

Developing Well

Special Educational Needs and Disabilities (SEND)

Revised: 16/02/2018

1.1 Introduction

This sub-chapter is about the health and wellbeing needs of children and young people with Special Educational Needs and Disabilities (SEND).

Many children and young people with SEND are among the most vulnerable people living in West Berkshire. They are much more likely to experience poorer health, poorer wellbeing and greater inequalities than their peers. The council, local health services, schools and the charity sector work together to help these children and young people to thrive, to live healthier lives, to have high aspirations and to make a successful transition to adulthood.

The sub-chapter does not include the needs of parent/carers and siblings. Although it is recognised that having a child or young person with SEND can affect the health and wellbeing of the whole family.

There are multiple definitions of disability and Special Educational Needs (SEN) used by different organisations, often with no common definition existing across education, health, and social care services. For the purpose of this sub chapter, the following definitions are summarised from the SEND Code of Practice (2015) and the Equality Act (2010).

Figure 1: Definition of Special Educational Needs (SEN)

A child or young person has special educational needs (SEN) if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her. This means that they have a significantly greater difficulty in learning than the majority of others of the same age or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or colleges.

A child under compulsory school age has a learning difficulty or disability if he or she is likely to meet the above criteria when he or she is of compulsory school age (or would be likely, if no special educational provision were made).

The term 'SEN' applies across ages 0-25 years, although the term 'learning difficulties and disabilities' (LDD) is often used post 16 years and in adult services.

Source: SEND Code of Practice (2015)

Figure 2: Definitions of Disability and Long Term Conditions

Disability

Under the Equality Act 2010, a disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes sensory impairments and long term conditions such as asthma, diabetes, epilepsy and cancer.

Children and young people with disabilities do not necessarily have SEN but there is a significant overlap. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Long Term Conditions

A long-term condition is defined as a health condition which lasts for several years or more and requires medication and/or other treatments and/or therapies. Common long-term conditions in childhood include: Diabetes, Asthma, Epilepsy, Eczema, severe allergies/anaphylaxis and cancer. Some children and young people with a long-term health condition are considered as having a disability under the Equality Act 2010.

Source: Equality Act (2010).

1.2 Categories of SEND

A child or young person assessed as having SEND will be assessed as having at least one of the following categories of SEND under the current SEND system (SEND Code of Practice) and the School Census. These are divided into four main areas:

1. Cognition and learning needs:

- Specific Learning Difficulty (SpLD)
- Moderate Learning Difficulty (MLD)
- Severe Learning Difficulty (SLD)
- Profound and Multiple Learning Difficulty (PMLD)

2. Social, emotional and mental health:

- Social, emotional and mental health (SEMH)

3. Communication and Interaction Needs:

- Speech, Language and Communication Needs (SLCN)
- Autistic Spectrum Disorder (ASD)

4. Sensory and/or Physical Needs:

- Visual Impairment (VI)

- Hearing Impairment (HI)
- Multi-Sensory Impairment (MSI)
- Physical Disability (PD)

This sub-chapter includes all areas of SEND as defined above, where data is currently available. The exception is emotional and mental which is covered in a separate chapter: Emotional Health & Wellbeing of Children.

1.3 Categories of SEN support in school

There are two different categories of SEN support in school:

- I. SEN Support: Extra or different help is given from that provided as part of the school's usual curriculum. The school may receive advice or support from outside specialists
- II. Statement/EHC plan: A pupil has a statement of SEN or an EHC plan when a formal assessment has been made. These are statutory documents that set out the child's needs and the extra help they should receive.

1.4 Determinants of SEND

The opportunities for joint commissioning and planning around SEND occur early on in the life cycle before the birth of a child and even before conception.

These are the range of behavioural, biological, socio-economic and environmental risk factors that can contribute to disability and SEN in individuals and in the wider population.

The main known determinants of SEND can be split into two categories - health determinants and social determinants. The health determinants include maternal age, take up of antenatal care, maternal substance misuse in pregnancy, birth weight, genetic conditions, infectious diseases and injuries in childhood. Social determinants include gender, ethnicity, low income, abuse or neglect of children.

Children and young people with SEND are at increased risk of experiencing inequalities including poverty, reduced social network, fewer opportunities for play and physical activities, lower academic attainment, and increased risk of secondary health conditions and emotional problems.

A number of these determinants can be addressed through: public health interventions (e.g. stopping smoking in pregnancy, increasing the coverage of childhood immunisations); the provision of high quality antenatal care early in pregnancy; and early intervention from social care (e.g. reducing the number of children looked after due to abuse or neglect).

2 What do we know?

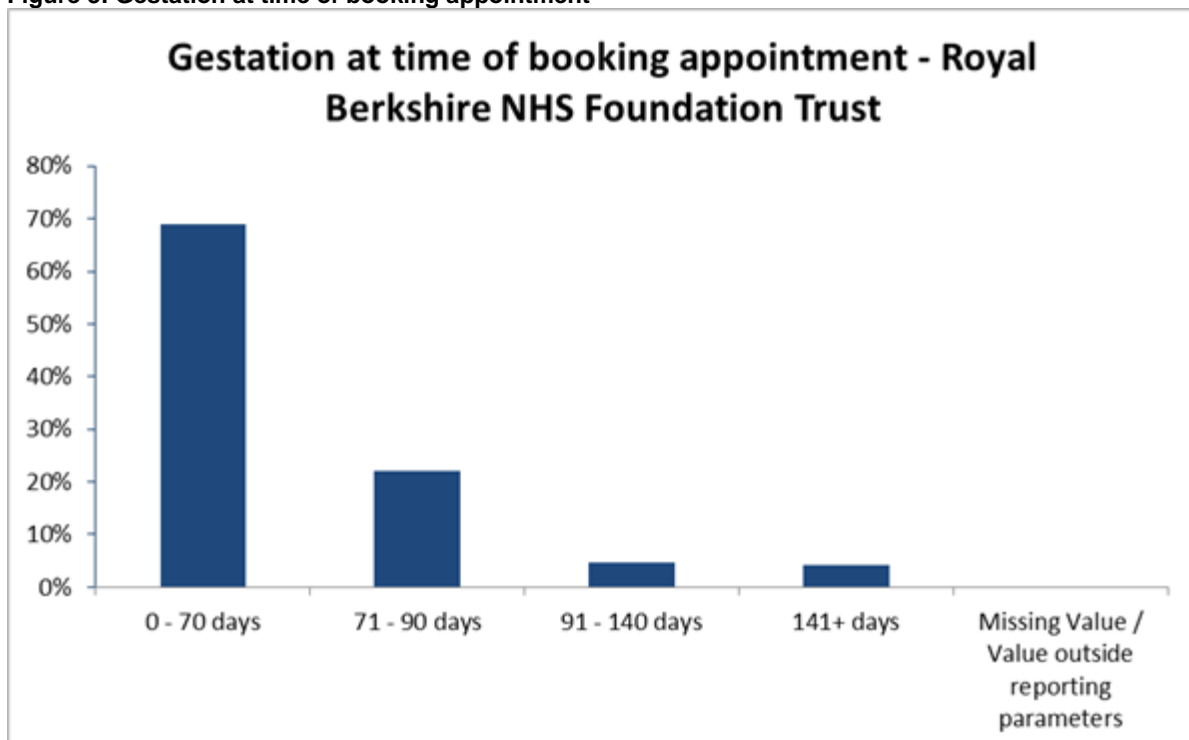
2.1 Up take of prevention and early intervention services

5 out of 110 women from West Berkshire were in drug or alcohol treatment during 2013/14 stated they were pregnant at the start of their treatment. Numbers of women accessing drug treatment in West Berkshire are higher than those accessing alcohol treatments (Public Health England)

At the Royal Berkshire NHS Foundation Trust, 6.4% of women attending an antenatal booking appointment (November 2015) were smokers. This means that in one year, we would expect approximately 133 pregnant women in West Berkshire to be smokers. We can compare this to the number of pregnant women attending stop smoking services. 17 pregnant women from West Berkshire attempted to quit smoking through stop smoking services during 2014/15 with 5 of these being successful.

The figure 3 below shows the proportion of pregnant women by the length of gestation at the time of their booking appointment with a midwife. This is a measure of the recommendation that all women to access antenatal care by 90 days of pregnancy. It can be seen that over 90% of women who were seen under Royal Berkshire maternity services were seen by 90 days of pregnancy. 5% were not seen until after 140 days gestation.

Figure 3: Gestation at time of booking appointment



Source: Health and Social Care Information Centre

The Royal Berkshire Hospital is meeting at least acceptable standards of coverage for the national antenatal screening of sickle cell & thalassaemia, HIV & Hepatitis. The only exception is fetal anomaly screening. For new-born

hearing screening the Royal Berkshire Hospital is meeting acceptable coverage standards.

North and West Reading and Newbury and District CCGs are above the acceptable coverage target of new-born blood spot screening (Public Health England).

2.2 Health visiting service – West Berkshire

The health visiting service conduct five nationally-mandated contacts with all women and their young children as part of the 0-5 year element of the national Healthy Child Programme. Apart from the new born visit, the proportion of West Berkshire children having contact with the Health Visiting service is above the regional and national average (Public Health England).

The national performance targets for the uptake of childhood immunisations are not always met in West Berkshire particularly when looking at the uptake of 2 year old immunisations (Public Health England).

In 2016 school nursing team screened the hearing of 1,294/2022 (64%) children in West Berkshire which resulted in 181 onward hearing referrals.

2.3 Facts, figures and trends

The total estimated size of the 0-24 year old population of West Berkshire is 46,300 and is expected to increase by 3% to 47,600 by 2025. The proportion of the population who are aged 0 to 19 is very similar to the England average. The proportion of the population aged 20 to 24 is significantly smaller than the England average (Office for National Statistics).

The health and wellbeing of children in West Berkshire is generally better than the national average as measured across a range of key indicators. It is also comparable to the health and wellbeing of children living in similar council areas. We know that children and young people with disabilities risk poorer outcomes than the general population which will not be reflected in these figures (Public Health England).

West Berkshire has a lower prevalence of the majority of risk factors related to SEND. There is 1 exception. The rate of maternal rubella susceptibility: this means that a pregnant woman does not have the necessary antibodies in her blood to fight rubella (German measles). This will be because she has not received a full course of the rubella vaccination. As with other councils, the number of children being looked after due to reasons of abuse or neglect is increasing.

There is currently no universal system within the NHS, education and social care services which records the number of children and young people with disabilities. This makes it difficult to understand the overall level of local need and prevalence in terms of different types of disability and severity. A recent development which will help to overcome this gap in local knowledge is the

development and implementation of the national Maternity and Children’s Dataset.

2.4 Estimated prevalence of disability

A report conducted by the National Child and Maternal Health Intelligence Network states:

“The number of disabled children in England is estimated to be between 288,000 and 513,000 by the Thomas Coram Research Unit (TCRU). The mean percentage of disabled children in English local authorities has been estimated to be between 3.0 percent and 5.4 percent, through a survey of all Directors of Children’s Services in England undertaken by the TCRU. If applied to the population of West Berkshire this would equate to between 991 and 1,783 children experiencing some form of disability.”

Table 1 below shows the results of studies into the prevalence of disability in children and young people by diagnosis. Local population estimates for children and young people age 0-24 have been applied to these estimates in order to show the expected number of children and young people with disabilities in the local area by diagnosis. Those with more than one diagnosis will be counted more than once.

Table 1: Estimated prevalence of disability by diagnosis – West Berkshire

Condition	Prevalence per 1,000	West Berkshire population	Estimated West Berkshire numbers
Language disorders	40	46,300	1,852
Severe learning disability	3	46,300	138.9
Moderate learning disability	20	46,300	926
Dyspraxia/DCD	50	46,300	2,315
ADHD	15	46,300	694.5
Autistic spectrum disorders	10	46,300	463
Fetal alcohol syndrome	0.3	46,300	13.89
Syndromes	3	46,300	138.9
Physical disability	1	46,300	46.3
Profound and multiple learning difficulties	1	46,300	46.3
All	143.3	46,300	6634.79

Source: Blackburn, Spencer and Read, 2010

2.5 Long Term Conditions

The number of live births in the West Berkshire area where the baby is affected by a congenital problem that will affect their health e.g. a heart defect has increased slightly in recent years. This is likely representative of improvements in antenatal diagnosis, advancements in fetal medicine and neonatal care

In 2015 it was estimated that there were between 87 and 171 children under the age of 19 with diabetes living in West Berkshire. It was estimated that there were 131 children under the age of 16 with epilepsy living in West Berkshire. Estimate based on applying national prevalence estimates to local population (ONS 2014).

The targeted caseload of the school nurses in 2015 included 247 West Berkshire children with medical conditions/special needs.

2.6 SEND prevalence in schools

Special Educational Needs data is often used as a proxy measure for overall disability prevalence amongst children and young people. The school Census is the most comprehensive count of children with SEND.

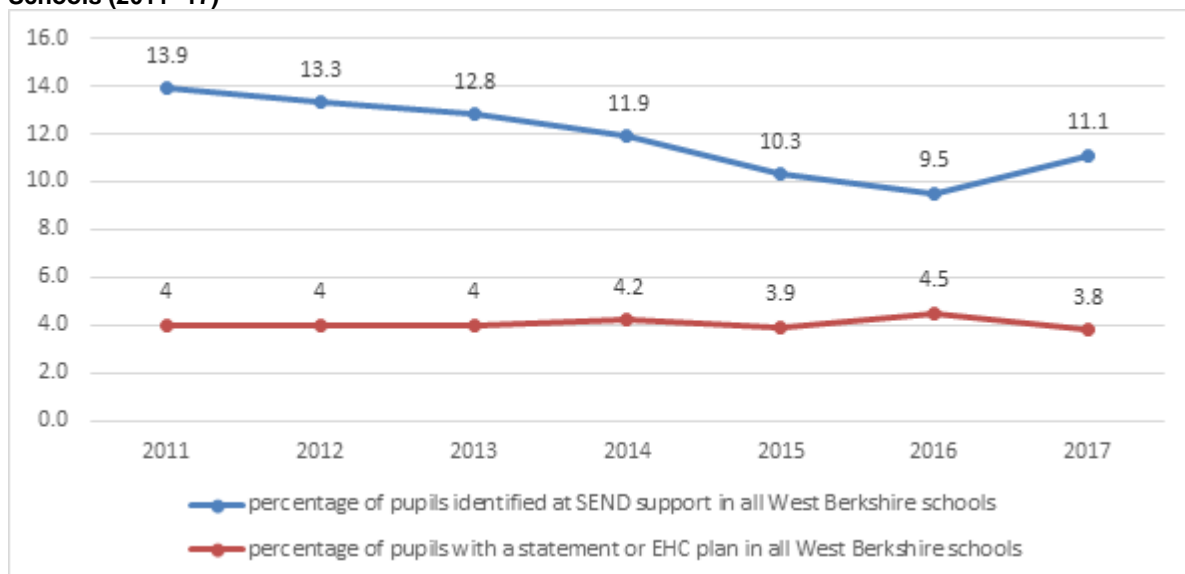
According to the annual school census in January 2017, there were 29,420 children and young people aged 4-19 years attending all West Berkshire schools. Of these, 1131 were identified as having a SEN Statement / Education, Health and Care Plan (EHCP) and a further 3271 did not have a Statement or EHC Plan but were identified at SEN Support (SENS).

It should be noted that the 1131 Statements / EHC Plans include children with a Statement / EHC Plan maintained by other Local Authorities. This figure therefore includes Reading children attending Brookfields Special School (a West Berkshire maintained school located near to the border with Reading).

The number of Statements / EHC Plans maintained by West Berkshire for West Berkshire resident children at the January 2017 census was lower at 897, which represents 1.9% of the 0 to 25 population.

Figure 4 shows the percentage of pupils in West Berkshire schools receiving SEN support and those with a Statement/EHCP.

Figure 4: The percentage of West pupil with SEN support or with a Statement/EHCP in all West Berkshire Schools (2011- 17)



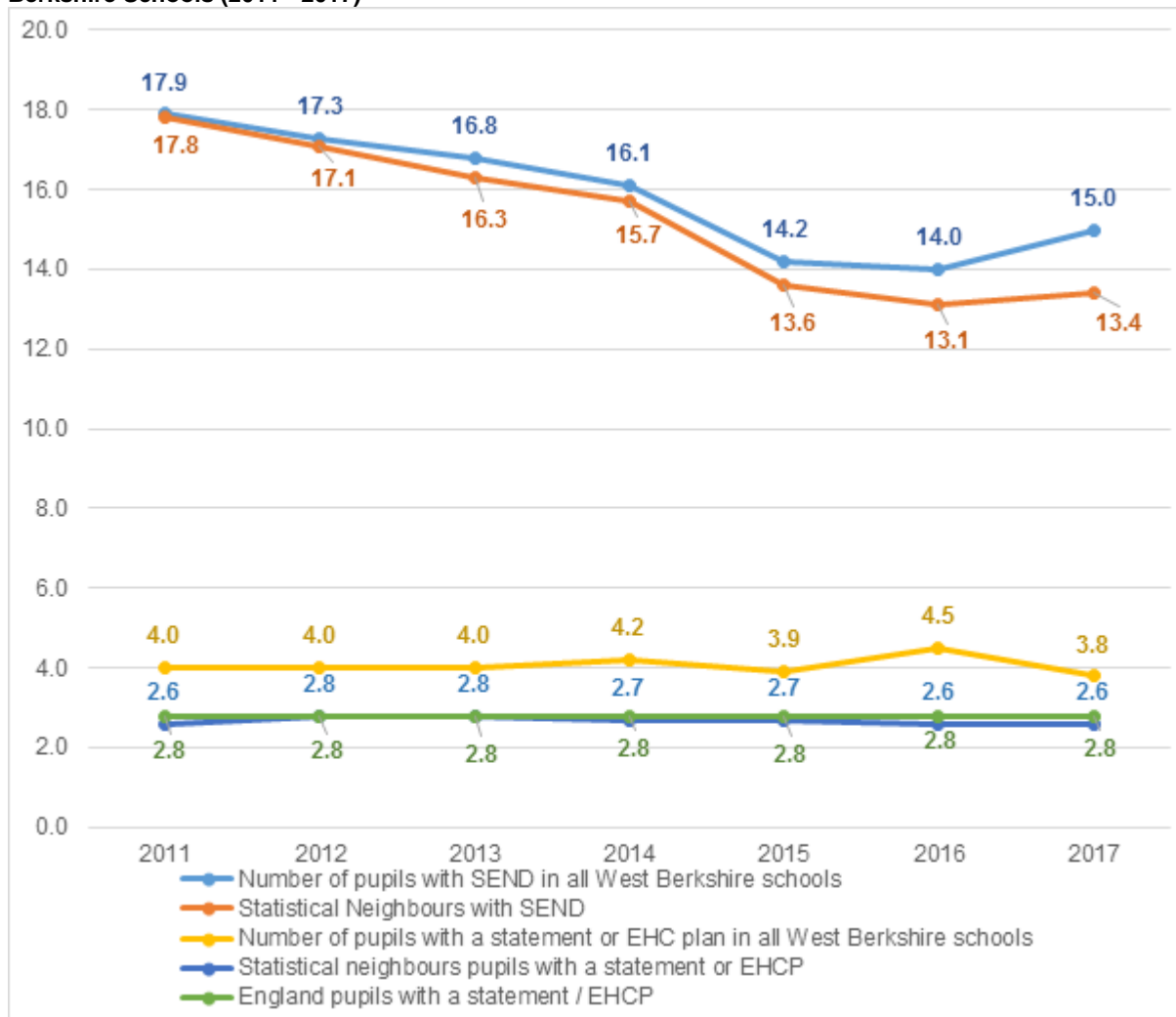
Source: LG Inform SEND REPORT 2017

West Berkshire Council Joint Strategic Needs Assessment

Figure 5 shows that from 2011 to 2016, in line with its statistical neighbours and England, there was a trend of decreasing percentage of pupils identified with SEND in West Berkshire. The percentage of pupils in West Berkshire schools identified with SEND decreased from 17.9% in 2011 to 14% in 2016. This is largely accounted for by fewer children being identified at SEN Support.

Data for 2017, however, shows the percentage of pupils identified with SEND in West Berkshire to have increased from 14% to 15% from 2016 and this is slightly higher than its statistical neighbours (13.4%) and England (14.4%) for 2017.

Figure 5: pupils with SEND including SEN Support and pupils with a Statement / EHCP attending West Berkshire Schools (2011 - 2017)



Source:

Across all English authorities, the proportion of pupils with Statements or Education, Health and Care (EHC) Plans ranges from 0.8% to 4.5%. West Berkshire has a value of 3.8%, compared to an average of 2.8% in All English authorities, when non West Berkshire residents in West Berkshire schools are included.

Across the South Eastern Region, the proportion of pupils with Statements or Education, Health and Care (EHC) Plans ranges from 2.1% to 3.8%. West

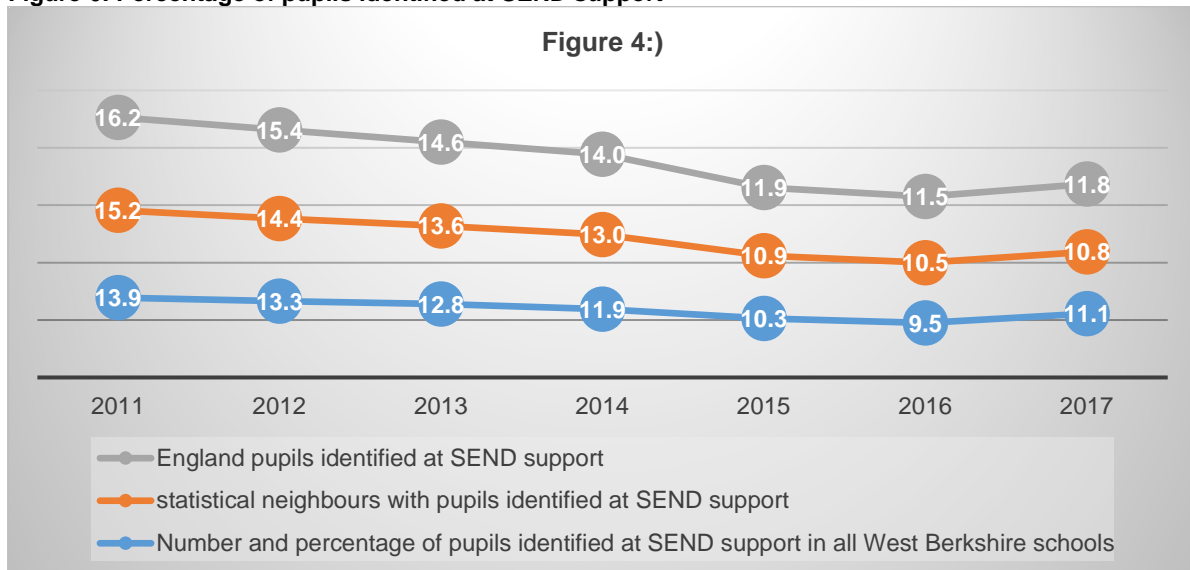
Berkshire has a value of 3.8%, compared to an average of 3.0% in the South Eastern Region. This is due to West Berkshire having a high number of Reading pupils in one of its special schools (e.g. Brookfields).

When Statements / EHCPs for West Berkshire residents only are considered, there has been a rise from 787 in 2011 to 897 in 2017 which represents a 14% increase. This is primarily due to the increase in the age of young people eligible for an EHCP to 25 years.

For SEN support the proportion for all English authorities ranges from 6.5% to 16.8%. West Berkshire has a value of 11.1%, compared to an average of 11.8% in all English authorities.

Figure 6 shows that in line with its statistical neighbours and England there has been a steady decrease in the number of pupils identified at SEN Support since 2011, reaching its lowest point in 2016, followed by a slight up turn in 2017. West Berkshire, however, has a slightly higher percentage of pupils identified at SEN Support in 2017 than its statistical neighbours (11.1% compared to 10.8%) and has seen a slightly greater percentage increase since 2016 in contrast to its statistical neighbours and England.

Figure 6: Percentage of pupils identified at SEND support



Source:

2.7 Categories of SEND

Table 2 and Table 3 show the number of children with each type of SEND as a percentage of the total number of children with Statements / EHCPs and how this has changed since 2011.

Table 2: Number of pupils with a Statement / EHCP by primary type of need

SEND*	2011	2012	2013	2014	2015	2016	2017	Variance since 2013
ASD	246	252	272	289	285	310	345	73
HI	36	41	41	40	39	39	33	-8

West Berkshire Council Joint Strategic Needs Assessment

MLD	115	110	112	108	101	108	127	15
MSI	0	0	0	0	0	1	2	2
PD	57	55	56	58	48	52	51	-5
PMLD	20	20	18	19	18	22	21	3
SEMH	105	100	90	96	102	93	73	-17
SLCN	6	9	14	11	16	36	50	36
SLD	16	12	17	12	17	26	41	24
SpLD	142	137	126	109	101	81	68	-58
VI	11	10	11	11	10	8	5	-6
TOTAL**	787	774	785	770	751	822	897	

Source: West Berkshire Council SEND report. See above for explanation of SEND categories*

In some cases the combined numbers in the separate categories add up to less than the totals shown. This is because some children have been classified as "other" on the database and their SEN type needs to be verified**

All pupils with SEN have an assessment of their primary need. Table 3 shows the breakdown of primary need in West Berkshire schools.

Table 3: Percentage of pupils with a Statement / EHCP by primary type of need

SEND*	2011	2012	2013	2014	2015	2016	2017
ASD	31.3%	32.6%	34.6%	37.5%	37.9%	37.7%	38.5%
HI	4.6%	5.3%	5.2%	5.2%	5.2%	4.7%	3.7%
MLD	14.6%	14.2%	14.3%	14%	13.4%	13.1%	14.2%
MSI	0%	0%	0%	0%	0%	0.1%	0.2%
PD	7.2%	7.1%	7.1%	7.5%	6.4%	6.3%	5.7%
PMLD	2.5%	2.6%	2.3%	2.5%	2.4%	2.7%	2.3%
SEMH	13.3%	12.9%	11.5%	12.5%	13.6%	11.3%	8.1%
SLCN	0.8%	1.2%	1.8%	1.4%	2.1%	4.4%	5.6%
SLD	2%	1.6%	2.2%	1.6%	2.3%	3.2%	4.6%
SpLD	18%	17.7%	16.1%	14.2%	13.4%	9.9%	7.6%
VI	1.4%	1.3%	1.4%	1.4%	1.3%	1%	0.6%

Source: West Berkshire Council SEND report

2.8 Attainment of children and young people with SEND

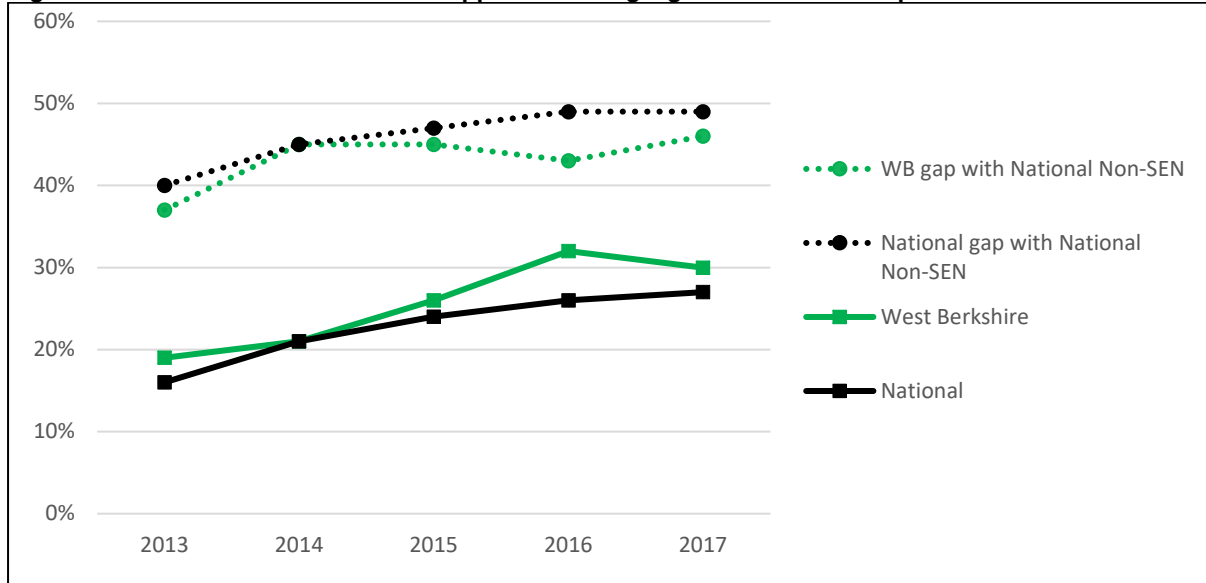
It is important to remember that there are a broad range of reasons why pupils might be identified as having a special educational need. The impact of each SEN on pupils' progress and attainment will differ. However, the purpose of the special educational provision that they receive is to effectively tackle the barriers to learning, improving their academic progress.

Early Years Foundation stage

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the end of the academic year in which the child turns five. The new profile introduced in 2012/13 assesses children in 7 areas of learning covering 17 early learning goals (ELGs). A child is scored 1 for emerging, 2 for expected, and 3 for exceeded. Therefore the minimum score is 17 points and the maximum possible score is 51 points.

Figure 7 shows the percentage of children at SEN Support and with Statements / EHC Plans who achieved a good level of development compared to children without SEND and the attainment gap between the SEND and non - SEND groups.

Figure 7: Per cent of children at SEN Support achieving a good level of development at EYFS



Source: West Berkshire Council SEND report

This data show good performance of children at SEN Support in the EYFS, with performance rising and the gap between the SEN support cohort and the non-SEN cohort narrowing. The comparison with national performance and the national gap is also favourable.

It is not possible to show trends in the performance of children with Statements / EHCPs in the EYFS as the cohorts in West Berkshire are very small and the data has therefore been suppressed to protect confidentiality. However, in 2016 the performance of children with Statements / EHCPs in West Berkshire was better than the national average and the gap between the children with Statements / EHCPs and those with no SEND was lower than the national gap.

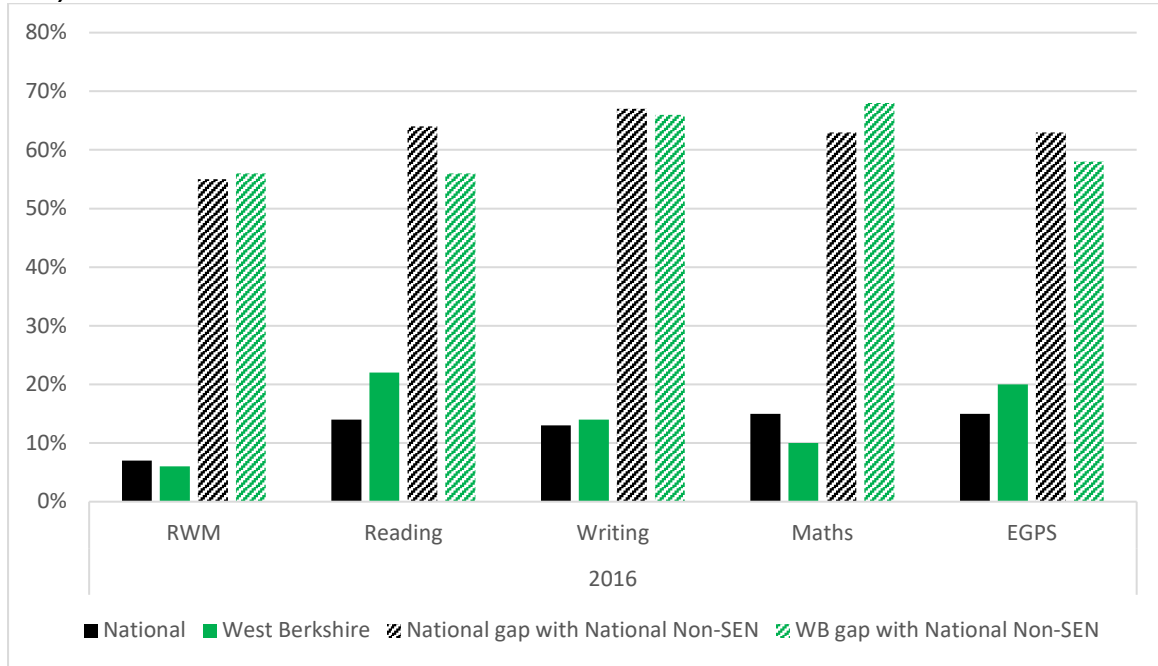
2.9 Key Stage 2

All children in state funded primary schools are required to take part in Key Stage 2 national curriculum assessments before they move to secondary school. The national target is attainment of a Level 4.

Figure 8 shows that the achievement of West Berkshire children with Statements / EHCPs at KS2 in 2016 was slightly lower than the national average (6% compared to 7% nationally). The gap between children with Statements / EHCPs was also slightly higher than the national gap (56% compared to 55%). Performance was actually higher in all subject areas except for Maths, but the level of performance in Maths is bringing the RWM performance to just under the national average.

West Berkshire Council Joint Strategic Needs Assessment

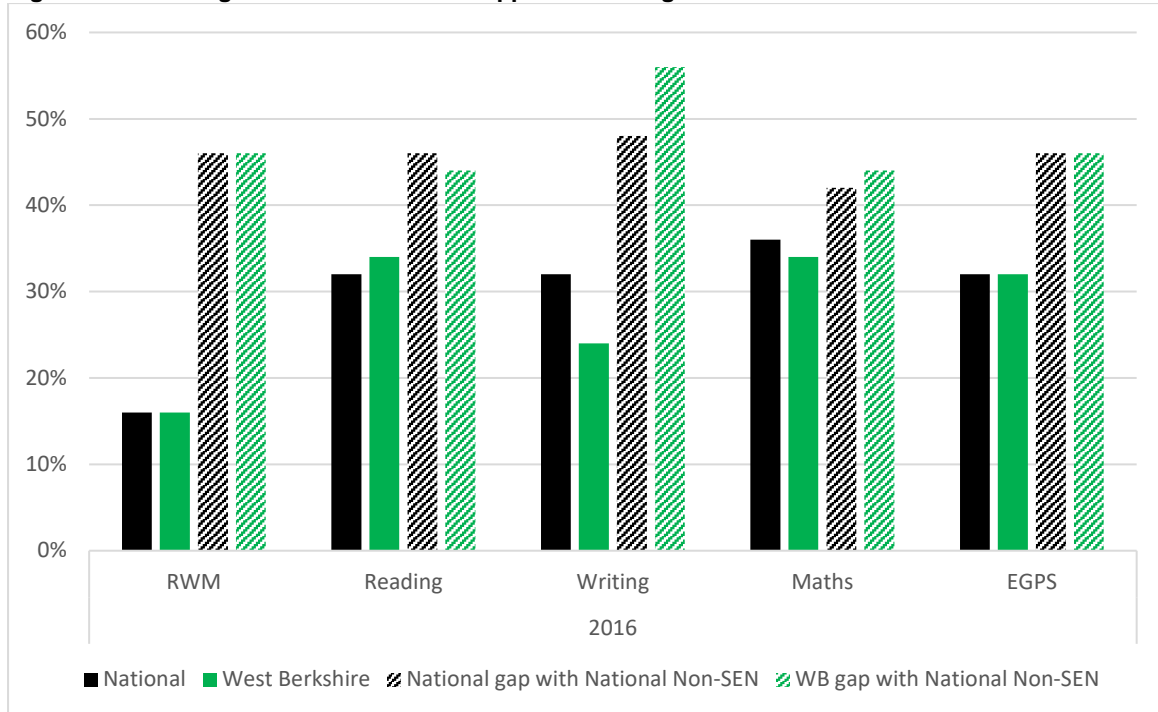
Figure 8: Performance of children with Statements / EHCPs at KS2 in 2016 (West Berkshire / national data)



Source: West Berkshire Council SEND report

Figure 9 shows that in 2016 attainment of children at SEN Support in RWM at KS2 was in line with the national average, as was the gap between children at SEN Support and those with no SEND.

Figure 9: Percentage of children at SEN Support achieving L4+ at KS2 in 2016 and 2017



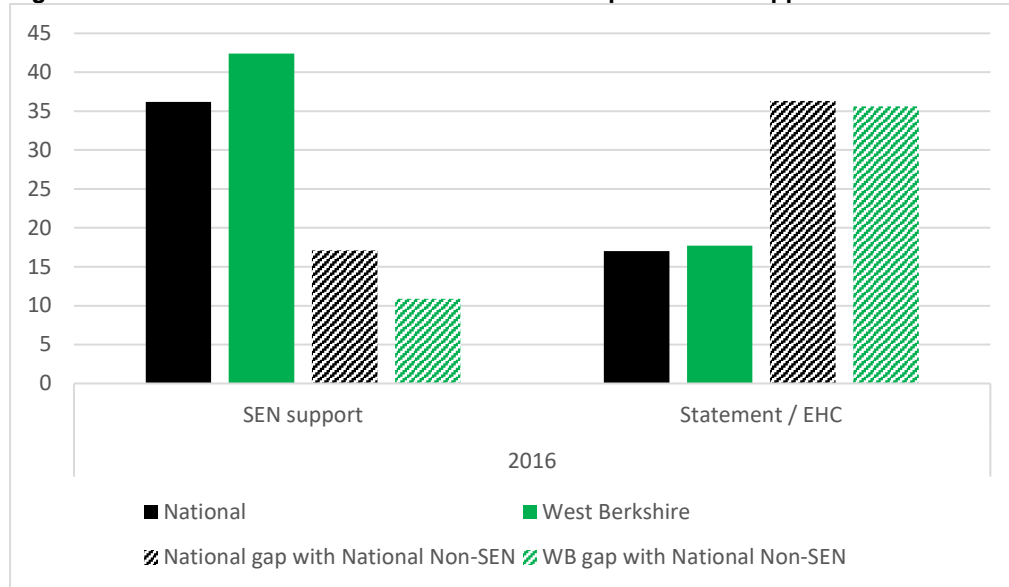
Source:

2.10 Key Stage 4 (GCSE)

Figure 10 shows that the per cent of pupils at SEN Support in West Berkshire achieving 5 A* to C GCSEs rose significantly in 2016 to 41.8% compared to 28.2% in the previous year, putting performance well above the national average and the attainment gap well below the national average.

The percentage of pupils with Statements / EHCPs in West Berkshire achieving 5 A* to C GCSEs rose slightly from 9.3 to 9.7% which is just below the national average for that year.

Figure 10: GCSE Performance in 2016 and 2017 – Pupils at SEN Support and with Statements / EHCPs



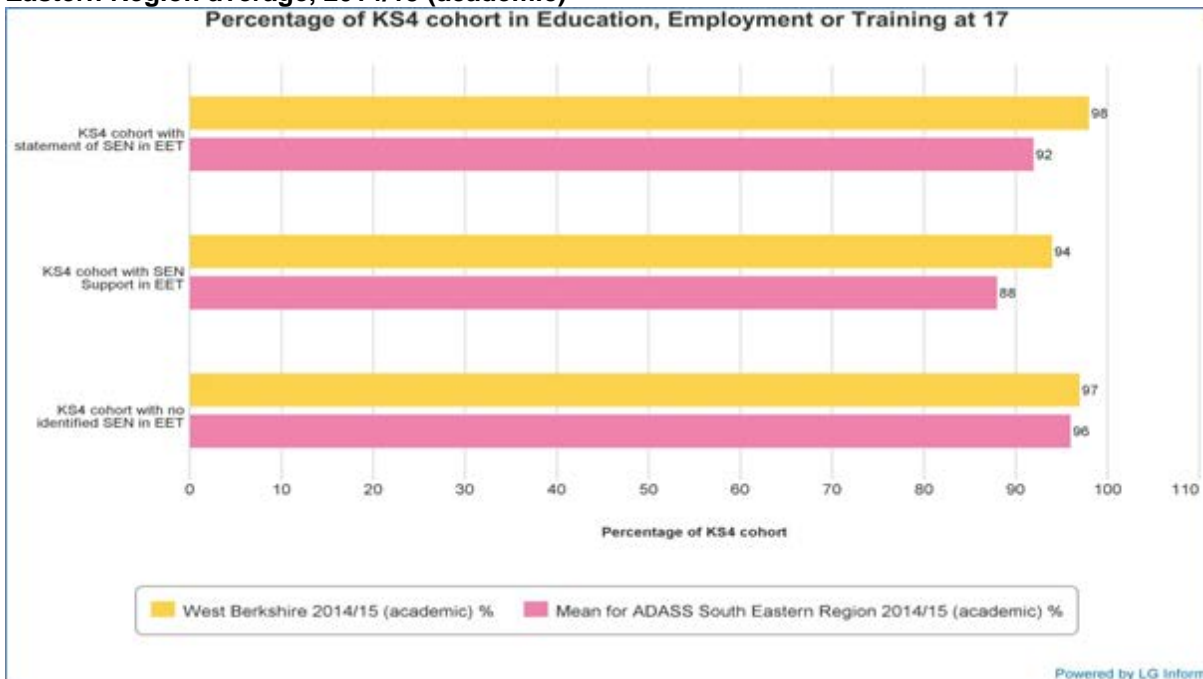
Source: West Berkshire Council SEND report

2.11 Preparation for Adulthood

The 2014 SEND reforms placed an increased emphasis on supporting children and young people with SEND to make a positive transition to adulthood, including paths to employment, good adult health, independent living and participating in society.

Figure 11 shows the percentage of the Key Stage 4 SEN cohort in a sustained education, employment or training destination at 17. To be included in the measure, young people have to show sustained participation in education or training. In West Berkshire, 98% of the KS4 cohort with a statement were in education, employment or training at 17, this compares to the previous period of 93% and the South Eastern Region average of 92%. Of those without a statement 94% were in education, employment or training at 17, 88% were in education, employment or training at 17 in the South Eastern Region.

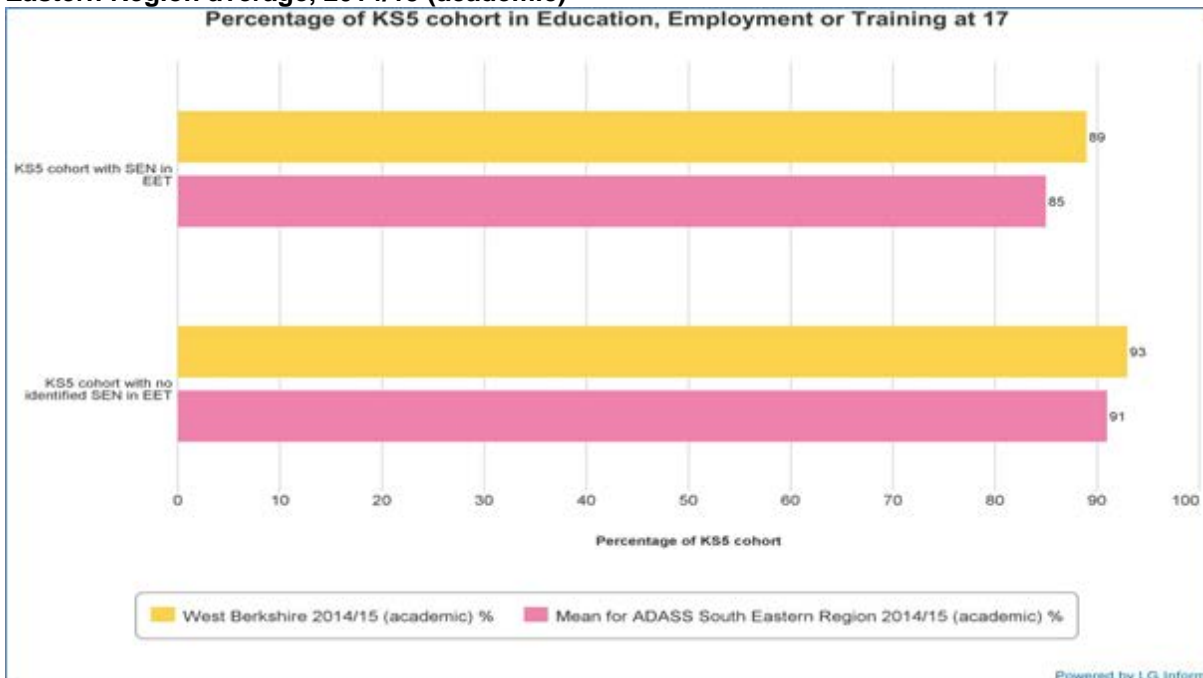
Figure 11: Percentage of KS4 SEN cohort in a sustained EET - West Berkshire and South Eastern Region average, 2014/15 (academic)



Source: Metric ID: 4689, Department for Education, Destinations of key stage 4 and key stage 5 pupils

Key Stage 5 is the period of education covering pupils aged 16-18. The next chart shows the percentage of the Key Stage 5 SEND cohort in a sustained education, employment or training destination in the first two terms of the year after they completed A Level or other level 3 qualifications. This is 89% in West Berkshire, which compares to 78% in the previous period, and the ADASS South Eastern Region average of 85%.

Figure 12: Percentage of KS5 SEN cohort in a sustained EET - West Berkshire and South Eastern Region average, 2014/15 (academic)



Source: Metric ID: 4691, Department for Education, Destinations of key stage 4 and key stage 5 pupils

2.12 Absence

Persistent absence affects attainment. Persistent absentees are defined as pupils who have missed 15% or more of school sessions through authorised or unauthorised absence. In West Berkshire 8.1% of pupils with statements or plans were persistent absentees. This is below the regional average of 11.1%.

6.3% of school sessions¹ were missed due to absence from school for SEN pupils with a statement or EHCP, below the South Eastern Region average of 7.5% (Department for Education).

2.13 Exclusion

There is evidence that nationally some pupils with SEND are more likely to be excluded from school in comparison to their peers.

Fixed period exclusion refers to a pupil who is excluded from a school for a set period of time. In West Berkshire, the rate of fixed term exclusions for SEN pupils -calculated by taking the number of fixed term exclusions for SEN pupils and dividing it by the total number of SEN pupils in the LA - was 11.45%. This is lower than the average of 14.84% in ADASS South Eastern Region.

3 What is the data telling us?

- 3.1 There are a number of gaps in the data that are affecting joint commissioning and planning of services for children and young people with SEND in West Berkshire. Estimates of the number of children and young people with disabilities and SEN in West Berkshire range from 991 to over 6,000 depending on the criteria of disability being used. There is a need for a better shared understanding across West Berkshire services about how we define children and young people with disabilities.
- 3.2 There is data from the council's Education service on the categories of SEND children and young people in West Berkshire schools. There is a lack of local NHS data on the on the prevalence of children disabilities and long term conditions in West Berkshire.
- 3.3 Some of the targets for prevention and early intervention services are not being met. In 2015 a minority of pregnant women (11%) in West Berkshire were estimated to have attempted to quit through local stop smoking services. The Royal Berkshire Hospital falls just below the acceptable levels for fetal anomaly screening coverage. Childhood immunisation coverage targets have not been consistently met. The number of women who are rubella immune is below

¹ A session is defined as half a day – morning or afternoon

target. There has been an increase in the number of Looked After Children who have experienced abuse or neglect. This may reflect missed opportunities for early intervention by council services.

- 3.4 Data for 2017 shows the percentage of pupils identified with SEND in West Berkshire has increased from 14% to 15% from 2016 and this is slightly higher than its statistical neighbours (13.4%) and England (14.4%).
- 3.5 When Statements / EHCPs for West Berkshire residents only are considered, there has been a rise from 787 in 2011 to 897 in 2017 which represents a 14% increase. This is primarily due to the increase in the age of young people eligible for an EHCP to 25 years, under the 2014 SEND legislation.
- 3.6 The most common categories of need for children with SEN in West Berkshire are specific learning disability and ASD. The proportion of children with these primary needs is much higher than the national average. The most common categories of need of children with Statements/EHCPs continue to be children with ASD, MLD and SEMH.
- 3.7 The most notable changes in categories of SEND for children with statements/EHCPs since 2011 are:
 - Increase in the children with Statements / EHCPs whose primary need is ASD, in line with the general increase in numbers of children diagnosed with ASD both locally and nationally. The numbers of West Berkshire children with ASD requiring specialist placement has increased.
 - Reduction in the number of children with Statements / EHCPs classified as having SEMH. This is surprising as the perception of schools is that the number of children with SEMH is rising and the number requiring specialist placement has increased. It could possibly be that children with ASD were previously being classified as SEMH but are now more likely to be appropriately diagnosed as having ASD.
 - Increase in the number of children with Statements / EHCPs for SLCN (Speech, Language and Communication Needs). This could again be related to the general increase in children with ASD as children are sometimes classified as having SLCN prior to receiving an ASD diagnosis.
 - Increase in children with Statements / EHCPs for Severe Learning Difficulties. This could relate to the improvements in antenatal and neonatal care which have allowed more children born very prematurely and with very complex needs to survive. This is reflected in the increasing numbers of pupils in West Berkshire's special schools.
 - Decrease in children with a Statement / EHCP for specific literacy difficulties or dyslexia. This could be as a result of schools becoming more competent in meeting these needs from their own delegated SEN resources.
- 3.8 There is a shift in the age structure of the population of children and young people with SEND. There is an increase in the older population of children and young people (aged 19-25 years) with disability and SEN than seen previously. This could potentially see a shift in the level of demand on particular disability

and SEN services (for example, transition to adult services and employment services).

3.9 There are multiple inequalities experienced by many children and young people with SEND. Although, there is limited local data around these and we are unable to measure local levels, we can assume from national research that children and young people with SEND living in West Berkshire will experience inequalities across:

- Physical health outcomes
- Emotional health and wellbeing outcomes
- Lifestyle behaviours (particularly around participation in physical activity and obesity)
- Access to childcare
- Access to play opportunities
- Lack of opportunities to reach full potential in education, employment, and training
- Risk of youth offending
- Risk of abuse and neglect including sexual exploitation.
- There is some evidence in the data which shows that more needs to be done to narrow the attainment and progress gaps for children and young people with SEND.

4 Recommendations for consideration

- 4.1 There should be better joint working to share data across health, education, social care and the charity sector to include in future updates of this chapter. The council are currently working on addressing this with partner organisations. The SEND chapter will be updated as and when new data becomes available.
- 4.2 There should be a shared agreement across health, education, and social care on the strategic outcomes which should be developed into a basket of key performance indicators (KPIs) for children and young people with SEND that are regularly monitored and reviewed.
- 4.3 A joint awareness of the guidance and good practice included in this needs assessment should be maintained and reviewed.
- 4.4 The views of children, young, people and their parents/carers should be included in any future needs assessment analysis.

<p>Key WBC services and external organisations: (e.g. those who are involved in providing services)</p>	<p>To ensure that children and young people with SEND are able to reach their potential it is important that there is a provision of effective care and support provided at the appropriate stages of their life. This support comes from different agencies; health, education, social, and charities and community services.</p> <p>Details about the local education, social care, health and charity services which support children and young people with SEND can</p>
--	---

be found in the local offer.

<http://fis.westberks.gov.uk/kb5/westberkshire/fsd/localoffer.page>

The details of SEND provision delivered by West Berkshire council are below

Educational provision

The support provided and funded for children with SEND by the Education Service within West Berkshire Council comprises of additional support in mainstream schools for children with Statements / Education, Health and Care Plans; specialist resourced units attached to mainstream schools; special school placements, FE college placements and a range of SEN support services which can be accessed by children with and without Statements / EHCPs.

Resourced units attached to mainstream schools

Some children with EHCPs require more specialist support than a local mainstream school can provide, but can still benefit from being in a mainstream school. West Berkshire maintains 11 specially resourced units attached to mainstream schools for children with different types of special educational needs. Children need a EHCP to attend a school with a resourced unit and admissions are arranged through the Local Authority.

The resourced units maintained by West Berkshire Council:

Speenhamland Primary School – Physical Disability
Westwood Farm Infant School – Hearing Impairment
Westwood Farm Junior School – Hearing Impairment
The Winchcombe School – Speech and Language Difficulties
Theale Primary School – Autistic Spectrum Disorder
Fir Tree Primary School – Autistic Primary School
Kennet School – Physical Disability
Kennet School – Hearing Impairment
Trinity School – Specific Literacy Difficulties
Trinity School – Autistic Spectrum Disorder
Theale Green School – Autistic Spectrum Disorder

In some cases, children might be placed in resourced units in mainstream schools in other Local Authority areas, for example if the local resourced unit is full.

West Berkshire maintains two special schools, The Castle School in Newbury and Brookfields School in Tilehurst. Both schools cater for children aged 2 to 19 who have learning difficulties and may also have additional disabilities such as physical disability, sensory impairment or autism. Children need a EHCP to attend a West Berkshire special school and admissions are arranged through the Local Authority. Brookfields School takes children who live within Reading Borough Council as well as West Berkshire children as it is located near to the Reading border. Reading Borough Council has financial responsibility for children placed at Brookfields School.

The council's SEND support services

Early Development and Inclusion Team

The service comprises of 1.7 teachers who are specialists in early years and SEND. Children under 5 who are identified by Health professionals as having significant SEND are referred to this service. Staff initially visit children in their homes (if they are not yet in an early years setting) in order to promote their educational development and model strategies and resources for parents to use to support their child's progress.

EDIT teachers also assist with the transition to early years settings and schools, providing support and training for staff to help them to meet the child's needs, and continuing to visit for a period of time to provide ongoing support and advice. They also help to coordinate support which the family is receiving from other professionals.

The service is currently supporting approximately 100 children. It has been reduced in size in recent years from 3.4 to 1.7 staff.

Cognition and Learning Team

The Cognition and Learning Team (CALT) provides advice, support and training to mainstream schools to help them to meet the needs of children with SEND. This can include training, advice on SEN policy and procedures, help to implement specific intervention programmes for children with SEND, support for new SENCOs. All staff have a higher level diploma in specific learning difficulties as well as being experienced SENCOs. This is a partially traded service. All schools receive a small amount of free core service, but the majority of support now has to be purchased by schools.

ASD Advisory Service

The ASD Advisory Service provides advice, support and training for mainstream schools on meeting the needs of children with Autistic Spectrum Disorder. The purpose of the service is to enable children with ASD to be successfully included in mainstream schools wherever possible. The service includes teachers with ASD experience and expertise who support schools and a Family Adviser who provides support and training for parents.

Sensory Impairment Service

Support for children with hearing, visual and multi-sensory impairments is purchased from the Berkshire Sensory Consortium Service which is hosted by Windsor and Maidenhead Council on behalf of all six Local Authorities in Berkshire. The service includes support for schools from qualified teachers of HI and VI, educational audiologists and mobility officers. The service supports children with and without Statements / EHC Plans and is currently free of charge to schools.

Specialist Inclusion Support Service

This service provides outreach support from West Berkshire's special schools to mainstream schools to support the inclusion of children with learning and complex needs in their local mainstream schools.

Language and Literacy Centres (LALs)

Language and Literacy Centres are based at Theale and The Winchcombe primary schools. The LALs provide intensive literacy support for primary children with severe specific literacy difficulties.

	<p>Children remain on the roll of their local primary schools but attend the LALs for one session a week. 48 places per year are available across the two LALs.</p> <p>Therapy Services (Contract with Berkshire Healthcare Foundation Trust) The therapy services budget covers the costs for children with SEND who have speech and language therapy or occupational therapy in their Statements or EHC Plans. Therapy services are provided by the Local Authority solely to children who have the need for a service stipulated and quantified in their Statement or EHC Plan. It is a statutory duty for the Local Authority to provide these therapies in these circumstances. Other therapy support is the responsibility of Health.</p> <p>Behaviour Intervention Team The Behaviour Intervention Team provides advice to primary and special schools on supporting children with social emotional and mental health difficulties, including advice on strategies for supporting individual pupils and training.</p> <p>PRU Outreach The PRU Outreach Service offers consultancy / outreach support mainly to students who have been attending a PRU and who are being reintegrated to mainstream school. Some of the children supported by the PRU Outreach Service will be children identified with SEND either at SEN Support or with Statements / EHCPs. Schools may request PRU outreach support for any pupil causing concern but it is dependent on capacity.</p> <p>Engaging Potential Engaging Potential was set up by West Berkshire Council originally as a provision for young people with SEMH who struggled even in specialist SEMH schools and needed alternative and personalised packages of support. It now has independent special school status, but all 14 places continue to be commissioned by West Berkshire for West Berkshire students. Students placed at Engaging Potential are those who have Statements or EHC Plans for social, emotional and mental health difficulties and whose needs cannot be met in any other provision. This can include young people who have been excluded from specialist SEMH schools.</p> <p>Equipment for SEN Pupils This budget funds large items of equipment such as specialist chairs and communication aids for pupils with Statements / EHC Plans attending mainstream schools. Schools are expected to fund 50% of the cost. Special schools fund equipment from their own budgets.</p> <p>SEN Pre School Children budget This budget provides one to one support to enable children with SEND to access non maintained and voluntary pre-school settings.</p>
<p>National and local</p>	<p>SEND Legislation</p>

<p>strategies: (incl. Title and source e.g. web link)</p>	<p>Children and Families Act 2014. http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted</p> <p>SEND Inspections</p> <p>New SEND inspection framework https://www.gov.uk/government/publications/local-area-send-inspection-framework</p> <p>Determinants of disability and SEN The National Maternity Review (NHS England, 2016) : https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf</p> <p>Childhood neglect: improving outcomes for children - the framework (Department for Education, 2012): https://www.gov.uk/government/publications/childhood-neglect-improving-outcomes-for-children-the-framework</p> <p>Indicators of neglect: missed opportunities (Department for Education, 2014): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404 - Indicators of neglect missed opportunities.pdf</p> <p>Improving the outcomes for Gypsy, Roma and Traveller pupils: final report and literature review (Department for Education, 2010): https://www.gov.uk/government/publications/improving-the-outcomes-for-gypsy-roma-and-traveller-pupils-final-report</p> <p>NICE guidance relevant to the health and social determinants of SEND: Antenatal care pathway (NICE) Smoking: stopping in pregnancy and after childbirth (NICE, 2010) http://pathways.nice.org.uk/pathways/antenatal-care Antenatal and postnatal mental health: clinical management and service guidance (NICE, 2014) https://www.nice.org.uk/guidance/cg192 Weight management before, during and after pregnancy (NICE, 2010) https://www.nice.org.uk/guidance/ph27 Preterm labour and birth (NICE, 2015) https://www.nice.org.uk/guidance/ng25 Postnatal care pathway (NICE) http://pathways.nice.org.uk/pathways/postnatal-care Unintentional injuries: prevention strategies for under 15s (NICE,</p>
--	--

	<p>2010) https://www.nice.org.uk/guidance/ph29 Immunisations: reducing differences in uptake in under 19s (NICE, 2009) https://www.nice.org.uk/guidance/ph21 Child abuse and neglect (In development) (NICE, 2017) https://www.nice.org.uk/guidance/indevelopment/gid-scwave0708 Looked-after children and young people (NICE, 2010)</p> <p>Service provision</p> <p>Special educational needs and disability code of practice 0 to 25 years (Department for Education and Department of Health, 2015): https://www.gov.uk/government/publications/SEN&D-code-of-practice-0-to-25</p> <p>Transition to the new 0 to 25 special education needs and disability system, departmental advice for local authorities and their partners (Department for Education and Department of Health, 2015): https://www.gov.uk/government/publications/implementing-the-0-to-25-special-needs-system</p> <p>Further Department for Education guidance on implementing the 0 to 25 SEN&D System: SEND: guide for early years settings (Department for Education, 2014) https://www.gov.uk/government/publications/SEN&D-guide-for-early-years-settings SEND: guide for schools and alternative provision settings (Department for Education, 2014) https://www.gov.uk/government/publications/SEN&D-guide-for-schools-and-alternative-provision-settings Implementing the 0 to 25 special needs system further education (Department for Education, 2015) https://www.gov.uk/government/publications/implementing-the-0-to-25-special-needs-system-further-education SEND: guide for social care professionals (Department for Education, 2014) https://www.gov.uk/government/publications/SEN&D-guide-for-social-care-professionals SEND: guide for health professionals (Department for Education and Department of Health, 2016) https://www.gov.uk/government/publications/SEN&D-guide-for-health-professionals https://www.gov.uk/government/publications/residential-special-schools-national-minimum-standards (Department for Education, 2015) Residential special schools: national minimum standards (Department for Education, 2015): https://www.gov.uk/government/publications/non-maintained-</p>
--	--

	<p><u>special-schools-regulations-2015</u> Reasonable adjustments for disabled pupils (The Equality and Human Rights Commission, 2015): <u>http://www.equalityhumanrights.com/publication/reasonable-adjustments-disabled-pupils</u></p> <p>Supporting pupils at school with medical conditions (Department for Education, 2015): <u>https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</u></p> <p>Healthy child programme 0 to 19: health visitor and school nurse commissioning (Public Health England, 2016): <u>https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning</u></p> <p>Action Plan on Hearing Loss_(Department of Health and NHS England, 2015): <u>https://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf</u></p> <p>Improving Health and Lives Learning Disabilities Observatory: <u>https://www.improvinghealthandlives.org.uk/publications</u></p> <p>Improving outcomes for children with long-term conditions, disabilities and life threatening conditions (Children and young people's health outcomes forum, 2013):</p> <p>Seriously Awkward: How vulnerable 16–17 year olds are falling through the cracks (Pona, Royston, Bracey, & Gibbs, 2015): <u>http://www.childrenssociety.org.uk/sites/default/files/seriously_awkward_youth-at-risk_full_online-final.pdf</u></p> <p>NICE guidance relevant to service provision for children and young people with disabilities and SEN: Social and emotional wellbeing: early years (NICE, 2012) <u>https://www.nice.org.uk/guidance/ph40</u> Social and emotional wellbeing in primary education (NICE, 2008) <u>https://www.nice.org.uk/guidance/ph12</u> Social and emotional wellbeing in secondary education (NICE, 2009) <u>https://www.nice.org.uk/guidance/ph20</u> Looked-after children and young people (NICE, 2010) <u>https://www.nice.org.uk/guidance/ph28</u> Transition from children's to adults' services for young people using health or social care services (NICE, 2016) <u>https://www.nice.org.uk/guidance/ng43</u> Attention deficit hyperactivity disorder (NICE, 2013) <u>https://www.nice.org.uk/guidance/qs39</u> Autism in under 19s: recognition, referral and diagnosis (NICE,</p>
--	---

	<p>2011) https://www.nice.org.uk/guidance/cg128 Cerebral Palsy (in development) (NICE, 2017) https://www.nice.org.uk/guidance/indevelopment/GID-CGWAVE0687</p> <p>Reducing inequality for children and young people with SEND Levelling the playing field, Equal access to childcare for disabled children (Council for disabled children, 2015): http://www.councilfordisabledchildren.org.uk/media/1078423/levelling-the-playing-field-equal-access-to-childcare-for-disabled-children-003.pdf</p> <p>Making the case for play, findings of the Sense Public Inquiry into access to play opportunities for disabled children with multiple needs (Sense, 2016): https://www.sense.org.uk/sites/default/files/the-case-for-play-report.pdf</p> <p>Equality Act 2010: advice for schools (Department for Education, 2013): https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools</p> <p>Don't Stop Me Now Supporting young people with chronic conditions from education to employment (Bajorek, Donnalaja, & McEnhill, 2016): http://www.theworkfoundation.com/DownloadPublication/Report/399_Don't_stop_me_now_main_report.pdf</p> <p>Supporting looked-after children with communication needs (Department for Education, 2011): https://www.gov.uk/government/publications/supporting-looked-after-children-with-communication-needs</p> <p>Working together to safeguard children (Department for Education, 2015): https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</p> <p>Protecting disabled children from abuse (NSPCC, 2014):</p> <p>Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation (Franklin, Raws, & Smeaton, 2015):</p> <p>Local Strategies and guidance</p> <p>The Local Offer http://fis.westberks.gov.uk/kb5/westberkshire/fsd/localoffer.page?familychannel=4</p>
--	--

West Berkshire Council Joint Strategic Needs Assessment

Data sources: <i>(incl. Web links and ID if West Berks site)</i>	West Berkshire Council – SEN & Disability offer http://fis.westberks.gov.uk/kb5/westberkshire/fsd/localoffer.page Local area SEND report LG Inform SEND Health Needs Assessment 2016 by the PHWB Shared Team
Other sections this would link with (Super Group):	

****Internal use only – will be removed when published***

Author:	<i>Catherine Greaves (using the SEND Health Needs Assessment 2016 completed by the PHWB Shared team)</i>
Approved by:	
Date approved:	