.

**Figure 24: Number of children and young people with a statement of SEN (SEN2 Return)**




## District of residence and education

The figures for the number residing in district and the number educated in district show that a large number of children cross district boundaries and even the county boundaries. Focussing on north Lancashire, there is significant movement between Fylde and Wyre and it is likely that our children cross borders to be educated in Blackpool, with a similar level of Blackpool children being educated in Lancashire schools too.

**Figure 25: Number of children and young people with statements of SEN by district of residence or district of education (Impulse 2013)**

| District | Number residing in district | Number educated in district |
|---|---|---|
| Lancaster | 748 | 721 |
| Fylde | 277 | 388 |
| Wyre | 429 | 275 |
| Preston | 644 | 629 |
| South Ribble | 486 | 481 |
| Chorley | 453 | 552 |
| West Lancashire | 628 | 421 |
| Hyndburn | 413 | 525 |
| Ribble Valley | 146 | 0* |
| Burnley | 445 | 448 |
| Pendle | 501 | 466 |
| Rossendale | 326 | 310 |
| **Lancashire** | **5496** | **5216** |
| **Out of Area Total** | | **309** |
| **Address Protected** | **93** | **64** |

** Please note that for administrative purposes Ribble Valley is not recognised as an educational district; schools that are geographical located in Ribble Valley are allocated to either Hyndburn or Preston.*

### Clinical Commissioning Group (CCG)

There is no specific children's population specified for the CCGs, but based on the whole area population an assumed percentage level of SEN statements in each area can be given. This shows that West Lancashire CCG is likely to have the highest level of disability of the CCGs.

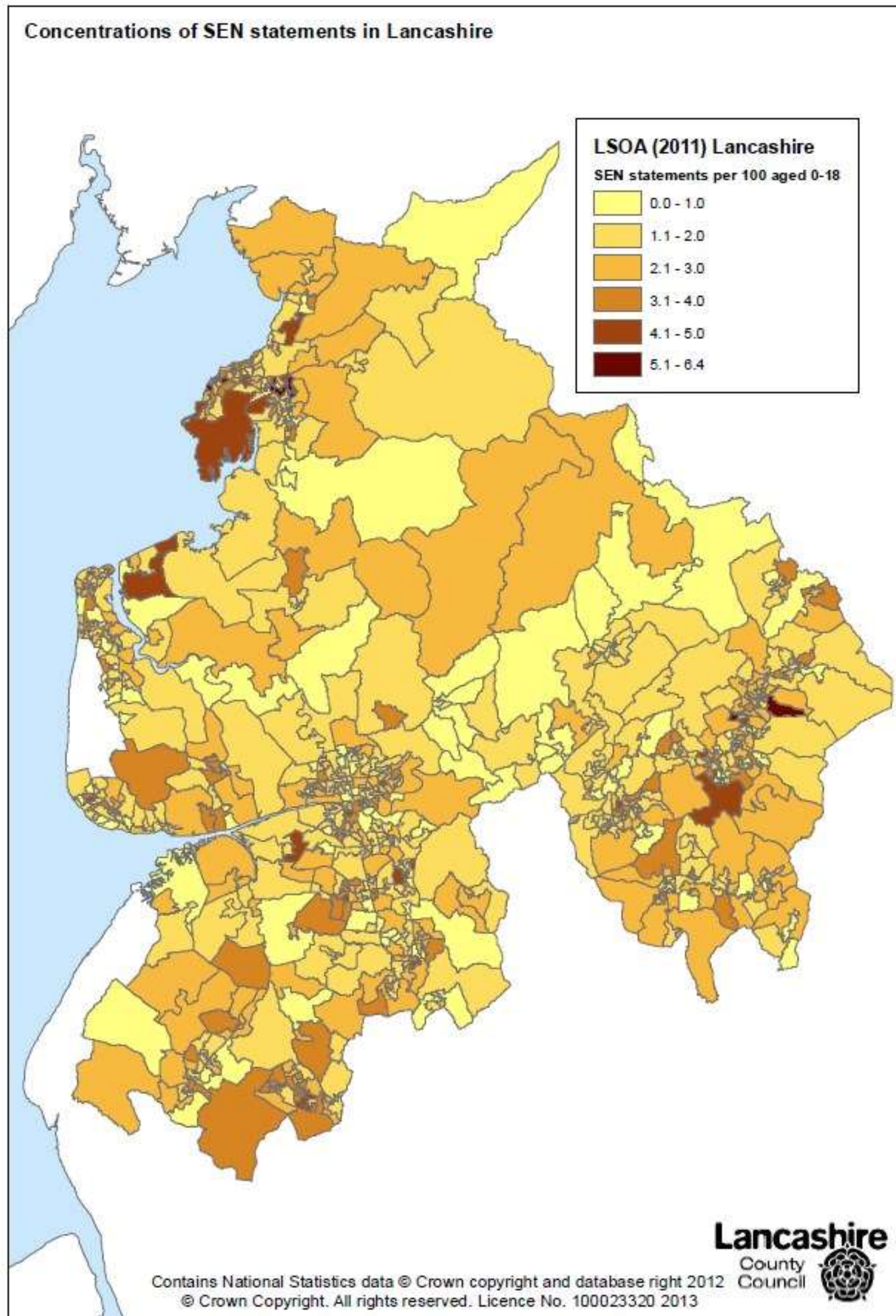
**Figure 26: Population of CCG and the number of statements of SEN who reside within the CCG**

| CCG Area | ADS Population | Statements in 2013 | % |
|---|---|---|---|
| Lancashire North | 149,006 | 799 | 0.54% |
| Fylde & Wyre CCG | 145,364 | 641 | 0.44% |
| Greater Preston | 201,775 | 865 | 0.43% |
| Chorley and South Ribble | 171,091 | 753 | 0.44% |
| West Lancashire | 107,166 | 628 | 0.59% |
| East Lancashire CCG | 355,206 | 1810 | 0.51% |
| **Lancashire** | **1,129,608** | **5496** | **0.49%** |
| **Outside of Lancashire** | | **55** | |

## Map: Prevalence of special educational needs and disability in Lancashire

The following hotspot map shows the prevalence of Special Educational Needs and Disability across Lancashire at Lower Level Super Output Area (LLSOA) per 100 children and young people (0-18). The darker areas show the higher prevalence of children with statements with SEN.

**Figure 27: Prevalence of statements of SEN across Lancashire wards (LLSOA)**

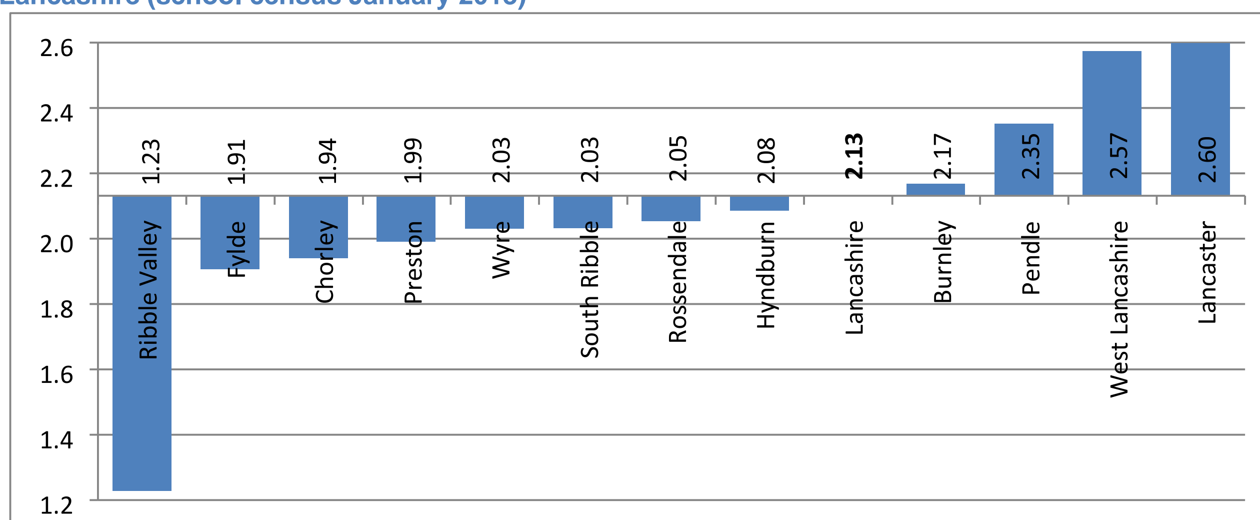



The map confirms earlier findings that there is a higher prevalence of SEN statements in areas of higher deprivation. However the breakdown of the density of statements of SEN to ward level reveals that the highest levels of SEN occur in Lancaster; eight of the ten wards with the highest level of SEN statements are in Lancaster. On a district level, Lancaster has the highest prevalence of SEN statements in Lancashire with 2.60 in 100 children aged 0-18 having a statement of SEN. The lowest level is in the least deprived Ribble Valley district.

**Figure 28: Prevalence of statements of SEN in districts of Lancashire (school census January 2013)**

| District | Number Residing in District | Population (0-18) | Prevalence |
|---|---|---|---|
| Lancaster | 748 | 28,781 | 2.60 |
| Fylde | 277 | 14,537 | 1.91 |
| Wyre | 429 | 21,149 | 2.03 |
| Preston | 644 | 32,347 | 1.99 |
| South Ribble | 486 | 23,921 | 2.03 |
| Chorley | 453 | 23,370 | 1.94 |
| West Lancashire | 628 | 24,418 | 2.57 |
| Hyndburn | 413 | 19,815 | 2.08 |
| Ribble Valley | 146 | 11,907 | 1.23 |
| Burnley | 445 | 20,537 | 2.17 |
| Pendle | 501 | 21,319 | 2.35 |
| Rossendale | 326 | 15,885 | 2.05 |
| **Lancashire** | **5496** | **257,986** | **2.13** |
| **Out of Area Total** | | | |

**Figure 29: Prevalence of statements of SEN per 100 children and young people in districts of Lancashire (school census January 2013)**




## Ethnicity and prevalence of SEND

Lancashire is a diverse county, and there are a number of ethnic groups well represented within the County. Based on the latest information for school aged children (5 – 16 years old) in Lancashire taken in January 2013, the prevalence of Special Educational Needs for 4 key ethnic groups is displayed below:

**Figure 30: Prevalence of SEN in different ethnic groups in Lancashire (school census January 2013)**

| | Asian or Asian British | | Black or Black British | | Mixed | | White British | |
|---|---|---|---|---|---|---|---|---|
| Statement of SEN | 761 | 4.3% | 40 | 3.4% | 168 | 4.1% | 5441 | 3.9% |
| School Action Plus | 972 | 5.5% | 29 | 5.7% | 201 | 4.9% | 7749 | 5.6% |
| School Action | 1628 | 9.2% | 17 | 7.9% | 305 | 7.4% | 11181 | 8.1% |
| No SEN | 14268 | 80.9% | 421 | 83.0% | 3456 | 83.7% | 114455 | 82.4% |
| | **17629** | | **507** | | **4130** | | **138826** | |

There is not huge variation between the groups; the prevalence of statements is slightly higher in the Asian or Asian British ethnic group, while the prevalence of statements is slightly lower in the Black or Black British ethnic group. The level of School Action Plus is similar in all ethnic groups while the level of School Action is higher in the Asian or Asian British ethnic group.

## Gender and prevalence of SEND

Based on the latest information for school aged children (5 – 16 years old) in Lancashire taken in January 2013, the prevalence of Special Educational Needs for gender groups is displayed below:

**Figure 31: Prevalence of SEN by gender in Lancashire (school census January 2013)**

| | Male | | Female | | All | |
|---|---|---|---|---|---|---|
| Statement of SEN | 3660 | 4.3% | 1407 | 1.7% | 5067 | 3.1% |
| School Action Plus | 5307 | 6.2% | 2517 | 3.1% | 7824 | 4.7% |
| School Action | 8603 | 10.1% | 5175 | 6.4% | 13778 | 8.3% |
| No SEN | 67546 | 79.4% | 71357 | 88.7% | 138903 | 83.9% |
| | **85116** | | **80456** | | **165572** | |

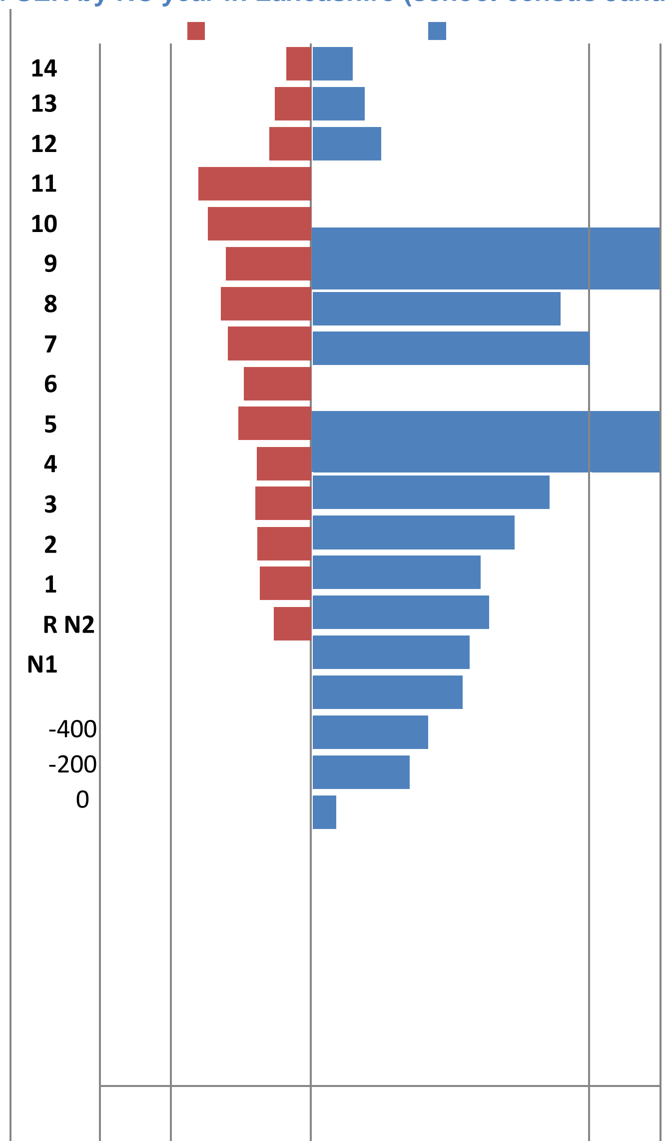
There is a significant difference between the levels of Special Educational Needs in the two genders. There are significantly more Male children with a statement of SEN, more than twice the number of Female children with a statement of SEN. The prevalence of school action plus and school action in Male children is also higher than in Female children. Overall 20.6% of Male children are considered to have a Special Educational Need, while only 11.3% of Female children are considered to have a Special Educational Need.

## Age and prevalence of SEND

Based on the latest information for school aged children (5 – 16 years old) in Lancashire taken in January 2013, the prevalence of statements of special educational needs for age bands and gender is displayed below. Due to the school census working on academic year, it is more appropriate to

show the national curriculum (NC) year groups from N1 and N2 in nursery education, through R for reception and the numbered year groups, rather than the true age band:

**Figure 32: Prevalence of SEN by NC year in Lancashire (school census January 2013)**




The shape of the graph immediately shows the imbalance between the genders in special educational needs, with the number of males far outweighing the number of females. For every 4 pupils within the Lancashire school aged population with special educational needs, 3 will be male and only 1 female.

Special educational needs prevalence for males peak at year group 8 (age 12 to 13); although in 2013, there is a high level of SEN at year group 11 (age 15 to 16). SEN prevalence for females peaks later than in males, at year group 11 (age 15 to 16).

## Outcomes for CYP with special educational needs and disabilities

### Permanent Exclusion

Within Lancashire there were 140 permanent exclusions from maintained schools during the academic year 2011/12.

**Figure 33: Permanent exclusions in 2011/12 in Lancashire**

| District | | Statement | School Action Plus | School Action | SEN | No SEN |
|---|---|---|---|---|---|---|
| Lancashire | No | 15 | 36 | 32 | **83** | 57 |
| | % | 11% | 26% | 23% | **59%** | 41% |

The table above shows the breakdown of these 140 permanent exclusions across the characteristics of special educational need. The headline figure shows that 89 children with special educational needs were permanently excluded from school in 2011/12, representing 59% of all permanent exclusions in Lancashire. Of the 140 permanent exclusions, 11% had statements, 26% were at school action plus, 23% at school action and only 41% had no special educational need.

The table below expressed this information as a percentage of the cohort; i.e. of those children with statements, what percentage was excluded:

**Figure 34: Permanent exclusions by SEN cohort in 2011/12 in Lancashire**

| District | | Statement | School Action Plus | School Action | SEN | No SEN |
|---|---|---|---|---|---|---|
| Lancashire | No | 5236 | 8362 | 14587 | **28185** | 136693 |
| | No | 15 | 36 | 32 | **83** | 57 |
| | per 1000 | 2.9 | 4.3 | 2.2 | **2.9** | 0.4 |
| **Likelihood of Exclusion** | | **7 x** | **10 x** | **5 x** | **7 x** | **1 x** |

The table shows that children with special educational needs are 7 times more likely to be permanently excluded from school than children without special educational needs. Within the breakdown of the levels of SEND, the data shows that those at school action plus are 10 times more likely to be permanently excluded than their peers.

### Fixed Term Exclusion

Within Lancashire there were 4871 fixed term exclusions from maintained schools during the academic year 2011/12; please note that children can have multiple fixed term exclusions.

**Figure 35: Fixed term exclusions in 2011/12 in Lancashire**

| District | | Statement | School Action Plus | School Action | SEN | No SEN |
|---|---|---|---|---|---|---|
| Lancashire | No | 635 | 1,085 | 945 | **2,665** | 2,206 |
| | % | 13% | 22% | 19% | **55%** | 45% |

The table above shows the breakdown of these 4871 fixed term exclusions across the characteristics of special educational need. The headline figure shows that there were 2665 instances of fixed term exclusions of children with special educational needs in 2011/12, representing 55% of all permanent exclusions in Lancashire. Of the fixed term exclusions, 13% had statements, 22% were at school action plus, 19% at school action and only 45% had no special educational need.

The table below expressed this information as a percentage of the cohort; i.e. of those children with statements, what percentage was excluded:

**Figure 36: Fixed term exclusions by SEN cohort in 2011/12 in Lancashire**

| District | | Statement | School Action Plus | School Action | SEN | No SEN |
|---|---|---|---|---|---|---|
| Lancashire | No | 5236 | 8362 | 14587 | **28185** | 136693 |
| | No | 635 | 1085 | 945 | **2665** | 2206 |
| | per 1000 | 121.3 | 129.8 | 64.8 | **94.6** | 16.1 |
| **Likelihood of Exclusion** | | 8 x | 8 x | 4 x | **6 x** | 1 x |

The table shows that children with special educational needs are 6 times more likely to be excluded from school for a fixed term than children without special educational needs. Within the breakdown of the levels of SEND, the data shows that those with statements or at school action plus are 8 times more likely to be excluded for a fixed term than their peers.

## Illegal Exclusions

Sometimes known as grey exclusions or other names, the Children's Commissioner has 'rebranded' such exclusions as illegal within the recent report, "Always someone else's problem": http://www.childrenscommissioner.gov.uk/content/publications/content_662.

Specifically relating to special educational needs, the report states that: "*2.7 per cent of schools have sent children with statements of SEN home when their carer or teaching assistant is unavailable*". If applied to Lancashire this would translate as one special school and 16 maintained schools using illegal exclusions on children with statements.

Please not that there is little local information on the level of illegal exclusions in Lancashire, only national prevalence rates are available.

## Youth Offending

Within Lancashire 98 of the children and young people with a statement of special educational needs were involved with our Youth Offending Team (YOT) within the last 12 months, which represents almost 2% of the cohort compared to 0.5% of the overall CYP population; thus a statement of SEN increases the likelihood of YOT involvement fourfold.

## Determinants of disability or special educational needs

The circumstances in which children or their parents live their lives have an impact upon children and young people. There are two clear groups of determinants; Health and Social

## Health determinants of disability or special educational needs

### Introduction

This section outlines some key determinants of health for families who are living in Lancashire and highlights how these vary between different population groups. There are a number of factors which may be regarded as having an important impact in determining the overall health of children and young people and the prevalence of disability and/or special educational needs.

This chapter is structured into two key sections: Prenatal and Birth, and, Post natal

### Prenatal and birth

Protecting children from risk begins in utero, where exposure to maternal infections, nutrition, weight gain and behaviours such as smoking, alcohol and substance misuse increase premature birth, birth defects and low birth weight. These factors are strongly influenced by the living conditions of the mother: her income, wellbeing, housing and relationships.

Some key vulnerabilities at this stage include:

- Immediate vulnerability: In utero exposure to maternal infections, nutritional deficiencies, maternal obesity, and environmental toxins, as well as poor care around birth, may lead to severe and irreversible damage to the brain and other organs. The failure of mother and child to bond is an important determinant of the wellbeing of children.
- Leading to short term outcomes: Increased risk of premature births, birth defects and low birth weight.
- Leading to long term outcomes: Severe, potentially irreversible consequences for physical and cognitive growth and development. The majority of permanent disabilities have their origin in neonatal disease. Poor emotional and mental wellbeing will have long term impacts on the ability of children and young people to succeed in life.

#### Ante natal care

All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 weeks and 6 days of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experiences for mothers and babies. Reducing the percentage of women who access maternity services late through targeted outreach

work with vulnerable and socially excluded groups will contribute to reducing the health inequalities faced by these groups, whilst also promoting personalised care for all pregnant women.

### Smoking during pregnancy

Babies from deprived backgrounds are more likely to be born to mothers who smoke, and to have much greater exposure to second-hand smoke in childhood.

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth and placental complications which could lead to disabilities.

The data below shows that whilst there has been a slight reduction in the proportion of mothers smoking at time of delivery in North and East Lancashire, rates across the county are significantly higher than the national average.

**Figure 37: Percentage of mothers who were smoking during pregnancy**

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 Q2 |
|---|---|---|---|---|---|
| Central Lancashire PCT | 18.9% | 19.4% | 18.8% | 19.9% | 16.4% |
| East Lancashire PCT | 18.3% | 22.2% | 21.6% | 20.7% | 20.1% |
| North Lancashire PCT | 20.6% | 19.7% | 20.3% | 18.0% | 18.1% |
| **North West** | **18.8%** | **18.6%** | **17.7%** | **17.1%** | **16.4%** |
| **England** | **14.4%** | **14.0%** | **13.5%** | **13.2%** | **12.7%** |

### Substance Misuse – Drugs

Nationally it is estimated that 5.2% of working age adults (aged 16 to 59) use drugs on a regular basis, i.e. those who had used drugs within the last month, which is lower than in previous years; 7.5% in 2003/04 and 7.1% in 1998.

**Figure 38: Percentage of England population who were regular drug users**

| | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 |
|---|---|---|---|---|---|
| Any Class A drug | 1.3% | 1.8% | 1.4% | 1.2% | 1.5% |
| Any stimulant drug | 1.9% | 3.1% | 2.5% | 2.2% | 2.5% |
| Any drug | 5.4% | 5.9% | 5.0% | 4.8% | 5.2% |

There is little information available on the number of regular drug users who continue to use drugs during pregnancy, either nationally or locally.

### Substance Misuse – Alcohol

The size of the problem that is to say the number of children who are affected by/living with parental alcohol misuse is largely unknown. However estimates suggest parental alcohol misuse is far more prevalent than parental drug misuse and there is a need for greater emphasis on parental alcohol misuse as distinct from other substance misuse. There is currently no national data on how many children are affected by FASD (foetal alcohol spectrum disorder).

### Maternal diet

Maternal diet plays an important role in the prenatal development of a child. Not only what a mother consumes during pregnancy, but consumption during preconception is important to the wellbeing of the unborn child. The ingestion of certain foods and supplements can offer benefits to an unborn child, while there are things a mother may ingest that can decrease the wellbeing of an unborn child. The risks to the child of obesity during pregnancy include stillbirth and neonatal death, prematurity and congenital anomalies. In later life children also have a risk of future obesity and heart disease, and are at increased risk for diabetes.

Awareness of dietary requirements for pregnancy and the ability to eat healthily for pregnancy can be linked to a number of additional factors such as deprivation, parental education and quality of life indicators. There is little localised information on maternal obesity, but national statistics are available.

### Maternal age

Maternal age is a pre-determinant of low birth weight and pre-term rates, with those at extreme ends of the maternal age spectrum having a higher prevalence of low birth weight or pre-term birth. There are only national statistics available and little local information. National prevalence shows that a larger proportion of mothers are delaying pregnancy to later ages. While the number of births to mothers under the age of 20 has halved since 1970's, 20% of all births were to mothers aged 35 or older in 2011, an increase from 6% in 1970's.

There are additional support systems in place both for young people under 18 through a Specialist Midwife and there is a Social Needs Risk Assessment carried out for every woman at the booking appointment due before 13 weeks.

### Low birth weight

Low birth weight varies widely according to socio-economic status and is more prevalent among lower socio-economic groups. The social gradient is also paralleled, and often confounded by,

marked ethnic differences in low birth weight prevalence. The main risk factors for the social gradient in low birth weight are nutritional status of the mother, smoking in pregnancy, substance misuse, low uptake of prenatal care and psycho-social factors causing stress and depression (NICE 2003).

Just fewer than 8% of all births in Lancashire are of low birth weight. Four districts have a rate higher than the Lancashire average. Three of these districts have pockets of high deprivation and large minority ethnic population.

**Figure 39: Percentage of births who are of low birth weight**

| | 2008 | 2009 | 2010 | 2011 | No of births |
|---|---|---|---|---|---|
| Lancashire | 7.3% | 7.7% | 7.3% | 7.9% | 13794 |
| North West | 7.6% | 7.5% | 7.2% | 7.4% | 88752 |
| England | 7.5% | 7.5% | 7.3% | 7.4% | 688120 |
| Burnley | 7.6% | 9.2% | 8.1% | 8.4% | 1172 |
| Chorley | 5.8% | 7.8% | 7.1% | 8.8% | 1283 |
| Fylde | 5.9% | 5.4% | 6.9% | 5.3% | 693 |
| Hyndburn | 7.4% | 8.9% | 8.1% | 7.7% | 1164 |
| Lancaster | 6.3% | 6.2% | 5.2% | 7.0% | 1574 |
| Pendle | 8.9% | 8.2% | 8.8% | 9.2% | 1303 |
| Preston | 10.1% | 9.6% | 7.9% | 8.6% | 1918 |
| Ribble Valley | 5.0% | 6.4% | 5.3% | 6.8% | 438 |
| Rossendale | 6.6% | 7.5% | 8.5% | 7.9% | 859 |
| South Ribble | 7.5% | 5.7% | 7.1% | 7.7% | 1285 |
| West Lancashire | 6.7% | 8.3% | 7.1% | 7.4% | 1116 |
| Wyre | 6.3% | 6.6% | 5.8% | 7.2% | 989 |
| North Lancs PCT | - | - | 5.7% | 6.7% | 3256 |
| Central Lancs PCT | - | - | 7.4% | 8.2% | 5602 |
| East Lancs PCT | - | - | 8.1% | 8.2% | 4936 |

## Gestational age

Perinatal care is one of the most specialised branches of medicine. Great attention is paid to the resuscitation, fluid management and oxygenation of preterm infants resulting in an ongoing improvement in survival rates. However, although most preterm babies now survive, they are at increased risk of neurodevelopment impairments, respiratory and gastrointestinal complications.

Disability rates among extremely premature babies, show that around 50% will grow up with some form of neurological or developmental disability.

Due to the coverage of the existing NHS providers, it is difficult to arrive at a single Lancashire rate, but an average is shown below which may cover neighbouring areas outside of Lancashire such as Blackpool. This shows that only 0.6% of Lancashire births are extremely preterm (<28 weeks) – national studies show that of the surviving children around 50% will have severe disabilities, 30% will have mild or moderate disability and the remaining 20% will have no disability at all. 0.7% of children are born very preterm (28 to <32 weeks) and 10.2% are born moderate to late preterm (32 to <37 weeks).

**Figure 40: Gestational age at the time of birth**

| | Lancashire NHS | | Lancashire NHS | |
|---|---|---|---|---|
| **Weeks** | **2010-11** | **2011-12** | **2010-11** | **2011-12** |
| 22 or under | - | - | - | - |
| 23 - 25 | 30 | 28 | 0.1% | 0.1% |
| 26 - 28 | 51 | 77 | 0.2% | 0.4% |
| 29 - 31 | 123 | 139 | 0.6% | 0.7% |
| 32 - 34 | 331 | 325 | 1.6% | 1.6% |
| 35 - 37 | 1750 | 1785 | 8.4% | 8.6% |
| 38 - 40 | 12593 | 12278 | 60.8% | 58.9% |
| 41 - 43 | 4352 | 4324 | 21.0% | 20.7% |
| 44 or over | - | - | - | - |
| Not known | 1455 | 1867 | 7.0% | 9.0% |
| **Total** | **20713** | **20849** | **100%** | **100%** |

## Inter family marriage and genetic conditions

In the United Kingdom, the closest permitted inter family relationship is the marriage of first cousins. Scientific studies have shown that children born from a close family marriage between first cousins are more likely to have or develop genetic problems or long term conditions. The likelihood of a child being born with congenital or genetic disorders is around 2% for all children, but this percentage increases to 4% for children born within first cousin marriages.

Within the United Kingdom consanguineous marriage is known to be prevalent in South Asian and Middle Eastern heritage. It is estimated that 55% of all Pakistani marriages, 25% of Bangladeshi marriages, 20% of Turkish marriages and 8% of Indian marriages are between first cousins.

Within Lancashire, the issue of consanguineous marriage is more prevalent in the east of the county within larger Asian communities in Hyndburn, Burnley and Pendle. There have been a large number of families receiving genetic screening due to autosomal recessive disorder (ARD) via East Lancashire PCT. East Lancashire PCT had invested in this area of work and it had proposed that a local service (screening is currently in Manchester) would improve access and allow more families to access genetic screening.

## Post natal

The circumstances in which children live their lives have an impact upon children and young people and their health.

### Breast feeding

Breastfeeding ensures that a child has the best start to life. Nationally, the proportion of babies who were breastfed at birth in the UK rose by 5% from 76% to 81% in 2010. At three months the number of mothers who were breastfeeding exclusively was 17% which is up 4% from 5 years previously.

Local authority level data is held differently and measures the percentage of maternities in which breastfeeding was initiated. Compared to England rates, the rates of breastfeeding in Lancashire are lower, but have shown improvement in every area since 2005/06.

**Figure 41: Percentage of babies who were breastfed at birth**

| | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 |
|---|---|---|---|---|---|---|---|
| Central Lancashire PCT | 63.3% | 65.5% | 64.3% | 67.2% | 65.8% | 65.3% | 66.8% |
| East Lancashire PCT | 55.6% | 60.6% | 61.9% | 68.3% | 67.0% | 68.3% | 68.9% |
| North Lancashire PCT | 59.0% | 59.6% | 62.8% | 61.4% | 68.5% | 68.6% | 69.0% |
| **England** | **66.2%** | **68.1%** | **69.9%** | **71.7%** | **72.7%** | **73.7%** | **74.0%** |

In Lancashire, children's centres provide parent support sessions, including breast feeding support and weaning support.

### Injuries to Children and Young People

Injuries to children and young people can often lead to ongoing medical problems and special educational needs. The levels of children been admitted to hospital with injuries has risen over the last 4 years, and the rate of injury per head of population is higher than previously seen, especially amongst early years children aged 0 to 4 years old. The levels of injuries are also broken down by type of injury, which shows that the most common is head injury for children. **Figure 42: Number of children admitted to hospital with injuries**

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 |
|---|---|---|---|---|
| 0 - 4 Years | 1495 | 1503 | 1647 | 1790 |
| per 10,000 | 218 | 219 | 240 | 261 |

| | | | | |
|---|---|---|---|---|
| 5 - 18 Years | 3577 | 3564 | 3820 | 3884 |
| per 10,000 | 204 | 204 | 218 | 222 |
| All Ages | 5072 | 5067 | 5467 | 5675 |
| per 10,000 | 208 | 208 | 224 | 233 |

## Social determinants of disability or special educational needs

### Introduction

This section outlines some key social determinants for families who are living in Lancashire and highlights how these vary between different population groups. There are a number of factors which may be regarded as having an important impact in determining the overall wellbeing of children and young people and the prevalence of disability and/or special educational needs.

### Neglect in early years

There is a strong link between child neglect and the prevalence of special educational needs. Over the last five years, the number of children who are looked after due to a primary reason of abuse or neglect (need category N1) has risen and the actual prevalence has risen. In early years children, aged 0 to 4 years old, the prevalence has risen to 89% in the most recent year.

**Figure 43: Number and percentage of children looked after by need of abuse or neglect**

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|---|---|
| All Ages | 883 | 914 | 944 | 1012 | 1154 |
| | 69.0% | 70.9% | 73.1% | 76.4% | 77.9% |
| Aged 0 to 4 | 252 | 280 | 319 | 333 | 389 |
| | 86.9% | 85.6% | 89.9% | 89.8% | 88.8% |

### Children Looked After (CLA)

There is a higher prevalence of special educational needs amongst children looked after in comparison to their peers. Latest estimates from March 2013 show that 24% of CLA have a statement of SEN and a further 40% have SEN without a statement. Only 36% of CLA do not have any SEN of any level. At present CLA numbers are increasing which would suggest that the number of CLA with SEN is also increasing:

**Figure 44: Number of children looked after**

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|---|---|
| Children Looked After | 1264 | 1293 | 1296 | 1324 | 1482 |

### Children on a Child Protection Plan (CP)

There is a higher prevalence of special educational needs amongst children on a child protection plan (CP) in comparison to their peers. At present the number of children with child protection plans is increasing which suggests that the number of CP with SEN is also increasing: **Figure 45: Number of children with a child protection plan**

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|---|---|
| Children on Child Protection Plans | 643 | 671 | 673 | 547 | 878 |

### Children with parents in the Armed Forces

There is little British research into the effective on children of having parents within the armed forces, however much of the American research is assumed to stand true in the United Kingdom.

Service children who face regular moves can suffer high levels of anxiety and stress, especially when parents deploy to armed conflicts overseas. Children are potentially susceptible to social and emotional disturbance while a parent or other family member was on active deployment. Effects are mediated by factors such as pre deployment family relationships, age, gender of children, the meaning of the deployment to the family, the extent of the danger during the deployment and how the parent at home deals with the absence. Many children become very adaptable and integrate readily into new circumstances and as a group the service children outperform their peers.

Within the United Kingdom anecdotal evidence suggests that services children are less likely to have an identified SEN, however this does not necessarily mean that they do not have SEN. The frequent moves between schools and the lack of records following the child often means that SEN is overlooked and adequate provision may not be in place.

### Gypsy Roma and Traveller Children

Within the United Kingdom anecdotal evidence suggests that children from Gypsy Roma and Traveller (GRT) communities are more likely to have special educational needs, but undiagnosed SEN is a problem due to frequent moves. The latest information from school census shows that children from GRT communities are more likely to have special educational needs at school action or higher, 33% compared to 16% for their peers. The prevalence of statements is lower, possibly due to frequent moves between schools and the lack of records following the child. This can mean that SEN is overlooked and adequate provision may not be in place.

**Figure 46: Number of Gypsy Roma and Traveller children with special educational needs**

| | 2011 | | 2012 | | 2013 | |
|---|---|---|---|---|---|---|
| Statement | 11 | 3.2% | 7 | 1.9% | 7 | 1.8% |
| School Action Plus | 35 | 10.1% | 37 | 9.8% | 39 | 9.8% |
| School Action | 71 | 20.6% | 81 | 21.4% | 85 | 21.4% |

| No SEN | 228 | 66.1% | 253 | 66.9% | 266 | 67.0% |
|---|---|---|---|---|---|---|

## Service Provision

### Health Sector

There is not a universal system within the health sector to record the individualised learning difficulties or disabilities, and terminology of disability is not used in any case. This is due to the medical model being used in health services; medical diagnosis or assessed need determines the medical management or treatment of a specific diagnosed issue, rather than the terminology of disability. The alternative way of estimating the cohort is to look at the supply of services to those with learning difficulties and/or disabilities.

#### Identification of SEN by health referring to Lancashire County Council

The initial identification of a potential disability or special educational need can happen in a number of different places but primarily the main areas are: within the home where a parent or carer identifies a difficulty; within health where a health professional identifies concerns; or within an educational establishment where a teacher may express concern with learning. Within SEND learner support, the majority of referrals for very young children come from health professions including health visitors, therapists, paediatricians, other consultants and specialists within the field of HI/VI e.g. audiology professionals, although very few referrals are actually via GPs.

#### Services for children with SEN and complex packages

There are a wide variety of services provided within the council area; Occupational Therapy, Speech and Language Therapy, Physiotherapy, Audiology, Paediatric Care and School Nursing.

Summary information is available for the North Lancashire and East Lancashire NHS areas in 2011/12, but there is no information given for Central Lancashire NHS. It should be noted that some children will be in receipt of one or more services, so the numbers below will be greater than the number of children. For example, in North Lancashire 3991 children attended 5440 services.

Figure 47: Number of children attending health services in Lancashire, 2011/12 estimates

| Services | North Lancashire | Central Lancashire | East Lancashire |
|---|---|---|---|
| Occupational Therapy | 992 | | 562 |
| Physiotherapy | 1,015 | | -- |
| Audiology | 209 | | -- |
| Speech and Language Therapy | 3,273 | | 1,008 |
| School Nurse | 160 | | 144 |
| Learning Disability Service | -- | | 293 |

| Complex Packages of Care | -- | | 20 |
|---|---|---|---|

The financial information also shows the level of services available to children and young people with complex needs and disabilities, with funding of over £23 million in East Lancashire (other areas not available at this time).

### Child and Adolescent Mental Health Services (CAMHS)

Across Lancashire over 15,000 children are identified as having a mental health disorder (CHIMAT), although this covers a wide range of needs, and not all of this cohort will be in need of support from CAMHS.

**Figure 48: Estimated number of children aged 5-16 years with a mental health disorder**

| | **Estimated number of children aged 5-16 years with a mental health disorder** |
|---|---|
| Burnley | 1,190 |
| Chorley | 1,396 |
| Fylde | 887 |
| Hyndburn | 1,164 |
| Lancaster | 1,797 |
| Pendle | 1,258 |
| Preston | 1,920 |
| Ribble Valley | 801 |
| Rossendale | 933 |
| South Ribble | 1,430 |
| West Lancashire | 1,505 |
| Wyre | 1,309 |
| **Lancashire** | **15,590** |

### Speech, Language and Communication Needs

The Speech, Language and Communication Needs (SLCN) commission by Lancashire County Council requires the provider to supply the numbers of children who access the service and the individual names are also required. This is intended to give an accurate overview of the numbers of children receiving this service, ensuring that demand patterns are understood and that future commissions can be based on previous demand. Monitoring progress has been recently established and at present there is not a full enough data set to reporting an accurate panLancashire assessment.

### Palliative Care Services

Across Lancashire there are estimated to be 534 children and young people (CYP) aged 0-19 (excluding neonates) with a need for palliative care services; 336 of these are estimated to require social as well as health care. National prevalence rates are used based on data from the Association of Children's Hospices and the Office of National Statistics mortality and population data; these data sources estimate that around 15 children aged 0-19 (excluding neonatal deaths) per 10,000 children are likely to require access to palliative care services.

## Local authority

Within Lancashire County Council, a number of services can be involved in provision of services to children and young people with special educational needs or disabilities. Primarily, the lead commissioner of services for children with special educational needs is the Inclusion and Disability Support Service (IDSS).

### Inclusion and Disability Support Service (IDSS)

The majority of the services provided to children and young people with special educational needs and disabilities are commissioned by the Inclusion and Disability Support Service (IDSS).

Due to the work within IDSS and other council departments, not all children with special educational needs will need a specialist provision and many will have their needs met in the same way as their peers, as demonstrated below:

| | |
|---|---|
| **Universal Services** | Funding is provided to all Lancashire mainstream schools at a Universal level to meet all children and young people's needs |
| **Additional** | Following consultation funding is allocated on the basis of an agreed formula to meet the special educational needs of those children or young people who need support which is additional to or different from differentiated approaches and resources normally available within the classroom.<br><br>Funding is provided in mainstream schools through **School Action** and **School Action Plus** to meet the needs of more vulnerable children and young people who experience a more severe and complex range of needs including learning difficulties, speech and language, autism, sensory, physical, medical and behaviour, emotional and social difficulties. |

| **Statemented** | Each individual child or young person is allocated a band of funding on the basis of their identified needs the majority of pupils with more severe learning and behaviour difficulties would have their needs met at Band E.<br>This is to assist the school in providing a specifically identified intervention which is in addition to the range of provision already in place from within the school's full range of resources.<br>For a small proportion of pupils with significant sensory needs, high cost specialist provision is made in **mainstream schools**.<br>In **special schools** or **mainstream schools in Key Stage 4** with an individually tailored package, children and young people with a range of challenging and complex behaviours and / or conditions/difficulties have their needs met through intensive specialist multi agency working and individual programmes and interactions throughout the day often requiring 2:1 or 3:1 interventions. |
|---|---|

## Schools

Within mainstream schools all teaching staff will have a sound knowledge and evidence based practice of child development in: cognition and learning, communication and interaction, physical and sensory, and behaviour, emotional and social including nurture. All mainstream schools will also have a Special Educational Needs Co-ordinator (SENCo) who is a qualified teacher with training and knowledge in child development in SEN.

**Figure 49: Distribution of statements of SEN across schools in Lancashire (school census January 2013)**

| SEN Provision | Nursery | Primary | Secondary | Special |
|---|---|---|---|---|
| Statement of SEN | 3 | 1305 | 1397 | 2362 |
| | 0.1% | 25.8% | 27.6% | 46.6% |

The table above shows which school of the children and young people with SEN attend. This illustrates the ability of universal services to meet the needs of all pupils, with more than half of the children with a statement of SEN attending a mainstream school.

Just under half of the children with statements are educated within one of Lancashire's 32 special schools, and a statement of special educational needs is normally a pre-requisite for attendance to one of the special schools.

## SEND Learner Support (Early Years SEND)

The SEND Learner Support service provides support to the youngest children in Lancashire, aged 0-4 years old, with special educational needs or disabilities. This is a large group and as of February 2013 there were 978 early years children known to the service.

**Figure 50: Number of children in receipt of SEND learner support in early years**

| District | Early Years | 0-4 Popn | EYSEN per Popn |
|---|---|---|---|
| Lancaster | 130 | 7,232 | 1.8% |
| Fylde | 63 | 3,612 | 1.7% |
| Wyre | 65 | 5,046 | 1.3% |
| Preston | 111 | 9,323 | 1.2% |
| South Ribble | 106 | 6,331 | 1.7% |
| Chorley | 82 | 6,203 | 1.3% |
| West Lancs | 107 | 5,998 | 1.8% |
| Hyndburn | 61 | 5,427 | 1.1% |
| Ribble Valley | 53 | 2,881 | 1.8% |
| Burnley | 85 | 5,847 | 1.5% |
| Pendle | 81 | 6,362 | 1.3% |
| Rossendale | 34 | 4,329 | 0.8% |
| **Lancashire** | **978** | **68,591** | **1.4%** |

There is a fluctuation in number of early children accessing the services, but some districts experience a higher level of children involved with early years than other. Whether this is an issue with prevalence of need, or those communities not engaging with early years is difficult to tell.

### Children's centres

Lancashire County Council has 79 children's centres situated across Lancashire, providing a wide range of services to children younger than 5 years old and their families. The multi-agency services are based around a core offer of child & family health, early education & childcare, family support and employment & training. Special educational needs are at the heart of the children's centre offer with early education, full day care and family support among the services available to children with special educational needs. Some children's centres offer more specialist activities and sessions that are planned around the needs of children with disabilities and special needs, and some children's centres have multi-sensory areas/rooms and specialist sensory equipment.

Children's centres also offer a wide range of services from the start of pregnancy; a well established ante natal programme 'From Bump to Birth and Beyond' is held in partnership with health visitors and midwives, and it provides valuable information for the beginning of parenthood.

### Young People's Service (YPS)

The purpose of the Young People's Service is to improve outcomes for young people in their personal, social and educational development and support them to have voice, influence and a place

in society in a period of their transition from childhood dependence to adult independence. The service provides targeted youth support to vulnerable young people, including those with learning difficulties and/or disabilities (LDD) aged from 13 years to 25 years old

For consistency the statistics are usually calculated for the group of young people with whom the service work aged 16-19 years old. Via this method, in January 2012 YPS worked with 2,192 young people with LDD of whom 74% were support in education, employment or training (EET) and in January 2013 YPS worked with 1,830 young people with LDD of whom 82% were support in education, employment or training (EET).

### Lancashire Sport

*"Everybody should have the opportunity to participate in sport, whatever his or her ability".*

The Lancashire Sport Partnership is working with agencies to create an equitable sporting environment for all it members and improving access to sport and physical activity for all disabled people within Lancashire. There are an increasing number of sporting organisations who cater for people of all abilities and further information can be found via the web link: http://www.lancashiresport.org.uk/disability-sport/disability-sport-leisure-clubs

## Recommendations

### Health

As stated in the definitions section; disability is not a helpful term in health and there has never been a consensus on the use of the term disability across health. This is due to the medical model used in health, and that medical diagnosis or assessed need determines the medical management or treatment of a specific diagnosed issue. However certain diagnoses mean that a child is likely to fall into a local authority category of special educational needs, by the nature of the diagnosis.

**Recommendation**: Health and local government commissioners to work together to discuss the use of disability in terminology and to match lists of medical diagnoses and a list of special educational needs, which will benefit future identification of children with disabilities.

The genetic screening programme for autosomal recessive disorder (ARD) within Asian heritage families in East Lancashire is good work that will have a positive impact on the number of children being born with genetic disorders. The progress of this work should be monitored by other areas with higher populations of Asian or Middle Eastern heritage families, to assess whether such programmes would be beneficial within these areas.

**Recommendation**: CCGs to consider the genetic screening programme in East Lancashire and to assess the benefits for screening across Lancashire.

Within contracts between health commissioners and providers, there only appears to be high level contract monitoring which gives overall levels of financial outlay and numbers of service users. These numbers of service users do not appear to be able to be traced to individuals, which gives very little opportunity to analyse the information in terms of characteristics such as disability. To understand disability in health settings, the intelligence teams use overall prevalence rates against localised population, which gives a good estimate of the levels of disability. However accuracy of this approach is susceptible to changes in prevalence rates nationally, and may not show the true levels within local health settings.

**Recommendation**: Further work is needed between intelligence colleagues in the JSNA project group to understand the health information holding and analysis possible from the information.

### Social Care

Social care within Lancashire County Council actually come the closest in terms of using a single indicator of disability, however the current system (ISSIS) isn't easy to work with when recording the

disability and the quality of the data would indicate that current practices for recording disability within ISSIS are not adhered to. The data that is there has not been monitored by the quality assurance officers within Lancashire County Council, thus the problem is further compounded by the issue simply being ignored. Further to this, there is limited reporting from ISSIS for children with disabilities in comparison with a wealth of information for mainstream children, which further compounds as managers do not see the summarised information from ISSIS.

**Recommendation**: Within Lancashire County Council, a quality and assurance officer (QAO) to be allocated as the lead for children with disabilities data whose remit is to quality assure the information relating to CwD, both within ISSIS and within the new PROtocol system.

**Recommendation**: Lancashire County Council's CYP Performance and Information team develops a suitable range of reports for children with disabilities.

In spite of the information problems, there are ways to work around the system using a match between the Children with Disability (CwD) social workers and their allocated children to give a good profile of the service coverage. However this is not routinely done and there remains a gap in the data accuracy of the children with disability social workers and their teams as listed on ISSIS, largely due to a lack of ownership of the data, which reiterates the earlier recommendations.

**Recommendation**: In the absence of a comprehensive report on CwD within ISSIS, an allocated lead team or lead officer within Lancashire County Council completes a workaround report to estimate service coverage.

It is imperative that going forward to the new PROtocol system from Liquid Logic currently being procured and implemented via project team, that disability is prominent in discussions, and the representative on the project team from Inclusion and Disability Support Services (IDSS) is aware of these issues and ensures that the wider project team are aware. Within the Children's Social Care Information and Performance Team, there needs to be a clear focus on disability and a named lead Quality Assurance Officer allocated to quality assure and monitor disability within ISSIS and going forward the same function for PROtocol from Liquid Logic.

**Recommendation**: Inclusion and Disability Support Service (IDSS) must be well represented in the ISSIS replacement project and disability must be raised as being a complex issue that needs to be considered in the configuration stage of the project.

## Inclusion and Disability Support Services (IDSS)

As the lead for special educational needs and disabilities within the county council, IDSS holds or contributes to significant amounts of information about its children. On the whole, the information held about the children and young people within the main system, EDIMIS/Impulse, is good. As with

any information system, the quality of the information is only as good as the information input to system and this must continue to be maintained at the current high standard.

The reporting system from Impulse is complex and is managed via Hummingbird. Hummingbird is a legacy system with few active users that is no longer actively supported by One Connect Ltd as the county council ICT supplier, which represents significant risk to its long term use and business continuity. With a limited numbers of "experts" in Hummingbird and few active users, there is a risk to business continuity.

**Recommendation**: Within the county council, review the number of Hummingbird licences and the number of active users. Investment in training new users may be beneficial.

Including Hummingbird, there are a number of different systems in use, both centrally and locally, which are supplementary or complimentary to Impulse. One Connect Ltd as the county council ICT supplier may be restrictive in their support of such systems which do not form part of the core ICT offer. In order to ensure information and data is available, all systems in use must be known and monitored centrally.

**Recommendation**: Consider future data management requirements and ensure that all systems are fit for purpose and used uniformly across the service. Ensure that there is a lifecycle approach taken to each system and future arrangements are considered in advance.

## Further analysis

The research and analysis within the JSNA has naturally raised a number of additional questions and research topics which could be pursued further to understand better.

The prevalence of statements in Lancashire remains higher than national prevalence rates, and further analysis may be need to fully understand why this is so. The prevalence of statements in certain wards of Lancaster is very high, which doesn't necessarily fit with the link between deprivation and levels of SEN, and would benefit from further investigation.

**Recommendation**: Analyse the high prevalence of statements in Lancashire to understand fully, with particular focus on the highest levels of statements in certain wards of Lancaster.

Anecdotal evidence shows that children in the armed forces are more likely to have undiagnosed SEN and potentially suffer poor outcomes due to frequent moves, however there is very little local research and evidence to understand this

**Recommendation**: Analyse the level of SEN amongst children in the armed forces, and understand the levels of children in armed forces families who reside in Lancashire.

Service provision information within the health sector found under the JSNA was limited, and further information is required to understand where children with special educational needs and/or disabilities are likely receive health services.

**Recommendation**: Expand analysis of service provision from health to children with SEND.

The level of illegal exclusions across the country has been highlighted in a recent Children's Commissioner report, but little information is known about the level of illegal exclusions within Lancashire

**Recommendation**: A survey of schools to be considered to understand the impact of illegal exclusions within Lancashire and the information used to assist change where necessary.