

Warrington

Joint Strategic Needs Assessment (JSNA)

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

Review 2021

Section 1: Executive summary

1.1 Background

1.1.1 The purpose of the JSNA is to provide an evidence base for Warrington Borough Council (the Council) and Warrington Clinical Commissioning Group (CCG) to commission services that will improve the health and wellbeing of children and young people with special educational needs and/or disabilities (SEND).

1.1.2 The JSNA has been informed by the legislation and national policy; research on what works for children and young people with SEND and local intelligence about the strengths and areas for development in Warrington.

1.2 Overview of children and young people in Warrington

1.2.1 In Warrington there are 61,535 children and young people aged 0 to 25 years, making up nearly a quarter of the total population. For every 100 children and young people living in Warrington:

- 14 are from a black or minority ethnic group
- 18 have been eligible for free school meals in the past 6 years
- 13 have an identified special educational need
- 9 need extra help for learning
- 1 is a carer for a family member
- 15 are from a low income family
- 4 are in receipt of Disability Living Allowance.

1.3 Progress since the last JSNA

1.3.1 Since the last JSNA in 2017, the following progress has been made against the recommendations for commissioners:

Table 1: Progress since the last JSNA

Recommendation	Action taken
Based on the increasing number of EHC Plans and reducing number of children on SEN Support explore options to manage demand for services	In 2018 The Local Government Association funded Warrington’s SEND behavioural insights project which focused on improving the effectiveness of its decision making arrangements around statutory assessments; issuing new Education, Health and Care (EHC) Plans; and allocating resources to meet the needs of children and young people. The two

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Recommendation	Action taken
	<p>main aims of the project were to ensure that requests for new EHC Plans and additional resources received appropriate scrutiny and challenge and that statutory partners engaged in the process. The project involved adopting the MINDSPACE Framework to help influence people’s behaviour and reduce avoidable demand in the system.</p>
<p>Develop the local offer to meet the increasing number of children and young people with EHC Plans and a primary need of ASD</p>	<p>Warrington’s application to the Department for Education to open an ASD free school was successful in 2018 and was due to open in 2021. The new school offers 56 places for children and young people from Key Stage 2 to Key Stage 4. Due to the pandemic the opening has been postponed until 2023.</p>
<p>Identify children with SEND at the earliest opportunity to support better forecasting for school places and planning for other provision</p>	<p>The co-location of early years’ staff and health professionals in Warrington’s children’s centres has strengthened the early identification of needs in young children and all pre-school referrals are considered by the multi-disciplinary Early Years Inclusion Panel, which acts as a single point of entry for concerns about younger children. This was noted as a strength in Warrington’s 2018 SEND Inspection.</p>
<p>Of those who responded to the short breaks survey indicated that there needed to be more short breaks provision for parents including outreach support</p>	<p>An outreach offer has been put in place and delivered from Westland Drive Respite Centre. Additionally the Aspire Holiday Club runs for children with SEND from Woolston learning Village as a specialist provision.</p>
<p>Develop sufficient childcare, holiday provision, before and after school clubs to account for new demand in the system and to meet the statutory changes which have introduced 30 hours free childcare</p>	<p>Provision has been expanded to meet the demand for 30 hours free childcare.</p>
<p>Develop appropriate (local) post 16 – 25 provision so that young people have access to opportunities near home and are not travelling out of area</p>	<p>Post 16 there is more work to do around developing the post 16 offer for young people with SEND as the proportion of young people not in education, employment and training (NEET) is too high. The Council has purchased a number of houses to help young people with similar needs to live independently post 19 and this has helped to increase the proportion of adults with learning difficulties in settled accommodation which is well above the national average. The Council has also initiated a project to strengthen the post 19 offer further and will be working in consultation with health and parents and carers to develop services which can compete with the independent market,</p>

Recommendation	Action taken
	particularly in relation to learning and independent skills development.
Ensure that there are effective performance management arrangements for identifying need and monitoring performance of SEND across the health economy	Warrington's SEND Dashboard and the SEND Chapter of the Self View has been put in place. These documents provide an overview of performance across the whole SEND system. There is an opportunity to review and refresh these documents on a quarterly basis via the SEND Partnership Board.
Review the responsibilities of the Designated Medical Officer (DMO)/ Designated Clinical Officer (DCO) and ensure that the key duties are addressed.	An experienced DCO has been appointed and additional capacity created through the role of the Deputy DCO to ensure that the key duties set out in the SEND of Practice are being addressed.

1.4 Recommendations for commissioners

1.4.1 This JSNA highlights the following recommendation for commissioners to:

- Review Warrington's graduated approach so that children and young people with suspected SEND are identified at the earliest opportunity and escalated in line with the thresholds of need.
- Adopt a whole family approach when working with children and young people with SEND.
- Ensure that delegated nursing tasks to school support staff comply with the guidance put in place by the Royal College of Nursing and Unison prior to any nursing task being delegated to a school. This includes making sure that the tasks are appropriately funded by health commissioners where they exceed the expectations on schools to fund high needs above the threshold of the notional budget.
- Increase the awareness of the thresholds for personal health budgets and continuing care so that education and social care professionals understand how to access help and support for children and young people presenting with complex health needs.
- Increase the level of school nursing input in the designated provisions and the special schools in light of the growth of the school population with complex medical and health needs requiring support.
- Ensure that there is a consistent approach to managing the long term health conditions (diabetes, epilepsy, asthma, etc.) of pupils in mainstream schools.

- Review the pathway for children and young people with SLC needs so that parents/carers and education and health professionals understand both the referral and assessment process and local offer in relation to treatment options.
- Given the increase in children presenting with SLC needs in schools review the service commissioned so that programmes of support for pupils are put in place promptly and that interventions are effective and evidence based.
- Ensure that specialist health services have effective recruitment plans in place to fill the vacancies in the SLC, Physio Therapy, and Occupational Therapy Service, CAMHS which will enable them to reduce waiting times for services.
- Through the Mental Health Support Teams (MHST) programme in schools to continue to improve access to training, consultation and direct access to mental health support services.
- Develop support for children and young people with suspected neurodiverse conditions so that they have timely access to Child and Adolescent Mental Health Services.
- Increase the take-up and improve the quality of Annual Health Checks for young people from the age of 14 years so that young people's emerging health needs are identified at the earliest opportunity and addressed by primary care services.
- Review the number and designation of places established in Warrington's Designated Provisions so that there continues to be sufficient places in the medium and long term which can meet the anticipated increase in demand for places for children and young people with ASD and Cognition and Learning needs.
- Expand the number of special school places, specifically to meet the needs of children:
 1. With complex SEND in the early years and reception
 2. With SEMH and ASD who are placed in independent and out of borough provision
 3. For young people post 16 years.
- Keep SEND school place planning under review on an annual basis to ensure that forecasts for places are adjusted in line with annual changes in need.
- Review the use of Woolston Learning Village and consider moving the specialist post 16 offer to an alternative site based in central Warrington given the increase in demand for special school places and the anticipated growth the 16-25 population.

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- Put in place appropriate post 16 curriculum pathways for young people with SEND) which enable them participate in local education, employment or training opportunities which are meaningful and prepare them adulthood.
- Continue to develop the number of internships, apprenticeships and supported employment opportunities so that young people with SEND and adults with Learning Difficulties are able to maintain long term meaningful employment.
- Ensure that front line services have the appropriate capacity to manage the increased demand for support services so that the Council and the CCG complies with their statutory obligations.
- Continue to develop supported accommodation options for young people who will require long term adult social care interventions which supports them to live independently.
- Review the transitional process between children's and adults health services so that there is a consistent offer in place which enable young people to continue to have access to specialist health services such as occupational therapy, physiotherapy, speech and language, etc. in line with their health needs.
- Put in place joint commissioning arrangements for the SEND IASS so that the Council and the CCG comply with their statutory duties in the SEND Code of Practice and the Minimum Standards for SEND IASS services.

Section 2: Introduction

2.1 Definitions

2.1.1 Special Educational Needs

The Children and Families Act 2014¹ defines a child or young person to have Special Education Needs (SEN) as follows:

- A learning difficulty or disability which calls for special educational provision to be made for him or her;
- A significantly greater difficulty in learning than the majority of others of the same age; and
- A disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

2.1.2 Disability

The 2010 Equality Act describes a disability as a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. 'Long-term' is defined as one year or more and 'substantial' is defined as more than minor or trivial². This includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but under the SEND Code of Practice 2014 if a disabled child or young person requires special educational provision to be made for them they are categorised by the SEN definition above³.

2.1.3 Areas of need

The SEND Code of Practice⁴ identifies four broad areas of need and support:

- Communication and interaction – Speech, Language and Communication Needs (SLCN), Autistic Spectrum Disorder (ASD)
- Cognition and learning – Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD), Profound Multiple Learning Difficulties (PMLD), Specific Learning Difficulties (SpLD)
- Social, emotional and mental health (SEMH)
- Sensory and/or physical needs – Vision Impairment (VI), Hearing Impairment (HI), Multi-Sensory Impairment (MSI), Physical Impairment Disability (PID).

¹ Children and Families Act, 2014, <https://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted>

² Equality Act, 2010, <https://www.legislation.gov.uk/ukpga/2010/15/contents>

³ SEND Code of Practice: 0 to 25 years, 2014, Department for Education, <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

⁴ Ibid

2.2 Levels of support

Pupils with SEN are currently provided with one of the following interventions in school to support their learning and development:

- **Individual Healthcare Plan** - These are designed to keep children with medical conditions safe and well at school. They should also support children to fully engage in school life and fulfil their potential. Where the child has a SEN and/or an EHC plan, the Individual Healthcare Plan should be linked to any other Plans in place for that child⁵.
- **SEN Support** - Extra or different help is given to the child other than that provided as part of the school's usual curriculum. The class teacher and Special Educational Needs and Disabilities Coordinator (SENDCo) may receive advice or support from outside specialists. The pupil does not have an EHC Plan⁶.
- **EHC Plan** - An EHC Plan is put in place for a child/young following a formal assessment of their education, health and care needs. The EHC Plan sets out the child's needs and the extra help they should receive to support their development and meet their care needs⁷.
- **Personal Education Plans** – These are in place for children in the care of the local authority to support their educational outcomes and achievement. The PEP is reviewed on a termly basis with the designated teacher, young person, social worker, carer and virtual school. The PEP includes information on the provision required to meet the needs of the pupil. It contains information on pupils' strengths and achievements, views of the pupil, SMART academic targets and current and target attainment data.

2.3 Statutory framework

The Children and Families Act in 2014 introduced significant reforms to the statutory framework for identifying, assessing and making provision for children and young people with SEND⁸ with the aim of establishing greater levels of collaboration and integration between education, health and social care services. Under the Act and accompanying SEND Code of Practice the following provisions were made:

- **Birth to 25** – Support was extended from compulsory school aged children to all children and young people from birth to the age of 25 years.
- **Multi-agency support** - The Act set an expectation for areas to establish a system wide response across education, health and social care to assess, plan and commission

⁵ Supporting Pupils with Medical Conditions at School Statutory Guidance, 2014, Department for Education, <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

⁶ SEND Code of Practice: 0 to 25 years, 2014, Department for Education, <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

⁷ Ibid

⁸ Children and Families Act, 2014, <https://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted>

provision for those children and young people with SEND.

- **Education, Health and Care Plans** - Statements were replaced with Education, Health and Care (EHC) Plans and health commissioners under the Act have a duty to deliver the health care services specified in EHC Plans in the same way that local authorities are required to secure education and social care provision.
- **Local Offer** – Local authorities are required to publish a detailed directory of what local support there is available for children and young people with SEND with the aim of making it easier for parents/carers to access the services they need.
- **Personal Budgets** - Parents/carers have the right to request a personal budget to enable them to directly purchase some or all of the provision set out in their child's EHC plan.
- **Coproduction** - Organisations are required to involve parents/carers and children/young people in discussions and decisions about every aspect of the planning, delivery and review of the care and support put in place to meet the outcomes described in the child's EHC Plan. They must also take steps to work with families and coproduce any wider SEND plans or policies which will affect them, including the JSNA.
- **Information, Advice and Support Services** – Commissioners are required to provide children and young people with SEND and their families free confidential and impartial information, advice and support on all matters relating to SEND.
- **Dispute resolution** – Local authorities are required to commission an independent disagreement resolution services as a way to resolve issues with parents/carers without the need for tribunal appeals wherever possible.
- **SEND Tribunals** - The right of parents/carers to appeal a decision made in relation to the education provision for their child has been extended to young people in further education and training so that they are able to challenge and appeal decisions about the support they receive to the tribunal themselves. As of April 2018, powers were extended even further to include the right to appeal decisions in relation to the health and social care provision (in addition to education provision), as part of a national trial.

These changes were implemented alongside other major national reforms such as:

- The academisation of maintained schools/settings which prevents local authorities from building new maintained schools and directing academies/free schools to expand their provision⁹.
- Changes to the curriculum and the focus on Progress 8 and English Baccalaureate (EBacc) subjects which have been attributed to an incentive for schools to exclude and

⁹ Academies Act 2010, 2010, <https://www.legislation.gov.uk/ukpga/2010/32/contents>

off-roll children and young people with additional needs¹⁰.

2.4 Regulatory framework

OFSTED and the Care Quality Commission (CQC) began a five year programme of joint inspections of local areas arrangements for SEND in May 2016. Inspections run over two weeks and focus on the following three main aspects of local areas' performance:

- The identification of SEND among the local population
- Meeting the needs of children and young people who have SEND
- Improving the outcomes for children and young people who have SEND.

These areas provide the main headings for the inspection findings. There is no grading judgement from outstanding to inadequate as in other inspections, but where inspectors have significant concerns about a local area's performance the responsible local authority and the clinical commissioning group(s) are required to produce a Written Statement of Action explaining how those concerns will be dealt with.

2.5 Funding system

2.5.1 Education provision

Funding for pupils with SEND is allocated from the High Needs Block of the Dedicated Schools Grant and it is for local authorities, in agreement with their schools forums, to determine the allocation for pupils with SEND.

Mainstream schools are required to meet the costs of additional support for pupils with SEN up to £6,000 from their own school budget (known as notional SEN funding).

Place funding for special schools has been set nationally at £10,000 per pupil, and extra 'top-up' funding can be provided by the local authority to meet the cost of any additional provision. This level of funding may also be provided for some pupils in specialist SEN units and resourced provision in mainstream schools. 19 to 25 year olds are required to have an EHC plan to access the top up fund.

Table 2: Total high needs block funding allocations

Financial year	Cash terms	Real terms 20/21
2014/15	£5.18	£5.82
2015/16	£5.25	£5.85
2016/17	£5.30	£5.76
2017/18	£5.83	£6.23
2018/19	£6.12	£6.39
2019/20	£6.28	£6.40

¹⁰ Forgotten children: alternative provision and the scandal of every increasing exclusions, 25 July 2018, <https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/342/34202.htm>

2020/21	£7.06	£7.06
% change over period	+36%	+21%

Source: Briefing Paper Number 07020, 20 November 2020, Special Educational Needs: support in England

On the 10 February 2021, the Department for Education launched a consultation on the way that High Needs Funding is distributed as part of a longer term review of the National Funding Formula. The first stage sets out the following proposals to:

- Replace the historic spend factor in the formula with actual spend data from 2017/18 (for 2022/23 allocation) to address the cost pressures that local areas face
- Increase the significance of the historic spend factor in the funding formula based on actual expenditure (for 2022/23 allocation)
- Find an alternative to the historic spend factor with a more appropriate indicator of local need
- Substitute 2020 and 2021 low attainment data factor with data from 2019 in light of the cancellation of examinations due to the pandemic
- Consider other measures which could replace the existing proxy measures in the formula.

2.5.2 Personal budgets

The personal budget is the notional amount of money that can be provided at the request of a parent/carer by either local authorities or CCGs to cover the cost of providing education, health or social care provision specified in the child's EHC plan. This can be a direct payment to the family to organise the provision themselves.

In certain circumstances, the local authorities and CCGs can refuse to provide a personal budget if the provision is being delivered and cannot be disaggregated from the overall larger budget (i.e. commissioned services such as speech and language therapy or occupational therapy).

2.5.3 Continuing care

Children and young people with very complex health needs who require additional health support different to that which is routinely available from GP practices, hospitals or in the community are entitled to an additional package of care known as Continuing Care.

The CCG has responsibility for assessing children and young people in line with the National Framework and Decision Support Tool and putting in place the provision required to meet the child's needs.¹¹

¹¹ Children and young people's continuing care national framework, 22 January 2016, <https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework>

Section 3: Factors which are likely to increase a child's chances of developing SEND and why?

The following section has been sourced from the Houses of Parliament Postnote Number 450 December 2013¹².

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

By understanding the risks identified through national research, strategic support across services can be put in place much earlier for children and young people living in Warrington, including targeted support such as Early Help.

3.1 Pre and perinatal factors

“Certain biological and environmental factors during pregnancy and shortly after birth increase the risk of children developing conditions classed as SEN. Some disorders result from genetic mutations during foetal development, such as Down’s syndrome. Environmental factors, such as maternal alcohol and drug use in pregnancy can lead to conditions such as Foetal Alcohol Spectrum Disorder (FASD), which results in SEN”¹³.

3.2 Prematurity

“Premature birth is another significant risk factor that is suggested to account, in part, for the increase in children with Complex Learning Difficulties and Disabilities. Babies are classified as premature if they are born before 37 weeks of gestation. The number of babies born before 25 weeks of gestation who survived increased by 13% between 1995 and 2006. Prematurity is linked to impaired brain development. The more premature a baby is, the more likely he or she is to develop SEN. The risk of developing SEN increases substantially for babies born before 32 weeks although all those born prematurely are at greater risk. These children are typically placed in school year groups according to their actual birthday rather than their expected due date which may exacerbate their risk of developing SEN, particularly for those born in summer”¹⁴.

3.3 Social background

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

¹² Special Educational Needs, Postnote Number 450 December 2013, Houses of Parliament, <https://researchbriefings.files.parliament.uk/documents/POST-PN-450/POST-PN-450.pdf>

¹³ Ibid, Page 2

¹⁴ Ibid, Page 2

SEN”¹⁵.

3.4 Gender

“Boys are twice as likely as girls to receive support for SEN. Research shows that several learning difficulties, including autism, are more common in boys. However, it has been suggested that in some cases this may be due to girls’ needs being less obvious since they are less likely to display poor behaviour compared with boys”¹⁶.

3.5 Ethnicity

“Ethnicity is related to the likelihood of a child being identified with SEN, even when social background is accounted for, although not as strongly as poverty or gender. In addition, the type of SEN varies with ethnicity. An analysis of the 2005 School Census found that, for example, pupils of Asian heritage were less likely to be identified as having autism spectrum disorder than White British pupils. It is not known what drives these differences, but cultural factors could contribute, which may lead to varied levels of take up of interventions or greater difficulties in identification”¹⁷.

¹⁵ Ibid, Page 2

¹⁶ Page 2 - Special Educational Needs, Postnote Number 450 December 2013, Houses of Parliament, <https://researchbriefings.files.parliament.uk/documents/POST-PN-450/POST-PN-450.pdf>

¹⁷ Ibid, Page 2

Section 4: Evidence of what works for children and young people with SEND

What works best for children and young people with SEND depends upon the nature of children's needs. The next section sets out the evidence based approaches around supporting the education, health and care needs of children and young people with SEND.

4.1 Early identification of need

The benefits of early intervention are widely recognised as set out in the 2011 Graham Allen Review which underlined that identifying need at the earliest opportunity, and then making effective evidence based provision, improves long-term outcomes for children and young people.¹⁸

Health professionals have an important role to play in early identification of SEND through neonatal screening programmes and the Healthy Child Programme. Health workers can make referrals for specialist support and may be involved in ensuring children are school ready and/or supporting their additional health care needs (such as mobility issues, continence or asthma) and complex needs (such as respiratory support needs).

In their 2018 visit to Warrington, OFSTED and the CQC noted:

“Children’s needs are generally identified well before they start school. This leads to the timely assessment of need and the provision of appropriate and effective support through a coordinated multi-agency approach. The early years inclusion panel acts as a single point of entry for all early concerns.”¹⁹

“Early years staff work closely with healthcare professionals. They are co-located in children’s centres, which helps to further strengthen joint working. Children’s centre staff also have strong links with the neonatal unit at Warrington Hospital. This proactive approach helps to identify the needs of babies and their families at the earliest point.”²⁰

4.2 Supporting children’s learning and development in school

4.2.1 Deployment of Teaching Assistants

The largest and most detailed study of the impact of Teaching Assistants in mainstream schools found that the pupils with SEN receiving Teaching Assistant support made less progress than similar pupils who received little or no support. The more support pupils received, the less progress they made.²¹

¹⁸ Early intervention: the next steps, January 2011, Graham Allen, <https://www.gov.uk/government/publications/early-intervention-the-next-steps--2>

¹⁹ Joint local area SEND inspection in Warrington, OFSTED & CQC, 6 February 2019, <https://reports.ofsted.gov.uk/provider/44/80575>

²⁰ Ibid, page 3

²¹ Deployment and impact of support staff project, Institute of Education, University of London, August 2009, <http://maximisingtas.co.uk/assets/content/dissrsum.pdf>

However, the Education Endowment Foundation have funded a number of trials which have shown that effective deployment of Teaching Assistants can have a positive impact and Making Best Use of Teaching Assistants²² contains seven recommendations to maximise the effectiveness of Teaching Assistants in the classroom:

Table 3: Deployment of Teaching Assistants

The effective use of under everyday classroom conditions	<ol style="list-style-type: none"> 1. TAs should not be used as an informal teaching resource for low attaining pupils 2. TAs should be used to add value to what teachers do, not replace them 3. TAs should be used to help pupils develop independent learning skills and manage their own learning 4. TAs should be fully prepared for their role in the classroom
The effective use of TAs in delivering structured interventions out of class	<ol style="list-style-type: none"> 5. TAs should be used to deliver high quality one-to-one and small group support using structured interventions 6. Schools should adopt evidence-based interventions to support TAs in their small group and one to one instruction
Integrating learning from work led by teachers and TAs	<ol style="list-style-type: none"> 7. Teachers and TAs should make explicit connections between classroom teaching and the structured interventions delivered away from the classroom

4.2.2 Communication and interaction

The Education Endowment Foundation’s research has found that reading capability is an important predictor of academic achievement²³ and that a focus on oral language skills was especially important for pupils from disadvantaged pupils and where English was an additional language²⁴.

The Education Endowment Foundation has put in place a number of guidance reports and toolkits for teachers on more targeted and specialist interventions across the early years, Key Stage 1 and Key Stage 2.

4.2.3 Cognition and learning

The Education Endowment Foundation reports that “...**high-quality, structured interventions are key to supporting pupils who need additional support to learn**”. The Foundation’s list

²² Making the best use of Teaching Assistants, Education Endowment Fund, 2018, [TA_Guidance_Report_MakingBestUseOfTeachingAssistants-Printable.pdf](https://www.educationendowmentfoundation.org.uk/TA_Guidance_Report_MakingBestUseOfTeachingAssistants-Printable.pdf) ([educationendowmentfoundation.org.uk](https://www.educationendowmentfoundation.org.uk))

²³ Review of SES and Science Learning in Formal Educational Settings, University of Oxford and Education, Endowment Foundation, September 2017, [Review_of_SES_and_Science_Learning_in_Formal_Educational_Settings.pdf](https://www.educationendowmentfoundation.org.uk/Review_of_SES_and_Science_Learning_in_Formal_Educational_Settings.pdf) ([educationendowmentfoundation.org.uk](https://www.educationendowmentfoundation.org.uk))

²⁴ EAL and Education Achievement in England, 2015, University of Oxford and Education, Endowment Foundation, [English as an Additional Language \(EAL\) | Education Endowment Foundation | EEF](https://www.educationendowmentfoundation.org.uk/EAL_and_Education_Achievement_in_England)

of Promising Projects²⁵ and the Institute for Effective Education's Evidence4Impact²⁶ database are useful sources for commissioners and educators on evidence based interventions for pupils with cognition and learning needs.

4.2.4 Social emotional and mental health

There is a growing evidence base regarding approaches that address social, emotional and mental health. The Education Endowment Foundation Teaching and Learning Toolkit strands on social and emotional learning²⁷ and behaviour interventions²⁸ focuses on pupils with specific and severe emotional or behavioural needs, rather than 'low-level classroom disruption'. Ongoing EEF research into the area of social, emotional and mental health includes trials of Healthy Minds²⁹, Engage in Education³⁰ and Changing Mindsets³¹.

4.2.5 Reducing the attainment gap

The Education Endowment Foundation's SEND Evidence Review³² sets out five evidence-based recommendations for mainstream primary and secondary to support pupils with SEND:

1. Create a positive and supportive environment for all pupils without exception
2. Build an ongoing, holistic understanding of your pupils and their needs
3. Ensure all pupils have access to high quality teaching
4. Complementing high quality teaching with carefully selected small-group and one-to-one interventions
5. Work effectively with teaching assistants.

4.2.6 Reducing exclusions

Contact a Family (2013) developed a series of recommendations from a report they produced which examined illegal exclusions for disabled children. However, the following recommendations could be adopted regardless of an exclusion being legal or illegal.

"A child with a disability, SEN or additional need should never be barred from school or college, a classroom activity or trip because of insufficient support. Schools need swift access to specialist support services, and all agencies including the school, health and local authority must work together in partnership with the parent to ensure the pupil gets the help they need to succeed"³³.

²⁵ Promising Projects, Education Endowment Fund, [Promising Projects | Education Endowment Foundation | EEF](#)

²⁶ Evidence 4 Impact, Institute for Effective Education, [Evidence 4 Impact – Institute for Effective Education \(the-iee.org.uk\)](#)

²⁷ Social and emotional learning, Education Endowment Foundation, [Social and emotional learning | Toolkit Strand | Education Endowment Foundation | EEF](#)

²⁸ Behaviour interventions, Education Endowment Foundation, [Behaviour interventions | Toolkit Strand | Education Endowment Foundation | EEF](#)

²⁹ Healthy Minds, Education Endowment Fund, [Healthy Minds | Projects | Education Endowment Foundation | EEF](#)

³⁰ Engage in Education, Education Endowment Foundation, [Engage in Education | Projects | Education Endowment Foundation | EEF](#)

³¹ Changing Mindsets, Education Endowment Foundation, [Changing Mindsets | Projects | Education Endowment Foundation | EEF](#)

³² SEND Evidence Review, Education Endowment Foundation, [Special Educational Needs & Disabilities | Education Endowment Foundation | EEF](#)

³³ Falling through the net, Contact a Family, 2013, https://contact.org.uk/media/639982/falling_through_the_net_-

“The most frequently excluded children with a disability, SEN or additional need are those who have conditions which affect behaviour. Schools should take early action to tackle the underlying cause, and to put in support before a crisis occurs. There should be an obligation on schools to consider moving the pupil to the next level of school-based support, and/or requesting a statutory assessment”³⁴.

“Exclusion can have a wider financial, social and emotional impact on the family. Families under pressure are often less able to support their children. The well-being of the family should always be taken into account when disciplinary decisions are made”³⁵.

4.2.7 SEND Support

A study³⁶ from the Education Policy Institute has found that a child and young people's access to SEND support is largely determined by the school they go to, rather than their individual circumstances. The longitudinal research, which tracked hundreds of thousands of pupils from a single year group through primary school, reveals that the huge variation in SEND support for children can be explained by inconsistent approaches to identifying children.

The findings also show that the following groups of children have a reduced chance of being identified with SEND compared with otherwise similar children, including those:

- Attending academy schools
- Living in the most disadvantaged areas of the country
- Who move school and/or are frequently out of school
- Who have suffered abuse or neglect.³⁷

4.2.8 Whole School SEND

The Whole School SEND Consortium is hosted by NASEN and provides its members with resources to support education specialists working with pupils with SEND.

NASEN in conjunction with the Department for Education and the Education Endowment Foundation, have developed the SEND Review process to help schools to evaluate the effectiveness of their SEND provision, and then implement a bespoke action plan to target areas of priority and drive improvement.

The process consists of 6 stages:

1. Identification: School identifies the need for a SEND Review.

[_illegal_exclusions_report_2013_web.pdf](#)

³⁴ Ibid

³⁵ Ibid

³⁶ Ibid

³⁷ Identifying pupils with SEND, March 2021, Education Policy Institute and Nuffield Foundation, [SEND-Identification_2021-EPI.pdf](#)

2. Self-evaluation: School completes a self-evaluation of current provision.
3. Preparation: The peer reviewer requests preparatory information, analyses relevant data and confirms visit.
4. School visit: The peer reviewer visits the school, collects evidence and delivers feedback.
5. Reporting: The peer reviewer submits a written report within a timescale agreed with the school.
6. Follow-up: Follow-up visits and support.

The Review focuses in the following eight areas of interest:

- Outcomes for pupils with SEND
- Leadership of SEND
- The quality of teaching and learning for SEND
- Working with pupils and parents/carers of SEND
- Assessment and identification
- Monitoring, tracking and evaluation
- The efficient use of resources
- The quality of SEND provision.

The SEND Review process is based on the premise that excellent teaching for pupils with SEND is excellent teaching for all. The process signposts schools to the EEF Teaching and Learning Toolkit when looking for evidence-based interventions to meet SEND pupils' needs. However, the evidence base for specific SEND interventions is weak in secondary schools, because very few high-quality evaluations have been conducted with this age group. This project seeks to address this gap.

Warrington Borough Council has adopted the SEND Review process and there is a programme in place to review its designated and specialist provisions, as well as settings in the independent and non-maintained sector.

4.3 Supporting children's health needs

The National Institute for Health and Care Excellence (NICE) have produced a number of evidence based guidelines to support children and young people with SEND. Local commissioners and healthcare providers have a responsibility to apply the guidelines when individual professionals and people using services wish to use it. They should do so in the

context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

- Transition from children's to adults' services for young people using health or social care services ([NG43, 2016](#));
- Learning disabilities: challenging behaviour ([QS101, 2015](#));
- Looked-after babies, children and young people ([pathway, 2016](#));
- Attention deficit hyperactivity disorder overview ([pathway, 2017](#));
- Antisocial behaviour and conduct disorders in children and young people overview ([pathway, 2017](#));
- Autism spectrum disorder in under 19s: recognition, referral and diagnosis ([NICE guideline CG128, 2017](#)).

Section 5: National prevalence of SEND

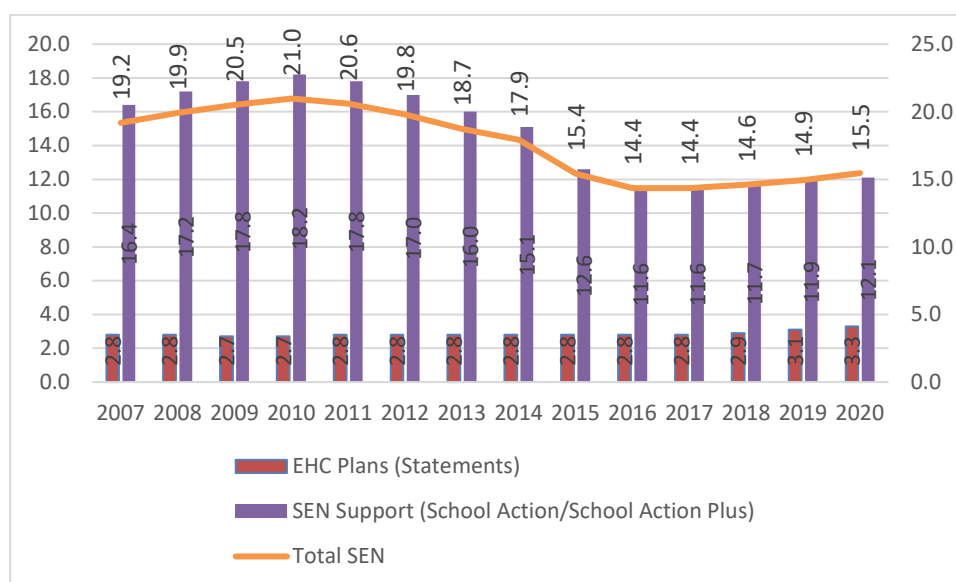
The following section looks at the prevalence of SEND nationally, information has been grouped into the same categories that the Department of Education use when presenting information relating to the primary need of the child.

5.1 Special educational needs in schools

5.1.1 Trends

Overall there has been a significant decline in the number of pupils with SEN known to schools in England from 1,562,540 (19.2% of pupils) in 2007 to 1,373,800 (15.5% of pupils) in 2020 driven mainly by the reduction in the number of pupils with SEN Support needs which shrunk from 1,449,685 to 1,079,000.

Chart 1: Special educational needs in England 2007/20



Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

The number of pupils with an EHC Plan, however, rose 27% between 2014 and 2020 in contrast to the total school population which only increased by 7%³⁸. This is largely a result of the SEND reforms introduced by the Children and Families Act 2014 which expanded the entitlement to an EHC Plan to children under 5 and young people 19 to 25 years. The National Audit Office’s evaluation of how well SEND pupils needs are supported found that the **“system for supporting pupils with SEND is not, on current trends, financially sustainable”**³⁹ despite the overall decline in pupils with SEN being identified. This they argue is because the current system has incentivised mainstream schools to be less inclusive and has resulted in increased

³⁸ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

³⁹ Page 11, Support for pupils with special educational needs and disabilities in England, 11 September 2019, National Audit Office, <https://www.nao.org.uk/report/support-for-pupils-with-special-educational-needs-and-disabilities/>

demand for special school places (including independent schools).

5.1.2 Primary areas of need

Since 2014 the three most common areas of primary need for all pupils with SEN have been SLCN, MLD, SEMH needs. In 2019 SLCN passed MLD as the most common area of need for the first time nationally.⁴⁰

Table 4: Primary need all pupils with SEN

	2014	2015	2016	2017	2018	2019	2020
SLCN	20.6	18.8	19.5	20.5	21.1	21.7	21.9
MLD	19.2	23.8	24.2	22.7	21.6	20.4	18.9
SEMH	20.5	16.7	16.3	16.3	16.6	17.1	18.3
SLD	10.0	13.4	13.3	12.8	12.6	12.5	12.2
ASD	11.3	9.0	8.8	9.5	10.3	11.0	11.8
Other Difficulty/Disability	4.3	5.0	4.9	4.7	4.6	4.4	4.2
No specialist assessment of need		2.8	3.2	3.6	3.3	3.3	3.2
PD	4.0	3.0	2.9	2.9	3.0	2.9	2.9
SLD	4.6	3.2	2.9	2.8	2.8	2.7	2.6
HI	2.4	1.9	1.8	1.8	1.9	1.8	1.8
VI	1.4	1.1	1.0	1.0	1.1	1.1	1.0
PMLD	1.6	1.1	1.0	1.0	0.9	0.9	0.9
MSI	0.2	0.2	0.2	0.2	0.3	0.3	0.3

Source: National statistics on special educational needs in England, 2007 to 2020

SLCN was also the most common type of need for pupils on SEN support - 23.7% of pupils had this type of primary need. ASD remains the most common primary type of need for pupils with an EHC Plan, with 30.1% of pupils reporting this primary type of need. This has increased significantly since 2014 when only 22.9% had a need of ASD – this reflects more effective assessment processes for neurological conditions as advised in the NICE Guidelines.⁴¹

5.1.2 Secondary areas of need

There are high rates of comorbidity of need in specific conditions. For example children with epilepsy may have associated developmental disorders affecting their capacity to learn, such as SLD and ASD. Pupils experiencing frontal lobe epileptic seizures may also exhibit some challenging behaviours.⁴²

For the purposes of the School Census, the Department for Education asks schools to identify a secondary need where pupils exhibit multiple needs which is used to understand the incidence of different types of need across all

⁴⁰ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁴¹ Ibid

⁴²

children attending schools in England.

Since 2016 the three most common areas of secondary need for all pupils requiring SEN Support have been SEMH needs, SLCN and MLD.⁴³

Table 5: Secondary needs - pupils requiring SEN support

	2016	2017	2018	2019	2020
Social, Emotional and Mental Health	4.1	4.1	4.2	4.3	4.3
Speech, Language and Communications needs	3.4	3.7	3.9	3.9	3.8
Moderate Learning Difficulty	3.6	3.7	3.7	3.6	3.4
Specific Learning Difficulty	1.8	2	2	2.1	2
Other Difficulty or Disability	1.5	1.5	1.6	1.5	1.4
Autistic Spectrum Disorder	0.7	0.8	1	1.1	1.2
Physical Disability	0.6	0.6	0.6	0.6	0.6
No specialist assessment of type of need	0.4	0.5	0.5	0.5	0.6
Hearing impairment	0.3	0.3	0.3	0.3	0.3
Visual impairment	0.2	0.2	0.2	0.2	0.2
Multi-sensory Impairment	0.1	0.1	0.1	0.1	0.1
Severe Learning Difficulty	0.1	0.1	0.1	0.1	0.1
Profound and Multiple Learning Difficulty	0	0	0	0	0

Source: National statistics on special educational needs in England, 2007 to 2020

For pupils with an EHC Plan the most common types of need were SLCN, ASD and MLD.⁴⁴

Table 6: Secondary needs - pupils with an EHC Plan

	2016	2017	2018	2019	2020
Speech, Language and Communications needs	11.8	12.3	12.7	12.4	12.3
Autistic Spectrum Disorder	5.4	5.8	6	6.2	6.2
Moderate Learning Difficulty	6.2	6.2	6.2	6	5.9
Social, Emotional and Mental Health	5.4	5.6	5.7	5.7	5.8
Severe Learning Difficulty	2.8	3.1	3.2	3.1	2.9
Other Difficulty or Disability	2.7	2.8	2.8	2.8	2.7
Physical Disability	3	2.9	2.8	2.7	2.5
Specific Learning Difficulty	2	2.1	2.1	2.1	2.2
Visual impairment	1.4	1.4	1.4	1.2	1.1
Hearing impairment	0.9	1	0.9	0.9	0.8
Multi-sensory Impairment	0.4	0.4	0.4	0.4	0.4
Profound and Multiple Learning Difficulty	0.4	0.4	0.4	0.4	0.4
SEN support but no specialist assessment of type of need	0.1	0.1	0	0	0

Source: National statistics on special educational needs in England, 2007 to 2020

⁴³ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁴⁴ Ibid

5.1.3 Gender

SEN tends to be more prevalent in boys than girls. In 2020, 73.1% of all pupils with an EHC plan are boys. This is a small increase on 2019, when 72.9% were boys. The gap between boys and girls was narrower for SEN support, with boys making up 64.6% of all pupils with SEN Support in 2020.⁴⁵

There have been numerous studies on gender prevalence for SEN in North America and Europe most of which conclude that boys are most likely to be identified than girls. Evidence suggests that this is because girls are better at camouflaging their needs which in turn results in under diagnosis of certain conditions (specifically where diagnosis relies on observation of behaviour). For example, in children with ASD boys are three more times likely to be diagnosed than girls. However, in children with ASD and a learning disability the ratio moves closer to two to one. In 'The Female Autism Phenotype and Camouflaging' it is argued that girls present differently than boys in a way that means they do not meet current diagnostic criteria which results in girls not being diagnosed.⁴⁶

5.1.4 Age

In 2020 SEN was most prevalent at age of 10 years. The percentage of pupils who had SEN increased alongside age through primary years, up to a peak of 19.0% of pupils at age 10. It then declined through secondary ages, down to 15.4% at the age 15. This pattern is driven by SEN support, which increases in primary ages to 15.2% at age 10, before decreasing to 12.9% at age 11 and continuing to decrease at a slower rate through secondary years to 11.4% by age 15. However, the percentage of pupils with an EHC Plan continues to increase as age increases, all through primary and secondary school ages, from 2.4% at age 5, to 3.8% at age 10, and to 4.0% by age 15.⁴⁷

This pattern has been in place since the First Statistical Release in 2010 and whilst there are no studies into why this occurs it suggests that pupils with SEND are more likely to have their needs met on SEN Support in primary school and with an EHC Plan in secondary schools.

5.1.5 Pupils eligible for Free School Meals (FSM)

As in previous years, pupils with SEN were more likely to be eligible for free school meals in 2020 - 34.6%, more than double that for pupils with no SEN (14.9%). The percentage of pupils with SEN Support eligible for free school meals was 29.9%. Each of these figures shows an increase on 2019, in line with increases seen in the overall pupil population for free school meals since the introduction of transitional protections which has resulted in pupils retaining their eligibility even if their circumstances change.⁴⁸ This correlates to the research which

⁴⁵ Ibid

⁴⁶ The Female Autism Phenotype and Camouflaging: a Narrative Review, Laura Hull, K.V. Petrides, William Mandy, Review Journal of Autism and Developmental Disorders, 22 January 2020

⁴⁷ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁴⁸ Ibid

indicates that children from deprived social backgrounds have an increased risk of being identified with SEN.

5.2 Long term health conditions

According to the Equality Act 2010⁴⁹, children with long-term health conditions can be defined as having a disability if it is long-term and has a substantial adverse effect on their ability to carry out normal day-to-day activities. It is important to note that not all children with a long term condition (LTC) will have SEN, or require an EHC Plan.

5.2.1 Asthma

This is the most common LTC and approximately 1.1 million children currently receive asthma treatment. Asthma is one of the top ten reasons for the emergency admission of children to hospitals. Despite the prevalence of asthma being evenly distributed across all socio-economic groups, the NHS highlight that children living in deprivation are more likely to be admitted to hospital for treatment as a result of being exposed to higher levels of tobacco smoke and environmental pollution.⁵⁰

Whilst there is not direct correlation between SEND and asthma, children are more likely to miss school days and this may impact on their learning and development. Schools are required to adopt the same strategies for all children who fall behind in their learning as a result of a medical condition.

5.2.2 Epilepsy

Epilepsy is the most common significant long-term neurological condition in childhood and affects an estimated 112,000 children and young people in the UK. Definitive diagnosis is difficult due to lack of specific diagnostic test, and therefore it is believed that both under and over diagnosis occurs. Recorded prevalence of epilepsy has reduced in recent years, which may partly reflect more specific diagnoses. However, even among those who have a diagnosis of epilepsy, up to a third continue to have seizures despite treatment. Epilepsy is associated with a higher risk of mental health problems. 37% of children with epilepsy have a co-existing mental health disorder, a higher prevalence than found in other long term childhood conditions.⁵¹

Generally, having epilepsy does not cause a learning disability. Some people may have epilepsy and learning disabilities, and both may be caused by the same underlying problem in the way their brain works. However, epilepsy is more common in people with a learning disability than in the general population:

- 32% of people with a mild to moderate learning disability also have epilepsy.

⁴⁹ Equality Act, 2010, <https://www.legislation.gov.uk/ukpga/2010/15/contents>

⁵⁰ State of Child Health, 2020, Royal College of Paediatrics and Child Health, <https://www.stateofchildhealth.rcpch.ac.uk>

⁵¹ Ibid

- 20% of people with epilepsy also have a learning disability.
- The more severe the learning disability, the more likely that the person will also have epilepsy.⁵²

5.2.3 Diabetes

In 2019, there were an estimated 36,000 children in the UK with diabetes under the age of 19, up from 31,500 in 2015. Type 1 diabetes constitutes 90% of diabetes in children and young people. Type 2 diabetes is much less common and is present in obese or overweight people, and in those of South Asian and Afro-Caribbean ethnicity. Unlike Type 1 diabetes, prevalence is strongly associated with deprivation. Diabetes is associated with long term health complications, especially if poorly controlled, such as kidney disease, heart disease and stroke.⁵³

Diabetes can affect a child's learning and can cause difficulties with attention, memory, processing speed and perceptual skills if it not managed well. Some children with diabetes will also have more absences than other students. Schools are required to adopt the same strategies for all children who fall behind in their learning as a result of a medical condition.

5.2.4 Disabilities

Results from the Family Resources Survey indicate that 8% of children are disabled in line with definition set out in the Disability Discriminate Act definition. Patterns of disability differed between sexes with boys having a higher rate overall and more likely than girls to experience difficulties with physical coordination; memory, concentration and learning; communication. Disabled children lived in different personal situations from their non-disabled counterparts, and were more likely to live with low-income, deprivation, debt and poor housing. This was particularly the case for disabled children from black/minority ethnic/mixed parentage groups and lone-parent households.⁵⁴

5.2.5 Learning disabilities

A learning disability affects the way a person learns new things in any area of life, not just at school. A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have more than one disability.⁵⁵

There are around 1.5 million people (all ages) and 351,000 children from birth to 17 years are

⁵² Epilepsy and Learning Disabilities, Epilepsy Society, <https://epilepsysociety.org.uk/learning-disabilities>

⁵³ State of Child Health, 2020, Royal College of Paediatrics and Child Health, <https://www.stateofchildhealth.rcpch.ac.uk>

⁵⁴ Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey, 2010, BMC Pediatrics, <https://bmcpediatr.biomedcentral.com/articles/10.1186/1471-2431-10-21>

⁵⁵ NHS Choices, Learning Disabilities, 2018, <https://www.nhs.uk/conditions/learning-disabilities/>

considered to have a learning disability in the UK.⁵⁶ A diagnosis of a Profound and Multiple Learning Disability (PMLD) is used when a child has more than one disability, with the most significant being a learning disability. Many children diagnosed with PMLD will also have a sensory or physical disability, complex health needs, or mental health difficulties. People with PMLD need a carer or carers to help them with most areas of everyday life, such as eating, washing and going to the toilet. According to the Department for Education 10,919 school aged children have a primary need of PMLD.⁵⁷

5.2.6 Learning difficulties

All children with a learning disability will also have a learning difficulty, however not all children with a learning difficulty will have a learning disability. Schools are very aware of children who have particular difficulties in learning. Every term they report to the Department for Education about the needs of pupils with SEND. There are four levels of learning difficulties: Specific Learning Difficulties (like dyslexia), Moderate Learning Difficulties, Severe Learning Difficulties and Profound and Multiple Learning Difficulties.

Specific Learning Difficulty (SpLD)

These children have been diagnosed with a specific difficulty, such as dyslexia. As at January 2020, approximately 155,825 pupils were known to schools in England where a specific learning difficulty was their primary need; this is approximately 1.8% of all pupils in schools⁵⁸.

Moderate Learning Difficulty (MLD)

These children have difficulty in all areas of learning and they may have speech and language delay. As at January 2020, approximately 241,155 pupils were known to schools in England where a MLD was their primary need; this is approximately 2.7% of all school pupils⁵⁹.

Severe Learning Difficulty (SLD)

These children have serious difficulty in participating in ordinary school activities without support. Many have limited communications and self-help skills. As at January 2020, approximately 33,594 pupils were known to schools in England where a Severe Learning Difficulty was their primary need; this is approximately 0.4% of all school pupils⁶⁰.

Profound and Multiple Learning Difficulty (PMLD)

These children have very severe difficulty in learning combined with physical or sensory disabilities. They require a high level of adult support for both learning and personal care

⁵⁶ MENCAP Research and Statistics, 2019, <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability>

⁵⁷ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁵⁸ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁵⁹ Ibid

⁶⁰ Ibid

needs. As at January 2020, approximately 10,919 pupils were known to schools in England where PMLD was their primary need; this is approximately 0.1% of all school pupils⁶¹.

5.3 Social, emotional and mental health

The emotional wellbeing and mental health of children and young people has been deteriorating for some time:

- Between 2004 and 2017 anxiety, depression, and self-harm increased, particularly among teenage girls.⁶²
- Rates of suicide among the UK's children and young people also increased⁶³, though numbers remain low compared with other age groups—fewer than 100 people aged under 18 died by suicide each year in England between 2014 and 2016.⁶⁴
- Probable mental health conditions in children and young people increased from 10.8% in 2017 to 16% in July 2020 across all age, sex, and ethnic groups according to England's Mental Health of Children and Young People Survey (MHCYP).⁶⁵

Studies carried out during the pandemic found that the school closures and other national restrictions including separation from friends, arguments with parents, disputes on social media, strained finances, academic stress led to feelings of isolation and poorer mental health for children and young people:

- The national referral statistics for eating disorders in England show a doubling in the number of urgent referrals during 2020 and a smaller increase in non-urgent referrals.⁶⁶
- A self-selected sample of 2673 parents recruited through social media during the pandemic reported deteriorating mental health and increased behavioural problems among children aged 4 to 11 years between March and May 2020 (during lockdown).⁶⁷

5.4 Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) encompasses a group of behavioural

⁶¹ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁶² The mental health of children and young people in England 2017: trends and characteristics. Health and Social Care Information Centre, 2018. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

⁶³ Rising suicide rates among adolescents in England and Wales, The Lancet, 2019, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31102-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31102-X/fulltext)

⁶⁴ Children and young people who die by suicide: childhood-related antecedents, gender differences and service contact. BJPsych Open, 2020, https://www.researchgate.net/publication/341287886_Children_and_young_people_who_die_by_suicide_childhood-related_antecedents_gender_differences_and_service_contact

⁶⁵ Mental health of children and young people in England 2020, Wave 1 follow-up to the 2017 survey, Health and Social Care Information Centre, 2020, https://files.digital.nhs.uk/CB/C41981/mhcyp_2020_rep.pdf

⁶⁶ NHS England. CYP-ED waiting times time-series. 2021. <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/02/CYP-ED-Waiting-Times-Timeseries-Q3-2020-21.xls>

⁶⁷ How did the mental health of children and adolescents change during early lockdown during the COVID-19 pandemic in the UK? *PsyArXiv* 2020. <https://psyarxiv.com/t8rfx>

symptoms that include inattentiveness, hyperactivity and impulsiveness. The symptoms of ADHD tend to be noticed during childhood, and may become more obvious during a life changing situation, for example when a child starts school. Diagnosis is often made between the ages of 6 and 12 years. The exact cause of the condition is unknown, but there does appear to be a genetic link as the condition can run in families. It has also been suggested that the following can increase the risk of developing ADHD:

- Being born prematurely (before 37 weeks gestation);
- Having a low birthweight;
- The mother consuming substances during pregnancy (tobacco, alcohol and drugs). Those with ADHD are at greater risk of experiencing anxiety disorders.⁶⁸

A 2007 study, which combined published reports from around the world, estimated the prevalence of ADHD to be between 5.9 – 7.1% in children and adolescents.⁶⁹

In the UK figures from GPs in the NHS have shown that in 2013 just 0.5% (one in 200) of under 16 year olds had ever been given medication for ADHD.⁷⁰

The numbers of children and young people with ADHD in schools is not collected.

5.5 Speech, Language and Communication Needs

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

A child with speech, language and communication needs:

- Might have speech that is difficult to understand;
- They might struggle to say words or sentences;
- They may not understand words that are being used, or the instructions they hear;
- They may have difficulties knowing how to talk and listen to others in a conversation. Children may have just some or all of these difficulties; they are all very different⁷¹.

The Royal College of Speech and Language Therapists evidence review found that between 1

⁶⁸ ADHD, 2018, NHS, <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

⁶⁹ The prevalence of DSM-IV Attention Deficit Hyperactivity Disorder: A Meta-Analytic Review, 2012, National Institute for Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3441936/>

⁷⁰ Latest trends in ADHD drug prescribing patterns in children in the UK, prevalence, incidence and persistence, 2016, BMJ Open, <https://bmjopen.bmj.com/content/6/6/e010508>

⁷¹ What are speech, language and communication needs?, 2017, Royal College of Speech and Language Therapists, <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-communication-needs-factsheet.pdf>

and 2% of the UK's population has severe speech, language and communication needs which require specific assistance to have their needs met. The review also estimated that up to 20% of the population may experience some difficulties with their communication, across the whole of the UK this is approximately 13.2 million people.⁷²

More than 50% of children on school entry have more transient difficulties or delayed language and, with the right support, are likely to catch up. Approximately two children in every classroom of 30 (7.58%) have a language disorder that affects the way they understand and express language, which is not linked to another condition.⁷³ In addition, an additional 2.34% of children have a language disorder that is associated with another condition such as learning disabilities, autism, cerebral palsy, brain injury, sensorineural hearing loss, and Down's syndrome.

As at January 2020, 3.2% of all pupils in England (279,549) had SLCN as a primary need - for those with an EHC Plan SLCN was identified as the primary type of need for 15.5% (42,589) of all Plans and for pupils requiring SEN Support SLCN was identified as the primary type of needs for 23.7% (236,960) of pupils in this cohort.⁷⁴

5.6 Sensory impairment

5.6.1 Hearing Impairment

The World Health Organisation report that hearing impairments can have a significant impact on children's learning and development, including language acquisition, literacy, social interaction and self-confidence in communicating and being understood all of which can lead to academic underachievement.⁷⁵

It is estimated that there are around 12 million people in the UK with some form of hearing loss, or 1 in 5 of the population.⁷⁶ There are more than 50,000 deaf children in the UK, plus many more who experience temporary hearing loss.⁷⁷

As at January 2020, approximately 23,200 children with a hearing impairment were known to schools in England where this was their primary need - this equates to approximately 0.3% of all children.⁷⁸

⁷² Justice Evidence Base Consolidation, 2017, Royal College of Speech and Language Therapists, <https://yjresourcehub.uk/education-and-communication/item/486-justice-evidence-base-consolidation-royal-college-of-speech-and-language-therapists.html>

⁷³ Ibid

⁷⁴ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁷⁵ Childhood hearing loss, 2016, World Health Organisation, https://www.who.int/pbd/deafness/world-hearing-day/WHD2016_Brochure_EN_2.pdf

⁷⁶ RNID prevalence estimates using ONS population data, 2018, RNID, <https://rnid.org.uk/about-us/research-and-policy/facts-and-figures/>

⁷⁷ Consortium for Research into Deaf Education (CRIDE) reports 2019 UK-wide summary, cited by RNID, <https://rnid.org.uk/about-us/research-and-policy/facts-and-figures/>

⁷⁸ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

5.6.2 Visual Impairment

The Royal National Institute of Blind People estimate that around 34,360 children and young people up to the age of 25 in England have a vision impairment of sufficient severity to need specialist support (0.2% of all children and young people). Of these approximately 24,310 are under 19 years. As many as 20% have SEND and a further 30% have complex needs.⁷⁹

Approximately two thirds of children with severe vision impairment and blindness are diagnosed before their first birthday. The single most common cause of vision impairment in children is cerebral. It accounts for up to 48% of blindness and between 32% and 45% of all vision impairment in children. Children at most risk of severe vision impairment or blindness are those who are born pre-term and of very low birth weight, from socio-economically disadvantaged backgrounds, or of South Asian origin. There is a high prevalence of blindness and partial sight in children with learning disabilities.⁸⁰

As at January 2020, approximately 13,033 children with a visual impairment were known to schools in England where this was their primary need; this is approximately 0.1% of all children.⁸¹

5.6.3 Multi-sensory Impairment

Children and young people with multi-sensory impairment (MSI) have impairments of both sight and hearing. The effect of a combined reduction in both vision and hearing - even if mild - affects the amount and quality of information that a child can pick up from their environment. Poor access to everyday information can have an impact on a child's social interaction; understanding of concepts; emotional development; and communication and independent mobility skills.⁸²

It is estimated that there were 4,000 children and young people up to the age of 19 years identified as having significant hearing and visual impairments (around 3 in every 10,000). This is considered to be the group therefore who require specialist support and approaches to teaching, learning and developing independence.⁸³

As at January 2020, approximately 3,612 children with multi-sensory impairment were known to schools in England where this was their primary need; this is approximately 0.04% of all children.⁸⁴

⁷⁹ CYP Sight Loss Statistics, 2015, Royal National Institute of Blind People, https://www.rnib.org.uk/?gclid=EAlaIqobChMIjbbLq97e7gIVB7LtCh0TRwqHEAAYASAAEgZAPD_BwE

⁸⁰ Ibid

⁸¹ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

⁸² Information about multi-sensory impairment, 2012, Sense, <https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/earllysupportmulti-sensoryimpairmentsfinal2.pdf>

⁸³ Ibid

⁸⁴ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

5.7 Physical disability

Estimated prevalence of physical disability in children does not exist in current literature. As at January 2020, approximately 36,788 children with a physical disability were known to schools in England where this was their primary need; this is approximately 0.4% of all children.⁸⁵

5.8 Autistic Spectrum Disorder (ASD)

According to the British Medical Association, it is estimated that one in 100 children have a diagnosis of ASD.⁸⁶

As at January 2020, approximately 154,714 children with ASD were known to schools in England - this is approximately 1.7% of all children.⁸⁷

⁸⁵ Ibid

⁸⁶ Failing a generation, 2019, British Medical Association, <https://www.bma.org.uk/media/2056/autism-briefing.pdf>

⁸⁷ National statistics on special educational needs in England, 2007 to 2020, Department for Education, <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

Section 6: Level of need in Warrington

6.1 Estimated Prevalence of SEND in Warrington

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

6.1.1 Any SEN

Based on information gathered by the Department for Education, approximately 15.5% of all school age children have SEN in England, if this percentage was applied to the Warrington's school population, it is expected that there would be 5,044 children with SEN – 3,938 on SEN Support and 1,074 with an EHC Plan in Warrington schools. Given that there are just 4,134 pupils with SEN it suggests that there is under identification of pupils specifically in relation to SEN Support.

Table 7: Estimated prevalence rates of SEN in Warrington schools

Setting	Actual Pupil numbers	All SEN Est. 15.5%	Actual SEN	SEN Support Est. 12.1%	Actual SEN Support	EHC Plan Est. 3.3%	Actual EHC Plans
Maintained nursery setting	99	15	18	12	16	3	2
Primary schools	18,814	2,916	2,128	2,276	1,782	621	346
Secondary schools	13,197	2,046	1,557	1,597	1,172	436	385
Independent school	42	7	42	5	0	1	42
Special school	341	53	341	41	1	11	340
Non maintained special school	38	6	38	5	0	1	38
Pupil Referral Unit	11	2	10	1	7	0	3
Total	32,443	5,044	4,134	3,938	2,978	1,074	1,156

Source: School population estimates: January 2020 School Census, Department for Education and Rates of SEN / EHCP / SEN Support: National statistics on special educational needs in England, 2007 to 2020, Department for Education

6.1.2 Any disability

Based on data gathered through the Family Resources Survey it is estimated that if Warrington experienced the same prevalence estimates as the UK, there would be 4,688 children and young people aged 0 to 25 years in Warrington with a disability.

Table 8: Estimated prevalence of any disability in Warrington

Age	Estimated Prevalence	Warrington Population Estimates	Estimated Number
0 - 4 years	3	11,596	348
5 - 9 years	7	13,020	911
10 - 14 years	9	12,601	1,134
15 - 19 years	10	11,334	1,133
20 - 24 years	10	10,619	1,062
25 years	11	2,365	260
Total		61,535	4,849

Source: *Population estimates: Office for National Statistics [from Nomis on 11 February 2021] and Rates of disability: Family Resources Survey, 2019, Department for Work and Pensions*

6.1.3 Learning difficulty

Information collected by schools and sent to the Department for Education provides data on the number of pupils in schools with a primary need of a learning difficulty in England. The following table provides estimated numbers of children and young people aged 4 to 18 years likely to experience a learning difficulty based on the national picture. The population figure provided is based on the school population.

Table 9: Estimated prevalence of learning difficulties in Warrington

Type of learning difficulty	England (% whole school population)	Warrington EHC Population	Estimated number	Actual Number
Specific learning difficulty	1.8	32,443	584	503
Moderate learning difficulty	2.7	32,443	876	928
Severe learning difficulty	0.4	32,443	130	64
Profound and multiple learning difficulty	0.1	32,443	32	24

Source: *School population estimates: January 2020 School Census, Department for Education and Types of Difficulty: National statistics on special educational needs in England, 2007 to 2020, Department for Education*

6.1.4 Social, Emotional and Mental Health

The following data on mental health conditions is based on national prevalence estimates from the Mental Health Survey and applies them to the latest EHC local estimates of the number of children and young people aged 5 to 15 living in Warrington.

Table 10: Estimated prevalence of learning difficulties in Warrington

Mental health conditions	Estimated prevalence in England (%)	Warrington population	Estimated number in Warrington
5 to 15 year olds			

Mental health conditions	Estimated prevalence in England (%)	Warrington population	Estimated number in Warrington
Any disorder (trends)	11.2	28,043	3,149
Emotional disorders (trends)	5.8	28,043	1,630
Behavioural disorders	5.5	28,043	1,556
Hyperactivity disorders	1.9	28,043	526
Other less common disorders	2.1	28,043	590

Source: *Population estimates*: Office for National Statistics [from Nomis on 11 February 2021] and *Mental Health Conditions*: Mental health of children and young people in England, 2017, NHS

The following table presents the number of pupils in schools in England with SEMH as a primary need as reported to the Department for Education. This is much lower than the estimated prevalence of mental health disorders set out in the table above. This is most likely because not all children and young people with a mental health disorder will require SEN support or an EHC Plan.

Table 11: Estimated prevalence of SEMH in Warrington

Type of learning difficulty	England (% whole school population)	Warrington school population	Estimated number	Actual number
Social Emotional and Mental Health	2.6	32,443	844	655

Source: *School population estimates*: January 2020 School Census, Department for Education and *SEMH Estimates*: National statistics on special educational needs in England, 2007 to 2020, Department for Education

6.1.5 Speech, language and communication needs

The estimated number of children and young people with SLCN in Warrington is based on the findings of the Justice Evidence Base (2017) which stated that between 1 and 2% of the UK's population has severe speech, language and communication needs. Using the most recent ONS estimates there could be between 615 and 1,231 children and young people with SLCN which require specific assistance to have their needs met.

Table 12: Estimated prevalence of SLCN by age

Age	Warrington Population Estimates	SLCN Estimates 1%	SLCN Estimates 2%
0 - 3 years	9,083	91	182
4 - 9 years	15,533	155	311

Age	Warrington Population Estimates	SLCN Estimates 1%	SLCN Estimates 2%
10 - 14 years	12,601	126	252
15 - 19 years	11,334	113	227
20 – 25 years	12,984	130	260
Total	61,535	615	1,231

Source: *Population estimates*: Office for National Statistics [from Nomis on 11 February 2021] and *SLCN Estimates*: National statistics on special educational needs in England, 2007 to 2020, Department for Education

Based on information gathered by the Department for Education, 3.1% of all school pupils in England have SLCN, there could be up to 1,006 pupils with SLCN in Warrington.

Table 13: Estimated prevalence of SLCN in school pupils

Type of learning difficulty	England (% whole school population)	Warrington school population	Estimated number	Actual number
Speech Language and Communication Needs	3.1	32,443	1,006	879

Source: *School population estimates*: January 2020 School Census, Department for Education and *SLCN Estimates*: National statistics on special educational needs in England, 2007 to 2020, Department for Education

6.1.6 Sensory Impairment

In line with the proportion of pupils with sensory impairments in schools in England, it is estimated that there could be up to 97 pupils with a Hearing Impairment, 32 with a Vision Impairment and 13 with a Multi-Sensory Impairment in Warrington schools. There are significantly higher actual numbers of children with Visual Impairments which warrants further investigation to understand why Warrington is such an outlier.

Table 14: Estimated prevalence of sensory impairments in Warrington schools

Sensory Impairment	England (% whole school population)	Warrington population	Estimated number	Actual number
Hearing impairment	0.3	32,443	97	77
Vision impairment	0.1	32,443	32	84
Multi-sensory impairment	0.04	32,443	13	15

Source: *School population estimates*: January 2020 School Census, Department for Education and *Sensory Impairment Estimates*: National statistics on special educational needs in England, 2007 to 2020, Department for Education

6.1.7 Physical Disability

As mentioned previously, estimated prevalence of physical disability in children does not exist in current literature. Based on information submitted to the Department for Education, it is estimated that 0.4% of children and young people have a physical disability that is their primary need. When applied to the Warrington's school population (aged 4 to 18 years) this equates to 130 children.

Table 15: Estimated prevalence of Physical Disability in Warrington schools

Type of primary need	England (% whole school population)	Warrington population	Estimated number	Actual number
Physical Disability	0.4	32,443	130	104

Source: *School population estimates: January 2020 School Census, Department for Education and Physical Disability Need: National statistics on special educational needs in England, 2007 to 2020, Department for Education*

6.1.8 Autistic Spectrum Disorder (ASD)

Based on information submitted to the Department for Education, it is estimated that 1.7% of school pupils have ASD as their primary need. When applied to the Warrington's school population this equates to 552 children. Warrington's actual figures are below this estimate at 402.

Table 16: Estimated prevalence of ASD in Warrington schools

Type of primary need	Estimated prevalence (%)	Warrington population	Estimated number	Actual number
Autistic Spectrum Disorder	1.7	32,443	552	402

Source: *School population estimates: January 2020 School Census, Department for Education and ASD Primary Need: National statistics on special educational needs in England, 2007 to 2020, Department for Education*

6.1.9 Attention Deficit Hyperactivity Disorder (ADHD)

Based on the 2007 study which estimated the prevalence of ADHD to be between 5.9 – 7.1% in children and adolescents, there could be between 3,095 and 3,724 children and young people 4-25 years with ADHD living in Warrington.⁸⁸ There are no actual numbers for children and young people with ADHD as this is not a formal categorisation of need and schools use the prescribed list of definitions set out by the Department for Education.

Table 17: Estimated prevalence of ADHD in Warrington

⁸⁸ The prevalence of DSM-IV Attention Deficit Hyperactivity Disorder: A Meta-Analytic Review, 2012, National Institute for Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3441936/>

Attention Deficit Hyperactivity Disorder	Estimated prevalence (%)	Warrington population	Estimated number based on 5.9%	Estimated number based on 7.1%
4 – 7 years	5.9 – 7.1	10,303	608	732
8 - 11 years	5.9 – 7.1	10,413	614	739
12 – 15 years	5.9 – 7.1	9,840	581	699
16 – 19 years	5.9 – 7.1	8,912	526	633
20 – 25 years	5.9 – 7.1	12,984	766	922
Total		52,452	3,095	3,724

Source: Population estimates: Office for National Statistics [from Nomis on 11 February 2021] and ADHD Prevalence: The prevalence of DSM-IV Attention Deficit Hyperactivity Disorder: A Meta-Analytic Review, 2012

6.2 Identification of need

Early identification of need improves the life chances of the child – it enables professionals to provide early medical treatment and put in place packages of care to support the child to be healthy and reach their academic potential.

6.2.1 Newborn Screening

Newborn Physical Examination

Every baby is offered a thorough physical examination soon after birth to check their eyes, heart, hips and, in boys, the testicles (testes). This is to identify babies who may have conditions that need further testing or treatment. Across Warrington in 2017/18 95.5% of babies received their examination within 72 hours of birth, compared to 95.4% in England.

Newborn Hearing Screening Test

The newborn hearing screening test helps identify babies who have permanent hearing loss as early as possible. In relation to coverage 99.4% of babies received a newborn hearing test in 2017/18 this was higher in Warrington compared to England and the North West averages. The proportion referred on for further hearing checks reduced between 2017/18 and 2018/19 from 2.8% (60 babies) to 1.5% (33 babies). However, there was an increase in the proportion of babies receiving a confirmed diagnosis by 12 months from 90% (2017/18) to 100% (2018/19).

6.2.2 Mandated Health Checks

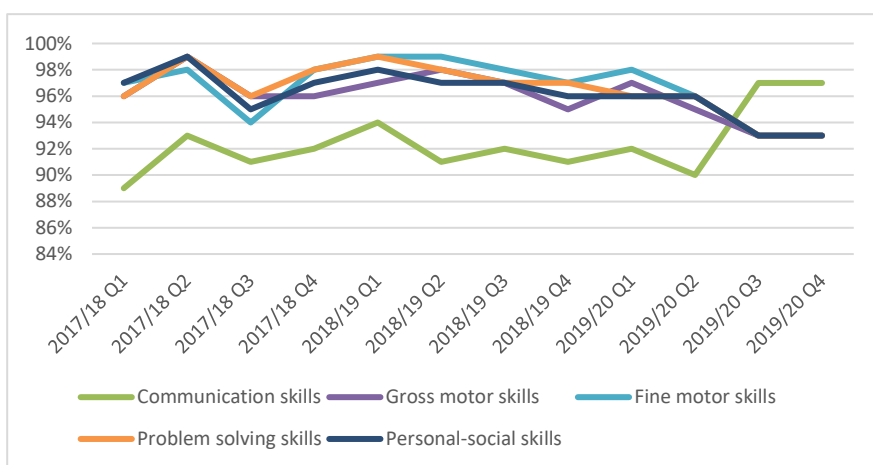
All children in Warrington from birth up to the age of five years are offered a universal health assessment at key stages in their development. These have been designed to identify any areas where children are not making the expected level of progress across the following five areas of development:

- Communication

- Gross motor skills
- Fine motor skills
- Problem solving
- Personal and social skills.

Health Visitors in Warrington use the Ages and Stages Questionnaire in the two years six months assessment. In the fourth quarter of 2019/20, 97% of children were making the expected level of progress in their communication skills and 93% were also making the expected level of progress in their gross motor skills, fine motor skills, problem solving and personal and social skills.

Chart 2: Children making the expected level of progress at their two years and six months health assessment



Source: Warrington’s Public Health Team, 2020

Any child identified as not meeting their developmental milestones is provided with targeted activities for parents to complete at home and followed up by 0-19 practitioner within three to four months. This follow up continues until the child is ‘on schedule’. Additional packages of care are provided by 0-19 service to support parents with the promotion of their child’s speech and language – this is often around play and stimulation, emphasising the importance of chatting, playing and reading.

Health visitors are required to escalate those children not meeting their developmental milestones and considered to be SEND to the Inclusion Panel for a statutory assessment for an EHC Plan.

6.2.3 Pupils requiring SEN Support

All SEN Support Pupils

Warrington’s approach to the identification of learning needs is clearly articulated in The Graduated Response which clarifies the expectation for the class teacher to monitor the progress of all the pupils in their class. Guidance materials have been rolled out to

Warrington's SENDCos and School Leaders as part of a borough wide strategy to ensure that lower-attaining children are not incorrectly identified as requiring SEN Support.

An unintended consequence has been the reduction in the number and percentage of pupils (attending Warrington schools) requiring SEN Support. As at January 2020 there were 2,978 pupils with SEN, 9.2% of the pupil population - this is below the England average of 12.1% and compared to statistical neighbours Warrington has the second lowest proportion of SEN Support pupils.

Table 18: Proportion of pupils requiring SEN Support

	2014	2015	2016	2017	2018	2019	2020
Bury	14.3	11.8	12.3	12.4	11.8	12.8	13.0
Solihull	12.9	11.5	11.5	11.9	12.6	12.8	12.8
NORTH WEST	15.0	12.7	11.5	11.6	11.8	12.1	12.3
ENGLAND	15.1	12.6	11.6	11.6	11.7	11.9	12.1
Warwickshire	14.2	11.4	11.3	11.4	11.6	11.7	11.9
Cheshire West and Chester	13.0	11.9	10.9	11.8	11.6	12.5	11.8
Stockport	15.3	11.7	9.9	9.5	9.8	10.7	11.6
Central Bedfordshire	13.1	11.3	11.2	11.2	11.1	11.2	11.3
East Riding of Yorkshire	13.2	11.0	10.5	10.5	10.7	10.7	10.9
Staffordshire	13.4	10.8	9.4	9.4	9.6	9.7	10.3
York	11.8	9.6	9.3	9.3	9.9	9.7	9.7
Warrington	13.5	12.1	10.9	8.7	8.3	8.3	9.2
Cheshire East	12.5	8.4	7.0	7.8	8.6	8.3	8.4

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

More recently the number of pupils with SEN Support needs has increased from 2,690 in 2019 to 2,978 in 2020.

In terms of needs, MLD, SLCN and SEMH have been the three most prevalent needs for SEN Support pupils over the past three years. Pupils with MLD have reduced year on year since 2016 whereas those with SLCN have steadily increased.

Table 19: Primary needs of pupils requiring SEN Support in Warrington

Primary Need	2014	2015	2016	2017	2018	2019	2020	England
Profound & Multiple Learning Difficulty	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.1
Multi-Sensory Impairment	0.0	0.1	0.1	0.1	0.3	0.3	0.4	0.3
Severe Learning Difficulty	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.3
Visual Impairment	0.9	1.1	1.9	1.9	2.4	2.3	2.3	1.0
Hearing Impairment	1.4	2.3	2.3	2.4	2.1	2.1	2.2	1.7
Physical Disability	1.8	2.4	2.6	2.4	2.3	2.6	2.9	2.3
No Specialist Assessment	62.9	17.2	2.2	11.1	3.2	3.4	3.0	4.0
Other Difficulty/ Disability	1.3	4.9	5.4	5.1	5.9	4.5	4.4	4.6
Autistic Spectrum Disorder	1.0	1.6	2.0	1.9	2.7	2.7	3.3	6.8

Primary Need	2014	2015	2016	2017	2018	2019	2020	England
Specific Learning Difficulty	5.4	11.7	18.0	14.0	15.6	14.4	14.9	14.6
Social, Emotional & Mental Health	8.9	16.9	16.9	14.0	16.3	16.8	17.2	19.4
Moderate Learning Difficulty	8.7	28.6	32.1	27.8	27.9	27.1	24.7	21.2
Speech Language & Communication	7.3	12.9	16.6	19.2	21.2	23.4	24.4	23.7

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

This broadly correlates to the prevalence of need of SEN Support pupils in England, although SLCN was the highest (24% of pupils with SEN support), followed by MLD (21% in 2020, down from 22%) and then SEMH (unchanged at 19% of pupils with SEN support).

Children in Need

Children in need are defined as requiring local authority services to achieve or maintain a reasonable standard of health or development to prevent significant or further harm to health or development, or are disabled. In 2018/19 there were fewer children in need in Warrington requiring SEN Support (18.3%), compared to the North West average of 25.6% and the England average of 24.4%.

Children in Care

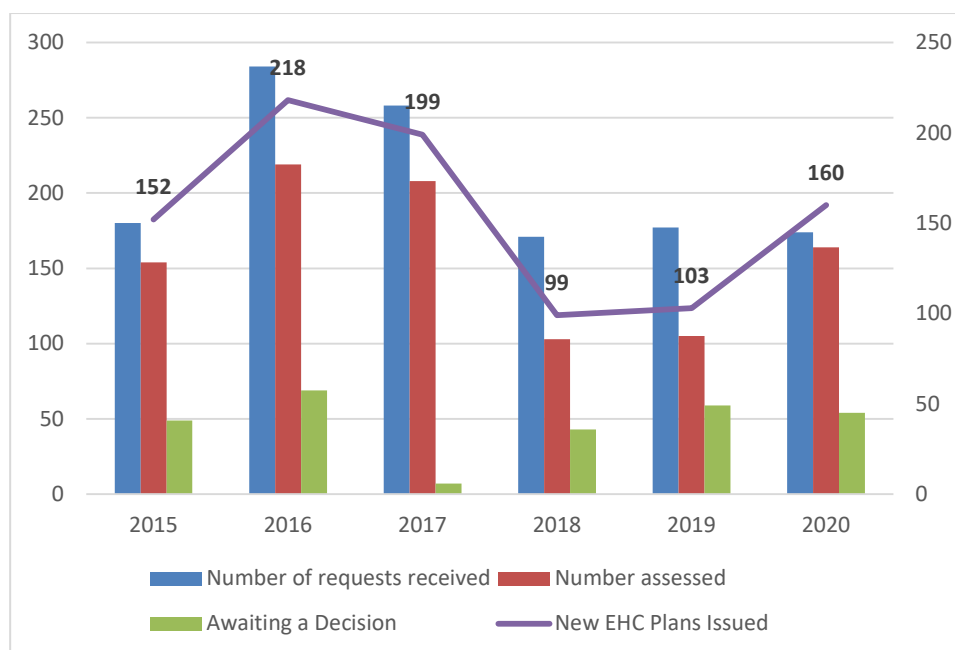
In Warrington, 21.6% of children in care were requiring SEN support in 2018/19, compared to 28.8% in North West and 29.2% in England.

6.2.2 Statutory Assessment for an EHC Plan

Since 2015 the number of requests for statutory assessment in Warrington have varied year on year. In 2018 and 2019 requests were much lower and this has been attributed to the work completed by school and Council leaders to manage demand in the system through the Behavioural Insights Programme, Specialist Lead Teacher programme and the Committed to Inclusion Award. However, provisional data for 2020 shows that compared to 2019 there was a 55% increase in the number of new EHC Plans issued.

Chart 3: Requests for Statutory Assessment in a calendar year

SEND JOINT STRATEGIC NEEDS ASSESSMENT



Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

Following the introduction of the Children and Families Act in 2014 Warrington leaders expected that there would be an increase in the number of new EHC Plans issued given the extension of support from school aged children to all children and young people from birth to 25 years.

School aged children have proportionally made up the highest levels of requests ranging from 78.57% in 2014 to 63.82% in 2015. Children under five years for more than a quarter of all new Plans (with the exception of 2017 and 2018). In comparison requests for new Plans for children 16 years and above has remained relatively low.

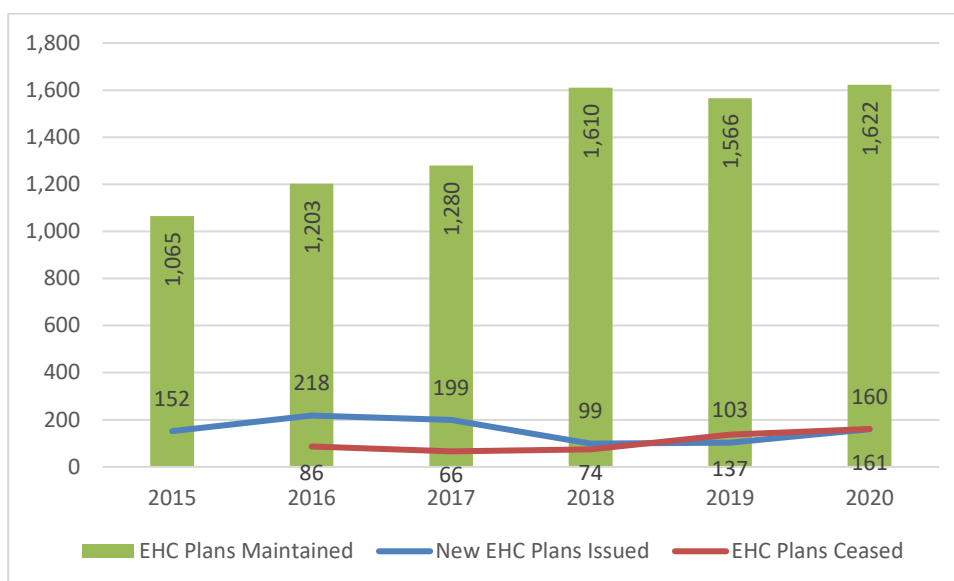
Table 18: New EHC Plans issued by age in Warrington

	2014	2015	2016	2017	2018	2019	2020*
Under age 5	33	52	62	44	24	28	45
Aged 5 to 10	67	55	94	81	48	51	69
Aged 11 to 15	54	42	59	64	25	23	38
Aged 16 to 19		3	3	9	2	1	7
Aged 20 to 25				1			1
TOTAL	154	152	218	199	99	103	160

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

Between 2014 and 2018 the number of new EHC Plans issued exceeded those being ceased – over this timeframe this led to an additional 280 EHC Plans in the system. More recently (2019 and 2020), the data indicates that more EHC Plans were ceased compared to those started.

Chart 4: EHC Plans started and ceased in Warrington



Source: Capita One, Warrington Business Intelligence Team

6.2.4 EHC Plans

There are two sources of information which present the number of Statements or EHC plans in place within a local authority. Firstly, there is the source from the School Census which presents data on pupils attending schools within a local authority area. The second source of data is about children and young people for whom the local authority must maintain an EHC plan (children and young people aged 0 to 25 years). Both data sets are gathered by the Department for Education, although comparator data is only available for certain data sets – where this is available this has been presented in the sections below.

Pupils with an EHC Plan in Warrington schools

Since the introductions of the reforms the proportion of pupils attending Warrington schools with an EHC Plan has increased from 3.1% in 2014 to 3.6% in 2019. This is significantly higher than the averages across the North West region, England and Warrington’s Statistical Neighbour group.

Table 19: Pupils with an EHC Plan in schools

	2014	2015	2016	2017	2018	2019	2020
Warrington	3.10%	3.30%	3.40%	3.50%	3.70%	3.60%	3.60%
England	2.80%	2.80%	2.80%	2.80%	2.90%	3.10%	3.30%
North West	2.80%	2.90%	2.80%	2.90%	3.00%	3.20%	3.50%
Statistical Neighbours	2.80%	2.90%	2.90%	2.90%	2.90%	3.10%	3.32%

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

ASD, MLD and SLCN have been the most prevalent needs for pupils with EHC Plans since 2016. For those pupils with an EHC plan, there has been a substantial increase in the number of

pupils with ASD recorded as their primary need, since 2014 the number has increased by 55% (from 197 in 2014 to 305 in 2020). In contrast, the numbers of pupils with SEMH needs have reduced from 194 in 2014 to 152 in 2020.

Table 20: Primary needs of pupils with an EHC Plan in Warrington schools

Primary Need	2014	2015	2016	2017	2018	2019	2020	England
Autistic Spectrum Disorder	21.0	23.6	23.1	22.4	23.4	24.5	28.6	30.1
Moderate Learning Difficulty	23.0	24.1	19.6	20.1	19.0	19.2	19.1	10.7
Speech Language & Communication	14.3	13.3	14.5	16.6	17.7	17.6	15.6	15.5
Social, Emotional and Mental Health	16.2	19.4	13.7	15.2	16.5	15.7	14.3	14.2
Specific Learning Difficulty	6.9	3.8	6.6	6.8	6.8	6.3	6.3	3.6
Severe Learning Difficulty	7.1	3.6	6.9	5.8	5.6	5.4	5.4	11.1
Other Difficulty/ Disability	1.9	3.3	4.4	4.0	3.5	3.9	3.8	2.6
Profound & Multiple Learning Difficulty	2.7	2.0	4.1	2.6	2.2	2.2	2.1	3.6
Physical Disability	4.5	3.7	4.1	3.4	2.4	2.1	1.8	4.9
Visual Impairment	1.0	1.0	1.4	1.2	1.4	1.6	1.7	1.2
Hearing Impairment	1.4	2.0	1.6	1.4	1.4	1.3	1.1	2.2
Multi-Sensory Impairment	0.0	0.0	0.1	0.2	0.1	0.2	0.2	0.4

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

Warrington has a much higher proportion of pupils with MLD compared to the England average (19.1% compared to 10.7%) and SpLD (6.3% compared to 3.6%). There is also a lower proportion of pupils in Warrington with SLD (5.4% compared to 11.1%) and PD (1.8% compared to 4.8%). It is therefore recommended that commissioners undertake further analysis around the needs of pupils to understand if pupils needs are being met outside of the EHC Plan process (especially for those with physical disabilities).

EHC Plans maintained by the Council

There has been a significant rise in the number of EHC Plans maintained by the Council, from a relatively stable position of 969 in 2014 to 1,660 in 2021. This growth has happened across all age groups, but more notably for you people aged 16 to 25 years – the proportion of EHC Plans for this group has increased from 4.54% in 2014 to 31.75% in 2021. This has implications for Transition Services and Adult Social Care specifically in relation to the need to carry our assessments under the Care Act to understand if these young people will be eligible for longer term social care support.

Table 21: Maintained EHC Plans for Warrington children 0-25 years as of 17 January

	2014	2015	2016	2017	2018	2019	2020	2021*
Under age 5	27	33	44	10	50	18	30	46
Aged 5 to 10	370	422	428	430	493	486	479	468
Aged 11 to 15	528	544	557	491	611	598	630	619
Aged 16 to 19	44	66	173	323	393	378	390	447
Aged 20 to 25			1	26	63	86	93	80

TOTAL	969	1,065	1,203	1,280	1,610	1,566	1,622	1,660
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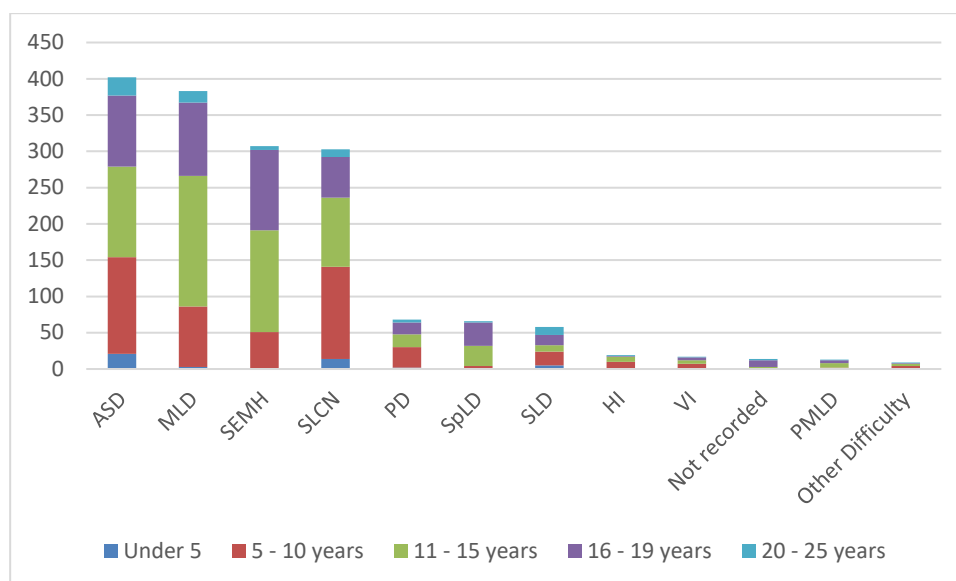
Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

*Provisional data

The data comparison over the last seven years also shows that the numbers of children and young people aged 5 to 15 years has also increased from 898 in 2014 to 1,109 in 2020.

In relation to primary needs, this level of information is not gathered by the Department for Education. However, local information shows that ASD, MLD, SEMH and SLCN are the most prevalent needs.

Chart 5: EHC Plans maintained by WBC – primary need



Source: Primary Needs of Students with EHCs maintained by Warrington as at 14.01.2021, Primary Need based on their Statutory Assessment where possible, and where that was not available, data collected from school where available, Capita

Children in Need

Compared to 2013/14 the proportion of children in need with an EHC Plan has reduced from 16.2% to 14.3% in 2018/19. This was below the North West average of 18.6% and England average of 22.8% for 2018/19.

Children in Care

There has also been a significant reduction in the proportion of children in care with EHC Plans from 41.7% in 2013/14 to 26.9% in 2018/19. This reduction is broadly in line with the North West average of 24.5% and England average of 27.3% (2018/19).

6.3 Meeting needs

6.3.1 Education arrangements

Children with medical needs

There are currently 22 children in Warrington schools in receipt of High Needs Medical

Funding (HNMF) whom require additional support in school to manage their long term health conditions. Of these pupils seven have diabetes, three have spina bifida, three have cerebral palsy, two have epilepsy and the remaining seven have a range of other conditions such as cystic fibrosis, arthrogyrosis, etc.

Benchmarking information from across the North West indicates that Warrington has the highest number of pupils requiring additional funding to support their individual medical needs and most local authorities in the region do not provide this type of support. With this in mind Schools Forum agreed in 2020 to not accept any further requests for High Needs Medical Funding with the caveat that all children currently in receipt of this would continue to receive their funding.

The key challenge for Warrington school leaders has been around the interpretation of the Royal School of Nursing’s guidance in 2018 which deemed a number of clinical procedures could be appropriately delegated to support workers (subject to the necessary training, assessment of competence and supervision of practice). This includes nursing interventions such as some elements of tracheostomy care, intermittent catheterisation, stoma care or enteral feeding.

There has been some local challenges arising from this guidance around ensuring that there is good communication mechanisms in place between health professionals and school leaders about the level of care required to be delivered in school and to agree the appropriate funding mechanism to meet these pupils’ needs.

SEN Support Pupils

The majority of pupils requiring SEN Support in Warrington are placed in either state-funded primary or secondary provision – only in 2016 and 2017 were a small number of pupils placed in specialist provision. Comparative data shows that there is a higher number of SEN Support pupils in special schools across the North West and in England which is a result of Warrington’s policy where most pupils will have an EHC Plan prior to be placed in a special school.

Table 22: Proportion of pupils requiring SEN Support based on where the pupil attends school (%)

		2014	2015	2016	2017	2018	2019	2020
Primary	Warrington	13.0	11.3	10.8	8.8	8.8	8.8	9.5
	North West	15.3	13.4	12.4	12.5	12.7	13.0	13.2
	England	15.2	13.0	12.1	12.2	12.4	12.6	12.8
Secondary	Warrington	14.4	13.4	11.1	8.6	7.8	7.7	8.9
	North West	15.7	12.1	10.5	10.3	10.4	10.8	11.2
	England	15.9	12.4	11.0	10.7	10.6	10.8	11.1
Special	Warrington	N/A	N/A	1.6	0.6	0.3	0.0	0.0
	North West	N/A	N/A	2.7	3.0	2.0	1.6	1.6
	England	N/A	N/A	1.8	2.6	2.0	1.9	1.8

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

Pupils in Warrington schools with EHC Plans

This section presents the information which has been gathered from the School Census data and relates to children and young people attending schools.

The proportion of pupils with EHC Plans attended state-funded primary schools reduced between 2019 and 2020. However, the reduction means that Warrington is now in line with England average.

Table 23: Proportion of pupils with EHC Plans based on where the pupil attends school (%)

		2014	2015	2016	2017	2018	2019	2020
Primary	Warrington	1.7	1.9	1.9	2.0	2.2	2.0	1.8
	North West	1.2	1.3	1.2	1.3	1.3	1.5	1.7
	England	1.4	1.4	1.3	1.3	1.4	1.6	1.8
Secondary	Warrington	2.8	2.9	2.9	2.8	2.9	2.9	2.9
	North West	1.9	1.8	1.7	1.6	1.6	1.6	1.7
	England	1.9	1.8	1.7	1.7	1.6	1.7	1.8
Special	Warrington	N/A	N/A	98.4	99.4	100.0	100.0	99.7
	North West	N/A	N/A	96.2	96.2	99.9	98.4	98.4
	England	N/A	N/A	96.4	99.5	99.9	98.3	97.9

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education

In terms of secondary provision, there is a higher proportion of pupils with EHC Plans attending state-funded secondary schools – 2.9% compared to 1.7% in the North West and 1.8% in England. Again this is a result of Warrington’s policy where most pupils will have an EHC Plan prior to be placed in a special school.

EHC Plans – new Plans issued

The data shows that of the 160 children and young people who were issued a new EHC Plan during 2020, 75.0% were being educated in a mainstream school at the time it was issued - this figure includes pupils in SEN Units and Resourced Provision. This is above the national average of 71.6%.

Table 24: Placement of child / young person at time EHC Plan was issued - Establishment group (%)

Establishment Type	2014	2015	2016	2017	2018	2019	2020	England
Non-maintained early years	0.0%	0.0%	1.80%	2.50%	0.0%	0.0%	1.30%	3.3%
Mainstream school	83.00%	70.40%	74.80%	74.90%	80.80%	68.00%	75.00%	71.6%
Special school	17.00%	22.40%	22.50%	21.10%	15.20%	29.10%	18.10%	15.3%
Alternative provision	0.0%	0.0%	0.0%	0.0%	2.00%	1.00%	0.60%	1.8%
Educated elsewhere	0.0%	4.60%	0.50%	0.50%	1.00%	1.00%	1.90%	4.0%
Further education	0.0%	1.30%	0.50%	1.00%	1.00%	1.00%	2.50%	3.4%
NEET	n/a	n/a	n/a	n/a	0.0%	0.0%	0.60%	0.4%

Establishment Type	2014	2015	2016	2017	2018	2019	2020	England
Other	n/a	n/a	n/a	n/a	0.0%	0.0%	0.0%	0.1%

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2020 data

Since 2016 overall those in mainstream schools at the time the Plan was issued (not including SEN Units and Resourced Provision) has reduced from 145 to 95 whilst those in SEN Units, Resourced Provision and Independent schools has increased. The reason for this shift is unknown, but indicates that the EHC Plan and process may be used to change provision for the child.

Table 25: Placement of child / young person at time EHC Plan was issued – Mainstream Provision

	2016		2017		2018		2019		2020	
Mainstream schools	145	89.0%	127	87.0%	69	86.3%	43	61.4%	95	80.8%
SEN Unit	18	11.0%	18	12.3%	10	12.5%	25	35.7%	20	16.7%
Resourced Provision	0	0.0%	1	0.7%	1	1.3%	1	1.4%	3	0.8%
Independent	0	0.0%	0	0.0%	0	0.0%	1	1.4%	2	1.7%
Total	163	100.0%	146	100.0%	80	100.0%	70	100.0%	120	100.0%

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2020 data

EHC Plans - maintained by the Council

Whilst the number of children and young people across all establishment types has increased in Warrington, the proportion of children and young people with EHC plans educated in mainstream schools has decreased from 67.3% in 2014 to 44.5% in 2021 – Warrington is still above the North West and England averages. However, the decline is a result of the increase in children and young people educated elsewhere which has risen from 0.4% in 2014 to 4.9% in 2021. This is an area which requires further investigation to understand why Warrington is an outlier in relation to its comparators.

Table 26: Education arrangements for all EHC Plans maintained by local authorities – Establishment group

Establishment Type	2014	2015	2016	2017	2018	2019	2020	2021	North West	England
Non-maintained early years	0.3%	0.0%	0.2%	0.9%	0.3%	0.0%	0.0%	0.1%	0.6%	0.5%
Mainstream school	67.3%	68.3%	69.7%	52.0%	48.6%	46.0%	45.9%	44.5%	37.9%	39.9%
Special school	32.0%	31.0%	28.8%	27.7%	26.7%	27.6%	28.9%	28.9%	39.0%	35.8%
Alternative provision	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.4%	0.4%	0.8%	0.8%
Educated elsewhere	0.4%	0.4%	1.2%	1.6%	1.1%	1.3%	3.1%	4.0%	2.3%	3.4%
Other	n/a	n/a	n/a	n/a	n/a	0.0%	1.2%	0.0%	1.4%	0.5%
Further education	n/a	0.4%	0.2%	17.8%	23.3%	23.0%	16.7%	17.2%	15.2%	16.7%
NEET	n/a	n/a	n/a	n/a	n/a	2.0%	3.7%	4.9%	2.5%	2.8%

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2021 data

Mainstream provision

Further analysis of the children and young people in mainstream provision reveals that the number placed in academies, free schools and maintained provision has reduced from an all-time high in 2018 of 601 to 550 in 2021. The proportion of pupils in these settings is in line with the England and North West averages.

In 2020 there were 182 children and young people in Warrington placed in Resourced Provision and SEN Units – this equates to 10.8% of the overall EHC Plan cohort and is significantly above the North West and England averages of 3.5% and 4.2%.

Table 27: Placement for all EHC Plans maintained by local authorities – Mainstream provision

Establishment group	Warrington					England	North West
	2017	2018	2019	2020	2021	2020	2020
Mainstream provision							
Academy	167	242	270	329	312	59,508	5,156
Free school	8	17	18	0	0	2,535	223
LA maintained	318	342	281	239	238	67,924	11,783
Sub-total	493	601	569	568	550	129,967	17,162
	38.2%	36.0%	34.8%	34.1%	32.5%	30.0%	32.0%
Academy - Resourced provision	0	56	57	26	69	5,427	475
Free school - Resourced provision	0	0	0	0	0	64	0
LA maintained - Resourced provision	0	14	13	13	15	5,810	799
Sub-total	0	70	70	39	84	11,301	1274
	0.0%	4.2%	4.3%	2.3%	5.0%	2.6%	2.4%
Academy - SEN unit	42	0	0	88	57	3,391	224
Free school - SEN unit	0	0	0	0	0	34	0
LA maintained - SEN unit	124	103	77	44	41	3,509	371
Sub-total	166	103	77	132	98	6,934	595
	12.9%	6.2%	4.7%	7.9%	5.8%	1.6%	1.1%
Independent	6	4	5	6	7	3,970	311
Sub-total	6	4	5	6	7	3,970	311
	0.5%	0.2%	0.3%	0.4%	0.4%	0.9%	0.6%
Total	665	778	721	745	739	152,172	19,342
Headcount	1,289	1,670	1,637	1,668	1,691	433,238	53,641

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2021 data

Special school provision

Proportionally, there are less children and young people in Warrington placed in Special

School provision – 28.3% compared to 41.8% in England and 40.3% in the North West. However, since 2017 the number has grown from 282 to 380 in 2021. Locally, two of the three Special Schools are full and school leaders are asked to take children above the Pupil Admission Numbers (PAN) on a regular basis. An ASD Free School will be established in 2021 offering an additional 56 places for children and young people aged 4-16 years (yr3 to yr11). Based on 2021 figure this would increase capacity across academy, free and maintained provision up to 26%. To be in line with the England and North West averages Warrington would require:

- 489 special school places - an additional 53 school places (based on 28.9% EA)
- 590 special school places – an additional 154 school places (based on 34.9% NWA).

Table 28: Placement for all EHC Plans maintained by local authorities – Special school provision

Establishment group	Warrington					England	North West
	2017	2018	2019	2020	2021	2020	2020
Special school provision							
Academy/free	2	1	10	3	7	41,957	4,604
LA maintained	282	345	340	349	373	83,441	14,115
Sub-total	284	346	350	352	380	125,398	18,719
	22.0%	20.7%	21.4%	21.1%	22.5%	28.9%	34.9%
Independent	46	68	56	89	72	51,854	2,160
Non-maintained	25	13	26	28	27	3,787	687
Sub-total	71	81	82	117	99	55,641	2,847
	5.5%	4.9%	5.0%	7.0%	5.9%	12.8%	5.3%
Hospital School	0	0	0	0	0	146	29
Sub-total	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.05%
Special school %	27.5%	28.3%	26.4%	28.1%	28.3%	41.8%	40.3%
Special School Total	355	472	432	469	479	181,185	21,595
Headcount	1,289	1,670	1,637	1,668	1,691	433,238	53,641

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2021 data

Proportionally, there are fewer children and young people with an EHC Plan in Warrington placed in independent and non-maintained provision – 5.9% compared to 12.8% in England. Although Warrington's figure is still higher than the North West average of 5.3%.

Educated elsewhere

Since 2017 the number of children and young people receiving education elsewhere has increased from 20 to 66 in 2021. This is mainly a result of the increase in those being educated in other arrangements (mostly made by the Council) which has increased from 9 in 2019 to 54 in 2021. This is above the both the North West and England averages.

Table 29: Placement for all EHC Plans maintained by local authorities – Educated Elsewhere

Establishment group	Warrington					England	North West
	2017	2018	2019	2020	2021	2020	2020
Educated Elsewhere							
Awaiting provision	9	0	n/a	n/a	n/a	n/a	n/a
Sub-total	9	0	2	0	0	4,966	330
%	0.70%	0.00%	0.12%	0.00%	0.00%	1.15%	0.62%
Elective home education	n/a	n/a	n/a	10	12	2,983	214
Sub-total	0	0	0	10	12	2,983	214
%	0.00%	0.00%	0.00%	0.60%	0.71%	0.69%	0.40%
Other arrangements by local authority	3	12	9	41	54	3,984	367
Other arrangements by parents	8	5	9	0	0	618	97
Sub-total	11	17	18	41	54	4,602	464
%	0.85%	1.02%	1.10%	2.46%	3.19%	1.06%	0.87%
Permanently excluded	0	0	0	0	0	121	3
Sub-total	0	0	0	0	0	121	3
%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.01%
% Educated Elsewhere	1.55%	1.02%	1.22%	3.06%	3.90%	2.92%	1.88%
Total Educated Elsewhere	20	17	20	51	66	12,672	1,011
Headcount	1,289	1,670	1,637	1,668	1,691	433,238	53,641

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2021 data

In January of 2021 there were two more children and young people in Warrington being Electively Home Educated. This is a small increase given the impact of the pandemic - the Council has received a significant amount of calls enquiring about this type of provision and nationally it is reported that all local authorities has seen a spike in this cohort.

NEET

A further 82 children and young people were recorded as Not in Education, Employment or Training (NEET) in 2021 – this is a significant increase and equates to 165% increase from 2019. Proportionally at 4.85% Warrington has a higher NEET population than the North West average of 2.34% and the England average of 1.87%.

Table 30: Placement for all EHC Plans maintained by local authorities – NEET

Establishment group	Warrington					England	North West
	2017	2018	2019	2020	2021	2020	2020
NEET							
Total NEET	n/a	n/a	31	60	82	8,108	1,257
% NEET	0.00%	0.00%	1.89%	3.60%	4.85%	1.87%	2.34%
Headcount	1,289	1,670	1,637	1,668	1,691	433,238	53,641

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2021 data

Training

The data shows that since 2019, the number of young people with an EHC Plan in training has reduced – this is a result of the reduction of those in traineeships. However, compared to England and the North West proportionally Warrington has more young people in this type of arrangement.

Table 31: Placement for all EHC Plans maintained by local authorities – Training

Establishment group	Warrington					England	North West
	2017	2018	2019	2020	2021	2020	2020
Apprenticeships	5	5	14	20	10	876	157
Traineeships	1	9	52	15	5	504	106
Supported Internships	3	9	5	6	12	2,231	405
Total	9	23	71	41	27	3,611	668
%	0.70%	1.38%	4.34%	2.46%	1.60%	0.83%	1.25%
Headcount	1,289	1,670	1,637	1,668	1,691	433,238	53,641

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2021 data

The data reporting has been questionable historically in Warrington and further guidance has been provided to staff around the differences between apprenticeships, traineeships and supported internships.

Residential settings

The Department for Education has recently started to collect information of those placed in residential settings with an EHC Plan – in 2020 Warrington had five young people in this type of arrangements and in 2021 this reduced to four. In 2020 the proportion of Warrington children in this type of arrangement (0.30%) was significantly below the England average of 0.81%, but above the North West average of 0.18%.

Table 32: Placement for all EHC Plans maintained by local authorities – Residential settings

Establishment group	Warrington					England	North West
	2017	2018	2019	2020	2021	2020	2020
For 38-51 weeks of the year	n/a	n/a	n/a	5	2	2,209	19
For 52 weeks of the year	n/a	n/a	n/a	0	2	1,310	79
Total	0	0	0	5	4	3,519	98
%	0.00%	0.00%	0.00%	0.30%	0.24%	0.81%	0.18%
Headcount	1,289	1,670	1,637	1,668	1,691	433,238	53,641

Source: National statistics on special educational needs in England, 2007 to 2020, Department for Education and Capita One for 2021 data

Funding

During 2016/17 £15,398 was spent per child and young person with an EHC plan in

Warrington, lower than the mean average of £16,608. Not all children with an EHC Plan will have money attached to them and some without an EHC plan may receive support up to 18 years.

Table 33: High Needs Spend

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

6.3.2 Health needs

Meeting the healthcare needs are an essential part of supporting for a children and young people to be healthy and achieving to the best of their ability in school. The following additional support is available in Warrington for children and young people with SEND.

Community health provision

Bridgewater Healthcare NHS Trust provide a range of support to children and young people including the access to Audiology; Occupational therapy; Physiotherapy; Speech and language therapy, Community paediatricians and Continence.

Personal Health Budgets

Personal Health Budgets are in place for Continuing Care, Continuing Healthcare and End of Life arrangements. These currently sit outside the EHC Plan process and are not included in the SEN 2 Return to the Department for Education. Plans are in place to develop Personal Health Budgets (PHB) for people who are eligible for Section 117 Aftercare under the Mental Health Act.

In 2020/21 Warrington CCG provided 25 people with PHBs. This has increased from the 18 provided in 2015/16.

Continuing care packages

The children and young people who have been assessed as eligible for continuing care have varied and complex needs. There were 29 children and young people living in Warrington

eligible in January 2021. This is a reduction compared to the 34 children receiving funding during 2015/16.

6.3.4 Personal budgets

A key area for development for Warrington has been to ensure that families who would benefit from a Personal Budget are identified at the earliest opportunity. Most children and young people with a personal budget will have an EHC Plan in place and good progress has been made and there has been an increase in the numbers of families with a Personal Budget from 143 in 2019 to 160 in 2020.

97% of the Personal Budgets were put in place for children and young people with either early help or social care needs. This is mainly a result of these teams having greater understanding of Personal Budgets and work has been completed with EHC Plan Coordinators to raise awareness about how Personal Budgets could be used to support those children who are unable to access formal education in school.

6.3.5 Youth Justice Service

The Youth Justice Service works with a range of multi-agencies to ensure that young people who are under the justice system have their additional needs supported. In 2016, a Speech and Language Therapist was seconded to the service for three days a week to identify both the level of need and to develop and evaluate support packages for young people with Speech Language and Communication Needs (SLCN) under the care of the Youth Justice Service in Warrington. As part of the programme of work 41 young people were assessed over a 14 month period and of these 28 (69%) needed some additional support for SLCN. The pilot focused on:

- Training Youth Justice Service staff in identifying and supporting SL&C Needs
- Providing additional advice and support to the workforce
- Providing support for young people, their families and others working with them to develop insight into their needs and embed support strategies
- Providing short term intervention for a small number of specifically identified vulnerable young people
- There was an additional focus on supporting those young people with a current EHC Plan and those in development.

The outcomes from training demonstrated a significant increase in confidence in the workforce and is now firmly embedded in business as usual. Additionally, the service was awarded the Youth Justice SEND Quality Mark in recognition of the work completed with young people with SEND in/at risk of entering the justice system.

6.4 Outcomes for children, young people and their families

6.4.1 Attainment and Progress

Early years foundation stage

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

The percentage of children achieving a good level of development has improved for all pupils; however the gap in attainment between pupils with no identified SEN and pupils with SEN is very wide.

Table 34: Good Level of Development in the Early Years Foundation Stage (%)

Early Years Foundation Stage	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	National 2018
% SEN pupils achieving GLD	9.3	16.4	26.6	24.8	22	22	19.8	28
% EHC Plan pupils achieving GLD	0	9.5	2.9	0	x	x	3.1	5
% all pupils achieving GLD	45.2	60.0	67.6	71.7	71	73	73.7	72

Key Stage 1

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

The percentage of pupils who met the expected standard of phonic decoding is much lower for pupils with SEN, although in 2018/19 the performance of pupils with EHC Plans was higher in Warrington compared to the national average.

Table 35: Phonics decoding (%)

Phonics decoding	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	National 2019
% SEN pupils meeting the expected standard	32.2	37.5	35.0	45.8	35	48	39.4	48
% EHC Plan pupils meeting the expected standard	11	18	24	8.89	23	16	25	20
% all pupils meeting the expected standard	71.8	75.8	78.3	83.7	81	84	85	82

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

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

Table 36: Key Stage 1 Assessments (%)

Key Stage One	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	National 2019
% SEN pupils at the expected standard in Reading	34	34	46	24.2	28	27	25.9	33
% EHC Plan pupils at the expected standard in Reading	15	14	25	18.87	13	18	11.1	13
% All pupils at the expected standard in Reading	80	81	85	76.0	77	76	78	75
% SEN pupils at the expected standard in Writing	17	18	28	16.9	18	20	19.2	25
% EHC Plan pupils at the expected standard in Writing	9	10	16	19	10	14	7.9	9
% all pupils at the expected standard in Writing	68	70	73	70.8	71	72	73	69
% SEN pupils at the expected standard in Maths	39	34	50	29.3	32	30	31	36
% EHC Plan pupils at the expected standard in Maths	26	14	20	16.98	15	16	14.3	14
% All pupils at the expected standard in Maths	81	81	85	75.7	78	78	78	76

Key stage 2

Key stage 2 assessments were introduced for the first time during 2016, they assess the new, more challenging national curriculum which was introduced in 2014; pupils are tested during

Year 6 (aged 10/11 years). As with Key Stage 1, the percentage of all SEN pupils who reached the expected standards was much lower when compared to pupils with no identified SEN, this pattern was seen nationally, regionally and locally in Warrington. However, the performance of SEN pupils was higher than the national average.

Table 37: Key Stage 2 Assessments (%)

Key Stage Two	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	National 2019
% SEN pupils at the expected standard in Reading, Writing and Maths	36	43	45	16.2	19	24	29.6	25
% EHC Plan pupils at the expected standard in Reading, Writing and Maths	6	11	11	8.8	10	9	8.4	9
% All pupils at the expected standard in Reading, Writing and Maths	80	83	85	61	70	71	72	65

Key Stage 4

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

23.5% of SEN pupils in Warrington achieved a grade 9-5 including English and Maths in 2018/19, this is higher than the national average of 16.5%. The performance of EHC Plan pupils was in line with the national trend.

Table 38: Key Stage 4 Assessments (%)

Key Stage Four	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	National 2019
% SEN pupils achieving 5+A*-C including English and Maths	31.9	25.8	27.5	28.1	NA	NA	NA	NA
% EHC Plan pupils achieving 5+A*-C including English and Maths	8.1	7.4	10.6	7.8	NA	NA	NA	NA

Key Stage Four	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	National 2019
% All pupils achieving 5+A*-C including English and Maths	65.7	55.9	58.6	57.9	NA	NA	NA	NA
% SEN pupils achieving grades 9-5 in English and Maths	NA	NA	NA	NA	23	19.4	23.5	16.5
% EHC Plan pupils achieving grades 9-5 in English and Maths	NA	NA	NA	NA	4.6	2.9	5.2	5.3
% All pupils achieving grades 9-5 in English and Maths	NA	NA	NA	NA	46	46.3	49	43.3

6.4.2 Preparation for adulthood

The term 'Preparation for Adulthood' is used to describe the process of helping a young person to be ready for moving from childhood into adult life. This process happens at different times in a young person's life, to help build the stepping stones needed for young people to move from school or college to meaningful employment, to live as independently as possible, to manage their own health and care needs and to be part of their local community. There may be a number of different agencies involved in supporting the transition including health, social care and education services and these will all change once the young person turns 18 years.

Education, employment and training destinations

Attainment of Level 2 equates to achievement of 5 or more GCSEs at grades A*-C or a Level 2 vocational qualification of equivalent size. The percentage of the SEN cohort studying in Warrington at the age of 16 (academic age 15) who attain a Level 2 qualification, by the age of 19, in 2018/19 was 45.5%, compared to the England average of 34.9%. For those pupils with an EHC Plan 16.9% attained a Level 2 qualification, including English and Maths in Warrington compared to 14.2% in England.

Attainment of Level 3 equates to achievement of 2 or more A-levels or equivalent qualifications. The percentage of the SEN cohort studying in Warrington at the age of 16 (academic age 15) who attain a level 3 by the age of 19 was 40.6% in 2018/19 and 18.5% for those with an EHC Plan.

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 in 2018/19 was 80% in Warrington, compared to 79% in the previous period. This is below the England average of 84%.

Paid Employment

The Inclusive Employment Manager been working with local businesses to develop more effective supported internship pathways, improve the employability skills of young people and increase employment opportunities for people with SEND and other vulnerable people. However, there is still much to do to increase the number of young people accessing apprenticeships, traineeships and supported internships which has reduced from 71 in 2019 to 41 in 2020. The impact of COVID on the employability of young people and those requiring additional support to access work is likely to be adverse as the competition for jobs has increased in line with the increases in the numbers of working age adults claiming benefits which has more than doubled since March 2020 from 3,285 to 7,055 in August 2020.⁸⁹

Table 39: (%) Adults with LD in Paid Employment

	2014/15	2015/16	2016/17	2017/18	2018/19	National
Percentage of adults with learning disabilities in paid employment	6.5	1.7	2.2	2.2	0.9	5.9

Source: LG Inform, https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10672&mod-area=E92000001&mod-group=AllRegions_England&mod-type=namedComparisonGroup

Settled accommodation

The proportion of adults with learning difficulties in settled accommodation is well above the national average as a result of the Council's initiative to develop local supported accommodation arrangements. The Council has purchased a number of houses to help young people with similar needs to live independently post 19. The Council has also initiated a project to strengthen the post 19 offer further and will be working in consultation with parents and carers to develop services which can compete with the independent market, particularly in relation to learning and independent skills development.⁹⁰

Table 40: (%) Adults with LD in stable accommodation

	2014/15	2015/16	2016/17	2017/18	2018/19	National
Percentage of adults with learning disabilities in settled accommodation	77.7	87.6	87.1	87.3	88.5	77.4

Source: LG Inform, https://lginform.local.gov.uk/reports/lgastandard?mod-metric=133&mod-area=E92000001&mod-group=AllRegions_England&mod-type=namedComparisonGroup

⁸⁹ Proportion of adult with learning disabilities in paid employment, LG Inform, https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10672&mod-area=E92000001&mod-group=AllRegions_England&mod-type=namedComparisonGroup

⁹⁰ Proportion of adults with learning disabilities in settled accommodation, LG Inform, https://lginform.local.gov.uk/reports/lgastandard?mod-metric=133&mod-area=E92000001&mod-group=AllRegions_England&mod-type=namedComparisonGroup

Annual health checks

The uptake of annual health checks with GPs for those with SEND aged between 14 and 25 continues to be low and this prevents the identification of new and emerging healthcare needs in older children – this is an area for development and plans have been put in place to link this process with the EHC Plan Review process.

6.5 Experience of the system

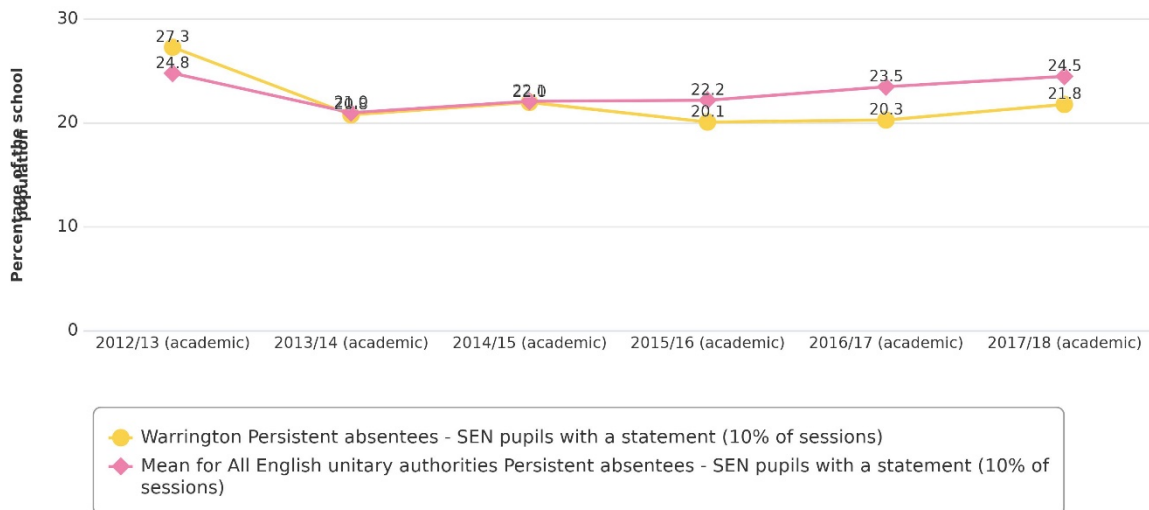
It is important to understand the experiences of children and young people with SEND and their families so that commissioners gain a view of the effectiveness of services including whether they are making a difference to lives of people they are intended to support.

6.5.1 School absence

Persistent absentees are defined as pupils who have missed 10% or more of school sessions through authorised or unauthorised absence. In 2017/18, 21.8% of pupils with EHC Plans were persistent absentees in Warrington compared to 24.5% across England. This is a small increase compared to the previous period.

Chart 6:

SEN pupils with a statement defined as persistent absentees as a % of the school population (from 2012/13 (academic) to 2017/18 (academic))



Source:

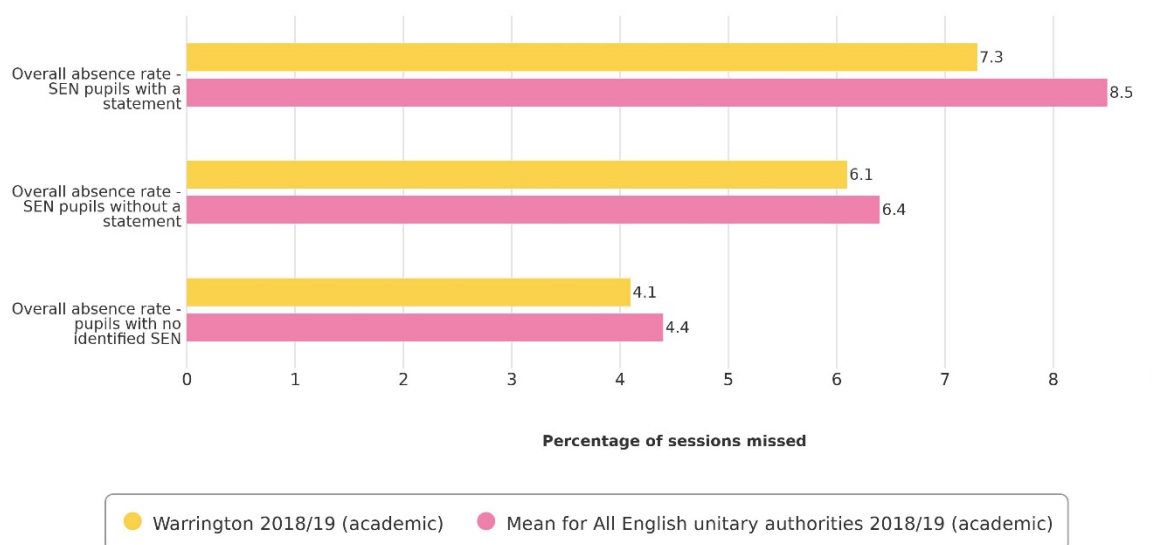
Metric ID: 10605, Department for Education, Pupil Absence in Schools in England, Data updated: 31 Jul 2019

Powered by LG Inform

7.3% of sessions were missed due to overall absence from schools for SEN pupils with an EHC plan, the All English unitary authorities average was 8.5%. A session is defined as half a day – morning or afternoon. Overall absence is the total number of overall absence sessions as a percentage of the total number of possible sessions available to that enrolment.

Chart 7:

% of sessions missed due to overall absence from schools for SEN pupils 2018/19 (academic)



Source:

Metric ID: 4722, Department for Education, Pupil Absence in Schools in England, **Data updated:** 09 Apr 2020

Metric ID: 4719, Department for Education, Pupil Absence in Schools in England, **Data updated:** 09 Apr 2020

Metric ID: 4718, Department for Education, Pupil Absence in Schools in England, **Data updated:** 09 Apr 2020

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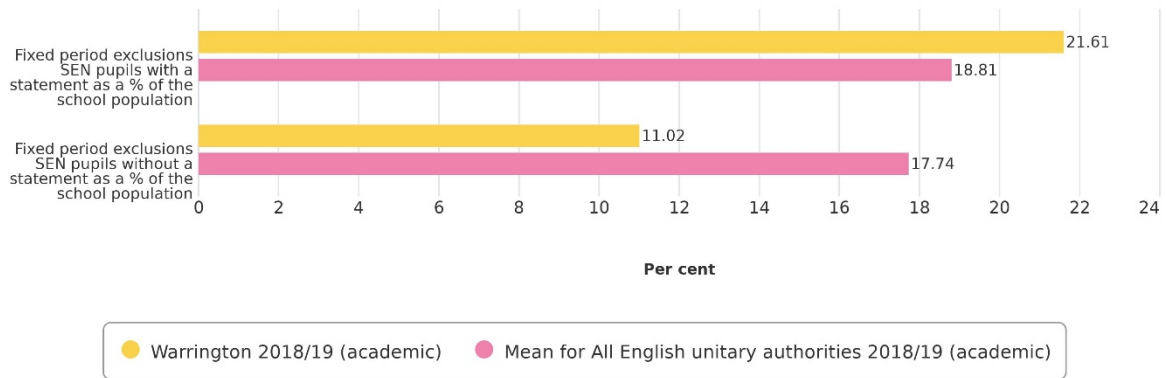
6.5.2 School exclusions

Fixed period exclusion refers to a pupil who is excluded from a school for a set period of time. A fixed period exclusion can involve a part of the school day and it does not have to be for a continuous period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days in a single academic year.

In Warrington, 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 21.61%. This compares to an average of 18.81% in All English unitary authorities.

Chart 8:

Fixed period exclusions for SEN pupils as a % of the school population (2018/19 (academic))



Source:

Metric ID: 4732, Department for Education, Permanent and Fixed Period Exclusions from Schools in England, **Data updated:** 12 Aug 2020

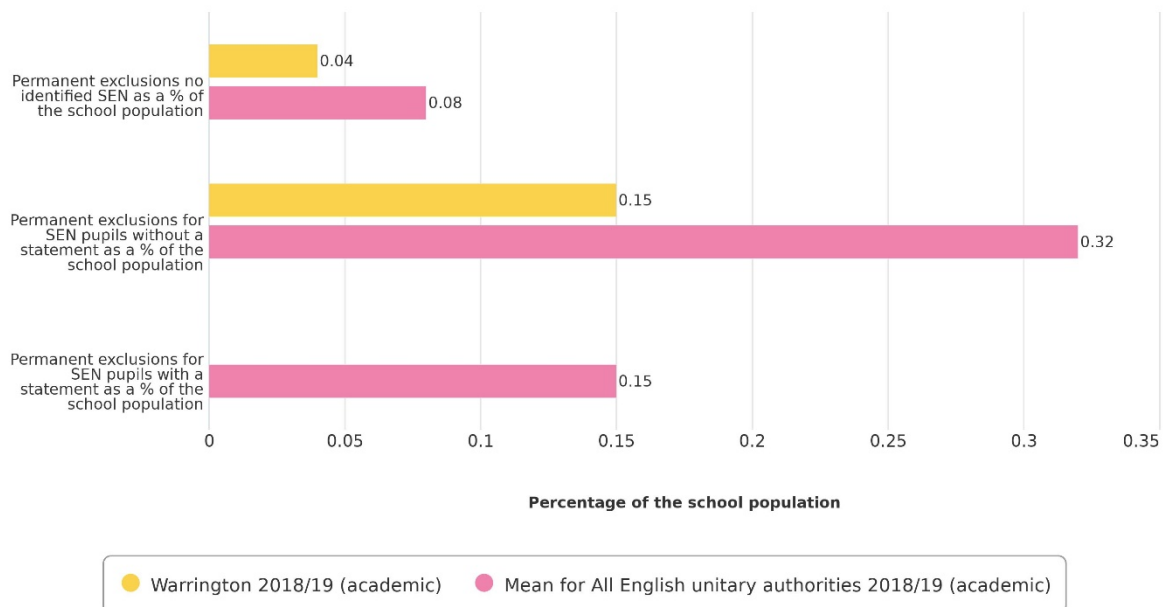
Metric ID: 4729, Department for Education, Permanent and Fixed Period Exclusions from Schools in England, **Data updated:** 12 Aug 2020

Powered by LG Inform

A permanent exclusion refers to a pupil who is excluded and has their name removed from the school register. Such a pupil would then be educated at another school or via some other form of provision. In Warrington the permanent exclusion rates for pupils with SEN, EHC Plans and all pupils is much lower than the national rate.

Chart 9:

Permanent exclusions from school as a % of the school population (2018/19 (academic))



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6.5.2 SEND Information, Advice and Support Service (SEND IASS)

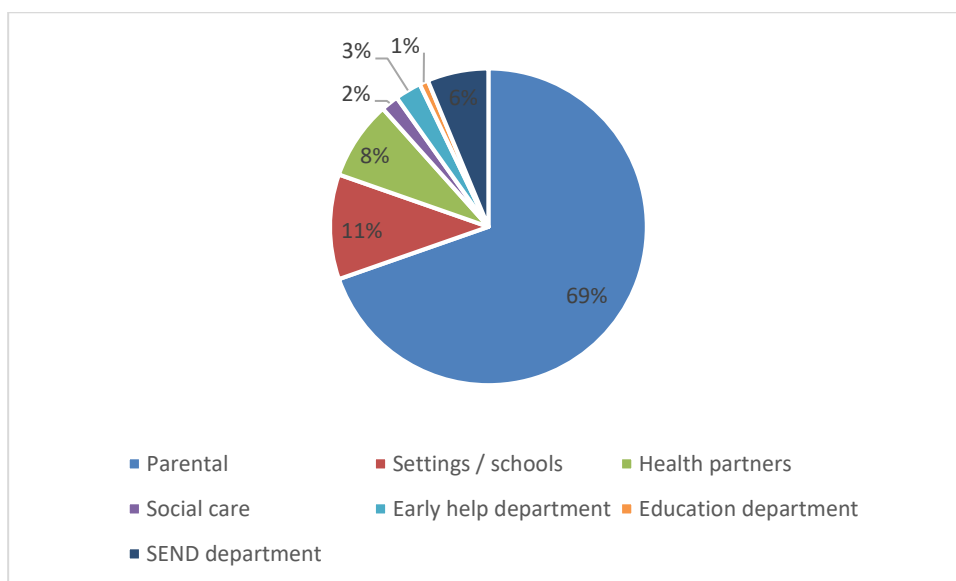
The Warrington SEND Information, Advice and Support Service (SEND IASS) support children and young people aged 0 to 25 years; further information about the service can be found in

Section 7.

Following the introduction of the SEND reforms requests for support have increased significantly from 288 in 2015 to 393 in 2020. To address the additional demands the Council has recruited a Grade 5 Information and Advice Officer.

Parental requests for support account for more than two thirds of all new referrals made to the service followed by schools and settings and then health partners.

Chart 10: SEND IASS Referral source Q1 & Q2 2020/21



During the first two quarters of 2020/2019:

- 58% of all referrals to the Service were in relation to education provision for the child
- 12% were in relation to formal complaints, mediation and tribunal
- 11% were about EHC processes (including refusals to assess, delays to timescales and funding for provision)
- 11% were about COVID-19 and the impact of the pandemic.

6.5.3 Mediation

If a child’s parent or the young person is dissatisfied with their EHC needs assessment or plan, they can appeal to the First-tier (SEN and Disability) Tribunal. The tribunal hears appeals against decisions made by the local authorities.

Mediation is when an impartial person, who is trained to deal with two opposing sides, acts as a referee in a dispute. Effective mediation provides a cost effective alternative in resolving disputes between parents, young people, health services and/or local authorities concerning the provision made for children with SEND.

Warrington Borough Council currently contracts KIDS to provide independent information, advice and guidance to parents and young people about whether they want to go to mediation or proceed to tribunal. The contract is due to be re-tendered in 2021/22.

The take-up of mediation support has been low historically – the number of mediation cases held in 2020 Warrington was just 5. This is a reduction compared to the previous period.

Table 41: Number of mediation cases

	2014	2015	2016	2017	2018	2019	2020
Mediation cases that have been held	0	0	0	4	5	14	5
Cases which were followed by appeals to the Tribunal	0	0	0	0	1	1	2

Source: SEN Statistics, Department for Education, 2007-2020

Mediation cases which were followed by appeals to Tribunal have also increased (but numbers remain relatively low).

6.5.4 Tribunals

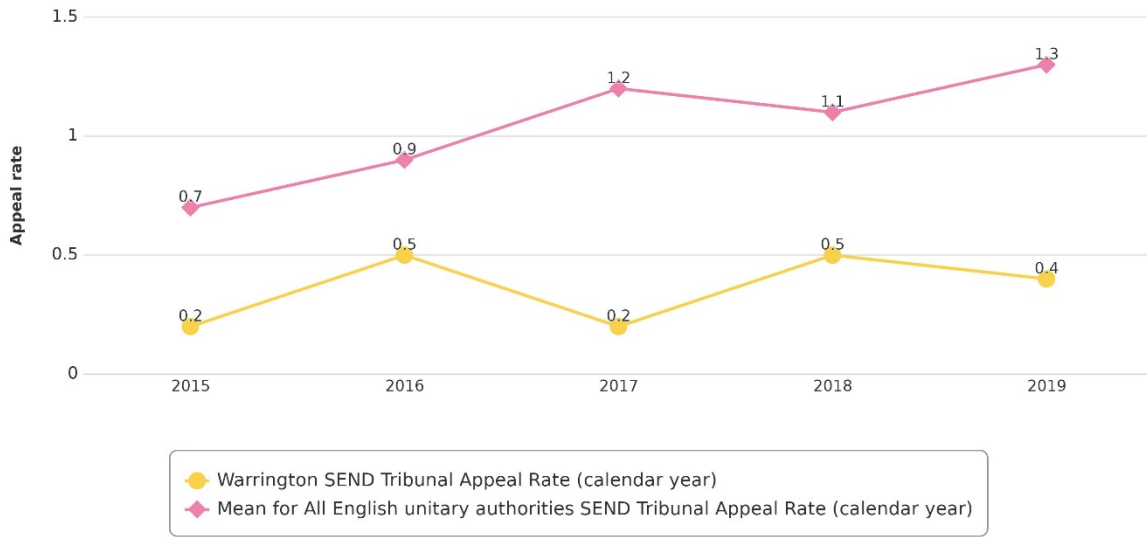
The tribunal hears appeals against decisions made by the local authorities in England in relation to children's and young people's EHC needs assessments and EHC plans. It also hears disability discrimination claims against schools and against local authorities when the local authority is the responsible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

The SEND tribunal appeal rate was 0.4% in Warrington in 2019, compared to 1.3% across England. Warrington has historically had a low number of tribunal cases and this is attributed to the work completed by the EHC Team to resolve disputes at an early stage.

Chart 11:

SEND JOINT STRATEGIC NEEDS ASSESSMENT

SEND appeals rate (from 2015 to 2019)



Source:

Metric ID: 10600, Ministry of Justice, Tribunals and gender recognition certificate statistics quarterly, Data updated: 11 Jun 2020

Powered by LG Inform

Section 7: Current Services in relation to need

This section provides a summary of all services available for children and young people with SEND and their families across the spectrum of needs.

7.1 Health Visiting

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

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

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

7.2 Portage Service

Portage is a home-visiting educational service for pre-school children with SEND and their families. It is not a statutory service and aims to:

- Work with families to help them develop a quality of life and experience, for themselves and their young children, in which they can learn together, play together, participate and be included in their community in their own right.
- Play a part in minimising the disabling barriers that confront young children and their families.
- Support the national and local development of inclusive services for children.

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

keeping a shared record of the child's progress and other issues raised by the family and responding flexibly to the needs of the child and family when providing support.

7.3 Sandy Lane Forest School Nursey

Sandy Lane Nursery and Forest School is an inclusive mainstream nursery with alternative provision for children with complex needs between the ages of 2 and 4 years of age. The nursery functions as the assessment nursery for the local authority and support is provided for pre-school children who have or are undergoing assessment by the Child Development Centres (CDC) multi-disciplinary team.

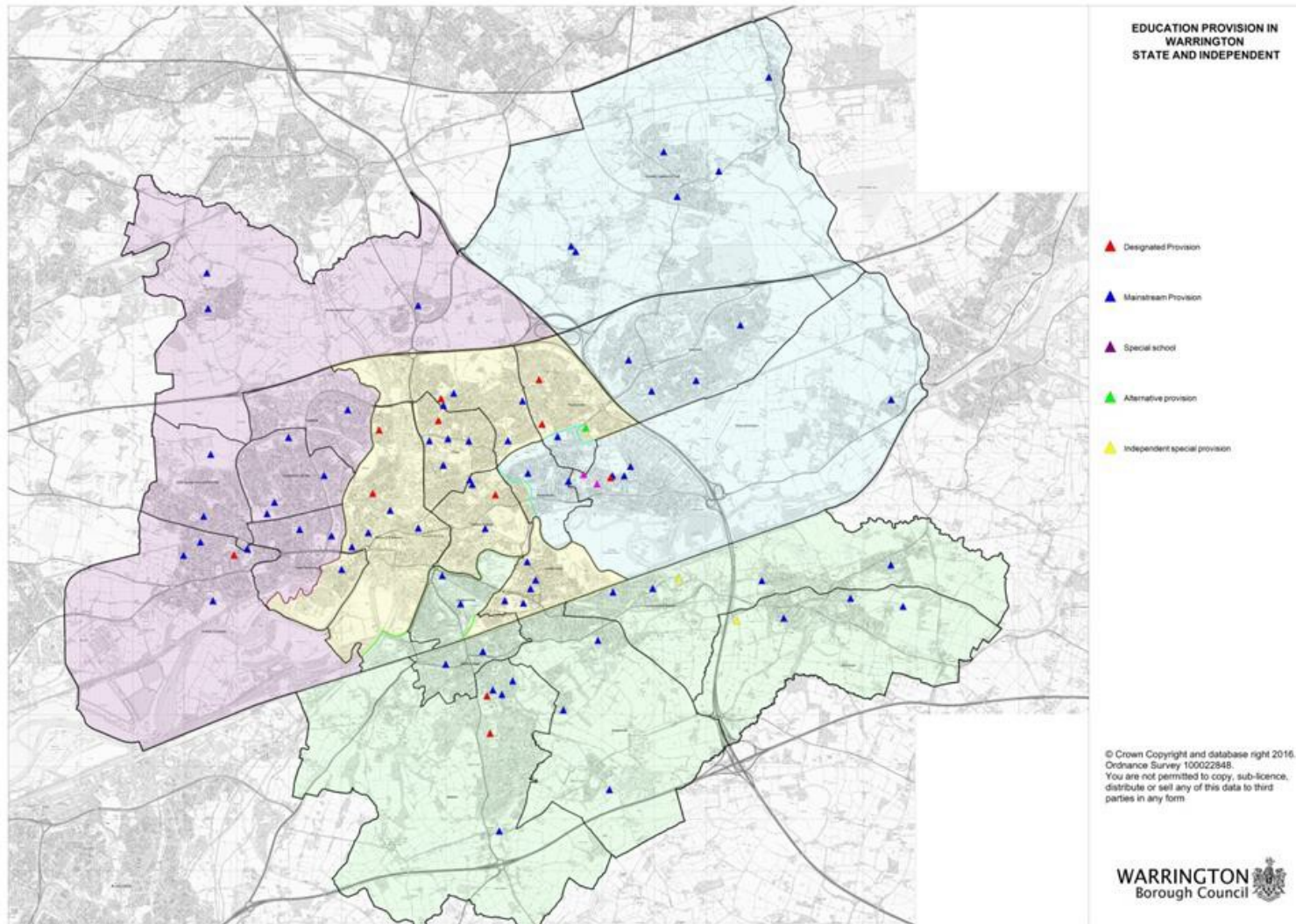
7.4 School Access and Learning Support

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

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

Mainstream schools in Warrington are, since 2018, required to fund the first £7,500 of an EHC Plan as agreed by Schools Forum.

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7.4.1 Designated provision

There are a range of designated provisions attached to some mainstream schools in Warrington for pupils with ASD, cognition and learning difficulties, SEMH and SLCN. Children in Designated placements attract the mainstream Schools Block funding, plus they receive £6,000 place funding from the High needs Block and an agreed individual top-up based on the needs of the child. Designated provisions are not a statutory requirement, but they enable Warrington pupils to experience mainstream school whilst attending some specialist facilities around the school. Children attending designated provisions will usually have an EHC Plan unless it has been agreed with school/ designated provision leader for the child to attend on an assessment basis.

Early Years

Children will not necessarily have an EHC Plan in the early years and to access the provision children will have received a referral from the Paediatricians at the Child Development Centre and subsequently allocated a place at Sandy Lane Nursery via the Early Years' SEND Inclusion Fund (EYSENDIF) panel.

Table 42: Early Years Designated Provision

School	Type of provision	Places
Sandy Lane Nursery and Forest School	Early Years (2-4 year olds) children with complex additional needs	Up to a maximum of 24 (this is dependent on the needs of the children in the cohort)

Key Stage 1

Table 43: Key Stage 1 Designated Provision

School	Type of provision	Places
Bewsey Lodge Primary	Cognition & Learning	8
Meadowside Primary	Development Centre	8
Dallam Community Primary	Autistic Spectrum Disorder	8
Oakwood Avenue Community Primary	Social, Emotional and Mental Health	8
Woolston Community Primary	Autistic Spectrum Disorder	8

Children who attend a Development Centre may have a range of needs and may take up a placement on an assessment basis.

Key Stage 2

Table 44: Key Stage 2 Designated Provision

School	Type of provision	Places
Bewsey Lodge Primary	Cognition and Learning	10
Meadowside Primary	Cognition and Learning	10
Dallam Community Primary	Autistic Spectrum Disorder	16

Oakwood Avenue Community Primary	Social, Emotional and Mental Health	10
Oakwood Avenue Community Primary	Cognition and Learning	10
Woolston Community Primary	Autistic Spectrum Disorder	8

Key Stage 3 and 4

Table 45: Key Stage 3 and 4 Designated Provision

School	Type of Provision	Places
Bridgewater High School	Autistic Spectrum Disorder	25
St Gregory's Catholic High School	Autistic Spectrum Disorder	16
Penketh High School	Cognition and Learning	16
Sir Thomas Boteler CE High School	Cognition and Learning	14
Padgate Academy	Cognition and Learning	12

Pupils in designated provisions are able to attend Warrington Vale Royal College, Morthyng or Priestley College depending on their levels of needs at Key Stage 5. Data shows that when young people with an EHC Plan and/or SEND are in education they progress above regional and national averages (at level 2 and level 3).

Further investigation is required by commissioners to understand whether the offer is sufficient and it meets the needs across all key stages of learning.

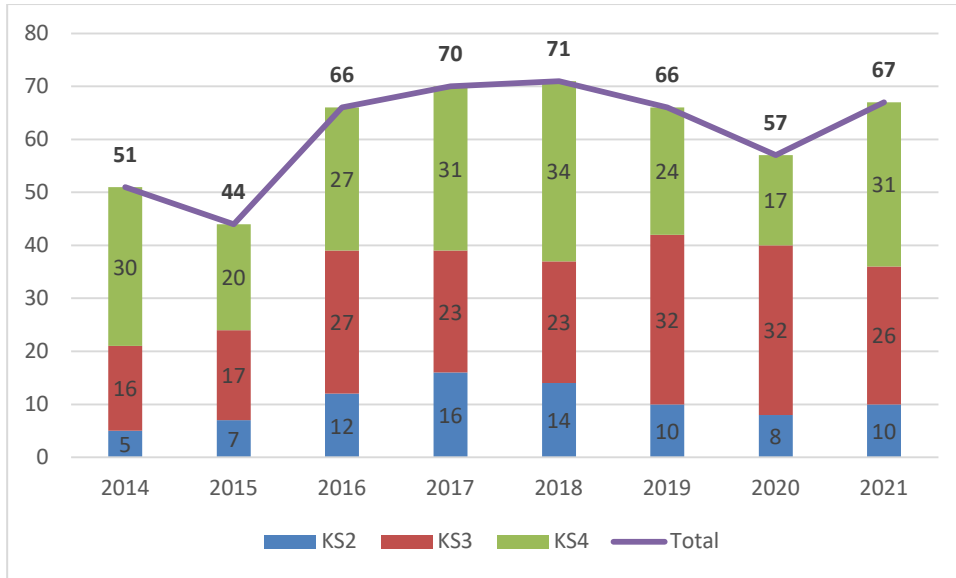
7.4.2 Specialist provision

Woolston Brook School

Woolston Brook School supports pupils with SEMH needs across Key Stages 2, 3 and 4. Since 2014 the number of pupils on roll has increased from 51 in 2014 to 67 in 2021. The school can accommodate up to 72 pupils and whilst there seems to be sufficient demand for specialist SEMH places locally, pupils are carefully matched to ensure that the placement is stable and successful in the long term. For example, the school consults with the Youth Justice Service's Divert Team to ensure that pupils identified to be involved in criminal behaviour or at risk of criminal exploitation are not placed together. However, this approach does create some financial challenges

Chart 12: Woolston Brook School – Pupils on roll by Key Stage

SEND JOINT STRATEGIC NEEDS ASSESSMENT

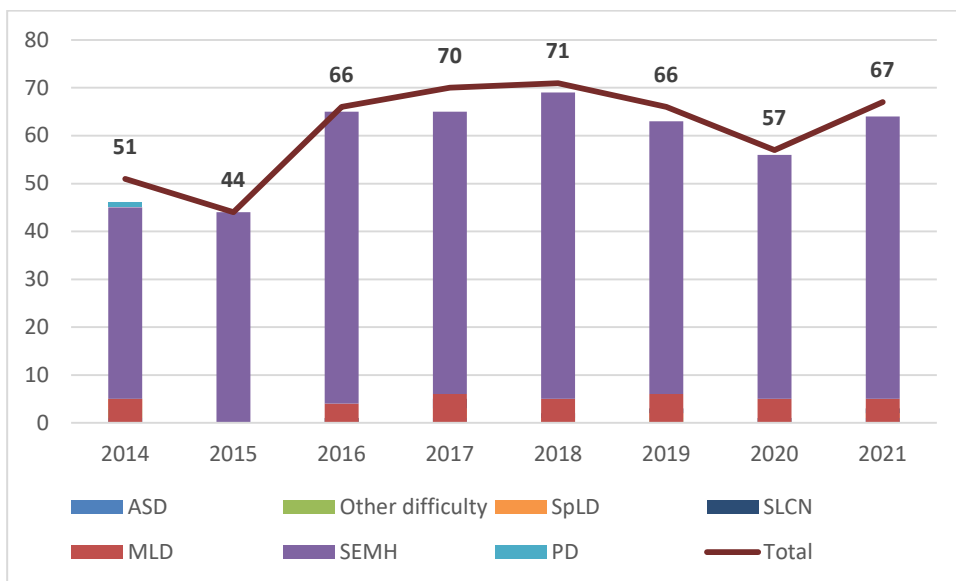


According to the School Census information:

- The vast majority of pupils are boys and in 2021 girls accounted for just 13% of the school population
- All pupils spoke English as their first language and this has been the case since 2014
- The proportion of disadvantaged pupils is well above average and a number of pupils are looked after by Warrington Borough Council.

Whilst the most prevalent primary needs of pupils has been SEMH, the school has also supported a handful of pupils whose primary needs have been MLD (5 in 2021), ASD (1 in 2021), SpLD (1 in 2021) and SLCN (1 in 2021).

Chart 13: Woolston Brook School – Pupils primary needs



According to NASEN:

“...what is recognised as a pupil’s ‘primary area of need’ may change as they get older, or as their context changes. It is important to consider that when a child or young person is presenting with SEMH needs, some or all of these needs may have their roots in another area of need. For example, a young child with speech, language and communication needs will find it difficult to make themselves understood and/or to understand others. This often leads to frustration and a need to communicate in the only way they can, i.e. through their behaviour; at the same time, they are likely to have difficulty with early literacy development due to their language difficulties. This may mean that as they move into KS2, they become primarily identified with literacy difficulties or possibly MLD; by the time they start secondary school, their frustration and possibly aggressive behaviour may have become their primary need.”⁹¹

The majority of pupils at Woolston Brook School present with some degree of SLCN or behavioural difficulties which arise because of their needs.

Table 46: Woolston Brook School – Secondary needs of pupils

	2014	2015	2016	2017	2018	2019	2020	2021
ASD	2	3	4	3	4	3	2	5
MLD	9	16	18	12	11	8	6	8
No specialist assessment				1				
Other difficulties	4	7	10	13	24	17	14	24
SEMH	6		1	5	5	6	5	5
SpLD	1			2	3	3	4	6
SLCN	2	1	4	3	4	4	4	4
Total	24	27	37	39	51	41	35	52

Woolston Brook School was last inspected by OFSTED in 2019 and found the school to be good. In terms of the quality of teaching and learning OFSTED reported that:

“Teachers assess pupils’ knowledge and skills effectively and adapt teaching successfully to meet their individual needs. Teachers plan work for pupils that is suitably challenging, and they use effective approaches to help pupils overcome their social and emotional barriers to learning.”⁹²

Typically there is one teacher to every eight pupils and 10 classroom based teaching assistants. There are also two ‘Behaviour for Learning’ Mentors supporting pupils to be ready to engage in learning and one Intervention Mentor providing outreach support to schools refusers with high levels of anxieties.

⁹¹ The Broad Areas of Need SEMH: Information, NASEN, 2020, https://www.nasbtt.org.uk/wp-content/uploads/2020/07/SEMH_information_downloadable-doc.pdf

⁹² Inspection report: Woolston Brook School, 9-10 January 2019, OFSTED, 4 February 2019, <https://files.ofsted.gov.uk/v1/file/50053797>

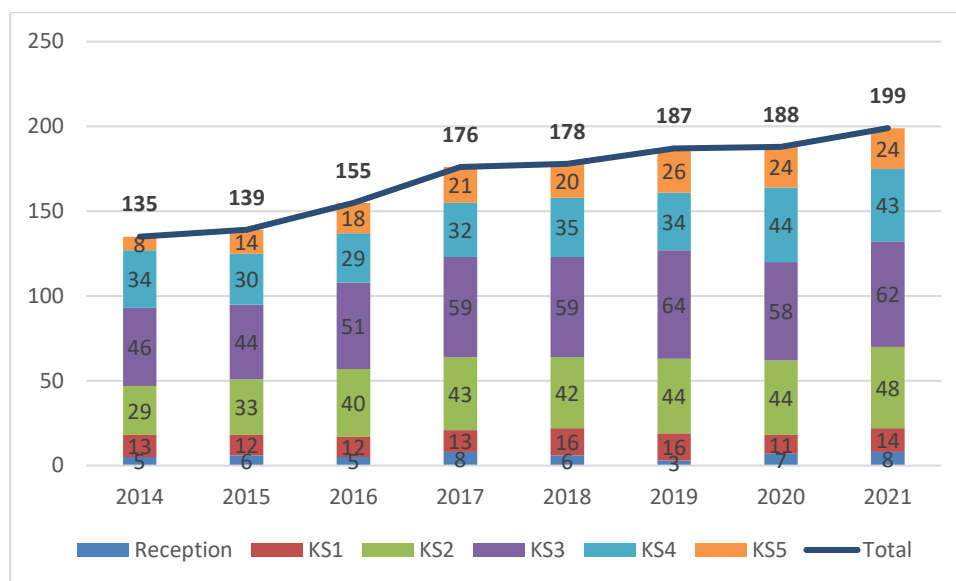
There is good partnership working with other provisions so that a small number of pupils can attend alternative provision to pursue vocational studies for one or two days a week and pupils attain good qualifications in a range of vocational subjects - in 2018, 94% of pupils went into further education or training.

Green Lane School

The number on roll at Green Lane School has increased by 47.4% since 2014 from 135 to 199 in 2021. This is significantly above the agreed Pupil Admission Number (PAN) of 175 places. In conjunction with the school leaders and governing body, the Council has agreed to extend the site to accommodate the additional influx of pupil numbers and has developed plan to create an additional four classrooms using the vacant Integrated Services Building at Woolston Learning Village.

The number of pupils has increased across all Key Stages, but more notably at Key Stage 3 (65.5% increase) and Key Stage 5 (200% increase). It is unlikely that the ASD Free School will impact on numbers attending Green Lane School, as the Free School is intended to cater for pupils who are meeting ARE.

Chart 14: Green Lane School – Pupils on roll by Key Stage

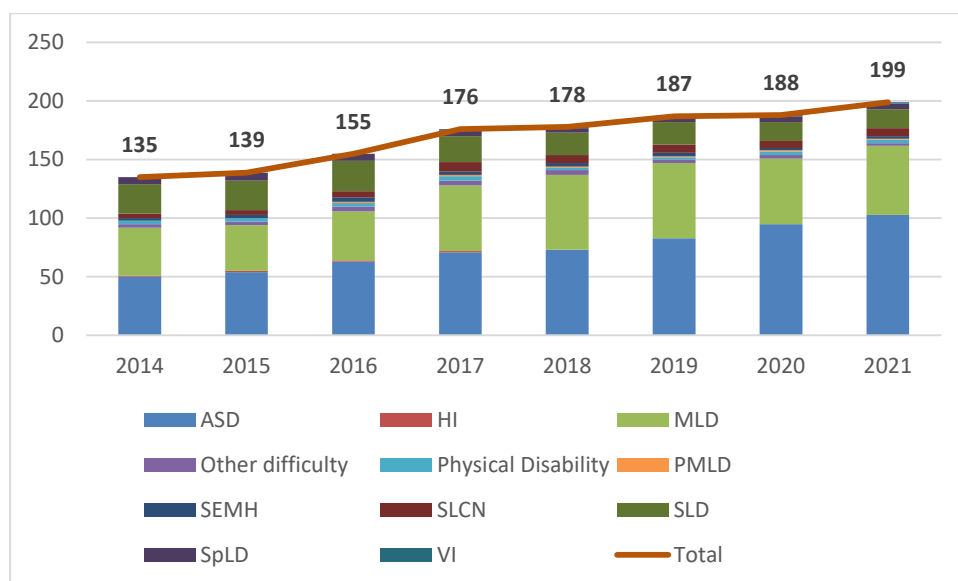


According to the School Census information, in 2021:

- Girls accounted for just 32% of the school population
- 97% of the pupils spoke English as their first language and the remaining six spoke Chinese (1), Polish (4) and Urdu (1)
- The proportion of disadvantaged pupils supported through the pupil premium is well above the national average
- Just 2% were in the care of Warrington Borough Council.

The three most prevalent primary needs of pupils has historically been ASD (51% in 2021), MLD (30% in 2021) and SLD (8% in 2021).

Chart 15: Green Lane School – primary needs of pupils



The profile of children attending Green Lane has become increasingly complex over the last few years and more pupils are presenting with communication difficulties and physical disabilities / health needs. With this in mind there is an increasing demand on school staff to provide speech and language input, occupational therapy and undertake nursing tasks.

The school currently receives just one day per week input from the school nursing team and this is not sufficient to support staff to meet the volume of pupils and complexity of needs, as well as undertake the delegable health tasks which are required to be undertaken. It is therefore recommended that public health increase the level of input into the school going forward.

Table 47: Green Lane School – secondary needs of pupils

	2014	2015	2016	2017	2018	2019	2020	2021
ASD	3	2	0	0	0	0	0	0
HI	3	3	1	2	2	3	3	4
MLD	9	10	13	20	19	18	22	18
Other difficulty	1	1	2	2	2	2	1	2
Physical Disability	6	7	8	9	9	9	11	12
PMLD	3	2	2	3	3	2	2	2
SLD	5	5	6	5	5	6	5	5
SEMH		0	3	3	3	3	3	2
SpLD	3	2	1	2	2	2	2	2
SLCN	46	46	50	61	66	76	82	95
VI		0	0	1	1	2	2	2

	2014	2015	2016	2017	2018	2019	2020	2021
Total	79	78	86	108	112	123	133	144

Classes are typically made up of 10 pupils or less and there is a high ratio of staff to pupils: one qualified teacher and two Teaching Assistants. The school also employs four Higher Level teaching Assistants who lead a range of learning interventions for pupils with additional needs. This model enables staff to meet the children’s complex needs in the school and in the last inspection of the school, OFSTED noted that:

“The teaching assistants are a huge strength of the school. They are very well trained and constantly focus on pupils’ well-being and academic achievements. The support team is instrumental in delivering high quality intervention in English, mathematics and communication skills.”⁹³

In 2014 OFSTED judged the school to be outstanding in all areas of practice and this remained the same in the 2019 follow up inspection. OFSTED noted in their outcome report that pupils join the school significantly below average attainment and that **“...leaders have created an aspiration curriculum...”** which **“...allows pupils to build on what they already know and can do. Staff have a clear understanding of what pupils need to learn. As a result pupils achieve exceptionally well.”⁹⁴**

Students achieve a range of academic and work-related qualifications which are well matched to their learning needs and there are a wide range of opportunities for those in the sixth form to further develop their independent living, social and communication skills. The sixth form has developed positive relationships in the local business and care communities which supports pupils to successfully engage in the supported-internship programme. This leads to a number of students gaining employment in a range of local businesses and organisations.

Fox Wood School

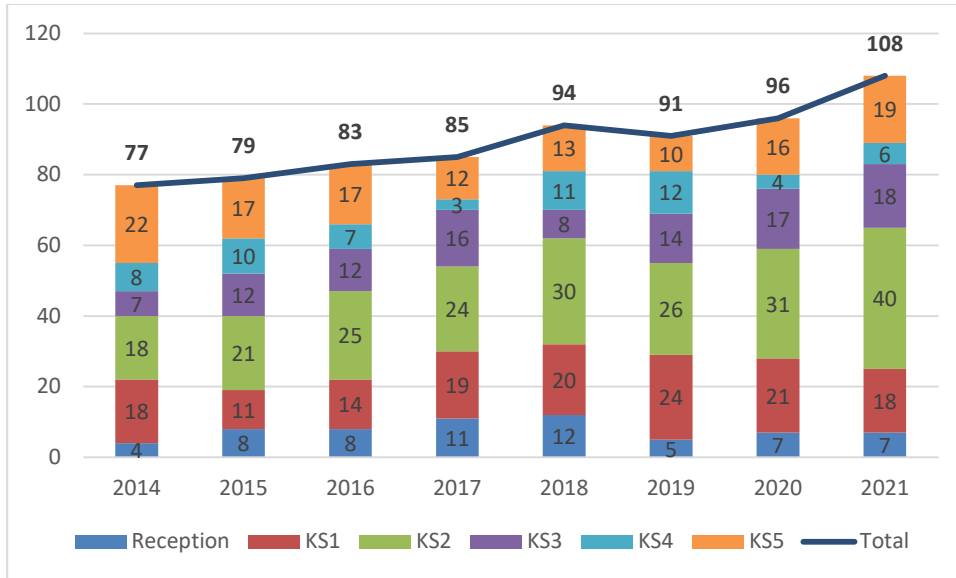
The PAN for Fox Wood School is 78 pupils, but demand has increased significantly for specialist places and there are currently 108 pupils on roll. The biggest increase has been at Key Stage 2 (122%) and Key Stage 3 (157%).

Chart 16: Fox Wood School – pupils on roll by Key Stage

⁹³ Inspection report: Green Lane School, 6-7 May 2015, OFSTED, 26 May 2015, <https://files.ofsted.gov.uk/v1/file/2480821>

⁹⁴ Inspection report: Green Lane School, 19-20 November 2019, OFSTED, 10 December 2019, <https://files.ofsted.gov.uk/v1/file/50133875>

SEND JOINT STRATEGIC NEEDS ASSESSMENT

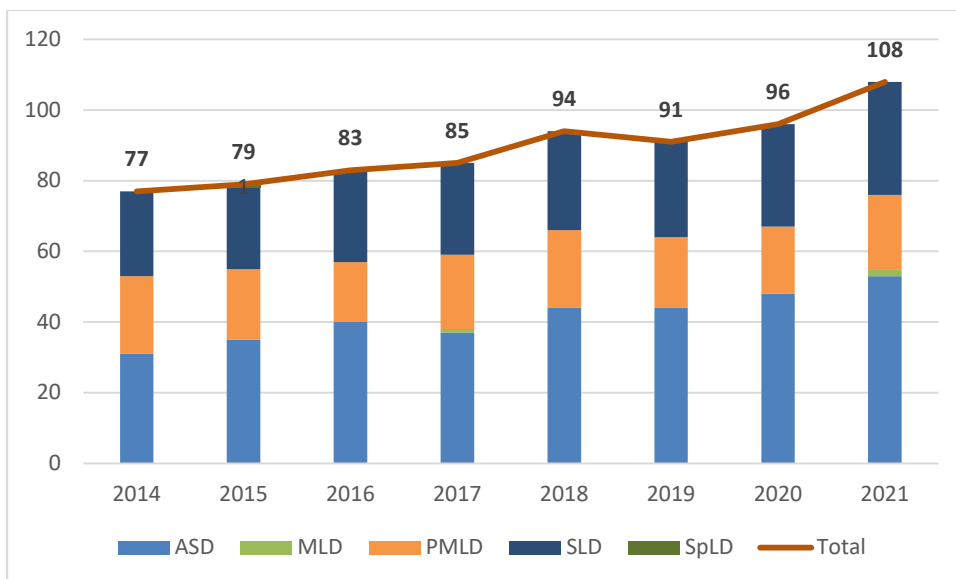


According to the School Census information, in 2021:

- Girls accounted for just 37% of the school population
- 86% of the pupils spoke English as their first language and the remaining 15 spoke Chinese (1), Polish (4) Tamil (1), Urdu (1) and eight were unknown.
- The proportion of disadvantaged pupils supported through the pupil premium was well above the national average
- Just 4.6% were in the care of Warrington Borough Council.

The three most prevalent primary needs of pupils has historically been ASD (49.1% in 2021), SLD (29.6% in 2021) and PMLD (19.4%).

Chart 17: Fox Wood School – primary needs of pupils



Many pupils who attend Fox Wood School usually have multiple and severe SEN which co-occur with complex medical and health needs. Information from the school census shows that SLD to be the most prevalent secondary need of all pupils (50% in 2021).

Table 48: Fox Wood School – secondary needs of pupils

Secondary need	2014	2015	2016	2017	2018	2019	2020	2021
ASD	1	0	0	0	0	0	0	0
MLD	0	0	0	0	0	0	0	1
Other difficulty	1	1	1	1	2	1	1	1
Physical disability	5	4	4	2	2	1	1	1
PMLD	1	1	3	3	4	4	4	4
SLD	30	35	30	23	22	18	16	17
SEMH	4	0	0	0	0	0	0	0
SLCN	0	0	2	2	6	5	6	7
VI	1	1	3	3	3	3	3	3
Total	43	42	43	34	39	32	31	34

The vast majority of pupils have specific care plans including intimate care, sensory therapy, feeding, suctioning, physio and occupational therapy. The Readiness for Learning Coordinator and School Nursing Team oversee the delivery of these care plans and there are approximately 8 pupils in each class and 3 pupils to one member of staff for pupils with ASD/SLD and 2 pupils to one member of staff for pupils with PMLD. Support costs for these children have also increased – for example funding for specialist furniture has increased from £661 in 2014 to £32,750 in 2020.

Pupils benefit from the outstanding facilities available at Woolston Learning Village, such as the hydrotherapy pool and the targeted interventions such as the ‘rebound therapy’ and the sensory curriculum.

The school was visited by OFSTED in 2018 and received a grading of good – the Ofsted summary indicated that:

“Based on the evidence gathered during this short inspection, I am of the opinion that the school has demonstrated strong practice and marked improvement in specific areas. This may indicate that the school has improved significantly overall. Therefore, I am recommending that the school’s next inspection be a section 5 inspection.”

OFSTED also noted that:

“Pupils enter school with skills and knowledge well below those typical for their age. However, the high expectations of leaders and staff, the creative organisation of the

curriculum and skilled teaching enable pupils to make strong progress across subjects. Pupils develop many essential skills around self-help, independence and communication.”⁹⁵

Teaching assistants are primarily class based and are clear about their roles in supporting learning. They receive annual training on sensory diets and communication which has impacted positively on pupils’ communication skills and overall progress.

Woolston Sixth Form College

Leaders across Fox Wood and Green Lane have worked to develop the sixth form college offer and as a result there are a wide range of vocational options, including the study of horticulture, catering, administration and retail. The on-site café also provides students with the experience of serving customers and handling money. In the most recent inspection, OFSTED highlighted that “**...during their time at Fox Wood, students are prepared well for the next stage of their lives.**”⁹⁶

Whilst the provision is delivered as one sixth form, they have two URNs which makes them two distinct schools for financial purposes.

7.4.3 Commissioned education provision

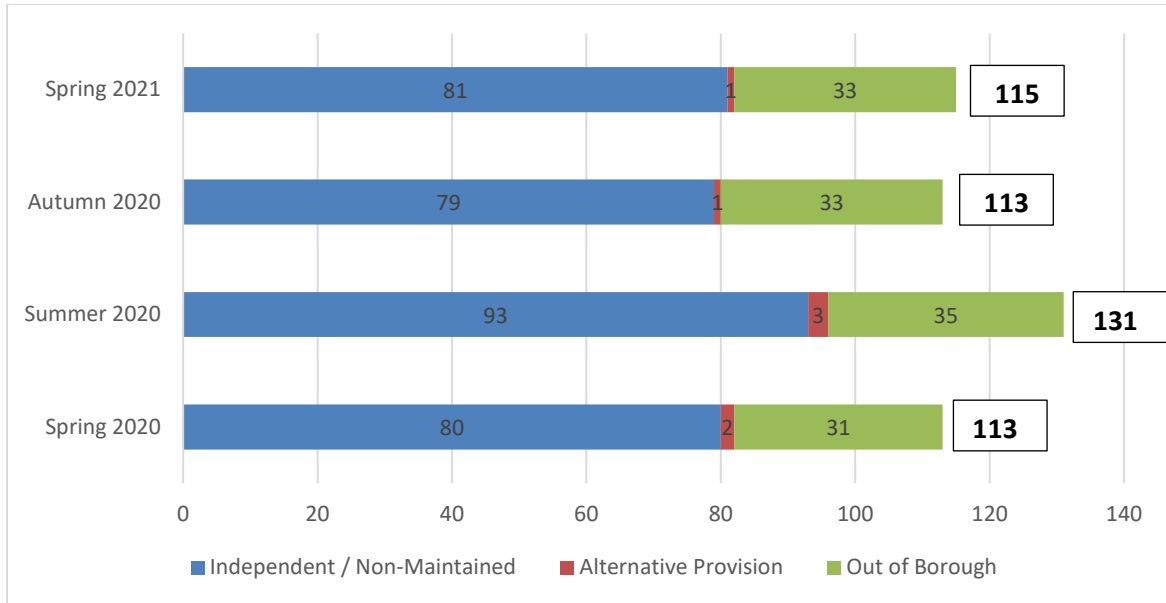
Warrington Borough Council also commissions a large number of external agency placements which is due to the rapid increase of the number of children and young people with an EHC Plans since 2014 whose needs cannot be met in the current established local provision. These are from a range of independent, non-maintained and out of borough (academies, free schools and maintained schools). The preference will always be to support children to remain in Warrington if possible, encouraging education, social, health and community development close to home. The new ASD Special School, the Seymour Academy, due to open in 2023 will support this agenda.

Chart 18: Commissioned placements by term

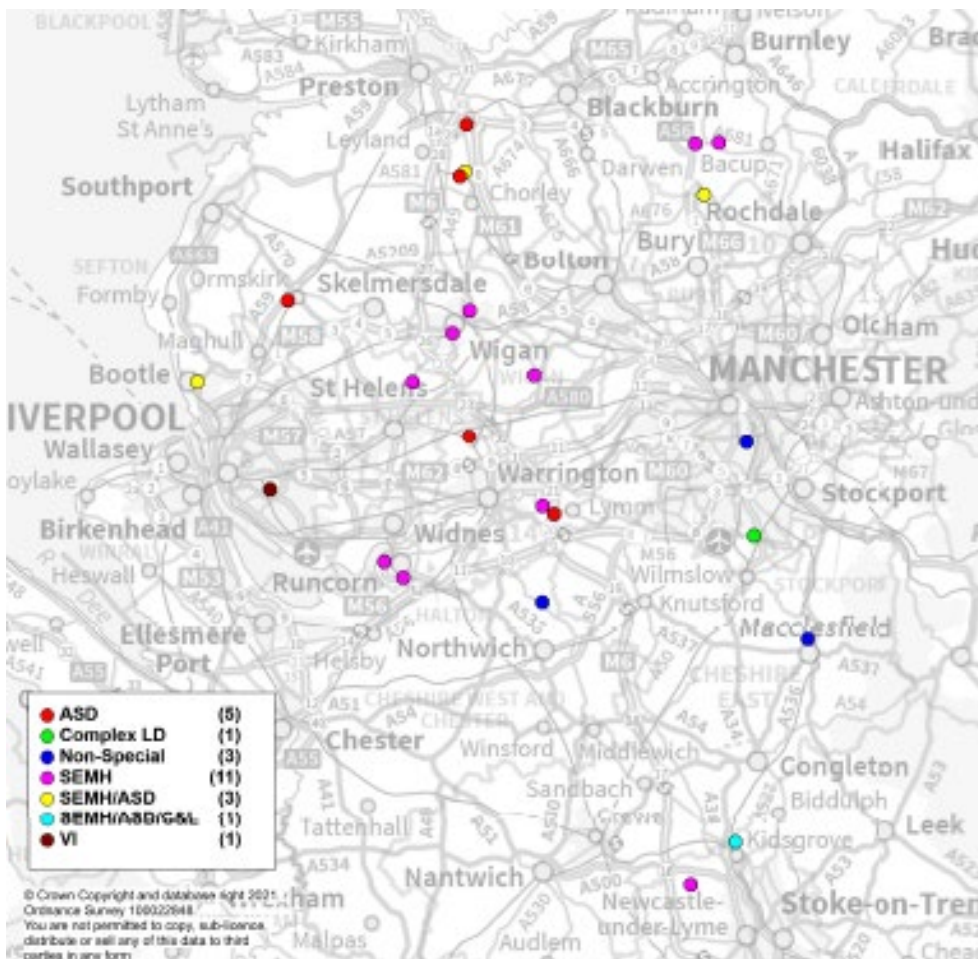
⁹⁵ Inspection report: Fox Wood School, 13 September 2018, OFSTED, 24 October 2018, <https://files.ofsted.gov.uk/v1/file/50033932>

⁹⁶ Inspection report: Fox Wood School, 13 September 2018, OFSTED, 24 October 2018, <https://files.ofsted.gov.uk/v1/file/50033932>

SEND JOINT STRATEGIC NEEDS ASSESSMENT



In terms of placements Warrington has a high number of children and young people placed in this type of provision with ASD and SEMH needs due to the lack of available provision in Warrington. Most of these providers are in or around Warrington.



7.4.4 Sensory Support Team

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

7.5 Health Services and Continuing Care Packages

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

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

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

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

Support for children and young people with emotional health and well-being issues is provided through CCG locally commissioned CAMHS services. Where locally commissioned services cannot meet the identified 'health' need of a child or young person who meet the threshold of 'Continuing Care' and this is not available through NHS England commissioned Tertiary or Tier 4 CAMHS then these needs will be met through the joint commissioning arrangements in place between Warrington CCG and Warrington Borough Council for Children's Continuing Care. Additionally, the 'Thrive' model²⁹ is currently being implemented in Warrington which will support integrated working and 'getting the right support at the right time and place' for children and young people with emotional and mental health needs.

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

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

Their role is to:

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

Warrington has in place a shared arrangement for a DCO with St Helen's and Halton and a Deputy DCO role has been established in 2021 to provide additional capacity in Warrington.

7.6 Social Care and Short Breaks

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

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

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

7.7 Travel and Transport

Warrington Borough Council provides free home-to-school transport for primary aged pupils who live more than two miles away, and for secondary aged pupils who live more than three miles away. Statutory school aged children with an EHC Plan will be provided with transport or travel assistance to a designated unit or special school where it has been agreed that the

school best meets the child's needs and it is over the statutory walking distance. Post 16 transport funding is only agreed in exceptional circumstances.

7.8 Preparation for Adulthood

The Council has invested significantly in its Preparation for Adulthood (PFA) programme to improve the effectiveness of its arrangements. Capacity in the PFA Team has been increased to reflect the growing number of young people identified as requiring support from the age of 14 years and to ensure effective case management so that young people can be successfully supported into adulthood. Given the rise in the young people with EHC Plans post 16 it is recommended that commissioners keep capacity within the Team under review to ensure that young people receive timely assessments under the Care Act (where appropriate).

The Team adopts a strength based approach to assessing the needs of young people and works closely across children's and adult services to develop holistic assessments of need. There has been considerable improvements in practice and increasingly young people are supported to remain in Warrington rather than being placed out of area and the number of young people placed in specialist post 16 establishments has reduced from 72 in 2019 to 59 in 2020.

The PFA Team supports the different pathways in preparation for adulthood (i.e. employment; independent living and housing; friends, relationships & community; and good health). However, not all young people with SEND will require an EHC plan in place to achieve these outcomes.

7.9 SEND IASS

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

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

- Independent support around the Education, Health and Care assessment process
- Support to parents/carers on additional support in the Early Years
- Support with transition to school and college (nursery, primary, secondary)
- Explaining the complexities of EHC assessments, plans and statements of special education needs
- Annual and emergency reviews of statements and EHC plans
- Disagreement resolution services
- Home visits
- Training for parents/carers and professionals in all aspects of SEN and disability

- Parent events such as early years, starting school and a year 5 transition event
- Support around personal budgets/key working/ health input.

The Service has a dedicated confidential helpline where parents/carers and young people can talk to the SEND IASS officers. The service will offer a home visit where applicable and the officer also provides support for parents/carers and young people in meetings with schools, local authority and colleges. Where there may be a dispute it also helps parents/carers/young people to express their views either by writing their views or advocating at meetings.

Warrington SEND IASS currently offers a full time service support by 1 FTE SEND IASS Officer and 1 FTE Information and Advice Officer but this is provided by Independent Support monies which will cease in 2021. It is recommended that the Council and Warrington CCG work together to put in place joint commissioning responsibilities in line with the statutory duties in the SEND Code of Practice and the Minimum Standards for SEND IASS Services.

7.10 Formal complaints

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

7.11 Mediation and Disagreement Resolution

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

7.12 SEND Appeals Tribunal

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

7.13 Local Government Ombudsman

The Local Government Ombudsman (LGO) is independent and deals with claims of maladministration leading to injustice. This provides a non-legal avenue for individuals seeking to scrutinise the decisions of public bodies. The LGO expects complaints to be made first of all to the local authority before they will investigate. If there is an alternative remedy

such as a right of appeal to the tribunal, then the LGO will normally wait for the outcome of the appeal before investigating, as a decision may be needed before they can assess the injustice.

7.14 Local Offer

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

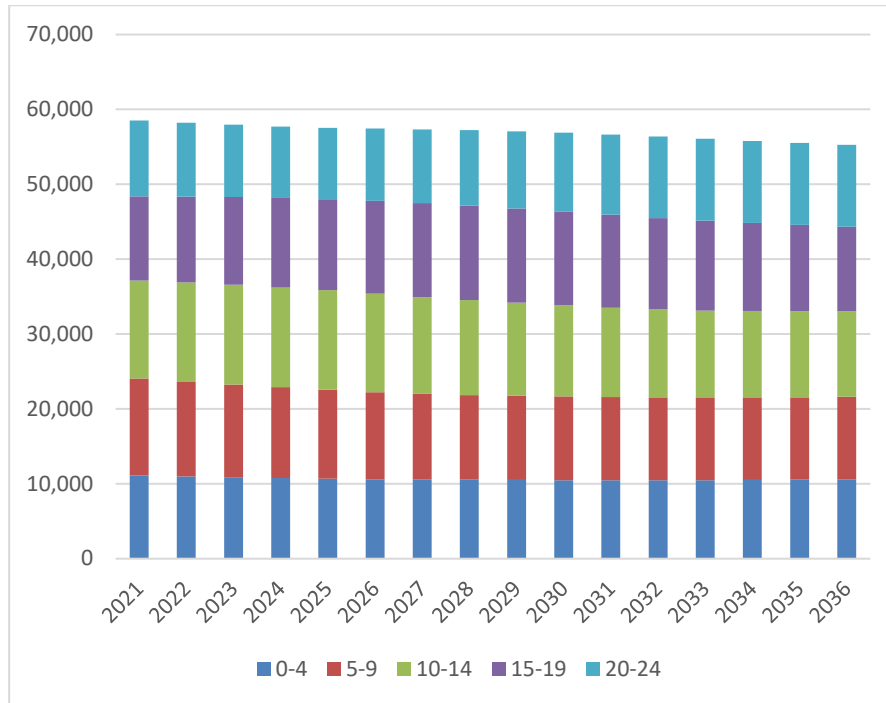
Section 8: Projected service use in the next 5, 10 and 15 years

Population projections

According to the Office for National Statistics, the overall population in Warrington is expected to grow by 2.09% from an estimated 211,118 people in 2021 to 215,530 people in 2036. These estimates are based on live birth data and life expectancy, so growth is expected primarily in older people aged 60 years and over.

In contrast the number of children and young people aged 0-24 years is expected to slightly decrease from 58,534 in 2021 to 55,254 in 2036. This equates to a percentage decrease of 5.6% overall.

Population estimates children and young people in Warrington 0-24 years



8.2 Housing developments

Warrington’s Local Plan aims to deliver 18,900 new homes by 2036 to match the expected growth in both the local population as a result of increased life expectancy and the planned expansion to the jobs market. The Plan aims to ensure that there are enough affordable properties for young buyers and accessible homes for people with disabilities and for elderly people.

The majority of new homes will be delivered within the existing main urban areas of Warrington, the existing inset settlements and other sites identified in the Council’s Strategic Housing Land Availability Assessment (SHLAA), which together have identified deliverable capacity for a minimum of 13,726 new homes.

It is proposed that the following sites will be removed from the Green Belt and allocated as sustainable urban extensions to the main urban area of Warrington:

- Garden Suburb – minimum capacity of 6,490 homes of which a minimum of 4,201 homes will be delivered in the Plan Period. This is in addition to the 930 homes within the allocation which already have consent and are included in the capacity of the existing urban area set out above.
- South West Extension – minimum capacity of 1,631 homes to be delivered in full in the Plan Period.
- A minimum of 1,085 homes will be delivered on Green belt sites adjacent to following outlying settlements:
 - a) Burtonwood – minimum of 160 homes
 - b) Croft – minimum of 75 homes
 - c) Culcheth – minimum of 200 homes
 - d) Hollins Green – minimum of 90 homes
 - e) Lymm – minimum of 430 homes
 - f) Winwick – minimum of 130 homes.

The Local Plan is expected to have an impact on pupil numbers in some areas of Warrington as set out in section 8.3.

8.3 Pupil forecasts

Live births in Warrington peaked in 2014/15 and have steadily decreased year on year. The recent reception intakes indicate that there is also a decline in admissions to school overall impacting on the take-up of school primary places which forecast to reduce by 3.93% over the next five years.

However, in the secondary sector Warrington is a net importer of pupils attracting children from St Helens, Wigan, Salford, Cheshire East and Halton. In some cases, this is because the nearest local secondary school for some children and young people is located in Warrington (rather than their own residing borough). This puts pressure on demand for local school places. For example, 30% of Culcheth High School’s school population is made up of students that reside in Salford and Wigan. A significant number of students from outside Warrington also attend Lymm Academy, given its close proximity to Cheshire East and the partnering arrangements that exist between Lymm High and the two Cheshire East primary schools of Little Bollington and High Legh.

Due to local housing developments, the Council has also estimated that there is a need to develop more primary school places in certain localities and a further 210 additional places are required in the primary sector by 2022. Grappenhall Heys Primary is being extended from a one to two form entry and the building works are planned for 2021 in preparation for 2022. Bridgewater High School will also be extended by 300 places, to ensure that there is enough secondary places to meet the needs of the housing developments in south Warrington.

Table 49: Pupil forecasts based on planned school developments

	Actual Pupils Jan 2021	Estimated Pupils Sep-2021	Estimated Pupils Sep-2022
Maintained nursery	99	99	99
Primary schools	18,814	18,814	19,024
Secondary schools	13,197	13,197	13,497
Independent school	42	42	42
Special school	374	374	381
Non maintained special school	38	38	38
Pupil Referral Unit	11	11	11
	32,575	32,582	33,108

8.4 SEND school place planning by need

The Department for Education has found that the population in special schools has been increasing for a number of years, at least partly driven by the rise in number of children and young people with an EHC Plan, and they forecast that this will continue until 2024, before gradually declining. This forecast is attributed to the declining birth rate in England.

Forecasts in this document are based on the four year rolling average in pupil numbers (by need), plus an annual growth rate of 0.6% to reflect imports of pupils into the area and future housing developments described in the section above. The forecasts are based purely on the assumption that demand for special school places will grow in Warrington given that there is a lower number of special school places compared to the regional and national average.

The forecasts are intended to aide strategic planning so that the right capacity is built into the system at the right time to meet need and not to evidence actual spend. Demand for specialist school places is more easily predictable in the short term as it is informed by awaiting placement data held by the Council and longer term forecasts can be more unreliable as it is based on a formula so commissioners are recommended to keep SEND school place planning under review on an annual basis.

8.4.1 Children and young people with EHC Plans

Since 2014, 691 more EHC Plans have been made for children and young people with SEND. 14.3% of this increase can be explained by the extension of eligibility criteria for an EHC Plan to children under 5 and young people over 19 years.

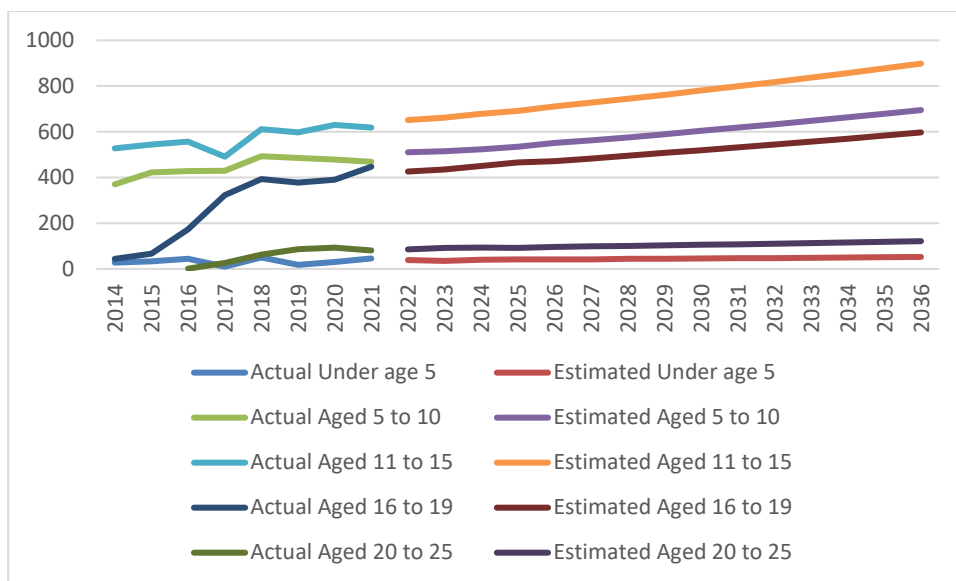
Table 50: Children and young people with EHC Plans by age

	2014	2015	2016	2017	2018	2019	2020	2021	Actual change
Under age 5	27	33	44	10	50	18	30	46	
Actual increase		6	11	-34	40	-32	12	16	19
4 year rolling average			29	34	31	27	36	24	
Aged 5 to 10	370	422	428	430	493	486	479	468	
Actual increase		52	6	2	63	-7	-7	-11	98
4 year rolling average			413	443	459	472	482	358	
Aged 11 to 15	528	544	557	491	611	598	630	619	
Actual increase		16	13	-66	120	-13	32	-11	91
4 year rolling average			530	551	564	583	615	462	
Aged 16 to 19	44	66	173	323	393	378	390	447	
Actual increase		22	107	150	70	-15	12	57	403
4 year rolling average			152	239	317	371	402	304	
Aged 20 to 25			1	26	63	86	93	80	
Actual increase		0	1	25	37	23	7	-13	80
4 year rolling average			7	23	44	67	81	65	
								Total	691

Based on the formula for growth (four year rolling average plus an additional 0.6% for growth) we would expect to see the number of children and young people with EHC Plans increase from 1,660 in 2021 to 1,906 by 2036. This equates to 246 more children and young people with an EHC Plan.

Forecasts of pupils with EHC Plans by age

SEND JOINT STRATEGIC NEEDS ASSESSMENT



It is expected that the number EHC Plans maintained will increase for the following cohorts by 2036:

- Children under 5 years – 6 EHC Plans
- Children 5 to 10 years – 227 more EHC Plans
- Young people 11 to 15 years – 279 more EHC Plans
- Young people 16 to 19 years – 150 more EHC Plans
- Young people 20 to 25 years – 41 more EHC Plans.

8.4.2 Pupils with EHC Plans by need in Warrington schools

In terms of pupils in Warrington schools with EHC Plans, the number has increased by 128 since 2014. The biggest areas of growth has been in pupils with ASD and SLCN over the last seven years. The analysis highlights an anomaly in the recording of children with PMLD in 2016.

Table 51: Pupils with EHC Plans in Warrington schools (by need)

	2014	2015	2016	2017	2018	2019	2020	2021	Actual change
ASD	197	236	239	235	260	264	305	319	
Actual increase		39	3	-4	25	4	41	14	122
4 year rolling average			227	243	250	266	287	222	
HI	13	20	17	15	15	14	12	11	
Actual increase		7	-3	-2	0	-1	-2	-1	-2
4 year rolling average			16	17	15	14	13	9	
MLD	216	241	202	211	211	206	204	204	

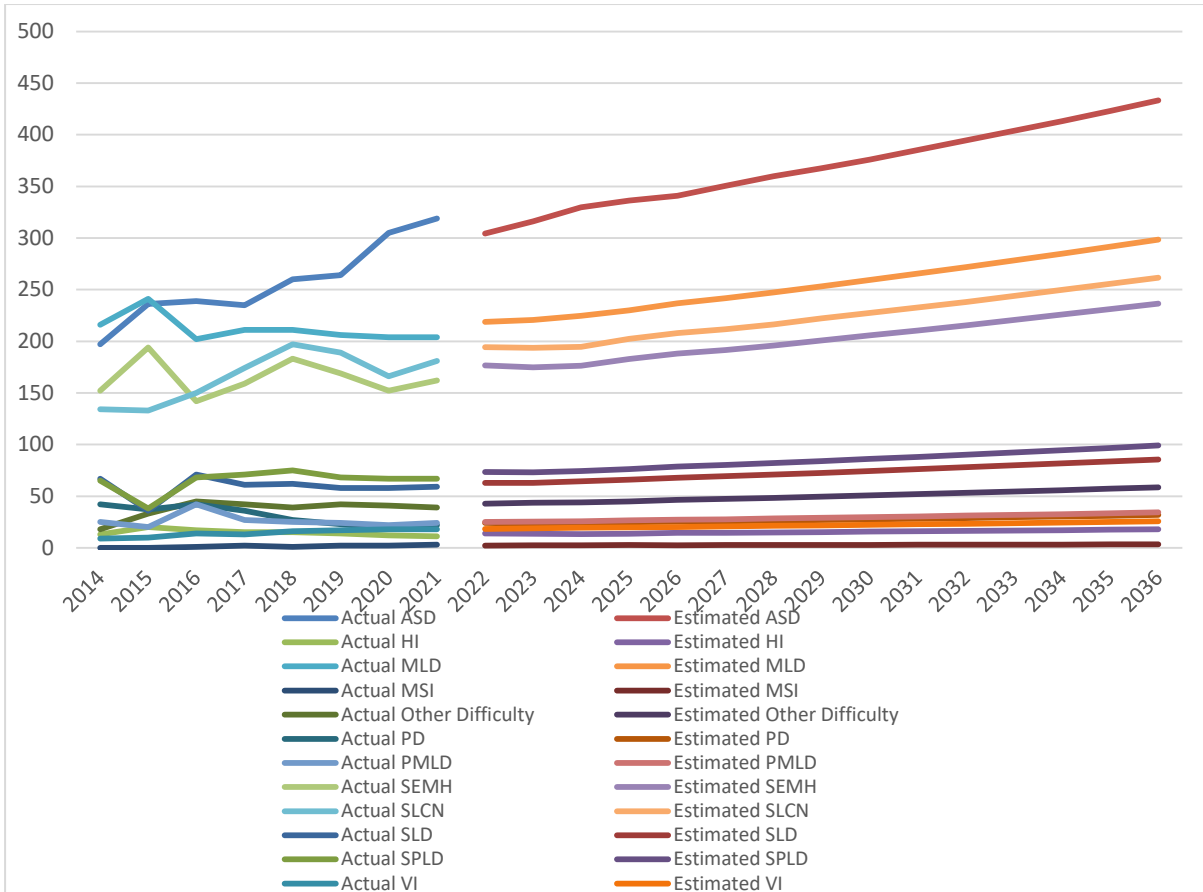
SEND JOINT STRATEGIC NEEDS ASSESSMENT

	2014	2015	2016	2017	2018	2019	2020	2021	Actual change
Actual increase		25	-39	9	0	-5	-2	0	-12
4 year rolling average			218	216	208	208	206	154	
MSI	0	0	1	2	1	2	2	3	
Actual increase		0	1	1	-1	1	0	1	3
4 year rolling average			1	1	2	2	2	2	
Other Difficulty	18	33	45	42	39	42	41	39	
Actual increase		15	12	-3	-3	3	-1	-2	21
4 year rolling average			35	40	42	41	40	31	
PD	42	37	42	36	27	23	19	22	
Actual increase		-5	5	-6	-9	-4	-4	3	-20
4 year rolling average			40	38	35	29	23	21	
PMLD	25	20	42	27	25	24	22	24	
Actual increase		-5	22	-15	-2	-1	-2	2	-1
4 year rolling average			29	29	30	25	24	18	
SEMH	152	194	142	159	183	169	152	162	
Actual increase		42	-52	17	24	-14	-17	10	10
4 year rolling average			162	170	163	166	167	121	
SLCN	134	133	150	174	197	189	166	181	
Actual increase		-1	17	24	23	-8	-23	15	47
4 year rolling average			148	164	178	182	183	134	
SLD	67	36	71	61	62	58	58	59	
Actual increase		-31	35	-10	1	-4	0	1	-8
4 year rolling average			59	58	63	60	59	44	
SPLD	65	38	68	71	75	68	67	67	
Actual increase		-27	30	3	4	-7	-1	0	2
4 year rolling average			61	63	71	70	69	51	
VI	9	10	14	13	16	17	18	18	
Actual increase		1	4	-1	3	1	1	0	9
4 year rolling average			12	13	15	16	17	13	
Total	938	998	1,033	1,046	1,111	1,076	1,066	1,109	
Total actual increase		60	35	13	65	-35	-10	43	128

It is expected that the number of pupils with EHC Plans in Warrington schools will also increase by 43% from 1,109 in 2020 to 1,586 in 2036.

Forecasts of pupils with EHC Plans by need

SEND JOINT STRATEGIC NEEDS ASSESSMENT



The highest areas of growth are expected in the following areas of need:

- ASD – 114 more pupils
- MLD – 94 more pupils
- SLCN – 81 more pupils
- SEMH – 75 more pupils.

Section 10: Recommendations for commissioners

This JSNA highlights the following recommendation for commissioners to:

This JSNA highlights the following recommendation for commissioners to:

- Review Warrington's graduated approach so that children and young people with suspected SEND are identified at the earliest opportunity and escalated in line with the thresholds of need.
- Adopt a whole family approach when working with children and young people with SEND.
- Ensure that delegated nursing tasks to school support staff comply with the guidance put in place by the Royal College of Nursing and Unison prior to any nursing task being delegated to a school. This includes making sure that the tasks are appropriately funded by health commissioners where they exceed the expectations on schools to fund high needs above the threshold of the notional budget.
- Increase the awareness of the thresholds for personal health budgets and continuing care so that education and social care professionals understand how to access help and support for children and young people presenting with complex health needs.
- Increase the level of school nursing input in the designated provisions and the special schools in light of the growth of the school population with complex medical and health needs requiring support.
- Ensure that there is a consistent approach to managing the long term health conditions (diabetes, epilepsy, asthma, etc.) of pupils in mainstream schools.
- Review the pathway for children and young people with SLC needs so that parents/carers and education and health professionals understand both the referral and assessment process and local offer in relation to treatment options.
- Given the increase in children presenting with SLC needs in schools review the service commissioned so that programmes of support for pupils are put in place promptly and that interventions are effective and evidence based.
- Ensure that specialist health services have effective recruitment plans in place to fill the vacancies in the SLC, Physio Therapy, and Occupational Therapy Service, CAMHS which will enable them to reduce waiting times for services.

- Through the Mental Health Support Teams (MHST) programme in schools to continue to improve access to training, consultation and direct access to mental health support services.
- Develop support for children and young people with suspected neurodiverse conditions so that they have timely access to Child and Adolescent Mental Health Services.
- Increase the take-up and improve the quality of Annual Health Checks for young people from the age of 14 years so that young people's emerging health needs are identified at the earliest opportunity and addressed by primary care services.
- Review the number and designation of places established in Warrington's Designated Provisions so that there continues to be sufficient places in the medium and long term which can meet the anticipated increase in demand for places for children and young people with ASD and Cognition and Learning needs.
- Expand the number of special school places, specifically to meet the needs of children:
 4. With complex SEND in the early years and reception
 5. With SEMH and ASD who are placed in independent and out of borough provision
 6. For young people post 16 years.
- Keep SEND school place planning under review on an annual basis to ensure that forecasts for places are adjusted in line with annual changes in need.
- Review the use of Woolston Learning Village and consider moving the specialist post 16 offer to an alternative site based in central Warrington given the increase in demand for special school places and the anticipated growth the 16-25 population.
- Put in place appropriate post 16 curriculum pathways for young people with SEND) which enable them participate in local education, employment or training opportunities which are meaningful and prepare them adulthood.
- Continue to develop the number of internships, apprenticeships and supported employment opportunities so that young people with SEND and adults with Learning Difficulties are able to maintain long term meaningful employment.
- Ensure that front line services have the appropriate capacity to manage the increased demand for support services so that the Council and the CCG complies with their statutory obligations.

SEND JOINT STRATEGIC NEEDS ASSESSMENT

- Continue to develop supported accommodation options for young people who will require long term adult social care interventions which supports them to live independently.
- Review the transitional process between children's and adults health services so that there is a consistent offer in place which enable young people to continue to have access to specialist health services such as occupational therapy, physiotherapy, speech and language, etc. in line with their health needs.
- Put in place joint commissioning arrangements for the SEND IASS so that the Council and the CCG comply with their statutory duties in the SEND Code of Practice and the Minimum Standards for SEND IASS services.

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