

Special Educational Needs and Disability (SEND) Services for Children and Young People (0-25) in Slough

SEND Strategy

2016- 2020

**‘Investing in and developing good quality local
provision which meets the needs of children and
young people with SEND within Slough’**

February 2017

Special Educational Needs and Disability Services, SEND Strategy 2017-2020

Introduction

Within this strategy we describe our collective vision and aspirations for children and young people with special educational needs and disabilities. We provide a framework for partners to collaborate, in order to deliver the shared priorities for the next four years and set out how they will be implemented.

We are ambitious for all children and young people with special educational needs (SEND) aged 0-25 and are committed to supporting them to achieve their best outcomes. Children and young people with SEND have a spectrum of diverse needs and this requires partners, to work together to ensure that there is high quality, integrated and inclusive education and support that are flexible and responsive.

Our vision and priorities for children and young people with SEND are set within the context of changing national policy, the local context as well as links to existing strategies and plans.

The strategy sets out:

- our strategic vision and aims for SEND Services
- types of needs and demand on services
- resources available and funding arrangements

Our Strategic Vision

‘Investing in and developing good quality local provision which is responsive and meets the needs of children and young people with SEND within Slough’

This includes our whole hearted commitment to investing in and developing schools provision for the children of Slough. Our ‘local first’ approach will ensure that children and young people’s needs are at the heart of our service planning. In Slough we are proud of the SEND education provision we are currently delivering which enables more children and young people with SEND to remain in borough. Our future expansion programme and creative approaches are enabling this work to continue.

This SEND vision will be guided by the following **key principles** in which we will;

- identify children and young people with SEND as early as possible in their lives, and ensure timely intervention and support
- Ensure that parents, carers and young people have influence over the provision of services they require and are engaged in the planning and provision of SEND services.
- support educational settings and providers in order that they are able to respond promptly and flexibly to the needs of children and young people and work towards agreed outcomes
- commission coordinated, personalised education, health and care support for children and young people who need specialist support, aimed at helping them to achieve well at school and in training and employment, and enabling them to live lives which are as independent as possible within their local communities
- have clear expectations of services that we commission and have robust service specifications and contract monitoring systems in place to ensure value for money and improved outcomes
- provide choice for children, young people and families about how the resources available to support them are used, fostering coproduction and working in partnership with the young person at the centre of planning for the future
- ensure effective information sharing and communication between partners and agencies promoting 'you said, we did' relationships

Our proposed strategic priorities

Priority 1. We will ensure that we are able to identify children and young people with SEND as early as possible in their lives and plan for their future.

How will we do this?

Effective data and intelligence informs our needs analysis to ensure the range of provision available meets the demographic profile of Slough. Identifying needs through appropriate assessment

Priority 2. We will invest in the Early Help local offer to support children and young people with SEND without an Education Health and Care Plan (EHCP).

How will we do this?

We will commission and deliver a range of early interventions that support children and young people's education, health and social care needs.

Priority 3. We will ensure that pupils with SEND make educational progress working to close the attainment gap between them and their peers.

How will we do this?

Through our partnerships with schools, colleges and providers we will ensure that there is good quality inclusive provision which meets the needs of SEND learners.

Priority 4. We will ensure we are meeting the needs of children and young people with ASD.

How will we do this?

We recognise the diversity of Autistic Spectrum Disorder (ASD) needs and we will ensure that the ASD pathway includes early identification and responsive intervention for children and young people either diagnosed or awaiting diagnosis with/for ASD.

Priority 5. We will support young people with SEND in any 'moving on'/transition points to ensure this is seamless so they can achieve as much independence as possible as they move into adulthood.

How will we do this?

We will develop our Preparing for Adulthood (P4A) local offer for young people 14-25, working with colleges, Adult Social Care and partners including young people, parents and carers to ensure we have clear aspirations for the future

Priority 6. We will build capacity and be responsive to the growing and increasingly complexity of SEND needs.

How will we do this?

We will work closely with our schools, colleges and provider settings adopting flexible and creative approaches. We will help them build capacity both in terms of skilled workforce capacity and also, confidence in meeting the needs of pupils with SEND

National and Local Context

The introduction of the SEND reforms outlined in the Children and Families Act (2014) and SEND Code of Practice 0-25, provided an ideal opportunity for us to improve our support for children and young people with SEND and their families. The SEND reforms challenged professionals to change how they work, in order to build a different relationship with children and families and give them more choice and control over decisions that are made about them.

This strategy is being implemented during a period of considerable change both within education and across the public sector. The education landscape is already changing with more diverse providers, increasing and changing SEND needs and different funding regimes.

It is important that this strategy provides a clear direction, but retains flexibility to accommodate these changes as they become operational. The SEND Strategy will be reviewed regularly and up-dated so that it remains relevant to the current context. With a rapidly growing population we will ensure the quality and sufficiency of high quality provision for all children and young people with SEND.

This strategy is also aligned to local priorities in Slough and it will be reviewed and updated annually to reflect progress, corporate priorities and any future changes in statutory guidance or legislation

Consultation and Engagement

Children and young people aged 0-25 and their families must be placed at the centre of all that we do: the way we listen, communicate, assess, plan, deliver and review the impact of services and provision. Our vision is that parents, children and young people get the right support at the right time; feel that they are listened to and can exercise control.

In developing this strategy we have consulted with our local parent carer forum 'Special Voices' who have been instrumental in supporting us in consulting widely with parents. We have also sought feedback from children and young people and a range of professionals across children's services, health, schools, colleges and partner agencies.

A strong theme of co-production with parents and carers is reinforced through the SEND reforms and we are committed to working in partnership and collaboratively with parents, carers and young people. Special Voices are represented through all aspects of our SEND work and we regularly seek consultative feedback from them.

We recognise that we need to engage in a consultative way with young people so they are enabled to have influence over their futures.

We will ensure that the voice of parents, carers and young people will influence the delivery of our key priorities and their voice will be at the heart of service planning and the delivery of SEND services.

What our data tells us

It is important to have accurate data management information systems that inform strategic planning. Data is collected from a range of sources, including the school census, national census, live information held within the SEN database and the Joint Strategic Needs Assessment (JSNA) for Slough. The analysed data enables estimation of the direction and rate of travel for primary SEND need, informing the types of services that are required, what the demand will be on these services and how best the changing needs can be met within the resources available.

Slough's current birth rates (see Appendix 1 for population data) indicate a potential growth in demand for 2017-18.

SEND data sets out the age range of pupils who currently have an EHC Plan/Statement, helping to identify the point at which existing capacity will be reached and the related 'wave' in demand that will run through the Slough school system. This will be compounded by an annual average intake growth of approximately 2.5%, based on current levels of growth.

The data also demonstrates a rise in the complexity of SEND needs in the borough, which mirrors the national picture.

See Appendix 2 for details on the determinants, prevalence and primary type of SEND need in Slough.

Joint commissioning to support our outcomes

We want to improve the experiences of children, young people and their families, and make the best use of local resources. Having up to date data and intelligence will help us to understand local needs, the resources available to us, and to identify where needs are not being met by current services.

Joint Commissioning is a strategic approach to planning and delivering services; offering health, education and social care partners a way of working together to redesign services and operate more efficiently and effectively. We are developing joint commissioning arrangements that will support our desired outcomes for children, young people and families with SEND.

Effective quality assurance and monitoring frameworks are required to provide assurance that our commissioned providers are improving outcomes.

This approach will enable the targeting of resources, and the development and procurement of services where they will make the most difference.

Recent Developments and Emerging Issues in Slough for children and young people with SEND

Schools Funding

The SEND Service receives funding through the Dedicated Schools Grant (DSG/HNB) High Needs Block Funding. See Appendix 3 which shows the HNFB allocation of over £21m for Slough schools.

Additional resource funding decisions requested by schools (top-up funding) are made at the weekly SEND Panel. We recognise that the current allocation system is out of date and we will be working with schools to review the banded funded model and eligibility criteria. With the aim of introducing a more evidence based, transparent and equitable funding model.

School place planning

Slough Borough Council is taking a long term strategic approach to school places to ensure all Slough children and young people secure a school place to 2022. Numbers of children assessed for SEND have increased year on year.

This means there is growing pressure for school places across the full range of SEND provision, in particular a growing trend in the number of children and young people with ASD/Complex Needs. The report to cabinet on Schools Places Strategy (June 2015) has ensured that there is a delivery programme with proposals for creating SEN and Pupil Referral Unit places required to 2022.

The main areas of pressure are for secondary level places for young people with ASD/Complex Needs and early year's school place provision, particularly for children transitioning from nursery to reception year schools.

Further work is required to ensure that there is;

- a continuum of provision; early years provision for children with identified or emerging special educational needs
- increased support/provision for children and young people at all points of transition, but in particular children transferring from a primary school resource base into a mainstream secondary school
- support for inclusion

This strategy confirms our commitment to maintaining this range of quality provision and services for children and young people with complex needs. Furthermore, we will improve and extend the quality of provision and services and develop closer partnerships between mainstream and specialist providers

We have a clear aim to improve the ability and success of mainstream settings to meet an increasingly diverse range of needs and to extend the access to quality mainstream provision across the borough for all our children. Whilst the strategy has a particular focus for children and young people with SEND, it recognises that an inclusive ethos is crucial for all children and young people and for all education settings and health/care provision.

Whilst this strategy stresses the need for a more inclusive approach to meeting the additional needs of children and young people within mainstream settings, our overarching principle will be to enable all children and young people to access an educational placement which meets all of their needs, whether that is in a mainstream setting, a specialist provision in a mainstream setting or within a specialist setting.

Successfully meeting individual needs will always be our top priority and the continued option of specialist placements will be available to children and young people where appropriate and based upon assessed needs

Preparing for Adulthood

A Preparing for Adulthood Steering Group has been established to deliver on the key objectives for SEND young people from 14-25 years. The work of this group will support the overall objectives of the SEND Strategy.

The overarching strategic aim will be for SEND young people (14-25) to receive a continuation of appropriate support to maximise opportunity for independent living that takes into account their ongoing needs into adult life.

Our collective vision is for young people to have achieved their long term aspirations and goals which may include: getting paid work, achieving independence, having a place to call their own, having good health, developing friendships and relationships.

How will we know when we have achieved our outcomes?

A detailed action plan will support each of our key priorities with specific actions detailing clear lines of accountability and timescales. Action plans will continue to evolve in response to national and local developments. Review and progress monitoring will be reported to the SEND Partnership Board. Achieving these priorities will require close working relationships with children and young people with SEND, parents/carers and partner agencies including the voluntary sector.

Governance of the SEND Strategy

The delivery of the SEND Strategy is a collective responsibility with members of the SEND Partnership Board ensuring progress against the key priorities, and development of our overarching key principles.

The SEND Partnership Group will report directly to the Health and Well Being Board.

The SEND Partnership Board will meet regularly in order to embed the vision, strategy and action plans around the key priorities. Progress of key priorities will be achieved through identified working sub-groups which will report direct to the SEND Partnership Board who will monitor progress and quality assure against our key priorities and principles.

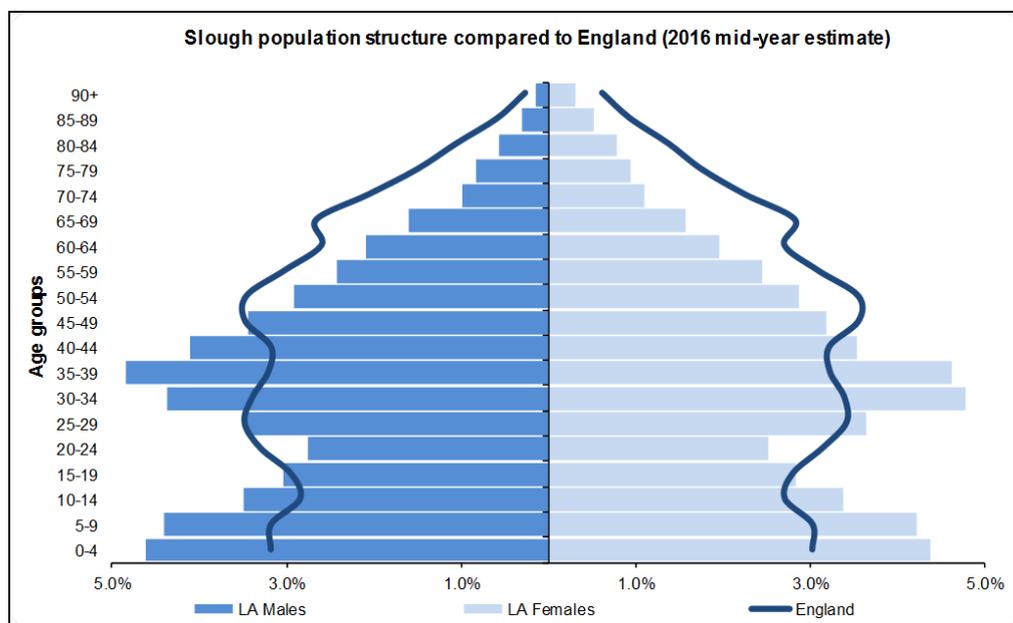
Appendix 1

Slough Population Pyramid

The charts below show the population pyramid for Slough and United Kingdom.

Slough retains its distinctive age pattern difference, with greater proportional numbers of children, working age adults (with a particular bulge in those aged 25 to 40), and far fewer (as a proportion of total population) older people. Population projections suggest that by 2021, the number of 0-4 year olds will decrease, but the number of 5-19 years will increase from 29,900 in 2014 to 34,700 in 2021 (ONS use 2014 mid-year baseline estimates in population projections).

Slough Population Profile



Source: Office for National Statistics (2017); Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2016

Appendix 2: SEND determinants, prevalence and need in Slough

1. Determinants of SEND

Table 1 summarises the local data related to the determinants of disability and SEN that were outlined previously. Trends are given where possible and the table is colour coded to indicate significant differences when compare to the England average (Slough SEND Needs Assessment, 2016). Where comparisons can be made to England averages, it can be seen that Slough has a lower prevalence of the some of the major risk factors identified here as been related to disability and SEN. The exception to this being: low birth weight babies; children living in poverty; children looked after due to abuse or neglect; and the rate of maternal rubella susceptibility: this means that a pregnant woman does not have the necessary antibodies in her blood to fight rubella (German measles). This will because she has not received a course of the rubella vaccination (part of the MMR vaccine).The MMR vaccination cannot be given in pregnancy so women need to be vaccinated prior to conception. Trends in some of the key risk factors are going in the right direction including maternal infectious disease; the prevalence of congenital abnormalities; dependent children living in poverty; low birth weight babies; and the number of children being looked after due to reasons of abuse or neglect. However, the number of children being looked for any reason is increasing over time.

Table 1: Determinants of disability and SEN – Slough (Sough SEND Needs Assessment, 2016)

Determinant type	Determinant	Measure	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	Trend	Area
Health	Infectious diseases	Antenatal screening - Hepatitis B positivity	0.27	0.28	0.26	0.29	0.29	0.28		South East
Health	Infectious diseases	Antenatal screening - HIV positivity	0.12	0.13	0.14	0.12	0.1	0.09		South East
Health	Infectious diseases	Antenatal screening - Syphilis positivity	0.09	0.08	0.07	0.06	0.06	0.06		South East
Health	Infectious diseases	Antenatal screening - Rubella susceptibility	4.84	5.03	5.66	5.7	7.57	8.61		South East
Health	Smoking during pregnancy	Smoking at time of delivery %	-	-	-	-	10.36	8.70		Slough CCG
Health	Drug use during pregnancy	Parents in drug treatment: rate per 100,000 children 0 - 15	-	-	71.01	-	-	-	N/A	Slough
Health	Alcohol use during pregnancy	Parents in Alcohol treatment: rate per 100,000 children 0 - 15	-	-	103.55	-	-	-	N/A	Slough
Health	Maternal diet	Obesity at booking appointment % - experimental data at Nov 2015	-	-	-	-	-	17.30	N/A	Frimley Health NHS Trust
Health	Maternal age	Births to mothers aged less than 20 - rate per 1000	-	27.8	17.4	15.1	16.6	14.1		Slough
Health	Maternal age	Births to mothers aged 35 and over - rate per 1000	-	28.0	32.9	30.7	27.9	32.4		Slough
Health	Genetic conditions	Total prevalence of all congenital anomalies (genetic and non-genetic cause)	227.03	226.37	224.52	219.06	-	-		Thames Valley
Health	Low birth weight	Low birth weight of term babies %	4.27	3.95	3.46	4.00	3.74	2.86		Slough
Health	Preterm birth	Births at less than 35 weeks gestation %	-	-	-	-	-	2.28	N/A	Frimley Health NHS Trust
Health	Infectious disease in infancy	Vaccine preventable disease cases - measles	-	0	<5	<5	0	0	N/A	Slough
Health	Infectious disease in infancy	Vaccine preventable disease cases - mumps	-	9	<5	<5	<5	5	N/A	Slough
Health	Infectious disease in infancy	Vaccine preventable disease cases - rubella	-	0	0	8 in Berkshire	0	<5 in Berkshire	N/A	Slough
Health	Infectious disease in infancy	Vaccine preventable disease cases - pertussis (confirmed)	-	<5	<5	22	<5	<5	N/A	Slough
Health	Infectious disease in infancy	Meningococcal disease	-	<5	<5	<5	<5	<5	N/A	Slough
Health	Injuries to children and young people	Hospital admission for unintentional and deliberate injuries aged 0-14 - rate per	-	117.21	118.46	101.43	110.41	-		Slough
Health	Injuries to children and young people	Hospital admission for unintentional and deliberate injuries aged 15-24 - rate per	-	153.89	149.49	132.63	146.04	-		Slough

Determinant type	Determinant	Measure	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	Trend	Area
Demographic	Ethnicity	Percentage of all pupils - white	-	33.92	32.57	31.77	30.93	30.06		Slough
Demographic	Ethnicity	Percentage of all pupils - mixed	-	7.65	7.97	8.21	8.40	8.45		Slough
Demographic	Ethnicity	Percentage of all pupils - asian	-	45.09	46.04	46.65	47.08	47.72		Slough
Demographic	Ethnicity	Percentage of all pupils - black	-	9.08	9.16	9.03	9.00	8.85		Slough
Demographic	Ethnicity	Percentage of all pupils - chinese	-	0.32	0.28	0.25	0.22	0.18		Slough
Demographic	Ethnicity	Percentage of all pupils - other ethnic group	-	2.94	3.09	3.20	3.52	3.56		Slough
Social	Low income	Dependent children aged <20 living in poverty	23.77	22.68	21.61	19.08	18.10	-		Slough
Social	Looked after children	Looked after children rate per 10,000 aged under 18	-	-	-	48.00	48.70	48.91		Slough
Social	Abuse or neglect	Children looked after due to abuse or neglect % of all LAC	-	-	-	80.95	72.73	58.33		Slough

4.00 Data is significantly worse than the England average

1.63 Data is significantly better than the England average

90.33 Data is significantly lower than the England average

76.48 Data is significantly higher than the England average

2. Prevalence of SEND and category of need
a. Estimated prevalence of disability and SEN

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

“The number of disabled children in England is estimated to be between 288,000 and 513,000 by the Thomas Coram Research Unit (TCRU). The mean percentage of disabled children in English local authorities has been estimated to be between 3.0 percent and 5.4 percent, through a survey of all Directors of Children’s Services in England undertaken by the TCRU. If applied to the population of Slough this would equate to between 1,063 and 1,914 children experiencing some form of disability.”

<http://atlas.chimat.org.uk/lAS/profiles/profile?profileId=46&geoTypeId>

Table 2 shows the results of studies into the prevalence of disability in children and young people by diagnosis. Local population estimates for children and young people age 0-24 have been applied to these estimates in order to show the expected number of children and young people with disabilities in the local area by diagnosis.

Table 2: Estimated prevalence of disability by diagnosis – Slough (Slough SEND Needs Assessment 2016)

Condition	Prevalence per 1,000	Slough population	Estimated Slough numbers
Language disorders	40	52800	2112
Severe learning disability	3	52800	158.4
Moderate learning disability	20	52800	1056
Dyspraxia/DCD	50	52800	2640
ADHD	15	52800	792
Autistic spectrum disorders	10	52800	528
Foetal alcohol syndrome	0.3	52800	15.84
Syndromes	3	52800	158.4
Physical disability	1	52800	52.8
Profound and multiple learning difficulties	1	52800	52.8
All	143.3	52800	7566.24

(Blackburn, Spencer, & Read, 2010)

There is some discrepancy in the total number of children and young people estimated to have a disability in the table above compare to that estimate by the National Health and Maternal Health Intelligence Network. The reasons for this discrepancy will include;

- 1) Children who have more than one diagnosis will be counted more than once in the table above
- 2) The age range has been expanded to include young people up to the age of 25

- 3) There will be differences in the definitions of disability used between sources with some definitions only including severe presentations of certain conditions

b. Early years

In 2016/17, 79% of 2-2.5 year olds had a developmental review, of which 99% used the validated Ages and Stages Questionnaire (ASQ) 3 tool. Table 3 shows the percentage of children reviewed who achieved a satisfactory level of development in each developmental domain (Apr-Sep 2017). This shows that 20% of those children reviewed did not have satisfactory development in the communication domain.

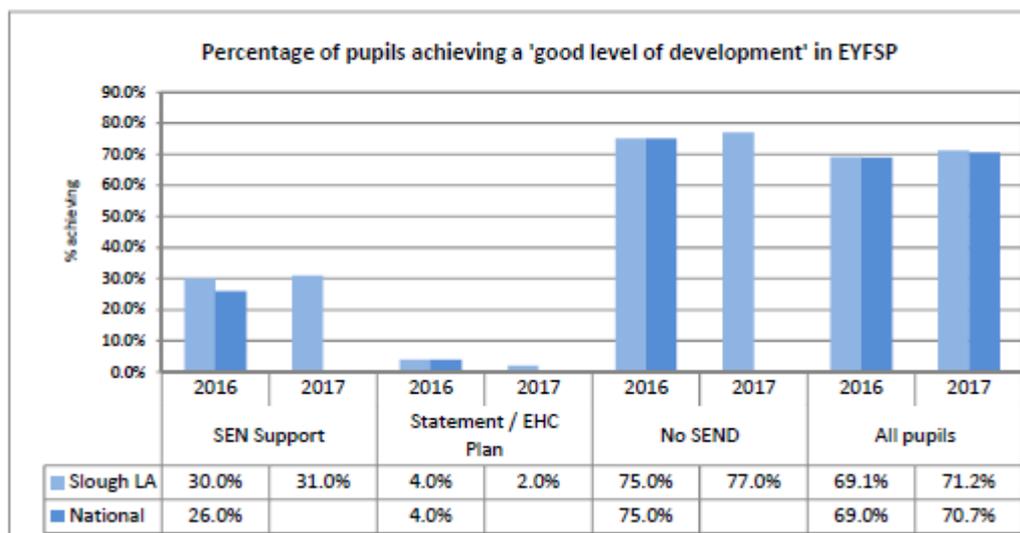
Table 3. Percentage achieving and not achieving a satisfactory score at 2-2.5y developmental review by developmental domain, Apr-Sep 2017.

Developmental domain	% achieving satisfactory score	% not achieving satisfactory score
Gross Motor	91.3	8.7
Fine Motor	88.3	11.7
Problem solving	90.7	9.3
Communication	78.4	21.6
Personal/Social	88.1	11.9

Figure 1 shows the percentage of pupils achieving a good level of development at EYFSP, by whether they have identified SEND.

Figure 1. Percentage of pupils achieving a good level of Development in EYFSP: 2016:17 (Provisional)

Percentage of Pupils Achieving a Good Level of Development in EYFSP: 2016/17 (Provisional)



c. School years

The data below shows the number of children in all Slough schools who have SEN with a statement/EHC plan. The percentage of children with an EHC

plan in 2017 was 2.8% which is similar to national and regional averages. The percentage of children with statements/EHC plans has increased slightly in recent years after a decrease in 2013. This has increased even further in most recent years, with almost twice as many children with a new statement or EHC plan in 2016 compared to previous years (Figure 2).

Figure 2. Percentage of pupils with SEN statements or EHC plans in Slough by year, and comparison with South East England and statistical neighbours.

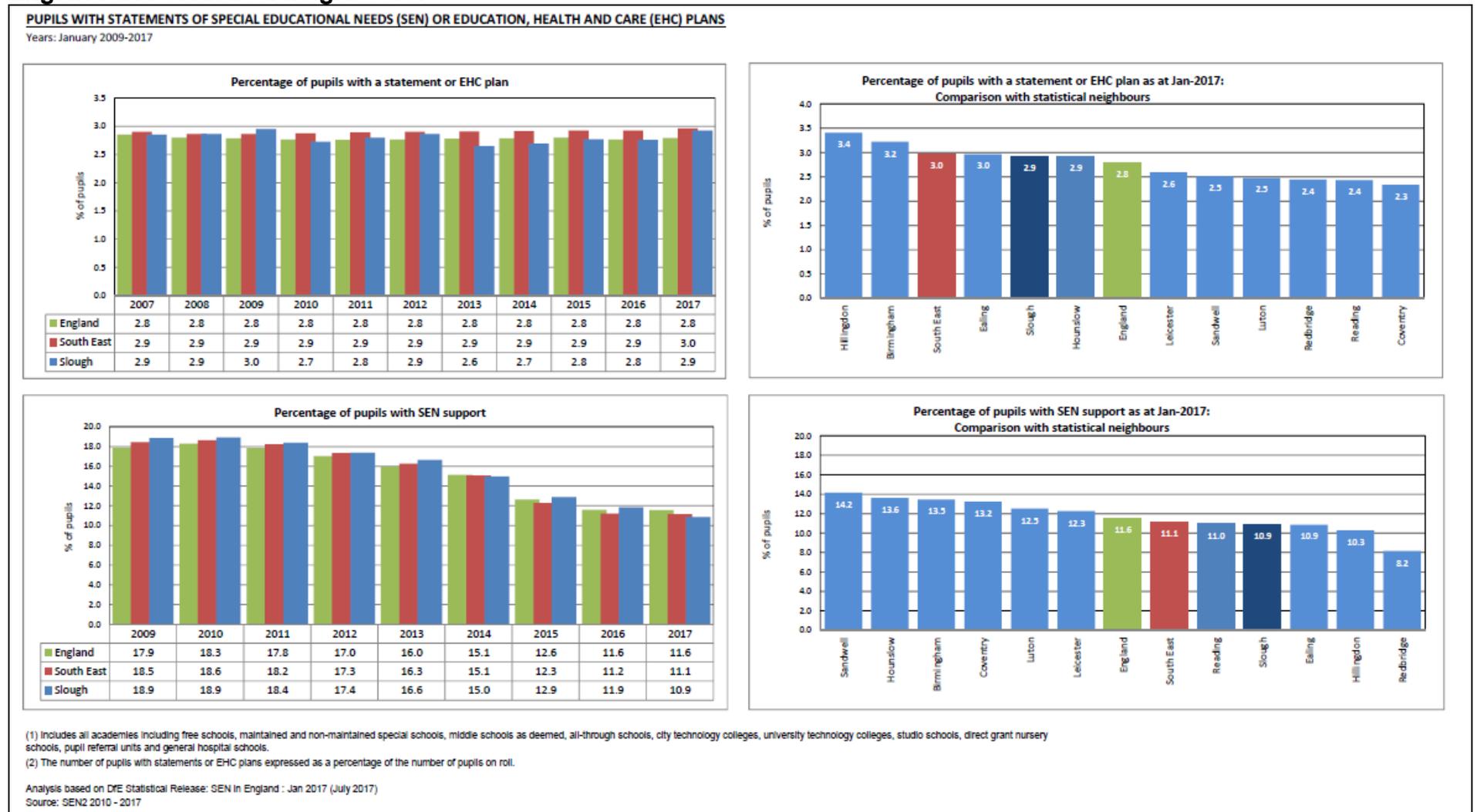
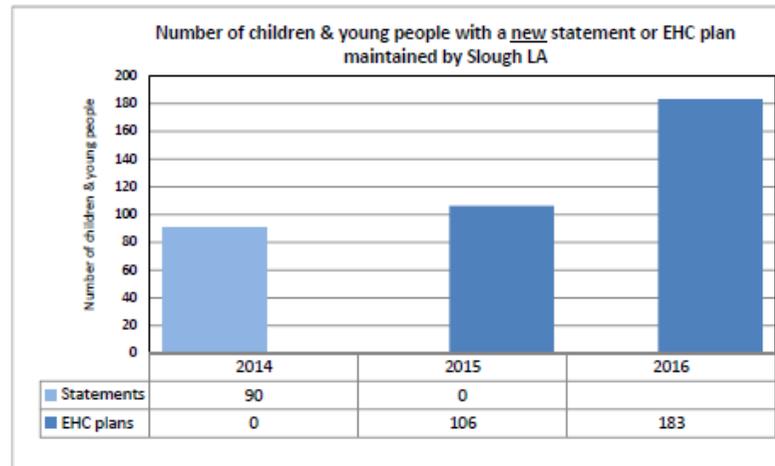
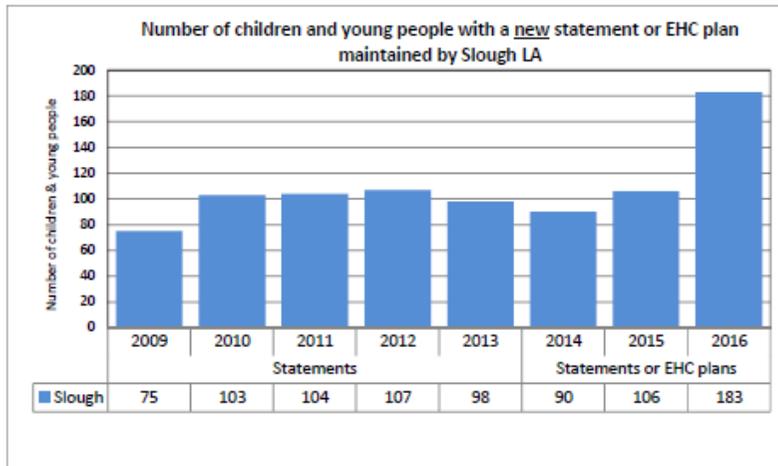
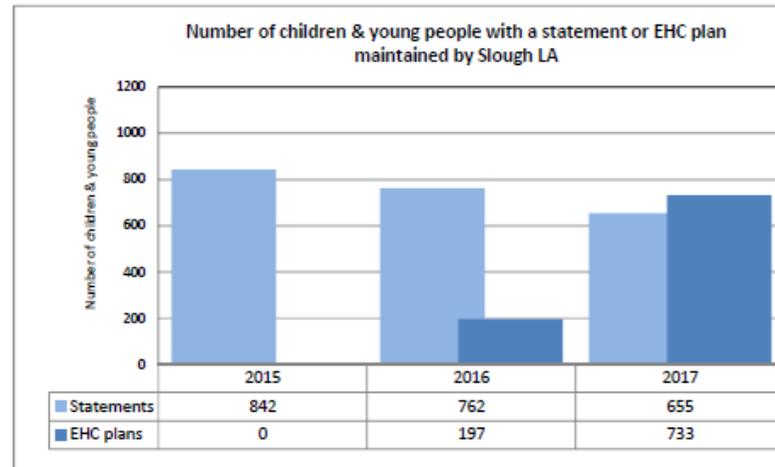
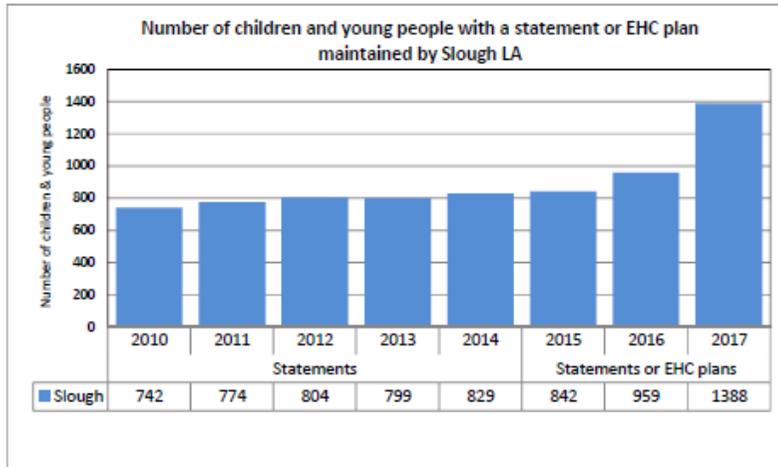


Figure 3. Number of statements of SEN and EHC plans, Slough 2017

Statements of SEN and EHC plans: 2017

As at January each year: 2010 - 2017

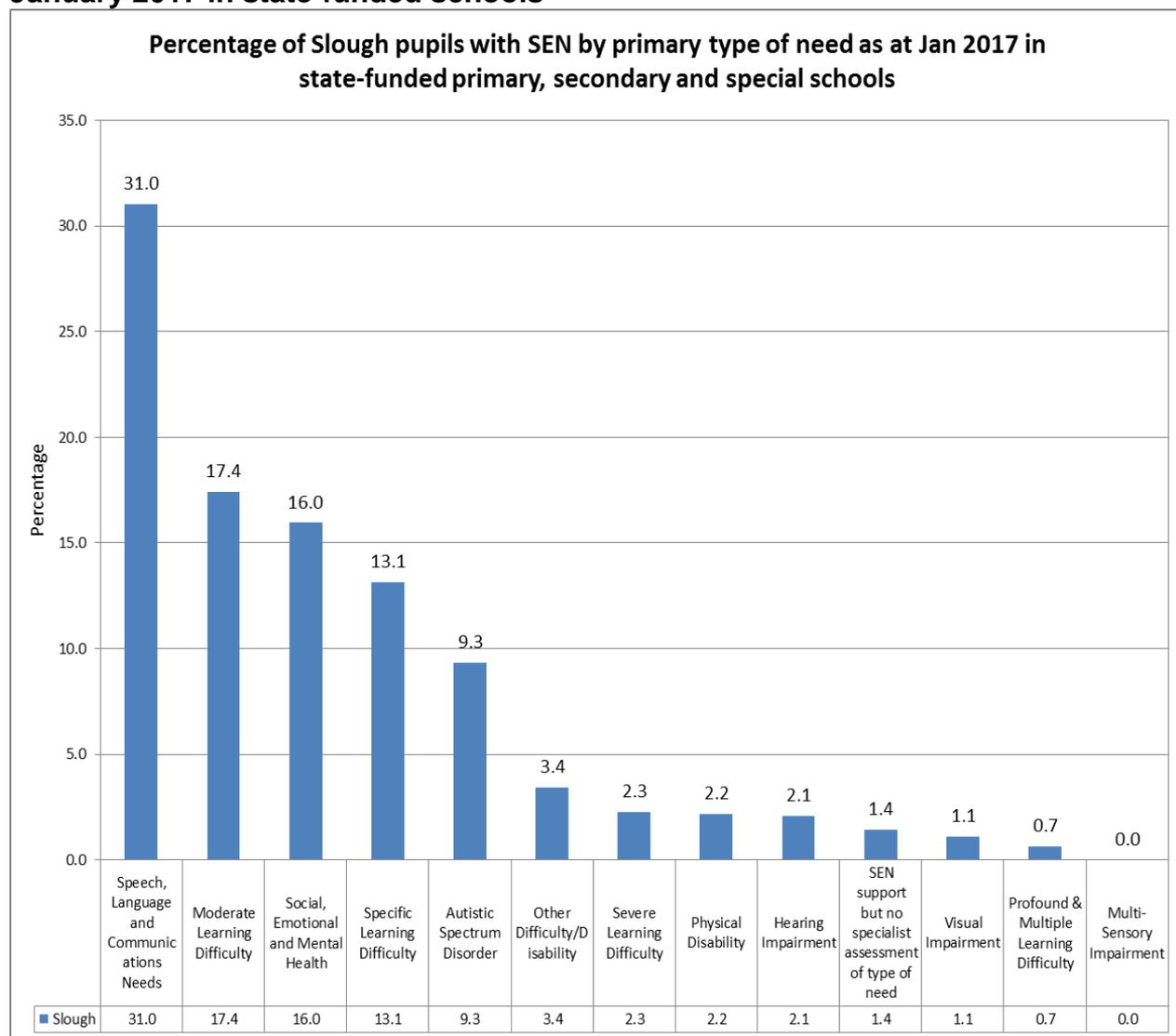


Analysis based on DfE Statistical Release: Statements of SEN and EHC plans: England 2017 (May 2017)

Source: SEN2 2010 - 2017

Overall, the highest category of primary need for pupils with SEND support is communication (Figure 4). However, this varies by age-group with communication being the highest category of primary need in primary school years, whilst in secondary school the highest needs are social, emotional and mental health, moderate learning difficulties and specific learning difficulties (Figure 5). Of those children attending special schools, autism spectrum disorder and severe learning difficulties are the most common primary type of need.

Figure 4. Primary type of need for all Slough pupils with SEN, as at January 2017 in state-funded schools

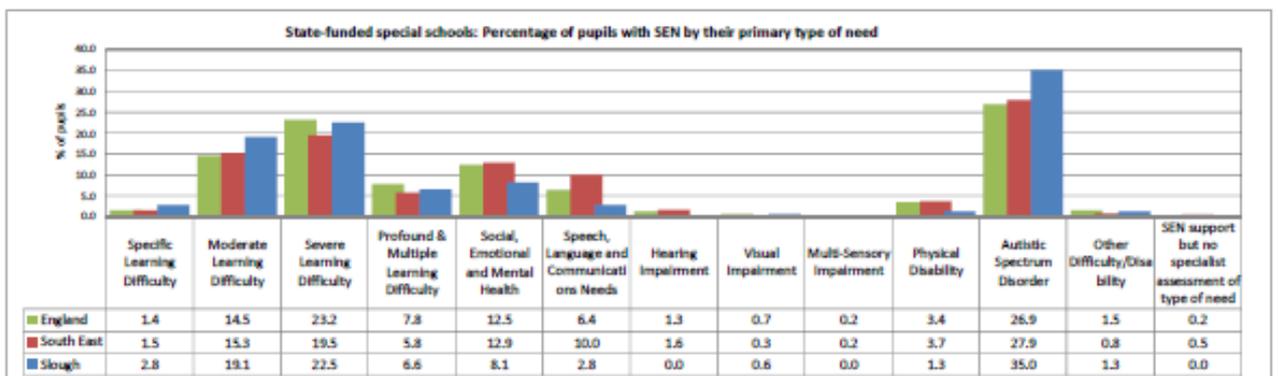
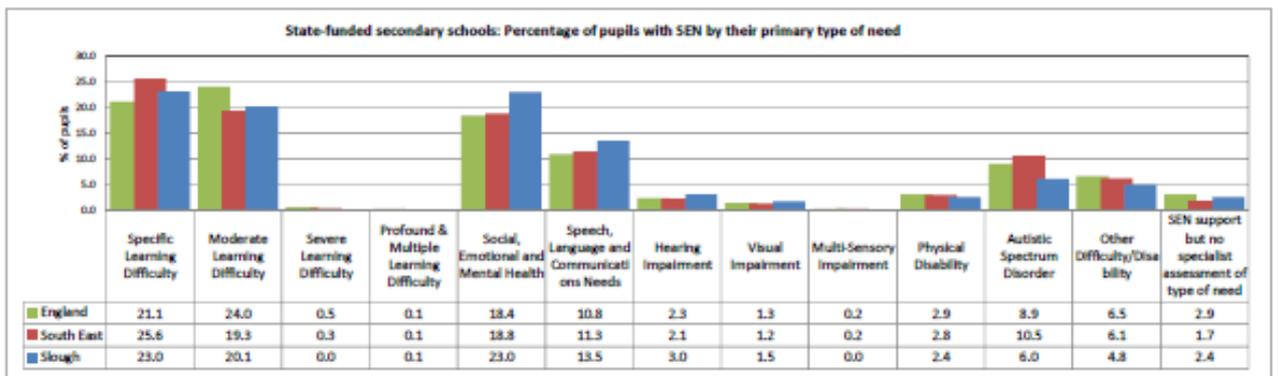
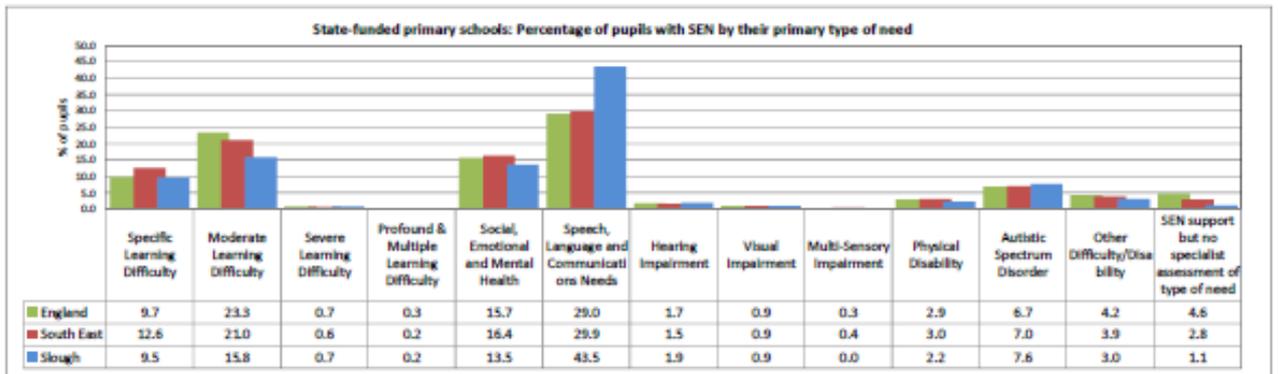


Source: DfE statistical release: Special educational needs as at January 2017

Figure 5. Percentage of pupils with SEN by primary type of need in a) primary schools, b) secondary schools, c) special schools.

Percentage of pupils with SEN by primary type of need

As at January 2017



- (1) Includes primary academies including free schools, middle schools as deemed.
- (2) Excludes nursery schools, independent schools, general hospital schools and pupil referral units.
- (3) The number of pupils by their main need expressed as a percentage of all pupils with SEN.
- (4) Pupils with SEN provided information on their primary need and, if appropriate, their secondary need. Information on primary need only is given here.
- (5) A new code was added in 2015 for those who are yet to be assessed for type of need.

Analysis based on DfE Statistical Release: SEN in England - Jan 2017 (July 2017)
Source: SEN2017

Appendix 3

Chart showing – Dedicated Schools Grant (DSG) High Needs Funding Block allocation (2016/2017) £million

