Children and Young People with Special Educational Needs (SEND) and/or Disability

Joint Strategic Needs Assessment

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Please note

All data relating to EHCP/Statement pupils and those receiving SEN Support is based on information received during the January 2017 School Census and data extracted from the Thurrock Synergy Information System at the end of the 2016/17 academic year. All data will be updated following the January 2019 School Census and at the end of the 2018/19 academic year.

Contents

1 Executive Summary

1.1 Key Findings and Recommendations

Key Areas	Key Findings	Recommendation
What are the characteristics of CYP with SEND?	• The prevalence of SEND in Thurrock is rising in line with national rates. Thurrock expects a rise in the number of children with SEND from **3882** to **4619** and **5256** in 2024 and 2037 respectively. • SEND is more prevalent in males than females; more boys are likely to be on SEN support than girls. It is unclear why boys are more likely to have SEND than girls but some explanation include misdiagnosis in girls as a result of play styles e.g. autism potentially under-represented. However, some primary needs are more prevalent in girls; for example profound learning difficulty. • Thurrock has a higher proportion of pupils with Moderate Learning Difficulty, in its primary, secondary and special schools than the national and Statistical Neighbours proportions. Moderate Learning Difficulty is the most common primary need in secondary schools, while ASD is the most common primary need within special schools. This increase will impact on special school provision	• Make a strategic decision for greater collaboration between the local authority, the CCG and schools. • Develop and **implement a SEND strategy with** clear vision, themes and priorities. • **Improve local data collection and synchronisation of data systems**. Predicted increases in the number of children and young people with SEND included within this JSNA is an extremely simple estimate using national evidence. To begin to accurately predict the demand for SEND need and provision irregularities within existing Children's Services data need to be addressed by the lead for data and intelligence within Children's Services.
How well are SEND pupils in Thurrock doing to achieve a full potential?	• SEND pupils on a statement/EHC plan achieved better educational outcomes than their peers nationally and in comparator local authorities. This was noticed in early years, Key Stage 2 and Key Stage 4. Good educational attainment was not observed in pupils without a statement. • The level of attainment at age 19 in Thurrock was below other areas for pupil on a statement/EHC plan.	**Further develop and improve SEND operational areas of work;** • Continue to develop and improve Thurrock's Local Offer. This should be done in collaboration with children, young, parents and carers. This includes ensuring personalisation of the service offer for families to improve choice, ensuring EHC plans are co-produced within recommended timelines.

	• More than half of exclusions between 2013 and 2016 were of children with SEND. • Children with SEN are less likely to remain in Education, Employment or Training than those with no identified SEN in which 5% were NEET. However 9% of Statement/EHC pupils were NEET and 8% of SEN Support pupils in Thurrock were NEET, highlighting the poorer outcomes for these pupils	• A deep dive on SEND case files by the SEND team to explore whether transitional arrangements are being met according to guidance ie. conversion of statement EHC plans as well as transition between services for example, children to adult services. • Raise educational achievement of children and young people with SEND through early identification of need, appropriate intervention and effective monitoring of progress towards challenging target.
What are we doing for children young people with SEND and their families in Thurrock?	**There are a ranges of offers for children and young people with SEND and their families in Thurrock spanning different age-groups – ranging from pre-school and school age to transition from childhood into adulthood. Thurrock has two outstanding special schools which is quite sort after .** **Commissioning of offer in Thurrock is not as co-ordinated as it can be. An Integrated Commissioning Strategy for Children incorporating joint commissioning arrangements between different services for children most especially Speech and Language Therapy is a way of ensuring accountability, economies of scale and better outcomes for children with SEND are achieved.** **Short Break – Evidence suggest that short breaks consistently demonstrate positive impacts on carers, their children and the family as a whole. Most beneficial short breaks are those that offer something/benefit all family members. We calculated potential savings that could be made following evidence to account for all (66), half (33) and a third (22) of LAC children with SEN being prevented from entering into the care system.**	• A cross-cutting service review on transition from child to adult services to identify issues, challenges and areas of focus. • Invest in more sufficiently tailored short-break provision as part of a preventative service offer. Evidence suggests that personalised short-break provision has been effective in supporting children, young people and their families. • Develop a joint commissioning approach for SEND with a primary focus on therapies to address the increased demand. More specifically, an exercise to benchmark the Speech and Language Therapy provision against national guidance should be undertaken, alongside exploration of the current provision and a health equity audit.

***** Please see the recommendation section at the end of this report for further details.**

2 List of Abbreviations

ASD – Autism Spectrum Disorder
ADHD – Attention Deficit Hyperactive Disorder
CBT – Cognitive Behavioural Therapy
EYFS – Early Years Foundation Stage
EHCP – Education Health and Care Plan
DfE – Department for Education
DLA – Disability Living Allowance
GLD – Good level of development
JSNA – Joint Strategic Needs Assessment
MLD – Multiple Learning Disorder
SENCo – Special Educational Needs Coordinator
SEND – Special Educational Needs and Disabilities
SEND – Special Educational Needs
SHMA – Strategic Housing Market Assessment
YOS – Youth Offending Service

3 Background

In 2017 there were 1.24 million children living in England who had Special Educational Needs and Disability (SEND). This accounts for nearly a quarter (14.4%) of the total population of children and young people (CYP) (1). This has been a decrease in the percentage of children identified as having SEND reported in 2014 (17.9%) (2). This decrease may be due to continuously developing methods for identification and diagnosis of those with SEND from those who do not have SEND. Additionally, it may in part relate to the Ofsted review which identified that a ¼ of children identified as having SEN and half of the children at School Action did in fact not have SEN (3). SEND is quite a broad term that encompasses a range of disabilities, disorders and difficulties. Disabilities such as physical impairments may be relatively straightforward to identify while others are less obvious and sometimes are contested, making identification quite problematic in some cases.

The Joint Strategic Needs Assessment (JSNA) plays a significant role in enabling partners to understand and determine shared priorities for improving the health and wellbeing of a particular population through the Health and Wellbeing Board. This JSNA will support the Thurrock Health and Wellbeing Strategy goal of creating 'Opportunity for All' for children and young people with SEND in Thurrock by ensuring they flourish and achieve their full potential in life (4). It will look to understand and demonstrate the different considerations relevant to Children and Young People with SEND in Thurrock aged 0 – 25 by providing a comprehensive evidence and data analysis of the education, social care, health and wellbeing of this group of children. From this the intention is to inform and enhance any planned service transformation and work programme for SEND children and their families.

On the one hand, this JSNA is a key process to responding to some questions posed within this product and aims to fulfil the following objectives;

- Understand the health and wellbeing needs of children with SEND and/or disability;
- Understanding the current demand for services and project future need where possible;
- Provide an evidence base to inform service planning, commissioning processes and be a source of information for a SEND;
- Make recommendations to improve provision

On the other hand, in line with SEND reforms, joint local area inspections will take place across local authorities to evaluate the effectiveness of local areas in identifying children and young people who have special educational needs and/or disabilities. The inspection also intends to support and assist local areas in improving and developing their processes and support systems to effectively deliver better outcomes for children and young people. Thurrock is expecting an inspection imminently and this JSNA will support by providing some evidence needed to appropriately evaluate how Thurrock is fulfilling its statutory

SEND Definition

SEND is a broad term and covers a range of needs including behavioural, emotional and social difficulties, autism spectrum disorders and specific learning difficulties such as dyslexia. The Department for Education's definition in England encompasses all children or young people from birth up to the age of 25 who have;

> 'significantly greater difficulty in learning than the majority of others of the same age, or a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.' (Department for Education and Department for Health, 201, p16).

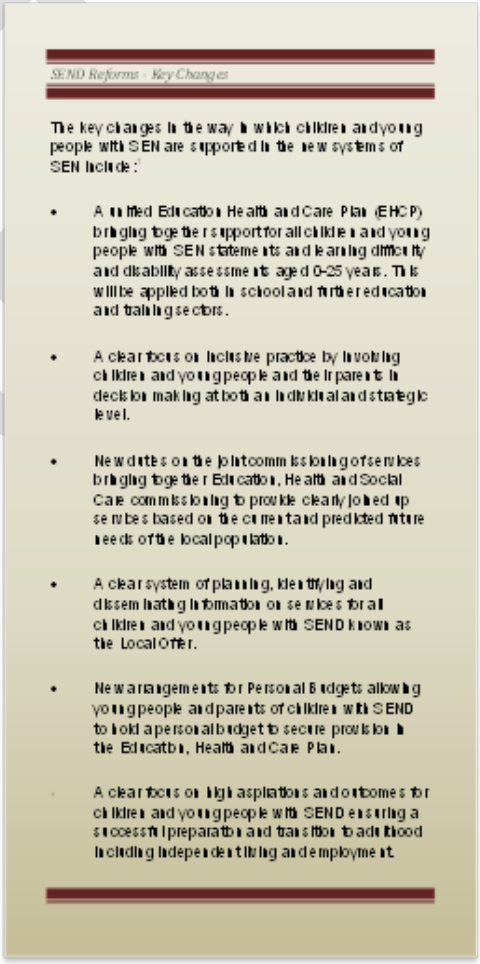
responsibilities for children and young people with SEND by providing an overall understanding of need, outcomes and service provision.

The scope of this JSNA provides a comprehensive analysis of data and evidence on SEND using current literature and statistics. Firstly, it will consider the characteristics of children with SEND – looking at prevalence and trends where possible. It will further explore the risk factors and outcomes experienced by children with SEND. The last section will consider what the local authority is doing to meet the needs of children and young people and their families. It will make both strategic and operational recommendations to influence and improve practice, inform the local offer and improve evidence-based planning and provision. Above all, these considerations will ensure improved educational, health and social care outcomes for children with SEND.

3.1 National Picture

In 2017, Pinney reported a one fifth decrease in the number of children with SEN in schools across England in 2016 (5). However, the 2017 school census has seen a rise in the number of SEND children nationally. In England, the number of children with SEND has increased from 1,228,785 in January 2016 to 1,244,255 in January 2017; however the rate remains stable at 14% (6).
Evidence suggests (5)there are 73,000 children of School-age (broadly 5 – 16 years) with complex needs which are made up of;

- 10,900 children with profound and multiple learning difficulties
- 32,300 children with severe learning difficulties
- 27,500 children with autistic spectrum disorders in special schools
- 2,300 children with multi-sensory impairments.


SEND Reforms - Key Changes

The key changes in the way in which children and young people with SEN are supported in the new systems of SEN include:

- A unified Education Health and Care Plan (EHCP) bringing together support for all children and young people with SEN statements and learning difficulty and disability assessments aged 0-25 years. This will be applied both in school and further education and training sectors.
- A clear focus on inclusive practice by involving children and young people and their parents in decision making at both an individual and strategic level.
- New duties on the joint commissioning of services bringing together Education, Health and Social Care commissioning to provide clearly joined up services based on the current and predicted future needs of the local population.
- A clear system of planning, identifying and disseminating information on services for all children and young people with SEND known as the Local Offer.
- New arrangements for Personal Budgets allowing young people and parents of children with SEND to hold a personal budget to secure provision in the Education, Health and Care Plan.
- A clear focus on high aspirations and outcomes for children and young people with SEND ensuring a successful preparation and transition to adulthood including independent living and employment.

The Children and Families Act 2014 (7) introduced major reforms to the way local authorities and its partners support children and young people with SEND. The national SEND reforms of 2014 created new legal requirements for local authorities, the NHS and others to consider SEND across the age range from birth to 25 years. It also required local authorities to provide all children with SEND access to integrated provision through Education, Health and Care (EHC) Plans. The Act was followed by a SEND Code of Practice published in 2015 (8)which focused on children, young people and carers driving the EHC plans, coupled with joined-up priorities between partners in achieving good outcomes for children and their families. A summary of the new arrangements can be found in the text box above.

Shaw et al (9) refers to SEND being identified and assessed in different ways, with some more easily identifiable than others. Disabilities are usually identified by a medical professional (possibly a

paediatrician), and involve 'a physical or mental impairment which has a substantial and long-term adverse effect on a child's ability to carry out normal day-to-day activities' (10).

In contrast, 'SEN' is quite a fluid concept and children may move in or out of categories of SEN over the course of their school lives. Accordingly, teacher perception plays an important role in determining whether a pupil is eligible for extra support. Some SEN are identified by medical experts (paediatrician) or child psychologists (for example, ADHD and dyslexia), while others are identified by teachers within the child's school (for example, SEN with some social, emotional and mental health aspects).

Consequently, a child or young person with SEND needs extra support if they find it harder to learn than the majority of their peers; hence they are currently categorised as needing some or all of the following interventions (11) , (2), (12), (13), (14), (15) .

Terminology

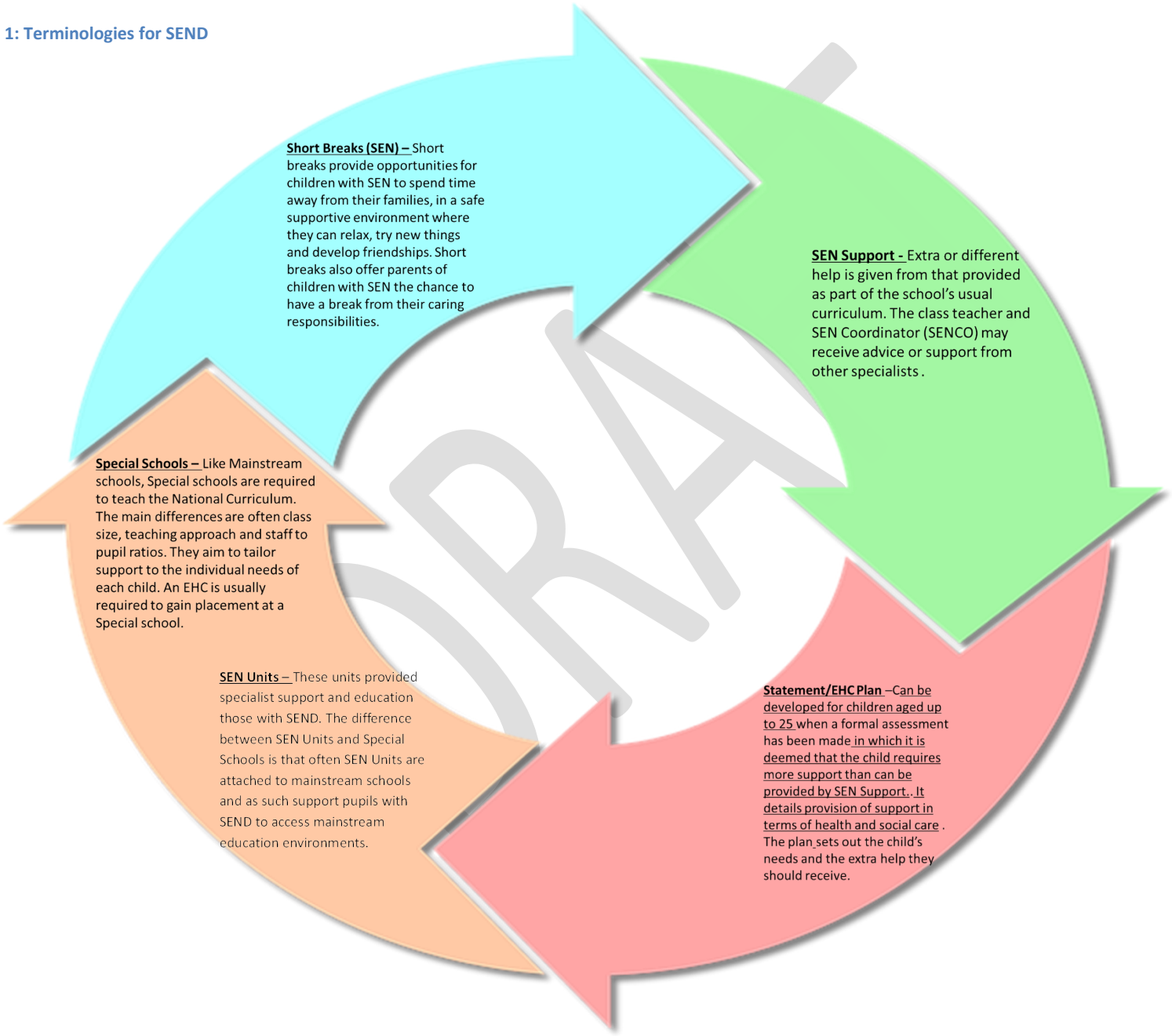
This JSNA document uses interchangeably the terms 'children', 'pupils' and 'young people' with SEN – because it is covering a wide age range from 0 – 25 and discussing educational and social care needs both within the school and in their lives outside of school. This JSNA document also refers to a range of sources which use different terms.

Likewise, this document may use 'parents' to include 'carers' and 'families'.

Sometimes children with SEN will also be disabled, which can be indicated with the acronym 'SEND'. This JSNA document refers to 'SEN' since this is the term used in National Statistics and data collection. Most of the issues identified in the document will apply equally to disabled children and it should be read as such. Where there is a difference it will clearly be indicated.

Finally, while data and analysis in this document may refer to 'children with SEN' or display general trends in data, there is no intention to claim that all children with SEN form one common group with exactly the same needs. There are national patterns outlined where necessary, but this document also seeks to highlight the wide spectrum of special educational needs, local variation in the identification of SEN and the fact that every child has certain needs to be met.

Figure 1: Terminologies for SEND



4 Local Strategic Picture - How many SEND Children and Young People are in Thurrock?

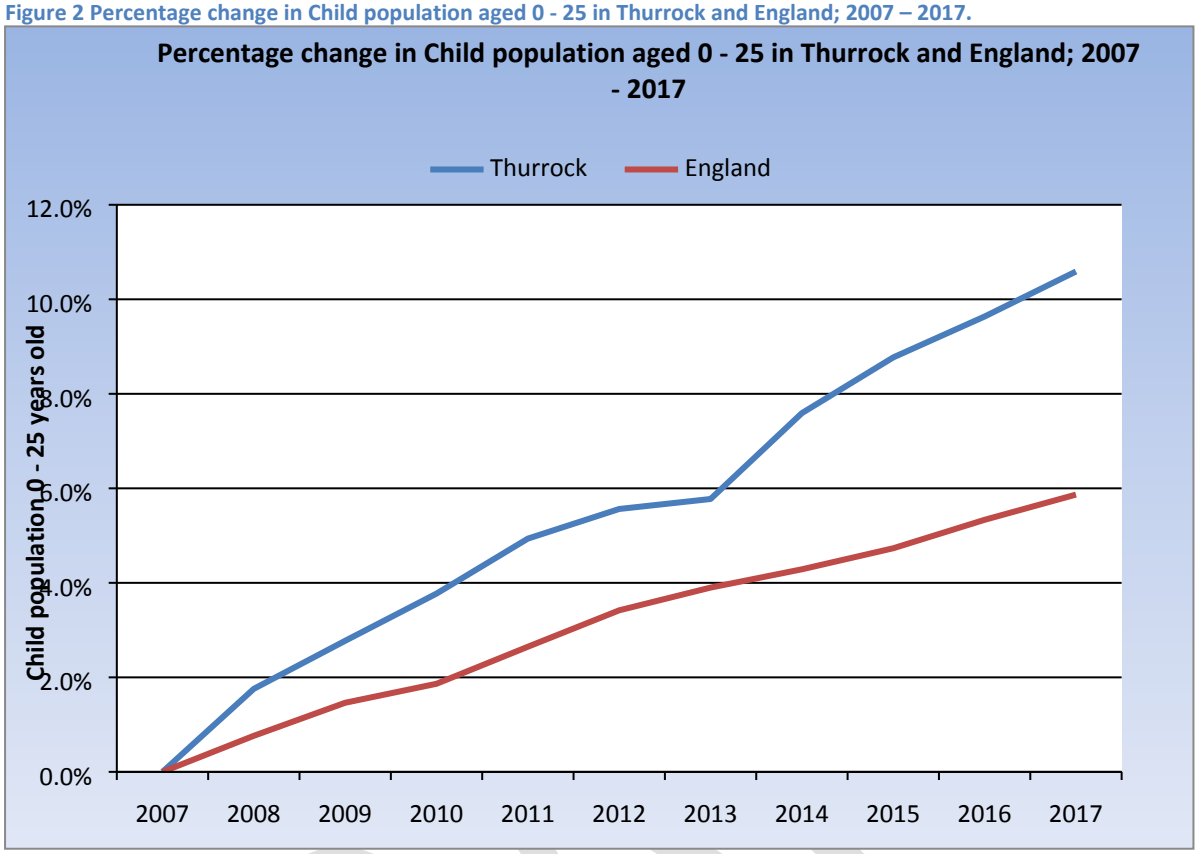
The Thurrock Health and Wellbeing Strategy set out goals and objectives which influence the health and wellbeing of all residents in Thurrock including children and young people with SEND.

There are **27,784** children on the school roll (School Census 2017 - he School Census is a statutory data collection for all maintained nursery, primary, secondary, middle-deemed primary, middle-deemed secondary, local authority maintained, special and non-maintained special schools, academies including free schools, studio schools and university technical colleges and city technology colleges in England.).

There are **3,882 (13.97%)** children and young on the school roll with SEND. Of those children with SEND **2899 (10.4%)** qualify for SEN support and **983 (3.5%)** are on an Education, Health and Care Plan (EHC – Plan).

Children and young people aged 0 - 25 make up **34.1% (56,959)** of the population of Thurrock. The child population aged 0 – 25 in Thurrock has been on the rise in the last decade (10.6% from 2007) which is double the rate of increase in England (5.9%). This trend is expected to continue over the next decade with the child population (0 – 25) projected to increase to 62,427 (9.2%) by 2027 from the 2016 mid-year estimate. Further details on the child population in Thurrock can be found in the Children and Young People's JSNA published in 2015 and updated annually to 2017 (16).

Figure 2 Percentage change in Child population aged 0 - 25 in Thurrock and England; 2007 – 2017.

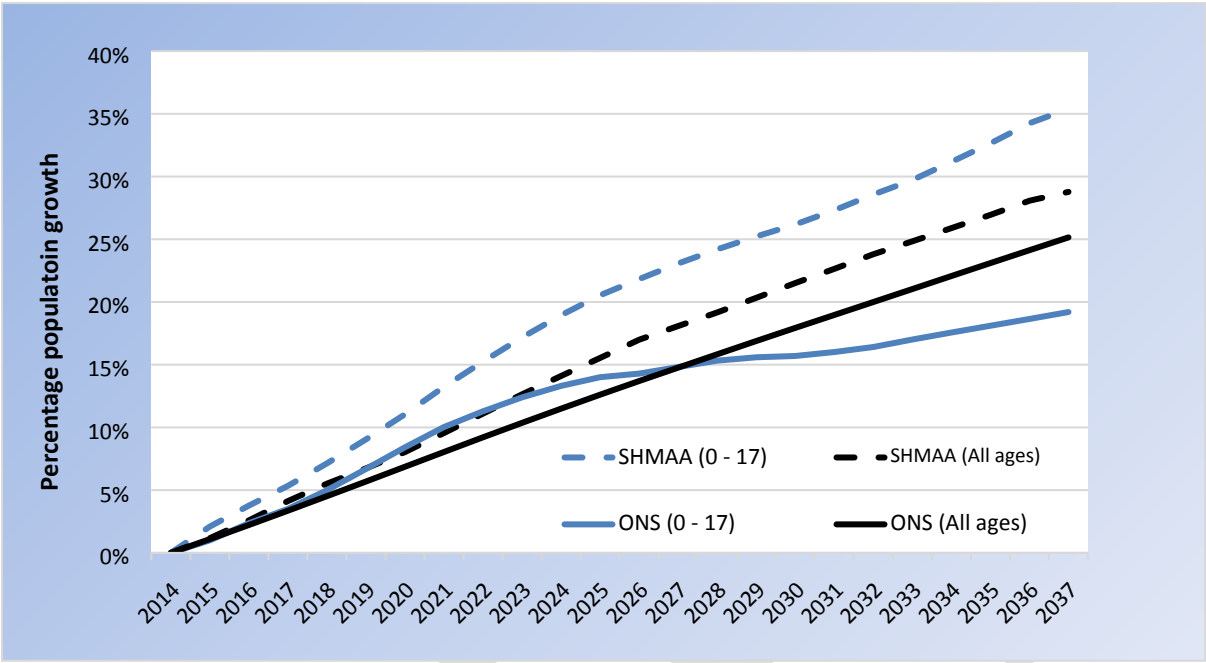


Source: ONS 2014 population projections

Alongside increases in the child population in Thurrock there is expected to be a rapid economic and housing growth over the next decade. It is expected that the population of children aged 0 – 25 will rapidly increase as a result. It is highly likely, therefore, that the SEND population in Thurrock will grow. In order to account for this expected population growth, the local Strategic Housing Market Assessment (SHMA) population projections take into account the high levels of job and housing growth expected to take place in Thurrock in the coming years to provide a more realistic forecast of population growth than the standard Office for National Statistics (ONS) forecasts.

Figure 2 above shows that the child (0-17) population has been increasing in Thurrock at a much faster rate compared to the national average. This higher rate of growth is expected to continue in the future in part due to the high level of economic and housing development currently taking place (17) – see Figure 3 below. There will therefore, be a proportionate increase in the numbers of SEND in Thurrock, even if the prevalence of SEND remains constant. This increase is also primarily driven by advances in healthcare, notable survival rate of preterm babies and increased life expectancy of children with congenital defects. Equally, children and young people with a range of disabilities, complex health needs and severe health problems are living longer, surviving into later childhood and even adulthood. Hence, this contributes to the expected rise in the prevalence of children and young people with SEND. Moreover, it is likely that the complexity of SEND needs will increase in the future, though this is hard to project accurately.

Figure 3 Strategic Housing Market Assessment Population Forecast - Percentage Population growth



These projections demonstrated that from the baseline year of 2014 the child population (0 – 17) will grow by 19 % by 2024 and 35.4% by 2037. By comparison, the child population of England is projected to grow by just 13.3% by 2024 and 19.2% by 2037 around half the rate of growth expected in Thurrock over the next 20 years.[1] Applying this to the SEND population (3,882) we expect to have an extra **737** and **1374** number of children with SEND by 2024 and 2037 respectively. To enhance this projection and accurately begin to estimate the number of children and young people with SEND further work is needed to begin to quantify the impact of the long term trend in the rising rates of SEND.

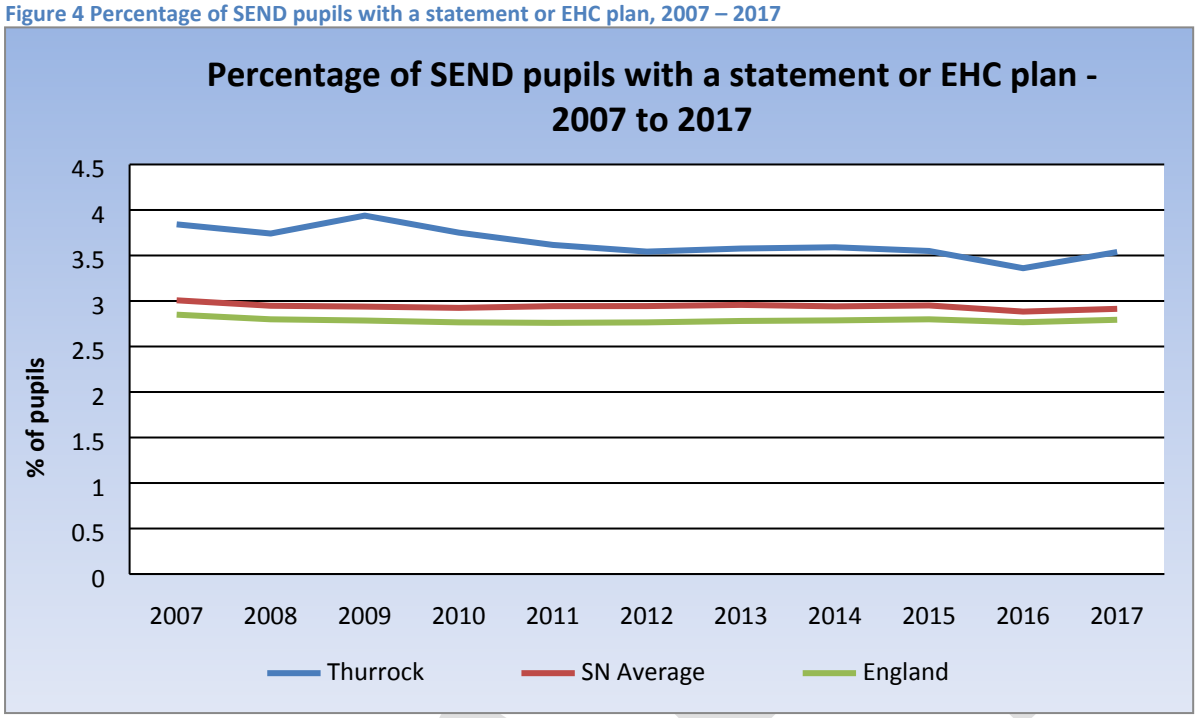
Data Warning!

The child population projections from SHMA covers children and young people from 0 – 17. The legal definition of SEND covers children and young people up to age 25. Therefore, the projected number of children expected to have SEND in 2024 and 2037 is likely to be under-estimated.

However, we know that the rate of SEND in the population is rising due to decreasing trend in mortality rate and advances in medical intervention meaning children are living longer with complex needs and as such are likely to need more support..

There are **2899** children with SEN support but without a statement in Thurrock. Overall, Thurrock has a higher proportion of pupils supported through a statement or EHC plan over the last decade than the SN and England averages. The proportion of Thurrock pupils with SEN requiring specialist support provided through a statement or an EHC plan as of January 2017 is **3.54% (983)** with a slight decrease in 2015/2016 which might be reflective of the major reforms introduced under the Children and Families Act 2014. This is higher than both the national average (2.8%) and statistical neighbours (2.91%) averages. Although the proportion of children supported through a statement of EHC plan is higher than comparator groups, Thurrock is expected to maintain **1,378** EHC plans by March 2018.

Figure 4 Percentage of SEND pupils with a statement or EHC plan, 2007 – 2017



Source: Department for Education, 2017

The increase is also reflected in the number of school children with a Statement or EHC plan although a slight decrease in numbers can be seen between 2015 and 2016. This slight decrease might have been driven by the SEND reforms (See section 3.1 - National Picture) and criticisms by Ofsted (Ofsted SEND Review, 2015) that schools were identifying more children as having SEND which reflected an over-representation of SEND.

Table 1: Number of children with a Statement/EHC Plan and of the % of annual change, 2007-2017.

	2007	2008	2009	2010	2011	2012	2013	2014	*2015	2016	2017
Number of children with a Statement/EHC Plan	887	866	917	876	857	863	895	918	934	908	983
% annual change		-2.4%	5.9%	-4.5%	-2.2%	0.7%	3.7%	2.6%	1.7%	-2.8%	8.3%

Source…….The * indicates the year that EHC Plans were introduced.

The number of children with SEND but without a Statement has decreased over time, from a peak of 5,054 in 2010 to 2,899 in 2017. The largest decrease when viewed as a proportion of pupils can be seen between 2014 and 2015 (17.5% decrease). This coincided with the SEND reforms which might in part explain this finding.

Table 2: Number of pupils with SEN without statements/with SEN support and the % annual change, 2009-2017.

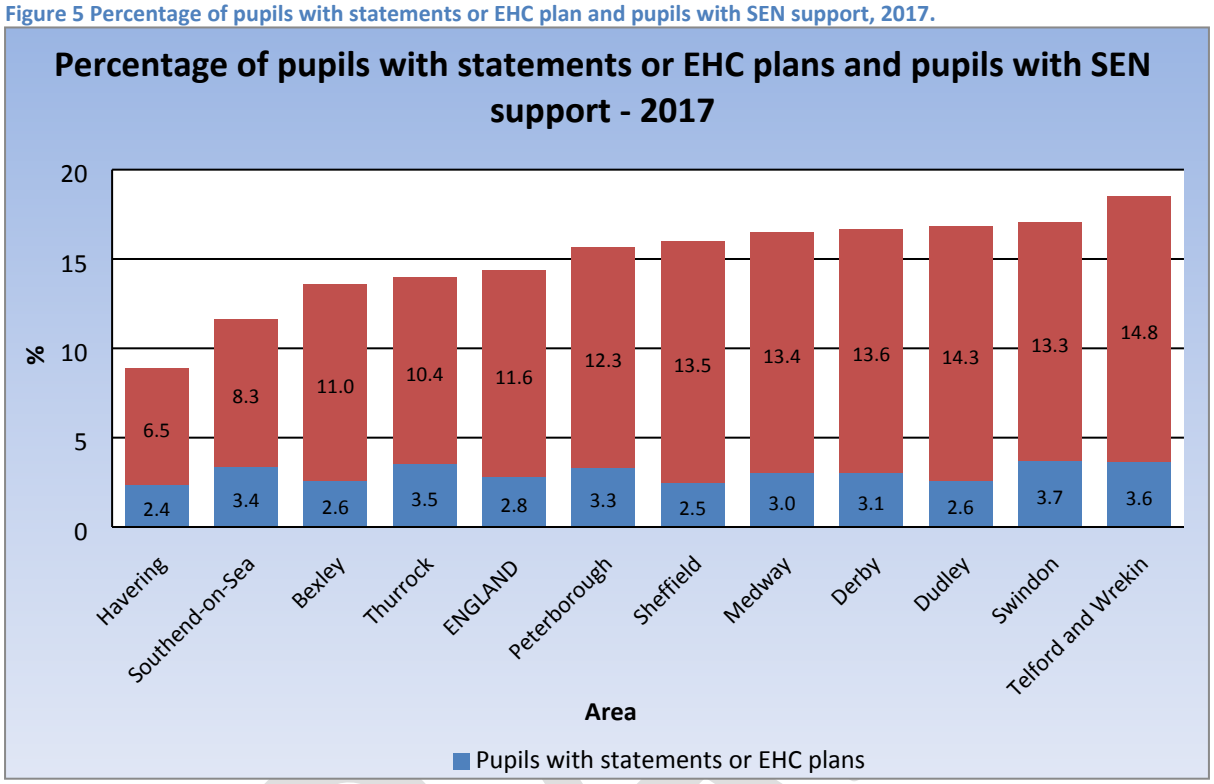
	2009	2010	2011	2012	2013	2014	*2015	2016	2017
Pupils with SEN without statements/with SEN Support	4996	5054	4828	4392	4006	3680	3037	2811	2899
% annual change	n/a	1.2%	-4.5%	-9.0%	-8.8%	-8.1%	-17.5%	-7.4%	3.1%

The * indicates the year SEN Support was introduced.

Whilst Thurrock's proportion of pupils with Statements or EHC Plans is higher than both England and the majority of its Statistical Neighbours, it can be seen from the figure below that the proportion of

pupils accessing SEN Support is in the middle of the group. This indicates that the proportion of pupils with Statements/EHC plans or SEN Support is comparable with other areas.

Figure 5 Percentage of pupils with statements or EHC plan and pupils with SEN support, 2017.



Source: Department for Education, 2017

5 What are the characteristics of Children and Young People with Special Educational Need and/or Disability in Thurrock?

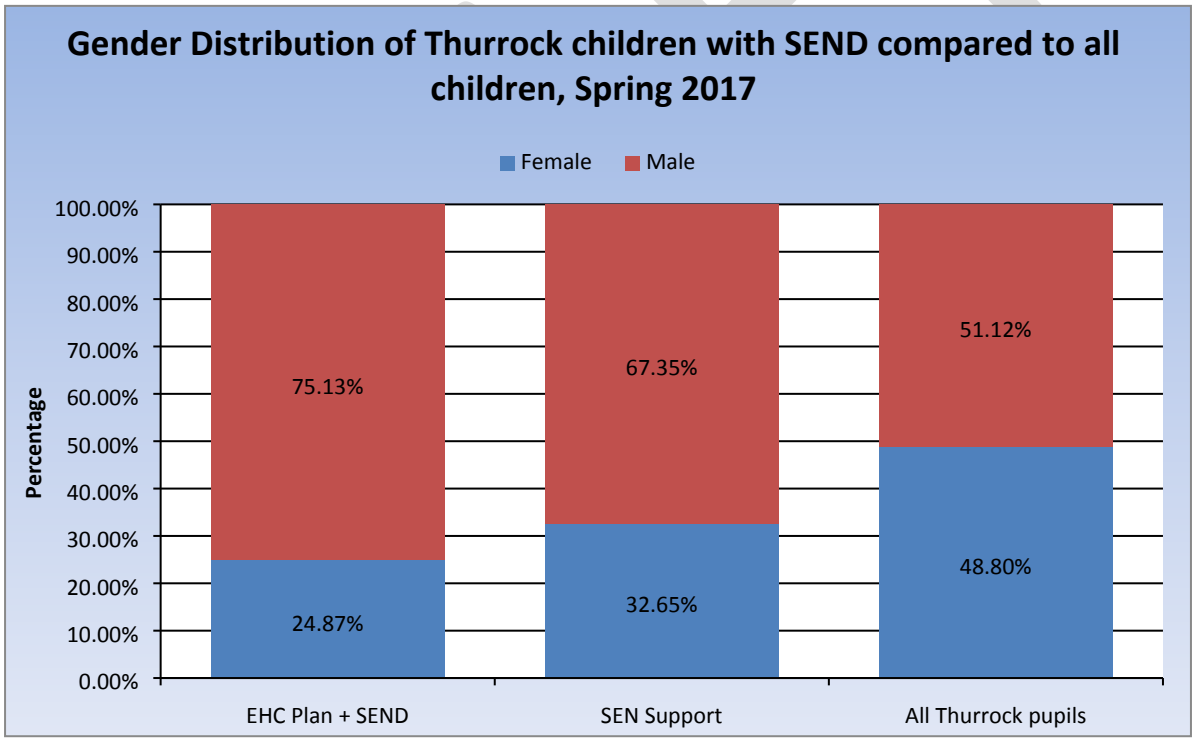
5.1 Prevalence of SEN in Thurrock

In Thurrock, of the 27,784 school-aged children, **3,882** (13.97%; January 2017) have SEND. This is in an increase from the number of children with SEND in January 2016 – 1960 (11.3%) out of a total of 17,332 pupils. The population increase during this year should be noted and taken into account in terms of the change in number of pupils with SEND. The sections below illustrate some of the characteristics of SEND children. The number of children and young people with SEND could be under-represented from the figures presented above. Gypsy, Romany and Traveller (GRT) children are more likely to have SEND than other pupils as well as being more likely to be excluded than the rest of the school population (18). Furthermore, in recent years more pupils with SEND, particularly those with Autism are home-schooled. One study that explored parent's views (27 in total) on their decision to home-school their children largely related to 'bad' experiences that their children had had whilst in school and where parents felt that their child's needs could not be met by the school. A large portion of the children were in mainstream school at the time the decision to home-school was made. Additionally, just under half (48%) of the children of the parent respondents were diagnosed with autism (19). In 2018 there are 158 children who either were Children in Need (CIN), (112), Children subject to child protection plans (CPP) (19) or children who are looked after (27).

5.2 SEND and Gender

Nationally SEND remains more prevalent in boys than girls (7). The School Census return provides a detailed breakdown of all pupils with SEND in Thurrock schools. These numbers include both children who reside in and out of Thurrock if they attend a Thurrock school. Of the 3882 school children with SEND, 75.5% are males and 24.5% are females. There are 67.4 % of boys receiving SEN support compared to 32.7 % of girls (Figure 6 below). It is unclear why boys are more likely to be receiving SEN support than girls but may relate to the number of genetic conditions which are more common in boys (20). There is also evidence to suggest that girls' needs may go unrecognised as they tend to exhibit less typical and intrusive behaviours in response to their difficulties (21). In addition, evidence suggests that there is an under-diagnosis of some primary types of need such as autism spectrum disorder in girls. Theories to explain the gender split include for the differences in terms of their special interests which are often more age appropriate e.g. dolls, make-up etc… and therefore, camouflage the autism. It may also relate to the fact that girls tend to find socialising easier than boys and more general exaggerations of gender differences (22).

Figure 6: Gender Distribution of Thurrock children with SEND compared to all children, Spring 2017.



Source: Department for Education, 2017

5.3 SEND and Socio-economic status

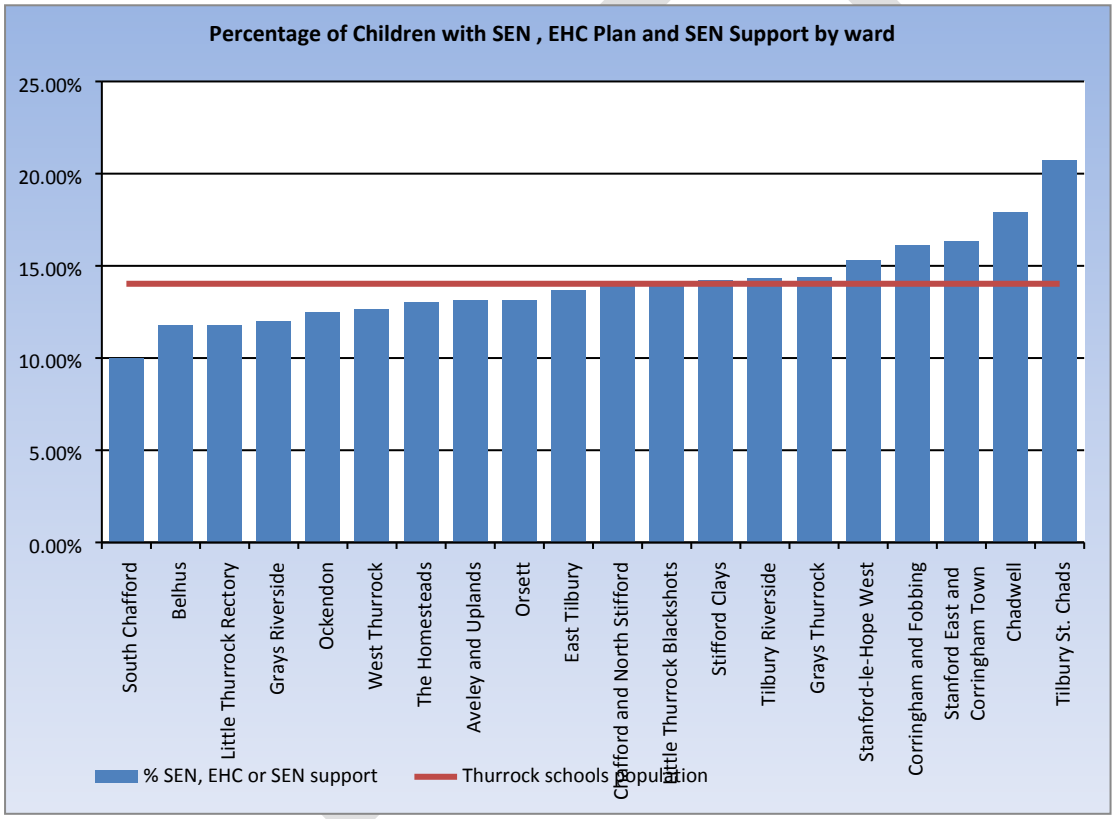
Across the United Kingdom (UK), Shaw et al (9) conclude that children with SEND from low-income families face particular barriers that prevent them from growing up into more affluent adults. A number of factors which may play a role, include:

- the outcomes they achieve and qualifications they gain as part of their education – they leave school with particularly low attainment

- their wellbeing as children
- access to support for their needs
- their diminished chances of finding well-paid work as an adult

Shaw et al (9) also suggest that a direct link might exist between pupils with SEN and children living in poverty, as either a cause of, or as a result of poverty. These social determinants contribute immensely to the prevalence of SEN and disabilities. The IDACI (Income Deprivation Affecting Children Index) score is a useful measure for child deprivation in a local area. It measures the proportion of children (age under 16) living in low income households in an area. Figure 7 below shows the percentage of SEN pupil with either a statement and/or EHC plan or who receive SEN support by ward. It depicts that the percentage of children with SEND ranges from 10% to 20.7%, with Tilbury St Chads having the highest proportion of children with SEND.

Figure 7 Percentage of Children with SEN, EHC Plan and SEN Support by ward

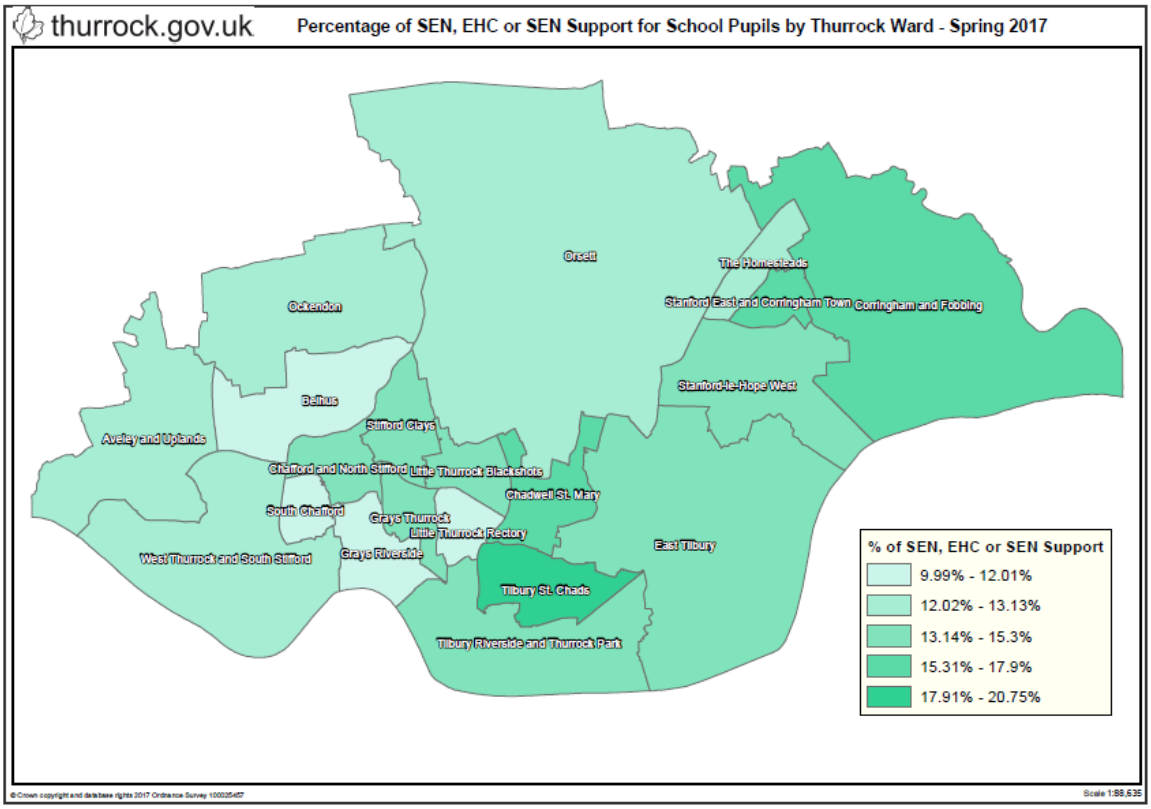


Source: School Census, 2017

Emerson (23)conducted a cross-sectional survey in a large sample of English children aged 7 – 15 years to estimate the independent association between household disadvantage, local area deprivation, ethnicity and the identification of intellectual and developmental disability. The author concluded that lower household socio-economic position was associated with increased rates of identification of intellectual and developmental disabilities especially milder forms of intellectual disability. Higher area deprivation was independently associated with increased rates of identification of less severe forms of intellectual disability but decreased rates of identification of profound multiple intellectual disability and autism spectrum disorder.

Figure 7 above and Figure 8 below illustrate where children and young people with SEND reside across the borough.

Figure 8 Percentage of SEN, EHC or SEN Support for School Pupils by Thurrock Ward - Spring 2017



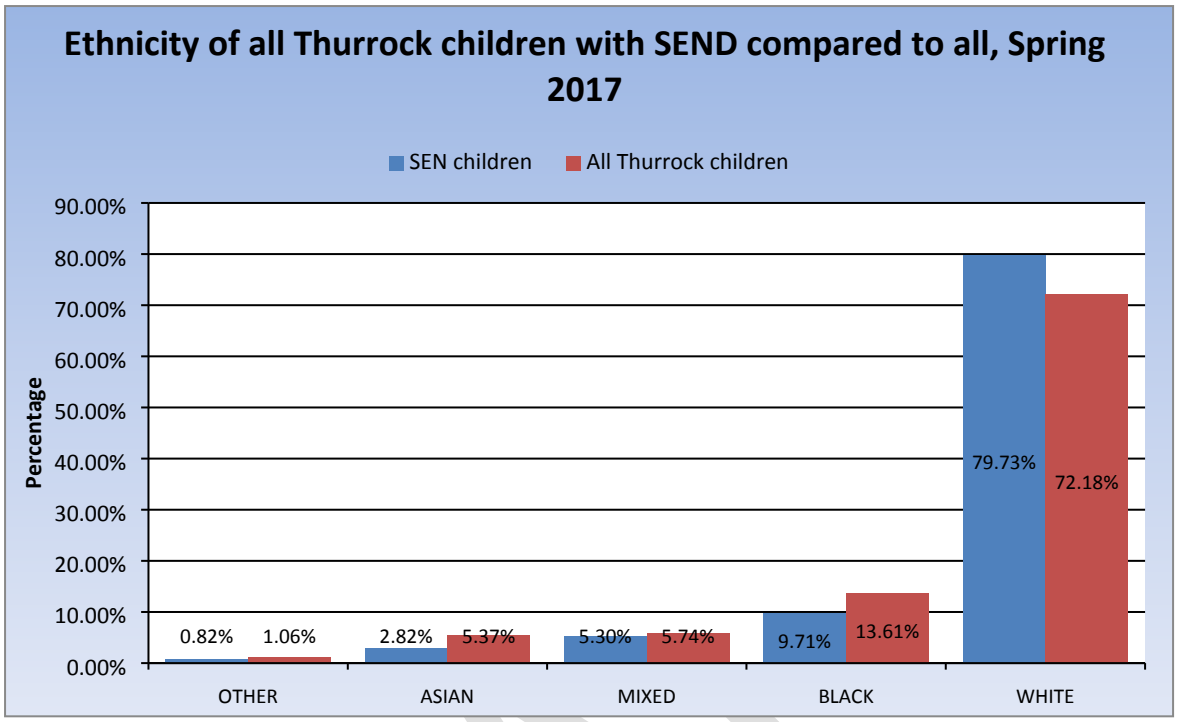
Source: School Census, spring 2017

5.4 SEND and Ethnicity

The relationship between ethnicity and SEND is complex, with many other variables such as socio-economic status, language and cultural barriers influencing children's outcomes. However, there is some evidence that ethnicity plays a part in the likelihood of some children being identified as having SEND. Emerson (23)concludes that minority ethnic status was, in general, associated with lower rates of identification of intellectual and developmental disabilities. However, the authors found some exceptions to this general pattern which included higher rates of identification of less severe forms of intellectual disability among Gypsy/Romany and Traveler children of Irish heritage, and higher rates of identification of more severe forms of intellectual disability among children of Pakistani and Bangladeshi heritage. One reason may be traditional preferences for consanguineous (cousin) marriages which increases the rate of some genetic disorders in this community.

In Thurrock, 32.7% of school pupils are from minority ethnic groups. Figure 9 below shows that 79.73% of SEN pupils were classified as White (School Census – January 2017). This covers a vast majority of pupils with SEND in Thurrock but without a statement. School pupils with SEND from a Black Ethnic background make up 9.71% of the SEND population.

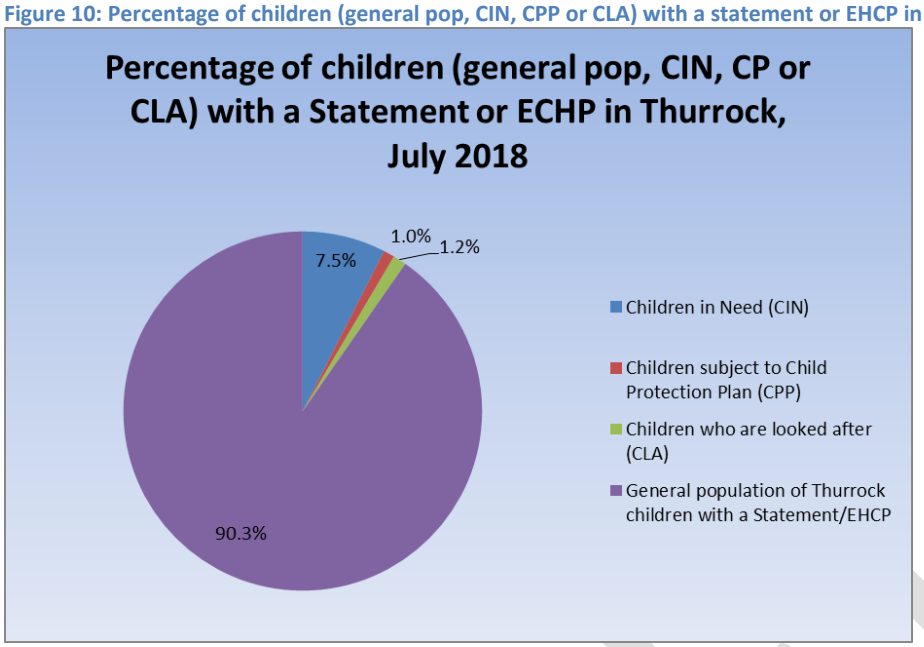
Figure 9 Ethnicity of all Thurrock children with SEND compared to all, Spring 2017



5.5 Children in Social Care System

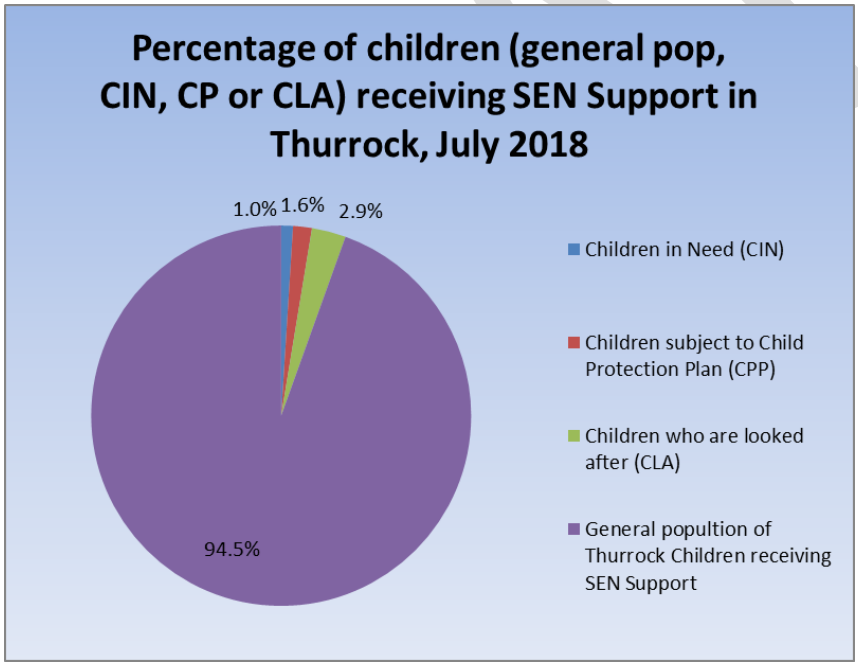
As highlighted above this year (2018) there are 112 children in Need, 19 Children subject to a Child Protection Plan and 27 children who are looked after. Of these children a total of 141 have a statement or EHCP; CIN (109, 7.5%), CPP (14, 1%) and CLA (18, 1.2%), (see figure 10 below). A further 17 are receiving SEN Support; CIN (3, 1%), CPP, (5, 1.6%) and CLA (see Figure 11 below for breakdown by circumstance). The two figures below (10 and 11) illustrate the number of children within the social care system who have SEN (supported via either a statement/EHCP or SEN Support) compared to the general population of SEN children. It should be noted that the data has been matched by UPN data as there is no current link between the Social Care database and SEN database. Therefore, caution should be taken when interpreting this data as it may be an over or under-representation of the true number of SEN children who are within the social care system.

Figure 10: Percentage of children (general pop, CIN, CPP or CLA) with a statement or EHCP in Thurrock, July 2018.



Source: Synergy SEN and LCS, 2018

Figure 11: Percentage of children (general pop, CIN, CPP,CLA) receiving SEN Support in Thurrock, July 2018.



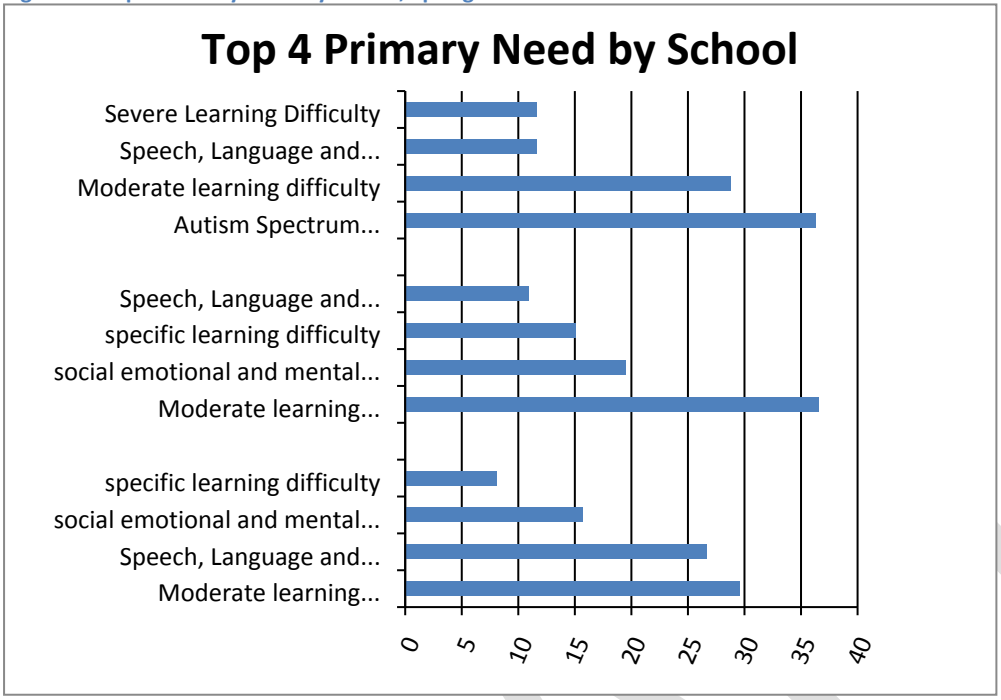
Source: Synergy SEN and LCS, 2018

5.6 Prevalence by Types of Need

Nationally, the most common type of need is Moderate Learning Difficulty (MLD) in both primary and secondary school pupils. Figure 10 show the top four primary needs in Thurrock within primary, secondary and special schools. Of its SEND pupils, Thurrock has a higher proportion of pupils with MLD, in its primary, secondary and special schools than the national and Statistical Neighbours

proportions. The proportion of SEND children with MLD in Thurrock is higher in secondary than in primary schools, but this pattern is not observed elsewhere (Figure 12).

Figure 12 Top 4 Primary Need by School, Spring 2017



Source – School Census, Spring , 2017

Autistic Spectrum Disorder (ASD) is the most common primary need among children with statements or EHC plans in special schools (1). The clearest trend from both the national and local education data is an increase in the number of children with ASD, apparent across both mainstream and specialist schools (24). This trend may impact on the number of children with diagnosed ASD, hence leading to an increase in demand for specialist provision including special school places as has been seen in Thurrock's outstanding special school provision.

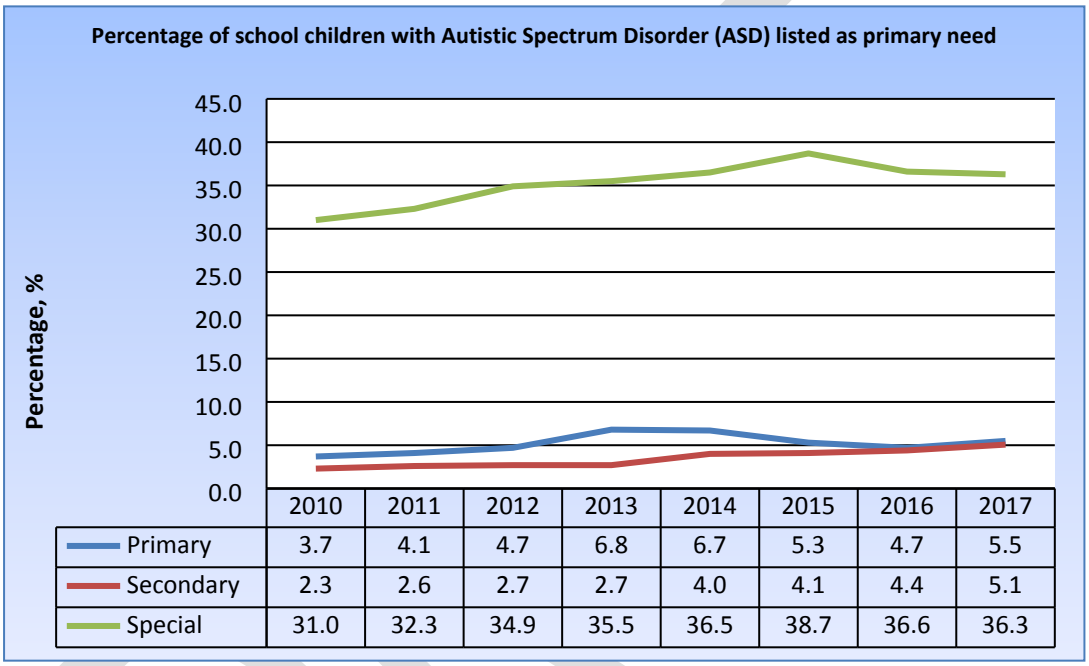
In Thurrock, 36% of pupils in special schools with SEN have ASD listed as their primary need. This is a greater proportion than the national or SN proportions (27% and 27% respectively) and has increased over the last 8 years most notably from 31% in 2010 to 36% of children in 2017 with SEN in Thurrock special schools. This is supported by a report commissioned by the Council for Disabled Children which found that the number of children with complex needs has increased over the last decade (5)The report highlights this increase as a result of two key trends;

- Increases in life expectancy for children with complex disabilities
- The increased survival rates among pre-term babies and children after severe trauma or illness.

A national estimate using school census data indicates an increase from 49,300 to 73,000 school-aged children (5-16) with complex needs from 2004 to 2016, including an estimated 219% increase in children with ASD in special schools, and 168% increase in children with multi-sensory impairments. Applying this to the population of children with ASD and multi-sensory impairments in Thurrock indicates an increase by xxx and xxx children respectively.

There is, the anticipation that this will continue to rise, and special schools will see an increase in the complexity of need and therefore, will need to support cohorts with a wide range of combined needs. However, it is much more difficult to evidence an increase in the severity and complexity of need (as opposed to simply an increase in numbers). ASD for example is a broad spectrum and there is no marker for identifying severity or complexity within the School Census data. The above estimated increase in need for ASD support relied on being in a special school as proxy for complexity which is not otherwise captured in the school census data. Mechanisms to depict this therefore, need to be explored to more accurately predict future service demand.

Figure 13 Trend in Percentage of school children with Autistic Spectrum Disorder (ASD) listed as primary need



	2010	2011	2012	2013	2014	2015	2016	2017
Primary	3.7	4.1	4.7	6.8	6.7	5.3	4.7	5.5
Secondary	2.3	2.6	2.7	2.7	4.0	4.1	4.4	5.1
Special	31.0	32.3	34.9	35.5	36.5	38.7	36.6	36.3

Source: School Census, 2017

Figure 13 shows that just over 5% of SEN children in primary and secondary schools have ASD in 2017. Whilst the primary school proportion is similar to other areas, the secondary proportion is half that of the statistical neighbours and national proportions (see pie charts below).

Thurrock has a very low proportion of SEN children in special schools with Social, Emotional and Mental Health (SEMH) issues, but this is not viewed nationally or elsewhere, as 13% of special school pupils nationally and 11% in the SNs have SEMH needs (see pie charts below).Thurrock's special school pupils have proportionally more (12%) SEN pupils with Speech, Language and Communication needs, which is double the proportion nationally and in the SN group (see bar charts below Figure 14, Figure 15 and Figure 16).

Figure 14 Percentage of Pupils with SEN by primary type of need- State Funded Primary Schools, Thurrock, Statistical Neighbours and England 2017.

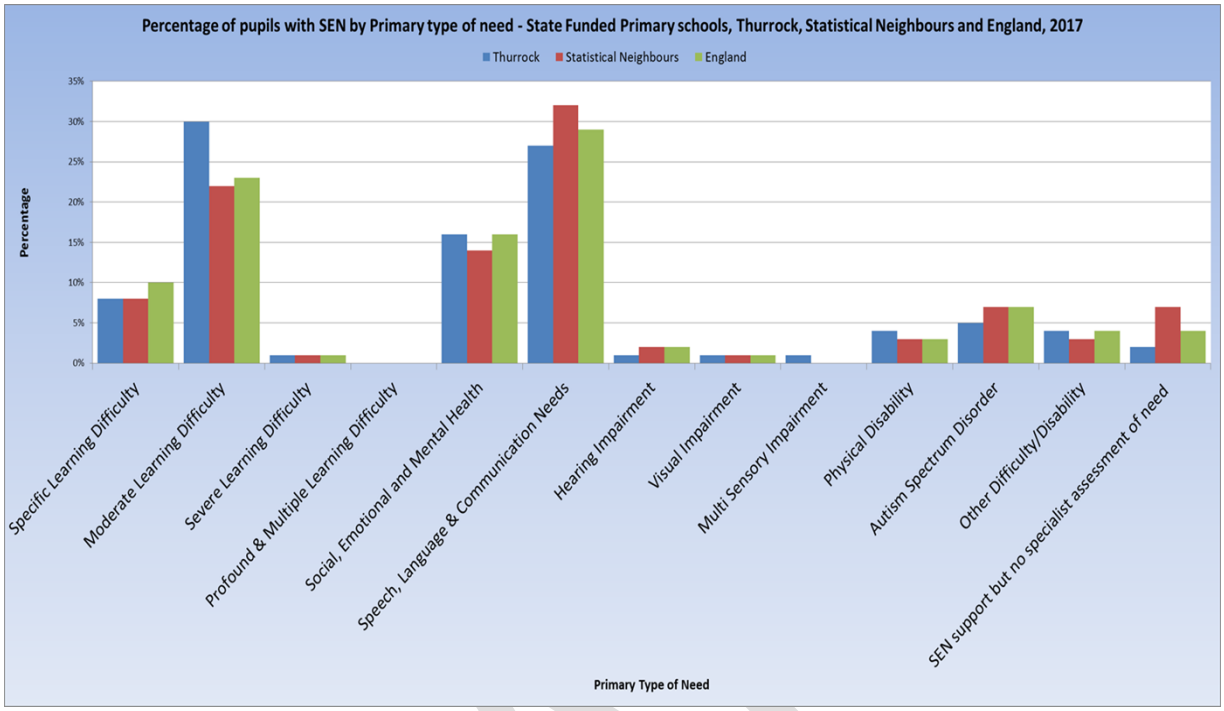


Figure 15: Percentage of pupils with SEN by Primary type of need - State funded Secondary Schools, Thurrock, Statistical Neighbours and England, 2017.

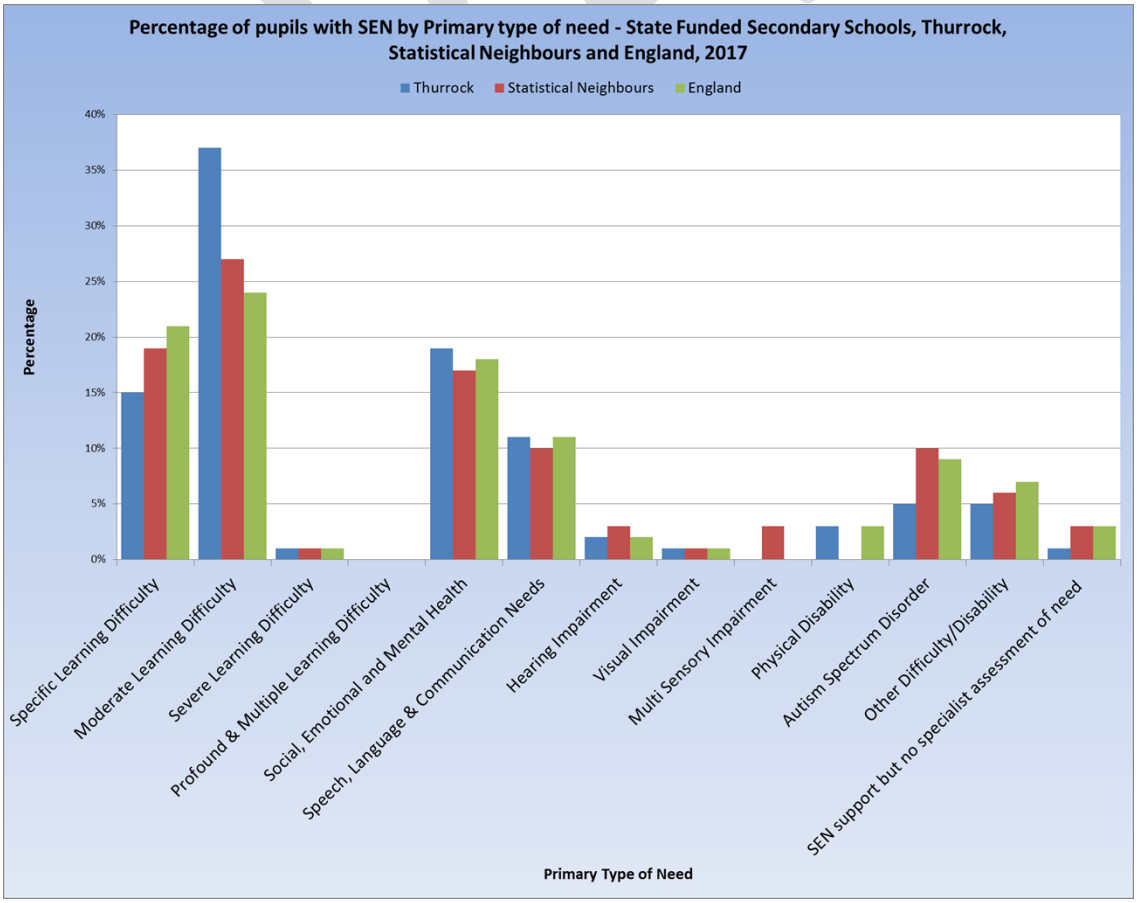
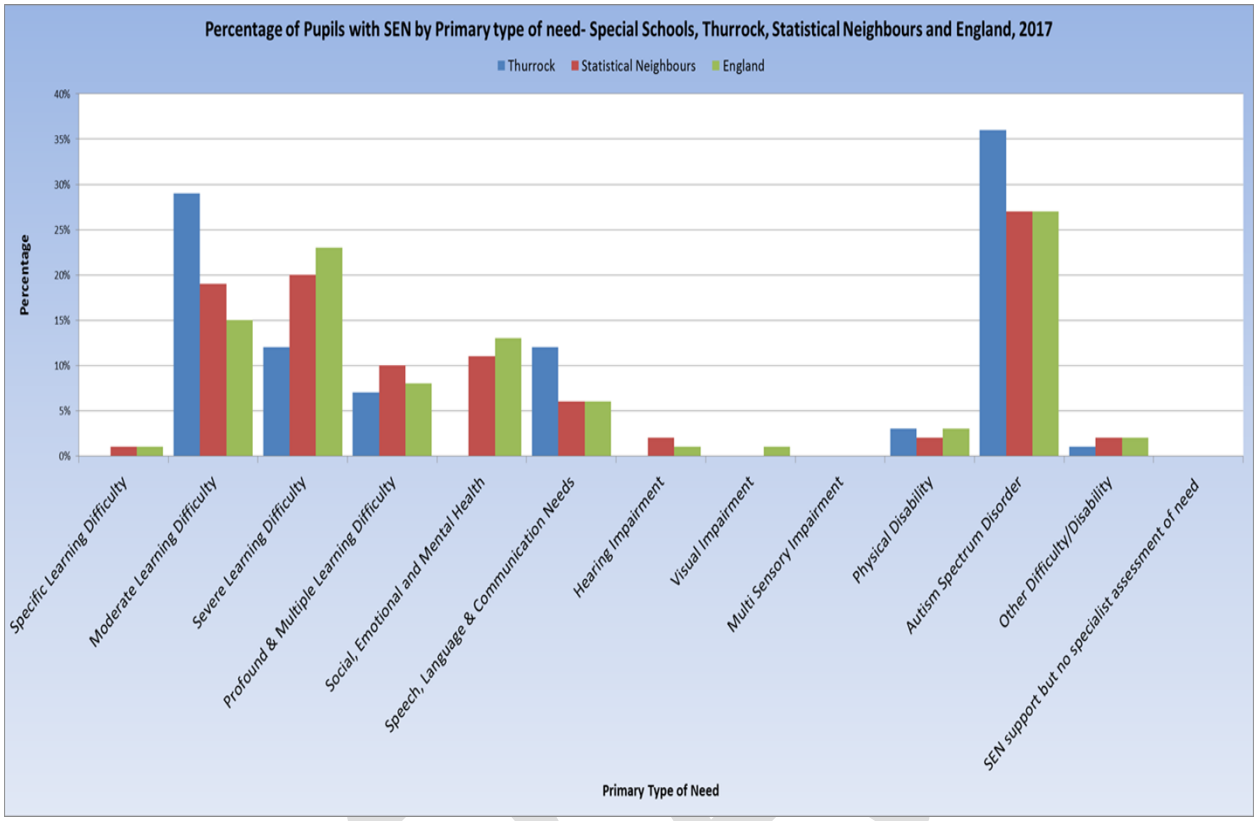
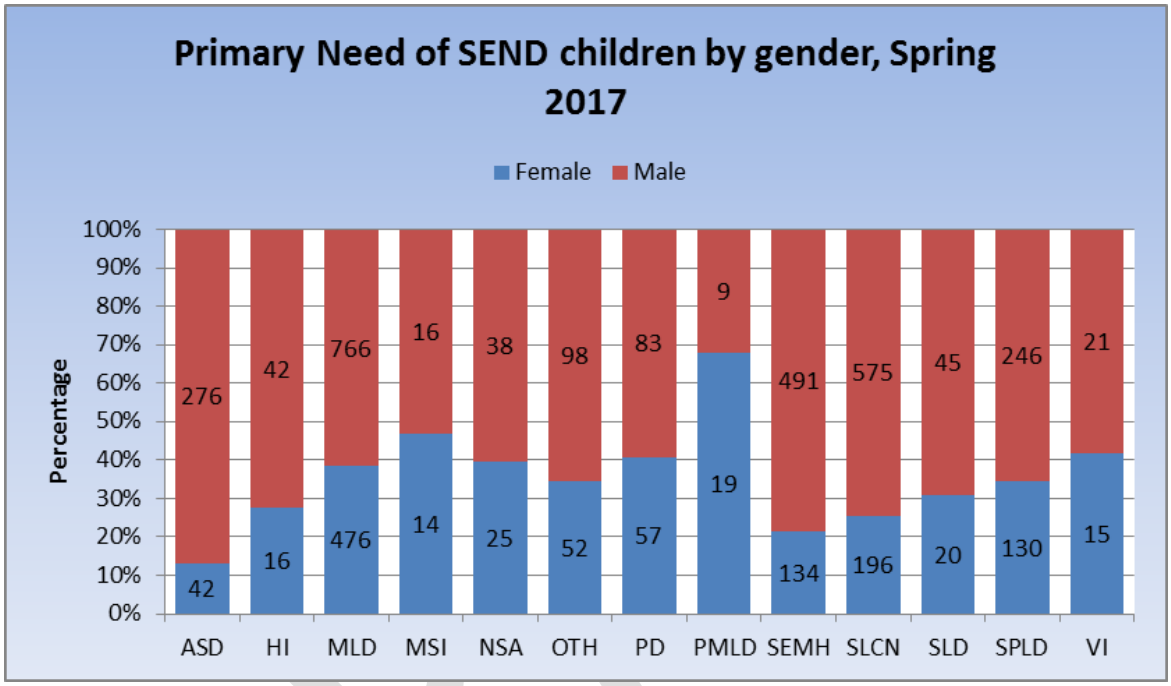


Figure 16: Percentage of Pupils with SEN by Primary type of need - Special schools, Thurrock, Statistical Neighbours and England, 2017.



The figure below shows some primary types of need which appear more prevalent in females than males in Thurrock (Spring 2017 Census). Although literature and earlier data (see section XXX above on 5.2 SEND and Gender) indicates that the majority of SEND pupils are males, some primary need are more prevalent in females. For example, there were 19 females with Profound & Multiple LD compared to 9 male as can be seen in the chart below.

Figure 17 Primary Need of SEND children by gender, Spring 2017



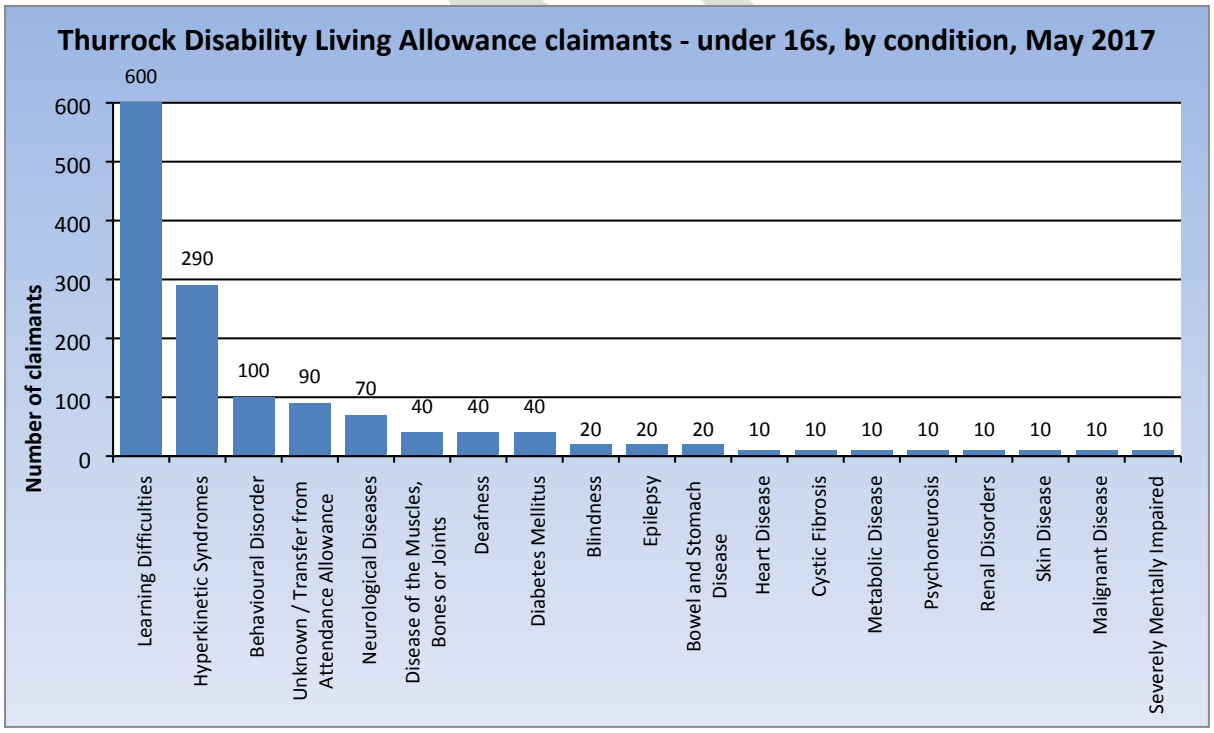
Source: Spring Census, 2017

5.7 Prevalence of Disability in Thurrock

There is a degree of overlap between children with SEN and those with a disability (25). Overall, the prevalence of disability is lower than the prevalence of SEN. There is however a rise in the number of disabled children with complex needs and/or life-limiting conditions, who, with their families, are likely to need support from health, education and social care continuously or at times throughout their life. For a better understanding of this cohort of children, the Disability Living Allowance data has been analysed to provide some context for Thurrock. Analysing historic data on those claiming Disability Living Allowance (DLA) can give an indication of those with the highest support needs. While this gives some indication of needs, recent data on Universal Credit claimants cannot be directly compared.

In May 2017 there were **1,420** children under the age of 16 claiming DLA in Thurrock. The most common reason for claiming was Learning Difficulties, which accounted for **600** (42.2%) of claims; followed by Hyperkinetic Syndromes for example (ADHA (290) and Behavioural Disorders (100). This distribution can be seen in the figure below.

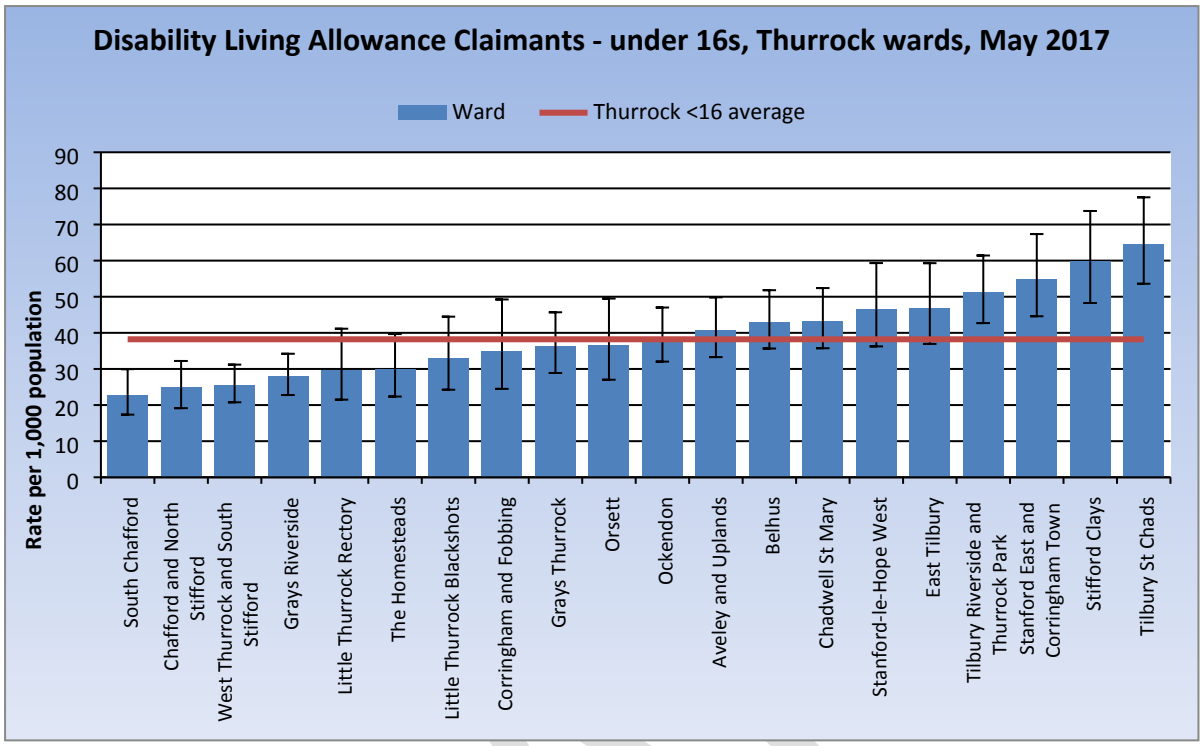
Figure 18 Thurrock Disability Living Allowance claimants - under 16s, by condition, May 2017



Source: NOMIS, May 2017

The rate of DLA claimants is not uniform across Thurrock. Converting the claimant counts per wards into rates per 1,000 population aged <16 in each ward, it can be seen that wards such as South Chafford and Chafford and North Stifford have low claimant rates, and Tilbury St Chads had the highest claimant rate in Thurrock. This corresponds with the wards with the highest proportion of SEN pupils – as well as linked to child poverty (see Figure 7 and Figure 8 above).

Figure 19 Disability Living Allowance Claimants - under 16s, Thurrock wards, May 2017



Source: NOMIS, May 2017

6 What factors put children at risk of SEND?

There are a range of risk factors which can impact on a child developing SEND, with some of the most important factors discussed below:

6.1 Infectious diseases

Measles, mumps and rubella are infectious conditions that can have serious complications in pregnancy and in children who have not been vaccinated, including meningitis, swelling of the brain (encephalitis) and deafness. Bacterial meningitis and septicaemia also can lead to health problems which may cause disability or lead to special educational needs including hearing or vision loss; problems with memory and concentration; epilepsy; co-ordination, movement and balance problems; and loss of limbs. Meningococcal meningitis produces severely disabling after-effects in about one in twelve survivors.

6.2 Smoking during pregnancy

Smoking during pregnancy is linked to complications during labour and a significant risk factor for premature birth and low birth-weight which can lead to disabilities. Trends for smoking during pregnancy in Thurrock have been steadily decreasing in recent years and currently the prevalence is significantly below the national average, with only 9% of women who were smoking at time of delivery during 2016/17. Thurrock Council runs a smoking cessation service which includes support for pregnant women.

6.3 Drug/alcohol use during pregnancy

Foetal Alcohol Spectrum Disorder (FASD) is an umbrella term for a series of preventable birth defects caused by alcohol exposure during pregnancy. It is the most common, non-genetic cause of learning disability in the UK. Children may have multiple difficulties (developmental, medical, learning, behavioural, social and/or emotional), some of which may not be evident from birth, may be misdiagnosed or diagnosed separately as ASD or ADHD which have similar symptoms or can be diagnosed as co-morbidity. A lack of intervention or suitable support can result in secondary difficulties such as poor mental health, disrupted school and criminal activity.

There is growing evidence to suggest that substance abuse can also lead to learning and behavioural difficulties as a result of perinatal complications and/or the postnatal environment i.e. interference with caretaking/parenting abilities. Parental substance misuse is a common factor in serious case reviews and child protection plans.

6.4 Maternal diet

A mother's diet during both the planning and actual stages of pregnancy has an influential role on foetal growth and development. Deficiencies in folic acid and vitamin D can increase the risk of neural tube defects (such as spina bifida) and impaired foetal growth and bone development respectively. Maternal obesity is also associated with an increased risk of birth defects such as spina bifida, heart defects and multiple anomalies.

6.5 Maternal age

Both maternal age extremes (young and old) carry higher risks for pre-term birth and low birth weight, which are associated with a range of disorders which can ultimately lead to a child being identified with SEND. The risk of congenital anomalies is more marked for women aged 40 and over

Teenage pregnancy rates in Thurrock have declined over the past 10 years and most recently have been measured at 18.4 under 18 conceptions/1000 which is similar to the national average (26).

6.6 Low birth weight and pre-term birth

Low birth weight (<2.5kg) is a major determinant of disability and/or special educational needs in infancy and childhood. Pre-term birth contributes substantially to the incidence of low birth weight. Children born pre-term (before 37 weeks) are at an increased risk of a vast array of developmental problems and disorders, including the following:

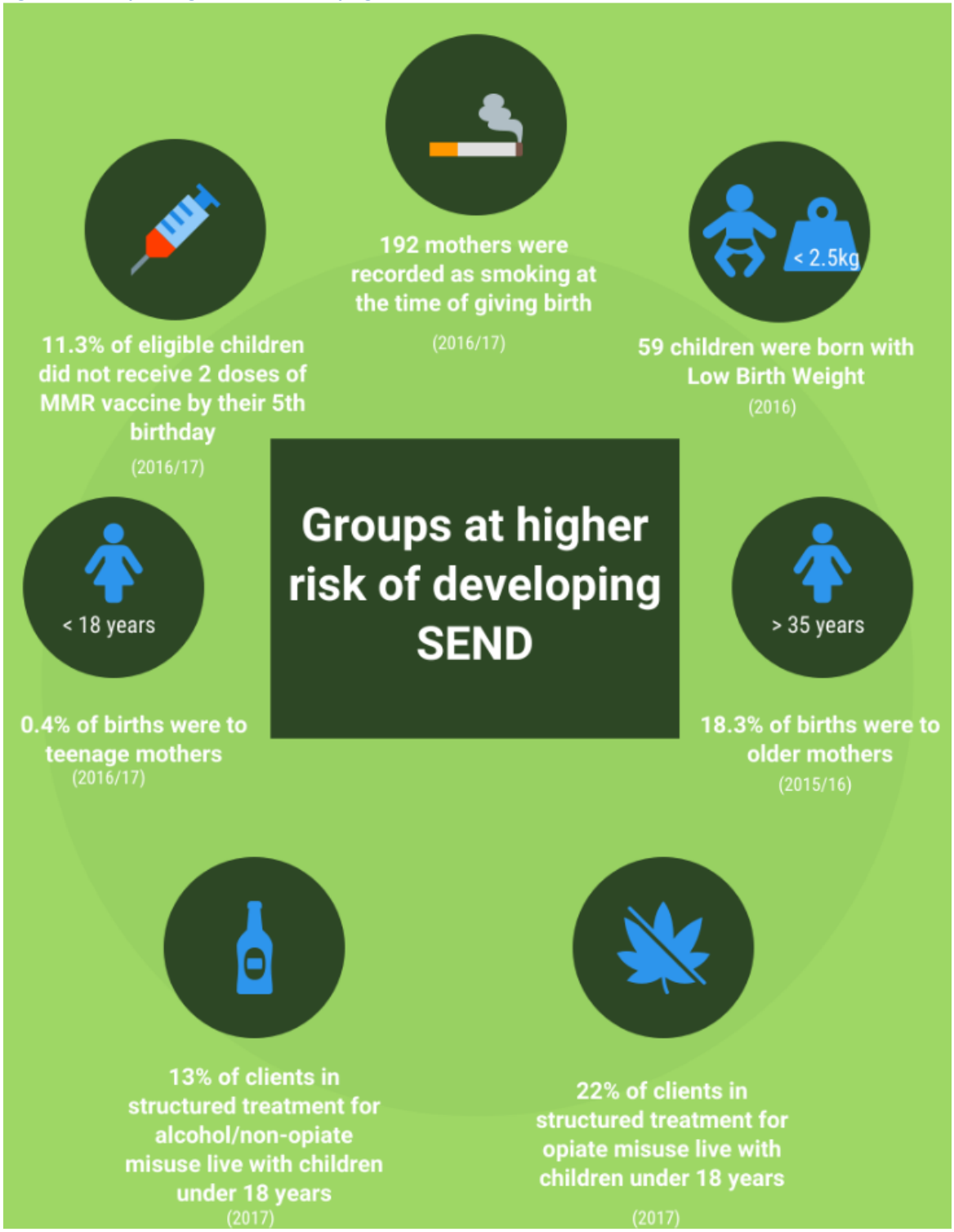
- Cerebral palsy
- Inattention, hyperactivity and impulsivity
- Motor function problems
- Autistic spectrum disorder
- Learning disabilities
- Emotional and behavioural problems
- Speech, language and communication problems
- Visual and hearing impairment

- Early-term birth (37 – 39 weeks)

A large population-based, retrospective study of 407,503 eligible school-aged children in Scotland found that gestation at delivery had a strong, dose-dependent relationship with SEN that was apparent across the whole range of gestation. Compared to children born at 40 weeks, early term children (born at 37–39 weeks of gestation) were 1.16 times as likely to have SEN (95% CI 1.12–1.20) (27). This has important implications as early term delivery is more common than preterm delivery (<37 weeks) and also contributes more to the overall SEN population than pre-term. Although there is currently no evidence in relation to this topic, it is possible that a bi-directional causal pathway exists, with SEN children being more likely to be born early than children who do not have SEN alongside children born early being more likely to have SEN.

The infographic below profiles some of these high risk groups in Thurrock.

Figure 20: Groups at higher risk of developing SEND



Source: Thurrock Council and Public Health England

7 How well are Thurrock Children and Young People with SEND doing?

It is widely known that children with special educational needs and disabilities are more likely to be at risk of poor outcomes in education and life in general which is likely to impact on their later life. It is however; also known that SEN and/or children with complex disabilities are surviving a lot longer and as such need specialist treatment for longer. This section looks at the outcomes experienced by this cohort of children drawing on some recommendations for making improvements.

7.1 Educational Attainment of SEND Children

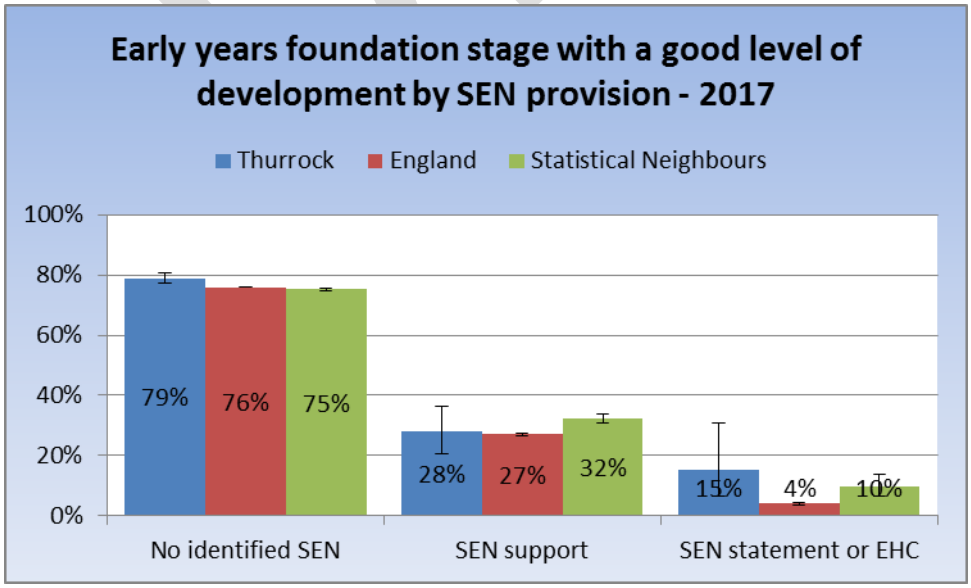
Evidence suggests that perhaps unsurprisingly, children with general or specific learning difficulties are among the groups of children on SEN support with the poorest academic attainments, with only 1/3 of those with SEN achieving national expectations at age 11 (28). Furthermore, only 32% of those with specific learning difficulties achieving GSCE English and Maths at A*-C, compared to the national average of 63% (24).The below sections present some information about educational attainment of Thurrock children with SEN at different stages.

7.1.1 Early Years Foundation Stage

Thurrock has historically had a higher proportion of children achieving a Good Level of Development (GLD) at Early Years Foundation Stage than the national average. This is not always the case for all SEN pupils.

Figure 21Figure 21 below shows GLD achievement for pupils on SEN Support, Statement/EHC and non-SEN pupils, and it can be seen that whilst GLD achievement for Statemented pupils is almost double that of our Statistical Neighbours and almost four times nationally, it is similar to other areas for SEN Support pupils.

Figure 21 Achievement of a GLD at Early Years Foundation Stage, 2017

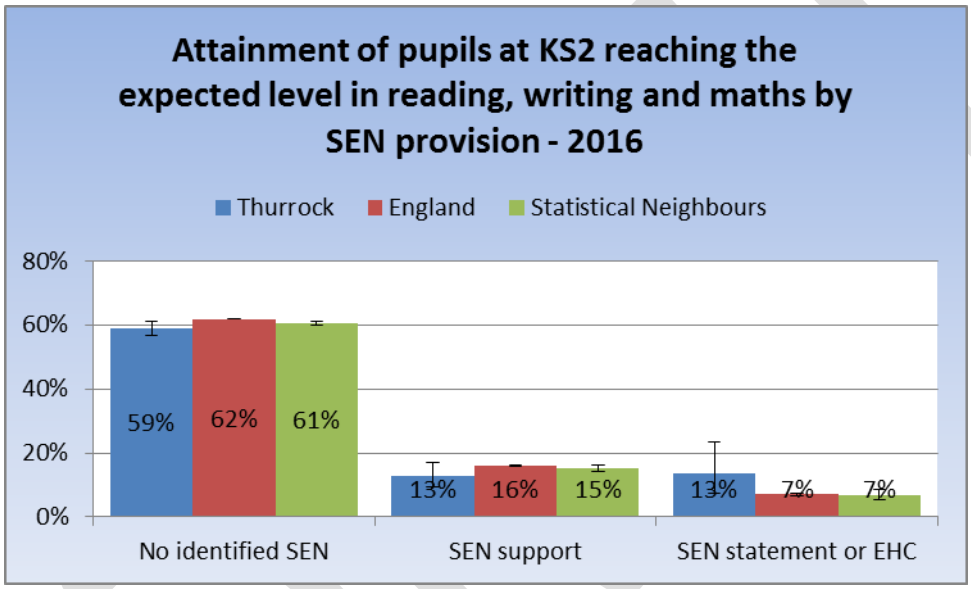


Source: Department for Education

7.1.2 Key Stage 2

Evidence has shown that children with SEN may experience a number of educational inequalities when compared with their peers; including lower levels of attainment, lower rates of sustained education, and higher rates of absence or exclusion (2). Thurrock has a higher proportion (13%) of KS2 SEN pupils with a statement/EHC plan achieving their expected level compared to 6.8% and 7% for its SNs and England. This pattern is not observed in the SEN pupils with no Statement, or non-SEN pupils – 59% of non-SEN pupils in Thurrock achieved their expected level, compared to 62% nationally.

Figure 22: KS2 attainment by SEND group type, 2016

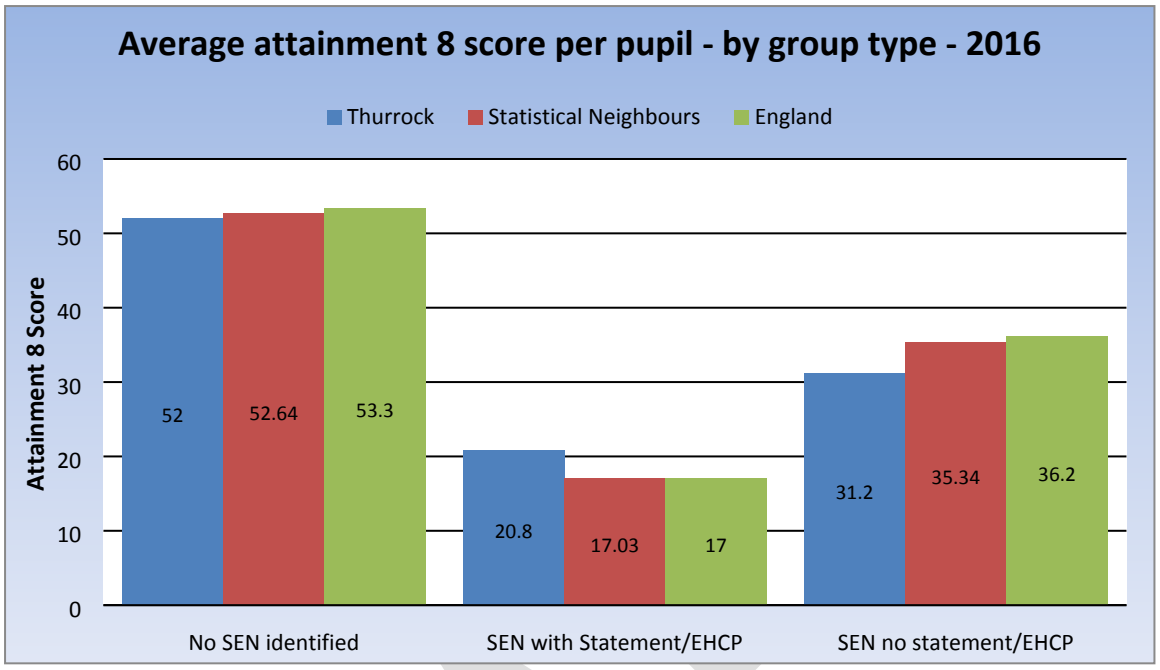


Source – Department of Education or LAIT 2017

7.1.3 Key Stage 4

In 2016, the average attainment 8 score (measures a child's average grade across 8 subjects) was higher for Thurrock's SEN pupils with a Statement; 20.8, compared to 17.9 and 17.0 for its SNs and England. The attainment 8 scores for SEN pupils with no Statement was below comparator areas (31.2 compared to 35.3 and 36.2).

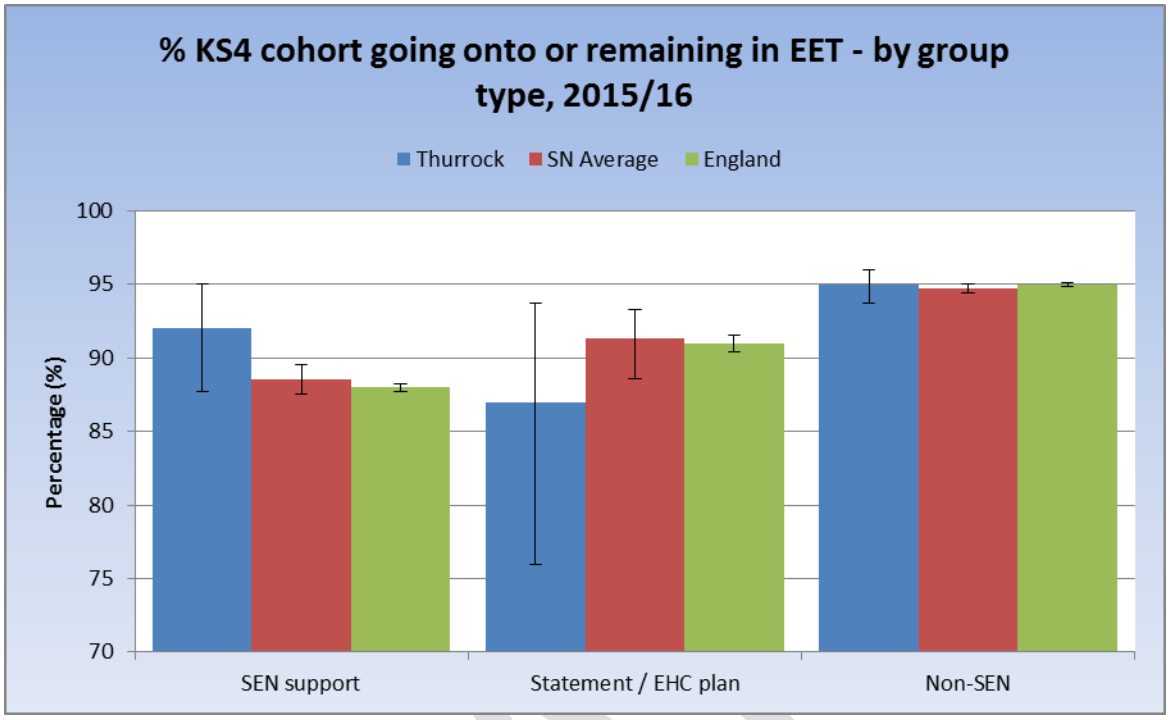
Figure 23: Attainment 8 score per pupil by SEND group type, 2016



Source: Department of Education, 2017

Children with SEN are less likely to remain in Education, Employment or Training than those with no identified SEN. Figure 24 below shows the rate of KS4 cohort children going onto education employment or training (EET). A slightly higher proportion of Thurrock's SEN pupils with no Statement remained EET compared to their peers nationally and comparator local authorities, although not significantly so. A similar proportion of children with a statement or EHC plan remained EET compared to other statistical neighbours. A similar proportion of non-SEN pupils in Thurrock's KS4 cohort remained in EET to other areas. The large confidence interval for Thurrock's Statement/EHCP children should be noted due to smaller numbers.

Figure 24: Percentage of KS4 cohort going on to or remaining EET by SEND group type, Spring 2017



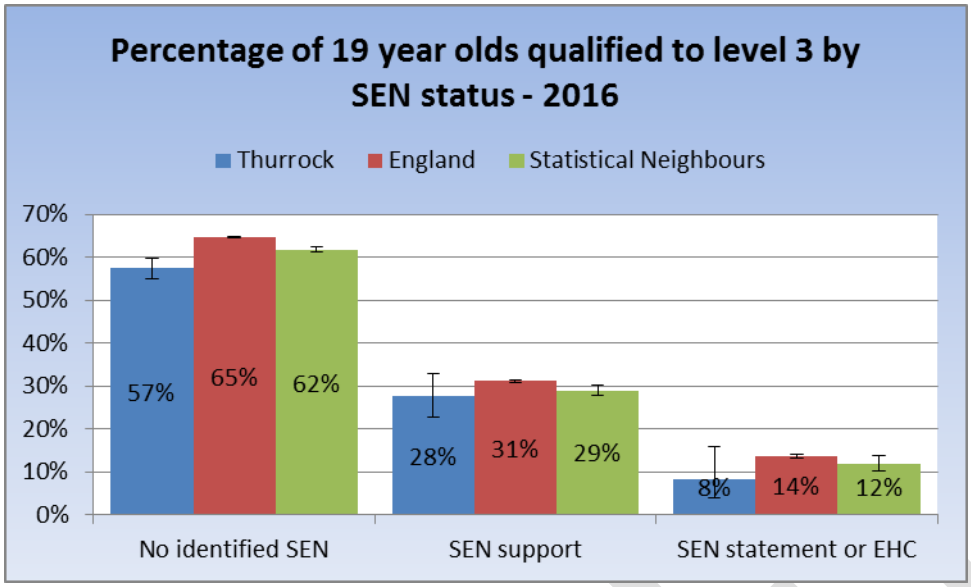
Source- Department for Education, 2017

7.1.4 Post 16 – Attainment by age 19

Students between the ages of 16 and 18 are expected to either be in education or undertaking an apprenticeship or traineeship. This, therefore, means that many more students with SEND require support with their education after the age of 16.

In Thurrock, the level of attainment at age 19 is below other areas for all pupil groups. There were 57.4% of all pupils achieving a level 3 qualifications which was higher at 62.3% and 64.8% in SNs and England respectively. SEN pupil with a statement achieved 8.4% level 3 qualifications which are lower than SNs and England proportions at 11.7% and 13.7% respectively. There were 27.7% of SEN pupils with no Statement qualifying at Level 3 in 2016 (30.3% and 31.2% in SNs and England).

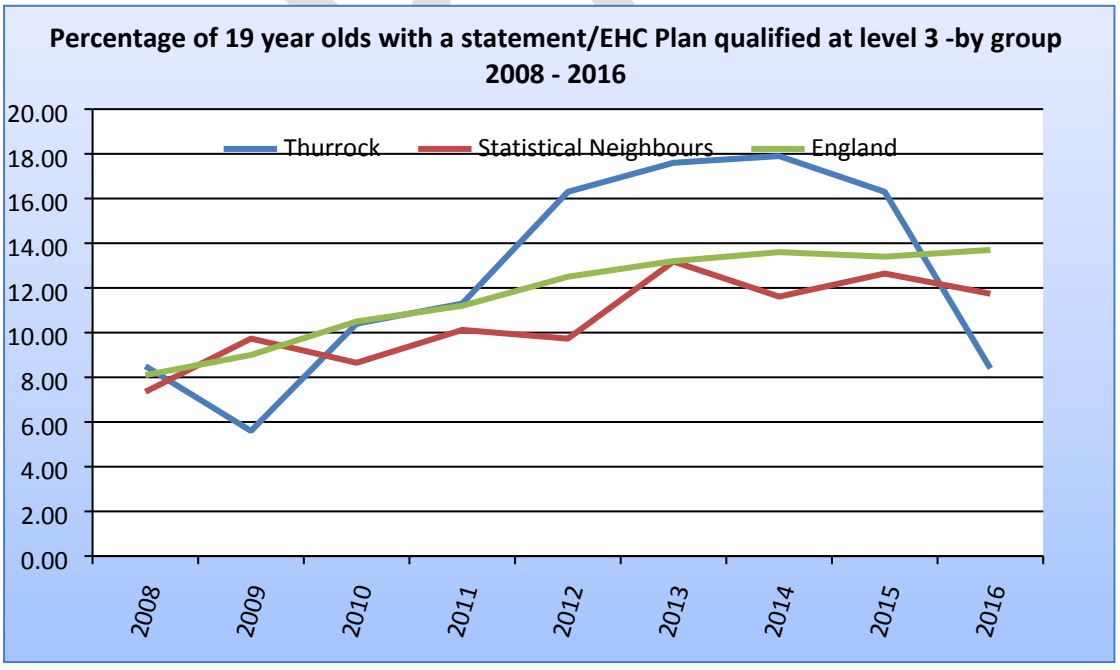
Figure 25 Percentage of 19 year olds qualified to Level 3 by SEND group type, Spring 2017



Source- Department for Education, 2017

Figure 26 below shows the trend in the proportion of 19 year olds with a statement/EHC plan qualified at level 3. Across the years (2008 – 2015), a higher proportion of SEN pupil with a statement/EHC plan have been achieving level 3 qualifications than their counterparts in SNs and England which has slightly reduced in 2016.

Figure 26 Percentage of 19 year olds with a statement/EHC Plan qualified at level 3 - by group, 2008 - 2016



Source- Department for Education, 2017

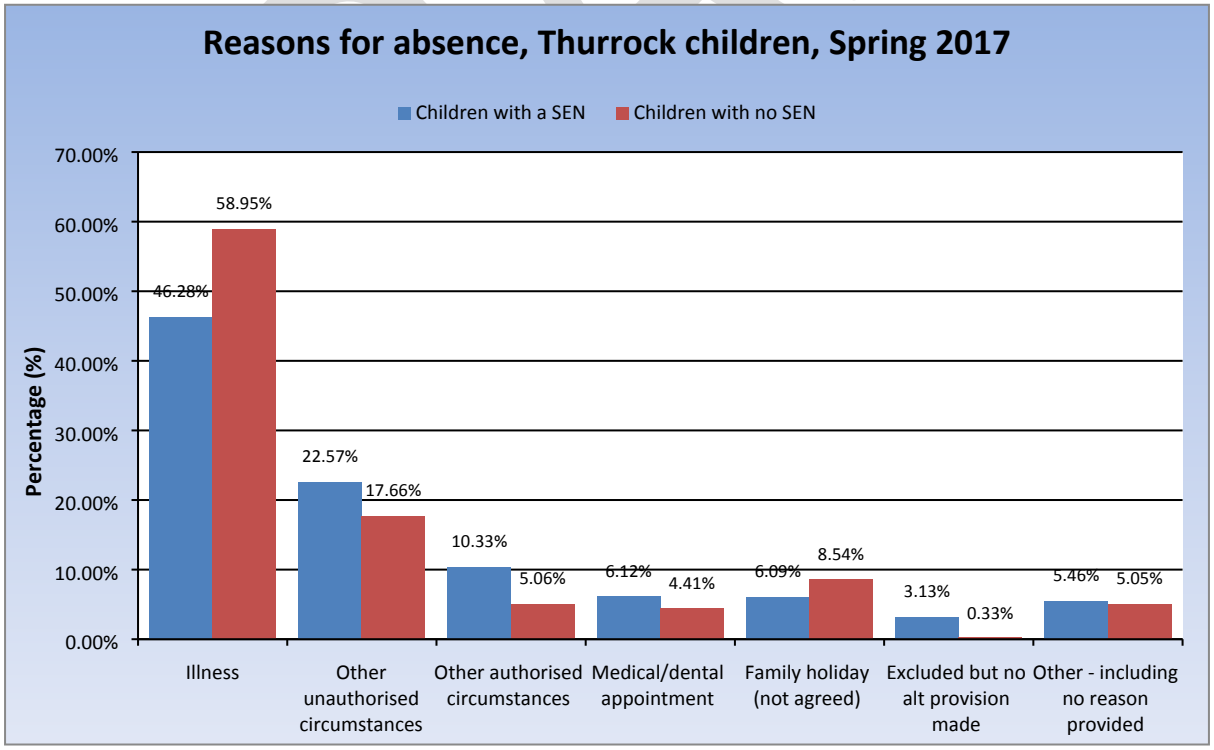
7.2 Absence and Exclusions

Across England, exclusion and absence rates are particularly high among children with SEND. In 2015/2016 the below summarise absence and exclusions in England:

- 7.7% of sessions were missed for pupils with statements or EHC plans when compared to 6.2% for pupils on SEN support and 4.2% for pupils without SEN.
- 22.6% of pupils with statements or EHC plans were persistent absentees when compared to 17.5% for pupils on SEN support and 8.8% for pupils without SEN
- Pupils with primary SEN type of Profound and Multiple Learning Difficulties were most likely to be absent from school in 2015/16, these pupils missed 14.0% of sessions.

Analysing the reasons given for absence in the Spring 2017 Census, it can be seen that the most common reason for absence for all Thurrock children is illness, which accounted for 56.4% of all absent sessions. However, looking at the reasons given by SEN compared to non-SEN pupils, it can be seen that children with SEN had a lower proportion of absences recorded for illness than non-SEN, but more for other unauthorised or authorised, and medical appointments. It is also notable that 3.13% of sessions missed by children with a SEN were because they were excluded but no alternative provision made available.

Figure 27 Reasons for absence, Thurrock children compared to Children with SEN, Spring 2017

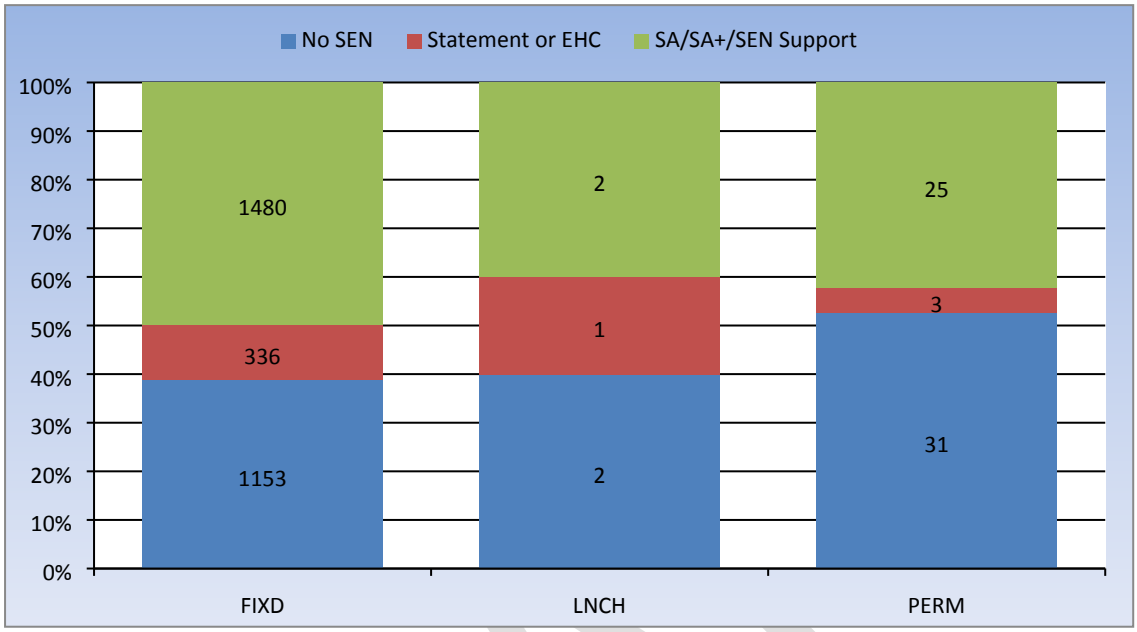


Source: Spring Census 2017

In Thurrock, between September 2013 and August 2016 there were 3,033 exclusions relating to 984 children. More than half of these (1,847; 61%) were to children with SEND (either

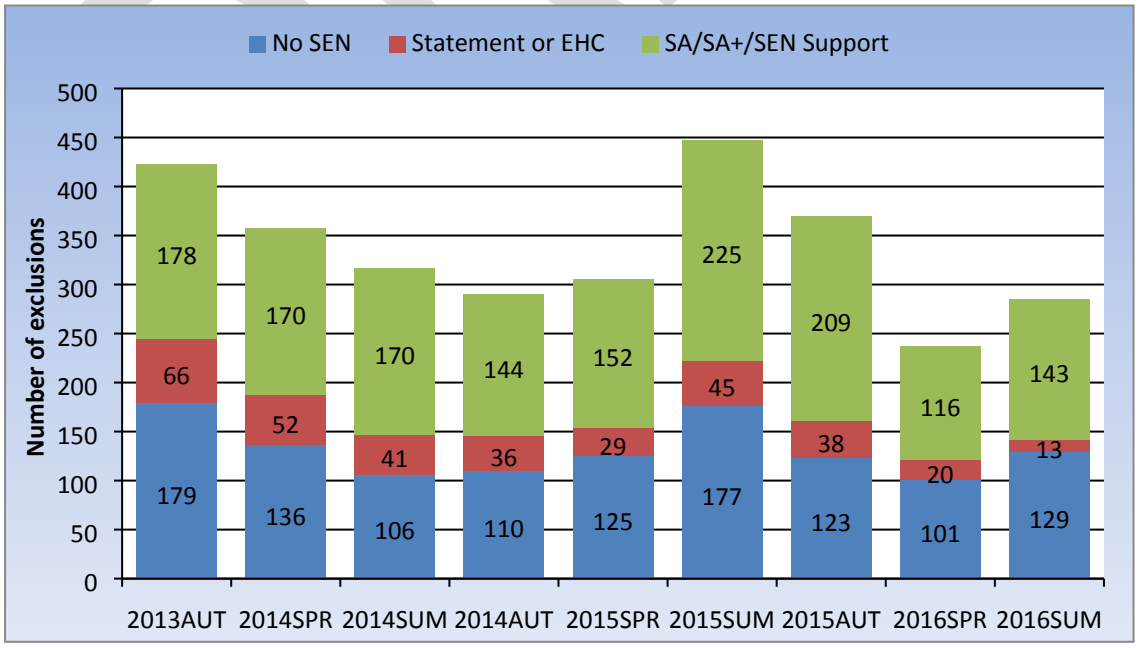
Statemented/EHCP or SA/SA+/SEN Support). The most common type of exclusion was Fixed Term, which accounted for 97.9% of exclusions seen.

Figure 28 Percentage of Exclusions by Type, 2017



Exclusions are recorded on every School Census return, and each term's data can be seen on the chart below Figure 29. There was a peak of 447 exclusions in the 2015 summer term but that this has halved to 237 by spring 2016. For all terms, the proportion of exclusions who were SEND was above the proportion who were not.

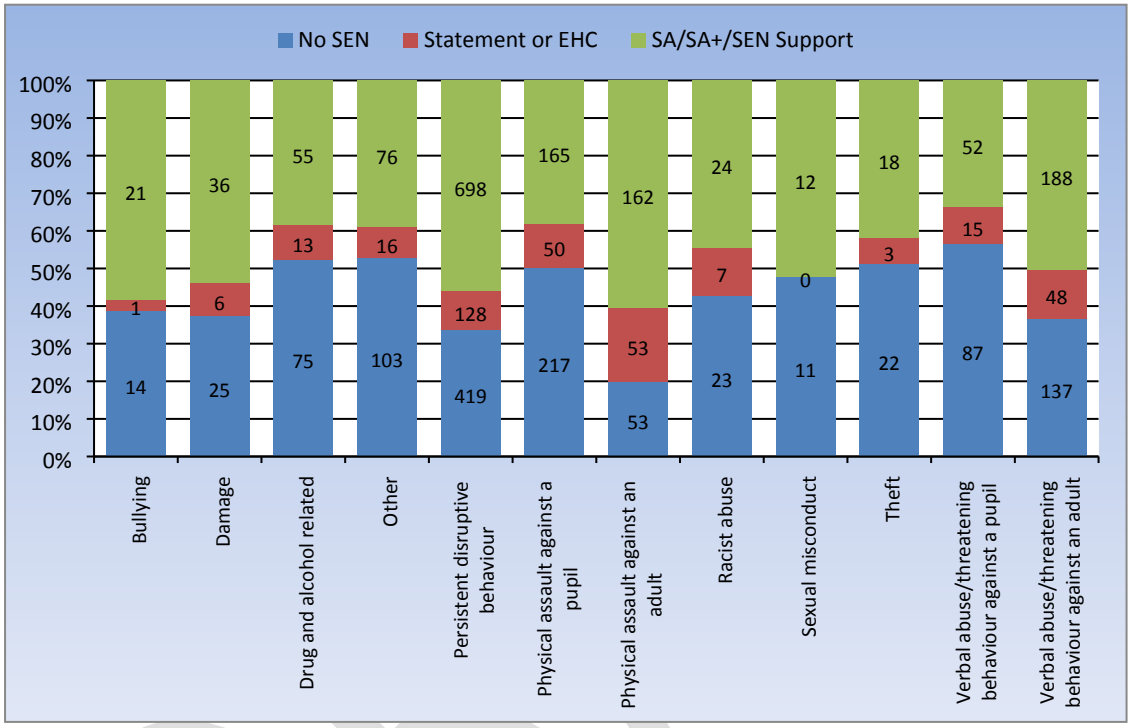
Figure 29: Number of exclusions by SEND group, 2013-2016



Source: ?????

Overall the most common reasons for exclusion were for Persistent Disruptive Behaviour (1,245 exclusions, or 41.1%), and Physical Assault against a pupil (432 exclusions, or 14.2%). When looking at the cohort excluded per category, SEND pupils made up 80.2% of those for Physical Assault against an Adult, 66.4% for Persistent Disruptive Behaviour and 63.3% of those for Verbal abuse/threatening behaviour against an adult.

Figure 30: Reasons for exclusion by SEND group, 2013-2016



Source: School Census, 2017

8 Children with SEND and Youth Offending

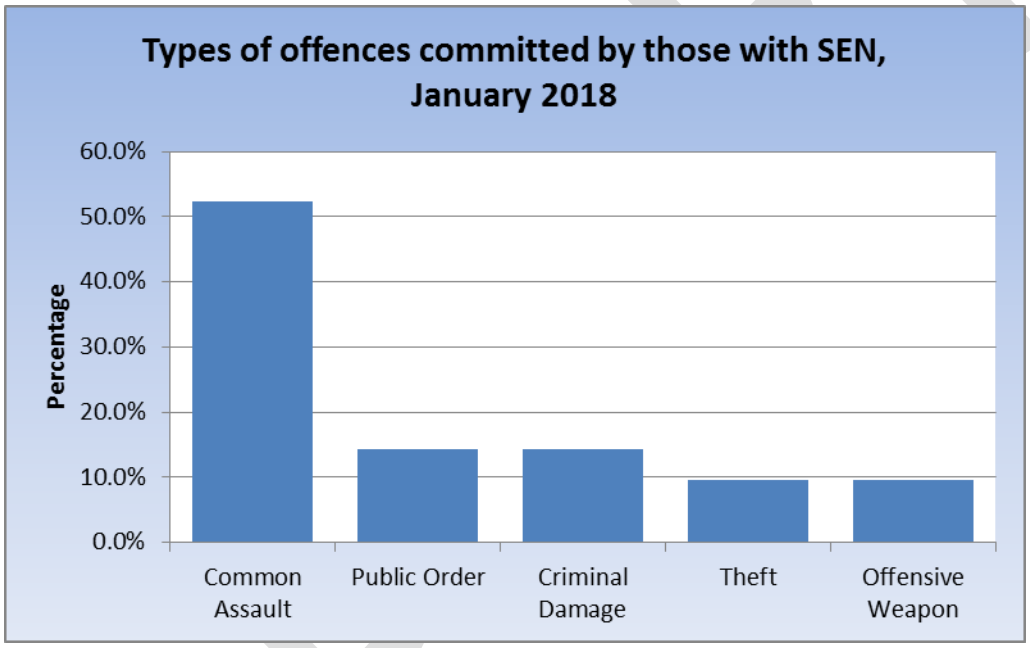
The Thurrock Youth Offending Service (YOS) looks after all young people subject to Court Orders (community and custody) and consequently under supervision to the YOS. (The caseload described below does not include young people subject to prevention interventions or out of Court disposals.)

At the point of analysis, 11 of the 54 cases on the YOS caseload had SEN recorded in their initial ASSET plus assessment (20%). Of these 11 cases, seven had Education, Care and Health plans (ECHP), two had Statements of special Educational Needs (SEN) and two had special needs identified but where not currently subject to an ECHP or SEN statement.

One key outcome measured by the YOS is the rate of reoffending 1 year post-conviction. Looking at all young people who offended in a six month period who are then tracked for a year, it was ascertained that 33% of them were identified as having special educational needs, which is proportionally higher than would be expected.

When considering the types of crimes committed by this cohort, it can be seen that the most prolific offence committed by young people with Special Educational Needs is common assault, followed by criminal damage and Public Order offences. The rate of common assaults committed by young people with special educational needs is higher than that of the general population, (52% as opposed to 39%) and the comparison is similar in respect of criminal damage and public offender order offences. It should be noted that these offences are often reactionary and directly linked to behaviour management, perhaps related to anxiety, frustration and communication problems. For example, although people with autism tend to be victims or witnesses to offences they can become involved in the criminal justice system due to changes or difficulties within the environment such as a change in the bus timetable which may lead them to become very anxious and distressed which in turns results in unintended aggressive behaviours (29). Nationally over 60% of CYP in the youth justice system have a speech, language and communication difficulty. A recent review suggests that the number of CYP with neurodevelopmental conditions such as dyslexia within the youth justice system is larger than the general youth population (30).

Figure 31 Types of offences committed by children with SEN, January 2018



Source: Thurrock Council Youth Offending Service, January 2018

9 Transition from children to adults services

Transition is seen as an important stage to consider for children with special educational need. Transition is a purposeful and planned process of supporting young people to move from children's to adult's services including health, education and social care services. There is a wealth of policy and guidance on agreed principles supporting good transitional care, but there is also evidence that these principles are often not reflected in practice allowing young people with on-going need to fall through the transition gap or disengage with services at this point. NICE asserts that outcomes of children due for transition become and remain unknown and are a serious cause for concern if

transition is not planned early enough (at school year 9; 13 – 14 years old) (31) . To support this, NICE published guidance to support with transition of children to adults services making a recommendation for co-production of transition plans, provision of a named worker to support from age 13 amongst others (31). Furthermore, the SEND Reforms outlined intentions to ensure that children and young people are better prepared for adulthood. This includes supporting them to develop ambitious and challenges goals for themselves as they become young adults, taking into account and respecting individual differences. In order to make transition into adulthood successful, and empowering young people to exert control and make choices in their lives, the 4 principle outcomes for 'preparing for adulthood' should be followed:-

1) Moving into paid employment and higher education
2) Living independantly
3) Having friends and relationships and being part of their local communities
4) Living as healthy lives as possible (32).

Continuation of EHC plans post-19 should be assessed on an individual basis and should not be discontinued based on chronological age alone.

In Thurrock, only the most complex children are assessed as eligible to receive Adult Social Care services and hence are eligible for a transition assessment. However, Section 36 of the Children and Families Act states that any young paged 19-25 years is entitled to request an EHC needs assessment excluding those who have had an assessment in the preceding 6 months (7). A decision should be made by the local authority within 6 weeks of the request and should take into account, whether the young person has SEND and/or whether special educational provision should be made to support the young person through continuing studies. Once an assessment has been undertaken the local authority need to determine whether an EHC is required and should consider whether the young person in question requires more time than peers without SEND to complete further education (32).

The table below shows the number of social care clients who were known to Adult Social Care from the age of 18, which is indicative of those who went through transition from Children's Social Care.

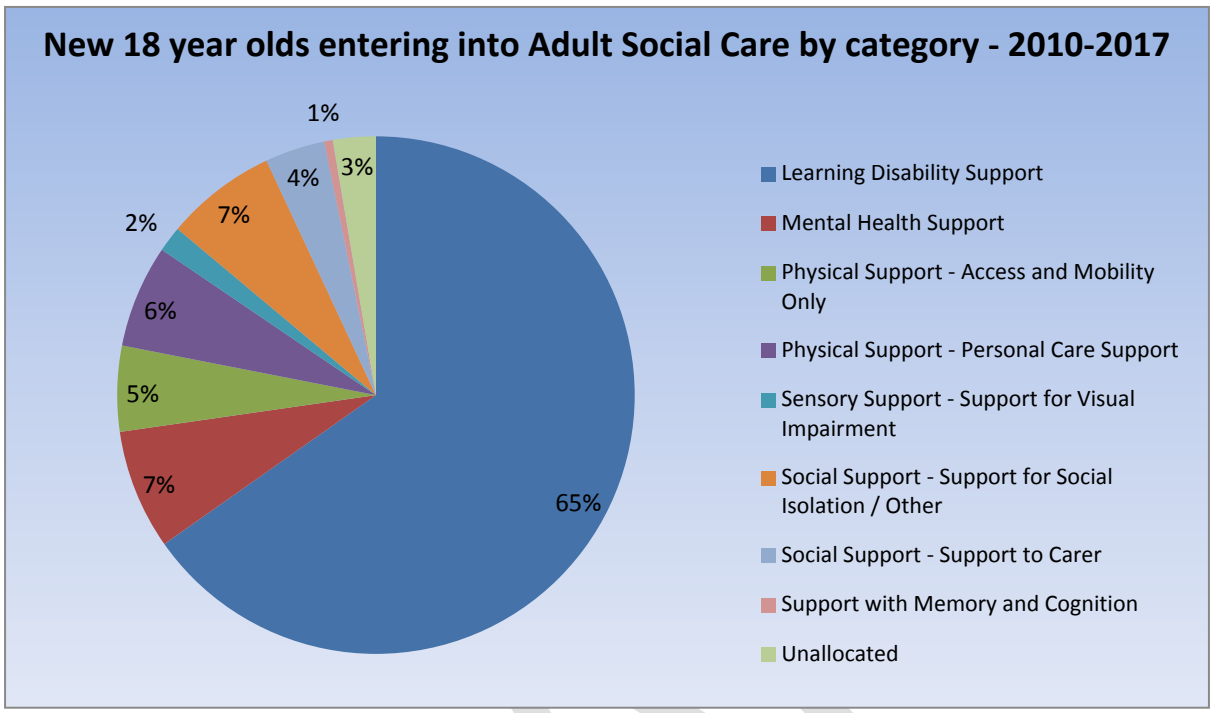
Table 3: Number of new 18 year olds known to Adult Social Care, 2010-2017

	2010	2011	2012	2013	2014	2015	2016	2017
Number of new 18 year olds	30	21	29	27	27	27	15	11

Source: Thurrock Council, 2018

The majority of 18 year olds coming through to Adult Social Care require Learning Disability support, with 65% of those over the last 7 years requiring this. The second most common reason for support is Mental Health. This can be seen in the figure below.

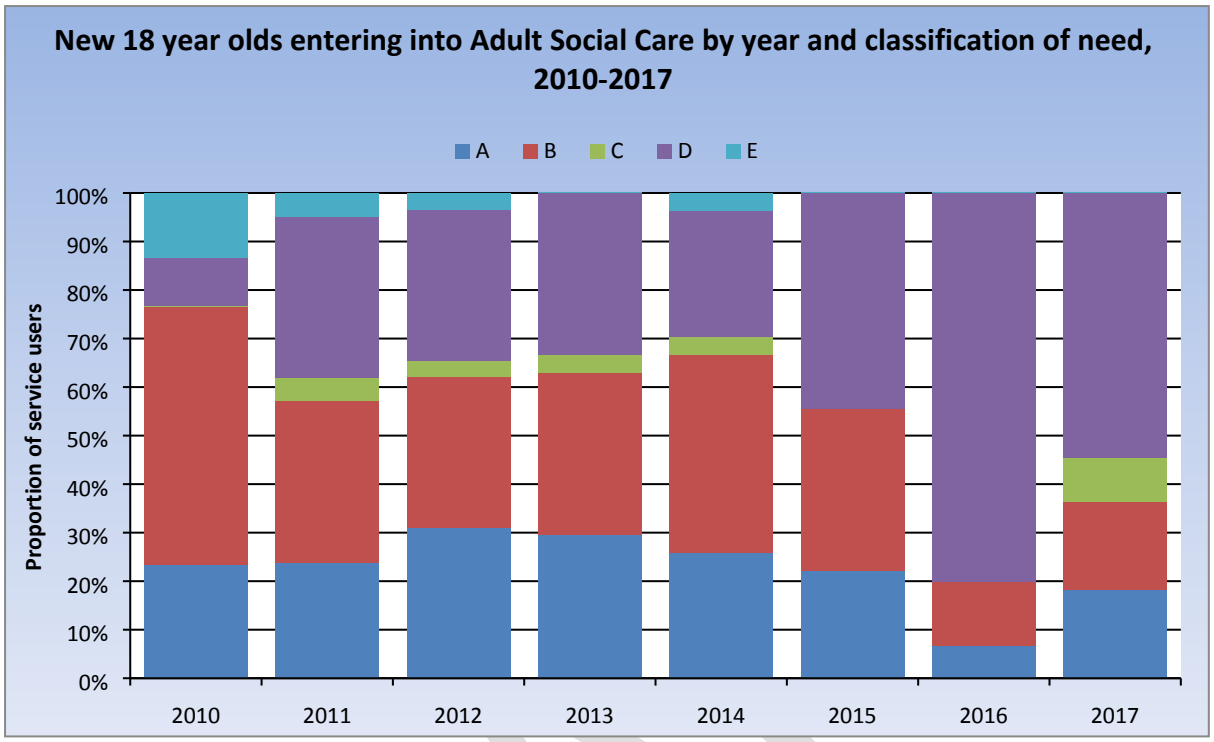
Figure 32 Category of need for new 18 year olds entering into Adult Social Care, 2010-17



Source: Thurrock Council, 2018

To get an indication of the complexity of these young people, internal work has been done to categorise them into one of five categories based on the type of support they are receiving. These are labelled A-E on the chart below (A indicates the most complex cases, E the least). Looking at the distribution over time, it can be seen that since the introduction of the Care Act in 2016 (33), there appears to have been a reduction in the proportion of cases in the most complex categories, and more particularly in category D – with 80% of cases in 2016 having this category assigned to them.

Figure 33 Classification of need for 18 year olds entering into Adult Social Care, 2010-17



Source: Thurrock Council, January 2018

It is clear data sources for SEND children are largely education based. Although some internal data has demonstrated knowledge of young people between the ages of 16 and 25 with SEND there are still gaps in our knowledge about the SEND population after they leave school. This is particularly true for young people without a formal EHC plan or statement in place and for young people past the age of 18 (i.e. once initial post-16 education or training has been completed).

After the age of 16, SEND data becomes more dispersed, as many young people start to attend colleges and training institutions rather than state-funded schools. Therefore, data on the post-16 SEND population is largely collated from a service-based perspective rather than a needs-based one, and we are less likely to know about the lower levels of need that are not being supported through formal statements or EHC plans. Furthermore, as young people begin the transition to adult services (or not), there is concern that their needs are being lost and potentially unmet from the perspective of young people's services and the 0–25 duty placed on local authorities by the Code of Practice. It is therefore recommended that a cross-cutting review on Preparing for Adulthood is undertaken to aid better understanding of need within this age-group.

10 What are we doing in Thurrock to support children and young people with SEND?

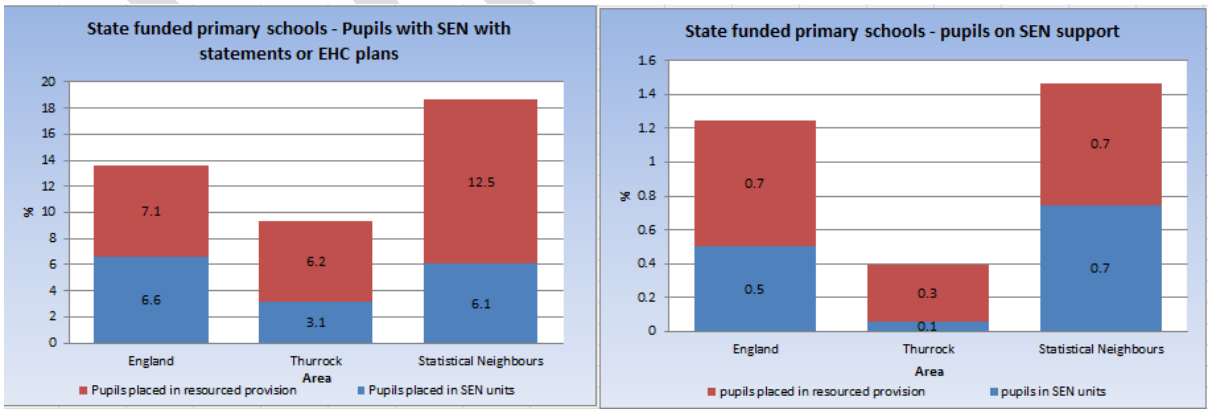
In accordance with the SEND Code of Practice (8), special educational provision should be matched to the child's identified SEND and unique need, which are generally thought of in the four broad areas of need and support which are: communication and interaction, cognition and learning, social, emotional and mental health, and sensory and/or physical need. However, individual children often have needs that cut across all four broad areas of need and their needs may change over time. It is recommended that special educational provision made for a child should always be based on an understanding of their individual strengths and needs and should seek to address them all appropriately.

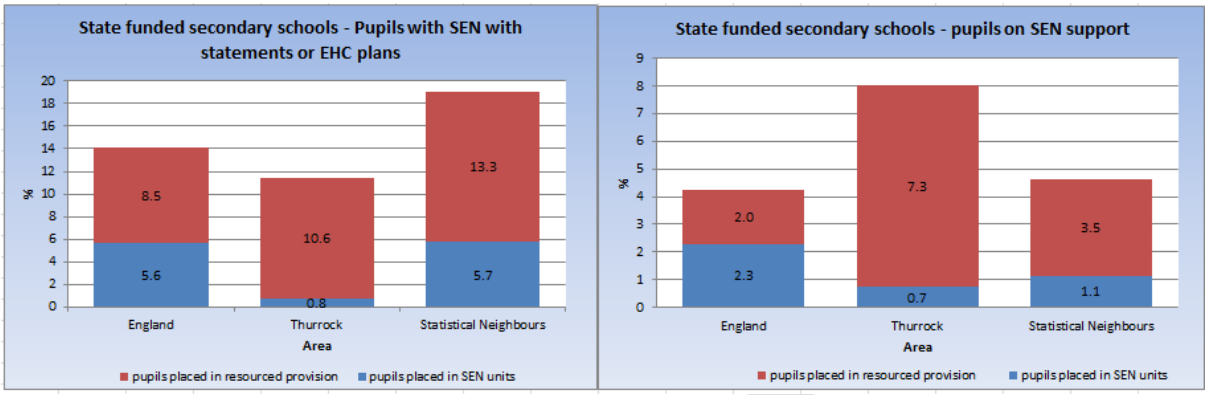
In 2017, Thurrock had lower proportions of its primary and secondary aged pupils with Statement/EHC plans and on SEN support placed in SEN units. There was 0.8% of Thurrock's secondary-aged pupils with Statements/EHC plans placed in SEN units which is 7 times less nationally (5.6%) and in the SN group (5.7%). It is worth noting that mainstream bases have been developed as a key component of the SEN work across the Authority. In other words the data supporting this work needs to be interpreted with caution due to the way data is collated and recorded.

The total proportion of pupils attending SEN units and placed in resourced provision was lower, in both groups of Thurrock's primary aged pupils, than the national or SN averages.

A greater proportion of Thurrock's secondary-aged pupils with SEN support were placed in resourced provision than nationally or in the SN group (7.3% compared to 2.0% and 3.5% respectively). The total proportion of secondary-aged pupils with SEN support placed in either SEN units or resourced provision was higher than both national and SN averages.

Figure 34 Percentage of pupils with SEN placed in resourced provision, Spring 2017





10.1 Local offer

A key element of the SEND Code of Practice (8) is the provision of a local offer. The local offer aims to provide clear, comprehensive and accessible information about what services and provisions are available in Thurrock for children, young people and their families. It is collated centrally, showing information about services, support and activities for all children and young people with SEND from early years to transition into adulthood.

In Thurrock, all information regarding provision across education, health and social care for children and young people with SEND can be found in the Ask Thurrock online directory (a written version is also available for children and families who prefer this version). This includes both regional and national specialist provision.

Although the local offer does include information about all the areas specified in the SEND regulations 2014, it has been acknowledged that the information could be displayed in a way which is easier to use and more accessible to families. As such, a website refresh is ongoing with input from professionals, parents and relevant stakeholders.

10.1.1Early Years Support - Brighter Futures

Early years are a crucial stage for early intervention and family support. Children and their families have access to universal and preventative services in Thurrock through the Brighter Futures offer, including health provision, children's centres and Early Help services as well as through the third sector.

The Brighter Futures offer is an integrated and re-designed offer to support children, young people and their families under a single identity. Brighter Futures brings together all of Thurrock Council's universal and targeted prevention services for children and young people (ages 0 – 19). Core elements of Brighter Futures include:

- **Brighter Futures Children's Centres**: Children's Centres focus on improving outcomes in four main areas, namely child development and school readiness, parenting, parent aspirations and health and well-being.
- **Brighter Futures Healthy Families**: includes, among other things, Health Visitors who give advice and guidance to all new parents in Thurrock, and School Nurses who work to keep children healthy in schools;

- **Brighter Futures Prevention and Support Service**: provides targeted and Early help to families which have specific needs encompassing issues such as parenting support, domestic abuse, sexual violence and Troubled Families, who focus on accessing education, worklessness, ASB, Crime prevention, parental physical and mental health .Other targeted prevention services are available to families identified as needing them which includes support to Young Carers and short breaks for disabled children.

10.1.3 Preschool Support Services

The Early Years Team is a group of professionals that work together to provide a range of offers to children 0 – 5 years with SEND including language and communication difficulties, learning difficulties, physical and/or sensory impairment, difficulties affecting behaviour, severe and complex disabilities and children who have experienced disadvantage in their early years. Support should be given to Early Years and Pre-School providers who have lower identification rates to ensure early identification of SEND and to enable development of a care and support plan early on that can be carried forward, and amended as needed, as children progress through to school and then adulthood.

10.1.4 Portage and Early Support Service

Portage is a home visiting educational service operating out of Treetops school for preschool children (under 4 years old) with SEND and their families. It is offered as an early intervention service, supporting parents of children with SEND both at home and with support activities hosted through the two outstanding special schools. Eligible children are assessed as having a significant delay in two or more areas of their development through the EYFS assessment. The team is made up of specialist child development advisers who visit children and families in their own homes, helping them to learn new skills through play and giving them support and advice. Each child has a named adviser.The family receives regular weekly visits from a trained Portage home visitor, who will often link and undertake joint visits with other professionals, e.g. physiotherapists, speech and language therapists etc… to assess and provide needed support. Portage also supports the child's move from home into nursery/pre-school through a transition process.

The Early Support Programme also involves staff from both special schools in Thurrock and supports the identification and co-ordination of support for children with SEND and their parents. There are additional support services for pre-school children with Speech and Language difficulties through the ICAN Nursery at Harris Primary Academy and additional designated SEND nursery places at Stanford Le Hope Nursery. However, a significant number of pre-school children with SEND are supported in mainstream pre-school settings with additional support in place to meet their identified need.

10.2 School Age Support

Specialist education can take place in a number of mainstream schools or within special schools or units available for children with greater needs.

10.2.1 Special Schools

Thurrock has two special schools, both of which are rated as 'outstanding' and have strong regional and national reputations for their expertise in the education of pupils with particular SEND. Both special schools also provide a range of outreach services to support mainstream schools in meeting the needs of children and young people with SEND.

Treetops School is for pupils aged 3-19 with autism and/or moderate learning difficulties. There has been an exceptionally high demand for places in Treetops school for children with autism whose parents wish to access the Applied Behavioural Analysis /Verbal Behaviour department in the school. Treetop's ideology is one in which staff hold high expectations for pupil achievement regardless of SEND needs and level of disability. The curriculum on offer is innovative and personalised to the individual learning needs of each pupil with an emphasis on development of communication and personal and social skills. Specialist support that the school will offer as needed include:-

- Small groups to target things such as literacy and numeracy.
- In-class support across the curriculum.
- Social skills groups.
- Behaviour, emotional, social development projects; or support with homework.
- Staff training in communication includes Singalong and Elklan Speech and Language programmes.
- Staff are trained to manage health needs including epilepsy and the administration of Buccal Midazolam, gastronomy feeding and use of epipens.
- Specialist Sensory and Communication team, including 3 full time Speech and Language therapists and a part-time assistant.
- Health based teams within the school who offer physiotherapy, occupational therapy and nursing team.
- Access to and regular visits from Educational Psychologists (34).

Beacon Hill Academy is for pupils aged 2-19 with severe and complex learning difficulties. The school has experienced a significant change in the complexity and severity of needs of the pupil population. There is a significant increase in the number of children who have very complex health needs requiring a high level of nursing care, and exceptional vulnerability. Like Treetops Beacon Hill Academy has am ideology and motto that aspires to support pupils to full potential - 'Achievement knows no boundaries.'

Beacon Hill Academy is commissioned to offer outreach services to all schools across Thurrock to support pupils with physical, severe or complex learning disabilities. Additionally, Beacon Hill Academy is a qualified teaching school for both the Thurrock Teaching School Alliance and Dilkes Teaching Schools Alliance. As such they are able to offer bespoke training to other schools including communication skills training; Singalong, Intensive Interaction and Elklan. Furthermore, Beacon Hill Academy works closely with partners in Health and Social Care, and are a 'Trailblazer school' for the Royal Opera House workshop and work closely with the Jack Petchey Foundation (35). There is a need for increased specialist support for children and young people with ASD.

10.2.2 Mainstream Schools/ Settings / Colleges

The majority of children and young people with SEND attend mainstream schools, settings and colleges. Mainstream schools have identified particular challenges on ensuring that there is good communication and contact between health services and schools in relation to planning support for children and young people's SEND. Additionally, it is recommended that sharing of good practice in terms of SEN support is strengthened across the borough and that identification of individual school's training needs are addressed and enhanced. Improvements are also needed for EHCNAs in schools with high requests and waiting times. Furthermore, closer joint working practices between education and social care need to be established, particularly relating to EHCPs but also more generally via the LACs service. School's also need to be supported to boost parents/Carers confidence that they are able to sufficiently support children with SEND.

10.2.3 Special Educational Needs Coordinator

Every school and college in Thurrock should have a named Special Educational Needs Coordinator, who undertakes the statutory and non-statutory functions of the role. A SENCo's key strategic role is to ensure that children with special educational needs and disabilities within a school receive the support they need, by ensuring pupils with SEND are considered throughout the school. They achieve this by working to develop an inclusive ethos, analyse pupil's progress and co-ordinate liaison with parents and external agencies. In Thurrock and nationally there is a diminishing list of SENCo's across schools, and in the case of some mainstream schools this role is fulfilled by Inclusion Managers, who do not always have qualified teacher or SENCo status.

Thurrock commissions Resource Bases to meet a range of primary needs. Two of these resource bases are for pre-school children, 5 are for primary schools and four are secondary school resource bases which are located within mainstream schools across Thurrock for children with special educational needs.

Two mainstream colleges in Thurrock offer a specialist programme of learning and individual support arrangements for young people with SEND; Palmers and South Essex College (Thurrock Campus). Palmers have a team of communicators for students with hearing impairment as well as equipment and aids for some students with specific disabilities. There are a wide variety of strategies used within these colleges to support students with learning difficulties or disabilities. For example, South Essex College provides programmes and qualifications for learners with SEND. This programme is designed for students with severe learning difficulties which enable students to develop personal and social skills through a variety of modules.

10.3 Preparing for Adulthood

Thurrock aims to ensure that all young people transitioning into adulthood are able to access an appropriate education, employment or training route, which is considered to be a placement that supports the young person's aspirations and helps him or her to progress towards his or her adult destination - rather than providing participation and qualifications for their own sake. One recommendation of this JSNA would be to increase the number of businesses signed up to provide the MiNT programme, pending evaluation of this service.

10.4 Short Breaks for CYP and Families

One of the main reasons focussing on short break provision came from the Disabled Children's review in which highlighted the fact that children and their families viewed provision of reliable and regular short break as their biggest priority. This is echoed in the Aiming High for Disabled Children: Best Practice to Common Practice report (36). Furthermore, provision of short breaks acknowledges that parents, families and disabled children themselves require breaks to be able to cope and function as a family unit. It is a symbolic function of the short break programmes (37).

Additionally, the Children Act 1989 (38) contains Short Breaks Regulations which require local authorities to ensure the following are met (39);

- That short break provisions have regard to the needs of different types of carers, not just those who would be unable to continue to provide care without a break
- Provide a range of breaks, as appropriate, during the day, night, at weekends and during the school holidays
- Provide parents and carers with a short break service or duty statement detailing the range of available breaks and any eligibility criteria attached to them

The provision of short breaks has evolved since the Aiming High for Disabled Children review (40)and now encompasses a much wider range of support than out-of-home placement in specialist residential facilities. They also can vary in duration (from a few hours to several days), timing, and by funding (directly by local authorities or via direct payments or personal budgets) as well as a greater range of settings where short breaks can take place (41). The diversity in the short breaks offer as it has developed in terms of locations and activities/events provided are seen as valuable in being accessible, beneficial and meeting the needs of all children with SEND (37). Two of the main aims of short breaks are to provide fun activities that disabled children can participate in as well as offer a break in caring role for parents/carers and family.

Provision of short breaks should only be used if appropriate to meeting the needs of the child and family, be in the best interests of the child and take into account the child's and their family views and wishes and aim to safeguard their health and wellbeing. In order to support families t access short breaks there is a requirement of local authorities to ensure that assessment of need and careful planning of short breaks should be undertaken followed by continuous review of how short breaks are working/not working for individual children and their families (41).

Another important issue is ensuring that children are involved as much as possible in decision making relating to their lives and care. Feedback from children highlights the importance of including them in decision making relating to their care and in deciding whether short breaks will work for them. Children interviewed placed value on being involved in deciding who they attend short breaks with (need for a trusted adult), the types of activities they participate in. One of the children suggested that if children are asked for their opinion it might make adults between at what they do; including provision of services. Focus on treating children as experts in their own lives (41).

A systematic review of qualitative and quantitative literature assessing the impacts of short break provision for disabled children and their families concluded that short breaks consistently

demonstrate positive impacts on carers, their children and the family as a whole (42). Most beneficial short breaks are those that offer something/benefit all family members.

For disabled children short breaks provide social benefits in terms of making new friends as well as meeting up with friends that they perhaps don't see very often (perhaps due to going to different schools). Importantly provision of short breaks was also found to have raised expectations around disabled children being able to reach their full potential whilst also supporting families in their attempts to lead ordinary lives (37).

Parents potentially benefit from the opportunities to relax, spend time with their non-disabled children or for uninterrupted sleep. Parents have also reported improvements in the quality of their children's lives for example, being exposed to new experiences or receiving increased attention. Additionally such provision can support parents/carers to maintain employment. Employment is one of the most protective factors for mental health (43); it can support in terms of financial security, provide a break from caring responsibilities and for some families continuous monitoring of their child's health needs (37). Some parents feel that short breaks offer the opportunity for their child to participate in the same activities as their non-disabled peers.

For some parents it gives them space to 'themselves' or not to have to explain their child's behaviour all of the time as it can create opportunities to spend time with families in similar circumstances to themselves – peer support. Moreover, it can also provide them with time to spend with their non-disabled children as often parents are acutely aware that their attention is more focussed on their disabled child. This in turn can reduce stress and guilt associated with caring for a disabled child (37).

For siblings of disabled children evidence suggests that provision of short breaks are beneficial for these individuals also. For example, it provides opportunities for them to spend time with parents/ carers receive more attention, do activities that can't always do in the presence of disabled sibling e.g. Go on holiday. Although there is limited to no existing evidence of this, short breaks may also provide a break from caring responsibilities for sibling. Some Short break activities also give the opportunity for siblings to interact with their disabled sibling in a different context that is away from home and where they might meet other people in similar situations to themselves (37).

Furthermore, evidence was found among a report of 17 local authorities that the provision of short breaks as a preventative service has led to a reduction in the number of disabled children and young people becoming 'looked after'. This report elaborated on the potential cost savings identified to be around £1,851,550 for 22 children within case studies (scenario 1). Among the seven areas explored, identification of 35 disabled children who were prevented from entering care led to estimated savings between £1,820,000 and £7,000,000 (depending on the possible placement – family versus residential out of borough – scenario 2) (44)

The table below highlights potential savings for Thurrock, which are modelled on the two scenarios outlined above using data for Thurrock, in terms of the number of LAC with SEN in borough, as outlined earlier in this report (66 in total – Spring Census 2017).

Table 4: Potential savings to NHS and wider society in Thurrock if LAC with SEN are prevented from entering the care system.

	Scenario 1 based on evidence which explored identification of **22** disabled children who were prevented from entering care leading to an estimated savings of **£1,851,550**		**Scenario 2** based on evidence which explored identification of **35** disabled children who were prevented from entering care leading to an estimated savings of between **£1,820,000 and £7,000,000**	
	option A	**Potential total savings**	Option B	**Potential total savings**
No of SEN prevented from entering care as a fraction of all LAC with SEN in Thurrock	66	£5,554,650	66	£3,432,000 to £13,200,000 (depending on placement type
If Half of children with SEND is prevented from going into care	33	£2,777,325	33	£1,716,000 to £6,600,000 (depending on placement type)
If one thrid of children with SEND is prevented from going into care	22	£1,851,550	22	£1,144,000 to £4,400,000

It is worth noting that the calculated savings were based on average costs per LAC, although it is recognised that different children will have different levels of need and therefore, will cost children's social care, the NHS and wider society different amounts of money for their care.

It should also be noted that it is inevitable that some children will enter care due to the complexity of their disabilities which for some may require specialist support. Due to their high level of need support within the care system may represent the safest option in terms of supporting these individuals health and wellbeing and overall quality of life.

There is a range of respite or short break offer for children and young people with disabilities, aged up to 18 years-old, and their families in Thurrock. Detailed information on what is on offer for children, young people and their families can be found within the Short Break Duty Statement (**when this is published**). In summary the following short break offer is available for children, young people and their families in Thurrock;

1) Short Breaks available without a Social Work Assessment but with a Common Assessment:-

   a) Befriending Groups.
   b) Sunshine Centre- After School Clubs, weekend clubs and holiday clubs
   c) Hannah's Place- Afterschool clubs, weekend clubs and holiday clubs.

d) Summer Play-scheme

2) Short Breaks and Support that require additional Social Work assessments and referrals:-

a) Individual Day Time Care and support that is regular and frequent.
b) Support from specially trained support staff for a short length of time to help families support their child to achieve a special target such as being able to sleep better, behavior management strategies.
c) Overnight stays in a residential provision especially designed for children and young people with disabilities or complex health needs.
d) Overnight stays in child's home.
e) Shared Care (Care in another family home) during the day or at night.

The short break provision in Thurrock is due to be re-commissioned and it is recommended that the commissioning process and decision is informed by this JSNA using evidence on what works found in Appendix 1. Some further considerations when re-designing the short break provision include:-

- Ensuring that transport is integrated within the short breaks offer to remove barrier relating to accessibility for children and their families.
- There is a need for enhanced availability of qualified staff to provide the different programmes within the short break offer. Parents that were interviewed have highlighted this as something that concerns them in relation to short breaks.
- There is a need for enhanced flexibility in the short break provision e.g to respond to changing circumstances and needs of individual children and their family.
- Ensuring that there is a shared and common understanding of what short breaks are between families/parents/carers and the local authority. To date it has been reported by parents that there is different understanding of short breaks between themselves and the local authority. For example, one local authority removed direct payments for a family who were using direct payments for laundry, which would otherwise overwhelm them due to their child's needs and would not allow time for respite, as that time would be spent undertaking the laundry themselves.

10.4 Information, Advice and Support Services (IASS)

Independent information, advice and support services (IASS) are provided in Thurrock by the Parent Advisory Team Thurrock (PATT), replacing the previous Parent Partnership Service. PATT provides information and advice to parents and Carers of children and young people with SEND aged 0 to 25 years-old, supporting families through:

- the education, health and care plan (EHCP) assessment process
- the conversion of educational statements into an EHCP
- the appeals process
- mediation and tribunal
- working with schools and other educational professionals, offering support with school exclusions

10.5 Health Services

Most of the Health offer for children and young people with SEND is delivered by the North East Foundation Trust under its community services offer. These include but are not limited to; Therapies Occupational Therapy and Physiotherapy.

10.5.1 Children and Adolescent Speech and Language Therapy (SALT)

This service is commissioned by the Thurrock Clinical Commissioning group and delivered by NELFT NHS Foundation Trust. The service provides specialist assessment, diagnosis, treatment and management of delays or disorders in the areas of speech, language and communication to children and young people up to the age of 16, or 19 with an EHCP

. The team works with parents, carers, early year's practitioners, schools and other healthcare professionals to create a supportive environment for the development of communication skills. The service supports children and young people who are displaying

- Language difficulties in understanding and using words or sentences
- Speech sound difficulties
- Difficulties with social communication and social interaction
- Language that needs to be supported using alternative or augmentative communication
- Stammering
- Language difficulties as part of hearing impairment

10.5.2 Children's Dieticians

This specialist service, which is delivered by NELFT NHS Foundation Trust, aims to improve the wellbeing of children with clinically related special dietary needs or nutrition problems. It provides high quality patient and family focused care, supporting and empowering patients, families and carers to take control of their condition/s; and in doing so facilitate improved general health, well-being and independence. The service implements, monitors and evaluates the outcome of dietetic therapies.

10.5.3Community Nursing Service

This service is part of an integrated specialist community children's nursing service comprising of community children's nurses, specialist health visitors and specialist school nurses, epilepsy nurse specialists, sickle cell and thalassemia nurse specialists and the pediatric diabetes nursing team.. This service provides nursing care to children and young people between the ages 0 to 19 years in the community (e.g. at home or school), and empowers parents and carers to self-manage their child's condition. The service supports the national directives for the delivery of care closer to home by reducing hospital admissions and attendance and includes various specialisms including: Oncology, Epilepsy, Macmillan, Respiratory.

This team comprises of children's nurses and nursery nurses. Some nurses have a special interest in particular conditions such as premature babies, children with cancer, asthma and cystic fibrosis, and children with complex needs. The aim is to help prevent children being

admitted to hospital and enable early discharge if admitted. This service also offer support groups as well as supporting clinics within the hospital, for example, cystic fibrosis clinics.

10.5.4 Specialist Health Visitors

The Specialist Health Visiting service provides consultation to children and young people up to the age of 19 years old 5 , and their families, on all aspects of disability. This includes: specialist advice on conditions; observation and assessment; early support / one planning for Educational Health Care Planning; intervention from a team of nursery nurses; coordination of service provision; provision of information on education, social care, benefits and related issues; delivery of Specialist Developmental Playgroups; continence assessments; and training in Epipen/ Anaphylaxis and Epilepsy. The Specialist Health Visitors work jointly with the Specialist School Nursing team and school staff in special schools, supporting their role in attending core groups and completing LAC reviews.

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BTUH Acute Care and specialist commissioning via NHS England (GOSH and Evelina)

10.6 Community Teams

10.6.1 Children's physiotherapy

The children's physiotherapy service provides treatment for children with a wide variety of conditions ranging from arthritis, cystic fibrosis, and musculoskeletal conditions to cerebral palsy and other neuromuscular conditions.

The service sees children in a variety of settings including clinics, children's centres, nurseries, schools and their own homes. Physiotherapy for children uses play, activities and exercise to help children reach their full physical potential.

Innovative practice includes Ponseti treatment for children with talipes (club foot), provision of supportive LYCRA® garments and therapeutic trampolining

10.6.2 Community paediatrics

Community paediatricians work in the community and see children with neurodevelopmental conditions. Professionals within this service provide the following

- Neuro-disability clinics
- social and communication assessment clinics
- assessment and management of complex needs
- neurodevelopmental assessment of preterm babies
- urgent medical assessments for children who may have been abused and initial health assessments of children taken into the care of the local authority

- Advice on health concerns relating to safeguarding, adoption and fostering.
- Behaviour concerns in 5 -11year olds where neurodevelopment conditions such as Social Communication difficulties / Autistic Spectrum Disorder is strongly suspected.

10.6.3 Community children's nursing

The community children's nursing team in Thurrock provides nursing care to children at home or in a community setting such as their school.

We care for all children with an identified nursing need between the ages 0 to 19 years. A child's condition/needs may be short or long-term. For example, wound care, administration of antibiotics, or treatment for cancer.

Our community children's nursing team comprises trained children's nurses and nursery nurses. Some nurses have a special interest in particular conditions such as premature babies, children with cancer, asthma and cystic fibrosis, and children with complex needs.

We work closely with other professionals to help prevent children being admitted to hospital, to enable early discharge.

Our nursery nurse in the team provides food play, baby massage, distraction and play therapy and other support roles for children and families.

We are continuing to develop our nurse-led clinics and support groups. We offer a premature baby support group an asthma clinic in addition to supporting clinics within the hospital, for example, oncology and cystic fibrosis clinics.

This service is part of an integrated specialist community children's nursing service comprising of community children's nurses, specialist health visitors and specialist school nurses, epilepsy nurse specialists, sickle cell and thalassemia nurse specialists and the paediatric diabetes nursing team.

10.6.4 Children's feeding and swallowing

The children's feeding and swallowing team provides a coordinated multidisciplinary service for babies and children with feeding and swallowing difficulties. The offer is of high quality, personalised and responsive by delivering assessment, diagnosis, support and management to children with feeding and swallowing difficulties.

The team consist of;

- speech and language therapists
- paediatric dieticians
- paediatric occupational therapist
- a specialist children's nurse
- a dietetic assistant
- an administrative assistant

10.6.5 Child and adolescent speech and language therapy (SALT)

Talking point is a national organisation that provides parents/carers of with information that can help them to support their child's speech and language development/needs. It works with CYP and their families from birth to 17 years. (45). Information provided includes:

- A guide to the skills children develop between birth and 17 years.
- Concerns to look out for
- Where to go for help
- Useful organisations
- Books and DVDs.

In Thurrock there are a variety of support services that can support CYP and their families with speech and language needs. These include children's centres, early year's settings, schools (including specialist support in schools) and through the NHS's Children's Speech and Language service which is run by NELFT.

Additionally, there are training opportunities for parents/carers. One of the training avenues is via ***Signature*** website (46) where information on training can be found. Training centres run courses on:-

- British and Irish Sign Language
- Lipspeaking
- Deafblind
- Deaf and Deafblind awareness
- Communication Support.

Other training for parents/carers includes Chatterbox as outlined Children's Centres section below and Signalong. Signalong is a manual communication system that supports alongside spoken language. Signalong helps to support communication and language development and is available to parents/carers, nurseries, pre-schools and schools (47).

Aladdin's Cave at Beacon Hill Academy allows parent/carers, support workers and teachers to join and borrow items to support and promote children's development of language, communication and the senses. Items that can be borrowed include:-

- Bubble tubes
- Sound beams
- projection equipment
- portable ball pools
- musical instruments
- fibre optics
- switch accessible toys
- sensory kits
- story sacks (48).

Afasic is a UK charity that supports CYP who have speech, language and communication needs. ***Afasic*** runs a club for young people aged 11 to 19 years-old with speech and language impairments. It meets at the Downshall Centre in Seven Kings, Redbridge every Friday evening in term time from 7pm to 9:30pm (49). Although this appears to be a useful support network for children with speech and language needs, for those in Thurrock this club may be difficult to access in terms of the distance to travel, as Redbridge is in Surrey as well as the time that the club runs from and to.

Ask Thurrock is an online directory of organisations for young people and families. It includes listings for organisations that support CYP with SEND and their families (50).

The Dyspraxia Society is a national society that supports people living with Dyspraxia. Dyspraxia is classified as a condition which affects both basic motor skills such as walking as well as fine motor skills such as holding a pen for writing. ***The Essex Dyspraxia Foundation*** offers; a monthly newsletter, a telephone helpline, a monthly parent's group meeting and family social activities (51).

The National Autistic Society provides useful information for parents/Carers and teachers who support children with autism spectrum disorders. Information is provided in relation to communication and how individuals with autism may be supported in this area. (52).

Children's Centres (CC's)

The Children's centres across Thurrock offer a variety of activities that either directly or in-directly support children's speech and language development. The types of activities provided differ across the children's centres and seem to be tailored to local need (e.g. by ward) in terms of demographics etc…

Chatterbox – aimed at children aged 18-60 months. A Booktrust programme to support families to develop a love of stories, books and rhymes to help their children's early reading skills. This activity is provided at Stanford, Ockendon, Tilbury and Thameside CC's.

Speech and Language drop-in's - For ages 0 to 60 months. Speech and language therapists will be available to provide advice and support to families who feel their child might be experiencing some delay in their speech and language development. Available at Tilbury, Stanford, Aveley and Thameside CC's.

Let's Talk with your baby - For ages 0 to 12 months. A programme to promote positive adult-child interaction and communication skills, attachment, stimulation in a rich environment through interactive, fun activities. This programme is available at Purfleet, Thameside, Chadwell and Ockendon CC's.

Language Focussed Play Therapy - An evidence-based therapy for children with expressive or receptive language delay for children aged 24-60 months. This course is provided by referral only. Available at Aveley, Tilbury and Thameside (although not therapy based at Thameside) CC's.

English for Speakers of Other Languages (ESOL) conversation club - A club for parents and carers to develop their English speaking and listening skills with friends. Available at Purfleet and Tilbury CC's.

Play and Learn - For ages 24 months to 60 months. A 6-week programme for families to support their child's learning through play. The sessions also provide ideas on how to support children's learning at home. This course is available at Ockendon, Purfleet and Thameside CC's.

Bookstart Corner - For ages 18 months to 60 months. A Booktrust programme to support families to develop a love of stories, books and rhymes to help their children's early reading skills. This programme is available at Purfleet, Ockendon, Chadwell and Tilbury CC's.

Stay and Play (various themes including messy play, rhyme time, story sack fun, worlds of discovery, little ones, little explorers, garden fun, play 2gethr plus, play babies, toddler talk, language focused and story and rhyme time) - age ranges vary dependant on theme but are usually 0-24 months. Stay and play involves fun activities for parent and their infant. The sessions promote social skills and stimulation to support children's development. Sessions available at Thameside, Ockendon, Stanford, Aveley, Chadwell, Tilbury and Purfleet CC's (53).

The sunshine centre in Tilbury offers a variety of activities and designed to support disabled children and young people. Its main objective is to provide practical support for CYP and their families. The offer includes family drop in's, toddler group, specialist groups alongside a regular programme of activities.

Early Years settings

All early years services employ a SENCo and offer inclusive education for all. This includes settings such as school nurseries, pre-schools, play-groups and child-minders (54).

Schools

Primary

All primary schools in Thurrock offer ***Speech Link*** an online assessment tool designed by Speech and Language Therapists. It assists school staff (teachers and teaching assistants and SENCo's) to identify, understand and learn how to support children's speech and language difficulties.

All Reception aged pupils are assessed initially using the ***Infant Language Link programme***. Those identified as having speech and language difficulties will additionally be assessed using ***Speech Link*** For children who either join a school at a later age or who still continue to experience difficulties can be assessed using either the ***Infant Language programme*** (4-8 year olds) or the ***Junior Language Link programme*** (7-11 year olds) (55).

Signature also offer SpellSign which aims to bring British Sign Language (BSL) into primary school classrooms using characters and stories to support children to learn about BSL, as well as improve their communication skills and literacy. In addition to stories, courses can also utilise resources such as digital stories, activities and flashcards. To extend this learning to the home environment, parents/carers can also sign up to receive resources (56).

Secondary

Some secondary schools in Thurrock have begun to use the ***Secondary Language Link programme*** to assess older children who may be experiencing speech and language difficulties (55).

Support in schools can be provided via specialist provision in schools as well as the NHS Children's Speech and Language therapy (see sections below).

Specialist Speech and Language Therapies

Specialist speech and language therapies are available for children who have communication difficulties relating to:-

- Autism
- Complex Special Needs, learning disability or physical disability
- Hearing impairment
- Specific language disorder or stammer.

NHS Speech and Language service (NELFT)

The speech and language therapy service provides specialist assessment, diagnosis, treatment and management of communications for children and young people up to the age of 16, or 19 with an EHCP. The team works with parents, carers, early year's practitioners, schools and other healthcare professionals to create a supportive environment for the development of communication skills.

The service supports children and young people who are displaying:

- Language difficulties in understanding and using words or sentences
- Speech sound difficulties
- Difficulties with social communication and social interaction
- Language that needs to be supported using alternative or augmentative communication
- Stammering
- Language difficulties as part of hearing impairment
- Voice disorders

Children's occupational therapy

Children and young people who have a specific functional concern which significantly impacts on their daily living skills, and are out of keeping with their general developmental profile.

The service is for Children with developmental delay, neurological impairment and difficulty with motor skills affecting function.

11 Recommendations

The sections within this JSNA have outlined the needs of children and young people as well as explored what we are doing to support SEND children, young people and their families. The key findings from this report indicate several areas in which Thurrock in which understanding of the

needs and SEND provision can be improved. Based on these, the following recommendations have been made.

- **Making a strategic decision for greater collaboration between education, health and social care services, and CYP and their families**

    - There is a need for a strategy which pulls together work for children and young people. Brighter Futures strategy is a great avenue to reinforce collaborative work between partner agencies and families. It might also be worth exploring further the ongoing Children and Young People Integrated commissioning strategy.

    - Within Thurrock children's therapy services particularly Speech and Language Therapy are currently commissioned by the CCG, schools and the Local Authority. This implies there is some form of duplication of services and use of resources resulting in lack of economies of scale as well as a confusing pathway for service users. This analysis have identified a significant increase in the need for Speech and Language therapy with high numbers of autistic children and other forms of SEND likely to need SALT. Therefore, it is recommended that a review and deep dive of these services is completed to develop and better understand the need and explore joint commissioning opportunities between education, social care and health. This will ensure better use of resources and possibly result in reduction in cost across partner organisations as well as ensure coordinated care provided to children and their families.

    - Following the detailed service review, make a strategic decision to invest in interventions for speech, language and communication needs that are evidence-based where possible by Thurrock CCG and the Local authority. The type of intervention chosen will depend on the range of SLCN identified across the borough and within schools.

    - Following this JSNA, it will be of benefit to develop and consult on an overarching SEND Strategy which will provide a strategic vision towards provision of support for children in their early years, at school, college and work. This will ensure that children, young people and their families are enabled to fully achieve their potential and have happy, healthy and fulfilling lives. The strategy should be co-produced with partners identifying key priorities for SEND in the next couple of years. There must be definite action plans to support achievement and monitoring of the vision and identified themes set out within the strategy. It is suggested that priorities could include early identification of and support for children with SEND and ensuring children with SEND are making good progress and have good outcomes. Further work is required on boosting parent's confidence in mainstream schools being able to sufficiently meet the needs of CYP with SEND.

    - Following recommendations highlighted in the SEND Self-Assessment that was conducted ensure that CYP and their families are given a meaningful voice in decision making, service design and provision and evaluation of services, so that service provision truly reflects the services that local residents desire and that meets their needs.

- **Continue to improve SEND operational areas of work**

    - The Local Offer is an essential part of the services available to SEND children and their families. It will be worthwhile to continue developing and improving the Local Offer, most importantly working to develop a better an enhanced comprehensive process of feedback and consulting with children, young people and their families. User feedback should be routinely collected and analysed to improve services and understand how effectively the local area meets the needs and improves the outcomes of children with SEND. This will ensure a robust and comprehensive offer in Thurrock; information is comprehensive, easily accessible and continuously updated. This is supported by the recognition by CaPa that despite parent participation in the SEND Strategic Group, more work is needed in terms of involving families in co-production during strategic planning activities and on deciding SEND services.
    - As part of the Local Offer, focus on re-commissioning of the short break provision offer in Thurrock, based on the evidence provided within this JSNA. Co-produce this element of the offer by consulting with CYP and their families to give them a voice, in decision making, service design and provision and evaluation of services, to truly provide services that local residents desire and that meet their needs.

    - Guidance in the code of practice recommended that all children and young people with SEND on a School Action or Action Plus plan be converted to SEN statements or EHPC plans by March, 2018. Thurrock is expected to ensure that 1,374 children are on an EHCP by 2018. The data within this JSNA identifies that 983 children are currently on a statement or EHC plan. An audit of case files of all children with SEND is recommended to ensure Thurrock is meeting this guideline. Consequently, if Thurrock has not transferred 1374 children to an EHC plan by March 2018, what actions need to be taken to achieve this and ensure all children with SEND are receiving the right support?

Further develop effective transition between education phases including preparing for adulthood pathways. Transition of children and young people with SEND to adult services must be refined in collaboration with Preparation for Adult services. It is unclear if all SEND children are assessed and prepared for a smooth transition to adulthood. This should incorporate higher education opportunities (16-25 years), employment and training prospects, social activity provision and increasing the offer in terms of independent living opportunities. In terms of employment this could be achieved by improving employer/businesses sign up and uptake in the MiNT programme once evaluation has been undertaken.

    - As recommended within the SEND Self-assessment conducted, improvements to EHCNA's in schools with high requests and waiting times should be sought.

    - Development of a School Wellbeing Service (SWS) should support and be the catalyst for reducing waiting times and demand on the EWMHS.

    - There is a need for increased specialist support for children and young people with ASD residing in the borough. Additionally, it would useful to develop a screening tool for use with CYP with SEN involved in the youth offending service (YOS).

- **Continue to improve local data collection**

    - Predicted increases in the number of children and young people with SEND included within this JSNA is an extremely simple estimate which is compounded by irregular CSC data and different data systems capturing different information and not matched to finance information. It will be useful to incorporate more robust projections to aid better understanding of need, ensure accurate spend as well as inform forward planning of children and health services for this cohort of children. To enhance this projection and accurately begin to estimate the number of children and young people with SEND further work is needed to begin to quantify the impact of the long term trend in the rising rates of SEND and some of the complexities that might arise. With increasing numbers of CYP with SEN who have an EHCP, a review of the thresholds for determining this should be undertaken, as figures suggest that the number of CYP with an EHCP's is the higher in Thurrock than the rest of the region, statistical neighbours and England as a whole.

    - The cost of provision as well as projected cost information has not been included within this JSNA and it is recommended that a dedicated piece of work is undertaken which is focused on synergies between finance and SEND data. For example adequate finance and activity data can be used to anticipate and plan for those children surviving longer with more complex needs. This can only be possible by ensuring information on finance and activity is improved. Further work needs to be done to produce an accurate SEND forecast through the Service Review board to provide a holistic and in-depth view. This can be supported by continuous monitoring of the demand and need for specific services, which will ensure that reducing budgets are used to invest in the right areas where need is highest.

12 References

1. **Department for Education.** *Special Educational Needs in England; 2017.* 2017.

2. —. *Special Educational Needs in England; 2014.* 2014.

3. **Ofsted.** *SEN Framework; 2010 Review.* 2010.

4. **Thurrock Council.** *Health and Wellbeing Strategy, 2016-2021.* 2016-2021.

5. **Pinney, A. - Council for Disabled Children and True Colours Trust.** *Understanding the needs of disabled children with complex needsor life-limiting conditions. What can we learn from national data? Exploratory Analysis.* 2017.

6. **Department of Children, Schools and Families.** *Designing for Disabled Children and Children with SEN; Guidance for Mainstream and Special Schools: Bulletin 102.* 2014.

7. **Government.** *The Children and Families Act.* 2014.

8. **Department for Health and Department for Health and Social Care.** *SEND Code of Practice - 0-25 Years.* 2015.

9. **Shaw, B. et al - John Rowntree Foundation.** *Special Educational Needs and their links to poverty.* 2016.

10. **Government.** *The Equality Act.* 2010.

11. **Department for Education.** *Special Educational Needs in England, SPR29, 2016.* 2016.

12. —. *SEND: Guide for Parents and Carers.* 2014.

13. —. *Children with Special Educational Needs and Disabilities (SEND).* 2018.

14. **Kent Independant Education Advice.** SEN Units. [Online] 2017. http://www.kentadvice.co.uk/special-education-needs/sen-units.html.

15. **Coventry City Council.** Coverntry's SEND Local Offer - Short Breaks. [Online] 2018. http://www.coventry.gov.uk/directory record/22660/short breaks.

16. **Thurrock Council.** *Thurrock Children and Young People JSNA.* 2017.

17. —. *A Sustainable Children's Social Care System for the future, Annual Report of the Director of Public Health, Thurrock.* 2017.

18. **Wilkin, A., Derrington, C., White, R., Martin, K., Foster,B., Kinder, K. & Rutt, S.** *Improving the Outcomes for Gypsy, Roma and Traveller Pupils: Final Report.* 2010.

19. *The Home-Education of children with special needs or disabilities in the UK: Views of parents from an online survey.* **Parsons, S. & Lewis, A.** 1, s.l. : International Journal of Inclusive Education, 2009, Vol. 14.

20. **National Fragile X Foundation.** Fragile X Syndrome. [Online] 2018. https://fragilex.org/learn/.

21. *Missed Diagnosis or misdiagnosis? Girls and women with austism spectrum disorder.* **Gould, J. & Ashton-Smith,J.** 1, s.l. : Good Autism Practice, 2011, Vol. 12.

22. **The National Autistic Society.** Gender and Autism. [Online] 2018. https://www.autism.org.uk/about/what-is/gender.aspx.

23. *Deprivation, Ethnicityand the prevalence of intellectual developmental disabilities. .* **Emerson, E.** s.l. : Journal of Epidemiology and Community Health, 2010.

24. **Department for Education.** *Statistics: Special Educational Needs (SEN).* 2010-2018.

25. **Parson, S., & Platt, P.** *Disability among young children's cognitive development in the early years.* s.l. : Department of Quantitative Social Science Working Paper no 14-15, London Institute of Education. University of London, 2013.

26. **Public Health England.** Public Health Profiles. *Public Health England Health Profiles.* [Online] 2016. https://fingertips.phe.org.uk/search/teenage%20pregnancy#page/0/gid/1/pat/6/par/E12000006/ati/102/are/E06000055 .

27. **MacKay, D.f. Smith, G.C.S, Dobbie, R., & Pell, J.P.** *Gestational age at delivery and Special Educational Need: Retrospective Cohort Study of 407,503 School Children.* 2010.

28. **Department of Children, Schools and Families.** *Breaking the link between Special Educational Needs and Low Attainment.* 2010.

29. **The National Autistic Society.** Criminal Justice: Why might autistic people become involved in the CJS? [Online] 2017. https://www.autism.org.uk/professionals/others/criminal-justice.aspx.

30. **Council for Disabled Children.** *Young Offenders with Special Educational Needs: a new legal framework.* 2014.

31. **NICE.** *Transition from Children's to Adults' Services for young people using health or social care services.* 2016.

32. **Department for Education.** SEND; 19-25 year olds' entitlement to EHC Plans. [Online] 2017. https://www.gov.uk/government/publications/send-19-to-25-year-olds-entitlement-to-ehc-plans/send-19-to-25-year-olds-entitlement-to-ehc-plans.

33. **Government.** *The Care Act.* 2016.

34. **Treetops School.** Local Offer. [Online] 2018. http://www.treetopsschool.org/local-offer.html.

35. **Beacon Hill Academy.** Beacon Hill Community Support. [Online] 2018. http://www.beaconhill.thurrock.sch.uk/community-support/.

36. **Department for Children, Schools and Families.** *Aiming Hgh for Disabled Children: Best Practice to Common Practice.* 2011.

37. **Langer, S., Collins, M., Welch, V., Wells, E., Hatton, C., Robertson, C. & Emerson, E.** *A Report on themes emerging from qualittative research into the impact of short break provisionon families with disabled children.* 2010.

38. **Department for Education.** *The Children Act - Short Break Regulations.* 1989.

39. —. *Short Breaks for Carers of disabled children.* 2011.

40. **HM Treasury and Department for Education and Skills.** *Aiming high for disabled children; better support for families.* 2007.

41. **Department for Children, Schools and Families & Department for Education.** *Statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks.* 2010.

42. *The Impacts of short break provision on families with a disabled child: an international literature review/.* **Robertson, J., Hatton, C., Wells, E., Collins, M., Langer, S., Welch, V. & Emerson, E.** 4, s.l. : Health and Social Care in the Community, 2011, Vol. 19.

43. **Wadell, G.& Burton, A.K. for Department of Working Pensions.** *Is work good for your health and wellbeing?* 2006.

44. **Together for Disabled Children.** *Impact of the Short Programme on the prevention of disabled children entering the Looked after system.l.* 2011.

45. **Talking Point.** Speech and Language in Children. [Online] 2013. http://www.talkingpoint.org.uk/.

46. **Signature.** Welcome to Signature. [Online] 2018. https://www.signature.org.uk/index.php#.

47. **Thurrock Council.** Speech, Language and Communication Support - Training for Parents and Carers. [Online] 2018. https://www.thurrock.gov.uk/speech-language-and-communication-support/training-for-parents-and-carers.

48. —. Speech, Language and Communication Support - Specialist Local information. [Online] 2018. https://www.thurrock.gov.uk/speech-language-and-communication-support-at-school/specialist-local-information.

49. **Afasic.** Afasic - Voice for Life. [Online] 2018. https://www.afasic.org.uk/.

50. **Ask Thurrock.** Ask Thurrock - Young People and Families Directory. [Online] 2018. http://www.askthurrock.org.uk/kb5/thurrock/fis/home.page.

51. **The Dyspraxia Foundation.** Dyspraxia Foundation. [Online] 2018. https://dyspraxiafoundation.org.uk/.

52. **The National Autisitic Society.** National Autistic Society. [Online] 2018. https://www.autism.org.uk/.

53. **Thurrock Council.** Children's Centres. [Online] 2018. https://www.thurrock.gov.uk/childrens-centres.

54. —. Speech, Language and Communication Support - Pre-School Settings. [Online] 2018. https://www.thurrock.gov.uk/speech-language-and-communication-support-at-school/pre-school-support.

55. —. Speech, Language and Communication Support - School-aged Children. [Online] 2018. https://www.thurrock.gov.uk/speech-language-and-communication-support-at-school/school-aged-children.

56. **Signature.** Welcome to SignSpell. [Online] 2018. http://www.signspell.co.uk/?_ga=2.145187252.1602193614.1532678892-252969866.1532678892.

57. **Council for Disabled Children.** *Education, Health and Care Plans: Examples of good practice. .* 2017.

58. **Department for Education.** *Mapping user experience of the Education, Health and Care process: A Qualitative Study.* 2016.

59. **Council for Disabled Children.** *Securing good quality social care advice for Education, Health and Care (EHC) Plans.* 2017.

60. **Local Government and Social Care OMBUDSMAN.** *Education, Health and Care Plans: Our first 100 investigations.* 2017.

61. **Department for Education.** *'What Works:' Interventions for children and young people with speech, language and communication needs.* 2012.

62. **Royal College of Speech and Language Therapists.** *Resource Manual for Commissioning and Planning Services for SLCN.* 2009.

63. **NICE.** *Guidance CG170: Autism Spectrum Disorders in under 19s: Support and Management.* 2013.

64. —. *Guideline CG170 4-year surveillance- 2016 - Autism Spectrum Disorder in under 19s: Support and Management: Appendix A: Summary of new evidence.* 2013.

65. *Applied Behaviour Analytic Interventions for autism in early childhood; Meta-analysis, meta-regression and dose-response meta-analysis for multiple outcomes.* **Virues-Ortega, J.** s.l. : Clinical Psychology Review, 2010, Vol. 30.

66. *Effectiveness of the Picture Exchange Communication System (PECS) on communication and speech for children with autism spectrum disorders: a meta-analysis.* **Flippin, M. Reska, S & Watson, L.R.** s.l. : American Journal of Speech-Language Pathology, 2010, Vol. 19.

67. *A Review of the Efficacy of the Picture Exchange Communication System Intervention.* **Preston, D & Carter, M.** 10, s.l. : Journal of Autism and Developmental Disorders, 2009, Vol. 39.

68. **Lang, R., O'Reilly, M. & Healy, O et al.** *Sensory Integration Therapy for autism spectrum disorders: A systematic review.* 2012.

69. **NICE.** *Guidance CG72 - Attention Deficit Hyperactivity Disorder: Diagnosis and Management.* 2008.

70. *Parent Training Interventions for Attention Deficit Hyperactivity Disorder (ADHD) in children aged 5 to 18 years. .* **Zwi, M., Jones, H., Thorgaard, C et al.** s.l. : Cochrane Review, 2011.

71. *Nonpharmological interventions for ADHD: systematic review and meta-analyses of randomised controlled trials of dietary and psychological treatments.* **Sonuga-Barke, E.J., Brandeis, D., Cortese, S. et al.** 3, s.l. : American Journal of Psychiatry, 2013, Vol. 170.

12 Appendices

12.1 Appendix 1 – What works for Children and Young People with SEND - Evidence Review

Evidence of interventions that work for children and young people with SEND has been reviewed. It is expected that SEND professionals will refer to this to support their practice.

Education, Health and Care plans

The Council for Disabled Children have recently produced a document to support practitioners to write good quality Education Health and Care (EHC) plans (57). Some of the key features of high quality EHC plans have been listed below:

- Each special educational need is articulated separately to ensure that the correct provision of support can address and meet each child's holistic needs.
- Language describing the child or young person's health needs is simple and avoids jargon. Focus is on practical implications of health conditions or impairments on different areas of the child or young person's life
- When requesting social care advice, relevant information that has already been collected about the child or young person's social care needs and outcomes should be passed on to the social care professional providing the advice

- Joint outcomes across education, health and social care should be identified where appropriate and should relate to the child's aspirations

- When considering the special educational provision required by the child or the young person, the hours and activities need to be clearly outlined and related to the particular need and outcome they are intending to address.

- The required skills, qualifications and training for specialist education, health and social care provision need to be set out with a clear outline of when this will be made available and reviewed.

- The name and type of the school or other educational institution to be attended by the child or young person is clearly identified

- Where there is a Personal Budget, details of how it will support outcomes, the provision it will be used for and arrangements for any direct payments for education, health and social care should all be included.

A qualitative study published by the Department for Education (58) aimed to examine user satisfaction with the EHC process. Interviews were conducted with 77 parents and 15 young people with SEND as well as over 120 professionals from 4 local authorities.. Analysis found 10 factors which influence family satisfaction with their local EHC process:

- Accessible referral routes
- Holistic needs assessments driven by children, YP and families' needs and aspirations
- Suitable support to meet educational needs
- Consideration of longer-term ambitions and future implications
- Effectively actioned plans
- A monitoring and reviewing process in place
- Clear and transparent information
- Joined up working within and between the education, health and care sectors and families
- Parental and YP involvement
- Support (emotional, social and legal) provided to children, YP and families

There were several examples of issues being raised. For example, such as not having needs identified early enough, a lack of appropriate Health and Care input, plans not being SMART or outcome-focussed, panels overruling co-produced multi-agency needs assessments and also tensions around provision or placement issues.

Based on the research findings, the authors made several recommendations, including the following:

- User feedback should be routinely collected and analysed to improve services and understand how effectively the local area meets the needs and improves the outcomes of children with SEND. Local authorities need to consult with a wide range of families and not just the established parent forums.

- There is a need to draw up guidance on how best to effectively elicit and act upon the views of children and YP with SEND within the feedback process.

- Good practice for service delivery and feedback processes needs to be shared, as well as examples of innovative practice and ways to overcome barriers

Although the above findings may be applicable to Thurrock, the report recommended each authority to gather their own user feedback in order to identify their own priorities and this has been made clear for Thurrock within the recommendations.

Social care

In relation to social care advice for EHC plans, the Council for Disabled Children have identified the following key practices which need to be embedded throughout the process for EHC need assessments and planning (59):

1. **Clear thresholds for social care intervention-** The Local Threshold document should be clear on which children require statutory social care intervention, and there should also be a clear support pathway for those who do not.

2. **Professionals should ensure good communication with families about information that will be shared and with whom -** Children, young people and their families should be fully involved in evidence gathering, information sharing and decision making processes. The family should be made aware and asked for consent for information sharing.

3. **Quality assurance processes are in place to moderate the quality of social care advice and provide feedback to writers**

Issues and areas of good practice

The Local Government and Social Care Ombudsman recently produced a focus report 'EHC plans: our first 100 investigations' which identified common issues and complaints from families with the EHC process (60). The report highlighted that commons issues range from operational difficulties such as delays in issuing EHC plans within the recommended time limit to insufficient involvement of families in gathering evidence to inform EHC assessments. The report identified good practice themes to support councils. These include;

- Have a strategic plan for how the remaining transfers and new EHC requests will be managed giving priority to urgent cases and key transfer dates.
- Ensure high quality advice is obtained from professionals to inform EHC plans. Give professionals clear instructions about the advice required and that recommendations must be quantified and specified.
- Have a proper mechanism in place with NHS/CCG partners to address delays or problems receiving professional advice.
- Plan ahead for transfers – early discussion with families ahead of issuing the transfer notice can identify cases where significant changes in support are likely to be needed, or new assessments are required to inform the EHC plan
- Ensure social care needs are properly considered in every EHC assessment or transfer.
- Discuss possible education placements and their relative costs (including social care and transport) early, so families can make informed choices and have the opportunity to suggest alternatives.
- Consult possible education settings early to avoid unnecessary delay in reaching a decision
- Work closely with families throughout the EHC process and let families know if the council's views about needs or placement diverge from those of the family to avoid surprise conflicts.
- Ensure all involved in SEND are properly trained in the law

Interventions for children and young people with Speech, Language and Communication needs (SLCN)

A report from the Better Communication Research Programme drew together the relevant evidence about the effectiveness of interventions for children with speech, language and communication needs (SLCN) (61). Conclusions were drawn from a combination of a review of the research literature and qualitative interviews with experienced practitioners to investigate commonly used practices.

The review identified 57 interventions as being in use or published in literature. These were a mix of universal, targeted and specialist services. Only three interventions were found to have a strong level of evidence:

- Fast ForWord (although evidence was not in favour of the intervention)
- The Lidcombe Program (significantly positive outcomes for children who stammer)
- Milieu Teaching/Therapy (positive outcomes for early language learners)

Although the evidence was not strong for other interventions it does not necessarily indicate those interventions are ineffective. It simply implies that not enough is known about their effectiveness in supporting children with speech, language and communication difficulties.

The researchers noted that there have been too few large scale studies to draw firm conclusions about how services should be delivered. However, there were plenty of examples of individual techniques demonstrating positive impacts on outcomes which warrant larger studies to measure effectiveness, particularly in relation to the impact on the child's performance at school.

Speech and language therapy

Speech and Language Therapy (SLT) aims to identify the nature of the delay or disorder by assessing the pattern of the articulation and phonological template used by the child. Therapists will ascertain the effect any sound impairment will have on the individual's ability to access the curriculum and advise accordingly. The type of speech pattern will influence the type of intervention chosen.

The Royal College of Speech and Language Therapists (RCSLT) have produced several reports summarising the evidence of speech and language therapy in relation to various impairments and disabilities (including autism, learning disabilities and speech and language impairments) in order to inform service planning and commissioning for SLCN (62). Speech and language therapy has been found to be effective for children with a speech and language impairment, impacting on outcomes that extend beyond language gains to include social skills, peer relationships, self-confidence and literacy. Better outcomes are associated with earlier and more intensive therapy. Delivery has also been successful through the training of parents via speech and language therapists, but not for computer-based training.

There is also significant literature documenting the effectiveness of speech and language therapists providing training to professionals who work with individuals with learning disabilities. However, the methodological quality of most studies is poor.

Interventions for children and young people with Autistic Spectrum Disorder (ASD)

There are a range of communication-based, behavioural and educational approaches used to support people with autism to fulfil their potential. Children with ASD may have needs across all four broad areas of need and support. As for children with SEND, such interventions need to be adapted to the needs of the individual and monitored for impact.

Psychosocial interventions

NICE guidance for the support and management of ASD in under 19s recommends a specific social-communication intervention that includes play-based strategies with parents, carers and teachers to increase joint attention, engagement and reciprocal communication in the child or young person (63). This should include techniques of therapist modelling and video-interaction feedback.

A summary of more recent evidence suggests that other psychosocial interventions can result in targeted improvements in the core features of autism (joint attention, engagement and reciprocal communication) despite not being a specific social communication intervention. Randomised controlled trials have demonstrated effectiveness of Theory of Mind, comprehensive psychosocial interventions, parent training, social skills interventions (age 5 to 21), therapeutic horseback riding, music therapy, additional language instruction, and theatre-based interventions (64).

Verbal Behaviour Therapy and Applied Behaviour Analysis

Verbal Behaviour Therapy teaches communication using the principles of Applied Behaviour Analysis (ABA), motivating an individual to learn language by connecting words with their purpose.

A meta-analysis of ABA intervention trials for young children with autism found that long-term intervention leads to positive medium to large effects in terms of intellectual functioning, acquisition of daily living skills, social functioning and in particular language-related outcomes (IQ, receptive and expressive language, communication) (65).

Key features of this type of intervention include:

- Intensive intervention (20-40 weekly hours)
- Intervention is individualised and comprehensive targeting a wide range of skills
- Multiple behaviour analytic procedures are used to develop adaptive repertoires.
- Treatment is delivered in one-to-one format with gradual transition to group activities and natural contexts

The Picture Exchange Communication System (PECS) is a popular intervention based on ABA principles but unfortunately there is little evidence to support its efficacy. A meta-analysis of the intervention demonstrated small to moderate gains in communication but small to negative gains in speech (66). Another review indicates that there is preliminary evidence of a positive effect on social-communicative and challenging behaviours, but have requested more well-conducted RCTs (67).There is also insufficient evidence of effectiveness for sensory integration therapy for children with autism (68).

Speech and language therapy

A report by the RCSLT (62) concludes that speech and language therapy can be effective in improving communication which in turn has a positive impact on behaviour, social skills, peer relationships, and self-confidence. It also positively impacts on literacy, numeracy and skills for learning. A variety of different approaches were demonstrated to have a positive impact on social communication impairments and functioning, and as children with ASD may present in different ways and have varying profiles of skills and needs, it is therefore recommended that services should provide a range of interventions. This may include early intervention programmes (for pre-school children), computer-based interventions and therapists training family and staff involved in the care of those with ASD to deliver therapy.

Interventions for children and young people with social, emotional and mental health difficulties

Attention Deficit Hyperactivity Disorder

Current NICE Guidance (CG72) for the treatment of attention deficit hyperactivity disorder (ADHD) recommends parent-training/education programmes, which are also, recommended for parents/carers of children with conduct disorder. The main goals are to teach parents and carers to use behaviour therapy techniques with their child, with the aims of teaching the principles of child behaviour management, increase parental competence and confidence in raising children and to improve the parent/carer-child relationship by using good communication and positive attention to aid the child's development (69) Examples include the Webster–Stratton Incredible Years Programme and the Triple P (Positive Parenting Programme).

This recommendation is based on four small randomized controlled trials (RCTs) of psychological interventions (cognitive behavioural therapy (CBT) and social skills training) that resulted in parent-rated improvements in core symptoms of ADHD, social skills and self-efficacy. However, none of the teacher-rated scores were found to be statistically significant.

Two systematic reviews (70), (71) which have been conducted more recently indicate that parent and child training may benefit the parent but have little effect on reducing ADHD symptoms. Furthermore the included studies were of poor methodological quality, so conclusions about the effectiveness of these approaches cannot be fully drawn.

No evidence has been found for effective psychological interventions for young people aged 13 and over with ADHD, although it has been suggested that CBT and social skills training may still be applicable in adolescent years.

12.2 Appendix 2- SEN High Needs Review

Special provision funding was announced in March 2017. This fund aims to support local authorities to invest in provision for children and young people with SEN and disabilities aged 0-25 to improve the quality and range of provision available in the local authority. Thurrock is entitled to £1,071,283 over three years (2018 – 2021) and this is provided in addition to the basic need capital to support capital requirement for provision of new places or enhance existing facilities. Thurrock can invest this special provision capital in creating new (additional) places at good or outstanding provision or improve facilities or develop new facilities.

Premier has been recruited to effectively assess the need in line with the SEN High Needs criteria to identify how this fund will be effectively used to spport the need of children and young people

12.3 Appendix 3- Policy and Guidance

A range of policies and guidance support the local authority to exercise its statutory duty towards this children and young people with SEN and /or disability. These include;

Children and Families Act 2014 http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Care Act 2014 - https://www.legislation.gov.uk/ukpga/**2014**/23/contents/en**act**ed

Education Act 1996 - https://www.legislation.gov.uk/ukpga/**1996**/56/contents

Equality Act 2010 - https://www.**legislation**.gov.uk/ukpga/**2010**/15/contents

Special Educational Needs and Disability Code of Practice: 0 to 25 Years (January 2015)

https://www.gov.uk/government/.../**sen**d-**code-of-practice**-0-to-25

Special Educational Needs (Personal Budgets) Regulations 2014

https://www.legislation.gov.uk/uksi/**2014**/1652/.../uksi_**2014**1652_en.pdf

Special Educational Needs and Disability Regulations 2014
https://www.legislation.gov.uk/uksi/**2014**/1530/.../uksi_**2014**1530_en.pdf