



Special Educational Need and Disability (SEND)

Joint Strategic Needs Assessment

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1. Introduction

The scope of this JSNA is the current and future health and care needs of children and young people with special educational needs and/or disability (SEND) aged under 25 years.

Please note that the data in this JSNA covers a number of different years (2019, 2020 and 2021) as it was started during the Covid-19 pandemic and due to resource, chapters were written at different times. As the majority was written in 2020, this JSNA has been dated as September 2020.

The SEND Code of Practice 2015 is the statutory guidance for SEND used by local authorities, schools and other providers. It is underpinned by the legislation set out in the Children and Families Act 2014. The Code of Practice defines SEND as:

- A child or young person with a learning difficulty or disability which calls for special educational or training provision at early years providers, maintained nursery schools, mainstream schools and mainstream post 16 institutions
- A child or young person with a disability under the Equality Act 2010 i.e., ‘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’.

A child or young person has SEND if they have a learning difficulty or disability that means they need special educational provision or support to help them learn. This means they have significantly greater difficulty in learning than most of their peers, or they are not able to use the universal provision available within their school because of their disability. Children and young people with disabilities do not necessarily have SEND, but there is an overlap.



In order to ensure the best outcomes for children with SEND, it is vital to understand their needs, provide support for them to flourish, and ensure they are not excluded from any opportunities. This will require identifying outcomes and coordinating support to meet their needs throughout childhood and transition into adulthood. It is also important to identify the causes of disability that are preventable so that local strategic partners can work together to mitigate these risk factors.

Why is this topic important? Children and young people with SEND can face multiple barriers which may make it difficult for them to achieve their full potential. National research indicates that children and young people with SEND, (particularly those with a high level of need), are at risk of:

- Poor physical health
- Poor mental health
- Persistent absence
- Lower educational achievement
- Exclusion from school
- Becoming isolated from their peers
- Being bullied
- Feeling excluded from social and recreational opportunities
- Being out of education, training and employment (NEET)
- Being unprepared for adulthood leading to lack of employment and lack of independence
- Poverty and disadvantage into adulthood

There are some groups of children and young people who are more at risk of having SEND, which will create additional pressures and challenges:

- Children with multiple disabilities
- Children living in care
- Children experiencing disorganised lives and/ or neglect
- Those living in the most deprived areas of the borough
- Those whose first language is not English
- Gypsy and Travellers.

2. Summary

a) Children and young people population

Approximately 98,800 residents in CW&C are aged 0-25 years, making up 29% of the total population. Population forecasts for CW&C predict a slight decrease in the number of children and young people to 98,500 in 2025, with decreases seen in 20- to 25-year-olds and 0- to 4-year-olds.

b) Disability

Disability estimates applied to the local population suggest that around 9,400 0–25-year-olds in CW&C have some sort of disability. Of these approximately 4,000 are expected to have a disability or long-term condition that limits their day-to-day activities. However not all children with a disability will have special educational needs.



c) SEND prevalence

At January 2020, there were approximately 7,438 0-25's with an identified SEND in CW&C. This is a rate of 75.3 per 1,000 0–25-year-olds; 7.5% of the 0-25 population. The majority of children with SEND are having their needs met by their school without the need for additional support. Of those with a SEND, 2,065 had a high level of need that required an Education, Health and Care Plan (EHCP); a rate of 20.9 per 1,000 under 25 population.

d) Education, Health and Care Plans (EHCP)

The number of children issued with a new EHCP has increased in CW&C. During 2019 the number of new plans issued was 307 which is an increase of 41% from 2018, and an increase of 80% from 2017. Despite increasing numbers there was still a higher percentage of EHCP assessment requests that were refused compared to the national average; 28.3% compared to 23%).

e) Type of need

The most common SEND need is speech, language and communication needs, followed by a moderate learning difficulty (also known as cognition and learning), and social, emotional and mental health. For those with an EHCP, the greatest need is autistic spectrum condition (ASC). Over the last five years, social, emotional and mental health needs has seen the biggest increase in need for pupils from 14.5% of pupils at January 2016 to 17.2% at January 2020. In CW&C schools, almost half of all pupils with a EHCP have multiple disabilities.

f) Differences in need

The most common need for girls is a moderate or specific learning difficulty, whereas for boys it is a speech, language and communication need or a social, emotional and mental health need. For those aged under 11 the most common need is for speech, language and communication needs, for those aged 11 to 15 it is for social, emotional and mental health needs, aged 16 to 19 a moderate learning difficulty, and aged 20 to 23 Autistic Spectrum Disorder (ASD) (note there are no young people aged 24 and 25 in CW&C with SEND).

g) Deprivation

There is a strong association between deprivation and higher rates of SEND prevalence. In CW&C, almost a third of pupils with SEND live in neighbourhoods ranked within the 20% most deprived neighbourhoods in England (IMD Q1), this is 3,520 pupils.

h) Early years support

At January 2020 there were 404 children aged under 5 in an early years settings who had an identified SEND (7.2% of children). The need for almost half of these children was speech, language, and communication. Of these children 99 had an EHCP. Early years specialist support services (EYSS) support those children under 5 with the most complex needs. During 2018/19, 94 children accessed EYSS.

i) Pupil prevalence

Around one in seven pupils attending a CW&C school have a SEND (7,582 pupils). 3.6% of pupils have an EHCP (1,816 pupils) and 11.4% of pupils are receiving SEND support (5,766 pupils). Over the last three years, the rate of pupils with an EHCP has increased, and in 2020 is at its highest in the last ten years.



j) Schools

There are 10 special schools in CW&C. A higher percentage of pupils with an EHCP attend a special school (56%) than attend mainstream provision, this is against the national trend where more attend mainstream provision. Of those with a moderate learning disability, 64% attend a special school.

k) Identification of needs

The National Institute for Health and Care Excellence (NICE) guidance on antenatal care (2008), recommends that women should access maternity services before they reach 12 weeks of pregnancy. During 2018-19, 78.8% of females accessed maternity services under 12 weeks which is better than the national average of 71.4%.

Teenage mothers are at an increased risk of engaging in poor behaviours and late access to maternity services. The percentage of deliveries to females aged under 18 has reduced both in CW&C and nationally. As well as young mothers, older mothers aged over 35 have increased risks of complications in pregnancy. In 2020, 24% of females who gave birth were aged over 35 and 4.3% were aged 40 and over. Data for CW&C shows the rate of women who are obese at booking has increased between 2019/20 and 2020/21.

There are a number of assessments and reviews offered to families as part of the Health Child Programme. These are vital for identification of needs. Trend data shows that in CW&C the proportion of children accessing these checks continued to fall in 2018/19 and is lower than the England average. This will impact on early identification and intervention.

l) Risk factors: Potential causes of disability

Causes of disability include but are not limited to chromosomal and genetic abnormalities, conditions during pregnancy including maternal behaviours, premature birth, low birth rate, complications during pregnancy and birth, childhood illness and childhood injury.

Since 2012-14, the rate of babies born prematurely has decreased in CW&C compared to an increase nationally. In addition, the percentage of babies born a low birth weight is significantly better than the England average.

The proportion of females smoking during pregnancy has fluctuated in CW&C. However, during 2020/21, the proportion of females smoking during pregnancy reduced to 10.8% from 11.6% in 2019/20. The England average was 9.5%.

The proportion of pregnant females who were obese (BMI over 30) has generally increased.

The rate of unintentional or deliberate injury for under 15's in CW&C has been consistently higher than the England average. During 2018/19 the rate was 120.9 per 10,000 children under 15 compared to a national average of 96.1 per 10,000.

m) Risk factors: Childhood experiences

Early childhood experiences may result in delayed development and social and communication difficulties. These children do not have a biological disability but can fall behind their peers. Risk factors include abuse, maltreatment and neglect, caregiver drug and alcohol misuse, caregiver mental health including perinatal and postnatal mental health, teenage parents, experiences of being in care, and homelessness.



In 2019, the rate of children in need (CIN) in CW&C was 276 per 10,000 under 18's. This is a decrease from 2018 when the rate was 341.1 per 10,000, and the lowest it has been for a number of years. In March 2019, 148 CIN had a disability recorded; 7.9% of children in need. Three quarters of those in need had a primary need of abuse or neglect. The most common factors identified in assessments were mental health and domestic violence.

Children who are taken into care may have developmental issues and are more likely to have had disrupted schooling. The rate of children in care in CW&C has been consistently higher than the England average, however there was a decrease in 2019 bringing the rates more in line. During 2018-19, just over half of school aged children who were looked after had a SEND of some sort (51%) compared to 15% of the CW&C pupil population. Fewer however had an EHCP compared to the national average.

Breastfeeding reduces illness in young children. In 2019/20, the proportion of mothers breastfeeding at birth was 60%. Mothers living in areas considered to be amongst the most deprived in England are less likely to breastfeed at all stages.

n) Outcomes of children with SEND

National research tells us that children and young people with SEND are at increased risk of poor physical health including obesity and oral health; poor mental health; becoming disengaged from education; experiencing lower educational attainment; being not in education, training or employment; and making poor behavioural choices including smoking, substance misuse and offending. This can impact on their future opportunities and health and wellbeing as adults.

In 2019, 14% of children with an EHCP in CW&C reached the expected levels of reading, writing and Maths at Key Stage two. This is above the 9% national average and places CW&C in the best ranking quartile of LAs. However, pupils accessing SEND support saw a decline in achieving to 21%, below the England average.

In 2019, at Key Stage Four, attainment and progress for pupils with an EHCP was below the England average although attainment had increased from 2018. In terms of progress CW&C remain in the lowest ranking quartile of LAs. Attainment for pupils accessing SEND Support was broadly in line with the national average but progress is lower.

Whilst there have been some improvements in absence rates, it remains the case that pupils with SEN have significantly higher absence rates than pupils with no SEN. There is a particular and increasing issue with the absence rates for pupils with SEN at secondary school, though it is lower than the national average. Primary schools have seen an improvement in absence.

In CW&C, pupils with SEND are more likely to have a fixed period or permanent exclusion than their peers. This is a pattern that is reflected nationally. Those accessing SEND support are more likely to be excluded, and those identified as having social, emotional and mental health needs have significantly higher exclusion rates.

In March 2021, 85.3% of 16/17-year-olds with an EHCP were participating in education and training compared to 89.2% nationally, this is a decrease in participation from March 2020. Since 2018 there has been a year-on-year increase in young people aged 16 and 17 with an EHCP who are not in education, employment or training (NEET).



The proportion of 19-year-olds who had an EHCP qualified to level two (with maths and English) increased between 2018 and 2019 from 9.4% to 13.3%. However, there was a decrease of those qualified at level three from 14.1% in 2018 to 8.7% in 2019. Rates remain below the England average for both qualification levels.

o) SEND services

There are many services that support children and young people with SEND including universal community health services; specialist health services; children's social care; adult social care; early years specialist services; Special schools; Child and Educational Psychology; the Autism Service; the Sensory Service; The Education Access Service; Youth service; post 16 learning providers and the Skills and Employment Team.

3. Key messages

3.1 Strengths

a) Strength of the partnership approach to SEND (including SEND Strategy Group and SEND Practice Improvement Meetings (PIM))

Within West Cheshire we have strong and clear governance arrangements between partners. There are high levels of partnership working and the commitment of all partners to improve provision and outcomes for children with SEND. We have a shared SEND Strategy and Action Plan that has been approved by West Cheshire Children's Trust, the Local Authority and Clinical Commissioning Group (CCG). There are common performance management arrangements through a shared SEND Data Dashboard and SEND JSNA. The local area has had a consistent Designated Clinical Officer (DCO) post since November 2014 and in April 2021 it was agreed that there would be a named Designated Social Care Officer for SEND.

b) Strong and active Parent Carer Forum (PCF)

The PCF is a key partner organisation and is involved in influencing decisions about services provided for children and young people with special educational needs and/or disabilities. The PCF are members of the SEND Strategy Group, Joint Commissioning Group, Learning Disability Partnership Board, Local Offer Group and the Information, Advice and Support Group. The PCF has regular involvement with Commissioning Managers from the Local Authority and CCG. The Information Advice and Support (IAS) Service works in partnership with the PCF.

c) Co-production

The PCF is the strategic organisation of parents and carers of children with SEND that the local authority and partners look to for engagement in co-production. Cheshire West and Chester Council and partners recognise the importance of co-production and the difference it can make when identifying, understanding, and developing how to meet the needs of children, young people and their families and carers. In partnership with the PCF, a Co-Production Strategy and toolkit has been developed and is in use across the partnership. In recognition that we want to reach as wide a group of parents and carers of children and young people with SEND as possible, we also use other resources, including the Information, Advice and Support (IAS) Service, the (Pupil) Champions Group and the Live Well Cheshire West (Local Offer) website.

Examples of co-production include:



- **The SEND High Needs Review** was launched in February 2018. Over 600 people have been involved throughout the High Needs Review from all stakeholder groups at all stages. Our SEND High Needs strategic review was co-produced in its identification of the current position and provision required to meet future needs within the local area. This joint working approach is continuing in the workstream groups implementing the recommendations of the High Needs Review.
- **The introduction of the new on-line EHC Hub** in 2019 to manage the assessment process and develop easy access and transparency to support the co-production of EHCPs with children and young people and their families. We have rolled out EHCP Hub 'live' co-production meetings for the creation of new EHCPs. Trials are in place to complete annual reviews digitally through the EHC Hub, which enables a different method of co-production as it can be accessible by parents and carers at any time of the review process.
- **The review of the Short Breaks Offer** and identification of what parents want from the service has been through a formal consultation process, to ensure that the Short Breaks Commissioning Strategy reflects the needs of parents, carers, children and young people accessing short breaks now and those who will access short breaks in the future.

COVID-19 measures have had an impact on the level of co-production and work is taking place with all stakeholders to return to our pre-COVID-19 position.

d) Multi-Agency SEND Audits

A framework for SEND multi-agency audits was developed based on the same model as the ones used in children's social care and by the Cheshire West and Chester Safeguarding Children Partnership to evidence the quality and impact of the work of the local area and to identify any areas where improvements need to be made. This multi-agency activity and moderation promotes a shared understanding of good practice and informs policy and practice guidance. To date audits have covered a wide range of areas, including improving transition and the impact of multi-agency working on improving outcomes for children and young people's social, emotional and mental health. All audit findings are shared with schools and stakeholders to inform service development through SEND PIM and the SEND Strategy Group and incorporated into the actions within the SEND Strategy Action Plan. Future audits will revisit previous themes to seek reassurance that changes have been embedded and are making a difference. There have been delays in the programme due to the pandemic.

e) SEND High Needs Review

The purpose of the SEN High Needs Review was to ensure that Cheshire West and Chester Council's SEND provision is evidence based and fit to meet future demand. The SEN High Needs Strategic Review was initiated in February 2018. Findings of the initial stage of the review identified key issues and challenges facing the local area's SEND system, highlighting areas for development and change. A number of the areas for development identified by the High Needs Review had already been identified by the local authority and partners and are embedded in the SEND Strategy and Action Plan to monitor ongoing service development. Due to COVID-19 the SEND High Needs Review implementation plans were delayed, these have all now been updated and approved. All actions have been incorporated into the SEND 2020-2024 Action Plan. Multi-Agency Workstream Groups are actioning the recommendations. The work completed to date is



moving towards greater inclusion for more of our children and young people with an EHCP within mainstream settings, with a high level of confidence from parent/carers and schools.

f) SEND 0-25 Inclusion Framework

The Inclusion Framework was developed using a co-design/consultation approach following PCF survey feedback which identified the need for further clarity and consistency on identification, support and funding available for children and young people with SEND across the continuum of need. A SEND 0-25 Inclusion Practitioner Handbook is being developed to provide further practical support and guidance for providers. The Early Years 0-5 section has been completed in draft in Spring 2021 to support early years settings. Primary/Secondary sections expected to be completed in Autumn 2021 and Post 16 Spring 2022. There have been delays due to the pandemic and actions have been incorporated into the SEND Action Plan.

g) The introduction of the EHCP digital Hub for new assessments

Feedback from parents and carers identified they wanted communication to improve from the SEN team when an Education Health and Care Needs Assessment (EHCNA) was requested, and to provide updates on the process as it happened. In response to this, a digital Hub was introduced to manage the assessment process and ensure parents/carers and all stakeholders involved in the EHC Needs Assessment can access a live online system giving direct access to input their advice and receive updates on when advice is received at each stage of the process. This was introduced in Autumn 2019 on a trial basis with a range of mainstream and specialist settings and was rolled out for all new assessments from January 2020.

h) An increase in the timeliness of EHCP phase transfer processes

To reduce the anxieties experienced by children and young people with an Education Health and Care Plan transferring from Primary into Secondary and Secondary into Post 16 Provision during the COVID-19 pandemic, additional resources were put into our transfer processes for 2021. This has resulted in 100% completion of secondary transfers and 94% completion of Post 16 transfers within timescales in 2021.

i) Supported Internships

In line with the Local Authority aspiration to increase the employment opportunities for our local SEND population, in November 2019, we were successful in applying for Education and Skills funding (ESFA) and therefore directly deliver Supported Internships within Cheshire West. To our knowledge, we are the only LA who directly deliver such a programme. This compliments current provision. The programme has been an undoubted success so far including ongoing support from the Parent Carer Forum who sit on the governance board.

3.2 Issues needing to respond to

The Local Area SEND Strategy (and Action Plan), SEND SEF (self-evaluation), North West Peer Challenge (Self View and Ofsted Annual Conversation) the following gaps and challenges have been highlighted:

- a) A higher percentage of children with an EHCP in Cheshire West and Chester attend a specialist provision than mainstream school with 47% of pupils in Cheshire West and Chester with an EHCP attending mainstream schools. This is**



higher in primary with 61% of primary pupils with a statutory plan attending a mainstream setting and only 35% of secondary pupils with an EHCP attending a mainstream school.

This has been targeted as an area for development, due to the focus on inclusion and is expected to improve as the outcomes of the High Needs Strategic Review continue to be implemented. The number of pupils with SEND requiring an Education, Health and Care Plan (EHCP) has grown significantly and is now 2228 (January 2021) compared to 1400 in 2015. The overall population within Cheshire West and Chester is forecast to grow with an increase of approximately 11% of learners with an EHCP each year.

b) Autistic Spectrum Disorder (ASD)

We have a high number of children and young people with an EHCP where the primary need is ASD, and it is the most common primary need for children and young people with an EHCP. The percentage of 0-25s with an EHCP and a primary need of ASD is 28.1% (Source: Children and Young People with an EHCP from SEN2, Cheshire West and Chester Council. January 2021). This has risen from 325 in Autumn 2014 to 534 in Autumn 2018, 565 in Spring 2019 to 643 by Autumn 2020.

c) Short Breaks – parents, carers, children and young people involved in commissioning of Short Break Services

A Short Breaks Commissioning Strategy for 2021-2025 has been produced involving parents, carers and children and young people. Co-production of Service Specifications with parents/carers has taken place in preparation for the commissioning of new services.

d) Quality of Education Health and Care Plans and timeliness of new and amended EHCPs following annual review

EHCPs completed within the 20-week statutory timescales has historically been a strength and our completion rate has been higher than most LA's with the 2019 SEN 2 statistics identifying 87.9% completed in time in CW&C compared to 59% in the North West and 58.7% in England. However, due to the increased difficulties completing assessments through the COVID-19 pandemic and lockdown periods, our completion rate has been significantly affected, which has taken the completion rate for 2020 to 54.3% without exceptions and 44.3% with exceptions. Added to this has been the significant increase in the numbers of requests for assessment. Our EHCP population has now increased from 2065 in 2020 to 2228 in January 2021 and is expected to increase to 2547 by 2022. The number of EHC Plans is increasing by approximately 11% year on year and the number of requested annual amendments to EHC Plans has increased significantly each year since 2014. Although prior to March 2020 the annual review process showed signs of pressure, the impact and response to COVID-19 have all impacted on the resulting back log of annual reviews in the 2020/21 academic year, actions are in place to remedy this situation.

e) Education Outcomes

Attainment at Key Stage 2 in 2019 compared to the England average saw pupils who require SEND Support fall below national in the combined reading/writing/maths indicator. Progress in writing for this group also remains a concern (LA -2.7 compared to -1.7 nationally for this group). There is a need to embed the improvements for those with a statutory plan where the combined reading/writing/maths indicator and progress scores all improved and are greater than the corresponding group nationally. At Key Stage 4, the Attainment 8 indicator remains broadly in line with the corresponding group nationally for those at SEND Support and despite an increase by those with a statutory plan this indicator



remains below national. In relation to the Progress 8 score outcomes for both groups are below national with the widest gap occurring for those with a statutory plan. We have no data for 2020 regarding achievement in statutory testing.

f) Attendance of children with SEND

In 2018-2019, overall absence figures for SEND support and a statutory plan are broadly in line with national figures. However, when looking in detail at specific phases, overall absence and persistent absence for SEND Support and children with a statutory plan at secondary school is above the national average. This gap is greatest for those with a statutory plan which shows an overall absence of 10.6% compared to 8.6% nationally. This is a continuing pattern to the previous year. CW&C has seen a jump from 24% to 28.8% in persistent absence for pupils with an EHCP. Persistent absence at SEND support is roughly in line with the national average. Collection of school attendance data as part of the school census resumed in January 2021.

g) Permanent and fixed term exclusions

In Cheshire West and Chester, pupils with SEND are more likely to have a fixed period or permanent exclusion than their peers. This is a pattern that is reflected nationally. Those most likely to be excluded are children without an EHCP who are accessing SEND support. They are eight times more likely to receive a permanent exclusion. Children who have been identified as having SEMH needs have significantly higher exclusion rates across all measures.

h) Post 16 provision/Preparing for adulthood

CW&C recognises concerns over the level of provision and has seen an increase in NEET (not in education, employment or training) for those with SEND to 10.2% (March 2020).

i) Mental Health Outcomes

Across Cheshire West and Chester, we recognise that more needs to be done to support the emotional health and wellbeing of all children and young people, especially those children and young people who are most vulnerable. We continue to work in partnership with all our key partners to ensure we understand what is required to meet the needs of all children and young people. We have worked closely with the provider of our Specialist Child and Adolescent Mental Health Services (CAMHS).

j) Live Well Cheshire West www.livewell.cheshirewestandchester.gov.uk

The website that contains the 'Local Offer' for parents, carers and young people as set out in the SEND Reforms of 2014. This offer has two key purposes:

- i) To provide clear, comprehensive, accessible information, support and services.
- ii) To make provision more responsive to local needs by directly involving families in the review of the provision.

The previous Local Offer was incorporated into Live Well Cheshire West in January 2020 following a development process, which included feedback from service users throughout. This improved site provides information, advice and guidance to children and young people and families and adults, including over 3,000 services and over 1,000 information pages. The site had over 37,000 'hits' in its first year. There is on-going work to further develop and improve the site.



k) Joint Commissioning

We have mechanisms in place to support strong collaborative arrangements between Cheshire West and Chester (CW&C) Commissioners and NHS Cheshire Clinical Commissioning Group (CCG) in respect of our joint priority areas. The Children's Trust ratified a Joint Commissioning Framework, outlining how partner agencies will jointly plan and commission services for children, young people and their families. The Framework expired in 2019. The refresh has been delayed due to the COVID-19 pandemic but is a priority for the Children's Trust Executive.

l) Transitions Review

The Transitions and Learning Disabilities (LD) Programme was set up in November 2020. Phase one started with a review of the Transitions Service, which aimed to address the significant financial challenge for transitions and adults LD services, to improve outcomes for individuals, to enable improved forecasting and forward planning, and to ensure the existing Transitions Protocol meets needs. The results of the review are beginning to be implemented.

3.3 Recommendations

Based on the gaps and challenges highlighted the following recommendations have been identified for inclusion in the SEND Action Plan for 2020/21 and the SEND SEF:

a) Inclusion in Mainstream Provision

The local authority to continue working closely with our mainstream schools to provide them with the skills and confidence to support more learners with an EHCP in mainstream settings to ensure the specialist provisions have the capacity to meet the needs of the growing number of children and young people with complex SEND. The High Needs Strategic Review workstream is to work on developing a guidance document to provide further advice and support to schools and settings on strategies, resources and training opportunities to support children and young people so that they have their needs met confidently within a mainstream setting. The development of other models of provision is also being explored enabling closer links to be developed between some special and mainstream schools, including proposals to develop two possible satellite bases for September 2022. The development of closer working partnerships will also provide the opportunity for some pupils to access time at both special and mainstream schools to meet their needs as well as offering professional development for staff working in both settings.

b) Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder (ADHD)

An ASD Specification and Pathway has been agreed and adopted across the local area. A Cheshire wide clinical network group was established March 2021 to share best practice, review the specification and ensure a consistent offer. An Autism Strategy will be co-produced and developed. We have been successful in a bid in collaboration with Cheshire and Merseyside NHS England Improvement (NHSE/I) team to be one of the CYP Key Workers Early Implementor sites as part of the Transforming Care Programme. The key workers will work with CYP with autism and/or a learning disability who have complex needs. Locally there is an ongoing review of provision to understand pathway strengths and gaps and consideration of the upcoming national specifications, model pathways and guidance on post diagnostic support, as well as a focus on improving waiting times from referral to first appointment and diagnosis. We have also identified increasing demand for ADHD assessments, as a result an initial action plan has been developed to begin the work to support improved outcomes for children and young people with ADHD.



c) Short Breaks – parents, carers, C&YP involved in commissioning of Short Break Services

Now that the Short Breaks Commissioning Strategy has been finalised and the co-production of Service Specifications with parents/carers has taken place the commission of the contract will be awarded November 2021 with the aim to mobilise services April 2022.

d) Quality of Education Health and Care Plans and timeliness of new and amended EHCPs following annual review

In order to improve our compliance an action plan has been developed to identify the difficulties experienced and how we plan to address them. Targets have been set for improvement which are tracked on a weekly basis and reported on a monthly basis. To improve timeliness additional EHCP writers have been appointed. The introduction of the digital hub to manage the process of new plans and annual review of plans will help to improve timeliness, consistency and accessibility of EHCPs. Provision of support with advice givers is in place to ensure the quality of assessments completed to enable the EHCP's to be person centred with SMART outcomes for learners (SMART is specific, measurable, achievable, realistic and anchored within a time frame).

e) Education Outcomes

Although there is no statutory data available to demonstrate the progress in narrowing the achievement gap, a high percentage of vulnerable pupils with SEND have continued to access learning by attending their educational settings and accessing remote education. There is a need to embed improvements and offer support.

f) Attendance of children with SEND

Since the beginning of the new academic year (September 2020) Department for education data demonstrates that attendance for all children, those with an EHCP and those with a social worker have been consistently better than national. The attendance of children and young people with SEND and an EHCP is high in Cheshire West and Chester and has been higher than most other authorities. This is thought to be due to the work done to support pupils with SEND attendance throughout COVID-19 to gain parent and pupil confidence. Multi-agency online meetings take place whenever there is a dispute about attendance in order to reach a resolution with Health, Social Care and Senior Manager SEN. A revised training package has been devised for staff working with CYP anxious about returning to school - Emotionally Based School None Attendance (EBSN) 2020 incorporating a model of 2 x half day training sessions, followed by 2 x group supervisions to embed practice.

g) Permanent and fixed term exclusions

The Education Access Team provides early intervention support for pupils at risk of permanent exclusion. To better understand the patterns of exclusions and identify the risk and protective factors surrounding them, CW&C has partnered with Social Finance, a not-for-profit company, on a pioneering programme of work. Social Finance has conducted extensive analysis within CW&C using education, children's social care and school census data. CW&C now has a clearer understanding of the different types of exclusions that are taking place. The programme of work is in two distinct phases. The first phase culminated in a final report 'Maximising Access to Education' in July 2020. The next phase will start developing an approach which will co-produce the 'how' (infrastructure) we respond and



'what' (interventions). This work will consist of two phases: (1) Model co-design and co-production, (2) Model testing and refinement.

h) Post 16 provision/Preparing for adulthood

The Preparation for Adulthood Strategy is developed. To ease the access to employment, training, work experience and volunteering opportunities are being provided. The Preparation for Adulthood pathway is available on the Live Well website and this highlights all the potential pathways a young person and adult can take with explanation of the routes. The Local Authority was successful in receiving education and skills funding to develop a local area Supported Internship Programme to increase and enhance employment opportunities for local young people. This forms part of the SEN strategy and was developed with the agreement of partners, including local colleges and the Parent Carer Forum. There is an intention to increase this offer over the next few years. Also, Implement the Inclusion Framework for post 16 in line with 0-25 framework to aid consistency of decision making and a banding model for Further Education funding to ensure consistency of funding decisions from school to post 16.

i) Mental Health Outcomes

Across Cheshire, we recognise that more needs to be done to support the emotional health and wellbeing of all children and young people, especially those children and young people who are most vulnerable. We know that rates of mental ill health have increased since 2017 (Mental Health of CYP in England (2020)). We continue to work in partnership with all our key partners to ensure we understand what is required to meet the needs of all children and young people. In Cheshire West and Chester a single data dashboard has been developed that helps us to understand how many children and young people access mental health services and how long they may have to wait for help, thus helping identify services for the future. Emotional Health and Wellbeing is a key area for the local area and two Trusted Relationships Services have been established with the intention to see these services extended across Cheshire. MyHappymind programme continues to be delivered in some primary schools and Emotional Literacy Support Assistant (ELSAs) training and supervision continues in schools and is being rolled out in Early Years settings. The Partnership will continue to shape and develop mental health support in schools with Mental Health Support Teams and partners; and pathways for Autism and ADHD, in addition to services that support children and young people with Learning Disabilities and their families.

j) Live Well Cheshire West (LWCW)

The Live Well Cheshire West Coordinator has supported work throughout the year to update the site, as required with relevant information and feedback from practitioners, as well as wider stakeholders such as parents and carers. The LWCW annual report 2020-21 includes summary information on feedback received throughout the year and the developments implemented from this, as well as future planned steps. Further work to develop and improve the site include looking to develop a Youth Hub section to encourage better engagement and relevant information for young people and look at ways in which the design can be made to look more inviting.

k) Joint Commissioning

The West Cheshire Children's Trust Joint Commissioning Framework is due to be refreshed and approved Autumn 2021. Areas for future development for joint and co-commissioning include:



- Provision of home care support package for children and young people with Complex Health Needs
- Provision of specialist equipment
- LD and mental health joint commissioning
- Learning Disabilities Care and Support

l) Transitions Review

As a result of the review the Transitions Protocol has been reviewed and developed into a new 14–25 Policy and is due to be approved Autumn 2021. The protocol sets out our vision and ambition for young people as they move from children to adult's services, enables the Transitions Team to become involved with young people at an earlier age and gives clarity as to what services are available, to whom, and who is responsible for providing them. In total, 27 recommendations are being taken forward, including: the development of a new model for forecasting; a new more accurate baseline budget set up; transitions link officers allocated to all special schools and some internal services; and the enhancement of the current Additional Risks and Needs Panel to enable it to provide more direction, support and signposting to the most vulnerable service users. In addition, four mini business cases are being developed to address key identified issues, such as the services available to young people with autism with no or low-level learning disability, and how we could better prepare young people for adulthood and independence.

4. Level of need

4.1 The under 25 population

CW&C has a smaller proportion of children and young people compared to the national average

Age group	CW&C number	CW&C %	England %
Aged 0-4	18,300	5.3%	5.9%
Aged 5-9	20,200	5.9%	6.3%
Aged 10-14	19,500	5.7%	6%
Aged 15-19	17,700	5.1%	5.5%
Aged 20-25	23,100	6.7%	7.5%

Source: 2019 Mid-year population estimates, Office for National Statistics licensed under the Open Government Licence V3.0

Around 98,800 children and young people aged 0 to 25 live in CW&C making up 28.8% of the total population, which is below the national average of 31.1%. As a rate, CW&C 0-25-year-olds are 287.9 per 1,000 population compared to 311 per 1,000 population in England. There are approximately 3,500 births in the borough each year (ONS, birth data).

The fertility rate of females in CW&C is slightly lower but statistically similar to the England average (60.7 per 1,000 compared to 61.2) (ONS 2017), and although there have been slight fluctuations over the last eight years, it has remained fairly steady.



The birth rate in CW&C is lower (56.4 per 1,000 women (aged 15-44) in 2018) than the national rate (59.2 per 1,000 women) and is lower than it was in 2017 (60.7 per 1,000 women).

Population forecasts predict a decrease in the local population of under 25's to approximately 98,500 in 2025. Young people aged 20 to 24 will see a decrease along with a slight decrease in those aged under 5.

4.2 Disability estimates

Of those aged 0 to 25 in CW&C, there are an estimated:

- 9,400 with a disability of some sort.
- Approximately 4,000 experience day to day difficulties because of their disability or condition.

The Family Resources Survey 2018/19 calculates prevalence of disability in England by age. The prevalence, and estimated number of residents in CW&C, can be seen in the table below.

There are an estimated 9,424 children and young people in CW&C with a disability.

Age group	Disability prevalence	Number estimated to have a disability
Aged 0-4	4%	730
Aged 5-9	8%	1,600
Aged 10-14	10%	2,000
Aged 15-19	12%	2,100
Aged 20-25	13%	3,000
Aged 0-25	NA	9,400

Source: Prevalence of disability by age, Family Resources Survey 2018/19, Department of Work and Pensions. Applied to 2019 Mid-year population estimates, Office for National Statistics licensed under the Open Government Licence V3.0

The 2011 Census indicated a prevalence rate of 4% in CW&C for children and young people who had a long-term health problem or disability which limits their daily activity. This was similar to the England average (3.9%). If we apply this to the 2019 mid-year population estimates, of those with a disability aged 0-25, around 4,000 may have a disability that causes them day to day difficulties.



4.3 SEND prevalence

In January 2020, there were 7,438 young people aged 0-25 in CW&C with an identified SEND. This is a rate of 75.3 per 1,000 0-25-year-olds. This will be an underestimate as the figure does not include children in early years provision who are receiving early years specialist support, and support in post 16 institutions unless the young person has an EHCP.

The majority of these children are having their needs met by their school without the need for an EHCP. Of the children and young people with SEND, 2,065 had a high level of need requiring an EHCP. This is a rate of 20.9 per 1,000 0-25-year-olds.

Special educational needs are met in two ways:

1. SEND Support: All children with an identified educational need will have their needs met by their educational setting – the early years provider, school or post 16 facility they attend.
2. Education, Health and Care Plan (EHCP): Most children will have their needs met via SEND support but if the child has a high level of need which cannot be met through current provision, they will be assessed for an EHCP. This takes a holistic view and if agreed, sets out the health, care and educational needs of the child.

In CW&C, approximately 7,438 children and young people aged 0-25 years have SEND and are receiving SEND Support or have an EHCP: 7.5% of children and young people.

The table below highlights primary and secondary school age children's needs, and the chart shows SEND by age.

Although disability estimates indicate a higher prevalence of disability in older children and a higher number of older children with a disability, there are more younger children aged under 11 that have SEND; however, a higher proportion are receiving SEND support rather than have an EHCP.

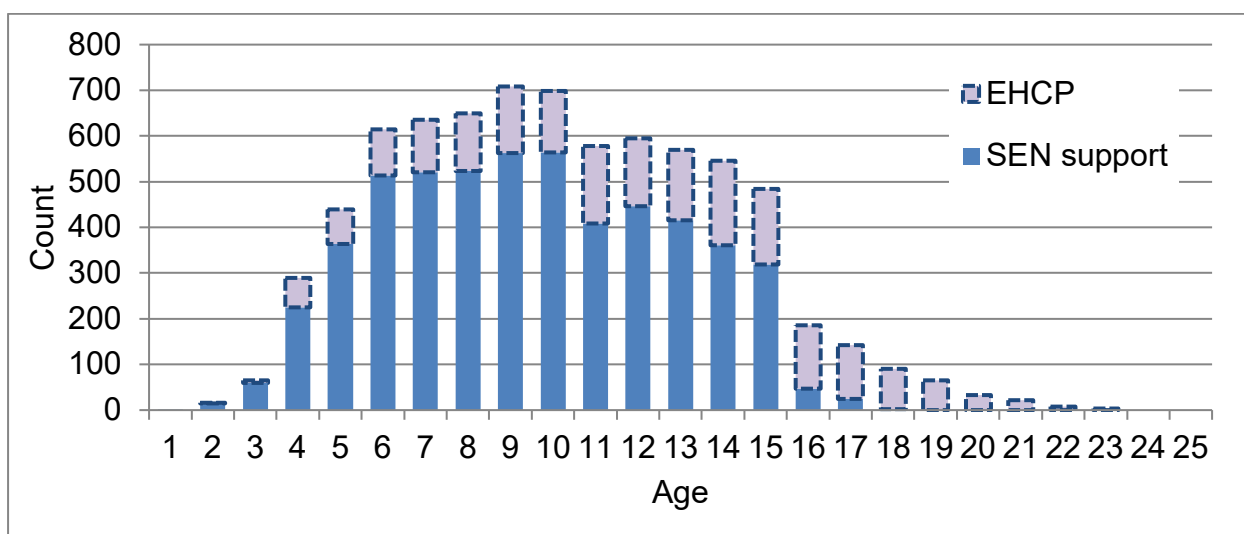


There are higher numbers of young children with SEND who are primary school age compared to those who are secondary school age. However, a greater proportion of those of secondary school age have a higher level of need requiring an EHCP.

Age	Number receiving SEND support	Number with an EHCP	% of children with SEND with an EHCP
4	225	64	22.1%
5	364	76	17.3%
6	514	101	16.4%
7	521	114	18.0%
8	524	126	19.4%
9	562	146	20.6%
10	564	134	19.2%
11	409	169	29.2%
12	447	148	24.9%
13	415	154	27.1%
14	361	185	33.9%
15	319	165	34.1%

Source: Number of children with SEND. SEND support from School Census January 2020. EHCP from SEN2, Cheshire West and Chester Council.

Note: We do not know the number of children and young people who receive SEND support if they attend a school outside of the borough but reside in CW&C so numbers will be higher.



Note: Numbers of young people aged 16 plus receiving SEND support is not known for those in further or higher education.

Source: Number of children with SEND. SEND support from School Census January 2020. EHCP from SEN2, Cheshire West and Chester Council.

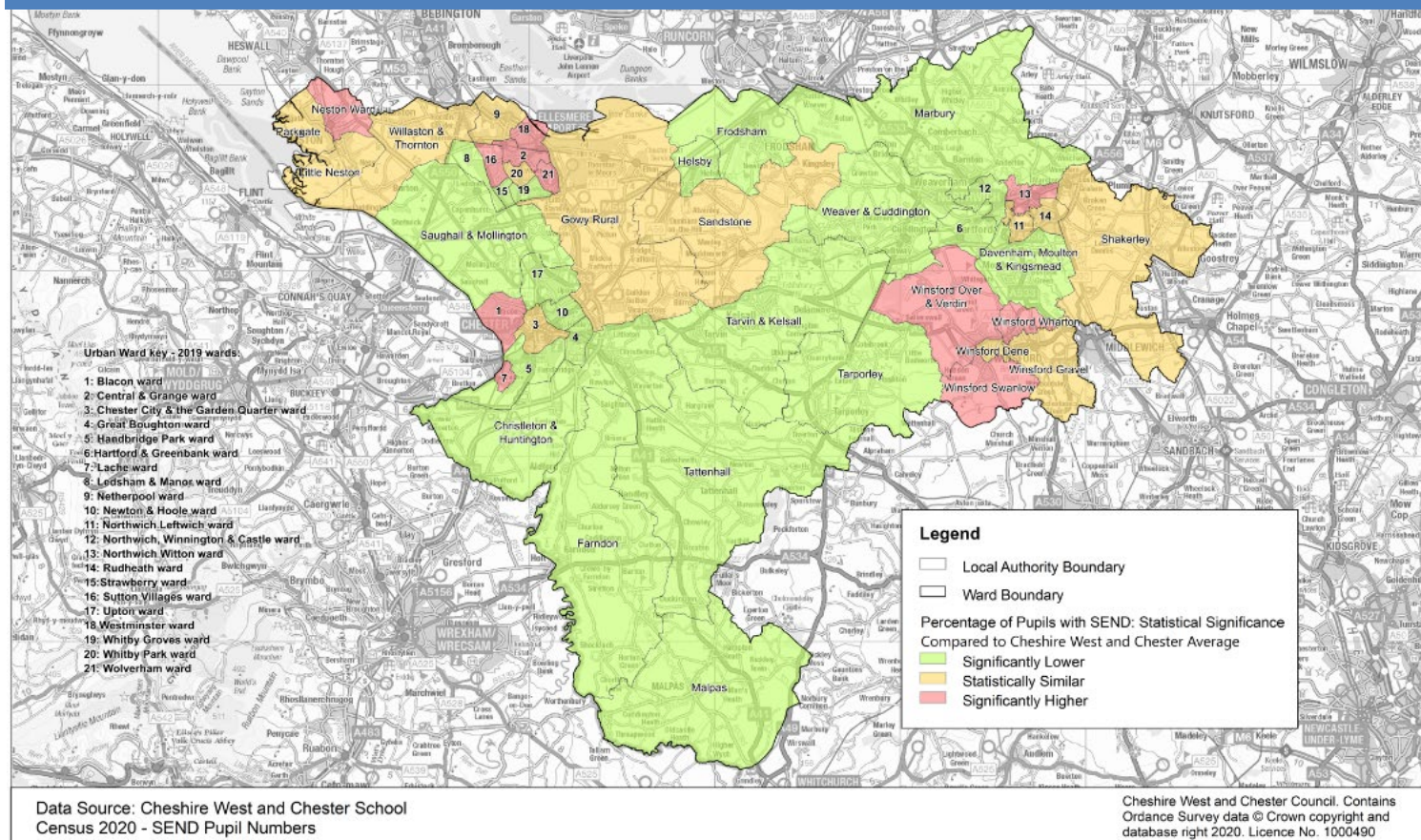


According to the School Census, for January 2020 over two thirds of pupils (67%) with SEND were boys. Of boys with SEND, 26% had an EHCP compared to 19% of girls with SEND. It is unclear and widely debated if there are sex-based differences in prevalence of Autism Spectrum Condition (ASC) and learning disabilities, or if girls present in a different way that is less likely to be identified and diagnosed

We can use pupil level data from the School Census to begin to understand how levels of SEND may vary across CW&C. This can be seen in the map. The map shows wards with a significantly higher percentage of pupils with SEND residing there than the CW&C average which are:

- Blacon Ward
- Central & Grange Ward
- Lache Ward
- Neston Ward
- Northwich Witton Ward
- Sutton Villages Ward
- Westminster Ward
- Winsford Over & Verdin Ward
- Winsford Swanlow Ward
- Winsford Wharton Ward
- Wolverham Ward

There are 11 wards in CW&C with a significantly higher percentage of pupils with SEND residing there than the CW&C average.





Note: The map shows only pupils who reside in CW&C and attend a CW&C school. It also does not include those accessing Early Years Specialist Support or SEND Support through a post 16 educational setting.

4.4 Pupil prevalence

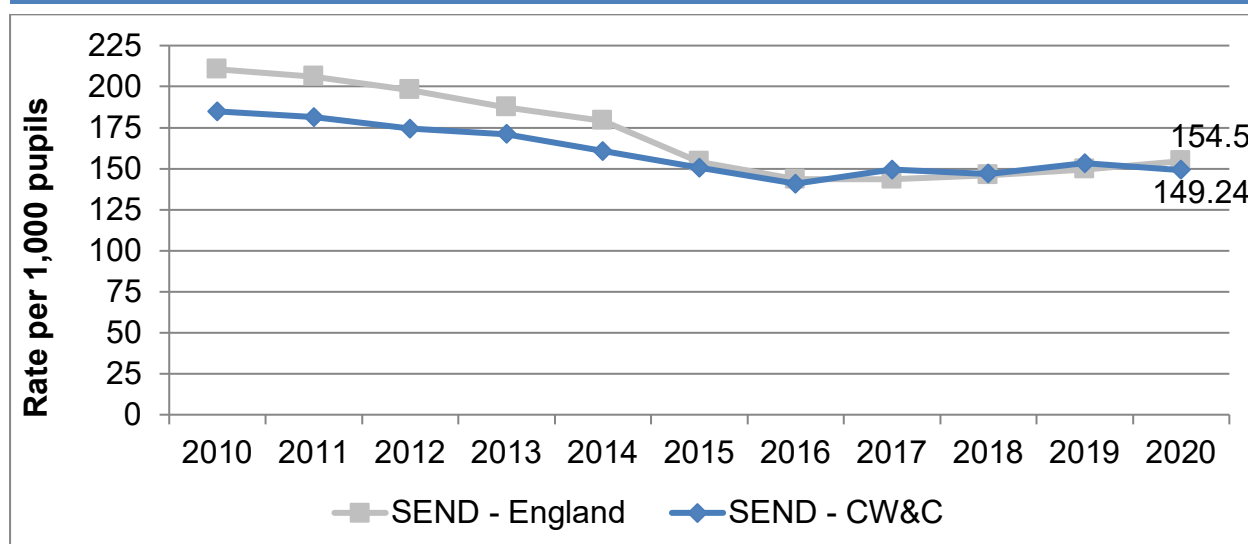
Around one in seven pupils attending a CW&C school have a SEND (7,582 pupils). 3.6% of pupils have an EHCP (1,816 pupils); this is almost a quarter of all pupils with a SEND (24%). 11.4% of pupils are receiving SEND support (5,766 pupils).

Over the last three years, the rate of pupils with an EHCP has increased, and in 2020 is at its highest in the last ten years.

There were 50,804 pupils on roll at the time of the School Census 2020. This includes pupils who live in and out of the borough. Of these, 7,582 pupils had a special educational need, 15% of all pupils which is the same as the England average.

The rate of pupils with a SEND has generally decreased over the last ten years in CW&C from 184.9 per 1,000 pupils in 2010 to 149.2 per 1,000 pupils in 2020. This follows the national trend. However, the last four years has seen slight fluctuations in rates in CW&C compared to slight increases in rates nationally. The current England rate of 154.5 per 1,000 with a SEND is slightly higher than the CW&C rate.

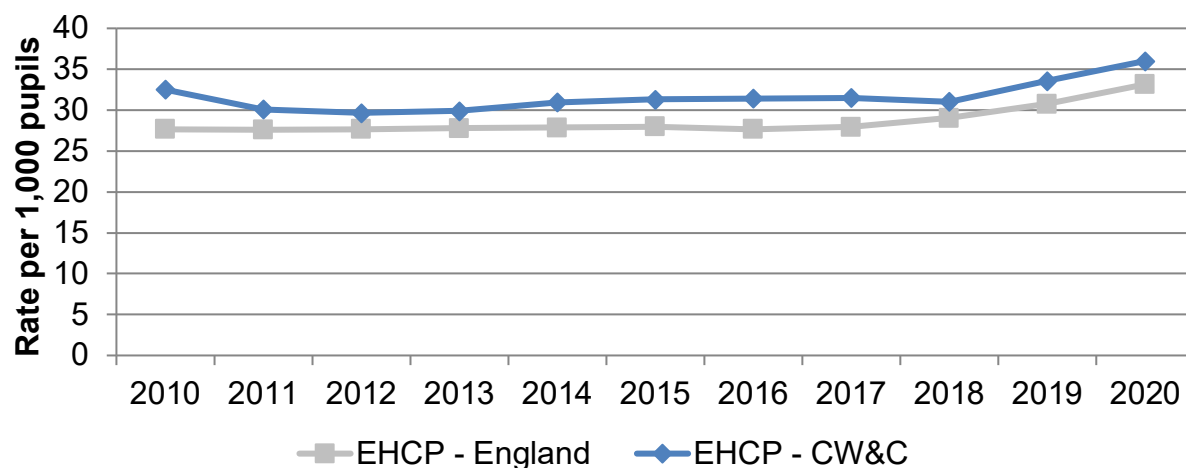
Over the last ten years, the rate of pupils with SEND in CW&C has generally decreased although most of this decrease was seen between 2010 and 2016. Following this decrease, rates have fluctuated.



Source: SEND rate per 1,000 pupils. SEN 2020, Department for Education.

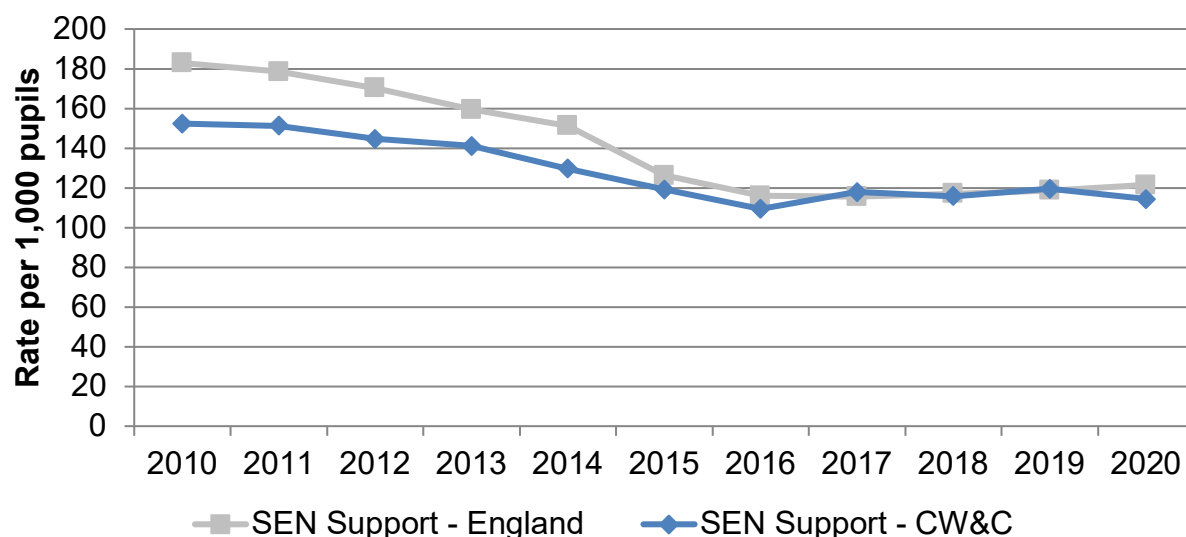


Rates show that in CW&C the rates of pupils with an EHCP have increased from 33.5 per 1,000 pupils in 2010 to 36 per 1,000 pupils in 2020. This increase can also be seen in the national. Both CW&C and England have the highest rates of pupils with an EHCP in the last ten years.



Source: EHCP rate per 1,000 pupils. SEN 2020, Department for Education.

The rate of pupils receiving SEND support saw a slight decrease between 2019 and 2020 from 119.5 per 1,000 pupils to 114.3 per 1,000 pupils. This contrasts with England where there was a slight increase in pupils receiving SEND support.



Source: SEND support rate per 1,000 pupils. SEN 2020, Department for Education.



5. Needs of children and young people with SEND

5.1 Categories of need

SEND is a broad concept encompassing a vast array of conditions. Children and young people with SEND are a diverse group with some requiring minimal support, and others requiring intense multi-agency intervention.

In the SEND Code of Practice, SEND is categorised into the broad areas of need seen in the diagram below. A child may be assigned a primary area of need but may have multiple needs and disabilities.

Cognition and learning

- Moderate learning difficulty
- Severe learning difficulty
- Profound and multiple learning difficulty
- Specific learning difficulty

Communication and interaction

- Speech, language and communication needs
- Autistic spectrum condition

Sensory and/or physical needs

- Visual impairment
- Hearing impairment
- Multi-sensory impairment
- Physical disability

Social, emotional and mental health

5.2 Needs in CW&C

The top three needs of children and young people with SEND in CW&C are:

1. Speech, language and communication needs (1,455 children)
2. Cognition and learning (moderate learning difficulty) (1,387 children)
3. Social, emotional and mental health (1,297 children).

The greatest need for those with an EHCP was Autistic Spectrum Condition followed by cognition and learning (moderate learning difficulty). The greatest need for those accessing SEND support was speech, language and communications needs followed by a specific learning difficulty (those with a specific learning difficulty have a difficulty with an element of learning such as reading, writing or math).

In January 2020, 7,438 children and young people aged 0-25 were accessing support for a SEND in CW&C, 7.5% of the 0-25 population. Primary need was recorded for all but 328 children whose needs had not yet been assessed. The needs of the remaining 7,110 children and young people can be seen in the table below.



The most common primary need for children and young people with SEND and those accessing SEND support is a speech, language and communication need. For those with an EHCP, the most common need is Autistic Spectrum Condition.

Primary need	% 0-25's with SEND	% 0-25's with an EHCP	% of 0-25's with SEN
Autistic Spectrum Condition	12.4%	28.0%	6.0%
Cognition and learning (Moderate learning difficulty)	19.5%	23.3%	18.0%
Hearing impairment	1.5%	1.4%	1.5%
Medical	0.7%	2.4%	0.0%
Multi-sensory impairment	0.4%	0.6%	0.3%
Physical disability	2.9%	4.7%	2.2%
Profound and multiple learning difficulty	0.4%	1.4%	0.0%
Severe learning difficulty	2.5%	8.0%	0.2%
Social, emotional and mental health	18.2%	17.4%	18.6%
Specific learning difficulty	14.6%	0.4%	20.5%
Speech, language and communication needs	20.5%	11.6%	24.1%
Visual impairment	1.2%	0.9%	1.4%
Other	5.2%		7.3%

Source: Children and young people with EHCP from SEN2, Cheshire West and Chester Council. SEND Support from School Census January 2020.

It should be highlighted that 369 children and young people with SEND in CW&C on the School Census had a primary need coded as 'other' and it is unclear what these needs are, and if they could have fitted into one of the primary need categories.

5.3 Changing needs

To see how needs have changed over time, CW&C pupil data from the School Census has been used.



Over the last six years, speech, language and communication needs followed by social, emotional and mental health needs have seen the biggest increase in need. However, speech, language and communication needs have remained stable over the last few years whereas social emotional and mental health needs continue to increase.

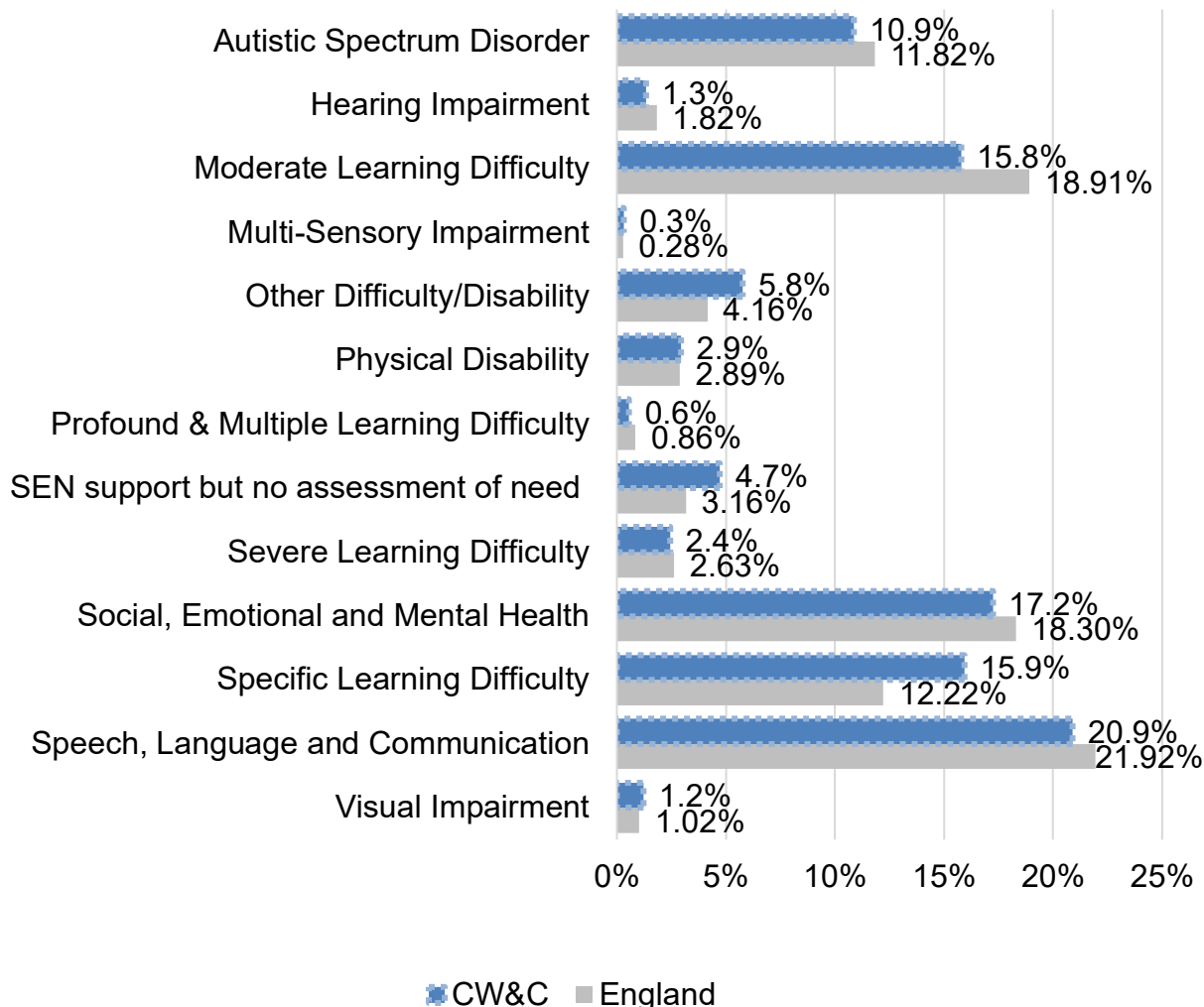
Primary need	2015	2016	2017	2018	2019	2020	Trend line
Autistic Spectrum Disorder	9.4%	9.1%	9.0%	10.2%	10.1%	10.9%	
Hearing Impairment	1.6%	1.5%	1.6%	1.6%	1.3%	1.3%	
Moderate Learning Difficulty	21.2%	18.4%	17.6%	18.1%	17.3%	15.8%	
Multi-Sensory Impairment	0.1%	0.1%	0.2%	0.2%	0.2%	0.3%	
Other Difficulty/Disability	8.3%	7.9%	7.0%	6.1%	6.0%	5.8%	
Physical Disability	2.7%	2.6%	2.9%	3.0%	3.0%	2.9%	
Profound & Multiple Learning Difficulty	1.1%	0.9%	0.7%	0.6%	0.6%	0.6%	
SEN support but no specialist assessment of type of need	4.0%	3.8%	6.2%	4.1%	4.0%	4.7%	
Severe Learning Difficulty	3.3%	3.0%	2.7%	2.6%	2.6%	2.4%	
Social, Emotional and Mental Health	15.9%	14.5%	14.7%	15.0%	16.3%	17.2%	
Specific Learning Difficulty	14.0%	18.4%	16.2%	16.2%	16.6%	15.9%	
Speech, Language and Communications Needs	17.4%	18.9%	20.4%	21.4%	21.0%	20.9%	
Visual Impairment	1.1%	0.9%	0.8%	0.8%	0.9%	1.2%	

Between 2019 and 2020, primary needs have remained fairly stable in terms of the proportion of pupils with SEND with that need. No primary need increased by 1% or more, and only moderate learning difficulty (cognition and learning) decreased by just over 1% (reduction of 1.5%).



5.4 Comparison of local need to levels nationally

CW&C had a higher proportion of children with SEND with a specific learning difficulty than the England average whereas England has a higher proportion of children with a moderate learning difficulty. This could be due to inconsistencies in coding across England between types of learning disability.



Source: CW&C School Census January 2020. England data, School Census 2020, DFE.

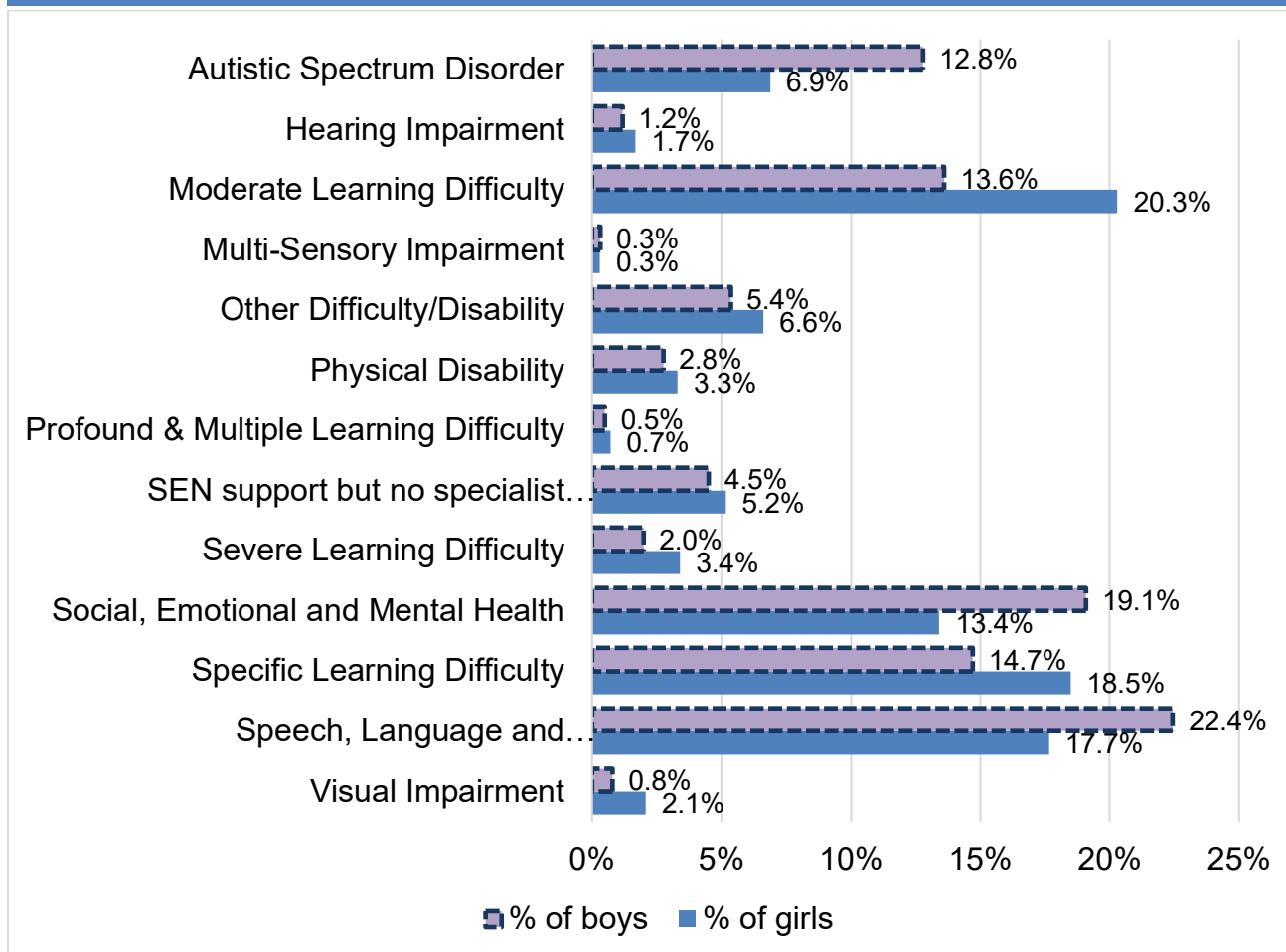
5.5 Differences in primary need

Almost a third of boys with a high level of need requiring an EHCP have Autistic Spectrum Condition (32.4%). For girls with a high level of need, ASC is also the most common need (18.1%), along with a severe learning disability (17.8%) and a moderate learning difficulty (17.3%).

In CW&C schools, the most common needs for girls with SEND are a moderate learning difficulty (20.3%) and a specific learning difficulty (18.5%). For boys, the most common need is a speech, language and communication need (22.4%) and a social, emotional and mental health need (19.1%).



The proportion of boys with SEND who have ASC is almost twice that of girls with SEND and ASC.



Source: School Census January 2020, Cheshire West and Chester Council.

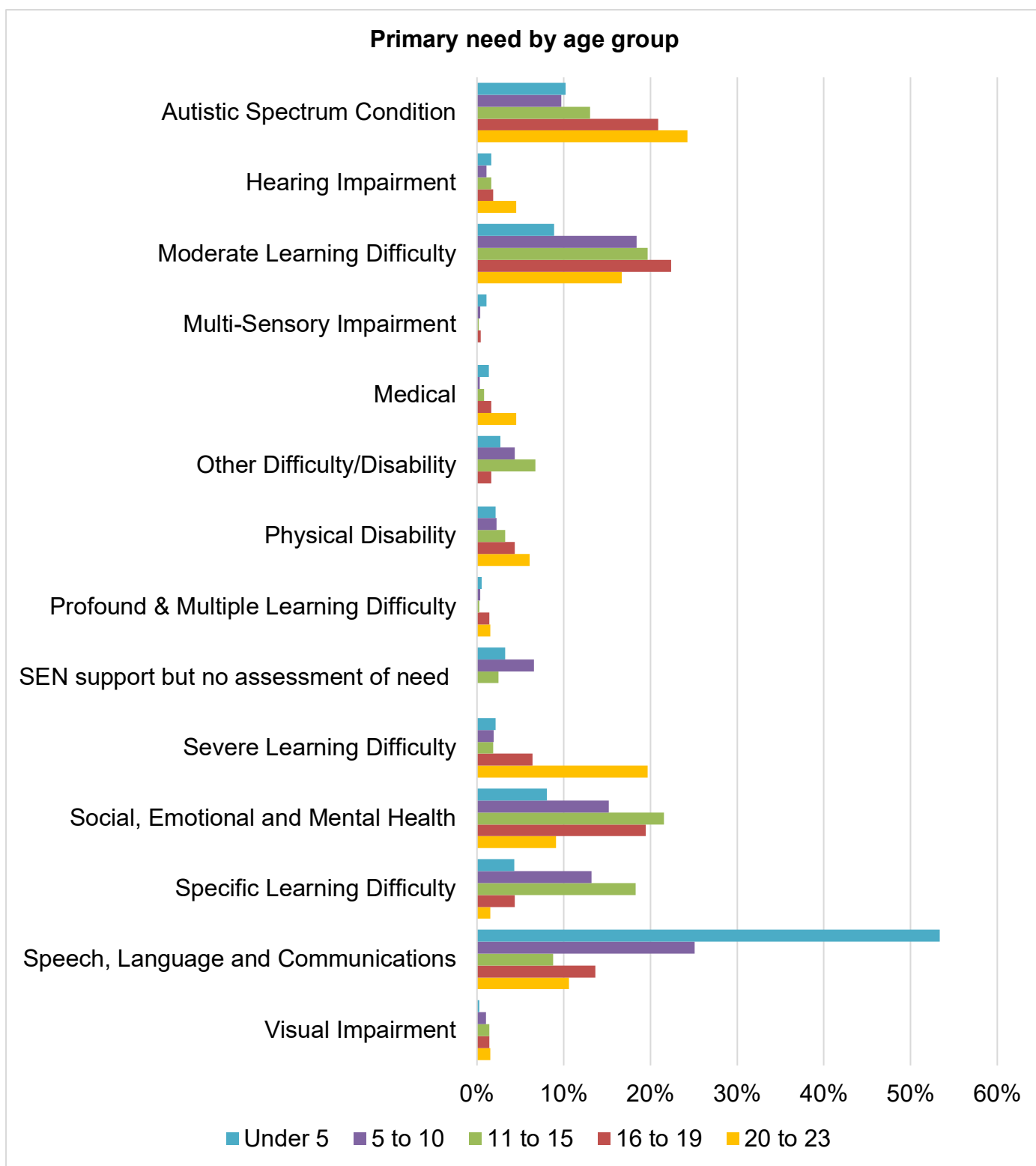


For those aged under 5, and those aged 5-10, the most common need is for speech, language and communications. For those aged 11 to 15, the most common need is for social, emotional and mental health needs. For those aged 16 to 19 the most common need is a moderate learning difficulty. For those aged 20 to 23 the most common need is Autistic Spectrum Condition

Primary need	Under 5	5 to 10	11 to 15	16 to 19	20 to 23
Autistic Spectrum Condition	10.2%	9.7%	13.0%	20.9%	24.2%
Hearing Impairment	1.6%	1.1%	1.7%	1.9%	4.5%
Medical	1.3%	0.3%	0.8%	1.7%	4.5%
Moderate Learning Difficulty	8.9%	18.4%	19.7%	22.4%	16.7%
Multi-Sensory Impairment	1.1%	0.3%	0.2%	0.4%	0.0%
Other Difficulty/Disability	2.7%	4.4%	6.7%	1.7%	0.0%
Physical Disability	2.2%	2.3%	3.2%	4.3%	6.1%
Profound & Multiple Learning Difficulty	0.5%	0.3%	0.3%	1.4%	1.5%
SEND support but no assessment of need	3.2%	6.6%	2.5%	0.0%	0.0%
Severe Learning Difficulty	2.2%	1.9%	1.8%	6.4%	19.7%
Social, Emotional and Mental Health	8.1%	15.2%	21.5%	19.5%	9.1%
Specific Learning Difficulty	4.3%	13.2%	18.3%	4.3%	1.5%
Speech, Language and Communications	53.4%	25.1%	8.8%	13.7%	10.6%
Visual Impairment	0.3%	1.0%	1.4%	1.4%	1.5%

Source: EHCP data from SEN2, January 2020, Cheshire West and Chester Council. SEND Support data from School Census January 2020, Cheshire West and Chester Council.

Note: There is no one currently older than 23 receiving support for a SEND in CW&C. The chart below shows the above data in a visual format.



Source: EHCP data from SEN2, January 2020, Cheshire West and Chester Council. SEND Support data from School Census January 2020, Cheshire West and Chester Council.



5.6 Multiple disabilities

In CW&C schools, almost half of pupils with an EHCP will have multiple complex disabilities and 20% of those receiving SEND support.

In October 2020, there were 3,186 residents aged under 25 on Cheshire West and Chester Council systems accessing support for a disability. It is unknown if all of these residents have a SEND, but EHCP data tells us that 80% have an EHCP (Data taken from Annex A on 7 October 2020, Liquid Logic, Cheshire West and Chester Council). Of these 3,186 residents, 924 have multiple disabilities (29%). Commonly occurring disabilities included Autistic Spectrum Condition (ASC) with a learning difficulty, communication issues with a learning difficulty, and a physical disability with a learning difficulty.

The School Census can also provide some insight into multiple disabilities, as well as detailing a primary need, it also details a secondary need where relevant. Of the 7,582 pupils with SEND in CW&C schools, 2,038 have a secondary need, around a quarter of pupils (26.8%). If we look at those pupils with a high level of need who require an EHCP, the proportion of pupils with a secondary need increases to almost half (47.4%). Of pupils with an EHCP, as might be expected, children with multi-sensory impairments are most likely to have multiple disabilities. This is followed by those with a severe learning disability of who a large proportion have speech, language and communications needs, and to a smaller extent, a physical disability.

5.7 Early years

The greatest need in CW&C for those age 2-2½ years was communication skills (Ages and Stages Questionnaire ASQ-3, 2018/19).

The Starting Well Service identifies needs of the child and family through health visitor visits and reviews at key ages. Reporting on whether these reviews are undertaken does take place, but the outcomes of these reviews are not captured in a reportable way. We therefore do not have a full picture about what the needs of young children are and the services they are being referred to.

The review at age 2-2½ does capture needs and uses the Ages and Stages Questionnaire (ASQ-3) to assess if the child has reached the expected levels in five areas of development: communications skills; gross motor skills; fine motor skills; problem solving skills; and personal-social skills. Children under the expected levels may need support to help their development or it could be a sign of disability and possible future SEND.

In 2018/19, 84.3% of children who had their 2-2½ year review were at or above the expected level in all five areas of development which is similar to the England average of 83.1%.



Fewer children achieved the expected levels of development in communication skills and personal-social skills than other development areas (85.2% and 86.8% respectively). In each of the five areas, fewer children in CW&C met expected levels compared to the England average.

Child development area (ASQ-3)	% CW&C 2-2.5-year olds	% England 2-2.5-year olds
Communication skills	85.2%	90.0%
Gross motor skills	87.3%	93.5%
Fine motor skills	87.6%	94.0%
Problem solving skills	87.9%	94.3%
Personal social skills	86.8%	92.9%

Source: Child development outcomes, Ages and Stages Questionnaire (ASQ-3) 2018/19 annual data, Public Health England

Note: No previous year's data is available as 2017/18 was the first reporting period of developmental outcomes submitted to Public Health England by LAs on a voluntary basis. CW&C began reporting for 2018/19 which can now be taken as a baseline.

6. Identification of need

Identification of disability, developmental delays and developmental issues starts from birth and throughout childhood. From screening in pregnancy, developmental checks as a baby and early childhood, and assessment through pre-school and school ages.

6.1 Access to maternity services

During 2018-19, 78.8% of females accessing maternity services at Countess of Chester Hospital and Mid Cheshire Hospital, had their first antenatal assessment at under 12 weeks of gestation as recommended by NICE guidance. This compares to the national average of 71.4%.

High quality antenatal care gives a better chance of a healthy pregnancy and a healthy baby. A healthy pregnancy is vital to a child's development and effective and timely maternity care provides the best start in life. Early access to antenatal care is essential for early identification of safeguarding issues to reduce infant mortality and risks to the baby.

The National Institute for Health and Care Excellence (NICE) guidance on antenatal care (2008), recommends that women should access maternity services before they reach 12 weeks of pregnancy. Ideally this assessment should take place at 10 weeks of pregnancy to allow women to have the full benefit of personalised maternity care and improve outcomes for mother and baby.

During 2018-19, there were 5,265 births at Countess of Chester Hospital and Mid Cheshire Hospital. Of these, the stage that maternity services were accessed is known for 4,895 women (93%).



Of those with gestation period recorded, 71.2% of females accessing maternity services at Countess of Chester Hospital and Mid Cheshire Hospital accessed their first antenatal appointment within 10 weeks of pregnancy compared to 59.7% at a national level. In CW&C this increases to 78.8% at under 12 weeks compared to 71.4% nationally.

Both hospitals have a similar proportion of females accessing maternity services at 10 weeks or under and under 12 weeks. However, Mid Cheshire Hospital has a higher proportion of pregnant women with time of access unknown; 8.1% compared to 5.6% at the Countess.

CW&C hospitals during 2018-19 had a significantly higher proportion of pregnant females accessing their first antenatal appointment at 10 weeks of gestation or under compared to the England average.

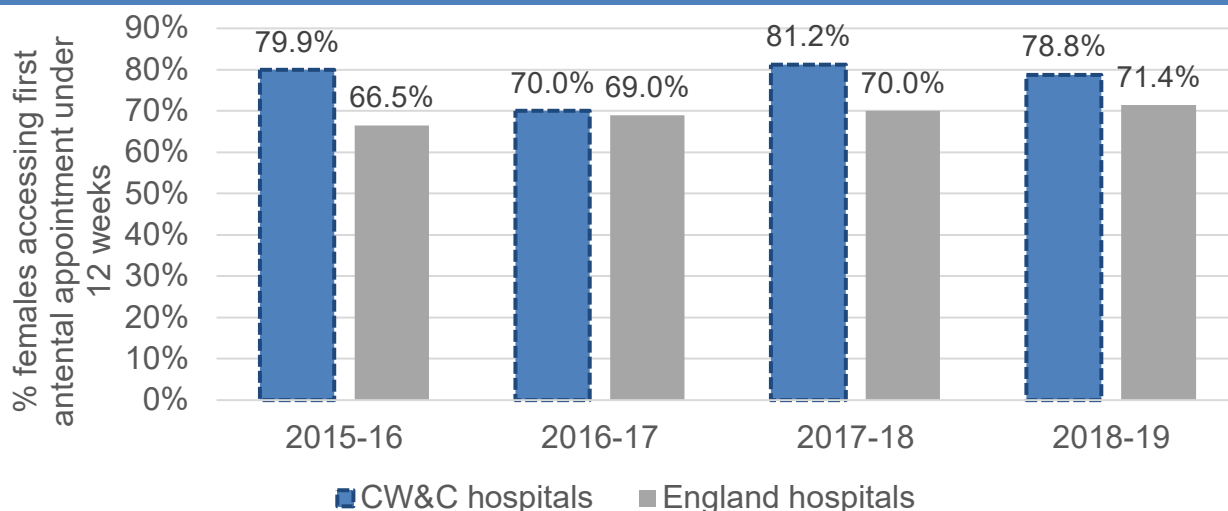
Weeks' gestation	% at Countess of Chester Hospital	% at Mid Cheshire Hospital	% England average
10 or under	70.0%	71.8%	59.7%
11 to 12	11.4%	12.5%	19.4%
13 to 14	3.8%	4.7%	7.0%
15 to 19	3.1%	3.6%	4.7%
20 to 24	2.0%	1.7%	2.0%
25 to 29	2.0%	1.9%	1.9%
30 to 34	2.7%	1.7%	1.8%
35 to 39	3.1%	1.7%	2.5%
40 plus	1.8%	0.4%	0.9%

Source: NHS Maternity Statistics 2018-19, NHS Digital

Note: Percentages calculated using data of females where gestation period is known.



Although the % of females accessing their first antenatal appointment at under 12 weeks has fluctuated at CW&C hospitals and there has been a decrease between 2017-18 and 2018-19, rates have remained above the England average.



Source: NHS Maternity Statistics, NHS Digital

Note: Percentages calculated using data of females where gestation period is known.

6.2 Starting Well Service

The Healthy Child Programme is offered to all families. According to the Department of Health, core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting and effective promotion of health and behaviour change for caregivers. It provides significant opportunities for highly skilled professionals to identify and deliver appropriate interventions.

There are a number of assessments and reviews at different child ages which are vital for identification of needs, how CW&C perform on these can be seen in the table below.



In 2018/19, CW&C performed significantly below the England average in carrying out a number of child assessments and reviews in a timely manner and in general have seen a decrease in performance since 2017/18.

Indicator	CW&C 2016/17	CW&C 2017/18	CW&C 2018/19	England 2018/19	Compared to England 2018/19
% of face-to-face new birth visits (NBV) undertaken	97.5%	93.8%	97.5%	98.2%	Significantly lower
% of births that receive a new birth visit within 14 days	92.7%	86.5%	85.4%	88.8%	Significantly lower
% of infants who received a 6-8-week review by the time they were 8 weeks	89.5%	86.0%	79.4%	85.4%	Significantly lower
% of children who received a 12-month review by the time they turned 15 months	90.6%	81.8%	68.0%	82.3%	Significantly lower
% of children who received a 2-2½ year review	89.2%	78.7%	76.2%	77.6%	Statistically similar
% of children who received a 2-2½ year review using Ages and Stages Questionnaire	100.0%	96.8%	97.4%	90.3%	Significantly higher

Source: Public Health England

Key messages from the above data includes:

- CW&C perform significantly worse than the England average in four measures:
 - % of face-to-face new birth visits undertaken
 - % of births that receive a new birth visit within 14 days
 - % of infants who received a 6-8-week review by the time they were 8 weeks
 - % of children who received a 12-month review by the time they turned 15 months
- Between 2017/18 and 2018/19, the proportion of children who received a 12-month review by the time they turned 15 months particularly dropped considerably from 81.8% to 68%. The % of infants who received a 6-8-week review by the time they were 8 weeks, those who received a 2-2½ year review, and % of births that received a new birth visit within 14 days also saw a decrease.
- Between 2017/18 and 2018/19, CW&C did see an increase in the % of face-to-face new birth visits (NBV) undertaken from 93.8% to 97.5%
- For those children who did receive a 2-2½ year review, the % who were reviewed using the Ages and Stages Questionnaire (ASQ-3) increased from 96.8% to 97.4% and was significantly higher than the England average

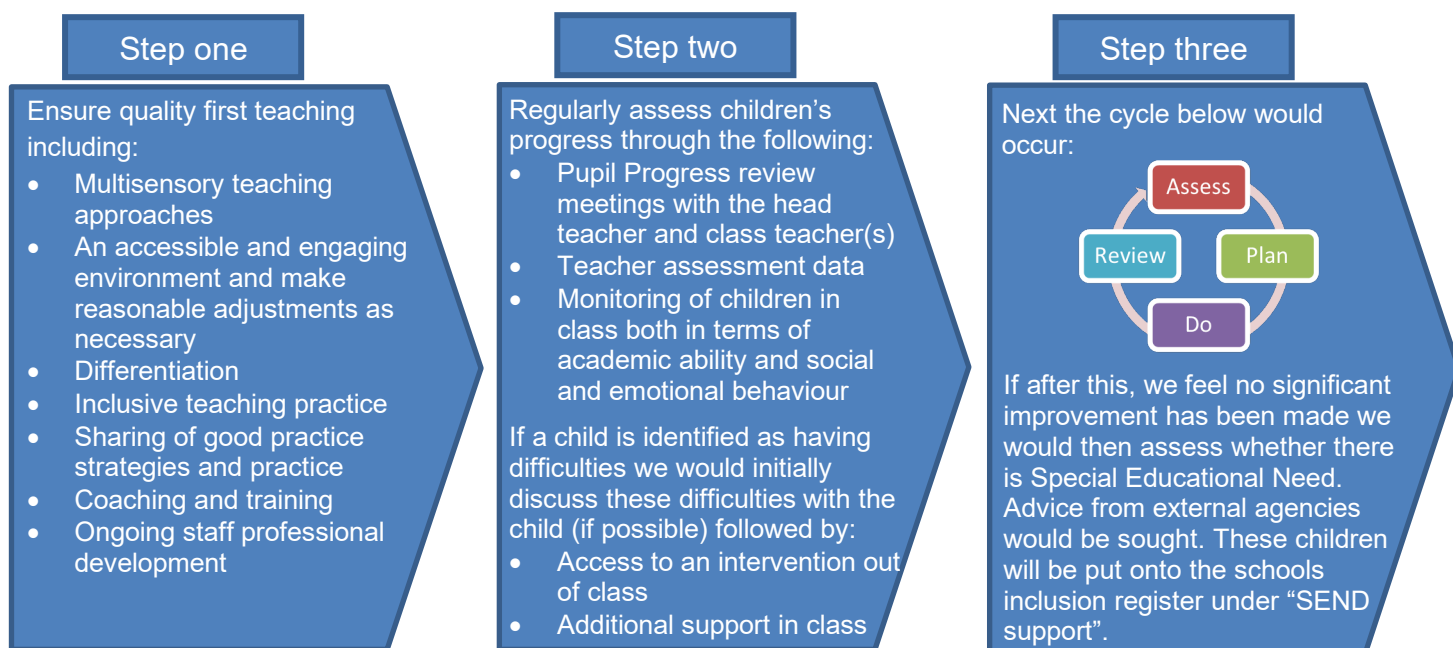
6.3 Identification in educational settings

Once children are in an educational setting there are numerous opportunities for issues and needs to be identified, though the younger the child is when needs are identified the more



effective interventions will be. Identification of needs includes observation of the child (their behaviour, participation and engagement), assessments, samples of work, attainment results and progress scores, parent feedback, teacher discussions and end of term reviews.

There is a graduated response to identify children with special educational needs which can be seen in the diagram below. Note: For some children the cycle below may be a slower process and in other cases a SEN may be identified sooner.



Source: Diagram taken from Camp Primary and Nursery School St Albans

If a school cannot meet the needs of the child, there is a request for further assessment for an Education, Health and Care Needs Assessment (EHCNA). After collation of existing evidence, a multi-agency panel will decide whether to conduct an EHC needs assessment which will need the input of a number of professionals.

7. Risk factors

7.1 Recognised risk factors

Those with SEND are not a homogenous group and there is not a commonly defined set of risk factors. In many cases the cause is unknown or due to a combination of causes. However, there are some recognised risk factors for developing a SEND of which a number are preventable.

- Though all children and young people with a disability will not have a SEN, there is an overlap between disability and SEN. Causes of disability include but are not limited to:
 - Chromosomal and genetic abnormalities
 - Conditions during pregnancy including smoking, poor maternal nutrition and obesity, alcohol and drug consumption, and health of the mother
 - Premature birth
 - Low birth weight



- Complications during pregnancy and birth
- Childhood illness
- Childhood injury
- Early childhood experiences may result in delayed development and social and communication difficulties. These children do not have a biological disability but can fall behind their peers. Risk factors include:
 - Abuse, maltreatment and neglect
 - Caregiver drug and alcohol misuse
 - Poor parental mental health including perinatal and post-natal mental health
 - Teenage parents
 - Experiences of being in care
 - Homelessness

Data is collected and reported for a number of the above risk factors. However, there are gaps in current local knowledge with some of these risks factors not being reported on including maternal health, nutrition, obesity, alcohol and drug consumption; childhood illness; parental mental health (including perinatal and postnatal mental health); and homelessness. This section will look at what intelligence that is available to us to begin to understand risk factors in CW&C.

7.2 Potential causes of disability

Under the Equality Act 2010, a disability is defined 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. Children living with disability and their families will have individual needs which may vary in complexity and may change over time.

7.2.1 Chromosomal and genetic abnormalities

Disability can be caused by chromosomal abnormalities or gene mutations such as Down Syndrome, muscular dystrophy and sickle cell disease. Although not always the case, a child may inherit a specific altered version of a particular gene from one or both of their parents. There is also a risk of disability when a mother's blood type is different to the baby's which can result in the mother's body forming antibodies that can attack the baby's blood causing cerebral palsy and/or deafness. Data is currently unavailable to understand levels of chromosomal abnormalities in CW&C.

7.2.2 Premature birth and/or low birth weight

Babies who are born early and/or have a low birth weight have a higher chance of having a disability.

During 2016/18, 829 babies were born less than 37 weeks gestation, a rate of 79.1 per 1,000 births which is similar to the England rate of 81.2 per 1,000 births.



The rate of premature births in CW&C has not fluctuated widely over the last five-year period but there is a downward trend compared to an upward trend nationally.

Period	CW&C: Premature birth rate per 1,000 births	England: Premature birth rate per 1,000 births
2016-18	79.1	81.2
2015-17	79.8	80.6
2014-16	80.7	79.5
2013-15	80.4	78.4
2012-14	81.5	77.6

Source: Premature birth, Child Health Profiles, Public Health England

In 2018, 2.25% of term babies were born a low birth weight, 69 babies. This is significantly better than the England average of 2.86%. Conditions during pregnancy can result in a premature birth and/ or low birth weight such as if the mother smokes during pregnancy, consumes alcohol or drugs or has a poor diet – all of which can be influenced and prevented.

The proportion of term babies born a low birth weight, though small numbers, had been increasing in CW&C but 2018 has stopped that pattern, showing a decrease from 2017.

Period	CW&C: % of term babies with low birth weight	England: % of term babies with low birth weight
2018	2.25%	2.86%
2017	2.41%	2.82%
2016	2.26%	2.79%
2015	2.38%	2.77%
2014	2.12%	2.86%

Source: Low birth weight of term babies, Child Health Profiles, Public Health England

7.2.3 Smoking during pregnancy

Reducing smoking in pregnancy remains the single largest modifiable risk factor for adverse outcomes in pregnancy. Smoking in Pregnancy is a key health inequality and can cause or contribute towards serious pregnancy related health problems including complications during labour, stillbirths, premature births, low birth weights and sudden infant death syndrome in infants (SIDS). Children whose parents smoke are also more likely to develop health problems later in life such as chest infections, ear infections and asthma.



The Government published a new tobacco control plan in July 2017, to pave the way for a smoke free generation. The ambition in the plan is to reduce Smoking in Pregnancy to 6% or less by 2022.

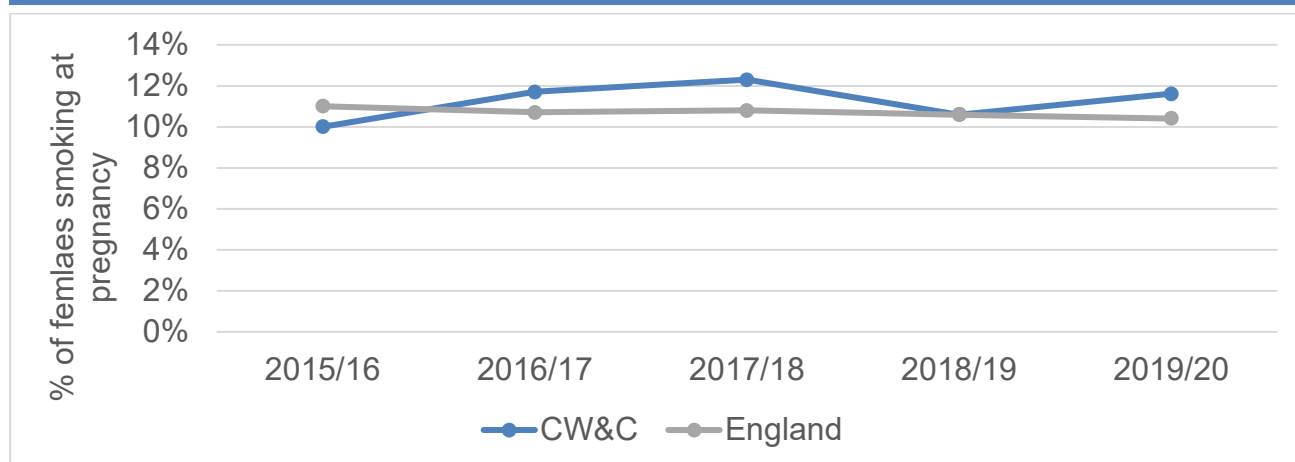
In 2019/20 the proportion of females smoking at time of delivery was significantly worse than the England average at 11.6% compared to 10.4%.

Smoking Statue at Time of Delivery - Cheshire West and Chester

	CW&C		North West Region	England		
	Count	Value	Value	Value	Worst/ Lowest	Best/ Highest
2018/19	349	10.6%				
2019/20	375	11.6%	12.2%	10.4%	23.1%	2.1%

Source: Smoking status at time of delivery, Child Health Profiles, Public Health England

Smoking during pregnancy has fluctuated in CW&C compared to a continuous decline in the England trend.



Source: Smoking status at time of delivery, Child Health Profiles, Public Health England

Smoking at delivery is available for 2020/21 but currently only for the whole of Cheshire

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual 2020/21
Cheshire	10.4%	11.7%	11.3%	9.5%	10.8%
Cheshire and Merseyside	11.7%	12.5%	11.8%	11%	11.8%
England	9.8%	9.9%	9.5%	8.9%	9.5%

During 2020/21 561 (10.8%) of pregnant women were smoking at the time of the delivery in Cheshire.

In order to respond to this and to make improvements a multi-agency Cheshire wide task and finish group was convened with the aim of reducing smoking in pregnancy by improving the pathways between services.



Going forward Cheshire and Merseyside LMS have successfully secured funding from Cheshire and Merseyside Cancer Alliance for an improvement programme aimed at reducing the number of women smoking in pregnancy and postnatally. The NHS Long Term plan is for all pregnant women and their partners to have access to a new NHS-funded Smoke Free Pregnancy Pathway based by 2023/24.

As part of the Healthy Child Programme, care plans are developed for each pregnant woman following assessment at their initial booking appointment. The plan will look at their medical and social history, lifestyle, and provide information and support on risks, screening, antenatal classes and other services. To mitigate risks to pregnancy and the child, maternity services should be accessed at 10 weeks or under or at least under 12 weeks. National evidence indicates that young mothers and older mothers are most at risk of pregnancy complications.

7.2.4 Complex pregnancy

Complex pregnancy is a higher risk pregnancy where: the woman or baby is more likely to become ill or die, complications are more likely to occur before or after delivery, or child and maternal health outcomes are poorer compared to other groups (NHS Scotland). Several factors can make a pregnancy high risk including:

- Existing health conditions such as high blood pressure, polycystic ovary syndrome, diabetes, kidney disease
- Mother's age; teenagers and those over the age of 35 (particularly first-time pregnancy after age 35)
- Lifestyle including alcohol use, tobacco use, drug use and obesity
- Conditions of pregnancy including multiple gestation (pregnancy with twins, triplets or more), gestational diabetes, previous preterm birth, birth defects or genetic conditions in the foetus, preeclampsia and eclampsia (increase in high blood pressure affecting organs and can be fatal).

According to Public Health England, children born to teenage women have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. This is because as well as poor nutrition and behaviours, young mothers are at risk of missing crucial maternity care. National evidence indicates that young women aged 18 or under delay using maternity care until they are five or six months pregnant (National Perinatal Epidemiology Unit, 2006).

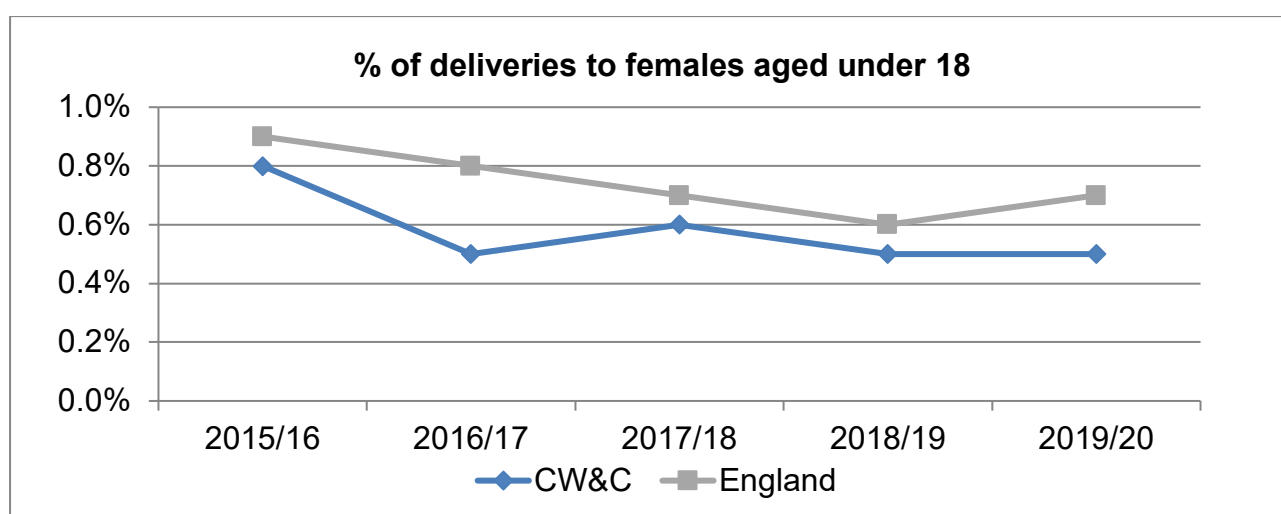
In CW&C, the number of deliveries to females aged under 18 is low. There were just 15 mothers aged under 18 in 2019/20 which is 0.5% of the under 18 female population.



The percentage of deliveries to females aged under 18 has, in general, reduced year on year both in CW&C and nationally.

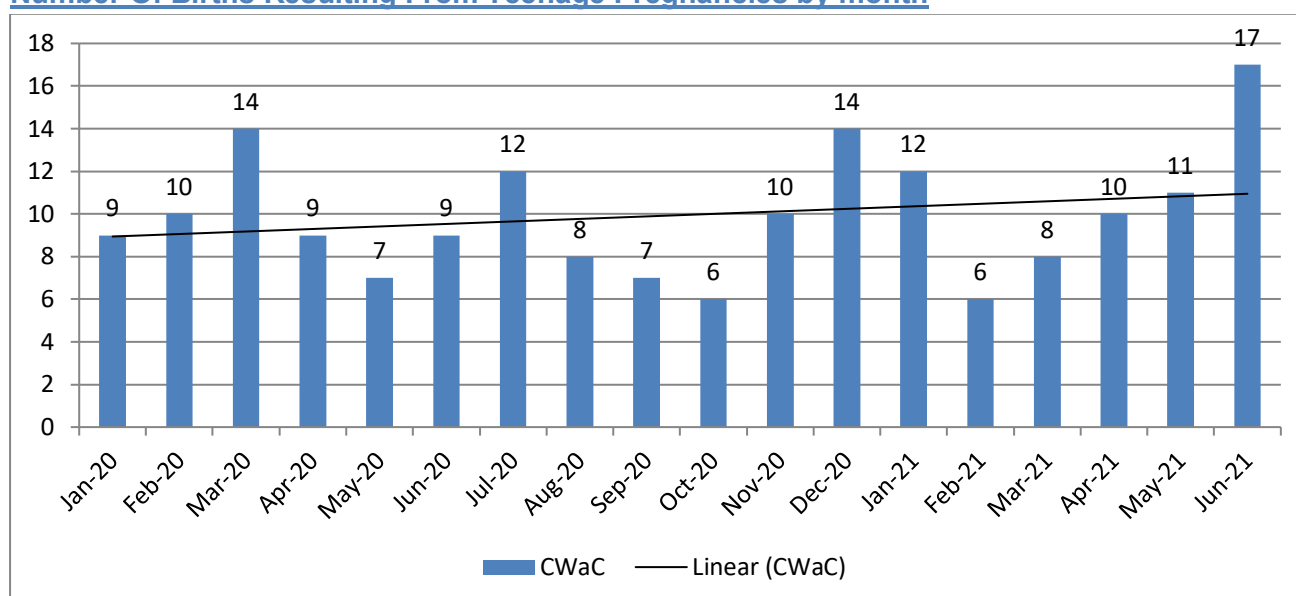
Year	% mothers under 18 CW&C	% mothers under 18 England
2019/20	0.5%	0.7%
2018/19	0.5%	0.6%
2017/18	0.6%	0.7%
2016/17	0.5%	0.8%
2015/16	0.8%	0.9%

Source: Child Health Profiles, Public Health England



Source: Child Health Profiles, Public Health England

Number Of Births Resulting From Teenage Pregnancies by month



Source: SUS Data



As well as young mothers, older mothers aged over 35 have increased risks of complications in pregnancy and increased chance of having a baby with congenital abnormality such as Down's syndrome. This means early access to maternity services are vital to support the health of both mother and baby (NHS England).

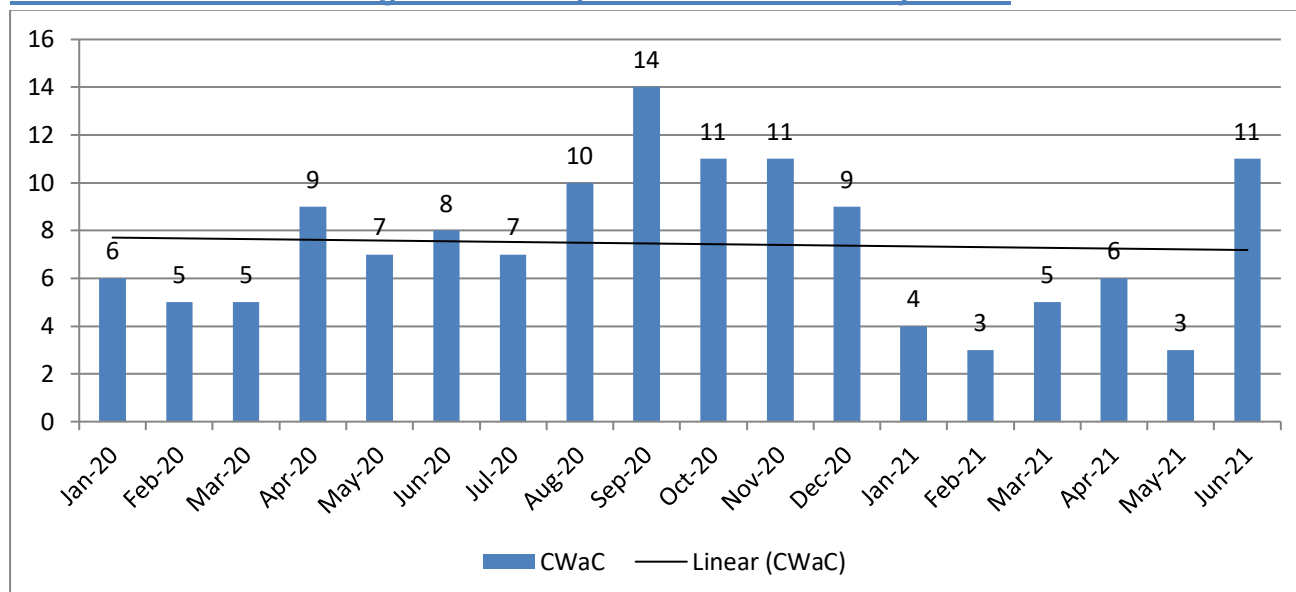
In 2020 there were 3,255 births registered in CW&C and of these births 24% were to mothers aged 35 and over (82 mothers). 4.3% were aged 40 and over (140 mothers).

In 2020 around a quarter of births were to females aged 35 and over.

Age	Percentage of live births
Under 20	2.7%
20-24	11.8%
25-29	28.2%
30-34	33.2%
35-39	19.7%
40-44	4.1%
45 plus	0.2%

Source: Live births in England and Wales, 2020, NOMIS

Number Of Births Resulting From Conceptions in Women 40+ by month



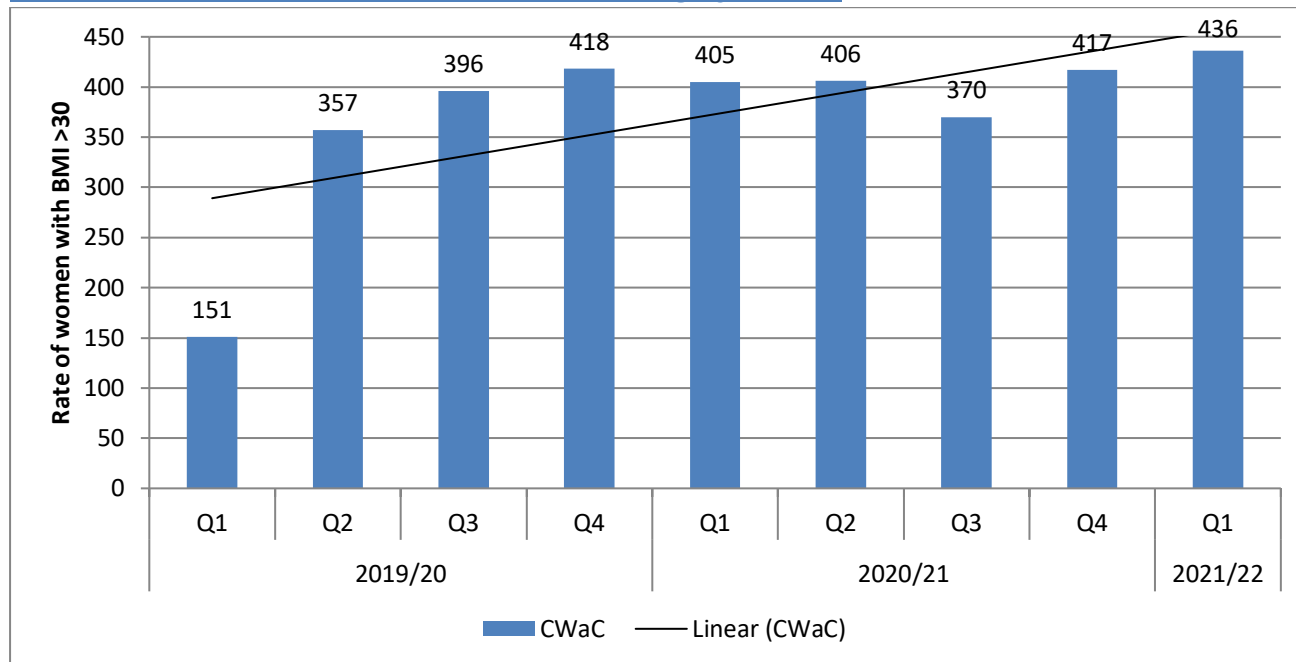
Source: SUS Data

According to the NHS being obese when pregnancy can increase the chance of complications such as gestational diabetes, miscarriage, blood clots, high blood pressure, the need to use forceps at delivery and emergency caesarean. Obesity is generally defined as a BMI of 30 or above. It is advised not to lose weight whilst pregnant as this can cause further complications but to attend all antenatal appointments so that the health of mother and baby can be monitored.



Data for CW&C shows the rate of with women who were are obese at booking has increased between 2019/20 and 2020/21.

Number Of Women Who Were Obese At Booking by quarter



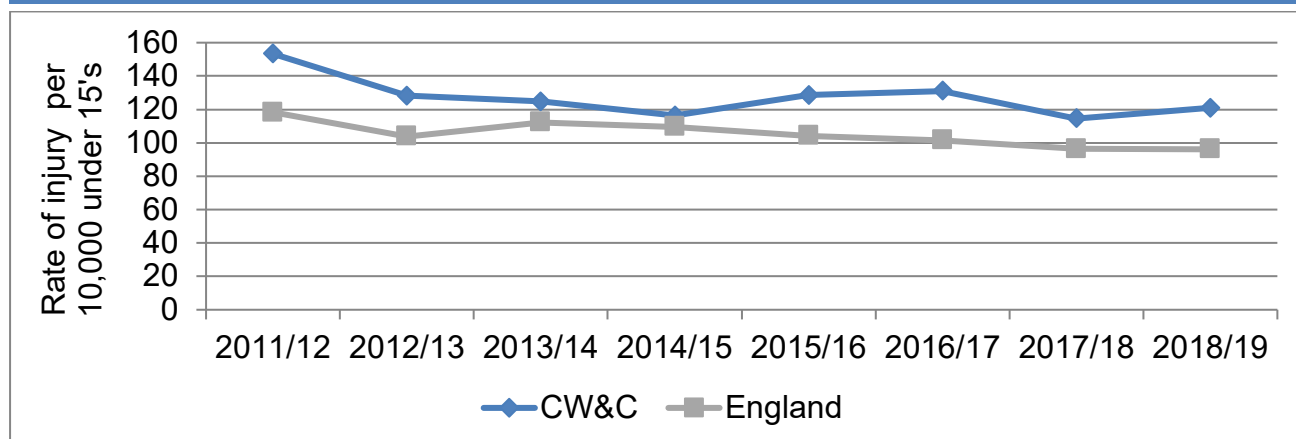
Source: SUS Data

7.2.5 Injury

Injury can result in life changing disabilities and learning difficulties and can cause additional mental health issues such as post-traumatic stress disorder and anxiety.

During 2018/19, there were 695 children aged under 15 admitted to hospital with an unintentional or deliberate injury, a rate of 120.9 per 10,000 children aged 0-14 years which is significantly higher than the England average of 96.1 per 10,000 and an increase from 2017/18.

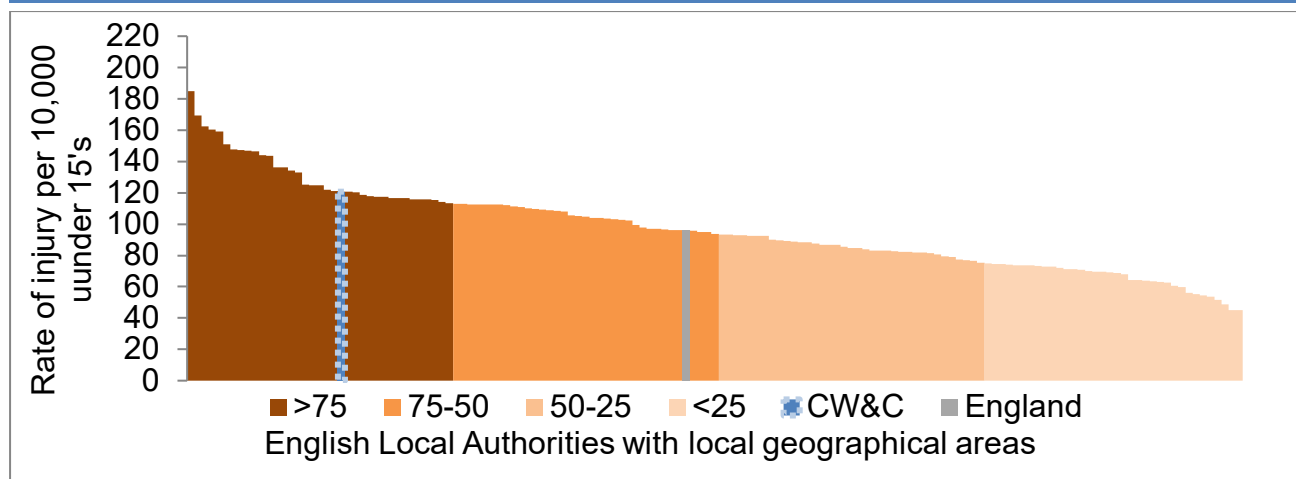
The rate of unintentional or deliberate injury for under 15's in CW&C has been consistently higher than the England average.





Source: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years, Child Health Profiles, Public Health England

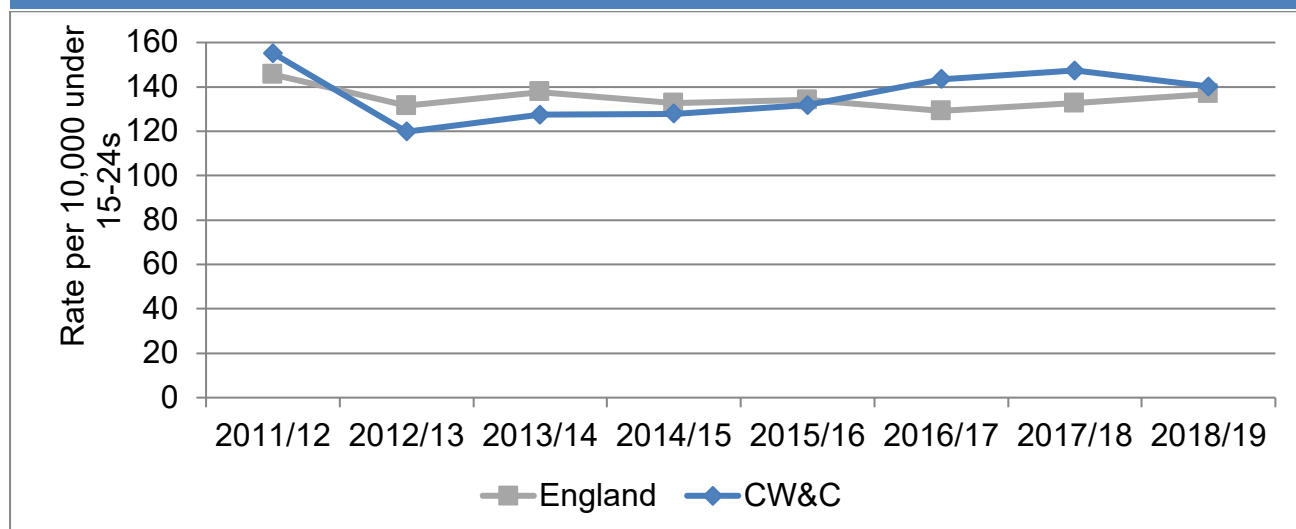
CW&C's rate of unintentional and deliberate injury in under 15's places CW&C in the worse 25% of LAs for injury.



Source: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years, Child Health Profiles, Public Health England

During 2018/19, there were 525 young people aged 15-24 admitted to hospital for an unintentional or deliberate injury, a rate of 140.1 per 10,000 15-24-year-olds. This is higher but statistically similar to the England rate of 136.9 per 10,000 15-24-year-olds.

The rate of unintentional and deliberate injuries in 15-24 year olds decreased in CW&C during 2018/19, breaking the upward trend and bringing CW&C in line with England.

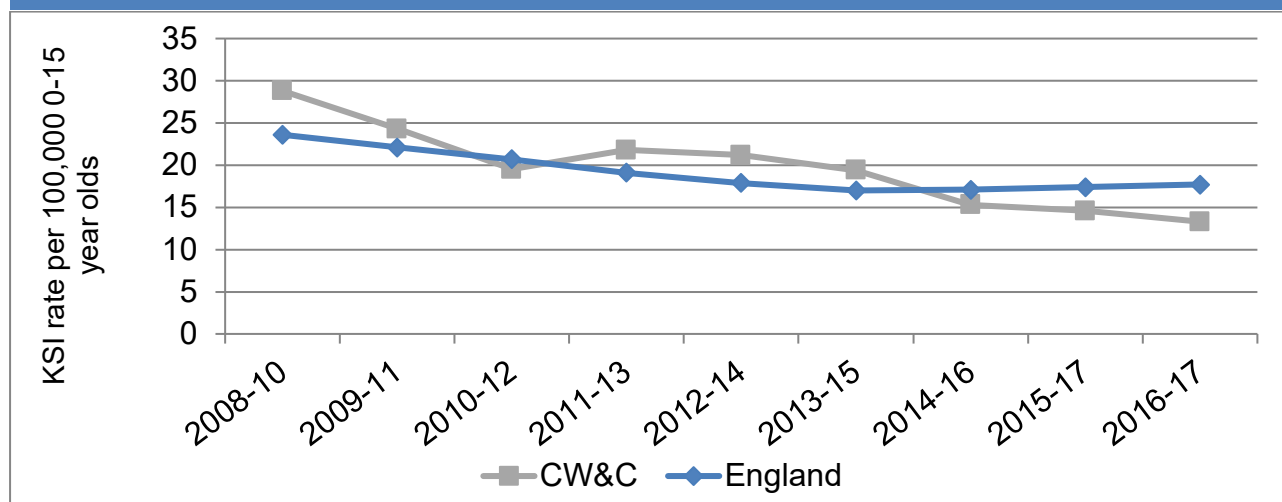


Source: Hospital admissions caused by unintentional and deliberate injuries in children aged 15-24 years, Child Health Profiles, Public Health England



Road traffic collisions are a major cause of serious injury. In CW&C the number of children aged 0-15 years killed or seriously injured (KSI) on CW&C roads was 24 in 2016-18, a rate of 13.3 per 100,000 children. This is lower than the England rate of 17.7 per 100,000 children.

The rate of children aged 0-15 who are killed or seriously injured on roads in CW&C has been generally reducing in CW&C year on year and is better than the national average.



Source: Children killed and seriously injured on England roads, Child Health Profiles, Public Health England

7.3 Childhood experiences

7.3.1 Attachment issues, abuse and neglect

In March 2019, there were 765 school aged children classed as children in need (CIN). Of these children 46.8% had a special educational need (17% had an EHCP). For two thirds of CIN, the primary need was abuse or neglect.

NICE Guidelines discuss attachment as being part of healthy social and emotional development. Attachment is “a secure relationship with a main caregiver, usually a parent, allowing a baby or child to grow and develop physically, emotionally and intellectually”. Babies and children need to feel safe, protected and nurtured by caregivers who identify and respond appropriately to their needs. Unmet attachment needs may lead to social, behavioural or emotional difficulties, which can affect the child's development and learning.

Healthy social and emotional development can be influenced by a number of factors. It is possible to identify groups of children who are likely to be vulnerable:

- Children of parents with mental health issues
- Children of parents who are substance misusers
- Children in households experiencing domestic abuse
- Children experiencing abuse or neglect.

These categories are likely to overlap. Children experiencing turbulent lives may also have disruptive schooling meaning they fall behind their peers – a parent may keep them off



school, or as the child gets older, they may truant. Children who truant are further at risk of exploitation, teenage pregnancy and substance misuse.

It is impossible to know the numbers of children who are experiencing disrupted, neglected and abusive lives in CW&C, as we only know those that have been made aware to services. The Government requires Children's Social Care to provide services for children in need in their area. Children in need are children with disabilities and children whose health and development may suffer significantly without support.

During 2018-19, 3,381 children aged under 18 had an episode of need, a rate of 496.8 per 10,000 children. Looking at this as a snapshot, on 31 March 2019 there were 1,878 children in need, a rate of 276 per 10,000 children aged under 18.

In 2019, the rate of children in need in CW&C was 276 per 10,000 under 18's. This is a decrease from 2018 when the rate was 341.1 per 10,000, and the lowest it has been for a number of years.

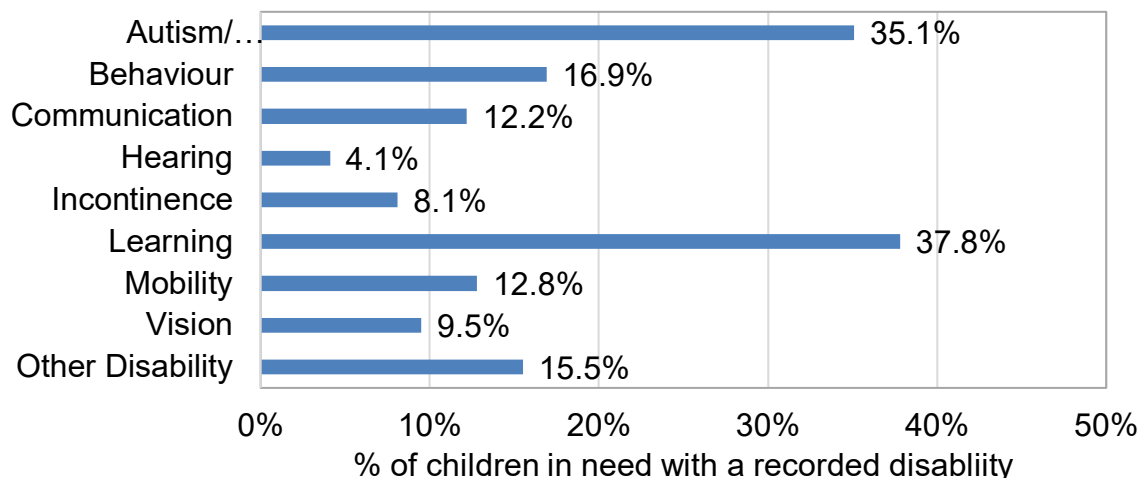
Period	CW&C: Rate of children in need per 10,000 under 18's	England: Rate of children in need per 10,000 under 18's
2019	276	334.2
2018	341.1	341
2017	338.8	330.1
2016	329.2	337.3
2015	324.5	336.6
2014	314	343.7
2013	293.6	330.9

Source: Children in need, Department for Education

In March 2019, 148 CIN had a disability recorded; 7.9% of children in need. A lower proportion of CIN have a recorded disability than the England average of 12.4% of CIN.



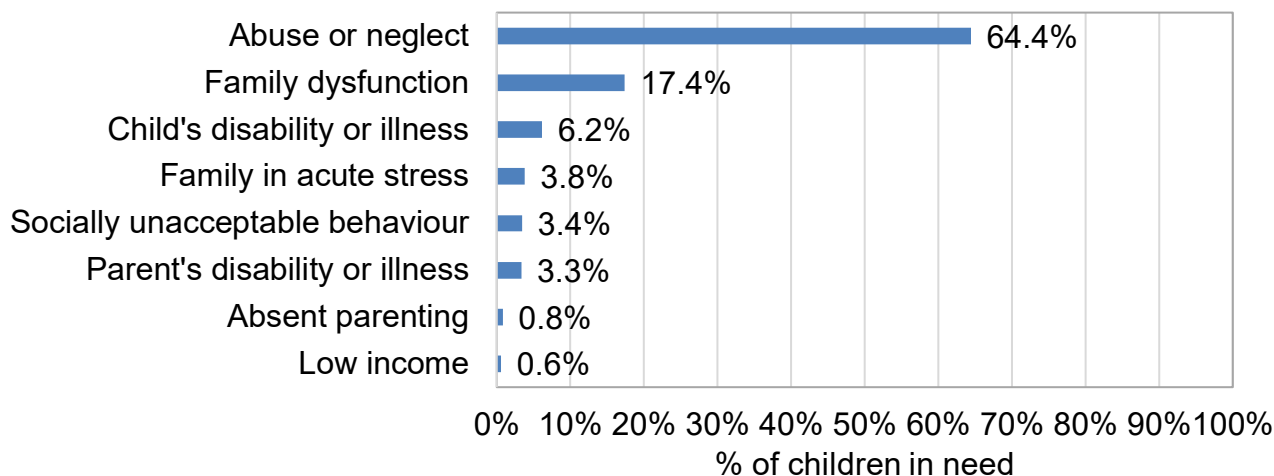
In March 2019 the most common recorded disability for children in need was a learning difficulty followed by Autism/ Asperger Syndrome.



Source: Children in need 2019, Department for Education

Note: Percentages do not add up to 100% as children may have more than one recorded disability

In March 2019, three quarters of children in need had a primary need of abuse or neglect. 6.2% of children were in need because of their disability or illness.

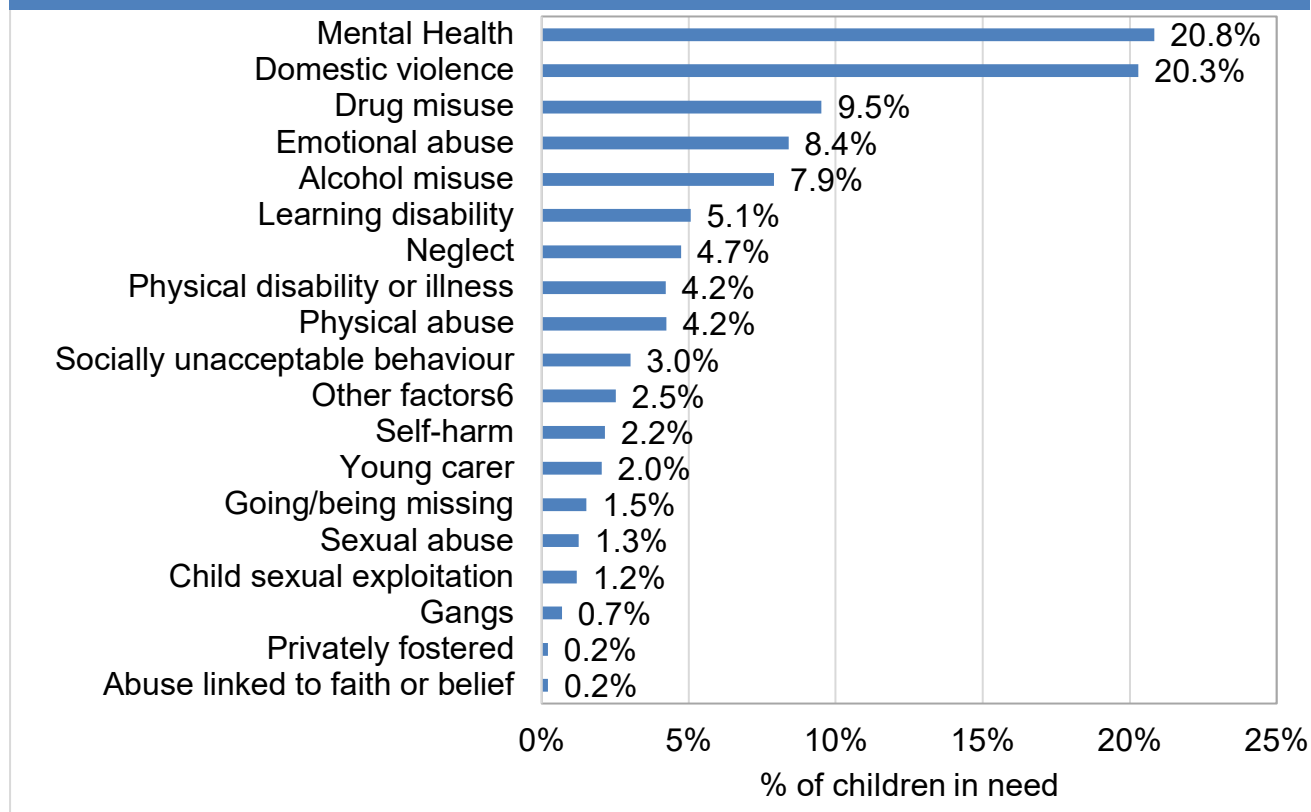


Source: Children in need 2019, Department for Education

Assessments capture further information about the child's needs. Details of factors associated with need were captured in assessments for 2,066 episodes of need at the end of March 2019.



For the year ending March 2019, the most common factors identified in assessments of children in need episodes were mental health and domestic violence.



Source: Children in need 2019, Department for Education

Note: The data does not tell us if the factor is related to the child, parent or someone else in that household e.g., the factor of mental health could be for the child, parent or some other person.

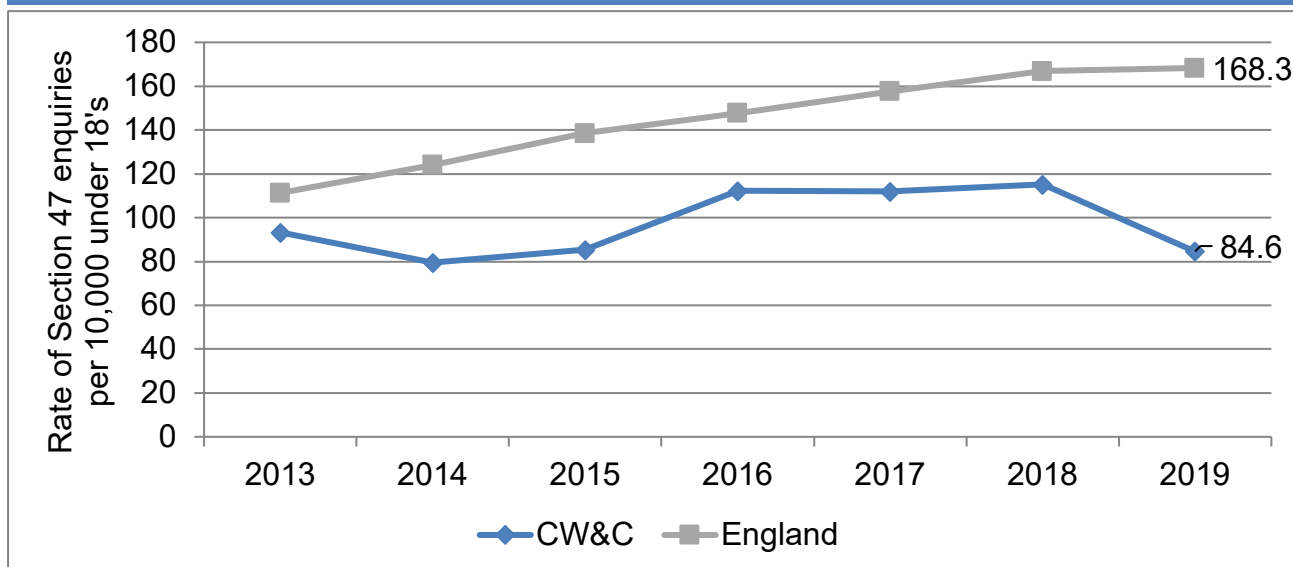
Children's Social Care may be given information that raises concerns that a child is suffering, or likely to suffer, significant harm. This includes situations where there is concern about serious abuse to a child, or that a child is not being cared for properly.

At year end March 2019, there had been 2,591 referrals to Children's Social Services, a rate of 380.7 per 10,000 under 18's. This is lower than the England average of 544.5 referrals per 10,000 under 18's. These children are of concern and potentially vulnerable. Of referrals in CW&C, 25.4% came from concerns from the Police, 21.5% from the school, 14.2% from LA services and 14.1% from health services.

A Section 47 enquiry means that Children's Social Care must carry out an investigation if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. During 2018/19 there had been 676 Section 47 enquiries relating to 562 children.



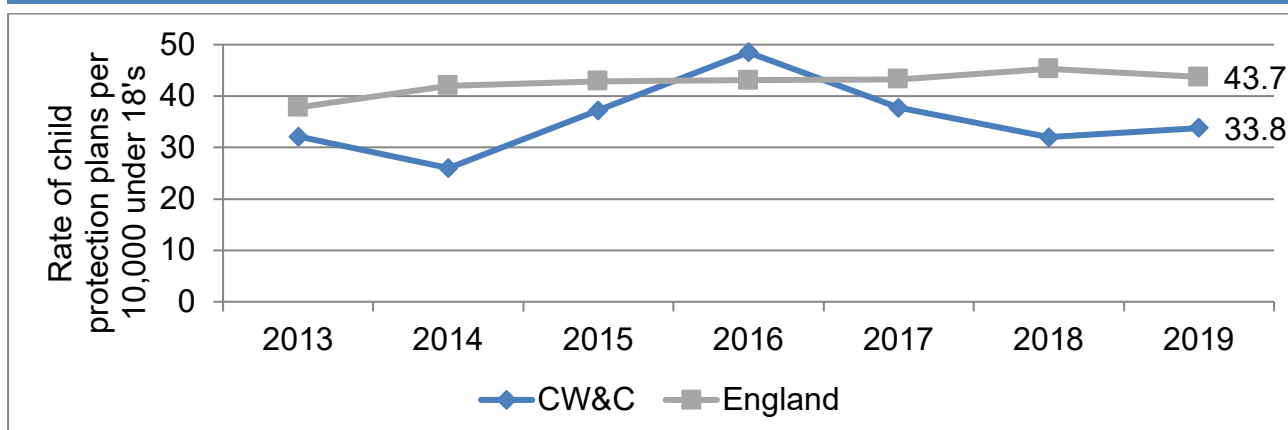
The rate of Section 47 enquiries per 10,000 children aged under 18 reduced in CW&C during 2018/19 from 115.2 per 10,000 in 2018 to 84.6 per 10,000 in 2019. The rate has been consistently below the England average.



Source: Section 47 enquiries, Children in need, Department for Education

In March 2019, there were 230 children aged under 18 on a child protection plan, a rate of 33.8 per 10,000 under 18's.

The rate of child protection plans per 10,000 children increased slightly from 32 per 10,000 at March 2018 to 33.8 per 10,000 at March 2019. The rate remains below the England average.



Source: Child protection, Children in need, Department for Education

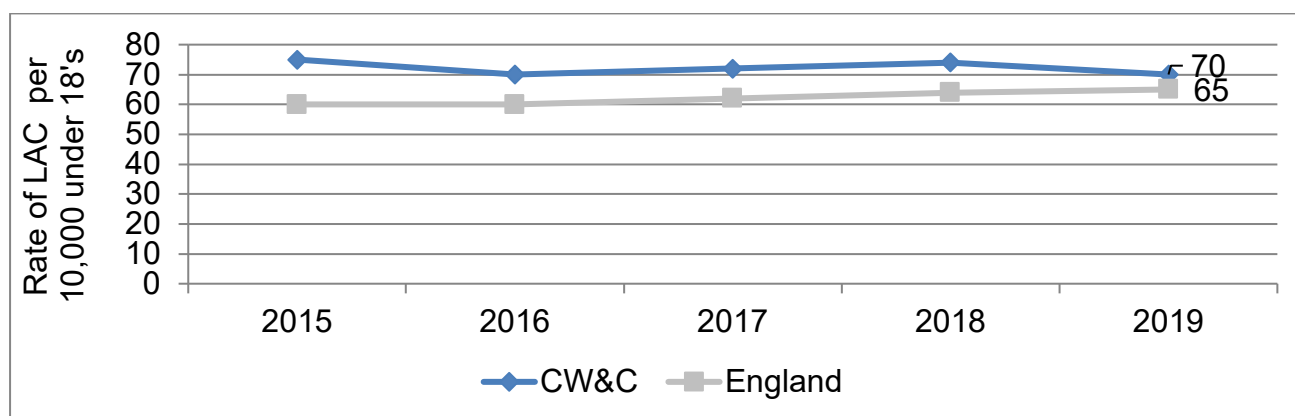
7.3.2 Looked after children (LAC)

In March 2019, there were 478 children and young people in CW&C who were looked after. A rate of 70 per 10,000 children aged under 18 years. During 2018-19, just over half of school aged children who were looked after had a SEND of some sort (51%) compared to 15% of the CW&C pupil population.



Children who are taken into care may have developmental issues such as speech and language problems and attachment difficulties. They are more likely to have had disrupted schooling. Children who come into care as an adolescent can have more challenging behaviour due to potentially years of disruption, abuse and/or neglect. This will have heavily impacted on their learning, and an increased proportion of looked after children have special educational needs compared to their peers.

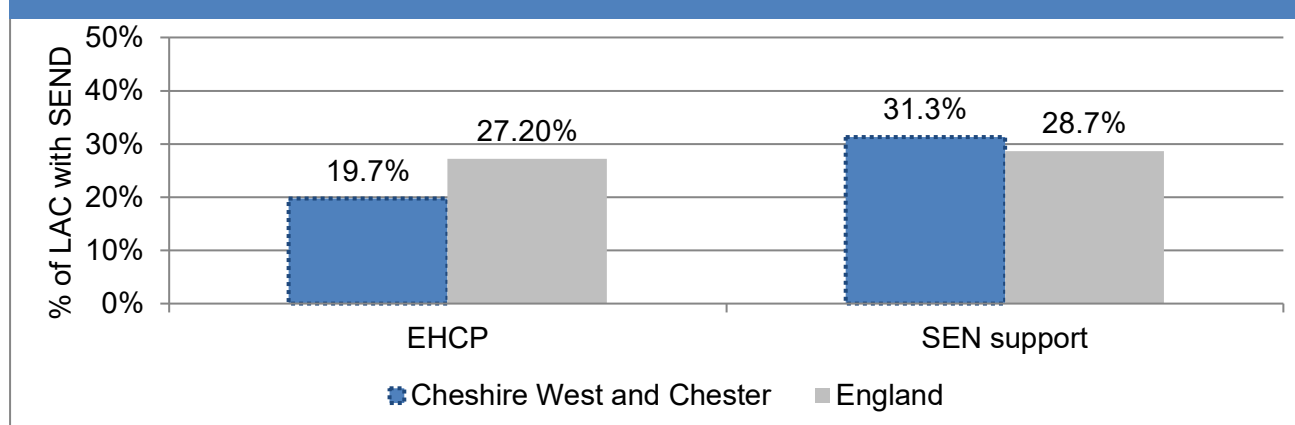
The rate of looked after children in CW&C has been consistently higher than the England average. However, there was a decrease in rate between March 2018 when the rate was 74 per 10,000 under 18's to March 2019 with a rate of 70 per 10,000.



Source: Children looked after, Department for Education

During 2018/19, there were 249 looked after children who were of school age. 127 of these children, just over half, had a special educational need of some sort. 49 had an EHCP and 78 were receiving SEND support.

51% of school aged children who were looked after in CW&C during 2018-19 had a SEND, the majority were receiving SEND Support. Fewer LAC in CW&C were on an EHCP compared to nationally (19.7% compared to 27.2% respectively).



Source: Children looked after, Department for Education



Fewer looked after children in CW&C have an EHCP compared to the England average, but this may not reflect that fewer children have complex needs, but that the range of support for LAC are meeting their needs. As well as a focus on Quality First Teaching for all children in CW&C, LAC have support put in place through a Personal Education Plan (PEP) and via the Virtual School. There has also been a focus in CW&C on increasing the number of LAC living with a family in a stable placement which may contribute to the lower percentage of children needing support - Research has found that care in a stable family environment provides a protective factor and has a positive effect on the young person's education (DFE, 2015).

Although children and young people are taken in to care because their health and wellbeing is at risk and are likely to enter care having experienced circumstances that have affected their wellbeing, the care system itself can create or exasperate poor mental health which in turn can impact on development.

Evidence suggests that the absence of a permanent carer and frequent moves can adversely affect the child's chances of developing meaningful attachments which can affect healthy emotional and physical development (NICE Guidelines PH28 Looked after children and young people). Children who feel happy, settled and safe can prioritise their education and future ambitions, and the care giver plays an important role in raising aspirations.

In CW&C the priority is for all children and young people in care to live in a family setting and remain in a stable placement. The local authority has successfully increased the number of foster carers and has put in place 'Fostering Better Outcomes' to provide intensive support to those children not yet ready for family life so they can move into a family home. Placement stability is high in CW&C. During 2018/19, 8% of children had three or more placements during the year, better than the national average (10%) It is predicted that for 2019/20 this will remain fairly stable in CW&C at 8.6%. Educational attainment of looked after children has generally improved in CW&C though 2019 did see the gap widening between looked after children and their peers at key stage four. The proportion requiring an EHCP decreased 23.1% in 2018 to 19.7% in 2019.

There are challenges in CW&C that can impact on mental health and associated learning and development in looked after children:

- There is still a need for more foster carers, particularly for children with complex needs who are hard to place (Looked After Children JSNA, Cheshire West and Chester)
- In 2018/19, 18% of children were placed out of the borough and more than 20 miles from where they used to live. It is a risk that these are the children most vulnerable. There can be particular challenges and delays in accessing specific health services and a risk to development if the child has to change school (Cheshire West and Chester SSDA903 Looked After Children Summary 1 April to 31 March 2020).
- There is high demand for mental health support and on the CAMHS and Caring to Care service meaning carers, social workers and schools must be equipped to support mental wellbeing. (Looked After Children JSNA, Cheshire West and Chester).



As well as a stable placement, it is essential that:

- ✓ assessments are timely and systematic
- ✓ a health plan is put in place that is regularly reviewed
- ✓ there are a range of services available to meet the young person's needs
- ✓ young people are referred to and are accessing the services they need.

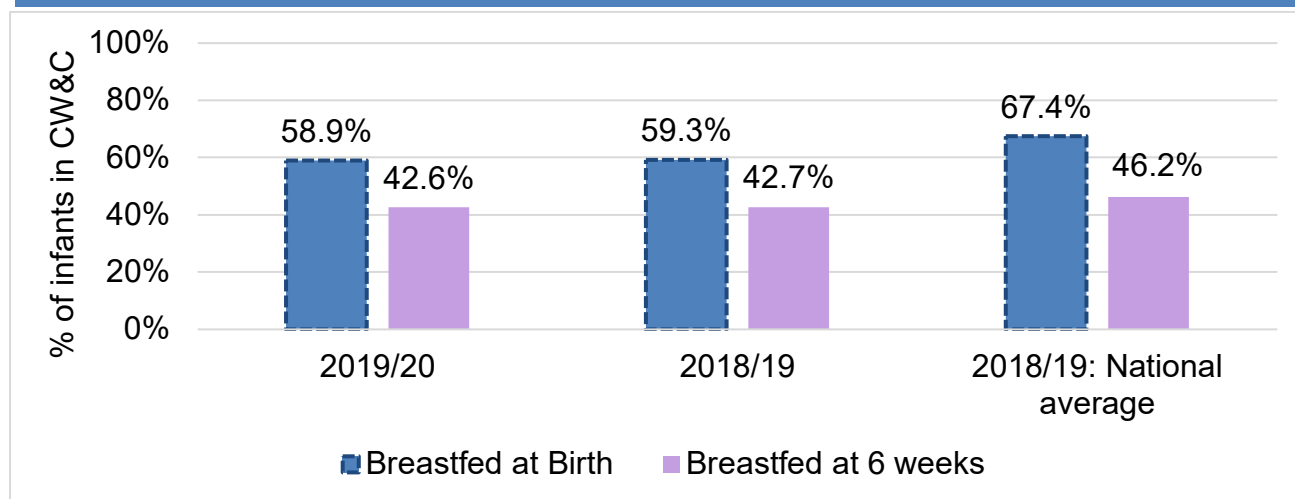
Please see Cheshire West and Chester Children Living in Care and Care Leavers JSNA for information. Visit www.cheshirewestandchester.gov.uk/jsna

7.3.3 Breastfeeding

In CW&C 58.9% of babies were breastfed at birth, however there is considerable variation across the patch from 39% to 70.9% rates.

According to Public Health England, breast milk provides the ideal nutrition for infants in the first stage of life and breastfeeding reduces illness in young children such as gastro-intestinal and respiratory infection. There is continued prioritisation of breastfeeding support both locally and nationally.

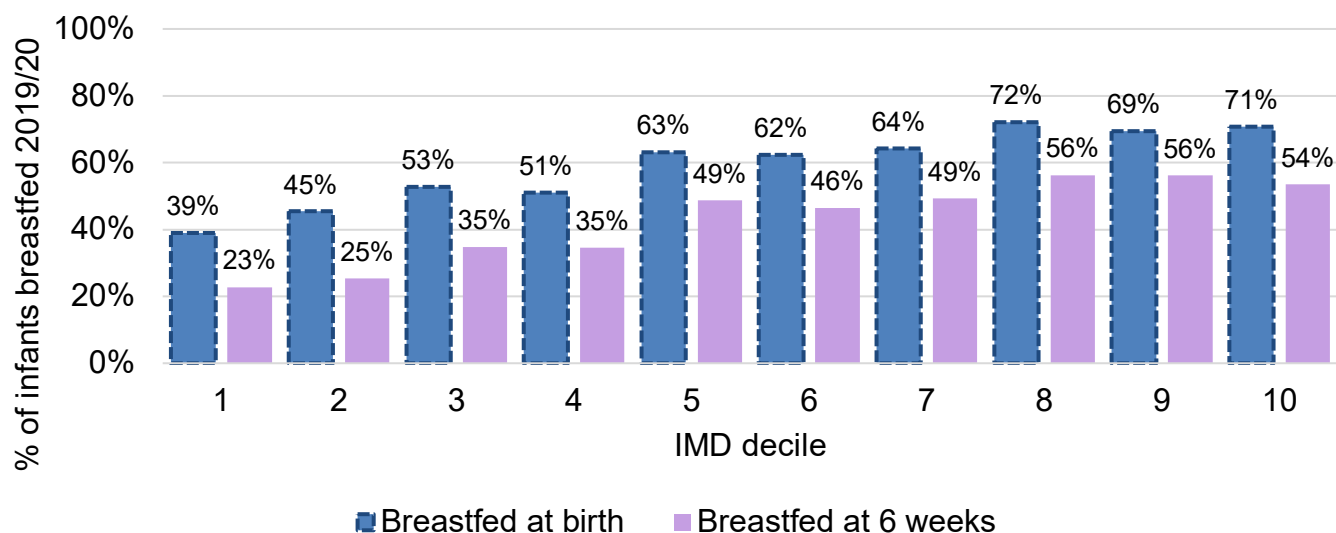
The proportion of mothers breastfeeding their infant has remained fairly steady in CW&C between 2018/19 and 2019/20, at just under 60% breastfeeding at birth and 43% breastfeeding at 6 weeks. For 2019/20, England data is unavailable, but previous years data indicates that CW&C are lower than the England average for breastfeeding at birth.



Source: Insight and Intelligence, Cheshire West and Chester Council



In CW&C there are considerable differences in breastfeeding across the patch with mothers living in the most deprived areas of the borough, IMD deciles 1 and 2, having the lowest percentages of breastfeeding.



Note: IMD decile 1 is most deprived and IMD decile 10 is least deprived

Source: Insight and Intelligence, Cheshire West and Chester Council

According to Public Health England, breast milk provides the ideal nutrition for infants in the first stage of life and breastfeeding reduces illness in young children such as gastro-intestinal and respiratory infection. There is continued prioritisation of breastfeeding support both locally and nationally.

8. SEND Services

8.1 SEN Team (EHCNAs)

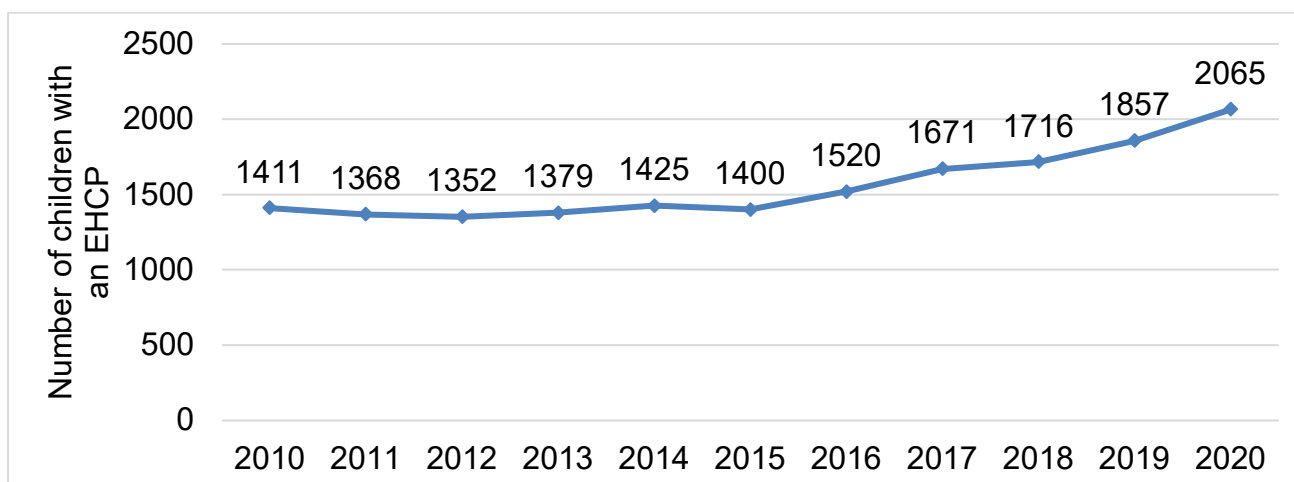
The number of children issued with a new EHCP is increasing in CW&C. Of those with an EHCP in January 2020, 307 of these plans had been issued for the first time during 2019. This is an increase of 41% from the previous year when 217 new EHCPs were issued, and an increase of 80% from 2017 when 171 new plans were issued (SEN2).

An EHCP needs assessment is undertaken when a child or young person has a learning difficulty or a disability and despite appropriate assessment and provision being made by the school or college, the child or young person is not making sufficient progress. The Special Educational Needs Team (SEN Team) has responsibility for the Education Health and Care assessment process in CW&C.

In January 2020, there were 2,065 children and young people with an EHCP or going through assessment, a rate of 20.9 per 1,000 0-25-year-olds.



Over the last ten years, the number of children with an EHCP has increased in CW&C following the national trend.



Source: SEN2, January 2020, Cheshire West and Chester Council

Note: Included in the 2,065 children are 5 who are undergoing an EHCP assessment and 4 who are still recorded as having a SEN Statement (which no longer exist and will be replaced by an EHCP).

EHCPs address the health and social care needs of the child or young person as well as their educational needs and can be in force from the ages of 0-25. These are issued following formal assessment and set out the child's needs and the extra help they should receive.

Trend analysis for EHCPs shows a steady increase in the number of children and young people with a plan year on year, particularly from 2015 when changes set out in the 2014 Children and Families Act took effect. The act included reforms to the age range for EHCPs from 3-19 years to 0-25 years.

CW&C have aligned EHCPs with Team around the Family plans (TAFs), Children in Need Plans and Child Protection Plans to make the process more joined up for families and professionals.

The CW&C process for EHC Needs Assessment is set out in the EHC Pathway. The SEN Team gather information and advice from a variety of professionals who are involved or need to be involved to provide sufficient evidence for a decision to be made. A multi-agency panel will make recommendations about whether an assessment should be initiated or an EHCP written following an assessment.

During 2019, there were 498 requests for an EHC Needs Assessment of which 141 were refused, 28.3% which is slightly higher than the England average of 23%). Of those children who were assessed, 37 were not issued with an EHCP, 10.8% of all completed assessments which is higher than the England average of 5.9%. Compared to 2018, CW&C accepted more requests for assessment and subsequently had a higher proportion of children assessed who were not issued with an EHCP.



The SEND Code of Practice details that EHCPs should be issued within 20 weeks of the initial formal request for a needs assessment. There are limited exceptions to this timescale. Of the 307 EHCPs issued in 2019 for the first time, there were 15 cases who were exempt to the 20-week timescale, and 292 cases who should have had an EHCP issued within 20 weeks. 259 cases were issued within 20 weeks: 88.7% of cases eligible (excluding exemptions). This is an increase from 2019 when 83.1% were issued within the 20 weeks and remains higher than the England average of 60.4%.

Children and Young People with EHCPs can utilise personal budgets to enable greater personalisation and provide choice and control to the child. However, in January 2019, there were just eight personal budgets in place for all EHCPs (an increase from 3 the previous year), all of which were direct payments for education. In England 5.2% of all EHCPs issued or renewed in 2019 had a personal budget compared to 0.4% in CW&C. The low take-up may be due to lack of awareness or a lack of demand for this option in CW&C.

8.2 Community Health

There are a range of targeted community health services for children and young people with SEND in CW&C. These services address a spectrum of health needs that are broadly categorised as:

Universal services: provided to all children and families under the Starting Well Service. This offers advice and support from pre-natal up to 19 years (25 for those with SEND). The Starting Well Service includes the 0-5 Healthy Child Programme (health visiting), Children's Centre Services, Early years (0-5), primary school age (5-11), secondary school age (11-16) and post 16 services. The assessments and checks provided by the 0-5 healthy child programme provide key points at which children with development needs can be identified and referred for further assessment, help and support as necessary.

Specialist services: provided to children and families who may require more specialised assessment and interventions such as those provided by speech and language therapists, physiotherapists, occupational therapists, community children's nurses, palliative care nurses, complex care nurses, special school nurses, psychologists, mental health services, short break units or community paediatricians. The Family Nurse Partnership is a preventive programme for vulnerable first-time mothers aged 19 and under at conception, offering intensive and structured home visiting delivered by specially trained nurses from pregnancy to age two. We do not know the number of children and young people accessing specialist services with a SEND. This information is not currently shared between Education and Healthcare services.

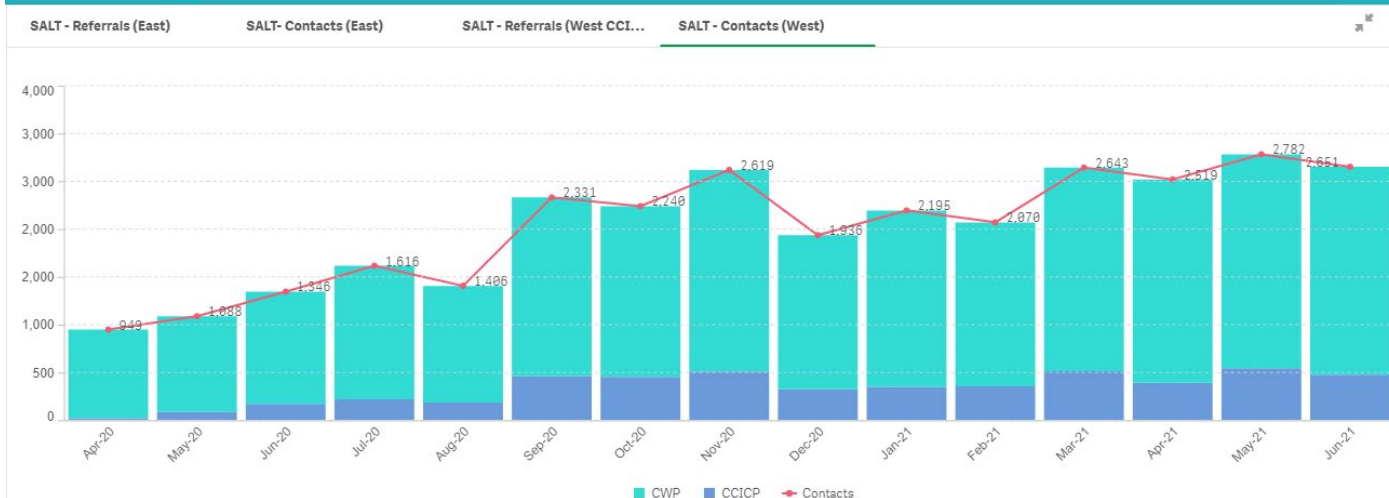
Speech and Language Therapy – demand and capacity:
2,651 monthly contacts in Cheshire West

The recent ICAN report, "Speaking Up for the Covid Generation" (July 2021), suggests that nationally, 1.5 million children are at risk of not being able to speak or understand language at an age-appropriate level.

In the last 12-18 months there has been a higher number of younger children entering services (potentially as a result of better earlier identification).



Children's therapies



8.3 Social care

The social care needs of children with SEND are assessed and met by a range of services within the local authority. The needs of children are considered with reference to the well-established CW&C continuum of need, with a focus on early support at the earliest possible time with a partnership approach.

The majority of children and young people with SEND will have their needs met through universal services and the council is committed to supporting inclusion. Some children and young people will have additional needs which require a partnership approach. A range of services are available and publicised through the Local offer.

Children's Social Care supports families who are caring for a child aged under 18 with substantial, complex and critical needs. Adult Social Care supports those aged 18 and over, plus under 18's who need equipment and adaptations to their home. To receive support from social care a social care assessment must be undertaken to see what support should be put in place to meet additional care needs. Currently as different systems are used across services, we do not know the total number of children and young people aged under 25 who are accessing, or have accessed in the last year, some form of social care support.

8.3.1 Specialist support from Disability Service

In September 2020 in the Children with Disabilities Team there were:

- 65 open cases to social workers
- 229 open TAFs (Team around the Family) to family case workers
- 111 Cases to be reviewed

In the Transition Team there were:

- 211 open cases for adults
- 33 open cases for children
- 131 cases to be reviewed

During 2018/19, 281 under 18s received a service from Adult Social Care services, the majority were for equipment and adaptations. 334 equipment and adaptations were accessed by the under 18s.



The Children with Disabilities (CWD) Team works with young people from 0 to 16/18. The Transitions Team works with young disabled people from 16 to 25 to support preparation to adulthood. Where consideration is being given to specialised support through the Children with Disability team, the following criteria is used:

‘Where the presenting issue is the child or young person’s disability or symptoms / behaviours from the disability that are impacting on daily life or is increasing risk of harm to; the family, siblings or child themselves, and the child has an NHS diagnosis of one or more of the following; severe learning disabilities; multiple or severe disability; severe communication disability; global developmental delay; severe sensory impairment; and or complex physical disability.’

The CWD team comprises of Social Workers, Family Case Workers and Family Support Workers. The needs of children are assessed by either social workers or family case workers based on the following criteria:

- eTAF / Family Case worker allocation.
 - Without support there would likely be significant impairment to child/ YP’s health or development
 - Requires additional care during the day as a result e.g., feeding, clinical tasks, and intimate care. Care required is beyond that which the family can meet.
 - Significant challenging behaviour and/or self-injurious behaviour that is impacting on family life
 - Life limiting conditions
 - SEN statement in (former) SLD school
- Statutory Social Work allocation.
 - Safeguarding concerns
 - Likely to suffer significant harm in the family environment
 - The family are unable to provide care / risk of family breakdown or child coming into care
 - Complex medical needs requiring frequent attention e.g. medication, turning and /or intubation
 - Severe behavioural difficulties, learning, physical related to disability, impacting on ability of family to provide care at home
 - High needs that require education and care in residential school

Following assessment of needs and consideration of available support through the wider family and community services (Local offer) some children and families will require additional specialist support. This support can be either intervention or short breaks. Intervention is provided by the LA and in partnership with other agencies.

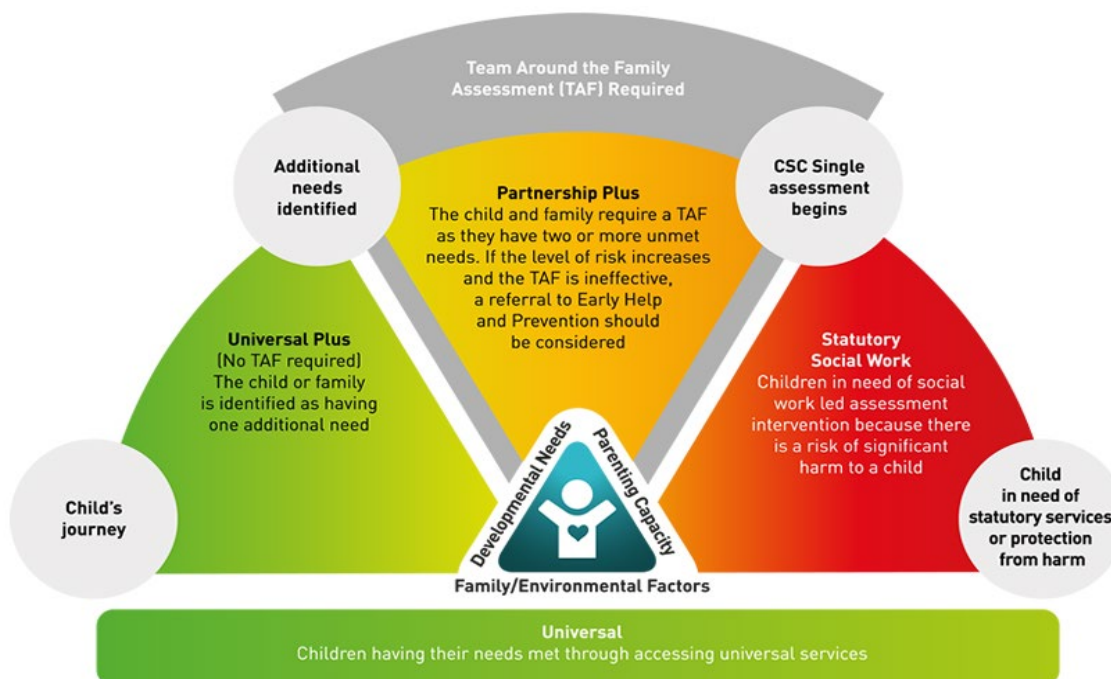
Section 25 of the Children and Young Persons Act 2005 requires local authorities to provide short breaks for disabled children. CW&C work with a number of organisations who provide a range of short break services both community based and specialist. Short breaks give disabled children time away from their families and opportunities to make new friends and have fun. They give parents a break from care and the chance to spend time with their other children. They are designed to meet different levels of need, and must include a range of:

- Day-time care in the homes of disabled children or elsewhere



- Overnight care in the homes of disabled children or elsewhere
- Educational or leisure activities for disabled children outside their homes
- Services available to assist carers in the evening, at weekends and during school holidays.

The West Cheshire Continuum of Need sets out the thresholds for interventions at all levels. It supports practitioners to make sure children and young people are helped to access the right short breaks and meets the needs of carers who would be unable to continue to provide care unless breaks from care were given to them, or need time to undertake education, training, a regular leisure activity, or day to day household tasks.



Source: Continuum of Need, from Short Breaks Statement, Cheshire West and Chester Council

The Short Break offer consists of a:

- Universal offer - Disabled children should be able to access community based short break services, such as preschool play groups, out of school clubs, holiday activities, and sports.
- Targeted offer - We know that not all disabled children will be able to attend universal group-based activities, so we have commissioned a range of specialist groups.
- Complex/Specialist services - There are children who need a high level of support and care during the day and possibly overnight. Their child's disability may be having a big impact on the carers and family and they could at times find themselves under stress. Eligibility criteria applies where disabled children require additional services above those provided under the core offer. Priority for these services is as follows:
 - Children and young people with ASD who have other impairments such as severe learning disabilities or behaviour which is challenging
 - Children and young people with complex health needs which includes those with disability and life limiting conditions who require palliative care services, and



children with complex health needs and physical, sensory or cognitive impairments

- Children and young people with moving and handling needs that will require equipment and adaptations
- Children and young people where challenging behaviour is connected to other impairments (e.g., severe learning disability or mental ill health).

Services will be allocated on the basis of need which has been identified through an assessment. It will not be the degree or level of disability alone that determines eligibility for services, but the interplay of this with parenting capacity, family and environmental factors.

Assessment will be undertaken via a TAF Assessment (Team Around the Family Assessment), or a Single Assessment.

Level of need	Services provided	Eligibility	Referred by
Universal core offer: All children with a disability	<ul style="list-style-type: none"> • Before and after school clubs • Community groups • Early Years Services and play groups • Holiday activities • Sports • Youth Services 	No eligibility criteria	Self-referral
Targeted core offer: Children who need a higher level of care and support in day-to-day activities	<ul style="list-style-type: none"> • Creative Breaks • Individual Payments 	Receipt of the middle or highest rate of Disability Living Allowance (DLA) for either care and/or mobility component, and do not receive any funding support from Social Care Services	Self-referral Professional are required to complete a service request form
	<ul style="list-style-type: none"> • Short Breaks Services • After School Club for children with autism • Youth and play groups • Activity groups • Summer holiday activity groups 	Assessments not required	Self-referral Professionals are required to complete a service request form



<p>Complex/ Specialist Services: Children who need a high level of support and care during the day and possibly overnight.</p> <p>Family under stress and there is a risk of family breakdown and/or safeguarding concerns</p> <p>Where the child's disability is having a big impact on the carers and family, for example if the parents aren't having enough sleep</p>	<ul style="list-style-type: none"> • Daytime nursing care • Direct payments • Overnight nursing care • Specialist out of school provision • Residential short break care – overnight care for children at Pinewood • Creative Breaks Individual Payments 	<p>Assessment by a Social Worker</p> <p>The service targets children and young people who receive the middle or highest rate of Disability Living Allowance (DLA) for either care and or mobility component, and do not receive any funding support from Social Care Services.</p>	<p>Social Worker or Family Case Worker</p> <p>Referral for services made by Social Worker or Family Case Worker depending on the outcome of the assessment</p>
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Source: Short Breaks Statement, Cheshire West and Chester Council

8.3.2 Social services 18- to 25-year-olds

As young people become young adults, they may have less dependency on their caregivers for a number of reasons. Adult Social Care services must ensure that young adults are fully supported to become independent and have a good quality of life.



During 2019/20, 332 young people aged 18 to 25 were receiving services from Adult Social Care. Equipment's and adaptations, home care and direct payments were the most accessed services. Direct payments give individuals the freedom to make their own choices about the support they receive, such as hiring a PA of their choice.

Adult Social Care service	Number of 18 to 24 year olds accessed the service 2019/20	Proportion of total 18 to 24 year olds population 2019/20
Equipment and adaptations	159	47.9%
Day Care	73	22%
Direct Payments	123	37%
Respite	35	10.5%
Home Care	150	45.2%
Personal Support	23	6.9%
Night Sitting	45	13.6%
Residential/Nursing	14	4.2%
Telecare	16	4.8%

Note: Will not sum to 100% as young people can access multiple services

Source: Liquid Logic, 2018/19, Cheshire West and Chester Council

The Adult Learning Disability (LD) JSNA highlighted that the number of young people with LD in CW&C who were accessing Adult Social Care Services excluding receipt of direct payments had increased by 100% between 2017 and 2019, and by 107% if equipment and adaptations were removed. This indicated it is direct support that has changed in usage with the largest increase in receipt of home care (+ 567 % change). Visit www.cheshirewestandchester.gov.uk/jsna for all needs assessments.



During 2019/20, a quarter of Adult Social Care service users aged 18-25 resided in Ellesmere Port care community and a further 21.4% in Northwich.

Care community	Percentage of 18-25 year olds Adult Social Care users
Chester Central	2.4%
Chester East	10.2%
Chester South	8.1%
Frodsham, Helsby and Elton	5.1%
Neston and Willaston	3.0%
Northwich	21.4%
One Ellesmere Port	25.3%
Rural Alliance	4.2%
Team Winsford	17.2%
Out of area	3.0%

Source: Liquid Logic, 2018/19, Cheshire West and Chester Council

8.4 Early Years (EY) Specialist Support

In January 2020, there were 5,539 children aged under five in a nursery (52), primary school (5,437), or special school (50) setting. 404 had an identified SEND (7.2%), with 99 of these children having an EHCP (1.8% of under 5's attending an early years or educational setting). The greatest need was for speech, language and communication needs. Required for almost half (49%) of children with SEND aged under five.

The Early Years SEND Pathway has been refreshed in order to provide greater clarity and consistency for parents, EY providers and professionals, as to how young children under the age of five with additional needs and SEND are identified early, supported and funded across the different levels of SEN need. The Early Years Pathway is part of the broader SEND 0-25 Inclusion Framework, which is being developed. This will provide detailed guidance on how educational settings identify special educational needs and disabilities and how to meet these needs across the 0-25 age range.

A range of services contribute to early identification, assessment of need and on-going support for children with SEND aged 0-5. Established pathways, agreed across services, ensure that there is a multi-disciplinary approach to early identification. Early Years Specialist Services (EYSS) bring together a range of services across health, education and social care, to ensure that on-going support is provided within a multi-disciplinary framework.



8.4.1 Early Years Specialist Support

Early Years Specialist Services (EYSS) support children aged 0-4 years with complex needs, or who are experiencing significant difficulties in one or more areas of their development, providing multi-agency support and assessment. Professionals from Education and Health, including Health Visitors, Paediatricians, Occupational Therapists, Physiotherapists, Specialist Teachers, Specialist Teaching Assistants and Child and Educational Psychologists work together to ensure that a child's special educational needs are identified early, so that appropriate support arrangements can be put in place before the child is statutory school age.

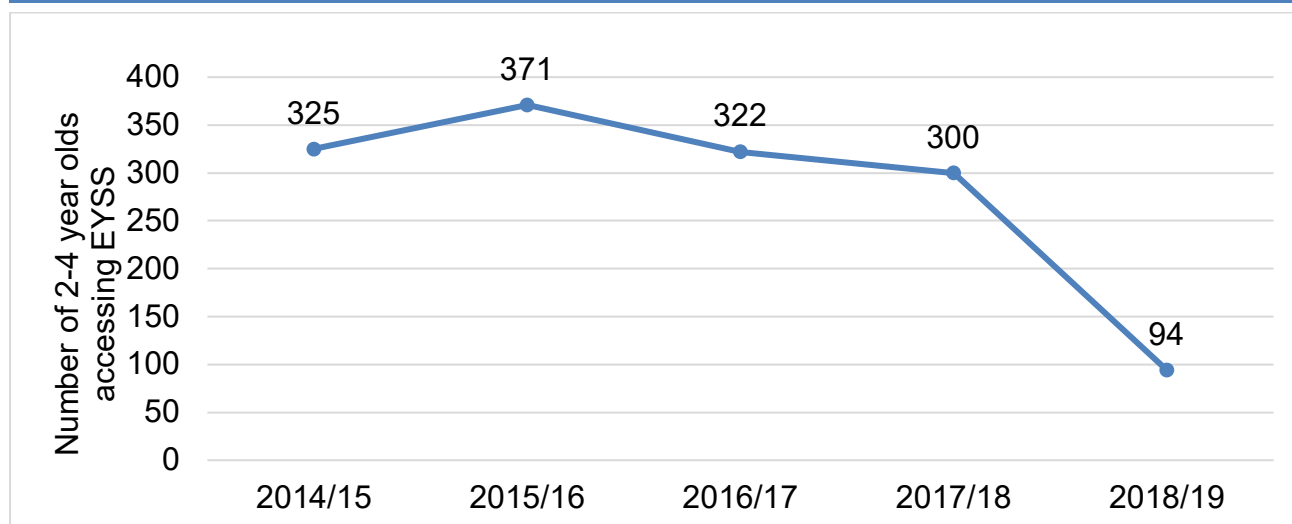
Health and education professionals work across two localities which jointly cover the whole of CW&C. In response to the review of the Child Development Service (CDS) clear pathways and criteria are now in place for the new Early Years Specialist Services. A new reporting system will be developed through the introduction of an EYSS performance dashboard.

The following criteria are used:

- The child's needs have been identified as severe and complex
- There is a significant delay in one or more area of development
- There is evidence that the child's difficulties are persistent and long term.
- Despite intervention programmes from health professionals progress remains slow.

Specialist support and advice from a range of professionals involved with the child may include support for the child's early years provider or in the home.

During 2018/19, 94 children accessed EYSS. This is considerably lower than previous years due to the service changing to only taking referrals for children with complex needs



Source: Early Years Specialist Support, Cheshire West and Chester Council

Note: As of 2018/19, the EYSS service no longer takes direct referrals from early years settings, these referrals now go to the Early Years Specialist Teaching Service (please see below).



Of those children accessing EYSS in 2018/19, 75 children accessed EYSS across Chester locality and 19 across Vale Royal locality.

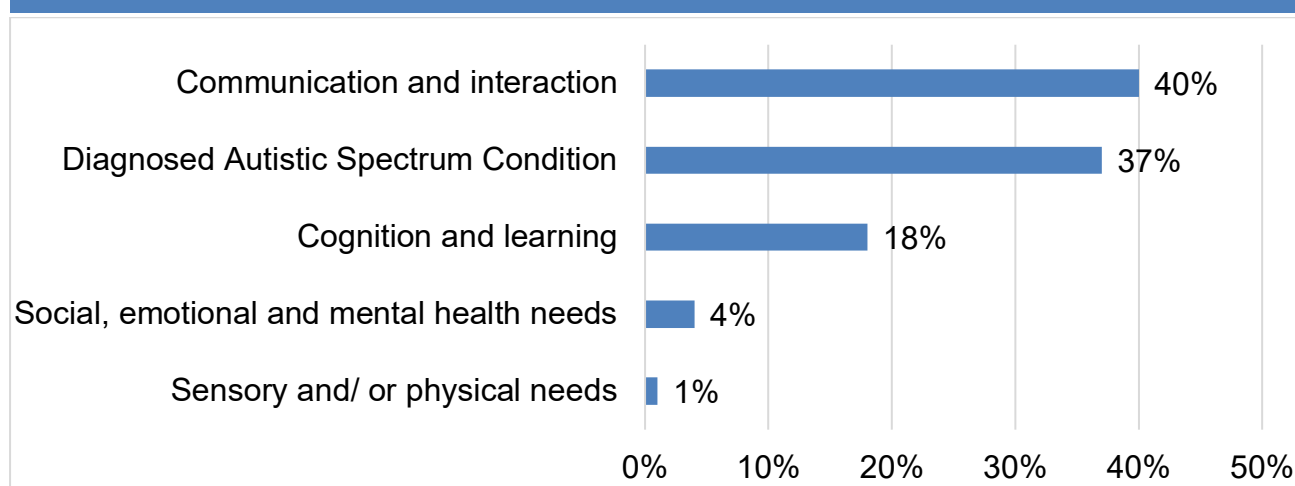
Specialist Education Services provide early intervention and support for children with complex SEND through the Sensory Service, Child and Educational Psychology and the Early Years Specialist Teaching Service (EYSTS). The Child and Education Psychology Service provide advice for all children as part of a statutory assessment, including those children in early years.

8.4.2 Early Years Specialist Teaching Services (EYSTS)

The Early Years Specialist Teaching Services (EYSTS) is a team of experienced specialist early years education professionals who provide support for very young children (aged 2 to 4 plus years) with SEND, across a range of Early Years (EY) settings.

As well as direct intervention for young children, both the EYSTS and Sensory Service provide advice and support for Early Years (EY) providers to build capacity and increase staff confidence to help them support, and successfully include children with SEND to affect a smooth transition into statutory education. The EYSTS provides support for children with SEND, including those children with social communication needs and Autism Spectrum Disorder (ASD), from the age of two until they enter their Reception year in school. The service works to intervene early to support both children and providers, as children's needs begin to emerge, as well as providing advice and support for children who have been referred via the multi-agency Early Years Specialist Service and who have severe, complex and long-term needs.

During 2018/19, 40% of children referred to EYSTS had a communication and interaction need and a further 37% had diagnosed Autistic Spectrum Condition (ASC).



Source: Early Years Specialist Teaching Support, 2018/19 data, Cheshire West and Chester Council

Over a third of children (37%) referred to EYSTS have a diagnosed Autistic Spectrum Condition (ASC). This reflects the national picture for ASD and informs the joint commissioning strategy and forward planning for school places and provision of services.



8.4.3 Hearing impairment (HI), Vision impairment (VI) and Multi-sensory impairment (MSI)

A proportion of children with sensory impairment have complex needs. The figures for 2019-20 showed that 58% of children with vision- impairment and 20% of children with hearing-impairment have additional and complex needs.

For children with hearing, vision and multi-sensory impairment, there are jointly agreed health and education pathways for early identification and on-going support. Pathways following new-born hearing screening are well embedded, ensuring that all babies identified as having permanent hearing-loss are referred on to education services within 48 hours of diagnosis. Education Sensory Services (Hearing-Impairment) make contact with families within 48 hours of receipt of referral. In both cases this target has been met consistently for the past 12 years in both Chester and Vale Royal localities.

Similarly, pathways for referral through ophthalmology to on-going education services for children with vision impairment are in place and consistently applied. There is regular coordinated and well-established on-going liaison between professionals in ophthalmology, audiology and education following diagnosis.

Support for families is well established with direct intervention provided in the child's home and in EY settings from diagnosis onwards. The Sensory service run parent and child Family Support Groups throughout the year, in both Chester and Vale Royal localities, to provide information and advice as well as peer to peer support opportunities. 100% of families with pre-school children say that they value the support provided by both HI and VI services.

Qualified Teachers for the Sensory Impaired (QTSI) and specialist support assistants in the Sensory Service provide support and intervention for children diagnosed with hearing, vision and multi-sensory impairment and their families in the home, in EY settings and forward into school (0-19). Both services provide a range of training opportunities for Early Years providers, to support effective inclusion for children with sensory impairment.

8.4.4 Early Years Education

During 2019-20, in CW&C 7,023 children aged two to four accessed an early education place. 98% of early years in primary schools are rated by Ofsted as 'good' or 'outstanding', 100% of PVI's and 99% of childminders.

EY providers include state-funded nursery schools, Private, Voluntary and Independent (PVI) settings and childminders. All children are entitled to an early education that supports their learning and development, promotes independence and prepares them well for starting school. Early childhood education is beneficial for young children encouraging learning, communication, language and social skills development.

In CW&C there is:

- 1 nursery school
- 52 primary schools offering nursery provision (10 of which are Academies)
- 138 PVI's (private, voluntary and independent settings)
- 155 childminders



In 2019, there were 6,123 children aged three and four accessing early education; 97% of the eligible population. This means the majority of three- and four-year olds in CW&C attend some form of early year provision.

Two-year olds with a parent in receipt of income related support are entitled to free early education; around 40% of the population with two-year olds. In 2019 an average of 900 two-year olds eligible for funding accessed early education, which is 92% of those eligible. This is an increase from 2018 when 89% of two-year olds eligible accessed early education and compares to an England average in 2019 of 68%.

All children should have access to good quality universal provision which promotes and delivers inclusive practice. All members of staff should receive appropriate support and training to ensure that evidence-based strategies are used across the Early Years Foundation Stage (EYFS) curriculum. The EYFS is a legal framework which requires all providers to have arrangements in place to support children with SEN and/or disabilities. A state-funded nursery must have a qualified teacher identified as the Special Educational Needs Coordinator (SENCo) and PVI providers must also identify a SENCo. SEND support is known as the graduated approach and it adopts 4 stages: Assess- Plan- Do- Review. The graduated approach should be led and co-ordinated by the setting SENCo working with and supporting individual practitioners in the setting and informed by EYFS materials and Early Support resources.

The vast majority of children with SEND will make good progress with the high-quality inclusive provision in EY settings, including differentiation of activities and environments, high quality teaching and interactions between practitioners and children. Some children may require more support and guidance for learning than is typically provided by settings and need support that is additional to and different from what is typically available, and which require targeted or specialist input. A few children may have needs which are long term, severe and profound and will be likely to require a more intensive level of support long term.

8.4.5 Early Years Team

The Early Years Team quality assure and monitor early years practice through targeted challenge and support in early years providers (settings and childminders), and schools to ensure that all children in CW&C are accessing high quality and inclusive early education and care. They ensure that there is strong and robust commissioning in place to enable high quality childcare provision and sufficiency throughout the local authority, including in children's centre nurseries.

Priorities are as follows:

- **School Readiness** - Support transition to primary education by establishing a common understanding of what is "readiness for school".
- **Closing the Gap** – Diminishing the Difference - Monitoring, challenging and supporting the learning outcomes in early years', by closing the gap for disadvantaged children and ensuring effective use of Early Years Pupil Premium, two, three and four-year-old funding
- **Ofsted** – Through Provider Causing Concern protocol and quality assurance visits, provide support for:



1. Newly registered early years providers prior to their first Ofsted inspection
 2. Early years providers who are requires improvement / inadequate (RI/ I) in their last Ofsted inspection
 3. Schools who are RI/ I in EYFS at their last Ofsted inspection
 4. Early years providers or schools that are due an Ofsted inspection or are at risk of receiving RI/ I outcomes
 5. Ensure early years providers are kept updated about developments in early years through Leaders, Managers and Owners (LMO) briefings, Ofsted briefings, committee briefings, locality hubs and clusters.
- **SEND** – Through the universal offer:
 1. Support and challenge managers, SENDCOs and childminders to ensure consistent approaches are in place to effectively monitor progress of all children to enable early identification of children with SEND.
 2. Liaise and work with other professionals to ensure a multi- agency approach through disseminating good practice and provide appropriate advice and guidance.
 3. Quality assure and monitor processes within early years provision to ensure a child and their family are appropriately supported at every stage including transition to school and other settings.

8.4.6 Early Years Inclusion Panel

Parents / Carers, Early Years Settings and Nurseries can refer children for an Education, Health and Care Plan Needs Assessment. This can be submitted via The Hub, with links and guidance available on the LiveWell Cheshire West Website. This innovative new system provides transparency and accountability throughout the process. Health and Social care professionals can also bring to the attention of the Local Authority any child who may require consideration for additional support to meet their special educational needs.

Early Years Settings and Nurseries can also request Early Years' Inclusion Funding to support children who require additional support to fully access their education, in addition to support from the Early Years Specialist Teaching Service, and Outreach from Local Authority Special Schools. Early Years Inclusion Funding can be continued into the child's Reception class school for a further two terms. These requests are considered by a multi-disciplinary panel, chaired by a Local Authority SEN Manager, and including representatives from Health, Educational Psychology, Early Years Specialist Teachers, Education, and Early Years Consultants.

There is a single route of referral form to all of the above services.



There has been a focus on safeguarding training and learning in early years settings:

- Leader, Managers and Owners (LMO) briefings and updates about safeguarding, compliance, priorities and concerns raised through quality improvement visits and sufficiency.
- During COVID lock down supported wider CW&C colleagues with Identifying vulnerable children are attending
- A transition document has been produced to support practice through the COVID period
- Preschool committee briefings planned to ensure committees understand their responsibilities regarding safeguarding
- Childminder's briefings to improve understanding of procedures in safeguarding and when to take action. Funding has been secured for Sue Overton Applied Practice training for childminders to address the gap in safeguarding knowledge
- Work with early providers to evidence appropriateness of referrals, implementing SMART action plans
- Provider Causing Concern Protocol is in place with six weekly meetings with the setting

8.4.7 Early Years Inclusion Support Funding (EYSIF)

In 2019, 217 children received early years inclusion support funding of which 50 children were in school nursery and 167 were in PVI/childminders. This is 3.6% of children aged two to four accessing an early education place.

The Early Years Inclusion Support Funding is additional funding that supports the access and inclusion of children with additional and/ or severe/complex special educational needs and/or a disability living in Cheshire West and Chester. The fund allows providers autonomy on how they use the funds to support eligible two, three- and four-year olds in accessing their early education place. This is a multi-agency process and involves input from EYSTS, Health Visitors, and SENCO network clusters.

CW&C have three bands of Inclusion Support Funding:

- Funding Band A is specifically intended to support children with identified special educational needs who have not made progress despite targeted input at SEND support and should be used to provide additional support in order to promote continued progress and early intervention
- Funding Bands B and C are expected to support children with high level and complex needs



The financial details are shown below:

Universal and SEND Support	Band A	Band B		Band C	
Delegated funding to Early Years providers per annum	Based on 15- or 30-hours early years entitlement	Based on 15 hours EYE	Based on 30 hours EYE	Based on 15 hours EYE	Based on 30 hours EYE
	Up to £1,710	Up to £3,420	Up to £6,840	Up to £5,130	Up to £10,260

Funding should be used to provide additional support in order to promote continued progress and to enable children aged 2 years and over with SEND to achieve better educational outcomes. It can allow an early year's provider to make adaptations to the learning environment such as increasing their staffing ratios in order to increase the capacity of the child's key person or, in some cases and where appropriate, to purchase other services or resources.

8.5 Schools

8.5.1 Schools in CW&C

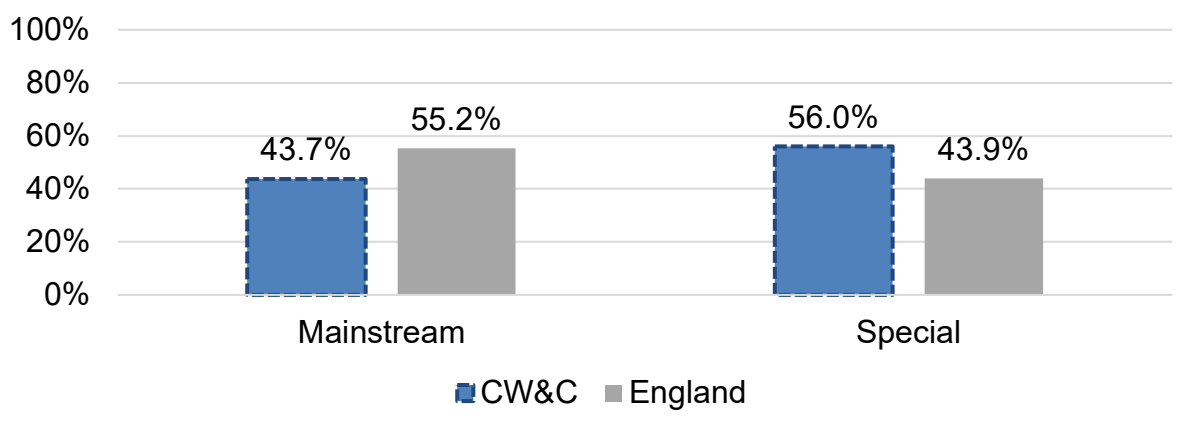
3.6% of pupils in CW&C schools have an EHCP. A higher proportion of pupils with an EHCP attend a special school than attend mainstream provision, 56%.

There are 129 primary schools, 20 secondary schools, and 10 special schools and 2 Pupil Referral Units in CW&C. As of January 2020, 7,580 pupils with SEND attended these schools of which 1,815 had an EHCP (24%) and 5,765 accessed SEND support (76%). This is 15% of all pupils attending CW&C schools with an identified SEND; 3.6% of all pupils with a high level of need requiring an EHCP.

Whether or not children and young people with SEND attend specialist provision or mainstream provision is a measure of the inclusivity of schools. However, there will be children with a high level of need whose needs cannot be fulfilled in a mainstream setting, or whose parents choose specialist provision.



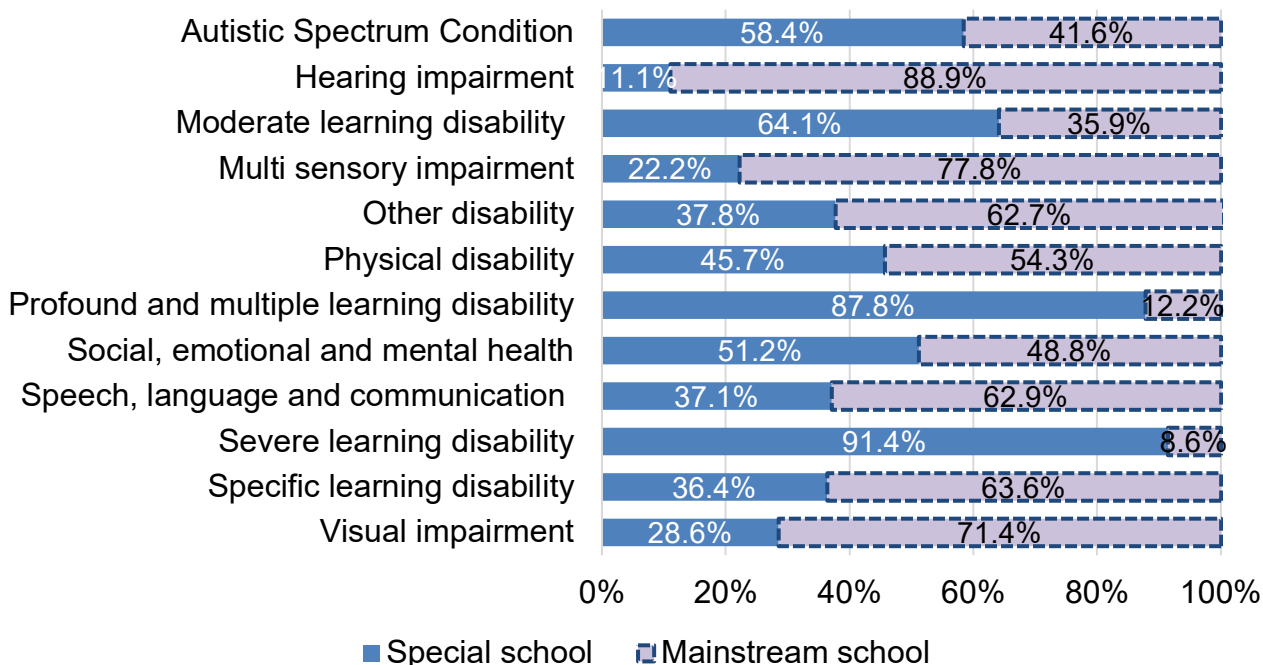
At January 2020, there was a higher proportion of children with an EHCP in special schools than mainstream schools in CW&C. This does not reflect the national trend with more children with an EHCP nationally in mainstream provision.



Note: The above data does not include children in nurseries or pupil referral units.
Source: School Census, January 2020

There are certain disabilities and difficulties where pupils are more likely to attend a special school than a mainstream school which can be seen in the chart below.

Pupils with a severe learning difficulty or a profound and multiple learning disability are most likely to attend a special school as might be expected. However, these are followed by 64.1% of pupils with a moderate learning disability attending a special school.



Note: The above data does not include children in nurseries or pupil referral units.
Source: School Census, January 2020



A higher proportion of children and young people with an EHCP than the national average might be attending specialist provision due to CW&C having a higher number of special schools than the national average. Alternatively, it could be that be that children are attending a special school who would be suitable for mainstream provision such as those with a moderate learning difficulty, or that mainstream schools in CW&C are less inclusive.

In January 2020, there were 1,703 children and young people residing in CW&C with an EHCP attending a mainstream or special school. Of these young people, 92.7% (1,579 residents) attend a school in CW&C. There were 121 CW&C residents who attended schools in other local authorities; 58.7% attended a special school in these other authorities. These tended to be schools in neighbouring authorities. Most common is Wirral (32) and Cheshire East (26), though there were residents attending Denbighshire, Flintshire, Halton, Shropshire, Warrington and Wrexham schools. Schools attended further afield included Bolton, Conwy, Derbyshire, East Riding, Lancashire, Liverpool, Sefton, St Helens, and Stockport.

Further work is needed to improve robust recoding of SEND needs:

- Review recording of numbers and types of pupils on SEND support to ensure all those with special educational needs are identified and recorded properly
- CW&C are currently undertaking a piece of work to develop a borough wide shared understanding of descriptors of need

A High Needs Strategic Review is underway to improve the availability of specialist provision across the borough. The work will inform:

- Future development of specialist provision for children and young people including post 16 provision
- Consider barriers to inclusion in mainstream school to inform the work of the Cheshire West and Chester School Improvement Board

8.5.2 Autism Service

The Autism Service provides support for mainstream schools to meet the needs of children experiencing social communication difficulties, some of whom may have a diagnosis of Autism Spectrum Disorder (ASD). The core work of the service includes direct intervention and support for children and families as well as capacity building and training for schools. The service also provides specialist advice for statutory functions, such as specialist advice for Educational Health and Care Needs assessments (EHCNAs) and Educational Health and Care Plans (EHCPs).

During 2020/21, the Autism Service received 144 new referrals from schools. Most children supported by the service did not have an EHCP, the average number of open cases with a plan over the year was 26%.

The Autism Service has an annual training programme for mainstream schools and provides training and support for families. The service holds a multi-agency event to support families and schools to improve the transition to high school. This event is always very well attended, and evaluations show that it is highly valued with 100% of attendees rating it good or excellent. Following consultation with families, the service is increasing the



number of training events aimed at parents and currently holds a further two training events in addition to the transition event. In 2020/21, 399 delegates attended Autism Service training. Evaluation of training and support provided by the Autism Service for teachers, Teaching Assistants (TAs) and Special Educational Needs Co-ordinators (SENCOs), shows that it impacts on improving capacity to meet the needs of children and young people experiencing social communication difficulties and those with a diagnosis of ASD.

Pupils also say that the service made a difference to them. In 2020/21, 88% of pupils reported that consultation from the service was beneficial to them and 100% of schools rated direct intervention as good or excellent and having a positive impact for the pupil.

8.5.3 School Travel Assistance

Home to school travel assistance is available for all pupils who are eligible under the scheme. This is managed by the Education Transport Team.

At Summer 2021, 3,324 pupils were receiving assistance of which 1,055 had a SEND (32%). The majority of pupils received assistance because their nearest school was too far away.

Where a pupil with SEND has been deemed eligible to receive travel assistance the first offer made to families is a Personal Travel Budget (PTB). A PTB gives the child and families flexibility to make their own arrangements, uptake has steadily increased year on year and is at 20 per cent. School contracts are the most popular mode of transport at 71 per cent. For pupils with SEND, the team has previously offered independent travel training (ITT) to support young people with independence and participation. The scheme is currently on hold due to the provider, a local Special School, handing back the contract early due to risks associated with covid and no longer having a scheme provider. The Council is in the process of reviewing future delivery options as it recognises the importance this scheme can bring in supporting young people to travel independently, improving opportunities for education but also recreation, employment, leisure and social activities.

8.6 Post 16 provision

In January 2020, there were 435 young people with an EHCP who are post academic year 11 between the ages of 16 and 25 (SEN2, Cheshire West and Chester Council). Of these:

- 228 were in further education; 52%
- 104 were post 16 in a school setting (e.g., 6th form); 24%
- 21 had an alternative training provider (e.g., apprenticeship or internship); 5%
- 35 were not in education, employment or training (NEET); 8%.

In England, young people are expected to do one of the following until they are 18:

- Stay in full-time education
- Start an apprenticeship (practical training in a job with study), or traineeship (course with work experience perhaps before apprenticeship)
- Spend 20 hours or more a week working or volunteering while in part-time education or training.



The culture and ethos within CW&C is that we promote the outcome of employment. In working around transition for a young person there are a number of teams who work in partnership to provide a comprehensive offer post 16. Aligned to the young persons' career aspirations.

In ensuring support for this work, we have been successful in applying for a Supported Internship programme (SI's) funded by the ESFA which will start September 2020. We are working in collaboration with other external partners to deliver a broader and wider offer across the Borough for SI's.

Schools have a statutory duty under the Education Act to ensure pupils from Year 8 until Year 13 are provided with impartial careers guidance. All CW&C schools, including special schools, work to achieve the Gatsby Benchmarks, a framework for best practice in careers provision.

The majority of young people with SEND are capable of sustainable paid employment with the right preparation and support. Pupils with an EHCP have regular discussions with advisers from Young People Services to ensure they are considering their options post 16, and that they are supported to achieve their chosen career path. This will be detailed within their EHCP. The SEND Code of Practice states that work experience and work tasters (very short placements), should be part of a range of options that schools and colleges make available. For those with an EHCP, experience must be kept with the work aspirations set out in their EHCP, and post work experience discussions and feedback should inform the next annual review.

Key considerations when supporting young people with SEND to post 16 education and employment include:

- Raising aspirations of children, young people and everyone around them
- Ensuring high quality, impartial career information, advice and guidance
- The development of vocational profiles (a form of assessment to understand an individual's experience, skills, abilities, interests, aspirations and needs in relation to employment)
- Work experiences in real work settings
- Working with social care to maximise opportunities for holiday and weekend jobs
- Effective employment support for all young people with SEND, to consider employment with training and sustainable employment e.g., supported internship and supported employment
- Increased employment outcomes for young people with SEND
- Ensuring high quality employment support, that staff are appropriately trained in supported employment and Training in Systematic Instruction and there are mechanisms for monitoring success rates
- Ensuring follow-on support is in place for young people after they leave education to maintain or gain work from the Department for Education.

Further education (FE) provision is post 16 education, including school 6th forms, offering a wide range of vocational and academic qualifications from Foundation level to level four including apprenticeships. Some FE providers offer higher level qualifications leading to



degree level. The FE providers maintain any EHCP and ensure all adjustments and support are in place and this can continue until the age of 25.

There are a number of post 16 learning providers in and outside of the borough that are attended by students. In addition to school 6th forms, local FE colleges/ training providers include Cheshire College (South and West); Warrington and Vale Royal College; Reaseheath College; Pettypool College (specialist SEND provider); Coleg Cambria, Riverside College and Wirral Met College. Total People provide Supported Apprenticeships, and Seashells Trust provide Supported Internships Skills and employment in CW&C.

We do not track students who were previously accessing SEND support through their school, but we do track those students with an EHCP.

At January 2020, there were 435 young people with an EHCP who are post academic year 11 aged 16 to 25. Of these just over three quarters (76%) were in a further education or post 16 academic setting (6th form); 5% were learning via an alternative training provider (apprenticeship or internship).

In CW&C, learning providers are the focus for much development work to enable a smooth transition into employment and training. There are regular provider meetings, the LA are involved in course development and challenge providers on their provision. Learning providers offer a range of opportunities beyond academic subjects.

The SEND Code of Practice states that one of the most effective ways to prepare young people with SEND for employment is to arrange work-based learning:

- **Apprenticeships:** Paid positions where young people learn the skills they need while working and a training provider helps them get a recognised qualification.
- **Traineeships:** Unpaid work placement delivered in partnership between education and training providers and employers, to support the young person in getting ready for work, an apprenticeship, or gaining English and Maths qualifications.
- **Supported internship:** Structured study programme based primarily with an employer for young people with an EHCP or learning difficulty. Support to gain sustainable paid employment by equipping the young person with the skills they need for work through learning in the workplace, and opportunity to study for relevant qualifications. The number of students on a supported internship is restricted by the number of providers offering this type of provision and number of students put forward as suitable.

CW&C has achieved its 2020-2021 target of having five providers of Supported Internships and has a target to achieve 35 Supported Internships.



First-hand experience of work, such as apprenticeships, traineeships and supported internships are vital to get young people successfully into the workplace. The DFE state a key issue for supported internships, or other study programmes with work experience as a core aim, is support for learners after the course has ended – especially for those that do not have a job offer lined up. This will entail careful planning around young people coming to the end of study programmes, not only for employment support but the transition to adult life more generally. Young people must be aware of the support available through job centres, benefits available, and longer-term support such as personal budgets.

Once the young person is no longer in a learning provision the EHCP will end (unless they are under 18, in this case the EHCP will continue until they are in a suitable provision). This does not mean that all support will end:

- **The Skills and Employment Team and Work Zones:** Provide employment support to a wide range of adult cohorts, including interview skills, CV building and support with job searches. There are four work zones in CW&C working with the unemployed, with a particular focus on the long term unemployed and those at risk of being long term unemployed. They provide holistic assessment, triage, and a tailored support programme with drop in facilities and a structured learning and support offer.
- **The Local Supported Employment Service:** Helps adults aged over 18 with learning disabilities, autism and/or secondary mental health care find and sustain employment by building confidence and developing skills. There is criteria to access support which includes being known to the Adult Learning Disabilities Team or secondary Mental Health teams, and in receipt of employment support allowance or universal credit.
- **Adult Education:** Adult education is a post 19 learning and skills programme focused on complex worklessness with below level two attainment, to develop the skills and confidence to get people in to work.
- **Adult Social Care:** For those who require care and social support, those aged 18 plus can be assessed for adult social care and will need to meet the criteria set out in [The Care Act](#)

The LA has a duty to ensure young people remain in education or training until the age of 18. In CW&C participation of young people is high (see outcomes section).



CW&C have a NEET panel which looks in depth at the individual needs of those young people who are NEET. They will develop a bespoke plan for the young person and may offer something outside of the usual offer, such as tutoring.

Developments include:

- The Local Offer Live Well Cheshire West is fully developed. The pathways for preparation for adulthood are on the site for CYP & A to navigate.
- The ESF funded Journey First project began in December 2020 taking its first participants on programme. Young people aged 15+ - to 19 and 19+ adults are supported into employment using a mentoring approach. The project focuses on those participants who are further removed from the labour market who may have a EHCP, identify as having a disability, a mental health needs, be looked after by the authority. The project has a robust set of performance targets to meet up to 2023, seeing and supporting nearly 2000 individuals.
- To support young people currently NEET, conversations have taken place with 2 local colleges to develop flexible provision designed to engage young people in accredited programmes mid-year.
- The Department for Education short term grant which funded a 15-month post within the Skills and Employment Service to improve the LA's performance in relation to supported internships was successful and has now ended with provider numbers now up to 5 and Supported Internships on track to achieve target of 35.
- The CW&C have secured ESFA funding for Supported Internship programme. The team have been recruited and applicants are currently being referred to the programme, due to start October 2020.
- Secured 50 Wifi enabled tablets for people who are digitally excluded.
- CW&C Learning Disabilities Partnership Board has an Employment sub-group with two strands of focus: increasing employment for young people by improving transition to employment support opportunities and increasing employment of adults with learning disabilities.

9. Outcomes

All young people with an EHCP will have their needs and outcomes captured at an individual level. There is a continuous process of updating and reviewing plans to ensure needs are being met. As a cohort of the population outcomes are not collated and reported on as a matter of course except for educational outcomes. Therefore, the following section will look at what data is available to begin to understand the impacts that work with children and young people with SEND is having on their lives.

9.1 Health outcomes

As children with SEND will have numerous conditions and difficulties, the health of these children is wide ranging. In general, children and young people with SEND are more at risk of poor health, poor mental health, excess weight, poor sexual health, substance misuse and oral health problems. Those with more severe needs or a chronic illness can have a number of health needs that may require ongoing treatment and interventions. Young people who are vulnerable or disadvantaged where there are higher rates of SEND, such



as children in care and those living in deprived areas are also at increased risk of risky behaviours including smoking, substance misuse and unsafe sexual activity.

In CW&C, the health outcomes of children with SEND are not collected and reported on. Individual services such as Speech and Language therapy or CAMHS for example, report outcome measures to monitor service delivery for Commissioners for all patients seen by their service. Children with SEND may be accessing support from a range of services provided in West Cheshire and our CCGs are working towards better ways to identify children and young people with SEND accessing health services for 0–25-year-olds.

Collaborative work is being undertaken to drive forward an outcomes-based approach but this is currently in its early days. There is also work ongoing nationally and locally to agree a standardised outcome tool for mental health services.

GPs do keep a learning disability (LD) register and from age 14 those on the register are offered an annual health check. The health check helps a vulnerable group identify health problems early, and ensure the individual is receiving the right care. As many young people as possible should be encouraged to have this health check as it is an opportunity to identify needs and risks. At the end of 2018, GPs across West Cheshire CCG footprint had 248 young people aged 14 to 24 on the LD register. Of these 35 per cent had a annual health check in the previous 12 months (87 young people). The proportion of all people on the register having an annual health check was higher at 54 per cent which indicates more work is needed to be done to encourage young people with LD to have an annual health check to keep them healthy and safe.

9.2 Education outcomes

Due to the impact of the COVID-19 pandemic, most exams and assessments did not take place in the 2019/20, or 2020/21 academic years. The government also announced that it would not publish school or college level results data in autumn 2020 or autumn 2021, and that this data would not be used to hold schools and colleges to account.

Children who have special educational needs can find it more difficult to learn than children of the same age. We expect teachers to have high expectations of all children. For some children with special educational needs meeting age related expectations may be a challenge and therefore it is also important to also look at the progress pupils make from their starting points. Ensuring pupils achieve as well as they can ensures they are as well placed as possible to access the next stage in their education.

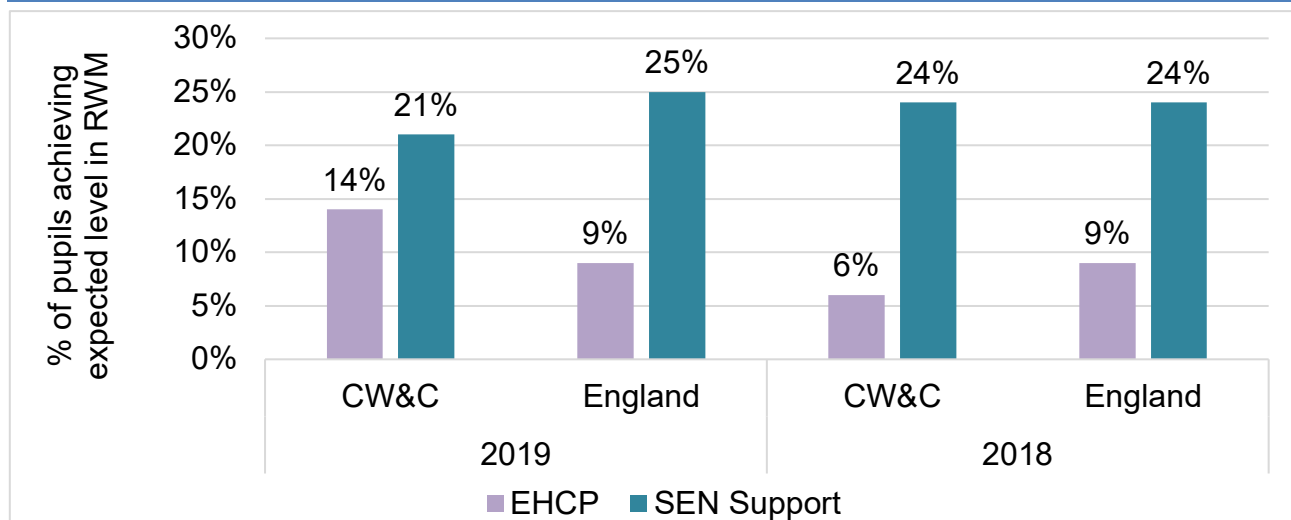
At a local authority level, attainment and progress data is analysed as part of the annual stock take which includes a breakdown in relation to SEN performance. This also forms part of our peer review process and annual conversation with Ofsted.

9.2.1 Attainment at Key Stage Two (KS2)

In 2019, 14% of children with an EHCP in CW&C reached the expected levels of reading, writing and Maths at Key Stage two. This is above the 9% national average and places CW&C in the best ranking quartile of LAs.



In CW&C, between 2018 and 2019 the proportion of pupils with an EHCP achieving the expected level in Reading, Writing and Maths more than doubled from 6% to 14%. However pupils accessing SEND support saw a decline in achieving from 24% to 21%.



Source: Achievement at KS2 for Reading, Writing and Maths 2019, Local Authority Interactive Tool, Department for Education

Between 2018 and 2019, CW&C saw an increase in attainment and progress at key stage two for children with an EHCP resulting in outcomes exceeding NW and England. For children with SEND Support however, attainment and progress has dropped across all indicators and as a result, all outcomes with the exception of reading progress are now below England. Progress in writing continues to be a challenge locally.

Key Stage Two	Reading, Writing and Maths: % achieving	Reading progress	Writing progress	Maths progress
Pupils with an EHCP 2019:				
- CW&C	14% (A)	-2.3 (A)	-3.2 (B)	-2.6 (A)
- North West	9%	-2.9	-4.3	-3.5
- England	9%	-3.6	-4.3	-4.0
Pupils with an EHCP 2018:				
- CW&C	6% (D)	-3.1 (B)	-4.6 (C)	-3.7 (B)
- North West	8%	-3.2	-4.1	-3.5
- England	9%	-3.8	-4.1	-3.8
Pupils accessing SEND Support 2019:				
- CW&C	21% (D)	-0.9 (B)	-2.7 (D)	-1.2 (C)
- North West	24%	-0.6	-1.5	-0.7
- England	25%	-1	-1.7	-1



Pupils accessing SEND Support 2018:				
- CW&C	24% (B)	0.3 (A)	-2.2 (C)	-0.3 (B)
- North West	24%	-0.2	-1.6	-0.4
- England	24%	-1	-1.8	-1

Note: Letters in () show the quartile ranking with A being the best ranking quartile and D being the lowest ranking quartile.

Source: Key Stage Two, Department for Education

Having seen an increase in the combined Reading, Writing and Maths (RWM) indicator for pupils on SEND support last year, this has not been maintained in 2019 with a decrease of 3 percentage points and now below North West and England.

Whilst progress scores in reading continue to be just above national, despite a drop of 1.2, further decreases have been seen in writing and Maths progress scores. The drop in Maths progress has resulted in a score that is now below England with the drop in writing falling into the lowest quintile.

A three-year trajectory of improvement in attainment for the combined indicator for pupils with an EHCP, with an increase of eight percentage points in 2019, has resulted in outcomes now exceeding North West and England. This places the LA in the highest quartile for EHCP attainment for the combined indicator. The position for progress in reading and Maths is equally as strong with a quartile ranking of A (best ranking quartile). Progress scores for all three areas for pupils with an EHCP are above both North West and England, having increased by +0.8, +1.4 and +1.1 in each of reading, writing and Maths.

9.2.2 Attainment at Key Stage Four (KS4)

In 2019, at Key Stage Four, attainment and progress for pupils with an EHCP was below the England average although attainment had increased from 2018. Attainment for those pupils accessing SEND Support was broadly inline with the national average but progress is now lower.



Between 2018 and 2019, CW&C saw an increase in the attainment 8 score of pupils with an EHCP, narrowing the gap between CW&C and the England average. Progress 8 for this cohort of children has also dropped with CW&C remaining in the lowest ranking quartile.

Key Stage Four	Attainment 8	Progress 8
Pupils with an EHCP 2019:		
- CW&C	12.1 (C)	-1.48 (D)
- North West	12.7	-1.31
- England	13.7	-1.17
Pupils with an EHCP 2018:		
- CW&C	11.8 (C)	-1.44 (D)
- North West	31.2	-0.59
- England	32.6	-0.43
Pupils accessing SEND Support 2019:		
- CW&C	32.5 (B)	-0.49 (C)
- North West	31.2	-0.59
- England	32.6	-0.43
Pupils accessing SEND Support 2018:		
- CW&C	32.6 (B)	-0.39 (B)
- North West	31.2	-0.57
- England	32.2	-0.43

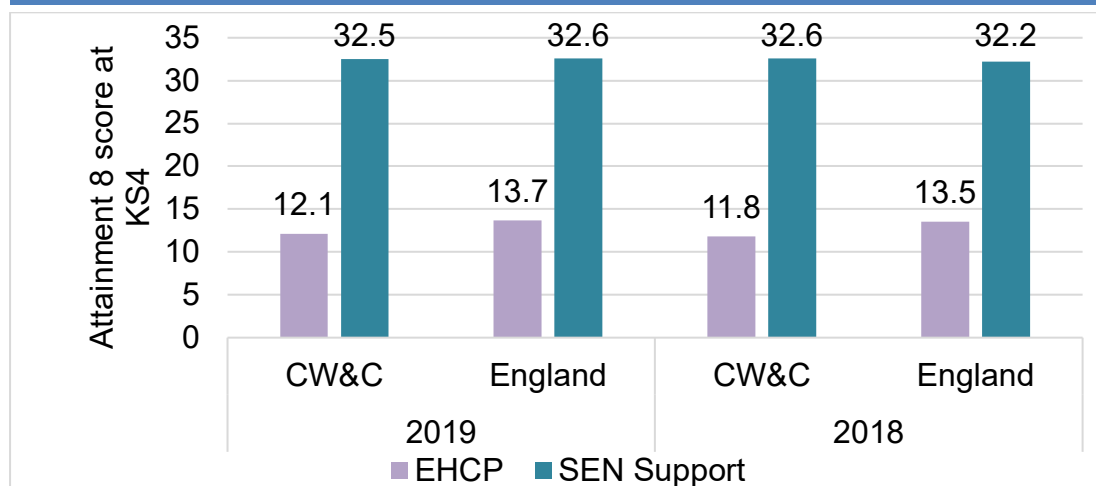
Note: Letters in () show the quartile ranking with A being the best ranking quartile and D being the lowest ranking quartile.

Source: Key Stage Four, Department for Education

Attainment 8 and Progress 8 scores for the SEND support group have both declined, and whilst attainment is broadly in line with England, progress is now lower. For those pupils with an EHCP at KS4 an increase of 0.3 in the Attainment 8 score has resulted in the gap to national narrowing but remaining below national. Progress for this group of pupils has dropped further and remains stubbornly in the lowest quartile.



Attainment 8 at KS4 is lower in CW&C than the England average for pupils with an EHCP.



Source: Key Stage Four, Department for Education

Where an Associate School Improvement Adviser (ASIA) has been allocated to a mainstream school they will challenge the school over their data at whole school and group level and this would include the performance of children with SEN. An external ASIA with significant experience across special schools has been commissioned to challenge allocated special schools in line with our school improvement strategy. Schools carry out pupil progress meetings at regular intervals to determine whether pupils are on track to secure the progress expected by the school. Where insufficient progress has been made a review of the provision and interventions in place is undertaken and revised as necessary. Regular SENCO networks have been established through the teaching schools to provide continued professional development to ensure they can support colleagues and pupils. The Cheshire Inclusive Teaching School Alliance have developed a framework for carrying out external reviews of SEN.

9.2.3 Absence

Whilst there have been some improvements absence rates, it remains the case that pupils with SEN have significantly higher absence rates than pupils with no SEN. There is a particular and increasing issue with the absence rates for pupils with SEN at secondary. For pupils with SEN at secondary, the data continues to remain lower than national. However, in primary schools, there has been an improvement in absence, particularly for those with an EHCP

Good attendance at school is essential for all children to benefit from high quality teaching and secure the best outcomes possible to open up more opportunities for their future. Pupils with special educational needs can often have higher rates of absence than other pupils due to the nature of their special need.



At a local authority level attendance is analysed termly linked to the information collected as part of the school census returns. At a school level, regular pupil progress meetings will determine the academic progress being made by pupils and whether attendance is impacting on this.

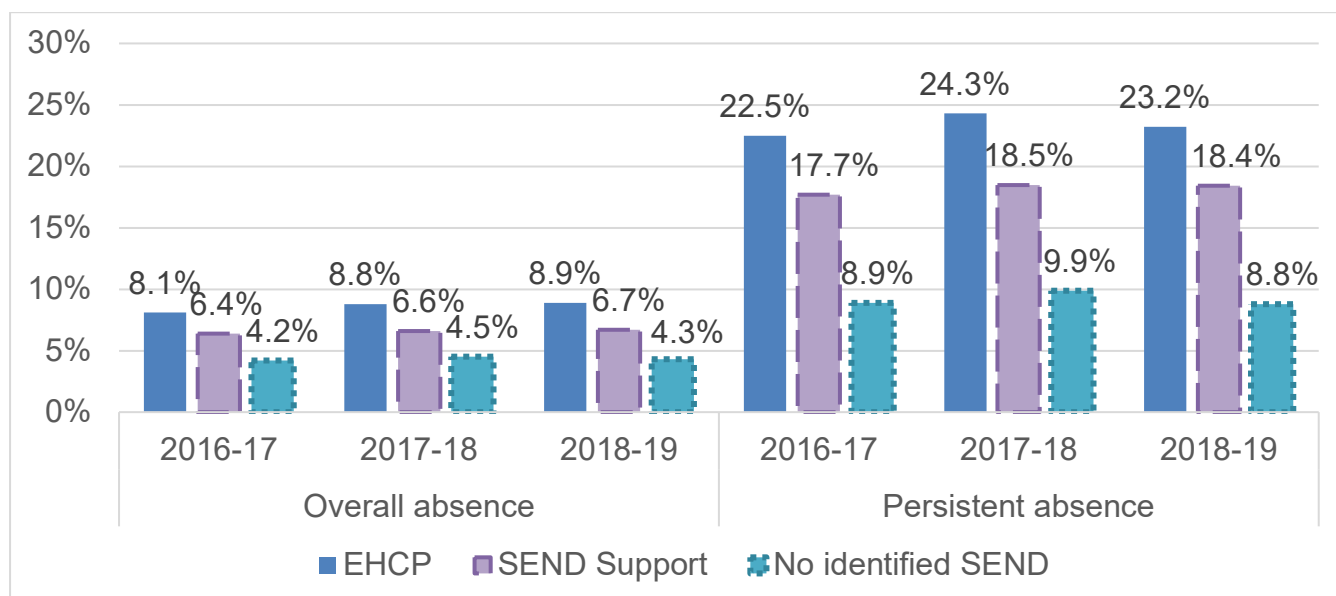
Persistent absence is pupil enrolments missing 10 percent or more of their own possible sessions, due to authorised or unauthorised absence. These pupils are classified as persistent absentees.

Absence for pupils with a SEND in CW&C is higher than for pupils with no identified SEND but is similar to the England average.

2018/19 data	Overall absence		Persistent absence	
All pupils:	CW&C	England	CW&C	England
With an EHCP	8.9%	8.7%	23.2%	24.6%
With SEND support	6.7%	6.5%	18.4%	17.9%
With no identified SEND	4.3%	4.3%	8.8%	9%

Source: Overall and persistent absence for primary and secondary schools, 2018/19, Department of Education

Over the last three years, overall absence has remained fairly consistent with small increases being seen for those with an EHCP and those accessing SEND support. Between 2017/18 and 2018/19, there was a decrease in persistent absence across all children.



Source: Overall and persistent absence for primary and secondary schools, Department of Education



The latest available data shows that overall absence in CW&C has been broadly similar to that seen nationally. At SEND support, whilst national has remained constant as 6.5 percentage points, CW&C has continued to rise and is 0.1 percentage points higher than the previous year at 6.7%. For those with an EHCP, the picture is the same in that national has remained constant at 8.7% and CW&C has increased by 0.1 percentage points to 8.9% which means it is 0.2% percentage points higher than national.

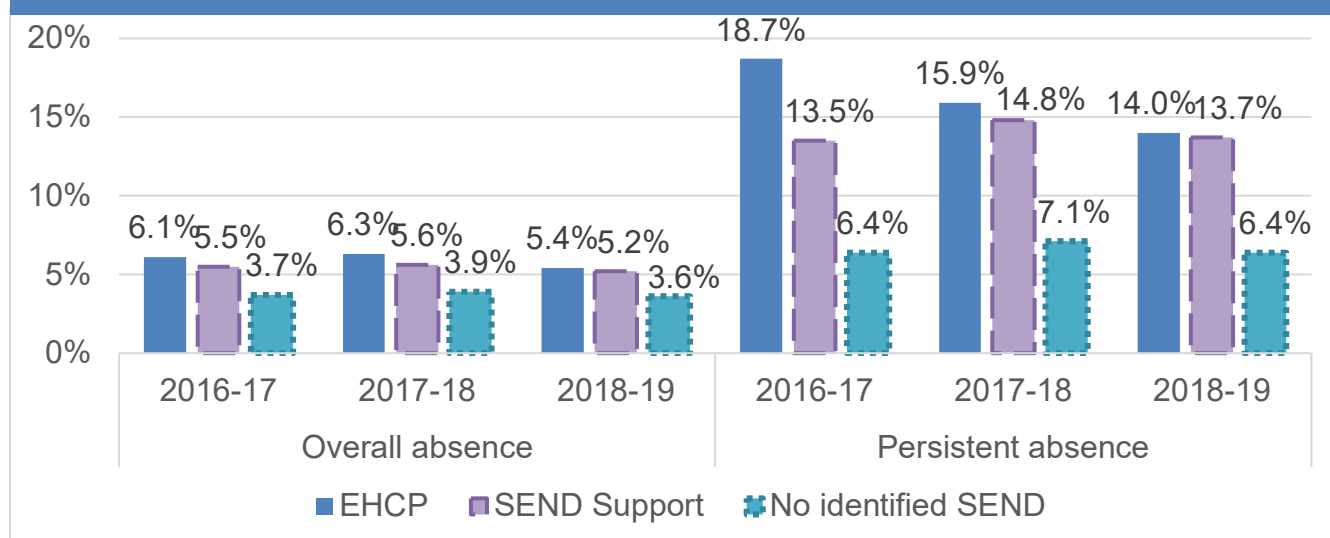
Persistent absence has decreased for all groups. At SEND support CW&C has decreased by 0.1 percentage points whilst national has decreased by 0.4 percentage points. For pupils with an EHCP, PA rates have decreased by 1.1 percentage points in CW&C and by 0.5 percentage points nationally.

For primary school pupils, those with an EHCP in CW&C have lower absence than the England average, both for overall and persistent absence. For those with SEND support, overall absence is similar to the England average but persistent absence is lower.

2018/19 data	Overall absence		Persistent absence	
Primary school pupils:	CW&C	England	CW&C	England
With an EHCP	5.4%	7%	14%	19.8%
With SEND support	5.2%	5.4%	13.7%	14.2%
With no identified SEND	3.6%	3.5%	6.4%	6.8%

Source: Overall and persistent absence for primary schools, 2018/19, Department of Education

Absence has decreased in CW&C primary schools for all children. Those with an EHCP have seen the biggest decrease in absence, particularly persistent absence.



Source: Overall and persistent absence for primary schools, Department of Education



In CW&C school overall absence for pupils with an EHCP is lower than the national absence rate by 1.6 percentage points and sees a decrease of 0.9 percentage points from 2017-18. At SEND support, CW&C is lower than national by 0.2 percentage points and had the greatest decrease.

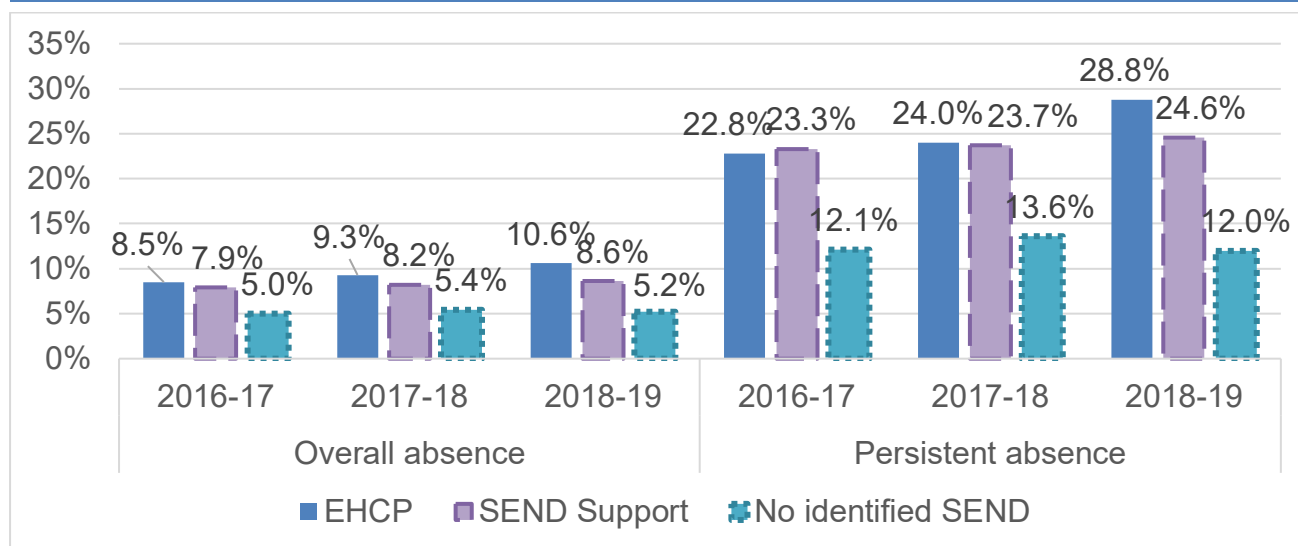
Persistent absence rates for primary school pupils with an EHCP continues to decrease and is lower than 2017-18 and significantly lower than national which is at 19.8% compared with CW&C at 14%. At SEND support, CW&C has had a greater decrease in absence rate than national and is 1.1 percentage points lower than the previous year.

For secondary school pupils, absence is higher for pupils with SEND than the national average, particularly those with an EHCP.

2018/19 data	Overall absence		Persistent absence	
Secondary school pupils:	CW&C	England	CW&C	England
With an EHCP	10.6%	8.6%	28.8%	26.2%
With SEND support	8.6%	8.1%	24.6%	24.2%
With no identified SEND	5.2%	5.1%	12%	19.8%

Source: Overall and persistent absence for secondary schools, 2018/19, Department of Education

In secondary schools, absence has increased for pupils with SEND. Pupils with an EHCP have seen the biggest increase in both overall and persistent absence.



Source: Overall and persistent absence for secondary schools, Department of Education

In CW&C, for pupils with an EHCP absence rates continue to increase and CW&C is substantially higher than national at 10.6% compared to 8.6%. This is a continuing pattern to the previous year. CW&C has seen a big jump from 24% to 28.8% persistent absence for



pupils with an EHCP. Persistent absence at SEND support is roughly in line with the national average.

Comparison between the Autumn data 2019 and Autumn 2020

Absence

Autumn 2019	%Absence	%Persistent absence	Autumn 2020	%Absence	% Persistent absence
Special	9.29%	27.62	Special	10.01 ↑	25.20 ↓

Absence by (free school meal) FSM data

Autumn 2019	% Absence	%Persistent absence	Autumn 2020	% Absence	%Persistent absence
Special FSM	10.8	NA	Special FSM	12.64 ↑	33.24
Special no FSM	8.2	20.28	Special no FSM	8.16 ↓	19.50 ↓

Source School Census CW&C

Comparison between the Autumn data 2019 and Autumn 2020 shows an increase in overall Special absence, but a fall in PA% of 2.42 percentage points. Free school meal (FSM) data evidence shows that pupils with SEND on FSM have significantly greater absence than pupils with SEND not on FSM. Persistent absence rates for pupils with SEND on FSM significantly outstrips persistent absence rates for pupils with SEND not on FSM.

The Education Welfare Service (EWS) complete annual register inspections during which they identify within each school all vulnerable pupils by grouping, including where necessary those with special educational needs. They also identify persistent absence pupils and ensure schools have plans in place to secure improved attendance. Termly analysis of school level data leads to a RAG rating for each school. Where schools are judged as vulnerable an interim register inspection are offered to seek reassurance that plans are in place and early help is being accessed. Now that schools are fully reopen, due to the Covid 19 crisis, the EWS has made significant progress in completing the Register Inspections at primary virtually in 2020-21. Secondary and Special school Inspections are booked from November 2021.



The Education Welfare Officers focus on statutory duties whilst schools manage their own casework. Documentation that has been shared with schools to provide guidance and to support them in their understanding of pathways to legal intervention is regularly reviewed and updated. The guidance is update annually and will now include Our Ways of Working practice as part of the attendance processes.

The EWS has be key in supporting schools on implementing Government guidance on coding and attendance management during the period of pandemic. EWS supported vulnerable pupils, especially those with special educational needs, to attend school during the crisis by assisting the Safeguarding Children in Education (SCiE) Team to monitor their attendance and quality assuring the contact made with vulnerable pupils by Early Help & Prevention.

EWS Network meetings with schools take place termly. The Spring 2021 meeting 'Case working and Sharing good practice' included a section on managing attendance plans for pupils who are in receipt of EHCPs or additional SEND.

Support is available through a range of agencies including Early Help and Support for example through 'Team Around the Family' (TAF) meetings and where necessary through the continuum of need. There is a strong drive to support with the TAF process. The EWS guidance also includes the use of TAF, trauma informed practice and the Covid Recovery Model in the attendance pathways.

9.2.4 Exclusions

In CW&C, pupils with SEND are more likely to have a fixed period or permanent exclusion than their peers. This is a pattern that is reflected nationally.

Those most likely to be excluded are children without an EHCP who are accessing SEND support. They are eight times more likely to receive a permanent exclusion. Children who have been identified as having SEMH needs have significantly higher exclusion rates across all measures. Source: Maximising access to education, Cheshire West and Chester Council.

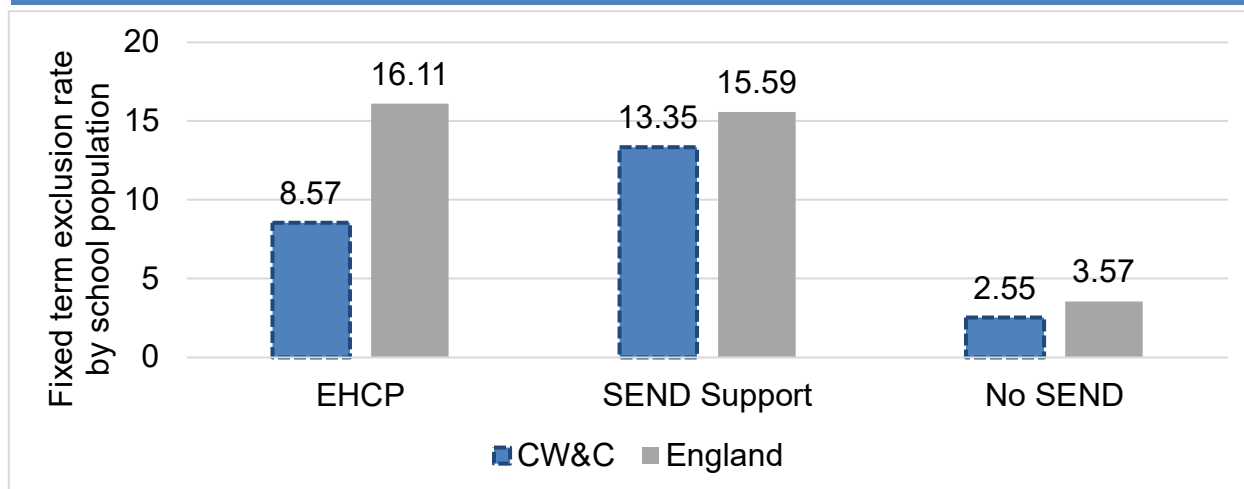
Being excluded from school can cause disruption to the child's education. It is unlawful to exclude for a non-disciplinary reason or because a pupil has additional needs or a disability that the school feels it is unable to meet.

There are two types of exclusion:

1. Fixed Term Exclusion where a pupil is temporarily excluded from school for up to 45 school days in one school year.
2. Permanent Exclusion where a pupil is permanently excluded from school and it is the LA's duty to arrange education from the 6th day of the exclusion.

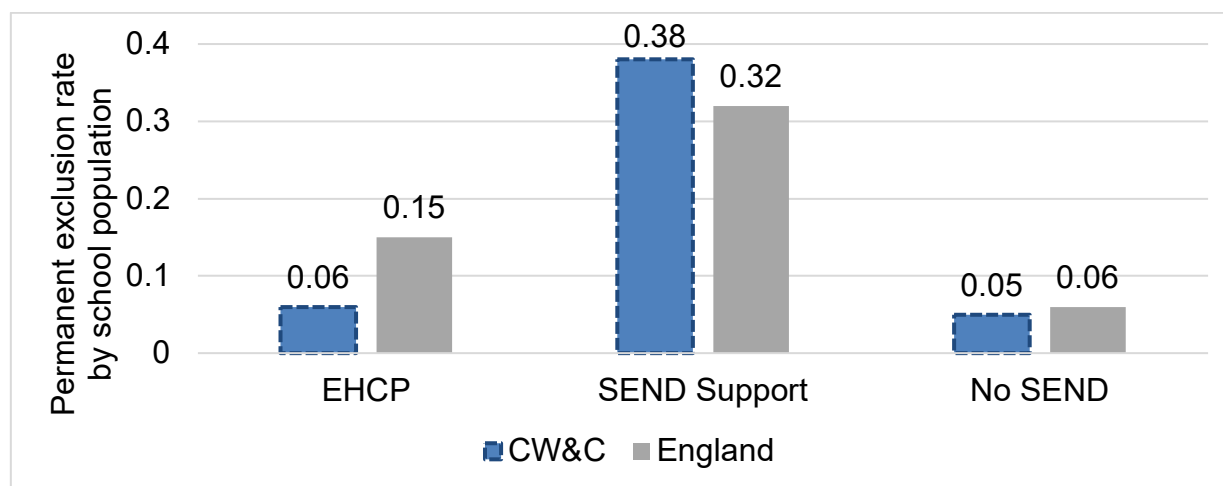


During 2018/19, the fixed term exclusion rate in CW&C was higher among SEND pupils, reflecting the national trend. However rates remained below the England average, considerably so for pupils with an EHCP.



Source: Academic Year 2018/19 Permanent and fixed-period exclusions in England, Department for Education

During 2018/19, the permanent exclusion rate in CW&C was also higher among SEND pupils. Rates for permanent exclusion were lower than the England average for pupils with an EHCP but are similar for pupils accessing SEND support.



Source: Academic Year 2018/19 Permanent and fixed-period exclusions in England, Department for Education



Between 2017/18 and 2018/19, CW&C saw an increase in the fixed term exclusion rate for both pupils with an EHCP and those accessing SEND support in contrast to a slight fall in rate for those with no identified SEN. Pupils accessing SEND support also saw an increase in the permanent exclusion rate, along with pupils with no identified SEN. EHCP pupils permanent exclusion rate remained the same.

	Fixed term exclusion rate		Permanent exclusion rate	
	2018/19	2017/18	2018/19	2017/18
EHCP pupils	8.57	5.3	0.06	0.06
SEND support pupils	13.55	11.8	0.38	0.25
Pupils no identified SEND	2.55	2.7	0.05	0.02

Source: Permanent and fixed-period exclusions in England, Department for Education

In Cheshire West, secondary provision for permanently excluded pupils is in the form of a Pupil Referral Unit (PRU) with premises in two locations in the Borough. Demand for Secondary PRU places remains high. There is currently no primary provision for permanently excluded pupils in the Borough. In order to access provision, primary aged pupils need to travel out of the area. Demand for primary PRU places is currently very low. In 2018/19 the Cheshire West PRU was full to capacity. Of the 54 pupils on roll at the end of the academic year 2018/2019, 59% had a special educational need. The majority of these were pupils were accessing SEND support. Five pupils had an EHCP and an EHP needs assessment was underway for a further five.

The Education Service has worked with Social Finance Ltd to produce an evidence-based response to managing exclusions (Maximising access to education: Cheshire West and Chester Council). The objectives of the programme achieved so far are:

- A qualitative and quantitative data analysis of local trends in exclusions and the excluded cohort of young people
- Identification of the factors in a child's life which may be indicative of them being at risk of exclusion or which serve as protection factors
- A better understanding of the associated costs of exclusion decisions.

The second phase of the programme commenced during summer 2020 with the aim of co-producing the local infrastructure and evidence-based interventions necessary to avert exclusions. This will concentrate on the cohorts of pupils who have been identified as being at higher risk of exclusion.

9.3 Post 16 outcomes

9.3.1 Post 16 destinations

In March 2021, 85.3% of 16/17-year-olds with an EHCP were participating in education and training compared to 89.2% nationally, this is a decrease in participation from March 2020. We are aware of the young people and have targeted interventions to support these young people.



LAs are required to track and submit information about young people up to the end of the academic year in which they have their 18th birthday i.e., academic age 16- and 17-year-olds.

March 2021 saw a drop in participation of 16/17 with an EHCP in CW&C compared to an increase in the national average. Those on SEND support remained stable with a higher proportion participating than the England average.

Participation in education and training	EHCP: % 16/17-year-olds participating		SEND support: % 16/17-year-olds participating		No SEND: % 16/17-year-olds	
	CW&C	England	CW&C	England	CW&C	England
March 2021	85.3%	89.2%	96.8%	87.7%	96.5%	93.9%
March 2020	89.1%	88.5%	96.3%	87.1%	96.4%	93.2%
March 2019	90.8%	88.6%	NA	NA	97.0%	92.9%
March 2018	87.8%	88.5%	NA	NA	96.5%	92.1%

Source: NEET and participation tables 2020, Department for Education

Note: SEND support is a new field added to 2020 data.

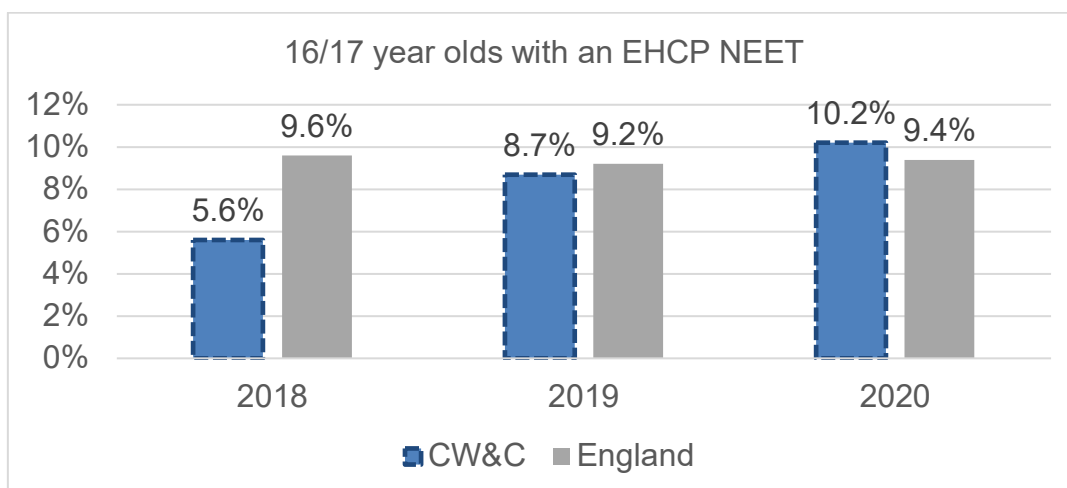
To understand those 'not in education, employment or training (NEET)', the Department of Education has taken an average of December 2019, January 2020 and February 2020. Data was not collected in CW&C for 16 and 17 years who received SEND support.

In CW&C, since 2018 there has been a year-on-year increase in young people aged 16 and 17 with an EHCP who NEET are, and figures are now higher than the England average. this is in comparison to figures remaining static for those young people with no SEND making the gap between those with SEND and no SEND bigger.

NEET has continued to increase in CW&C since 2018 for both those with SEND and those without SEND. For those with SEND, this is against the England average which has remained consistent.

NEET (average)	EHCP: % 16/17-year-olds NEET		No SEND: % 16/17-year-olds NEET	
	CW&C	England	CW&C	England
2021	12.1%	9.3%	3.7%	5.5%
2020	10.2%	9.4%	2.5%	5.0%
2019	8.7%	9.2%	2.4%	5.2%
2018	5.6%	9.6%	2.1%	5.9%

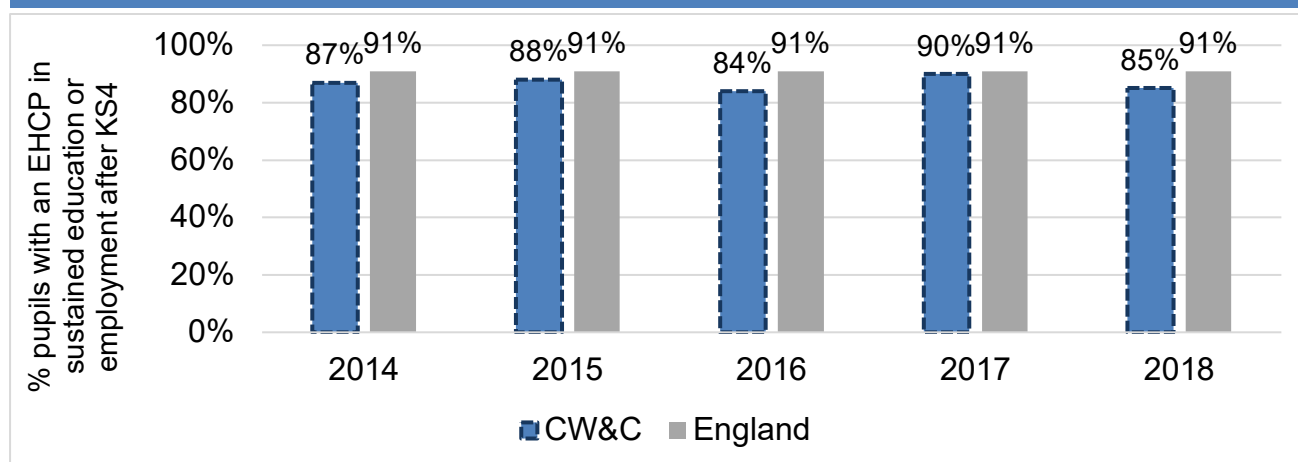
Source: NEET average, NEET and participation tables 2021, Department for Education



Source: NEET average Dec 2019, January 2019 and February 2020, NEET and participation tables 2020, Department for Education

Following key stage four (KS4), in 2018 85% of young people with an EHCP were going to, or remaining in, education, employment or training (EET). This is a decrease from 2017 (90%) and remains lower than the national average (91%).

The percentage of pupils with an EHCP in sustained education or employment after KS4 has been consistently below the England average.

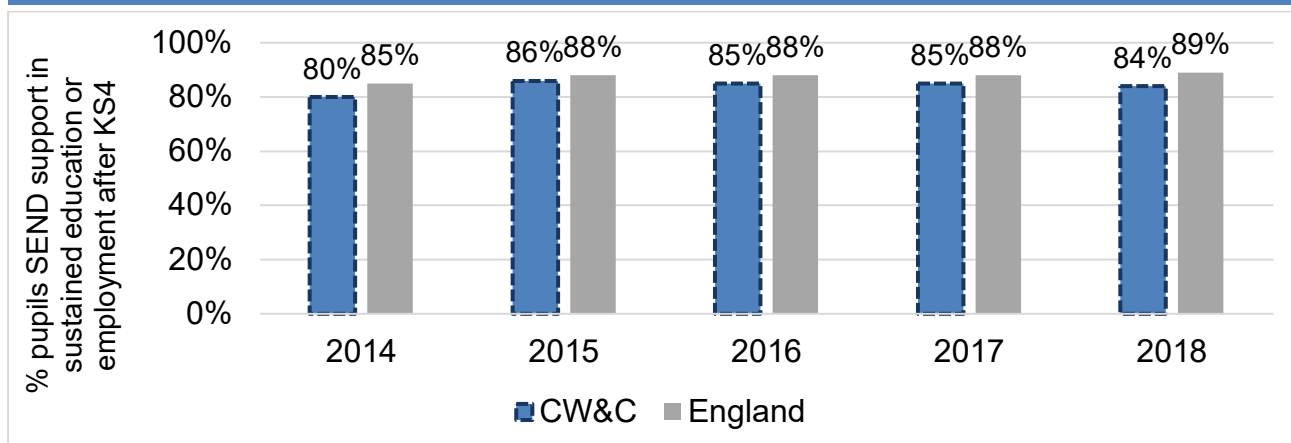


Source: Destinations of KS4 and 16 to 18 students: EHCP, Department for Education

For those pupils who received SEND support, 84% were going to, ore remaining in education, employment or training following KS4, a slight drop from 2017 (85%) and remaining lower than the national average (89%).



The percentage of pupils who received SEND support who were in sustained education or employment after KS4 has been consistently below the England average .



Source: Destinations of KS4 and 16 to 18 students: SEND support, Department for Education

94% of pupils with no identified SEND went on to sustained education or employment after KS4, meaning a 9-10 percentage point gap with pupils with SEND.

- Based on the performance data CW&C have established a Preparation for Adulthood Strategy, a Preparation for Adulthood Strategy Group and a number of subgroups including a governance group that provides oversight for the CW&C Supported Internship Programme
- CW&C have ambition to improve outcomes into employment with young people with SEND and this is reflected in the success measures identified in the Strategy.
- Although the impacts of Covid 19 during 2020 will not be reflected in the data included in this JSNA, it must be highlighted how the pandemic has and will continue to negatively affect education, training and employment for young people. LAs and partners work in to 2021 will be to understand these impacts and to put in place plans to support young people.

9.3.2 Post 16 qualifications

The proportion of 19-year-olds who had an EHCP qualified to level two (with maths and English) increased between 2018 and 2019 from 9.4% to 13.3%. However, there was a decrease of those qualified at level three from 14.1% in 2018 to 8.7% in 2019. Rates remain below the England average for both qualification levels.

Level two qualifications equate to achievement of five or more GCSEs at grades A*-C or a Level two vocational qualification of equivalent size.



The percentage of 19-year-olds qualified to level two in CW&C is slightly lower than the England average for both those with an EHCP and those who received SEND support. However, those with an EHCP saw a considerable increase between 2018 and 2019 narrowing the gap with the England average.

Qualified to level two	% 19-year-olds with an EHCP		% 19-year-olds who received SEND support		% 19-year-olds no identified SEND	
	CW&C	England	CW&C	England	CW&C	England
2019	13.3%	14.9%	34.3%	35.9%	78.2%	75.3%
2018	9.4%	14.8%	36.3%	35.1%	77.9%	75.5%
2017	14.3%	15.0%	36.9%	37.1%	79.4%	77.6%
2016	16.7%	15.3%	37.9%	37.1%	77.0%	78.2%
2015	10.3%	14.2%	36.8%	36.7%	78.0%	78.1%

Source: Qualified to level two, Attainment at 19 years, Department for Education

The percentage of 19-year-olds qualified to level three in CW&C who had received SEND support increased between 2018 and 2019 and is in line with the England average. However, there was a considerable decrease of those with an EHCP qualified to level three from 14.1% in 2018 to 8.7% in 2019 and is lower than the England average.

Qualified to level three	% 19-year-olds with an EHCP		% 19-year-olds who received SEND support		% 19-year-olds no identified SEND	
	CW&C	England	CW&C	England	CW&C	England
2019	8.7%	12.5%	30.6%	30.7%	64.9%	62.2%
2018	14.1%	13.2%	28.9%	30.8%	66.6%	63.1%
2017	10.2%	13.0%	34.4%	31.9%	67.6%	64.8%
2016	14.0%	13.7%	33.2%	31.2%	64.9%	64.9%
2015	10.9%	13.4%	31.8%	31.8%	69.3%	65.8%

Source: Qualified to level three, Attainment at 19 years, Department for Education

Whilst CW&C is not a direct commissioner of post 16 provision it actively discusses the level of provision across the Borough with our established College Network. With the aim of influencing delivery and meeting need.

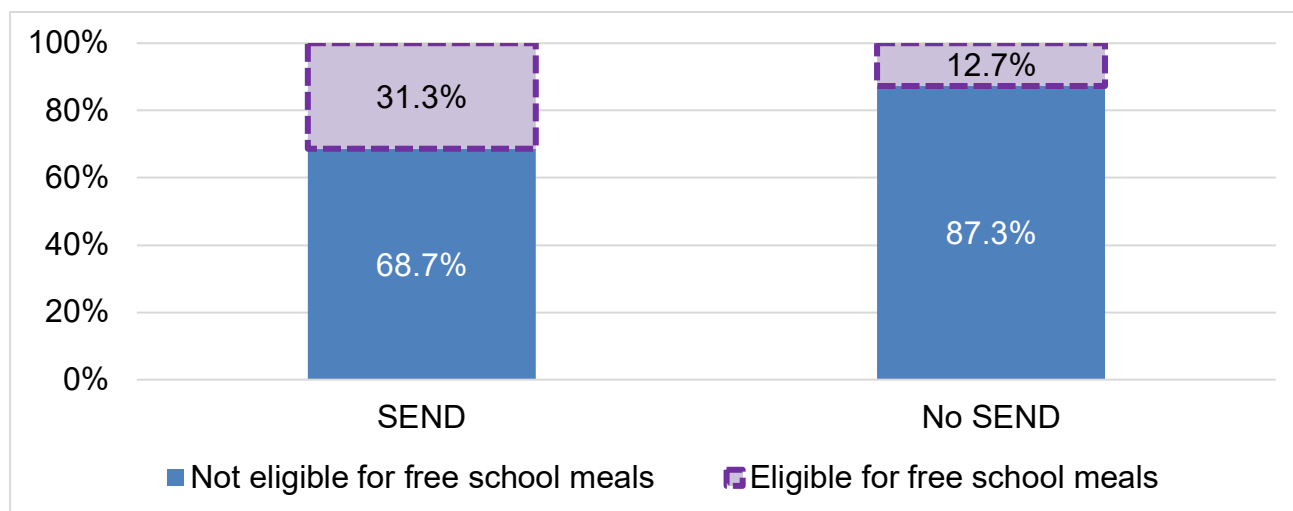
9.4 Disadvantage

Young people with a SEND are more likely to be in receipt of free schools meals. A greater proportion of pupils with SEND live in areas ranked within the most deprived neighbourhoods in England compared to those with no identified SEND.



Children and young people are eligible for free school meals (FSM) if a care giver is receiving benefits (such as income support, jobseekers allowance, employment and support allowance, support under the Immigration and Asylum Act, pension credit, child tax credit, universal credit). All children receive free school meals in reception class, year one and year two.

At January 2020, almost a third of pupils with SEND are eligible for free school meals (31.3%) compared to 12.7% of those with no identified SEND.

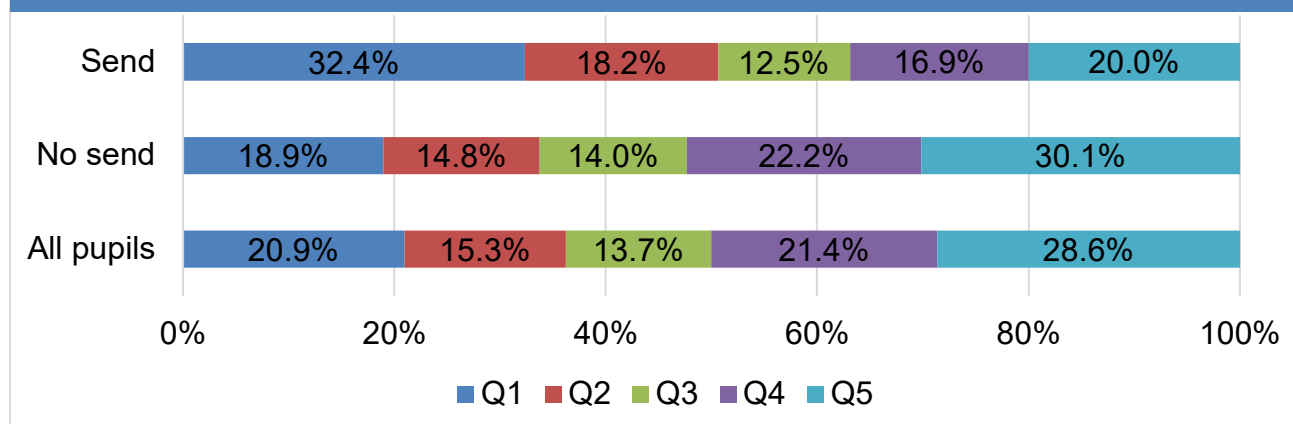


Note: Children in nursery, reception, and year one and year two have been excluded from the figures as they will all be in receipt of free school meals.

Source: School Census Jan 2020.

Of those with a SEND, pupils with an EHCP were more likely to be in receipt of free school meals than those accessing SEND Support, 36.5% compared to 29.6% respectively.

Almost a third of pupils with SEND (32.4%) live in CW&C neighbourhoods ranked within the 20% most deprived neighbourhoods in England (IMD Q1), this is 3,520 pupils. In comparison 18.9% of pupils with no identified SEND live in the most deprived neighbourhoods. Half of pupils with SEND live in IMD areas Q1 and Q2 (40% most deprived areas in England) compared to a third of pupils with no identified SEND.





Note: Q1 is the most deprived quintile and is the 20% most deprived neighbourhoods in England. Q5 is the most affluent quintile and is the 20% least deprived neighbourhoods in England. The data only includes pupils residing within Cheshire West and Chester and attending Cheshire West and Chester schools.

Source: School Census Jan 2020, Cheshire West and Chester Council. Indices of Multiple Deprivation, 2019.

17.3% of pupils with SEND live in a neighbourhood ranked within the 10% most deprived neighbourhoods in England, IMD decile 1, combined to 9.3% of pupils with no SEND.

IMD Decile	Pupils with SEND	Pupils with no SEND	All Pupils
1	17.4%	9.3%	10.5%
2	15.0%	9.7%	10.5%
3	12.3%	9.5%	9.9%
4	6.0%	5.3%	5.4%
5	6.0%	6.3%	6.3%
6	6.5%	7.6%	7.5%
7	9.5%	12.0%	11.7%
8	7.4%	10.2%	9.7%
9	9.4%	12.5%	12.1%
10	10.6%	17.6%	16.5%

Note: Q1 is the most deprived quintile and is the 20% most deprived neighbourhoods in England. Q5 is the most affluent quintile and is the 20% least deprived neighbourhoods in England. The data only includes pupils residing within Cheshire West and Chester and attending Cheshire West and Chester schools.

Source: School Census Jan 2020, Cheshire West and Chester Council. Indices of Multiple Deprivation, 2019.

10. Voice of families

10.1 Perceived gaps

The Live Well Cheshire West website was launched in January 2020 to replace the previous Local Offer website. A key aspect of the new site, (www.livewell.cheshirewestandchester.gov.uk), is to provide information about the services available to support families and children who are disabled or who have SEND. It has two key purposes:

- To provide clear, comprehensive, accessible and up to date information about available provision and how to access it



- To make provision more responsive to local needs and aspirations by directly involving disabled children and young people and those with SEND and their parents in its development and review.

A 'Perceived Gaps' report is produced and a 'Local Offer Annual Report' which shares examples of the ways we have worked together and actions we have taken in response to feedback received to improve the offer.

In 2019/20, feedback was received on perceived gaps that covered a range of themes. Childcare was the area that was highlighted most often in terms of perceived gaps. The table below highlights the areas with the most responses in terms of perceived gaps for caregivers.

Perceived gaps highlighted by caregivers in 2018/19
Childcare
Short breaks
Mental health

Source: Stakeholder feedback regarding perceived gaps in the Local Offer 2019-20, available from the Live Well Cheshire West website

Other areas that were highlighted and are captured within the report include parenting, housing, health provision, loneliness and isolation, support for those whose first language is not English, youth provision and activities for young people.

10.2 Parent, Carer Forum

The Parent, Carer Forum (PCF) is a key partner organisation who is involved in influencing decisions about services provided for children and young people with special educational needs and/ or disability from aged 0-25 years.

Parent/ carers are represented on various strategic groups including the SEND Strategy Group; SEND Joint Commissioning Group; Learning Disability Partnership Board (along with its subgroups); Local Offer Group; and the Information, Advice and Support Service Advisory Group. Parent/ Carers also are involved in various activities including consultation, co-production and engagement. Over the 12-month period to June 2019 the PCF have been involved in the following:

Activity	Involvement
SEND Strategy Group	Engagement
SEND Joint Commissioning Group	Engagement
SEND Early Years' Service Strategy	Consultation
0-25 SEND descriptors	Engagement
Banding Criteria Process	Consultation



Post 16 Banding Criteria	Co-production of criteria
High Needs Block Review	Co-production
EHCP Quality Control	Engagement
EHC Hub	Consultation
New Ways of Working Strategic Sub Project	Engagement
Learning Disability Partnership Board (LDPB)	Engagement
LDPB – Employment sub-group	Engagement
Information, Advice and Support Service	Co-production
Transition to Adulthood work stream	Co-design
Live Well	Co-design and co-production
ASD Pathway	Consultation – work in progress to co-design and co-production
Short Breaks	Engagement moving to co-design

10.3 Information Advisory Support Service (IAS)

The IAS Service works with children, young people and care givers to ensure involvement in service improvement and development. During 2020/2021 and up to October 21, the following took place (this is not an exhaustive list):

- IAS Service Advisory Group has a Parent Carer Forum representative and service user representative. The group oversees the work of the IAS Service and has included the co-production of the National Programme bids for funding and resulting two-year action plan which is monitored by that Group.
- The Preparing for Adulthood conference has been running for a number of years and the programme was put together in partnership with Parents/Carers and many Professionals. It is well attended; the October 2021 event was held virtually over two days (4 and 5 October) with over 100 attendees who have children and young people in year nine upwards. The conference included virtual presentations, information and a virtual marketplace about service and support available. The conference was recorded and will be available on Live Well for those who were either unable to attend or who wish to revisit and presentation/information.
- The IAS Service have continued to work with year nine pupils to enable them to feel more confident about taking part in their annual review. Learning from the pilot has been collated and this will be rolled out across secondary schools.
- As part of the EHCP annual review work the IAS Service are also planning to roll out the learning from the year 9 project across years 10 and 11. This contributes to the Preparing for Adulthood work.
- The new SEND Information, Advice & Support Service Website (currently in development and live by Dec 2021) will give Parents/Carers, Children and Young People the opportunity to access the service in a more flexible and accessible way.



Virtual webinars and online question & answer sessions will be available. It will also give service users the opportunity to feedback and shape the service moving forward.

- Since September 2019 to October 2021 IAS Service has supported more families than during previous years. The complexity of cases has also increased during the same time period particularly for Level 4 (e.g., tribunals) and Level 3 (e.g., exclusions) cases which have increased exponentially over the past 18 months.

To improve co-production 2018/19 saw the development of the Co-production Strategy and a Self-Evaluation (SEF) Tool. Both were informed by the Parent Carer Forum. Good practice and feedback is also discussed at the Special Educational Needs and Disability Strategy Group. During the Spring/Summer of 2020 IASS worked alongside the PCF to facilitate a survey to all Parents/Carers to ascertain how the current situation has affected their children/Young People.

The new SEN Hub went live in Autumn 2019 and is in direct response to caregivers raising issues about communication and information sharing, particularly around the EHCP process. The hub has allowed caregivers to log on and access the latest reports related to their child. The IAS Service has helped many care givers and Young people in their own right to access and utilise this facility directly.

Sign off	Sign off date
SEND Practice Improvement Meeting	02/11/2021