Special Educational Needs and Disabilities JSNA

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Contents

Overview

This chapter should be read in conjunction with the People with Learning Disabilities chapter and the Autism chapter of this JSNA.

Each country in the UK has its own statutory provisions and systems to identify and support children and young people with disabilities and learning difficulties.
Proportions with SEND tell us more about numbers of children in the system than about the true prevalence of SEND, as it is dependent on definitions and thresholds for provision of additional support. Due to the changes in coverage and classification, it is not possible to produce a direct comparison with data prior to 2015.
Since the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014, Education Health and Care (EHC) Plans are used instead of Statements and SEN Support replaced School Action / School Action Plus. The SEND definition incorporates SEN and EHC Plans. Data from 2015 onwards would capture EHC Plans and SEN Support only. The exception is where a child has an existing statement and has not completed a 'transfer review' to an EHC plan. During the transfer period (to April 2018) schools will be able to record pupils as having either a statement of SEN or an EHC plan. No individual pupil can have both. An EHC plan must only be issued following the 'transfer review'.

Pathway planning at an earlier stage to support independence is vital to prevent escalation to statutory services. Without this planning and early and ongoing support, there is a real risk that although young people are still vulnerable, they will not meet criteria for referral to Adult Social Care.

There were approximately 41,630 children aged 19 or under in Kingston in 2015 based on the ONS Mid-Year Population Estimates, and there were 24,682 pupils in Kingston schools based on the Spring 2016 school census. (The 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. Service children's education schools may also participate on a voluntary basis.)

There has been a steady decline in the percentage of children and young people enrolled in education with an identified SEND since 2011 in Kingston and in England. Although the percentage of pupils with a statement or EHC plan remained relatively constant for Kingston and England, the actual number of pupils with SEND has increased in Kingston since 2014. In January 2016, 2.5% of Kingston pupils had a recorded statement or EHC Plan and 8.0% had SEN support compared to national averages of 2.8% and 11.6% respectively. The proportion of children in Kingston and England identified with SEND in January 2016 was 10.5% and 14.4% respectively.
Conversely to the national picture, there is a greater proportion of primary school-aged children with SEN in Kingston than in secondary schools.

In January 2016, the most common presenting need for children with SEN nationally was moderate learning difficulties (26.8%); for Kingston the primary type of need for children with SEN was Speech, Language and Communication (SLCN). Some national estimates suggest as many as 10% of all children have such a need; Health and Wellbeing Boards (HWBs) will want to assure themselves that there is appropriate provision across education and health in their area, to meet the SLCN needs of all young people.

For children with a statement or EHC Plan, Autistic Spectrum Disorder (ASD) is the highest main presenting need in Kingston and nationally.

There are three special schools in Kingston. All of these schools have undergone and continue to undergo expansion programmes in order to increase the number of special school places in Kingston. Added to this, there are a number of specialist provisions attached to primary and mainstream schools.

A national survey in 2016 found that 83% of teachers and support staff in England did not feel that children with SEND were getting the support required for them to maximise their potential.

The indicator of *percentage of pupils with Special Educational Needs and Disabilities (SEND)* suggested by the State of Child Health Report (2017)[1] provides a measure of the number of children in the UK identified as having a disability and/or other learning impairment. These are a population group who require specialist support to maximise their developmental, social, educational, and health outcomes as they develop and transition into young adulthood. Children are now surviving longer with conditions they would previously have died from in childhood and so support with the transition from children to adult services is becoming a more prevalent issue, and worthy of more expansive consideration.

This measure will only capture those children and young people who are considered to be above the threshold for having a special or additional need or disability; where this threshold is set will vary by locality (between and within boroughs). Some children who are not enrolled in formal education (many of whom may have very complex needs) will not be captured in the data. Children with SEND tend to be less engaged in an educational setting and those with incorrectly identified, unidentified or insufficiently supported needs are more likely to experience poorer outcomes in a range of areas, including:

- increased risk of mental health difficulties
- lack of academic progress
- poor behaviour
- difficulty in forming healthy relationships with others, impacting on their wellbeing.

Furthermore, there is a clear link between low income and prevalence of a special/additional educational need being identified.

Children and young people with a special need must be supported through appropriate statutory provisions, consistent data capture, and consistent terminology utilisation across agencies. Because data sources are largely education based, gaps begin to appear 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 16, 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.

Reference

[1]The State of Child Health Report (2017) states that given the multitude of possible measures of children and young people's health, a pragmatic approach was taken to select indicators that were felt to best present an overall picture of the health of infants, children and young people in the UK today.
The following criteria were used to guide the selection of indicators:
- The indicator is relevant to a large number of infants, children and young people and of public importance.
- Robust published data sources were available, including contemporary data and trend data from the recent past.
- Data were available for at least two of the four nations of the UK.

Introduction

Definitions and Scope

Within Education, SEN was defined under the SEN code of practice and the Education Act 2001:

> **Definition of Special Educational Needs (Education Act 2001)**
> Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them. Children have a learning difficulty if they: a) Have a significantly greater difficulty in learning than the majority of children of the same age; or b) Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority c) Are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them. Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught. Special educational provision means: a) for children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the LEA, other than special schools, in the area.

According to the Department for Education's (2015) SEND Code of Practice, in England a child has Special Education Needs and Disabilities (SEND) if he or she:
- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools.

This encompasses a huge range of needs, from those requiring minimal support (eg more time to complete specific tasks) to those with a range of learning, physical and medical needs necessitating specialist equipment and additional intensive support. English as an Additional Language (EAL), gifted and talented or higher ability are not included. The English educational system has been reformed in recent years, and is currently in a transitional period (September 2014 to April 2018) where schools are using both the old and new systems. Those children and young people with complex needs who have a statement of special education needs will slowly be transferred to education, health and care (EHC) plans during this period.

Special Educational Needs and Disability (SEND) Reforms
A summary of Legislation and Guidance for SEND is outlined on Appendix One.
The Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014 were introduced on 1 September 2014.
From September 2014, children or young people who are newly referred to a local authority for assessment are considered under the new EHC plan assessment process. The legal test

of when a child or young person requires an EHC plan remains the same as that for a statement under the Education Act 1996 (although now a child is assessed if they 'may' have special educational needs; previously it was if the child 'probably' has special educational needs). Transferring children and young people with statements to EHC plans will be phased. Timescales are set out in Special educational needs and disability: managing the September 2014 changes to the system Advice for local authorities (2016).
In addition, the previous 'School Action' and 'School Action Plus' categories were replaced by a new category 'SEN support'. It was expected that all transfers to this category should take place during the 2014/15 academic year. The SEND code of practice: 0 to 25 for more detailed information on the reforms (2015) provides improved guidance to help schools and others more accurately identify children with SEN. Changes from the SEN Code of Practice (2001) to the SEND code of practice: 0 to 25 for more detailed information on the reforms (2015) are detailed in Appendix Two.

Most children and young people with identified special educational needs will be supported in their nursery, school or post-16 educational establishments with an SEN support plan. It is the responsibility of the school or setting to put this in place and there is information on the AfC local offer website that explains SEN support in more detail. For some children and young people with more complex needs, resources available as part of SEN support may not provide them with sufficient provision to be able to progress as expected. In this case, where the child's or young person's needs may be over and above the resources that a school may be reasonably expected to provide, the school or the family (or the young person over 16) can request a needs assessment for an education, health and care plan.

The following definitions are summarised from the SEND Code of Practice 2015:

Special educational needs (SEN)
- Under Section 20 of the Children and Families Act 2014 and Section 312 of the 1996 Education Act, a child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them.
- This means they have a significantly greater difficulty in learning than most of their peers, or they are not able to use the universal provision available within their school because of their special educational need or disability.
- In the Code, the term 'SEN' applies across ages 0–25, although the term 'learning difficulties and disabilities' (LDD) is often used post 16 through to adult services.

Disability
- Under the Equality Act 2010, a disability is defined as a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities.
- The definition includes learning difficulties, sensory impairments and long term conditions such as asthma, diabetes, epilepsy, mental health difficulties and cancer.
- Children and young people with disabilities do not necessarily have SEN, but many will. Children with SEN will be protected as disabled where their difficulties are substantial and long term, however in practice their needs are met through SEN

support mechanisms. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Special educational provision is defined as either:
- children of 2 years or over having educational provision additional to, or different from, the educational provision made generally for children of their age in schools maintained by the local authority, other than special schools, in the area
- children under two having educational provision of any kind.

In addition, the SEND Code of Practice sets out four broad areas of need and support which may be helpful when reviewing and managing special educational provision.

Broad areas of SEND
- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs.

This JSNA chapter will encompass all areas of SEND as defined above. It will focus on the individual needs of children and young people with SEND and their individually tailored interventions, rather than the needs of their parents and carers, although services will inevitably impact on the needs of both. Please note that where the term 'SEND' is used within this document, it refers to special educational needs and/or disabilities.

SEND Code of Practice 2015

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

The CoP is based on a number of key principles:

1. **Participation**
- The views of children, young people and their families must be central to decision making, at both individual and strategic levels.
- Local authorities and their partners must listen to children and young people directly when they are able to communicate themselves, rather than using their parents' or carers' views as a proxy.
- Children, young people and families must be involved in developing and continually reviewing the Local Offer.

2. **Early identification and intervention**
- The early years are crucial to identifying emerging difficulties so that services can respond sooner.

3. Choice and control
- Services should be evidence based, taking examples from best practice and tailoring them to individual needs.
- Goals should focus on the child or young person's strengths and capabilities and the outcomes they want to achieve.

4. Collaboration
- Health and wellbeing boards must work collaboratively to assess local need and continually review SEND provision.
- Joint commissioning arrangements must be in place to support those with SEND, whether or not they have an EHC plan.

5. High quality provision
- Provision for SEND, including education, health and social care, should be publicised as a local offer. It is not merely a directory of services: it is a one-stop-shop for all SEND services, advice and information.
- Services should be improved through a continuous ASSESS–PLAN–DO–REVIEW cycle.

6. Inclusive practice
- Where possible and appropriate, children and young people with SEND should be supported within their own families, communities and local educational settings.
- Local authorities and their partners should ensure children and young people with SEND can access appropriate education and support, and remove barriers to learning or participation.

7. Preparation for adulthood
- This includes independent living, education, employment, maintaining good health, participating in society, and the transition of support between child and adult services.
- Long-term goals or outcomes should be planned from an early stage.
- EHC plans can remain in place up to the age of 25 if education needs persist. Where applicable, children's social care support may continue up to this point.

Transition begins in Year 9 (the school year in which a child is aged 14), and finishes at the time of a young person's 25th birthday.

Children are now surviving longer with conditions they would previously have died from in childhood and so support with the transition from children to adult services is becoming a more prevalent issue, and worthy of more expansive consideration.

Transition services therefore need to be developed locally to support young people and their families through the transition into adulthood to ensure that disabled young people have the same rights and opportunities as all young people.
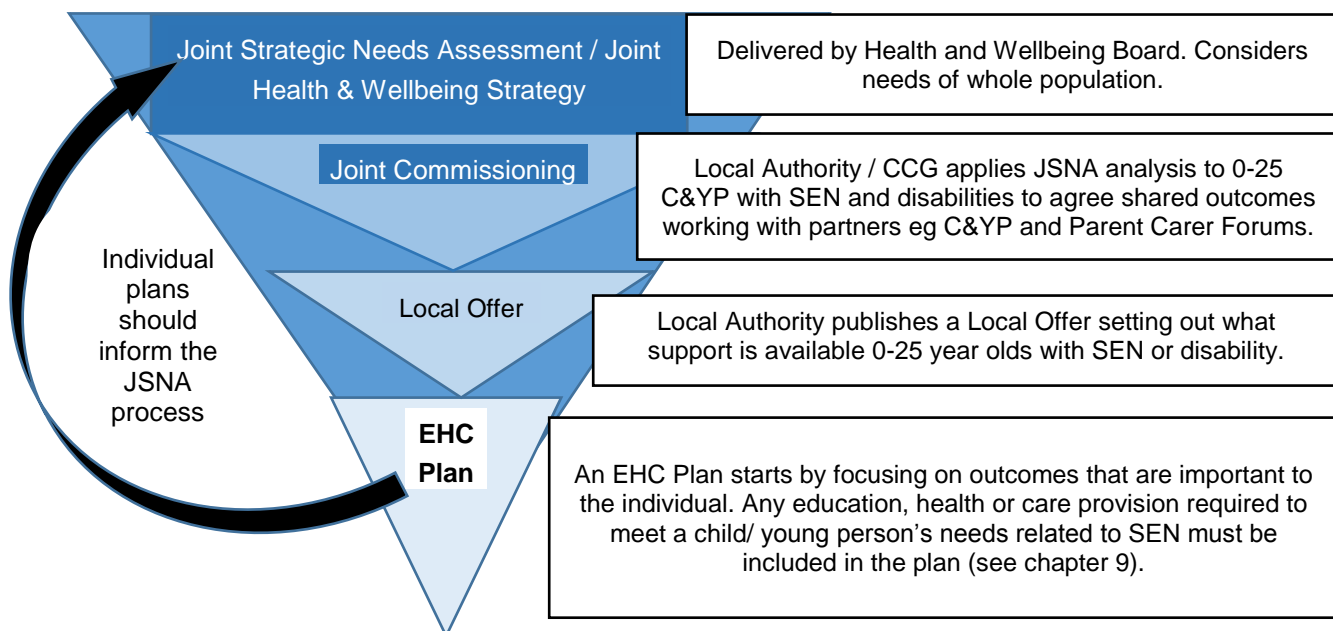
Evidence shows that health-related quality of life for young people with complex health needs and disabilities can be improved by a good transitional process, and a well-planned transition improves health, education and social outcomes. Conversely, a poor transition out

of children's services without continuity of care can lead to disengagement with services and can have serious outcomes for young people.

The Kingston Health and Wellbeing Board's aims are particularly relevant for children and young people with special educational needs and/or disabilities (SEND). As children and young people with SEND are some of the borough's most vulnerable people, the Royal Borough of Kingston (RBK) and its partners have a duty to protect them, care for them, and help them thrive. RBK and its partners must consult with young people and their families in order to understand their needs, both collectively and individually, so that we can plan services that support them to fulfil their potential, enjoy their lives, have high aspirations, achieve their best, become confident and resilient, and make a successful transition into adulthood.

The Joint Strategic Needs Assessment (JSNA) has a programme of priorities, based on a continuous analysis of needs and demographics across the borough. One of the areas for investigation within the current work programme is SEND. The SEND Code of Practice 2015 puts the views of children, young people and their families at the heart of commissioning for SEND services. The JSNA is key to this process, as outlined in Figure 1 below. There is a clear relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans.

Figure 1: The Relationship between the JSNA/ Joint Health and Wellbeing Strategy, Joint commissioning, Local Offer, and the EHC Plan

Joint Strategic Needs Assessment / Joint Health & Wellbeing Strategy	Delivered by Health and Wellbeing Board. Considers needs of whole population.
Joint Commissioning	Local Authority / CCG applies JSNA analysis to 0-25 C&YP with SEN and disabilities to agree shared outcomes working with partners eg C&YP and Parent Carer Forums.
Local Offer	Local Authority publishes a Local Offer setting out what support is available 0-25 year olds with SEN or disability.
EHC Plan	An EHC Plan starts by focusing on outcomes that are important to the individual. Any education, health or care provision required to meet a child/ young person's needs related to SEN must be included in the plan (see chapter 9).

Individual plans should inform the JSNA process

Source: Joint understanding: Joint Strategic Needs Assessments Source: SEND Code of Practice 2015, p.43

Key: C&YP = Children and Young People; JSNA = Joint Strategic Needs Assessment; EHC Education Health and Care Plan; SEN = Special Education Needs.

Personal Budgets and Personal Health Budgets

For those children and young people who have an EHC plan the Local Authority can be required to identify a personal budget. This is the notional amount of money needed to make any of the special educational provision for them as specified in their EHC plan.
A request for the Local Authority to identify a personal budget or consider making a direct payment can be made at two specific times. First when a child or young person is undergoing an EHC needs assessment or secondly when the EHC plan is being reviewed. Information about the availability of personal budgets is contained in Kingston Local Authority's local offer.

Personal health budgets are one way to give people with long term health conditions and disabilities more choice and control over the money spent on meeting their health and wellbeing needs.
A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). It is not new money, but a different way of spending health funding to meet the needs of an individual.
Co-produced, personalised care and support planning is at the heart of making personal health budgets work well. This plan helps people to identify their health and wellbeing goals, together with their local NHS team, and sets out how the budget will be spent to enable them to reach their goals and keep healthy and safe.
Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget since October 2014. There is a longer term objective to widen availability of personal health budgets to others who could benefit.

Data Capture

There are currently no robust population data about who and where disabled children and young people are in the UK or what their needs are. Data collected from in-patient care show that mortality and morbidity amongst children in the UK are amongst the worst in Europe and that disabled children are most vulnerable of all[1,2,3]. In order to make the multifaceted needs of disabled children and young people visible, they first need to be described using consistent language that is clear for everyone to understand.

There is a statutory duty imposed on local authorities in England that appropriate education provision is provided for all children and young people with an identified SEND, and that appropriate measures must be put in place to support children and young people with medical conditions. Having a consistent and unified method of data collection is vital for better understanding the needs of this group of children and young people, forward planning, allocation of resources and increasing the profile of children and young people with special or additional educational needs. One way in which this could be done is through the universal use of a recognised vocabulary throughout the UK, such as the Disabilities Terminology Set (DTS), so that data are comparable[4, 5].

Population Characteristics and Inequalities influencing SEND Needs

Research suggests that disability prevalence varies according to socio-economic background, with children from semi-skilled and unskilled manual families having a higher prevalence of both mild and severe disability than children from professional family backgrounds. There is a strong link between low income and higher rates of SEND prevalence (especially those with a Statement)[6].
In England, 27.2% of children with an identified SEND are eligible for free school meals, compared with 12.1% of children without SEND. Children identified as having a SEND are more likely to both experience poverty and have lower educational outcomes, each of which increases the risk of experiencing poverty as an adult. It should also be noted that families raising a disabled child experience higher costs than those raising a non-disabled child, with some estimates suggesting it can be up to three times more expensive.

Age
There is a lower prevalence of disability in younger children which is likely to be due, in part to the later manifestation of a range of conditions, some conditions becoming more activity limiting as the child gets older[7], and the high reliance on school SEN data which may miss children of preschool age[8]. The latest national data suggests that younger children are more likely than older children to have speech, language and communication needs as their primary type of SEN than older children. Older children between the ages of 11 and 15 years are more likely than younger children to have specific and moderate learning difficulties and Social, Emotional and Mental Health (SEMH) needs. Nationally, the percentage of pupils at primary schools with SEN with and without statements or EHCPs has been increasing steadily in each year group, while at secondary schools there has been a decrease in pupils with SEN without statements or EHCPs in each year group up to the age of 15. The percentage of pupils with statements or EHCPs remains approximately 2% across all ages[6].

Gender
Most surveys show that proportionately more boys than girls have long-standing illness or disability[10]. Of the 10.6 million children with long term health problems or disabilities in England and Wales in 2011, 51% are boys and 49% girls[11]. In January 2013, boys (2%) were two and a half times more likely than girls (0.8%) to have statements of SEN at state-funded primary schools and were nearly three times (2.8%) more likely than girls (1%) to have statements at state-funded secondary schools. There were also more boys than girls with special educational needs without statements in January 2013. Just under 21% of boys at primary schools and 21% at secondary schools were at School Action and School Action Plus compared to just over 11% of girls at primary schools and 13% at secondary schools[12].

Ethnicity
Nationally the percentages of disabled children by ethnic group fairly closely mirrors the percentages of children aged under 17 years by ethnic group in the general population. However research suggests that there is a slightly lower percentage of White disabled children than might be expected, and a higher percentage of minority ethnic groups[13]. According to the school SEN returns in January 2013, Black pupils were most likely and

Chinese pupils least likely to have SEN, compared with pupils of other ethnic groups[14]. Research suggests that some BME groups experience a disproportionately higher or lower rate of certain impairments, which may or may not be related to ethnicity. Poverty and social disadvantage appear to have a greater influence on the prevalence and impact of disability than ethnicity[15]. Travellers of Irish heritage and Gypsy/Roma ethnicities have the greatest percentage of pupils with SEN, however due to the small numbers of these groups recorded these figures must be interpreted with caution[16].

Figure 1: Population characteristics influencing SEND needs

Area	Key Findings
Health	• Children with certain conditions are surviving longer • Children with learning disabilities have a greater likelihood of psychological health problems • Children with disabilities are more likely to have poor access to some health services
Deprivation	• 29% of children who have a disability are estimated to live on/near the margins of poverty.
Social Exclusion	• Children with disabilities are more likely to experience social exclusion, discrimination and bullying.
Education	• 20% of school aged children are identified as having SEN • Children with SEN are 3 times more likely to be persistent absentees.
Mental Health	• Children with SEN or disabilities are more likely to have a mental health issue.
Employment	• Disabled young people aged under 25 are twice as likely to be not in education or employment (NEET).
Housing	• Children with disabilities have a 50% higher chance of living in overcrowded accommodation • Disabled children needing housing adaptations are least likely to be living in suitable housing in comparison to other age groups of disabled people.
Wider Implications	• The unpaid carer population saves the UK an estimated £87 billion a year. • Unpaid carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities.

Adapted from East Sussex JSNA (2014)

National data suggests that disabled children and young people often experience greater poverty, poorer living conditions and fewer life opportunities than their peers. This can lead to poor physical and mental health outcomes. The Children's Society (2011) estimates that approximately 40% of disabled children in the UK live in poverty.

A disabled child can have a great impact on families with respect to stress, relationship difficulties, physical problems associated with moving and handling and behavioural problems in siblings. This means that that young people with the most complex needs, who are harder to place, are often placed in expensive external institutions or do not have a school place.

There are challenges for mainstream schools supporting children with Moderate Learning Difficulties, Specific Learning Difficulties, Social Emotional and Mental Health Disorders, Autism and Speech, Language and Communication needs.

For special schools, the pressures are supporting pupils with increasingly complex needs resulting from Autism (ASD) Social, Emotional and Mental Health (SEMH), Profound and Multiple Learning Disabilities (PMLD) and Severe Learning Disabilities (SLD).

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Local Picture

Proportions with SEND tell us more about numbers of children in the system than about the true prevalence of SEND, as it is dependent on definitions and thresholds for provision of additional support. Due to the changes in coverage and classification, it is not possible to produce a direct comparison with data prior to 2015.

National Picture

Between 2007 and 2016, the number of pupils with special educational needs (SEN) continues to decline. 991,980 (11.6%) pupils were on SEN support in 2016. The reduction is due to a continuing decline in the number of pupils with special educational needs without a statement or education, health and care (EHC) plan.

There has been a steady decline in the percentage of children and young people enrolled in education with an identified SEND since 2011. Since 2010 the percentage of pupils with SEND has been on a continual decline, dropping from 21% in 2010 to 14.4% in 2016, however part of this may be due to the more accurate identification of children with SEN following implementation of the SEN and disability reforms. However the percentage of pupils with a statement or EHC plan remained at 2.8% since 2007. 236,805 pupils have a statement of special educational needs or EHC plan. This is an increase of 640 more pupils having an EHC Plan in 2016 compared with 2015, but remains equal to 2.8% of the total pupil population.

Nationally the most common presenting need for children with SEN is moderate learning difficulties (26.8%), however for children with a statement or EHC Plan, Autistic Spectrum Disorder as a primary type of need. ASD is the highest main presenting need (25.9%). Speech, language and communication needs are particularly common amongst children and young people. Some estimates suggest as many as 10% of all children have such a need; Health and Wellbeing Boards (HWBs) will want to assure themselves that there is appropriate provision across education and health in their area, to meet the SLCN needs of all young people (the Child and Maternal Health Intelligence Network Knowledge Hub includes information on likely speech and language impairment for each local authority area).

Local Picture

The 2015 ONS Mid-Year Population Estimates showed that Kingston had approximately 41,630 children aged 19 or under, and there were 24,682 pupils in Kingston schools based on the Spring 2016 school census. (The 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. Service children's education schools may also participate on a voluntary basis.)

Of this 2.5% have a recorded statement or EHC Plan and 10.5% have SEND (8.0% SEN Support) compared to national averages of 2.8% and 14.4% (11.6% SEN support) respectively.

In Kingston figures have followed the national trend with a reduction in the number of children registered with SEN support having declined from 12.4% in 2010 to 8.0% in 2016. Also, due to the lack of formal guidance on what constitutes SEN there will always be variation, not only between schools within the same borough, but also between different boroughs.

However, despite the overall apparent reduction in the number of children with SEN, the percentage of pupils in Kingston with EHC Plans has been on a steady upward trend moving closer towards the national average of 2.8%.

Figure 1: Percentage of pupils with SEN support, based on where the pupil attends school as at January each year: 2009-2016
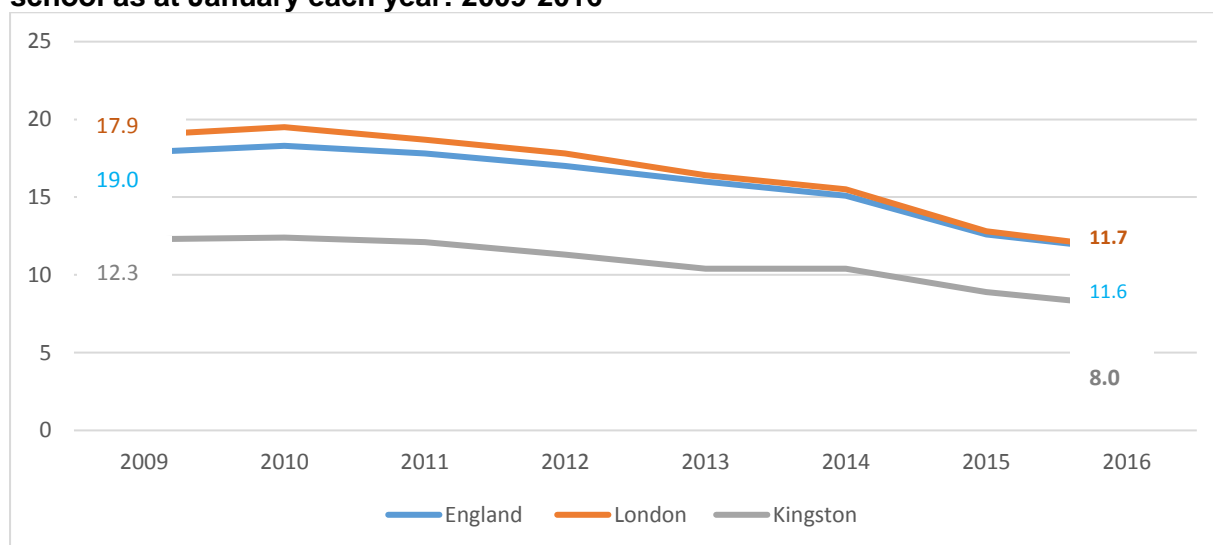
Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Figure 2: Percentage of Pupils with a Statement of EHC plan based on where the pupil attends school as at January each year: 2007-2016
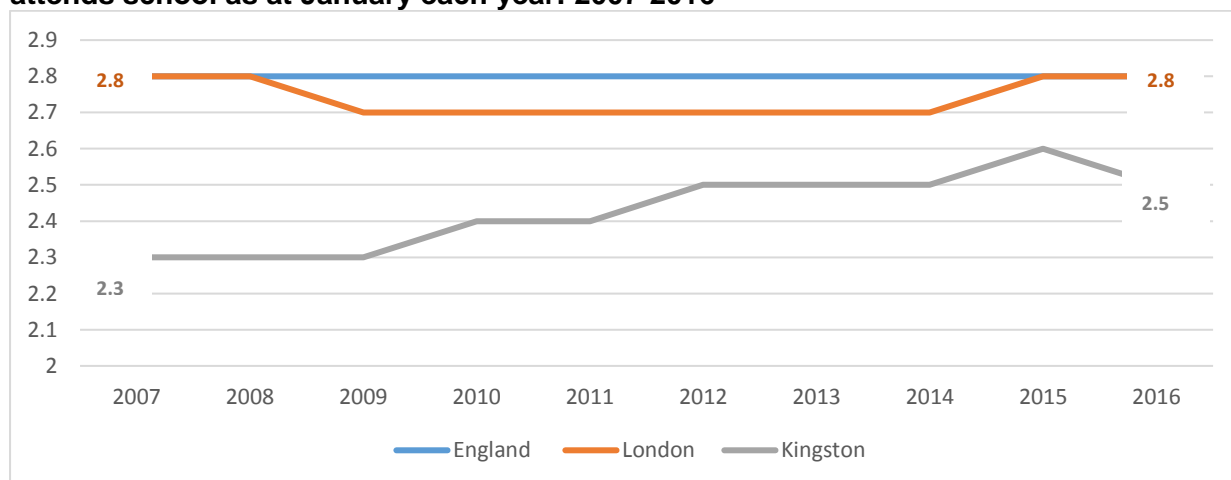
Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Primary Schools in Kingston have a lower percentage of pupils with SEN compared to London and England. The proportion of these pupils who have a statement is also lower, with 11.2 % of Kingston pupils with SEN having a statement compared to 13.8% and 13.4% respectively.

Table 1: Percentage of Pupils with Statements or EHC Plans and SEN Support in state funded Primary Schools, 2016.

Area	Percentage of pupils with statements or EHC Plans	Percentage of pupils with SEN support	Total Percentage of pupils with SEND
Kingston	1.7	9.5	11.2
London	1.7	12.1	13.8
England	1.3	12.1	13.4

Data Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Proportionally more pupils with SEN in Kingston attend SEN units and are placed in resourced provision than pupils with SEN in London or in England. Of pupils with SEN with statements or EHC plans, Kingston has proportionally more pupils placed in resourced provision but fewer attending SEN units compared with London and England as a whole.

Table 2: State-funded Primary Schools: Percentage of Pupils with Special Educational Needs (SEN Support and EHC Plans) attending SEN units or placed in resourced Provision

	Pupils on SEN support		Pupils with SEN with statements or EHC plans	
	% of pupils attending SEN units	% of pupils placed in resourced provision	% of pupils attending SEN units	% of pupils placed in resourced provision
ENGLAND	0.6	0.8	6.9	7.8
LONDON	1.1	1.2	10.2	9.8
Kingston	1.4	1.3	3.6	14.9

Note: Includes city technology colleges, university technology colleges, studio schools and all academies, including free schools. Excludes independent schools, nursery schools and pupil referral units.
Data Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Figure 3: State-funded Primary Schools: Percentage of Pupils with Special Educational Needs attending SEN Units or placed in resourced Provision
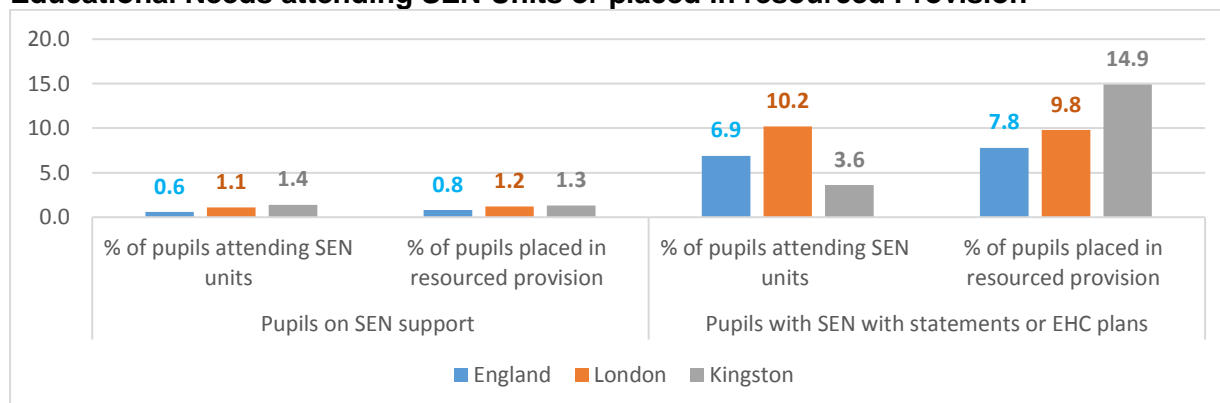
Note: Includes city technology colleges, university technology colleges, studio schools and all academies, including free schools. Excludes independent schools, nursery schools and pupil referral units.
Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Within Kingston's maintained schools, there is a greater proportion of primary school aged children (11.2%) with SEN than those in secondary education (7%).

This differs from the national cohort where the proportions remain relatively consistent through the different phases of education. Kingston has 336 pupils on EHC or statements who attend schools outside of the borough, 62% of which are at a secondary school level. Other reasons for this discrepancy may include, secondary schools not being large enough to have the resources to fulfil the needs of pupils without requiring extra provision, or parents choosing to opt out of local authority maintained schools at this point in their child's education.

Table 3: Data January 2016 Department of Education state funded Secondary schools.

Area	Percentage of pupils with statements of SEN or EHC Plans	Percentage of pupils with SEN support	Total Percentage of pupils with SEND
Kingston	1.7	5.3	7
London	2.0	11.7	13.7
England	1.7	11.0	12.7

Data Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Table 4: State-funded secondary schools: number and percentage of pupils with special educational needs attending SEN units or placed in resourced provision

	Pupils on SEN support		Pupils with SEN with statements or EHC plans	
	% of pupils attending SEN units	% of pupils placed in resourced provision	% of pupils attending SEN units	% of pupils placed in resourced provision
ENGLAND	2.1	1.9	5.4	8.9
LONDON	1.9	1.7	5.7	9.2
Kingston	6.4	1.2	*	5.9

* denotes 1 or 2 pupils, or a percentage based on 1 or 2 pupils.

Note: Includes city technology colleges, university technology colleges, studio schools and all academies, including free schools. Excludes independent schools, nursery schools and pupil referral units.
Data Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Figure 4: State-funded secondary schools: number and percentage of pupils with special educational needs attending SEN units or placed in resourced provision
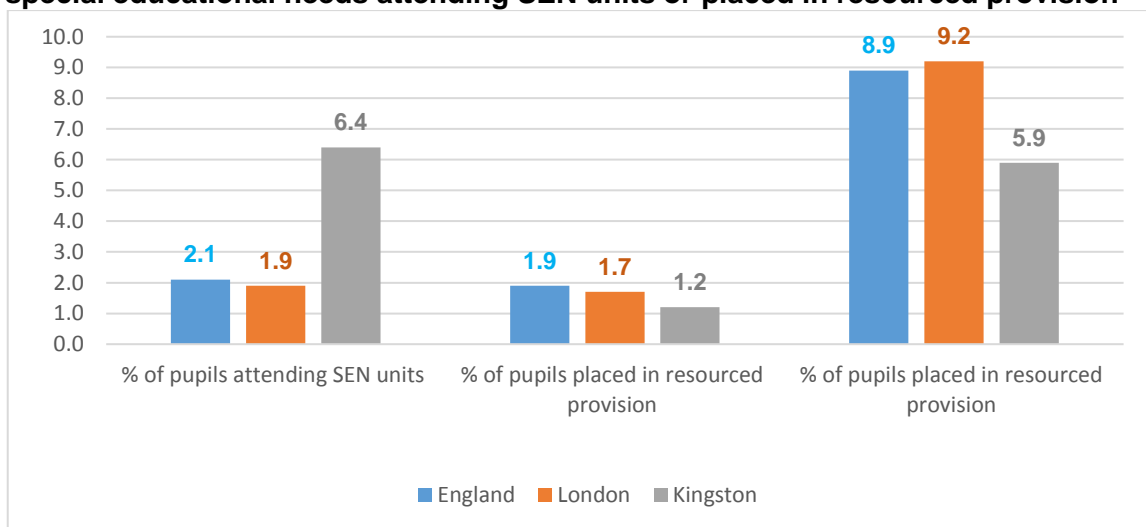

Note: Includes city technology colleges, university technology colleges, studio schools and all academies, including free schools. Excludes independent schools, nursery schools and pupil referral units.

Source: Special educational needs in England: January 2016. Department for Education; 2016.

Independent and non-maintained special schools
Although the number of children and young people with statements or EHCPs continues to rise each year, the proportion of pupils placed within the independent and non-maintained special school sector has remained fairly constant between 2012 and 2015, at around 16 to 18% in Kingston. Nearly a third of all these places are for ASD, in line with the continual increase in numbers of pupils with an ASD diagnosis.

Secondary Schools
Secondary schools show a similar trend to Primary schools within Kingston where overall Kingston has a lower proportion of children with SEN compared to nationally. However over a quarter of these pupils are subject to a statement or EHC Plan, compared to 14% in London and 13% in England.

When comparing January 2015 to January 2016 there has been a small decrease in the proportion of children with a Statement or EHC plan in Kingston Schools from 2.6% to 2.5% (a decrease in actual numbers of 9). The national percentage of pupils with a statement or EHC plan remains at 2.8% of the total pupil population (an increase in actual numbers of 640).

However the number of pupils with a Statement or EHC plan actually maintained by Kingston has increased by 11.8% (from 805 to 900) which is a striking growth compared to the national increase of 6.6% (240,185 to 256, 315).
As previously highlighted, there is currently no formal guidance on what constitutes SEN within schools, and although this may partly contribute to variation in the number of children with SEN between different schools within Kingston, there are likely to be complex factors which influence these differences. The graph below demonstrates that certain schools within the borough have a far higher proportion of children with SEN, with approximately a third of

pupils at Tolworth Juniors and Castle Hill Primary having SEN (both of which do have SEN Resourced Provisions).

Figure 5: Percentage Children with SEN in Kingston Nursery and Primary Schools, 2014 to 2016.
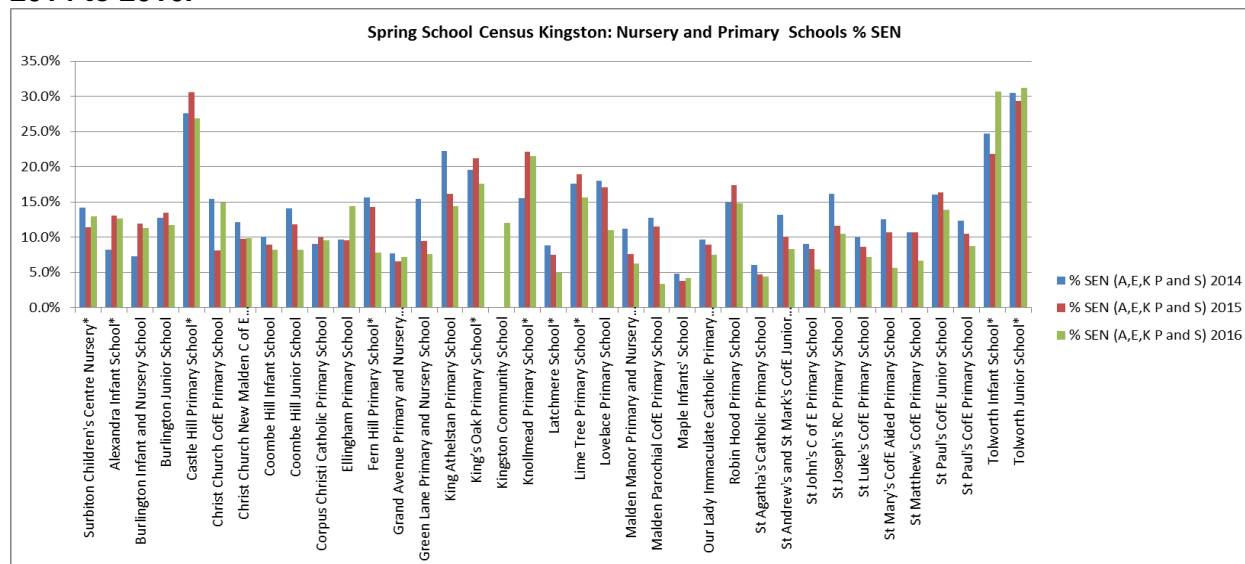
* SEN Resourced Provision.

Source: These figures are from the Spring 2014, 2015 and 2016 School Census. Kingston Community School is a new school that opened in September 2015.

Note: The Children and Families Act 2014 replaced 'SEN statements' with 'Education, Health and Care plans' (EHC plans). The exception is where a child has an existing statement and has not completed a transfer review to an EHC plan; in which case the 2001 code (code S) continues to apply. During the transfer period (to April 2018) schools will be able to record pupils as having either a statement of SEN (code S) or an EHC plan (code E). No individual pupil can have both. An EHC plan must only be issued following a 'transfer review'. Where a pupil has an existing statement (code S), they must not be recorded as EHC plan (code E) without first completing a transfer review. SEN Support - Code K; Statement of SEN - Code S; EHC plan - Code E.

Knollmead Primary School (a small school with a higher than average percentage of children with Statements or EHCPs), has two resourced provision bases which are borough provisions for children with autistic spectrum disorders as well as for hearing impaired pupils. See Figure 6.

Figure 6: Percentage of Children who have a Statement or EHC Plan in Kingston Nursery and Primary Schools 2014 to 2016
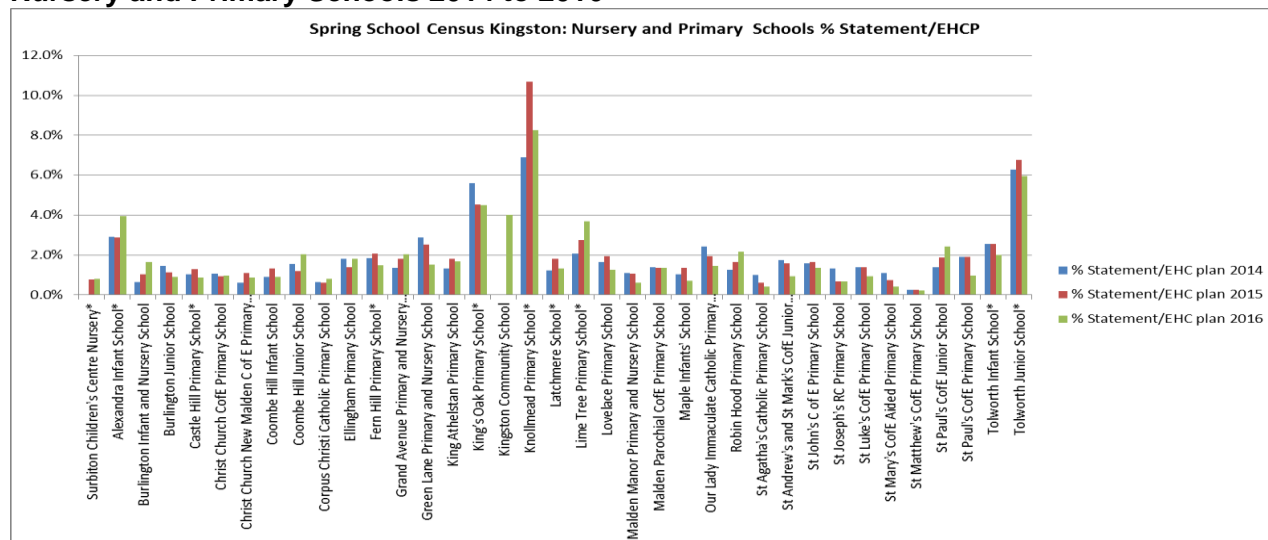

* SEN Resourced Provision.
Source: These figures are from the Spring 2014, 2015 and 2016 School Census. Kingston Community School is a new school that opened in September 2015

A similar trend is seen within secondary schools, with some schools providing much more SEN support than others in Kingston, in particular Richard Challoner School.

Figure 7: Percentage of Children who have SEN in Kingston Secondary Schools 2014 to 2016
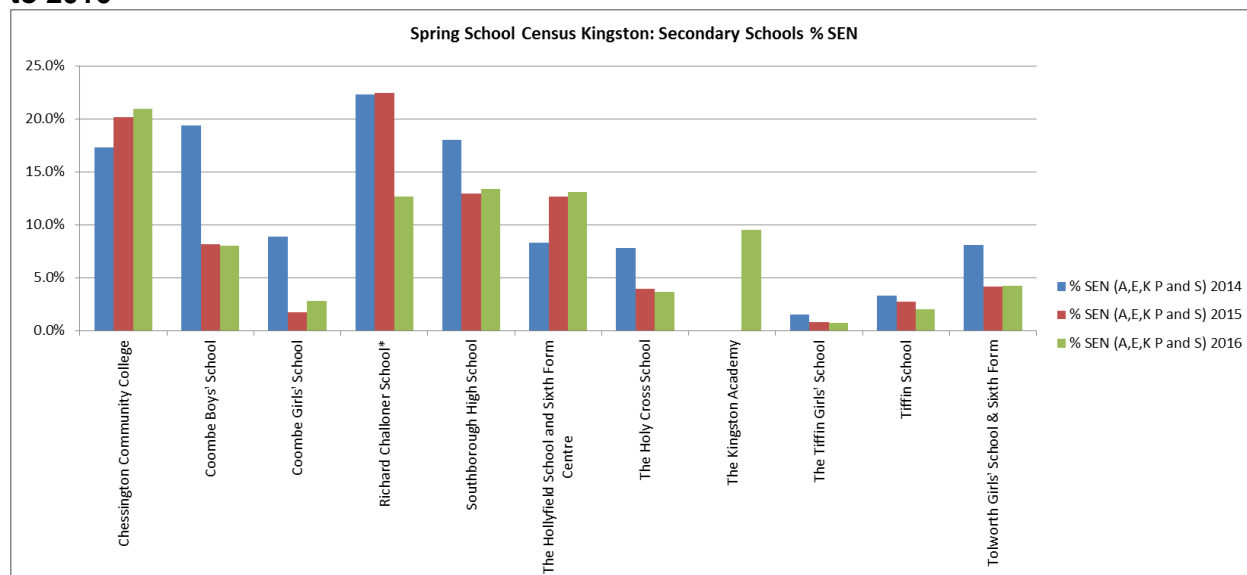
* SEN Resourced Provision.
Source: The Spring 2014, 2015 and 2016 School Census. The Kingston Academy is a new school that opened in September 2015.
Note: SEN Support - Code K; Statement of SEN - Code S; EHC plan - Code E.

Figure 8: Percentage of Children who have a Statement or EHC Plan in Kingston Secondary Schools 2014 to 2016
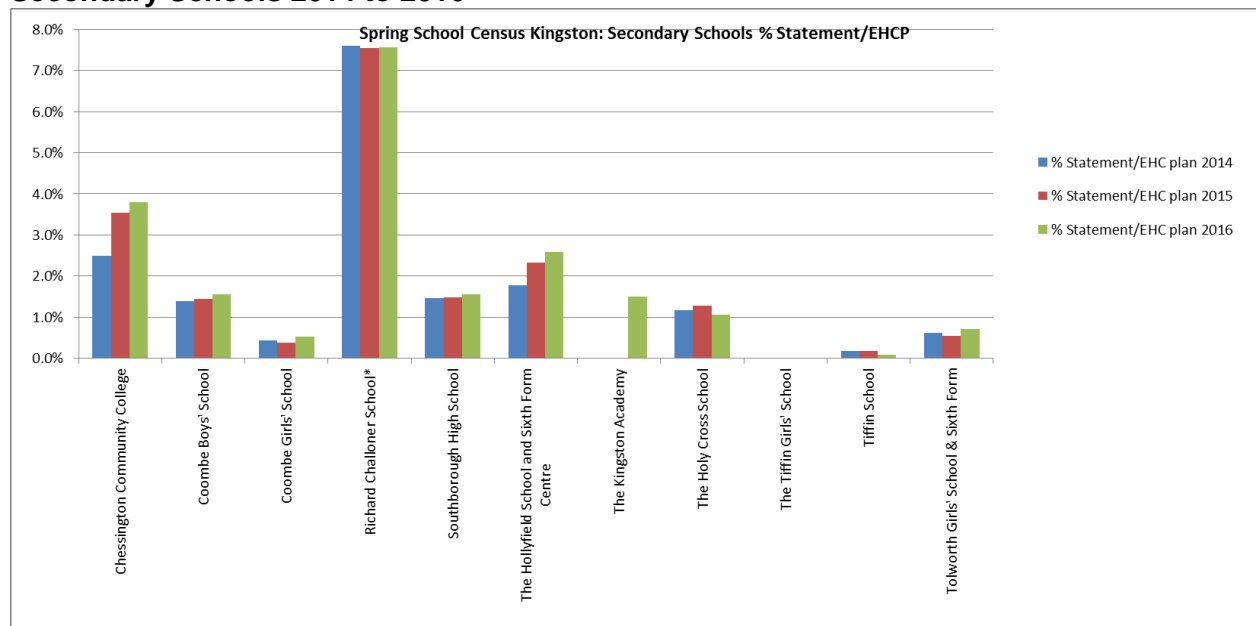

* SEN Resourced Provision.
Source: The Spring 2014, 2015 and 2016 School Census. The Kingston Academy is a new school that opened in September 2015

The percentage of looked after children with special educational needs in Kingston (73.6%) is significantly higher than the proportion recorded in England (57.3%) and in London (57.7%). There is a clear split within the cohort between those children with a statement of special educational need or an education, health and care plan (EHCP) and those without.

Figure 9: Percent of Looked after Children with SEND, 2016
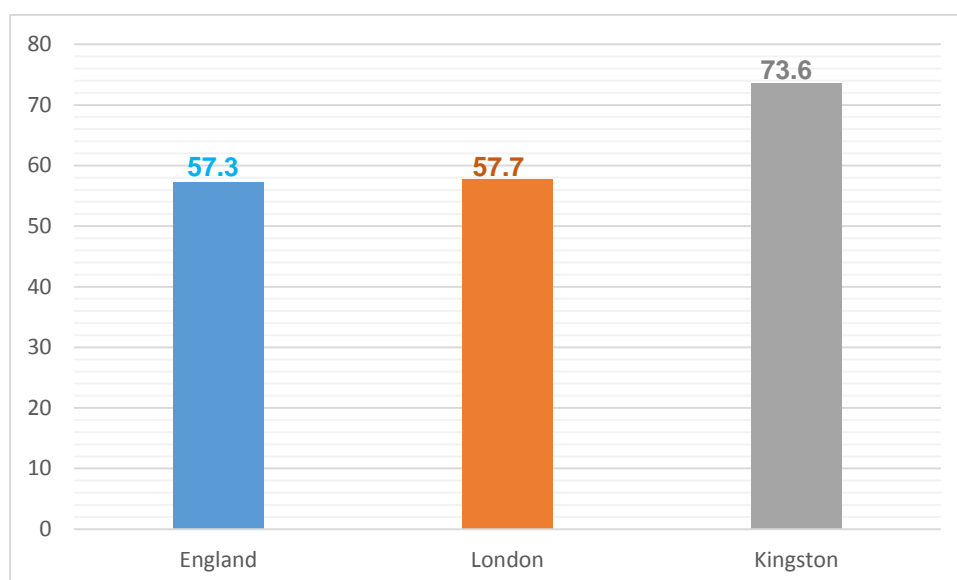
Source: Department of Education: Outcomes for children looked after by local authorities
*Number of children looked after at 31 March 2016 who had been continuously looked after for at least 12 months and matched to census data. Numbers are rounded and may not sum to 100%.
Note: The Children Looked After data submission is matched to the school census to give the SEN status (K, S or EHCP) of the children where their UPN is matched to the school census.

Table 5 illustrates that the percentage of looked after children with SEN support (K) in Kingston (24.5%) is lower than the proportions seen across the region (28.8%) and nationally (30.4%). The proportions of looked after children with a statement of special educational needs or an EHCP however are much higher in Kingston (49.1%) than the proportions seen in London (28.9%) and in England (27.0%). See Figure 10.

Table 5: Number of looked after Children with SEN with and without a statement in 2016

Area	Total Number of looked after children *	Number of looked after children with SEN (%)	Number of looked after children with SEN support (%)	Number of looked after children with SEN with a statement or EHCP (%)
Kingston	55	40 (73.6)	15 (24.5)	25 (49.1)
London	4320	2490 (57.7)	1240 (28.8)	1250 (28.9)
England	35,260	20,220 (57.3)	10,720 (30.4)	9,510 (27.0)

Data Source: Department of Education: Outcomes for children looked after by local authorities 2016

*Number of children looked after at 31 March 2016 who had been continuously looked after for at least 12 months and matched to census data. Numbers are rounded and may not sum to 100%.

Figure 10: Looked after Children with a Statement or Education, Health and Care Plan (EHCP) and without a statement or EHCP
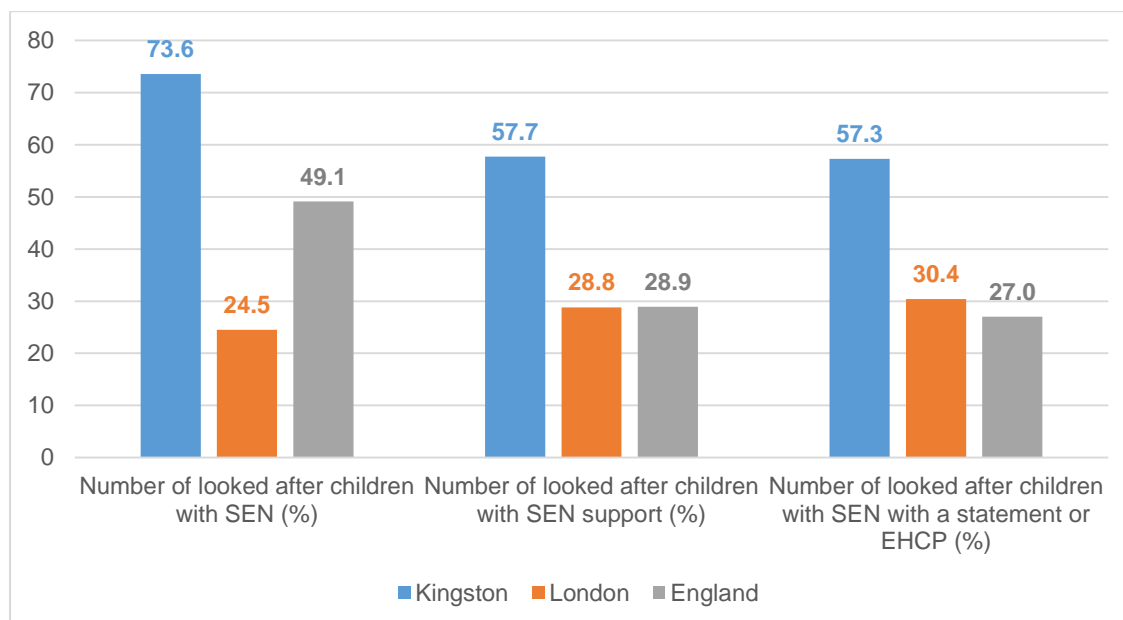
Data Source: Department of Education: Outcomes for children looked after by local authorities 2016

Table 6 illustrates that percentages of children with EHCPs and Statements are similar for Black Asian and Minority Ethnic (BAME) children as for white British children except that there is a third more white British children who have SEN support than do BAME children. This variation may be due to a variety of reasons eg how well the data is collected by each

school and would have to be monitored over a longer period in order to identify any possible trend.

Table 6: Number of school-aged Children with Education, Health and Care Plan (EHCP), Statement, and SEN and without SEN by Ethnicity in Kingston, 2016

DfE Main Ethnicity Category	EHC Plan (EHCP)		Statement (S)		SEN Support (K)		No SEN Provision (N)		Total on Roll
	Number	% of the Ethnic Group	Number	% of the Ethnic Group	Number	% of the Ethnic Group	Number	% of the Ethnic Group	
BAME	70	0.5	260	2.0	897	6.8	11,969	90.9	13,176
Unknown Ethnic Groups	1	-	8	-	43	-	420	-	472
White British	67	0.6	295	2.7	984	9.0	9,668	87.8	11,014
Total	**138**		**563**		**1,924**		**22,057**		**24,682**

Data Source: Spring School Census 2016
Note the School Census includes Kingston residents as well as pupils who have an address out of borough.

Maps 11 and 12 show numbers of SEN pupils per ward broken down by SEN type or plan type along with the 2015 income deprivation affecting children index (IDACI) rankings for Lower Super Output Area (LSOA). Figure 11 specifically shows students with SEN or EHC plans and shows that Autistic Spectrum Disorder is the highest type of SEN for those with plans throughout the borough. The South of the Borough has the highest numbers of pupils with plans, particularly Chessington North and Hook and Chessington South wards, with 87 and 79 pupils with plans respectively. Nearer Kingston Town Centre, Canbury and Norbiton wards also have high numbers of pupils with SEN and EHC plans with 74 and 67 respectively. The map also shows that all four of these wards have areas of relatively high Income of Deprivation affecting Children Index (IDACI), however this alone does not indicate a direct relationship between IDACI and SEN.

Figure 11: Number of Pupils with EHC Plan and SEN Statements per Ward and Lower Super Output Area Income Deprivation affecting Children Index


Number of Pupils with Statements of SEN and EHC Plans per Ward and LSOA IDACI Rank

Labels indicate Ward Name and Total Number of Pupils with SEN and EHC Plans.

Pupils with Statements of SEN and EHC Plans (Spring 2016 School Census)
- Autistic Spectrum Disorder
- Speech, Language and Communication Needs
- Social, Emotional And Mental Health
- Moderate Learning Difficulty
- Other

Note: 'Other' includes the following: Behaviour, Emotional and Social Difficulties; Hearing Impairment; Multi-Sensory Impairment; Other Difficultty/Disability; Physical Disability; Profound and Multiple Learning Difficulties; Severe Learning Difficulty; Specific Learning Difficulty; and Visual Impariment

2015 IDACI Rank
- 3065 - 8908
- 8909 - 14751
- 14752 - 20593
- 20594 - 26436
- 26437 - 32279

Ranking is out of 32,482 LSOAs across England where 1 is the most deprived.

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Note: Since the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014, Education Health and Care (EHC) Plans are used instead of Statements and SEN Support replaced School Action / School Action Plus.

Figure 12 shows the number of pupils per ward with SEN broken down by whether or not they have SEN Statements or EHC plans. Similar to the first map, we see the highest numbers of pupils with SEN in the South of the Borough, with Tolworth and Hook Rise ward having the most at 235, with Chessington North and Hook and Chessington South also high at 202 and 214 SEN pupils respectively. Norbiton ward again has one of the highest numbers at 204. This map also shows that all four of these wards have areas of relatively high IDACI, however this alone does not indicate a direct relationship between IDACI and SEN.

Figure 12: Number of Pupils with SEN per Ward and Lower Super Output Area Income Deprivation affecting Children Index
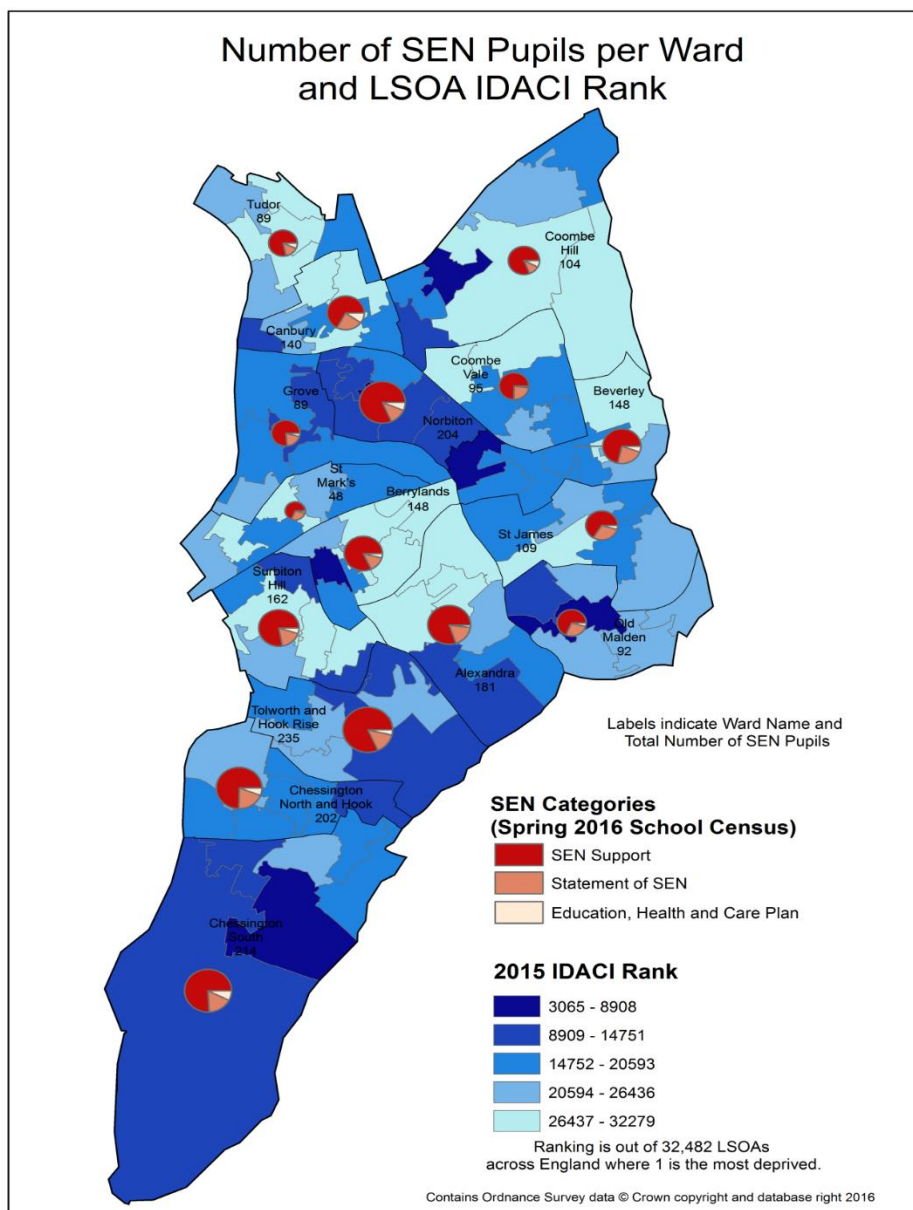
Note: Since the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014, Education Health and Care (EHC) Plans are used instead of Statements and SEN Support replaced School Action / School Action Plus.

SEN Provision by Gender

There are 24, 682 pupils (Spring 2016) attending school in Kingston Borough, 2,625 of whom have SEND. Within this cohort 69% are male and 31% are female, and within these groups approximately 86% of both females and males reside within the borough. Figure 13 outlines the SEN provision by gender and place of residence.

Two hundred and thirty seven of Kingston's children and young people with a statement or EHCP are placed out of borough; 65% in Kingston are at secondary level.

Figure 13: SEN Provision for those living in and out of Kingston Borough by Gender
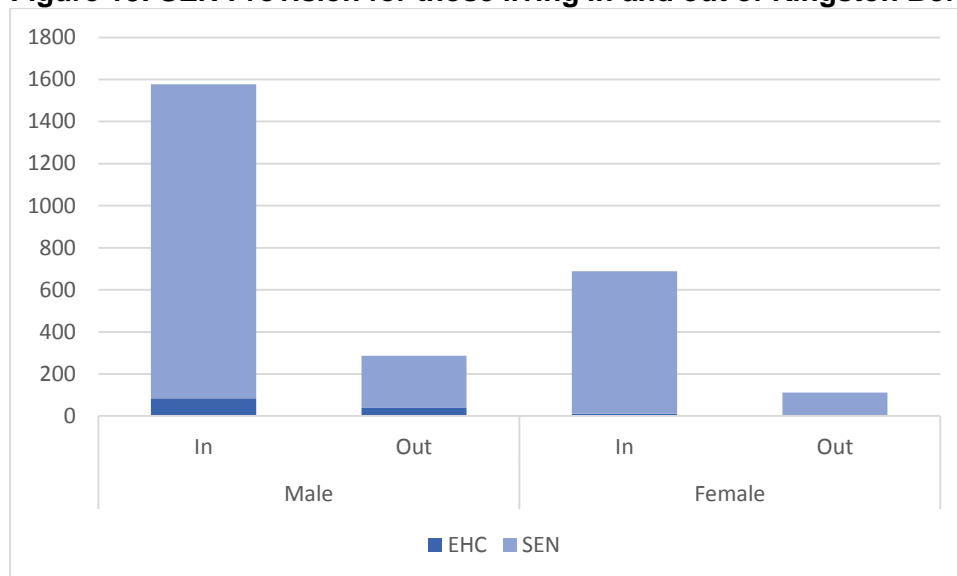
Source: Spring School Census 2016

SEND by Primary Need

The main primary need differs between children receiving SEN support and those with a statement or EHC. The largest primary need for children, both males and females with SEN is speech, language and communication needs, whereas Autistic Spectrum Disorder (ASD) is the most common need in children having a statement or EHC Plan, however a large area of provision for these individuals would also be in relation to their communication needs. Many children who go on to get a diagnosis of ASD may initially have their main need identified as speech, language and communication, so there may be some overlap in the younger pupils.

There were changes to the classification of type of need in 2015: the previous code of 'Behaviour, emotional and social difficulties (BESD)' was removed. A new code 'Social, emotional and mental health (SEMH)' was introduced, although this was not intended to be a direct replacement. The code 'SEN support but no specialist assessment of type of need' was also introduced in 2015.

Figure 14 shows the 2014-2016 School spring census data for children in receipt of a statement of SEN or EHC, which in the majority of cases shows increasing numbers of children with additional needs, and in particular ASD showing the largest increase. This may partly be attributable to diagnostic criteria and also an increase in public awareness, resulting in earlier detection.

Figure 14: Numbers of Primary type of Need for Children with EHC Plans, 2014-2016

School Spring Census: Kingston Primary Need (Statements or EHC Plans only)
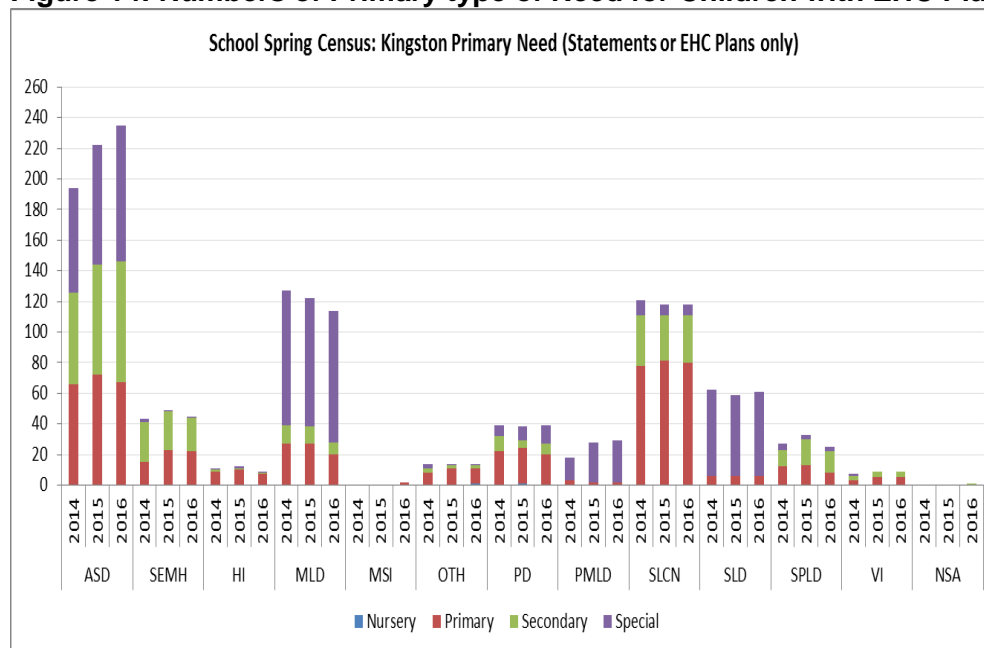
Key
EHC Plan Education Health and Care Plans
ASD autistic spectrum disorder,
SEMH *Social Emotional and Mental Health Needs*
HI Hearing impairment
MLD Moderate Learning difficulty
MSI Multisensory impairment,
NSA (new code) - SEN Support without specialist assessment of type of need
SPLD Specific Learning difficulty,
SLD Specific learning difficulty,
PMLD Profound and multiple learning difficulty,
SLCN Speech language and communication needs,
VI Visual impairment,
PD Physical disability,
OTH Other disability,
SEN without specialist assessment of type of need.

Note:
- Since the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014, Education Health and Care (EHC) Plans are used instead of Statements and SEN Support replaced School Action / School Action Plus.
- Young People can have more than one primary need

Source: Spring School Census 2016

Table 7 highlights that Autistic Spectrum Disorder (ASD) at 60.7% is the most common primary care need and Speech Language and Communication Needs (SLCN) is the second most common primary care need followed by Moderate Learning Difficulty.
Table 7 also illustrates that compared with England and London, Kingston has lower percentages of the following primary type of need among pupils with SEN:

- Moderate learning difficulty among primary and secondary school pupils
- Social, Emotional and Mental Health (SEMH) among primary, secondary, and Special school pupils. Of note, Kingston has 0.3% pupils with SEN from Special schools reported as having SEMH compared with London's 7.9% and England's 12.6%.

- Speech, Language and Communication Needs (SLCN) among pupils from Special Schools (2.7% compared with London's 5.7% and England's 5.9%)
- Hearing impairment among secondary and Special school pupils. Of note, Kingston has 0.3% pupils with SEN from Special schools reported as having hearing impairment compared with London's and England's 1.3%.
- Visual impairment among Special school pupils
- Other Difficulty / Disability among Special School pupils
- SEN support but no specialist assessment of type of need among primary and secondary pupils.

The comparatively lower percentage in Kingston might be related to under-identification of this need and consequently a lack of these needs being addressed.

Table 7 also illustrates that compared with England and London, Kingston has higher percentages of the following primary type of need among pupils with SEN:

- Specific Learning Difficulty among primary and secondary school pupils
- Moderate Learning difficulty among pupils with SEN from Special schools (28.7% compared with London's 11.2% and England's 15.6%)
- Speech, Language and Communication Needs among primary schools pupils
- Physical Disability among Special School pupils
- Autistic Spectrum Disorder among primary and secondary school pupils. Of note, 18.8% pupils with SEN from Kingston secondary schools had an Autistic Spectrum Disorder compared with 7.0% in London and 8.3% in England.

Kingston should ensure that these particular needs are being addressed.

Table 7: Primary, Secondary, and Special schools: Percentage of Pupils with SEN by Primary Type of Need (2016)

	Primary	Secondary	Special	Primary	Secondary	Special	Primary	Secondary	Special
	Kingston (%)			LONDON (%)			ENGLAND (%)		
Specific Learning Difficulty	12.8	23.8	1.3	8.7	18.5	1.3	10.1	21.4	1.3
Moderate Learning Difficulty	10.2	12.5	28.7	16.6	20.5	11.2	25	25.2	15.6
Severe Learning Difficulty	0.6	0	20	0.8	0.5	22	0.7	0.5	23.8
Profound & Multiple Learning Difficulty	0.2	0.1	9.7	0.3	0.2	10.5	0.3	0.1	8.2
Social, Emotional and Mental Health	14.2	17.1	0.3	16.1	20.9	7.9	15.5	18.5	12.6
Speech, Language and Communications Needs	39.7	14.7	2.7	35.8	16.5	5.7	28	10.3	5.9
Hearing Impairment	1.4	1	0.3	1.6	1.9	1.3	1.6	2.2	1.3
Visual Impairment	0.9	1.9	0.7	0.7	1.1	1.6	0.9	1.3	0.7
Multi-Sensory Impairment	0.2	0.7	0	0.3	0.1	0.4	0.2	0.1	0.2
Physical Disability	2.8	2.9	4.3	2.6	2.3	2.6	2.8	2.9	3.5
Autistic Spectrum Disorder	10.2	18.8	31.7	7.9	7	33.5	6.3	8.3	25.6
Other Difficulty/Disability	5.7	4.5	0.3	4.3	6.8	1.7	4.3	6.6	1.2
SEN support but no specialist assessment of type of need	1.1	1.9	0	4.5	3.8	0.1	4.1	2.6	0.2

Data Source: Department for Education. Special educational needs in England: January 2016. Department for Education; 2016.

Children and Young People placed out of Borough

Around 336 of Kingston's children and young people with a statement or EHC Plan are placed out of borough, with 62% being at a secondary school level including 34% of pupils who have ASD. This highlights the strategic need to plan to make an increase of provision within geographical boundaries of the borough.

Children with Disabilities

All local authorities are required by the Children Act 1989 to hold a register of disabled children but each authority can define its own eligibility criteria and have different benefits attached to registering. Furthermore, registration is voluntary.

In Kingston, the disabilities register is used to ensure that the needs of children with disabilities are appropriately reflected in planning. To be considered for the register, families need to complete an application form which should include the details of a relevant doctor who can verify the child's medical needs. If it is agreed that a child is eligible, it is up to the family if they would like to be added to the register. As of April 2016, there were 363 children with disabilities on the Kingston register, however because this is a voluntary register for families, it very likely an underestimate of the true figure. Furthermore, the current case load being held with the children with disabilities team in Kingston on the Integrated Children's System (ICS) is 86. The gender breakdown of children on the disability register is 73% male and 27% female, and the age breakdown of these children is in Table 8.

Table 8: Numbers of Kingston Children on the Local Authority's Disability Register, 2016

Age range	Number of children
0-5	10
6-12	179
13-18	169
19-25	5

Source: ICS, 2016

The lack of robust data on children with disabilities, including the ability to identify people with learning disabilities provides challenges to adult services to appropriately plan and support young people as they move into adulthood.

Figure 15: Percentage of Children in Need with a Disability recorded
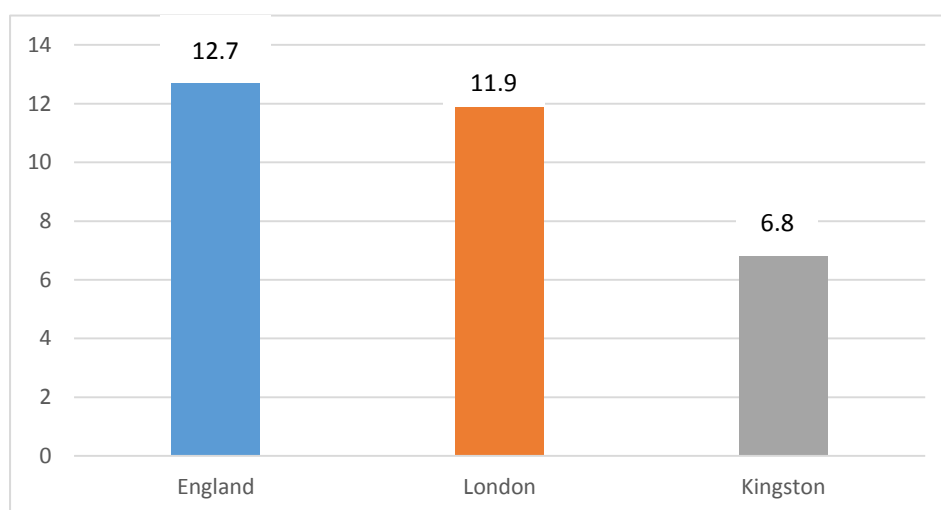
Data Source: Department of Education: Characteristics of Children in Need, 2016
Note: The children in need census is a stand-alone census where the disability status is recorded against the child (this is not matched to the school census classification of S, EHCP and K (where SEN support = K; Statement of SEN = S; EHCP = E)

The children in need (CiN) census is a snapshot of all children open to children's social care as at 31 March 2016. In the 2016 CiN census there were 843 children open to Children's Social Care in Kingston upon Thames, of those 57 (6.8%) were recorded as having a disability. In comparison both London (11.9%) and England (12.7%) had higher proportions of children in need recorded as having a disability.

Analysis of the specific types of disability recorded for children in need show some clear differences between the Kingston cohort and both the regional and national picture. The 2016 data shows Kingston to have a higher proportion of children in need with autism or Asperger syndrome (42.1%) when compared to London (37.2%) and England (31.7%). And also significantly a much lower proportion of children in need were recorded as having a learning difficulty (26.3%) when compared to the regional (40.9%) and national averages (44.8%).

Figure 16: Disability of children in need with a recorded Disability, 2016
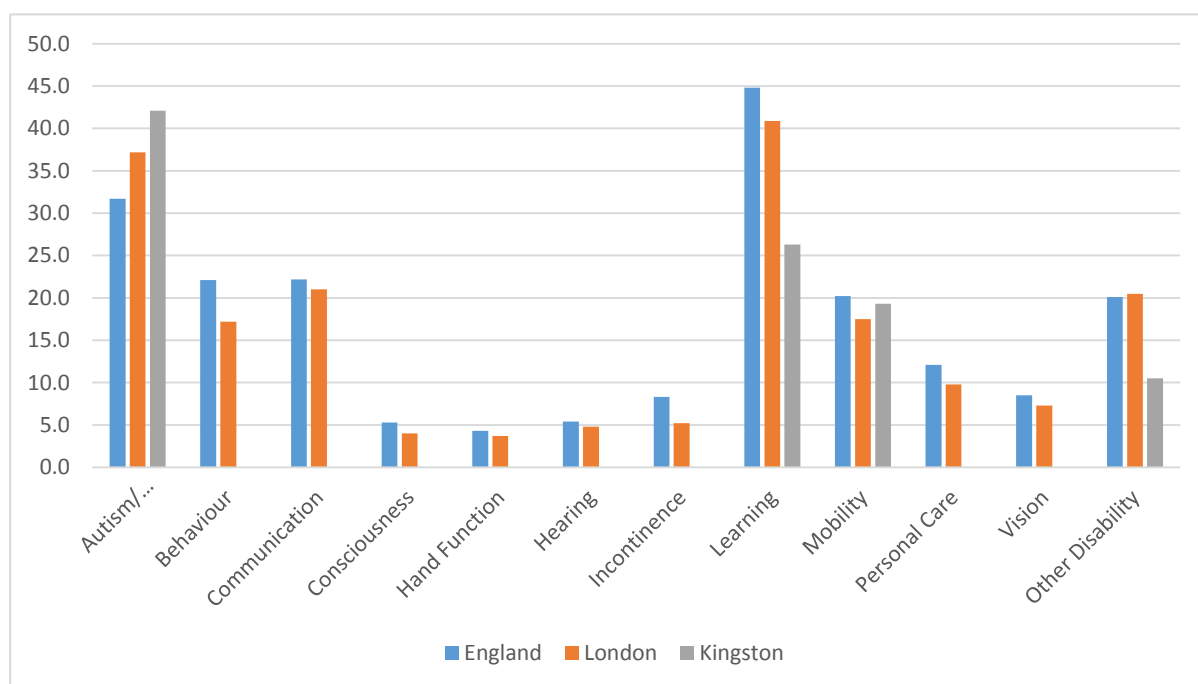
Source: Outcomes for children looked after by local authorities 2016, Department of Education.

Pupil Progress and Attainment

Overall the performance of pupils with SEN support and those with EHCPs/statements is similar or above equivalent pupils nationally across the different key stages.

The proportion of pupils with SEN support achieving a good level of development at the end of the Early Years Foundation Stage has increased by 5% points to 30% in 2016. This is above the national average of 26% for the same pupil group. For those with EHCPs/statements, 0% achieved a good level of development, compared with 4% nationally. There has been no change to these figures either nationally or locally.

In the Year 1 Phonics Screening Check, 59% of pupils with SEN support achieved the expected standard, which represents an increase of 17% points. This is above the national average for the same group, which stands at 46%. A similar picture can be observed for pupils with EHCPs/statements, where the proportion achieving the measure has increased from 11% in 2015 to 25% this year and is now above the national average of 18%.

There have been significant changes to assessment and accountability across KS1, KS2 and KS4 this year. As such, no direct comparisons can be made to the performance of years prior to 2016.

At Key Stage 1, the proportions of pupils with SEN support and EHCPs/statements achieving the expected standard in reading, writing and mathematics are similar to the national average, with 18% of the former and 4% of the latter doing so. The equivalent national figures are 18% and 8%.

At Key Stage 2, the proportions of both groups achieving the expected standard in reading, writing and mathematics are above national averages. 23% of pupils with SEN support and 13% of pupils with EHCPs/statements did so, whilst 16% and 7% doing so nationally.

At Key Stage 4, progress 8 is a new main accountability measure that looks at the amount of progress from KS2 to KS4, with the national average for all pupils set at 0.0. In Kingston, the progress 8 score for pupils with SEN support was -0.31 and was -0.72 for pupils with EHCPs/statements. Both of these figures are above the equivalent national figures, which stand at -0.38 and -1.03 respectively. See Achieving for Children's (2017) Report on the Progress and Attainment of Pupils with Special Educational Needs (SEN) for more information.

Transition Years (16–25)

Because data sources are largely education based, gaps begin to appear 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.
Kingston data is unavailable on the size of the post-16 with SEND cohort or on the most commonly recorded primary need among this 17+ SEND population.

Education

A 2011 Ofsted report on post-16 provision for young people with SEND estimated that nationally, 30% of young people who had a statement of SEN when they were in Year 11, and 22% of young people with a declared disability, were not in any form of education, employment or training when they reached the age of 18. However, for young people who did make the transition to post-16 provision, their success rates were good and in line with or better than those of their peers.

There is concern that many services do not cover the 19–25 age group, allowing young people to be left without sufficient support in the transition years if adult service criteria are not met. This may be an increasing issue as the 16+ SEND population is predicted to rise.

What Works

The needs of children with SEND are so variable that the approaches to interventions should be individualised dependant on their assessed needs. All interventions of SEN support and through EHCPs are required by the SEN code of practice to be evidence based. The code of practice states that for all children and young people with identified SEN schools and settings should identify needs and offer support through the graduated response or assess, plan do, review cycle. This means that a child's needs should be assessed by those working closely with them, these people should then plan interventions, do the interventions and review how effective the intervention has been for the child.

Kingston's SEN Threshold Guidance
The guidance is intended to be used by schools, AfC officers, health professionals, social care professionals and families. It is a guide to the difficulties and challenges that pupils are likely to be experiencing when identified as needing special educational needs (SEN) support or statutory action (that may lead to an education, health and care plan (EHCP). The aim is to ensure transparency and parity between schools in terms of identification and ensuring clear expectations regarding the support provided at each step. Any specific interventions or assessments named in the guidance are intended as examples rather than as endorsements or requirements. Needs and strategies included in this document are not intended as checklists, but as guidance that can be interpreted flexibly according to the needs of the pupil.
SEN Threshold Guidance 2nd edition
SEN Threshold Guidance 2nd edition - summary of changes

The SEND report card and the tool work really well when used together.
The additional educational needs self-assessment tool:
- helps school leaders make judgements about SEN and school effectiveness
- uses the Ofsted framework as a basis for evaluation
- summarises strengths and areas for development
- supports the creation of an action plan
- provides excellent evidence for school inspections.

Best practice is when schools fill out the self-evaluation and then engage with the AfC Lead School Improvement Advisor (SEND) or their own school improvement partner to moderate their judgements.

The State of Child Health Report (2017) recommends that a good system is one with appropriate diagnostic thresholds, with mechanisms in place to allow proper identification of needs, and one that provides appropriate support for students once a need has been identified. Services should:
- be staffed with well-trained professionals
- identify needs at the earliest possible stage
- place the needs of children, young people and their families at centre-stage at all times

- utilise all specialist and clinical resources available
- make long-term plans for the child or young person and their family, including transition to adult services
- create clinical and care networks between education, health, and social care services.

The Department for Education's 2017 Study of Early Education and Development (SEED): Meeting the needs of children with special educational needs and disabilities in the early years Research report sets out conclusions and recommendations regarding:

- Early years provision for children with SEND
- Identification of SEND
- Communication between parents and providers
- The introduction of EHC plans
- Resources and funding

Transition
- **Transition from children's to adults' services NICE quality standard QS140** covers all young people (aged up to 25) using children's health and social care services who are due to make the transition to adults' services. It includes young people:
  - with mental health problems
  - with disabilities
  - with long-term, life-limiting or complex needs
  - in secure settings
  - under the care of local authorities.

- **NICE Guidance NG43 Transition from children's to adults' services for young people using health or social care services.** This guideline covers both health and social care services. It aims to improve the planning and delivery of care, and young people's experience as they move from children's to adults' services. It focuses on all young people aged up to 25 who are going through a planned transition, including those who have mental health problems, are disabled or who are looked after.

  Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services (Transition: getting it right for young people Department of Health and Department for Education and Skills). But making this move can be difficult or provoke anxiety in young people and their carers.

- **The 2017 Department for Education's SEND: 19-25 year olds' entitlement to EHC Plans (2017)** includes:
  - Managing 19-25 year olds' EHC plans,
  - Education, Training and benefits,
  - Funding
  - Considering health and social care needs
  - Including young people in decision-making.

Transforming Care in South West London For individuals with Learning Disability and Autism April 2016 provides the template and key guidance notes for the completion of local plans aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). These plans should cover 2016/17, 2017/18 and 2018/19.

AOC (2016) Building partnerships between local authorities and providers over post-16 high needs provision: Some lessons learned These guiding principles have been developed with a range of local authorities and post-16 providers to help achieve the best outcome in negotiations over high needs placements and costs.

Education, Health and Care Plans: Examples of good practice (2016) resource has been produced to help practitioners write good quality EHC plans that meet both the letter and the spirit of the Children and Families Act 2014.

Decision Making Toolkit is a practical guide to support social workers, health practitioners, school and college staff, parent carers, families and anyone working directly with children and young people with special educational needs and disabilities (SEND). It is designed to be used in partnership with young people to support them to make their own decisions and to participate as fully as possible in decisions made on their behalf.

CCG Audit Tool
This tool pulls together in one place the key pieces of evidence that the CCG will wish to assure itself on in terms of its progress in implementing the 2014 Children and Families Act reforms in relation to disabled children and young people and those with SEN.

Local Authority Audit Tool
Like the CCG Audit Tool, the Local Authority Audit Tool pulls together in one place the key pieces of evidence that local authorities will wish to assure themselves on in terms of progressing towards implementation of the 2014 Children and Families Act reforms in relation to disabled children and young people and those with SEN.

Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities (DfE and DH January 2015) provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations and applies to England. It endorses a clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels. There is also a stronger focus on high aspirations and on improving outcomes for children and young people.

To ensure close co-operation between education, health (including mental health) and social care the code includes guidance on the joint planning and commissioning of services. There is also a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood.

Children with special educational and complex needs Guidance for Health and Wellbeing Boards (DH, 2014)

The Health and Wellbeing Board (HWB) will want to consider the effectiveness of support available at transition points between primary and secondary education, and between secondary and further or higher education, and the transition to adulthood and independent living. This guidance aims to help support all HWBs in supporting the needs of children and young people with complex and special needs, by providing some hints and sources of further information which a Board can draw on with its partners. The guidance includes questions which an HWB may wish to consider in managing its organisation, building up a picture of local need and looking at local commissioning. This guidance may be read in conjunction with the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (2013)

The Delivering Better Outcomes Together consortium provide specialist advice, training and support to professionals and practitioners through the SEND regional structure to support them in implementing the SEND reforms.

Speech, language and communication needs (SLCN)

The Communication Council has produced a briefing on SLCN for health audiences, which Health and Wellbeing Boards (HWBs) will find useful.

The Royal College of Speech and Language Therapists has a range of information resources on speech and language therapy to support effective commissioning.

HWBs may also find useful the Guidance on quality standards for local authorities and schools as commissioners of speech and language therapy services in the UK.

Autism Spectrum Disorder

The National institute for Health and Care Excellence (NICE) (2013) Autism Spectrum Disorder in under 19s: Support and Management (CG170) guideline covers children and young people with autism (across the full range of intellectual ability) from birth until their 19th birthday, and their parents and carers. It should be used alongside Autism: recognition, referral and diagnosis of children and young people on the autism spectrum (NICE clinical guideline CG128) and Autism: recognition, referral, diagnosis and management of adults on the autism spectrum (NICE clinical guideline 142).

Good communication between healthcare (including mental health) professionals and children and young people with autism and their families and carers is essential. It should be supported by evidence-based written information tailored to the person's needs. Support and care, and the information people are given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

QS51 Nice quality standard for autism This quality standard should be used alongside the local autism strategy and NICE guidelines, as a tool to inform the commissioning of autism services for children, young people and adults focusing on the key areas for improving the quality of existing services.

Autism Education trust tool here as a way of developing school skills and evaluating school proficiency in dealing with ASD needs.

Attention Deficit Hyperactivity Disorder (ADHD)
The NICE Guideline CG72 covers diagnosing and managing attention deficit hyperactivity disorder (ADHD) in children over 3 years, young people and adults. It aims to improve the diagnosis of ADHD as well as the quality of care and support for people with ADHD. It recommends, among other things that people with ADHD would benefit from improved organisation of care and better integration of paediatric, child and adolescent mental health services (CAMHS) and adult mental health services.

NICE Guideline CG158 Antisocial behaviour and conduct disorder in children and young people covers recognising and managing antisocial behaviour and conduct disorders in children and young people aged under 19. It aims to improve care by identifying children and young people who are at risk and when interventions can prevent conduct disorders from developing. The guideline also makes recommendations on communication, to help professionals build relationships with children and young people and involve them in their own care.

Mental Health
NCB (2016) Partnership for Well-being and Mental Health in Schools includes a framework which is broken down into four stages, which are:
Stage 1: Deciding to act and identifying what is in place already
Stage 2: Getting a shared understanding and commitment to change and development
Stage 3: Building relationships and developing practices
Stage 4: Implementation and evaluation

Cerebral Palsy/Spasticity
Cerebral palsy / spasticity NICE Guidance CG 145 Spasticity in children and young people with non-progressive brain disorders: management of spasticity and co-existing motor disorders and their early musculoskeletal complications.

Asthma
Q25 Quality standard for asthma (covering 12 years+)

Paediatric Continence
NICE guidance on commissioning a paediatric continence service
ERIC – Education and Resources for Improving Childhood Continence
The ChiMat Needs Assessments Reports include one for continence in children for each local authority area.

Diabetes

NICE Guidance NG18 Diabetes (type 1 and type 2) in children and young people: diagnosis and management

Epilepsy

CG137 The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care (NICE, 2012).

Palliative care

contact details for local palliative care networks and commissioning guide for CCGs which will be useful for Health and Wellbeing Boards

Habilitation

Quality Standards Delivery of Habilitation Training (Mobility and Independent Living Skills) for Children and Young People with Visual Impairment

Current Services

Local strategy

Kingston Clinical Commissioning Group has commissioned Achieving for Children (AfC) as the provider for delivering SEND services in the borough. AfC's Special Educational Needs (SEN) strategy outlines the values, principles and key priorities that will guide AfC's decision-making process over the next three years in supporting children and young people (and their families or carers) with special educational needs in Kingston. There is also a strong engagement with the Parent Carer Forum (SEND Family Voices, SFV is the statutory group providing this service for Kingston and Richmond) and other voluntary groups. This strategy was updated in October 2015 and is delivered across schools, the health economy, voluntary sector, social care and adult services to provide an integrated offer.
The strategic aims are:

- Children with special educational needs will be educated within the Kingston borough where possible.
- All children will have the opportunity to be educated in their local community.
- To develop provision in mainstream and special schools, as well as specialist resourced provisions within mainstream schools.
- To maintain an approach based on early intervention, identification and intervention.
- To involve parents, carers and young people in all that we do.
- To ensure as seamless a transition as possible from primary to secondary school and transition to post-16 and adult services.

The strategy is for children and young people (and their families or carers) aged 0 to 25 years with SEN. Through this strategy, AfC is working to demonstrate it is effectively meeting the needs of children and young people with SEN to improve their outcomes in terms of:

- progress made towards high expectation targets;
- access to a full educational curriculum and experience;
- progress to higher education or employment;
- independent living;
- participating in society, and;
- being as healthy as possible in adult life.

The 2016 SEND Ofsted framework is a local area framework that involves all the key partners, including local learning and health providers. Kingston is using the framework to ensure that there are correct partnerships, consultation procedures, and focus on outcomes in place.

Performance

Kingston is well advanced in the implementation of the SEND reforms covering:
- The development of the Education, Health and Care Plan
- The introduction of a Single Assessment Process
- Personal budgets
- The Local Offer available at: https://www.afclocaloffer.org.uk/

In terms of statutory SEN assessments, Kingston completed 100% within 20 weeks, in the 20 weeks prior to 1st March 2017 (excluding and including exceptions) with a target of 100%.

In line with national observations, Kingston has seen the distribution of EHCPs weighted towards the younger and secondary age groups.

According to the Department for Education (DfE), Local Offer is used to describe the collection of information about the support that local authorities must make available to help children and young people with special educational needs and disabilities and their families. The purpose of the local offer is to enable parents, carers, children and young people with SEND to see clearly the services available to local families and how to access them. The offer covers services from birth to 25, across education, health and social care, and includes charitable and private services, as well as services outside the local area (e.g. schools) which are used by local families.

Achieving for Children's local offer for Kingston provides the following information with some examples of different services and resources on offer:
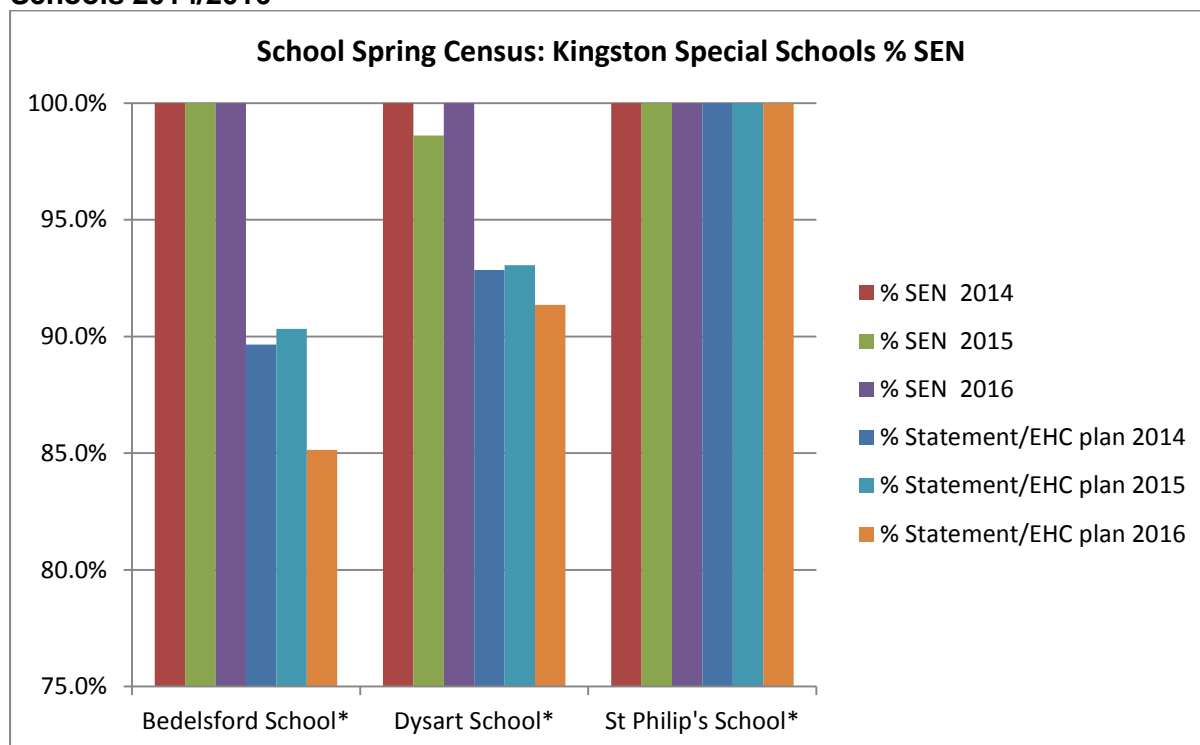
- Education services from pre-school to further education, including mainstream schools with special provision and specialist schools.
- Health services – Child and Adolescent Mental Health Service (CAMHS), Kingston Clinical Psychology, Integrated Service for Children with a Disability Nursing Team and Connect Sexual Health Clinic at the Wolverton Centre, Kingston Hospital (offering sexual health, relationships and contraception service for young people with learning difficulties, autism and Aspergers), occupational therapy and physiotherapy for children with disabilities.
- Social care services – Adolescent Response Team (ART), Careplace, and Homestart Kingston.
- Preparing for adulthood for young people aged 19 to 25.
- Training opportunities for young people – Balance, Future Hub, Way to Work and Young Place Shapers.
- Transport arrangements – Wheels for All, Disabledgo and congestion charge exemptions.
- Information, advice and guidance on funding, financial support and support available from local voluntary organisations
- Balance Independent Travel Training designed to teach children and young people how to travel independently to and from school.

AfC's SEND Home to School transport policy sets out the criteria for eligibility for travel assistance, how parents and carers should apply for travel assistance, how decisions are made and how parents and carers may appeal against decisions that they believe do not comply with this policy. The intention of this policy is to ensure that children and young people with SEND are appropriately supported to access suitable education.

Special Schools within Kingston

Within Kingston there are three schools dedicated to the education of children with complex and special educational needs: Bedelsford, Dysart and St Philips, with a combined population of 300 pupils. All of these schools have undergone and continue to undergo expansion programmes in order to increase the number of special school places across both boroughs. In addition, Kingston also has a provision for 60 pupils at Malden Oaks Pupil Referral Unit that caters for children who for various reasons cannot access mainstream school. There are over 30 provisions attached to primary and mainstream schools.

Figure 1: Percentage of Children with SEN and EHC Plans in Kingston Special Schools 2014/2016

School Spring Census: Kingston Special Schools % SEN

Legend:
- % SEN 2014
- % SEN 2015
- % SEN 2016
- % Statement/EHC plan 2014
- % Statement/EHC plan 2015
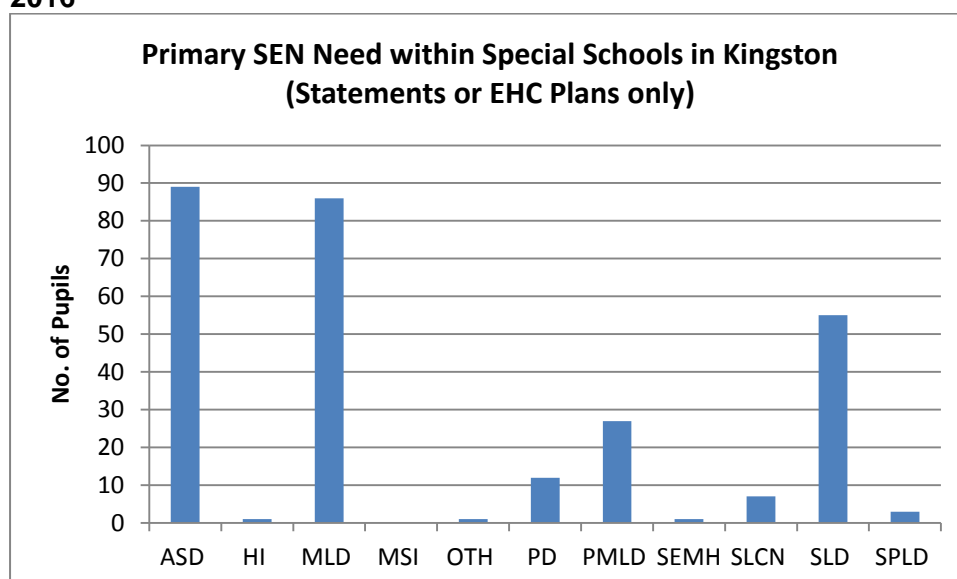- % Statement/EHC plan 2016

* SEN Resourced Provision

Data Source: Spring 2016 School Census

Note: Due to Pupil Referral Units having a low number of students on roll at any one time (because of its transient population) with pupils remaining with the unit any time between 6 weeks and 2 years, they have not been included here.

Figure 3: Primary type of Need for Pupils with EHC Plans in Kingston Special Schools, 2016

Primary SEN Need within Special Schools in Kingston (Statements or EHC Plans only)

[Bar chart showing No. of Pupils on the y-axis (0 to 100) and SEN need categories on the x-axis: ASD approximately 89, HI approximately 1, MLD approximately 86, MSI approximately 0, OTH approximately 1, PD approximately 12, PMLD approximately 27, SEMH approximately 1, SLCN approximately 7, SLD approximately 55, SPLD approximately 3]

Data Source: Spring 2016 School Census

Key
ASD autistic spectrum disorder,
HI Hearing impairment, MLD Moderate Learning difficulty,
MSI Multisensory impairment,
OTH Other disability,
PD Physical disability,
PMLD Profound and multiple learning difficulty,
SEMH Social Emotional and Mental Health Needs,
SLCN Speech language and communication needs,
SLD Specific learning difficulty,
SPLD Specific Learning difficulty

Within Kingston's three special schools, ASD, moderate or severe learning difficulties, are the three most common primary needs identified:

- Bedelsford School takes pupils between the ages of 2 -16 years and currently has 63 pupils, with approximately two out of three pupils having either severe, or profound and multiple learning difficulties.
- Dysart provides education for children between 5-19 years, with currently 74 pupils registered (although it has had funding approved for an expansion which will also see 24 more places available). Approximately half of Dysart pupils are on the Autistic Spectrum.
- St Philips School is a community school for children aged 11–19 years, and currently has 145 pupils, over half of their pupils have moderate learning difficulties and a third have Autistic Spectrum Disorder.

Early Years

Early Years refers to the stage in life between birth and the age of 5. Before a child is in nursery education (where they are entitled to 15 hours per week of free childcare from age three) or school they are not deemed to be in education, and so generally an Education,

Health and Care (EHC) Plan is not relevant. However, some children do require extra support in the early years and this can be accessed without having an EHC Plan.

As of April 2016, there were 88 children (aged 0-5) in Kingston on SEN support, of which there were 51 boys and 37 girls. Primary needs include Down's syndrome, ASD, social communication, cerebral palsy, epilepsy, global developmental delay and a range of hearing and visual impairments.

In Kingston, the Early Years SEND Team offers a range of support services for families whose children, aged 0-5, have significant developmental delay, disabilities and social communication difficulties both at home and in Early Years settings. The different services offered by the team include:

- Health professionals and therapists - children with complex needs can be referred to a multi-disciplinary team to ensure their management is integrated between Health (mental health, paediatrician, therapists), Education (Portage, early years) and Social Care (disabled children's team).

- Health professionals and therapists - children with complex needs can be referred to the Integrated Service for Children with Disabilities (ISCD) multi-disciplinary team to ensure their management is integrated between Health (paediatrician, nursing, physiotherapists, occupational therapists, speech and language therapists), Education (Portage, early years) and Social Care (disabled children's team).

- Social care through the Disabled Children's Team within the Integrated Services for Children with Disabilities (ISCD).

- Voluntary sector - There are many local voluntary sector organisations (charities) that organise specialised services for disabled children and children with SEN. These range from specialist play sessions, baby massage, talks on supporting children with additional needs eg specialist play facilities. Please refer to the Achieving for Children Local Offer website for full details and to the find out more.

- Portage, which is a home teaching service for pre-school children whose learning and development is significantly delayed. Portage continues until the child is three years old and receives 15 hours a week of free early education. When the child starts attending pre-school or nursery provision, the Portage home visitor will liaise with the key staff, offering support over the transition period.

- Social communication and speech and language (SCSL) packages offer early intervention support for children in reception and nursery. They are overseen by the SEN team and allocated at a multi-agency panel based on referrals from school, providers and health professionals.

All Early Years providers must have arrangements in place for a clear approach to identify, assess and support children with SEN or disabilities – requirements that are set out in the Early Years Foundation Stage Framework and SEND Code of Practice (2014). All nurseries have a Special Educational Needs Coordinator (SENCo) who is responsible for providing

children with additional support or adaptations to the environment or curriculum to enable them to attend nursery from the age of three. And AfC has an early years consultant for SEN who supports these SENCOs.

There are currently six children's centres across Kingston offering a range of services, information and support to all families with children under five.

Schools have a designated SENCo to oversee the identification, support and provision for the children with special educational needs in the school. The recently published 'Golden Binder' as part of the Local Offer, details all aspects of the code of practice 2014 offering guidance and information to support inclusion and effective provision.

There are currently six children's centres across Kingston offering a range of services, information and support to all families with children under five.

Transition into Adulthood

Kingston 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.

Impartial and independent information, advice and guidance (IAG) is delivered in school from Year 8 in line with schools' statutory duties in this regard. It is important that Special Educational Needs Coordinators (in mainstream schools) are aware of the post-16 options available to young people and that they can access this information on Achieving for Children's (AfC) Local Offer website. AfC's 14-19 team also produces an Opportunities Pack twice a year to reflect all local learning provision up to and including Level 2, to support schools, young people and their families and other professionals working with young people, especially the Preparing for Adulthood team, to navigate these options. Gaps and challenges include lack of consistency across Kingston with schools having inadequate knowledge and capacity to provide the appropriate support, the NATSPEC directory is limited in supporting families with a dearth of educational funded placements, and EHCP co-ordinators are unable to attend reviews due to capacity limitations.

On an ongoing basis, the 14-19 partnership is also in a key position to work with post-16 learning providers to support the development of appropriate provision for SEND learners and support providers to access additional Education Funding Agency (EFA) or Skills Funding Agency (SFA) funding. AfC maintains a relationship with post-16 providers through *Raising the Participation Age* (reporting to the 14-19 team) and this strategic approach enables the sharing of good practice as well as leading to greater take up on local further education programmes and employment based routes such as supported internships and traineeships.

A key change since the SEND reforms has been to increase local post-16 learning provision and decrease the numbers of SEND young people accessing out of borough placements, wherever possible and appropriate.

Since September 2016, the following programmes are offered:

- The development of a specialist SEND post-16 provision in a mainstream sixth form setting at Richard Challoner School. There were eight spaces in Year One of the programme (Moderate Learning Disabilities and Down's Syndrome) from September 2016, with a further eight in 2017.
- In addition, Kingston Adult Education's Steps to Employment programme will continue for SEND young people who need support with employability skills.
- Individual one-to-one support with information, advice and guidance and ongoing mentoring is essential to ensure learners with learning difficulties or disabilities (LDD) are offered support to participate in learning, training, supported employment and to take up apprenticeships. Kingston has created a specific post within the Education Business Partnership of SEND Opportunities Co-ordinator, who is charged specifically with identifying SEND young people and local employers and learning providers to support them either into vocational programmes, work experience or employment, including traineeships and apprenticeships. Since October 2015, this resulted in the engagement of 17 young people in Kingston, with successful conversion to employment based routes for eight of these. This support includes intensive work with a caseload of young people with SEND who are able and who want to work.

Early Information, Advice and Guidance (IAG) interventions are essential to identify young people's aspirations and to promote available opportunities and appropriate placements well ahead of transition at post-16. Careers advisers and SENCOs in schools can contribute to this and AfC is also working closely with the SEND Family Voices Group to ensure that parents/carers are also aware of opportunities, particularly employability based routes such as traineeships and apprenticeships. Kingston's Education Business Partnership is also working more widely, (as well as the work that the SEND Opportunities Co-ordinator is doing on an individual basis) with a range of employers of all sizes to persuade them of the benefits of taking on young people with SEND.

There is a small group of young people with SEND who are not in education, employment of training (NEET) and these are tracked on a regular basis to monitor whether they need support. If receptive to support, they can be referred to the SEND Opportunities Co-ordinator if they are ready and prepared for employment. Otherwise they can be referred into re-engagement learning provision that will prepare them for the workplace or further study.

In order to support independence and transition from a practical perspective, a structured programme of independent travel training has been available locally since November 2014 to enable young people with SEND to develop their ability to use public transport. The training consists of four phases, taking pupils through from assessing relevant skills at appropriate stages to shadowing the pupils at the very end to ensure that they can travel independently and being signed-off by the professionals offering the service. The scheme can be developed further to include group training and travel buddies, to enable more young

people to be able to access learning and at the same time develop their independence and travel skills.

Kingston is in the process of developing an all age learning disabilities services which aims to ensure that there is a more streamlined experience for young people and their families.

In December 2016, Kingston held a Transitions Round Table meeting between the SEND partners outlined in Figure 4:

Figure 4: Children and Adult Care Pathways and Communication Network
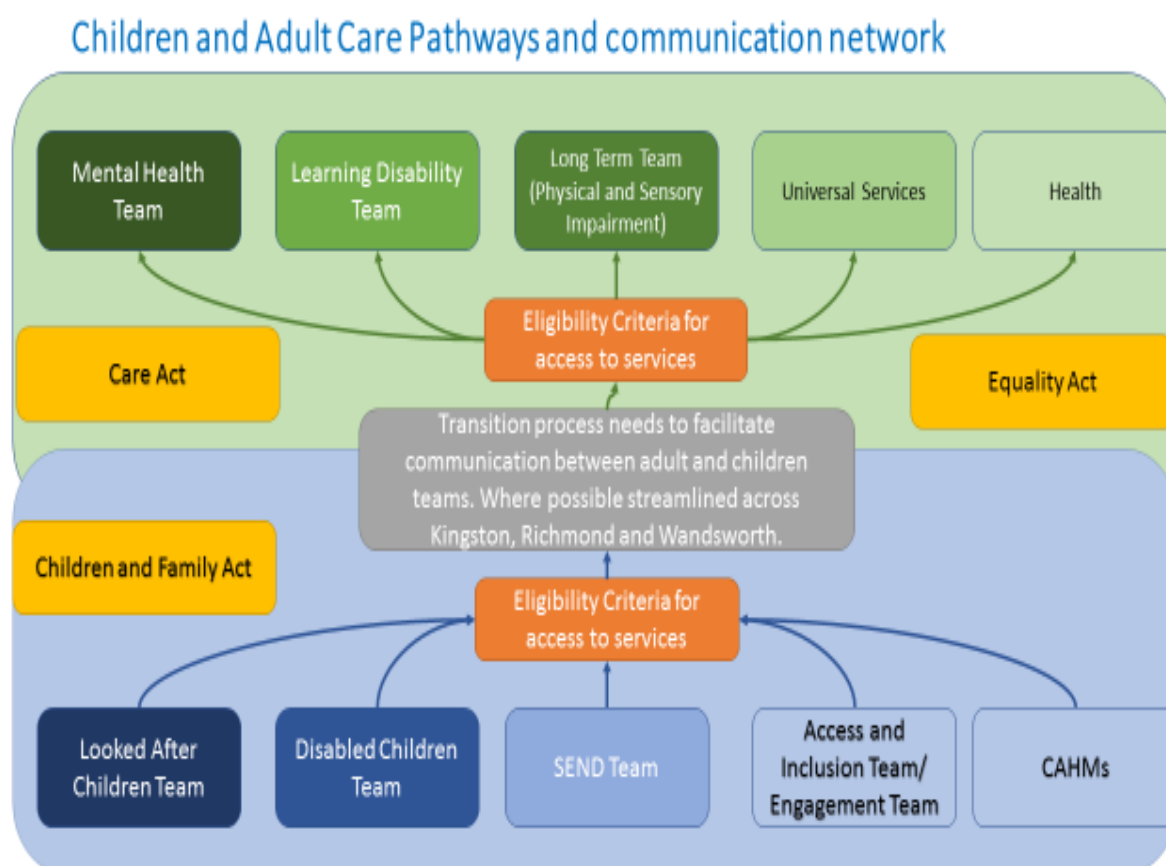
Source: Personal communication, Stephan Brusch, Programme Manager: All Age Learning Disability Service, Adult Social Care, Royal Borough of Kingston, February, 2017.

The outcomes were to invite relevant contacts to the next Programme Board regarding all age disability service in RBK and the SEND operational services manager to develop a small task and finish group on integrated proposals regarding:
- Transitions protocol
- Commissioning principles and processes
- Tracking mechanisms
- Gap analysis and best practice.

Figure 5 was used as part of this meeting in order to clarify issues with pathways between SEND related services.

Figure 5: Mapping of Transition Pathways including SEND in Kingston

Issues of Local Authorities taking responsibility when care leavers (or other) reside out of borough.

Need earlier involvement of CCG in the commissioning of placements at ISP panel.

New process, referral and contacts need to be established.

Outcome 3: Process and pathway for client groups is needed

Need for clarity

Outcome1: Better planning and informed decision making

Some care leavers do not meet adult criteria; there is a 'grey area' for this cohort.

Many panels (ISP,SEN or Adult SC) make process (placement and funding) chunky and time consuming

There is no protocol for care leavers. Who provides the leaving care service?

New transition team in SEND team

Need for identification of young people who are likely to need access to adult services (MH, Physical Dis, LD)

Stocktake and Data needs cleansing. Then keeping tracker live.

Late notification for adult discharge planning in MH (eg turns 18 soon

Outcome 4; Need for better joint information and guidance.

Expectation need to be managed better as young people move to adults.

Alignment with other services needs improving- not everyone is involved who should be.

Outcome 2: More joined up working across teams and organisations

How does the Family Support Team fit with transition?

Need for knowledge of young people who are not open to Children Social Care who have EHCP and their longer term need. .

It is difficult to forward plan to ensure Adult Services meet future demand.

Need for teams (children) to understand what is available across Education, Health and Social Care

Link with Mental Health Services need to be strengthened.

Link with Learning Disability team seems to be working better. People know Emma .

We need representation or input from CCG, NHS E, schools, Physical Dis, and Sensory Impairment

We don't have the right data, numbers,need or costings.

Local Offer needs to be clarified in adults services.

Mutual understanding: What teams do and don't do Adult vs children diagnosis; legislation

Transition does not work well in mental health.

Transition doesn't seem to be working effectively for young people who are only known to education service. Late input from Adult Social Care.

Need for Identification of young people who are vulnerable and who may not meet Adult criteria (Autism, Asperger and Care Leavers

Key
ISP – Independent Specialist Provider
SEN - Special Educational Needs
Adult SC - Adult Social Care
MH - Mental Health
Physical Dis - Physical Disabilities
LD - Learning Disabilities
NHS E - NHS England
CCG - Clinical Commissioning Group

Please also refer to Figure 2, Page 46 of the Warwickshire JSNA on SEND for an overview of commissioned SEND services.

SEN funding arrangements

Local authorities must make sure that the budget shares of schools and academies have an appropriate amount to contribute to the costs of the whole school's additional SEN support arrangements, up to the mandatory cost threshold of £6,000 per pupil with SEN. This is a notional amount of funding, and should not be regarded by schools and academies as a substitute for their own budget planning and decisions about how much they need to spend on SEN support, or as a fixed budget sum for spending by schools.

There is also a range of funding available in post-16 education to support individual students, subject to criteria. Examples of these are bursaries, vulnerable students and hardship funds. Each provider will have details of what is available and which students can access the funding. In relation to pre-school setting, early years financing options are in place.

The Inclusion Grant in Kingston exists to enable Early Years settings to meet the needs of pre-school children with SEN. Effective early identification, support and intervention will enable the Early Years Service to achieve its Children and Young People's Plan 2013/2017 target. The purpose of the grant is to ensure inclusion for children aged 0 to 5 years for disabled children or children with SEN in childcare and early education places within the private and voluntary sector. The grant can be used for specialist equipment, resources or staffing to support inclusive practice.

All childcare providers in the borough are required by the Equality Act 2010 to include children with additional needs, ensuring that children are not treated less favourably and that reasonable adjustments are made. The Inclusion Grant is designed to support staff working with children for up to three terms only. It can provide funding to train staff, tailored support from a member of the Early Years Team and in exceptional cases, funding up of to nine hours a week to enhance staff ratios. For children likely to have on-going complex needs, a multi-agency meeting will be held each term to discuss next steps.

Post-16 learners who need a higher level of support to help them meet their educational objectives can be supported by AfC and RBK (and Kingston's CCG if they are CHC-funded) if their needs exceed more than the first £10,000 of their placement. These are known as high needs learners. Funding is signed off by Kingston's ISP (Independent Specialist Provider) Panel that meets monthly from January to June to approve placements for the following September. The process for signing off and funding all post 16 placements for high needs learners in further education is managed by the 14-19 team at AfC on behalf of education, adult social care and health, taking into account the individual's Education, Health and Care Plan. There is also a range of discretionary funding available for the post-16 population.

Kingston's high needs Funding Protocol sets out Kingston's commissioning principles for post-16 high needs learners.

Personal budgets

For those with an EHC Plan, there is now the option to obtain a personal budget following a statutory assessment. The funding for the education component of this comes from the AfC high needs budget. The other funding sources for personal budgets, dependent on eligibility, are for short breaks, which are funded by Social Care, and Continuing Care, which is funded by Health.

Financial Cost

The projected cost of SEN educational placements are detailed in the table below. A significant proportion of expenditure is on independent placements most commonly outside of the borough.

Table 1: Dedicated Schools Grant High Needs Block, 2016/17

Dedicated Schools Grant High Needs Block	Projected Costs 2016/17	% of Expenditure
Independent Placements	6,757,861	41%
Top Up to Out of Borough Schools	1,317,962	8%
Top Ups to Academies	1,724,779	10%
Top Ups to Kingston Schools	5,120,035	30%
Post 16 Colleges	1,213,300	7%
Early Intervention	297,000	2%
Additional Place Funding	251,833	2%
Total	16,682,770	

Source: RBK, 2016

There has been a year on year increase in the educational costs of meeting the needs of children with Special Educational Needs and Disabilities and these are predicted to continue to increase.

Of those currently within independent/ non maintained placements, the greatest proportion have Communication and Interaction Needs (Speech, Language, and Communication Needs or SLCN, Autistic Spectrum Disorder or ASD, and Asperger's), followed by Social, Emotional and Mental Health (SEMH) needs.

Independent Placements Projected Costs	6,757,861

SEN Category	%
Cognition & Learning Difficulties	7%
Social, Emotional and Mental Health	21%
Communication and Interaction Needs	62%
Sensory and/or Physical Needs	6%
Other	1%
Need Type (TBC)	3%

Source: RBK, 2016

This suggests increasingly there will continue to be a demand that cannot be met locally unless there is investment in increasing the in-borough provision.

Community Voice

The findings of an extensive consultation undertaken in 2014 indicated a strong desire locally for an increased range of school based SEND provision in a mainstream setting, as well as an increased need for vocational pathways for SEND young people, leading through to employment.

Involving parents and carers SEND Family Voices

By ensuring families voices are heard and listened to, Achieving for Children (AfC) works to empower parents and carers of children and young people with SEND to obtain the best possible care, services and support. AfC work with the Kingston and Richmond community group 'SEND Family Voices' to create opportunities for families to develop new examples of working with them and other statutory partners in developing and commissioning. SEND Family Voices covers:

- partnership working
- issues raised by families
- partnership projects between AfC, Healthwatch, Health, Social Care, commissioners and others
- implementation and development of the SEND reforms
- developing and professionalising parent participation
- SEND Ofsted implementation.

AfC work with SEND Family Voices uses the strength and resources of their steering group and partners (schools and service providers) to achieve good outcomes for parents and children. This combined with a collation of evidence and a partnership approach consistently feeds into the reviewing and subsequent improvement of services. SEND Family Voices actively engages with the local community with particular emphasis on more vulnerable families. It is currently looking to extend its partnership working with school nurses and health visitors to ensure inclusion of as many families as possible. The voice of the family has been facilitated further by independent supporters, who have worked with individual families during the EHCP process and fed back to AfC, both for individual EHCPs and in the SEND Implementation strategy forum.

Examples of co-creation

Working collaboratively, all of the following have been co-created by AfC, community groups and family representatives of children with SEND:

Documentation
- Production of EHCP templates through hosting workshops
- A guide to SEND reforms: parents' guide (currently on fourth edition)
- Quick start guides to getting or transferring to EHCPs
- Advising AfC on accessible, non-local authority language in letters to parents
- Transition guide

Processes
- Ongoing EHCP development, currently integrating health
- The Local Offer website, development and content
- Involvement in strategic decision-making meetings
- Development of governance and training for parent participation on the SEN Panel

Events
- Local Offer launch
- Open meetings with AfC's SEN Team
- Workshops to inform commissioning (for example, Special Educational Needs Disability Information and Advice Support Service, SENDIASS (see below) and transport)
- AfC SEND reforms launch event

Other
- Commissioning: advisors on new services such as SENDIASS, Advocacy and post-16 provision
- Recruitment: selection of parent representatives for recruitment panels
- CAMHS survey into services to inform new CAMHS strategy (with Tier 3 CAMHS, Healthwatch and schools)
- Training for professionals, for example, ASD and adolescence and challenging behaviour For further information visit SEND Family Voices www.sendfamilyvoices.org

Richmond and Kingston Special Educational Needs and Disabilities Information Advice and Support Service or SENDIASS

SENDIASS is a free, confidential and impartial service for parents and carers, children and young people (aged 16 to 25 years) involved in the new Education Health and Care assessment and planning process and those transferring from Statements of SEN and Learning Difficulty Assessments over to an Education, Health and Care Plan.
The type and range of support offered includes:

- Information regarding the local offer, local policy and SEN/ disability law from independently trained staff
- Advice for parent/carers, children and young people on gathering, understanding and interpreting information and applying it to their own situation
- Personalisation of personal budgets
- Information on the local authority's processes for resolving disagreements, its complaints procedures and means of redress
- Signposting children, young people and parents to alternative and additional sources of local and national information, advice and support
- Individual casework and representation where needed including support in attending meetings, contributing to assessments and reviews and participating in decisions about outcomes for the child or young person.
- Support for parents and young people in managing mediation and appeals to the SEND Tribunal.

Voice of the child or young person
Methods of engagement
Achieving for Children works to ensure that young people with SEN have the platform to be heard and the opportunity to make a significant impact throughout AfC and beyond. Our five main methods of engagement are:
- working with organisations and services within AfC to improve their participatory practices;
- going into schools and meeting with young peoples' councils and other students within the schools;
- communication through email, the Local Offer website and social media;
- regular face-to-face focus groups and project groups with young people; and
- virtual council of 30 young people who have expressed an interest in participation or who are engaged in our regular groups.

This spread of methods means that AfC has a great mix of engaging with small groups of young people who are interested in having their say and who are well practised at giving feedback, as well as ensuring we reach as many young people as we can through schools, other organisations and virtual means.

Co-creation
The former SEND Champions co-created the Local Offer website, worked on EHCPs, attended sub-group meetings and implementation meetings, and been consulted with throughout. The participation leads involves a staff representative from each service meeting with young people's representatives to work together on that service's participation targets. So far this has included an inclusion team's Facebook page, rules around including young people at social work meetings, co-created resources for the Family Support Team and more.

How all children and young people are given a Voice
Young people are given a voice in four main ways that AfC support.
- Through designing feedback forms and working on building on the culture of consultation in activity groups. This gives young people the chance to feedback after activities they attend, including our own, and ensures they have a voice in the direction of those groups.
- Through running wider consultations including for the young people's forum, the SEND reforms and related strategic commissioning.
- Supporting other professionals to engage and listen to young people so that they can have a direct voice within the services they receive.
- Through the use of innovative practices and technology, AfC actively works with children to enable them to get across their preferences and viewpoints through initiatives such as the Wiki project. Wikis give children a voice and enable them to take control of their lives by empowering them to take a full and active role in their own education, health and care planning.

The voices of children and young people have also been facilitated by independent supporters, who have worked directly with children and young people on their individual EHCPs to ensure their voices are heard directly, verbatim, and are kept central to the

process. Every EHC plan has a section which is devoted to the voice of the young person and their views and aspiration. The SEN team seek those views, engaging with the young person directly or someone they feel familiar with. The next stages of meetings and decisions associated with the young person are focused around their aspirations as documented. AfC are working closely with schools and other partner agencies to further develop practice in person centred reviews.

Participation of Children and Young People with SEND
Achieving for Children provides a Specialist Participation Strategy and Service for Children and Young People with SEND. This service sits within the 'Integrated Service for Children with Disabilities' (ISCD) and works with children and young people in both Kingston and Richmond between the ages of 0 and 25 years old.
The service's work is rights-based, underpinned by articles 12, 13 and 23 of the United Nations Convention on the Rights of the Child. The service's aim is to ensure that children and young people with SEND have a voice and influence in matters that affect them. The service does this by focussing on four main areas of work, listed below with some recent or ongoing examples of practice.

1. Promoting and embedding participation
Ensuring people supporting children and young people with SEND understand the importance of participation and embed it in their practice.
- 'Personalisation and Participation' training for staff, co-produced and co-delivered by young people.
- Implementation of team-specific Participation targets throughout the Integrated Service for Children with Disabilities (ISCD) through the 'Participation Leads' project.
- Awareness-raising presentations delivered by young people (e.g. SEN Strategy Launch, RBK Disability History Month Event, Express CIC, and World Autism Awareness Month Event).
- Bespoke support to professionals and other organisations to improve engagement of children and young people.

2. Creating Accessible information
Ensuring children and young people have access to information that they understand.
- Implementation of staff 'About Me' Guides – information for children and young people about the staff who support them
- Creation of 'Having a hip x-ray' leaflet – produced in partnership with young people and Kingston hospital
- Production of Young People's films about the SEND Reforms on the Local Offer website
- Involvement of young people in the design of the NHS 'Get Your Rights' Website
- Relationships the Internet and You for 11-16 year olds – Young Peoples' Sex and Relationships Education information produced by the Family Planning Association in collaboration with the Easy Information Group who are supported by Speech and Language Therapy, Your Healthcare CIC.

3. Consultation and feedback

Ensuring children and young people have the opportunity to give their views in order to shape their own lives and/or local services and support.

- Running of topic-specific focus groups to feed into local strategy or developments (e.g. AfC Accessibility Strategy, RBK Health and Wellbeing Strategy)
- Consultations in local special schools with school councils or broader groups of pupils, which is then fed into senior management meetings or boards
- Creation of resources for providers to capture ongoing feedback from children and young people e.g. by using facial expressions stickers
- Consultation with our 30+ 'Participation Members' – our virtual young people's forum which meets on a monthly basis, around a range of topics, including wikis and Education, Health and Care (EHC) Plans
- Creation of more accessible EHC Plan 'Section A' for young people, to enable more young people to complete this independently

4. Strategic decision-making and co-production

Supporting children and young people to work in partnership with professionals and other stakeholders in strategic decision-making and development.

- The Recruits Crew –young people routinely involved in the recruitment of staff within the Integrated Service for Children with Disabilities (ISCD) and beyond
- Young People representatives on universal forums, including AfC Youth Board (and Satellite Group) and Kingston Youth Council.

Communication and engagement with children, young people and parents/carers is being further developed to ensure their voices are heard as loudly as possible regardless of their communication abilities in order to drive service development and improvement.

Figure 1: Overall Rating of the Integrated Service for Children with Disabilities from RBK parents/service users, March 2016
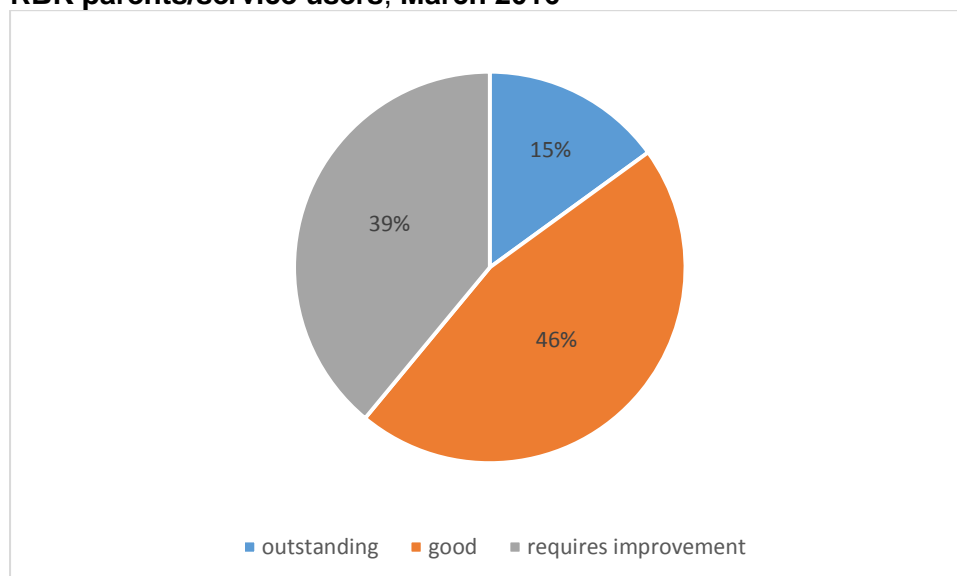
Source: RBK, 2016

Recommendations

A. Commissioning – Achieving for Children (AfC), Public Health, and other Health Commissioners

1. AfC should further develop engagement mechanisms with children, young people, and parents through supporting early positive parenting skills, SEND Family Voices, and focusing on family relationships (with a focus on families of pre-school and early years children) in order to increase self-care, resilience, and manage unrealistic expectations; with the aim of:
   - Identifying issues early so that appropriate services are accessed to prevent overreliance on services at a later time when issues have escalated e.g. enhanced outreach service
   - Reducing the number of children and young people attending independent special schools instead of state schools.
   - Reducing the distance that children and young people have to travel to school
   - Reducing the number of children with emotional and behavioural difficulties
   - Ensuring the child / young person has a type of support in a setting that is acceptable to them.
   - Addressing Local Offer gaps by upskilling all adults who interface with the child.

   This should be aligned to the four Preparing for Adulthood (PfA) outcomes as part of EHC planning across the age range – supporting pathways to:
   - Employment
   - Independent living
   - Community Inclusion
   - Health.

2. To assist in the management of schools and parents expectations, AfC should continue to embed the new vision for SEND (Transformation Programme) and consistently embed co-production throughout the SEND programme at a strategic commissioning level. Services should be designed in collaboration with children, their families, and service providers.

3. There should be a mechanism for AfC to ensure that feedback and suggestions at an individual level are gathered centrally and used to inform service commissioning and redesign.

4. Kingston Local Authority should commission SEND services using a joined-up approach from the highest strategic level. This may involve pooled budgets and joint contracts.

5. Identify cost-effective and evidence based ways to narrow the gap between the achievement of children receiving SEN support and their peers, both locally and against national comparators.

6. Where Kingston has substantially **lower** percentages compared with London and England (see Table 7, in Local Picture section) of specific primary need, efforts should be made to explore and understand why Kingston's data is lower and accurately assess and consistently and systematically identify and cost-effectively address, whilst prioritising the highest need:

   - Social, Emotional and Mental Health (SEMH) among Special school pupils.
   - Speech, Language and Communication Needs (SLCN) among pupils from Special Schools.
   - Hearing impairment among Secondary and Special school pupils.

7. Where Kingston has substantially **higher** percentages compared with London and England (see Table 7 in Local Picture section) of specific primary type of need, efforts should be made to explore and understand why Kingston's data is higher and accurately assess and consistently and systematically identify and cost-effectively address, whilst prioritising the highest need:

   - Moderate Learning Difficulty among pupils with SEN from Special schools pupils
   - Speech, Language and Communication Needs among primary schools pupils
   - Autistic Spectrum Disorder (ASD) among secondary school pupils.

8. Develop and improve pathways and provision for children and young people with Speech, Language and Communication Needs, SLCN (which is the biggest gap for those who are out of borough) and ASD needs and work with neighbouring boroughs to balance the offer of services.

9. Ensure that Kingston is in a satisfactory position to respond to the increasing demand for 0–3 services and the predicted growth in the 16+ SEND population. In turn, commissioners need to look to the future and the impact of these growth areas on demand for school-age services and 18+ services in the coming years in order to ensure independence of children and young people.

10. For AfC to embed the cluster (joint operational) model, in line with the joint commissioning model, which will give families a smoother pathway through services ('tell once') to enable families to be self-reliant and utilise self-care resources. Services should be joined up from the early help stage and seamless pathways should include the EHC plan process and social care assessment.

11. AfC to develop an information sharing protocol to enable agencies (namely Health Visitors and AfC) to:

   - Save costs on duplication of assessment and analysis costs
   - Analyse data from the early years frequently to inform future commissioning of SEND services.

- Report data from early years health checks (e.g. speech, language and communication screening from the Ages and Stages Questionnaire ASQ) regularly to ensure emerging needs are being identified and addressed quickly.
- Inform this JSNA.

12. As part of the needs analysis of the children placed out of borough, AfC should reduce the number of pupils year on year whose educational placements are out of borough.

13. Explore mechanism to improve efficiencies in sharing transport with adult services where appropriate.

B. Operational – AfC and Your Healthcare

14. Explore utilising the expertise and resources in special schools for advice and interventions in mainstream schools.

15. Explore opportunities to implement [Disability Matters](#) resources across all educational, healthcare and social care settings.

Quality Assurance Process should include the following:

16. AfC should ensure that statutory provisions are in place for children and young people with SEND, in particular those with additional medical needs, pupil and parent voices, transition needs, and clear funding.

17. A robust recovery plan and in accordance with NICE guidance, AfC should ensure alignment between Autism, Learning Disability and SEND JSNAs, including the appropriate identification of young people with learning disabilities.

18. Review the effectiveness of the education, health (including mental health) and care needs assessment through development of robust and multi-agency quality assurance processes.

19. Review the roles and contribution of all statutory partners in the education, health (including mental health) and social care planning assessment. Proactively quality assure the EHCP process and improve cost-effective, multi-disciplinary assessment process to ensure active engagement.

20. For AfC to embed the plan to hold schools to account.

21. AfC to work more proactively with families and school staff to support children with additional needs.

22. Ensure there is a continued professional development framework for staff to have the right skills to meet children's needs.

23. AfC to hold schools to account by addressing the skills gaps required in schools to address SEND and additional needs.

24. In order to drive service improvement, AfC and health partners should continue to improve communication and engagement with children, young people and parents/carers to ensure their voices are heard as loudly as possible regardless of their communication abilities particularly those who are non-verbal.

25. Evaluate cost-effective co-production throughout the SEND programme at an operational level. Individual services should have the voices of children and their families at the heart of service planning and process improvement, e.g. resilience building with the family and child / young person.

26. Engage with healthcare providers, the Head of Disabled Children' Team and the parent carer forum in order to establish a consistent and unified method of data collection. This is vital for better understanding the needs of this group of children and young people, forward planning, allocation of resources and increasing the profile of children and young people with special or additional educational needs. One way in which this could be done is through the universal use of a recognised vocabulary throughout the UK, such as the Disabilities Terminology Set (DTS), so that data are comparable.

C. Transition – Transition Management Board

27. AfC should ensure that young people aged 16 to 24 access education, training or employment where it is appropriate for them to transition to their adult destinations.

28. AfC should continue to work with adult services to ensure where appropriate there is a seamless transition for those aged 19–25 to ensure statutory duties right up to the age of 25 are being met. This will become even more crucial as more young people keep their EHC plans past the age of 18, when previously their statement would have ceased.

29. RBK should support a seamless system of pathways between children's and adult health, social care and education services as appropriate to need (including early years, schools, SEN, health - including mental health, and social care) that affect the SEND population by:

- including engagement in the All Age Learning Disability Programme.

- Utilising the information in *Transition into Adulthood* in the Current Services section, all relevant partners from commissioning and providers from adult services (Adult Mental Health team, Learning Disability Team, Long term – Physical and Sensory impairment, universal services and health) and Children's Services (CAMHS, Access and inclusion team, SEND team, Disabled Childrens' Team, LAC team) should ensure adequate information on the transition needs of children with SEND into adulthood is incorporated into strategies and related action plans on Autism, SEN, Looked After Children, and Mental Health Strategy , Early Help, Adult safeguarding, 'Single Point of Access (SPA) Protocol, incorporating the Multi-Agency Safeguarding Hub (MASH) Protocol', and the Children and Young Peoples' Plan.

  o Revising the Multi-agency Transition Protocol For young people with learning difficulties, disabilities, additional needs or mental health issues to include the Transition from children's to adults' services NICE quality standard QS140. This is summarised in Appendix Three.

D. Data – Kingston Council, AfC, Your Healthcare

30. Continue to report a SEND minimum dataset at least annually, as the most comprehensive picture of Kingston's SEND population. Develop the SEND minimum dataset to include:

   - data collection regarding the Key Stage 4 (post-16) cohort so that it is possible to confirm that suspected increase of this population over the past three years and the most commonly recorded primary need among this 17+ SEND population.
   - attainment data for children with SEND.
   - the disability register once it is known to be more reliable.

31. Continue to develop the disability register in collaboration with parents, so that it becomes a reliable source of information about children with SEND.

32. AfC and Your Healthcare should consider making secondary need categories expected rather than optional throughout the authority's datasets, eg disability register, school census. Make best use of the authority's new databases in order to do this. This would allow further research and analysis on the co-occurrence of needs.

33. Update key elements from this needs assessment continuously as new data becomes available. This would also involve joint working with the Autism Spectrum Disorder Board and focusing on exploring where resilience and self-care models have been successfully utilised in other Local Authorities.

34. Monitor for at least two years (to include 4 school censuses) the BAME population SEN support and EHCP profile and explore any continuous discrepancies between white British children and BAME children.

Glossary

ADD Attention deficit disorder

ADHD Attention deficit hyperactive disorder

ASD Autism spectrum disorder (also referred to as autistic spectrum disorder in some datasets)

BESD Behavioural, emotional and social difficulty

CAMHS Child and adolescent mental health services

CAF Common assessment framework

CAP Community assessment programme

CCG Clinical commissioning group

CDS Child development service

CLA Children looked after

CoP Code of Practice (relating to the SEND Code of Practice 2014)

CVI Certificate of visual impairment

DLA Disability living allowance

DSG Dedicated schools grant

EIS Early intervention service

EPS Educational psychology service

EYFS(P) Early years foundation stage (profile)

EHC(P) Education, health and care (plan)

GLD Good level of development

ICESS Integrated community equipment and support service

IDS Integrated disability service

JSNA Joint Strategic Needs Assessment

LD(D) Learning difficulties (and disabilities)

LLC Life-limiting condition

Local Offer - From September 2014 every Local Authority will be required to publish information about services they expect to be available in their area for children and young people from birth to 25 who have special educational needs and/or disabilities (SEND). They also need to publish information about services outside of the area that they expect children and young people from their area will use. For example, information on a bordering Local College that young people may wish to use. This will be known as the 'Local Offer'. The Local Offer will put all the information about employment, education, and health and care services, leisure activities and support groups in one place. It has two main purposes:

- to provide clear, comprehensive and accessible information about the support and opportunities that are available; and
- to make provision more responsive to local needs and aspirations.

The 'Special Educational Needs (Local Offer) Regulations' provide a common framework for the local offer. They specify the requirements that all local authorities must meet in developing, publishing and reviewing their local offer. The Regulations state that a Local Offer must set out what provision is available to assist young people prepare for adulthood

and independent living and includes finding employment, obtaining accommodation and participation in society. The Special Educational Needs (SEN) Code of Practice will provide more information.

MASH Multiagency safeguarding hub
MLD Moderate learning difficulty NHS National Health Service
ONS Office for National Statistics
OT Occupational therapy
Portage is a home teaching service for pre-school children whose learning and development is significantly delayed.
RAS Resource allocation system
RNIB Royal National Institute for the Blind
SLCN Speech, communication and language needs
SEMH Social, emotional and mental health
SEN Special educational needs
SEND Special educational needs and/or disabilities
SENDIASS Special Educational Needs Disability Information and Advice Support Service
SENDAR Special educational needs and/or disabilities assessment and review (team)
SPD Sensory processing disorder

Other Needs Assessments

- Carers JSNA

- Children and Young People Needs Assessment (Kingston 2016)

- Children and Young People's Needs Assessment (Kingston) – Executive Summary

- Autism JSNA

- Kingston Sexual Health Needs Assessment of Young People with learning Disabilities

Useful Links

- Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities - 2015

- Early years: guide to the 0 to 25 SEND code of practice - Advice for early years providers that are funded by the local authority - 2014

- Kingston SEN Strategy 2016-19

- Specialist Participation Strategy

- AfC Accessibility Strategy

- Achieving for Children's (2017) Report on the Progress and Attainment of Pupils with Special Educational Needs (SEN)

- RCPCH (2017) State of Child Health Report

- Review of Education Provision for Special Educational Needs and Disabilities in Kingston and Richmond

- JSNA Summary Information of People with SEND , Autism, and Learning Disabilities May 2017

Help and Information

- SEND Family Voices

- Kingston and Richmond PARENTS & CARERS GUIDE TO THE SEND REFORMS: A new approach to Special Educational Needs & Disabilities

- The young person's guide to the Children and Families Act 2014 September 2014

- Special educational needs and disability A guide for parents and carers August 2014

- Changes to special educational needs and disability support. Easy read guide for parents 2014

- Express CIC

- NHS Choices SEN

- Mencap's guide about joining learning disability register to gain extra support when making & attending appointment with GP & possible Annual Health Check

Appendices

Appendix One

Summary of Legislation and Guidance for SEND

Education Act 1996

This Act includes criteria for statements of special educational need. Although statements were replaced with education, health and care (EHC) plans from September 2014, the criteria for assessment remains unchanged.

Equality Act 2010

This Act includes requirements about fair access and treatment for those with SEND. Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities'. This definition provides a relatively low threshold and includes more children than many realise: 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Care Act 2014

This Act includes requirements around the transition between child and adult services. This is particularly important for SEND services, which can apply up to the age of 25. The Act makes provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes. An important area includes transition for children for adult care and support.

Children and Families Act 2014

Part 3 of this Act outlines the new system for supporting children and young people with SEND. It includes the duty on local authorities to produce a local offer; the importance of joint commissioning; and the introduction of EHC plans. This Act introduced major changes in the system for children and young people with special education needs and disability. The vision of the special educational needs and disability reforms is of a system which joins up help across education, health and care, from birth to 25; with a focus on outcomes, improved relationships with parents, greater engagement with children and young people, and improved transition to adulthood.

Prior to 2014 Special educational support was provided through early years settings and schools under the terms early years/school action, and school action plus or a statement of SEN.

Special Educational Needs and Disability Regulations 2014.
These regulations expand on the legislation to govern how local authorities must assess and provide services to meet the needs of children and young people with SEND.

Special Educational Needs (Personal Budgets) Regulations 2014
These regulations govern how local authorities can assign personal budgets to young people with SEND or their families.

Local area SEND inspection framework 2016
Underpinned by the above legislation, a new inspection framework for SEND was published in April 2016. Local areas (including local authorities, clinical commissioning groups, Public Health, the NHS, schools, and other providers) will be inspected at least once every five years jointly by Ofsted and the Care Quality Commission. The inspection will assess how well the local area is meeting the needs of children and young people with SEND. At the time of writing, Kingston has not been inspected under this framework.

Post Legislation (From September 2014)
Following introduction of the new legislation it was proposed that children in receipt of early years or school action and action plus would instead be supported through SEN, and children previously subject to a statement of SEN would be transitioned to Education, Health and Care plans (EHC plans) by 2018, therefore replacing all previous Statements of SEN. All new requests are now made for an Education and Healthcare (EHC) Plan (EHC or EHCP) rather than a statement.
Key changes include:
- A new Special Educational Need (SEN) Code of Practice.
- A requirement for local authorities and schools to publish a Local Offer.
- Introduction of Education health and Care (EHC) Plans in place of statements of special educational needs.
- Enabling children, young people, parents and carers to be involved in influencing decisions made about their education.
- The ability for local authorities and health services to offer services through a personal budget to children and young people with an EHC Plan.
- Involving children, young people, parents and cares in planning, commissioning and reviewing services.
- A 0-25 service which prepares young people for adulthood, including independent living and employment.

Appendix Two

Changes from the SEN Code of Practice (2001) to the SEND code of practice: 0 to 25 for more detailed information on the reforms (2015)

The main changes from the SEN Code of Practice (2001) reflect the changes introduced by the Children and Families Act 2014. These are:

- The Code of Practice (2014) covers the 0-25 age range and includes guidance relating to disabled children and young people as well as those with SEN
- There is a clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels
- There is a stronger focus on high aspirations and on improving outcomes for children and young people
- It includes guidance on the joint planning and commissioning of services to ensure close co-operation between education, health and social care
- It includes guidance on publishing a Local Offer of support for children and young people with SEN or disabilities
- There is new guidance for education and training settings on taking a graduated approach to identifying and supporting pupils and students with SEN (to replace School Action and School Action Plus)
- For children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) replace statements and Learning Difficulty Assessments (LDAs)
- There is a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood
- Information is provided on relevant duties under the Equality Act 2010
- Information is provided on relevant provisions of the Mental Capacity Act 2005
- There is new guidance on supporting children and young people with SEN who are in youth custody.

Appendix Three: From Recommendation 24 (Final bullet point)

Revising the Multi-agency Transition Protocol For young people with learning difficulties, disabilities, additional needs or mental health issues to include the Transition from children's to adults' services NICE quality standard QS140 in the following ways:

- Include overarching principles of involvement, developmental approach, using person centred approaches.
- Commissioners and providers from Health and Social Care service managers in children's and adult's services (including CCGs, Mental Health Trust, Your Healthcare) should work together in an integrated way to ensure a smooth and gradual transition for young people. This work might involve developing:
  - o a joint mission statement or vision for transition
  - o jointly agreed and shared transition protocols, information-sharing protocols and approaches to practice.
  - o Some key partners are missing (CCGs, Mental Health Trust, Your Healthcare)
  - o Using a strategic, proactive, and needs identification approach, Service managers in both adults' and children's services, across health, social care and education should identify and plan for young people in their locality with transition support needs.

- Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information-sharing and confidentiality policies and protocols.

- Ensure that young people with SEND is registered with a named GP.

- Ensure transition support is developmentally appropriate, taking into account the person's:
  - o communication needs.
  - o Maturity
  - o cognitive abilities
  - o psychological status
  - o needs in respect of long-term conditions
  - o social and personal circumstances
  - o caring responsibilities.

- Workflow for transition should state that planning for transition should start with health and social care practitioners by school year 9 (aged 13-14) or immediately if they enter children services after school year 9 or earlier if having placements out of borough.

- Hold annual meeting to review transition planning, or more frequently if needed. Outcomes should be shared (meeting to involve all practitioners including GP, the person, family carer) to inform the transition plan including outcomes for those young people who transition but do not have EHC Plan.

- Young people who are moving from children's to adult's services have a named worker to co-ordinate care and support before, during and after transfer (specific responsibilities outlined in NICE guidance).

- Ensure transition support:
  - is strengths-based and focuses on what is positive and possible for the young person rather than on a pre-determined set of transition options
  - identifies the support available to the young person, which includes but is not limited to their family or carers.

- Involve young people and their carers in person-centred planning and review, service design, delivery and evaluation related to transition

- Building independence through use of the Local Offer to:
  - develop and sustain leisure and recreational networks
  - promoting information and signposting
  - establish contact with peer support.

- Involve parents and carers, whilst recognising young person preference regarding involvement and taking into consideration Mental Capacity Act.

- Support before transfer:
  - practitioner from relevant adult services meets the young person
  - contingency plan is in place (if the named worker leaves the position) to enable information sharing with adult services.

- Information about what to expect should be given to young people and their families that is:
  - accessible
  - describes the transition process
  - describes support before and after transfer
  - describes where they can get advice about benefits.

- Policies and procedures are in place to ensure that there is a common understanding and clear pathway

- Support after transfer
  - Young people who have moved from children to adults services, but do not attend their first meeting or appointment are contacted by adult's services and given further opportunity to engage.
  - If young person does not engage with adult services, the relevant provider should refer back to the named worker with clear guidance on re-referral. This should trigger review of person-centred plan
  - Ensure the young person sees the same healthcare practitioner in adults services for the first two attendances after transfer

- o Ensure the young person sees the same social worker throughout assessment and planning process until the first review of their care and support has been completed.