Investigation into SEND in Gloucestershire

2023

Contents

1 All children develop at different rates, learning delay in the Early Years is often interpreted as a learning difficulty or disability, however, children often catch up

2 If a learning difficulty or disability is identified, the child's capabilities and needs will be more formally assessed by a Special Educational Needs Co-ordinator (SENCO)

3 Following an initial assessment the setting may put support in place (My Plan), may bring other professionals in to help support, (My Plan Plus) or may apply for more formalized support through an Educational, Health & Care Plan (EHCP)

What is the expected pathway for

Identification of special needs and support offer

Support should be put in place as early as possible

Some special needs are identified during pregnancy or at birth

Some special needs are identified at nursery or pre-school

0-2½
Midwifes, community nursery nurses, Health visitors

Some special needs are identified in the first few months

3-4
Key workers, Family workers, EYPs, Speech & Language (SALT)

5-10
SENCO, teachers, CAMHS, Occupational Therapy, Educational Psychologist

Some special needs are identified at school

Transition to appropriate secondary school and continuation of support

11-15
SENCO, teachers, CAMHS, Early Help, Social Care

Transitioning to adulthood, including work, housing etc.

18+
Personal Assistants, carers, youth support worker, Prospects

16-18

Support to enter appropriate further education, training or work

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2022 SEN Census EHCP start dates can be used to see when needs are identified

This is affected by the 2015 change in Policy from Statement to EHCP

Between 2015 and 2018 cohorts of children were transferred to EHCPs

This means the proportion identified in primary years is inflated. In the 2022 primary cohort 59.1% had been identified in Early Years

3.1% of children identified under 2 ½

21.6% identified at pre-school

50.9% identified at primary school

24.4% identified at secondary school

Where are we now ?

The number of children and young people in Gloucestershire identified with a Special Educational Need has been increasing since 2015.

In January 2023 there were:

12,569 children with SEN need supported in schools

5,295 children with an Education Health & Care Plan (EHCP)

525 children with a complex disability supported by DCYPS

This document investigates the children and young people with SEN, what it's like having an SEN whilst living and going to school in Gloucestershire, what is driving the increase in children identified with SEN and what might happen to these numbers in the future.

Finally it sets out some options to consider to help reshape and optimise services for and experiences of children and young people with SEN.

What is it like being a young person with SEND in Gloucestershire?

Having a special educational need or a disability (SEND) can affect a child's experience of education. Barriers to education that could be experienced by pupils with SEND include:

- Insufficient funding
- Inaccessibility
- Lack of inclusivity
- Bullying/Communication with peers
- Lack of specialist support

These can be mitigated by good communication with parents, building positive relationships with and between pupils and empowering pupils with SEND to ask for the help they need.

Unfortunately, pupils with SEND are also more likely to engage in some health harming behaviours and be less able to enjoy healthy lifestyle choices. The graphic below looks at the experiences of pupils with SEND in Gloucestershire using the Pupil Wellbeing Survey.

The Pupil Wellbeing Survey (PWS) and Online Pupil Survey (OPS) is a biennial survey that has been undertaken with Gloucestershire school children since 2004. Children and young people participate in years 4, 5 and 6 in Primary schools; years 8 and 10 in Secondary schools; and year 12 in Post 16 settings such as Sixth Forms and Colleges.

A large proportion of mainstream, special and independent schools, colleges and educational establishments take part – representing 57% of pupils in participating year groups in 2022. The PWS asks a wide variety of questions about children's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2022 PWS was undertaken between January and April 2022.

The Pupil Wellbeing Survey (PWS) is used to give pupils a voice in, schools, commissioning decisions, and strategic planning. It is also used to help monitor progress of local authority initiatives and programmes and to identify new areas of concern. Full reports are available from

www.gloucestershire.gov.uk/inform

PWS 2022

Pupils with SEN or Disability

1 in 14
Pupils report having a disability

1 in 10
Pupils report having SEN/EHCP support

More likely to be:
- Male
- White British
- LGBTQ+

School life

Less likely to :
- Enjoy school
- Feel it gives them useful skills and knowledge
- Feel safe at school
- Get the support they need at school – disability only
- Continue in education or training

More likely to :
- Be excluded
- Often be in trouble
- Persistently absent

Things to work on...

1 in 3 low mental wellbeing

Significantly lower happiness

1 in 2 Find it hard to make friends

More likely to : be bullied regularly

1 in 4 Victim of domestic abuse

More likely to find it hard to get MH support

Less likely to have someone to turn to if worried

Less likely to have healthy food choices at home

Healthy food at home

Availability of healthy food reduced in pandemic

Less likely to :
- Get recommended exercise
- Get recommended sleep
- Brush teeth twice a day or visited the dentist
- Feel safe at home or in their neighbourhood
- Live with both parents

Sugary drinks **1 in 4** Drink sugary drinks every day

More likely to :
- Smoke regularly
- Vape regularly
- Drink alcohol regularly – disability only

1 in 3 Excessive screentime

Who is in the SEND cohort and do their characteristics affect care?

Age

Since 2015 there has been a duty to support children and young people with an EHCP up to the age of 25. However, the vast majority of the SEN/EHCP cohorts are children between the age of 5 and 16.

There are 2 visible population bulges aging through - in 2018 they are aged 8 and 13 and in 2022 they are aged 12 and 17.

However; the younger of these is no longer a single year bulge. During 2021 and 2022 this has 'backfilled' and now is a 3 year bulge including children aged 9-12 which will impact secondary provision in the next 5 years, with the bulge passing completely into secondary school by 2025.

By using year group cohort analysis, it is possible to see how some children identified as requiring SEN only support progress to receiving support through an EHCP.

For those in Reception (YR) in 2016 who were receiving SEN only support, a quarter (25.4%) were receiving support through an EHCP by the end of primary school (Y6) in 2022.

In contrast for those in Y5 in 2016 receiving SEN only support, only 4.8% were receiving support through an EHCP by the end of secondary school (Y11) in 2022.

This is likely to be due to an appropriate level of support being reached by the end of primary school for most children.

Age of CYP with EHCP in Gloucestershire - SEN2 Census

Legend: 2018, 2019, 2020, 2021, 2022, 2023 provisional
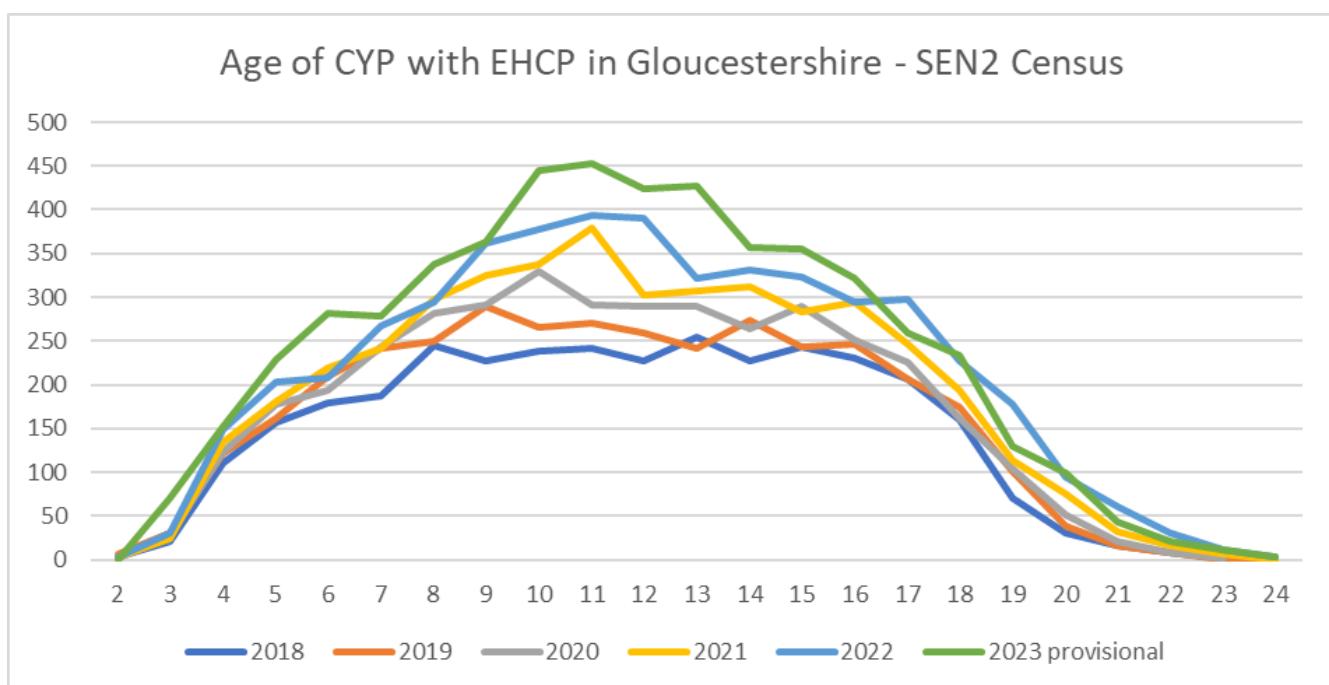
There appears to be a further bulge developing; currently at age 6 - this appears to be a single year bulge and will enter secondary school in 2028.

In terms of transitioning post 16 it is estimated there will be peaks in 2026 to 2030 and 2032.

Of the 7,022 pupils in Y6 in 2022 17.3% had SEN support at some point in primary school. 351 had an EHCP in Y6 and of those 27.9% had an EHCP throughout primary school, 72.1% were supported by SEN support before progressing to EHCP.

Identification of need that results in EHCP support Y6 2022
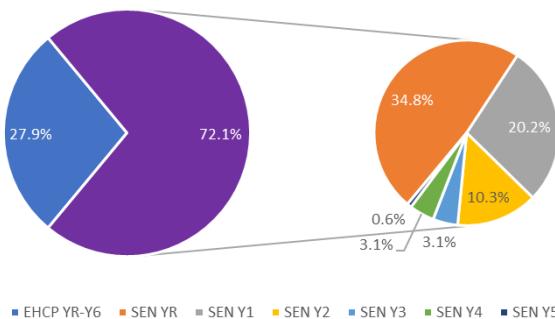
On average around 45 pupils progress from SEN support to EHCP in one year group each year as they progress through primary school a further 5 join the year group with an EHCP at a Gloucestershire school from outside the county/ non-maintained school.

Despite two-thirds of needs being identified by Y2, less than half (40%) had an EHCP implemented by Y2.

Where a need is identified early in formal education but an EHCP isn't in place until Y6 this may point to diagnosis delay or bottle-necks in the EHCP application process.

Of the 1,212 pupils in Y6 in 2022 who had SEN at some point of Primary School, 10.7% were supported through SEN support throughout YR-Y6. Needs appear to be identified more equally throughout primary school where only SEN support is required.

Identification of need where only SEN support Y6 2022
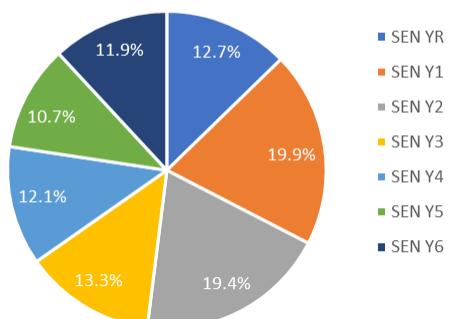
Sex

In 2022 12.1% of female pupils had an SEN need identified compared to 21.8% of male pupils. For both males and females this has increased by 3 percentage points in the last 5 years.

At the neurobiological level, researchers suggest the structure and development of the male brain makes boys more susceptible to having SEN. The way parents interact with children of different sexes has also been suggested might impact SEN, for example parents are less likely to talk about emotions with boys which it has been suggested might inhibit the social and emotional development of boys.

Assessment bias might also impact the presence of SEN. Boys are more likely to engage in disruptive behaviour in the classroom than girls and this behaviour may lead to further investigation of likelihood of SEN. In one study, whilst teachers identified significantly more males than females as having 'behaviour problems', Educational Psychologists who worked with the same children and gave their own assessment of SEN showed no significant sex differences (McConkey & O'Connell, 1982). However this research is dated and this bias might not be as evident in 2022.

There may also be bias in the diagnostic process as many 'traits' associated with primary need diagnosis have been linked to SEN through observation of males.

A further bias that may affect the increased proportion of boys with SEN is the national policy that rates school performance on the performance of a year group as a whole. If disruptive behaviour is more prevalent in boys it may be perceived that this is a threat to overall class and school functioning and therefore achieving. Labelling a boy with disruptive behaviour as SEN may then improve the outcomes for the whole class as this may lead to a separated learning environment or additional adults in the room.

Ethnicity

86% of Gloucestershire pupils identify as **white British**, around 2% refuse to give their ethnicity, the remaining **12%** identify as **minority ethnicity**.

Some ethnic groups are disproportionately represented in the SEN cohort.

White British pupils were disproportionately represented in all primary needs *except* PMLD, SLCN and SLD.

All pupils from minority ethnicities were over represented in PMLD, although numbers are small.

Black Caribbean pupils were disproportionately represented in PMLD, SEMH, VI.

Mixed ethnicity pupils were disproportionately represented in PMLD and SEMH.

These suggest there may be some racial bias effecting diagnosis of some primary needs, particularly SEMH in relation to Black Caribbean and Mixed ethnicity pupils.

White British pupils being over-represented in most primary needs may also be evidence of racial bias, where behaviour relating to a white British child might be assessed for SEN the same behaviour in a minority ethnicity child may be treated only as bad behaviour.

Bias appears to continue in exclusions, a quarter of all exclusions in 2021/22 involved minority ethnicity pupils, a gross over-representation - this has been increasing in the last 10 years.

In the SEN population that had been excluded, minority ethnicity children and young people were even more over-represented, equating to 1 in 3 pupils excluded with an SEN need .

Sexuality

Using the Pupil Wellbeing Survey we can see pupils at special schools were significantly less likely to report identifying as heterosexual than any other group. International research including a study based on Australian men in 2018 suggest that a larger proportion of disabled than non-disabled people are sexual minorities.

Pupils at special schools (42.5%), those with a disability (61.9%) and those with SEN/EHCP (62.6%) were significantly less likely to report being Cis gendered than comparator less vulnerable pupils (82%). Pupils at special schools (3.4%), those with a disability (3.3%) and those with SEN/EHCP (2.7%) were 3 times as likely to report being transgender than less vulnerable pupils (1.1%), pupils with a disability and SEN/EHCP were also significantly more likely to report being gender fluid or non-binary.

It is important PSHE for pupils with SEN includes supporting all sexualities and gender identities and that LGBTQ+ pupils with SEN can get the support they need without prejudice.

Exploration of sexual and gender identity can be traumatic for young people and could potentially compound other life challenges such as SEN.

Disability

In 2022 there were around 525 children and young people open to the Disabled Children & Young People Service (DCYPS) aged under 19.

Pupils with SEN/Disability were more likely to say they had received support for mental health than those with no SEN/Disability but were also more likely to say they found it *difficult/very difficult* to access help.

Pupils with SEN/EHCP were more likely to say they didn't receive professional mental health support because; *Still on waiting list, Didn't like to talk to strangers* and were more than twice as likely to say *Service disruption due to the coronavirus pandemic* prevented them accessing support.

Socio-economic group

Where a child lives appears to have an impact on their likelihood of having an SEN need. Children receiving support through an EHCP or SEN support were more likely to live in the 2 most deprived quintiles, and pupils with no SEN need were more likely to live in the least deprived quintile. Some postcodes are unmatched this is most likely due to the child living outside the county.

Proportion of pupils living in each deprivation quintile using IMD 2019
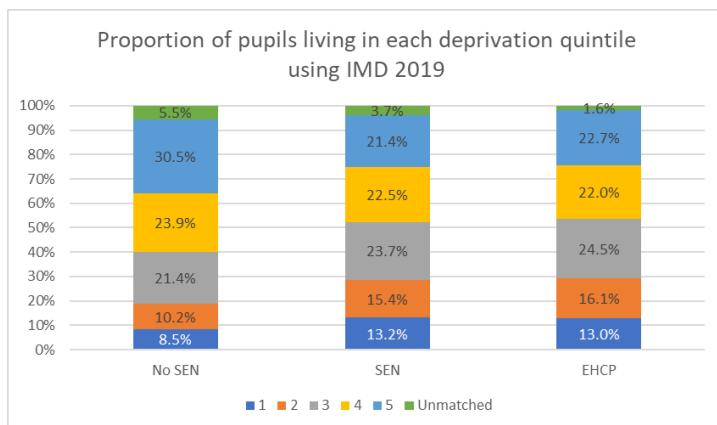
A 2016 Joseph Rowntree Foundation report states:

'Across the United Kingdom, children with special educational needs and disability (SEND) are more likely to experience poverty than others. They are also less likely to experience a fulfilling education or leave school with outcomes that reduce the chances of living in poverty as adults. As such, SEND can be a result of poverty as well as a cause of poverty.'

The report identifies several key themes to be considered when investigating deprivation and SEN:

- Over and under identification of need

- A support request system that is complex for some parents to navigate

- Inaccessibility of quality early years education in some areas that may improve early identification

- Inaccessibility of quality school provision for SEN children in some areas (some academies unwilling to admit children with SEN)

- Low parental engagement in parents from disadvantaged areas in child's education

It is clear there are some SEN primary needs that are more likely to be identified in children living in deprived areas.

In 2022, pupils receiving support through an EHCP with the following primary needs were significantly more likely to live in the most deprived areas (IMD quintiles 1 and 2) than those with no SEN; *Autistic Spectrum Disorder* (ASD), *Moderate Learning Disability* (MLD), *Social, Emotional and Mental Health* (SEMH), *Speech, Language & Communication Needs* (SLCN), *Severe Learning Difficulty* (SLD) and *Visual Impairment* (VI).

Proportion of children and young people living in the most deprived areas (IMD quintile 1 and 2) by EHCP primary need - SEN2 2022
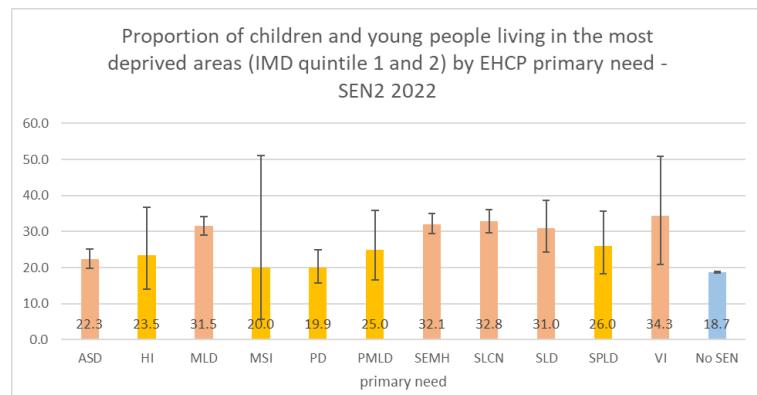
In children and young people receiving support through SEN support the following primary needs were significantly more likely to live in the most deprived areas (IMD quintiles 1 and 2) than those with no SEN; *Moderate Learning Disability* (MLD), Other, *Social, Emotional and Mental Health* (SEMH) and *Speech, Language & Communication Needs* (SLCN).

Despite this over half (54.5%) of maintained special schools in the county are located in the least deprived areas (quintile 5) of the county.

Children living in poverty may be more likely to

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Proportion of children and young people living in the most deprived areas (IMD quintile 1 + 2) by SEN primary need - School Census 2022

primary need	value
ASD	18.3
HI	13.9
MLD	37.0
MSI	13.6
NSA	20.9
OTH	25.2
PD	20.2
PMLD	50.0
SEMH	29.0
SLCN	29.5
SLD	31.4
SPLD	16.5
VI	25.2
No SEN	18.7
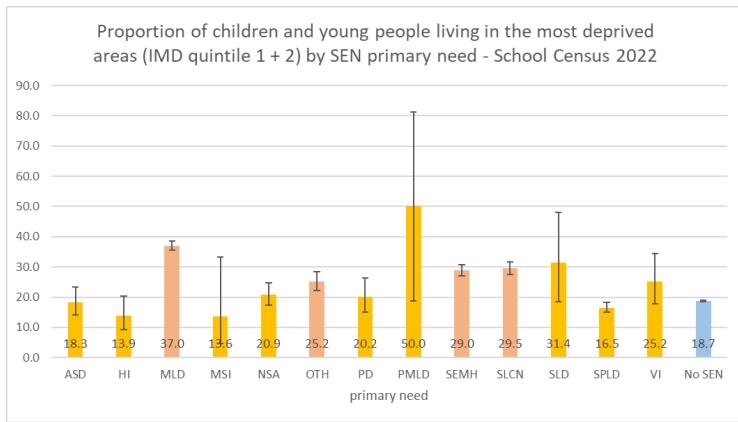
develop SEN due to persistently challenging family circumstances that effect behaviour, and emotional development. Families with children and young people with SEN may also need to move to more deprived areas due to the additional costs, difficulties in accessing work due to caring responsibilities or to access appropriate education provision.

However, it is important to consider if SEN is being over-diagnosed in children and young people from the most deprived areas as a result of behaviour that is difficult or challenging to manage, and that these may stem from factors other than the pupil's individual characteristics, or because of under-achievement attributable to cultural and social factors associated with living in deprived areas rather than because they have an underlying disorder.

Geography

Pupils with SEN live across Gloucestershire, however they do not appear to be spread proportionately in line with those with no SEN. This may be to enable them to access services, for example a school that better meets their needs, or there may be a higher likelihood of identifying certain needs in different districts.

In 2022, children and young people with *Autistic Spectrum Disorder* (ASD) were over-represented in Cotswold and Stroud districts, both of which are more rural and generally more affluent than other districts.

Children and young people with *Moderate Learning Disability* (MLD), *Social, Emotional and Mental Health* (SEMH), *Speech, Language & Communication Needs* (SLCN), and *Visual Impairment* (VI) were over represented in Gloucester district. (urban with higher deprivation)

Children and young people with *Moderate Learning Disability* (MLD) and *Speech, Language & Communication Needs* (SLCN) were over represented in Forest of Dean district.

Less than 10% of maintained special schools are located in Gloucester and Forest of Dean Districts, meaning children and young people in these districts would be more likely to need to travel a significant distance to access provision.

District located	Maintained special schools	All special schools	Pupils with SEN
Cheltenham	36.4%	22.2%	15.4%
Cotswold	9.1%	5.6%	10.6%
Forest of Dean	9.1%	11.1%	13.3%
Gloucester	9.1%	5.6%	24.4%
Stroud	18.2%	38.9%	17.3%
Tewkesbury	18.2%	16.7%	14.9%

Intersecting of multiple factors for children with SEN

Data from the 2021/22 cohort by SEN Provision, shows a greater proportion of children with SEN Support or an EHCP experiencing a multitude of events, interactions and external involvement.

EHCP   **SEN Support**   **No SEN Support**
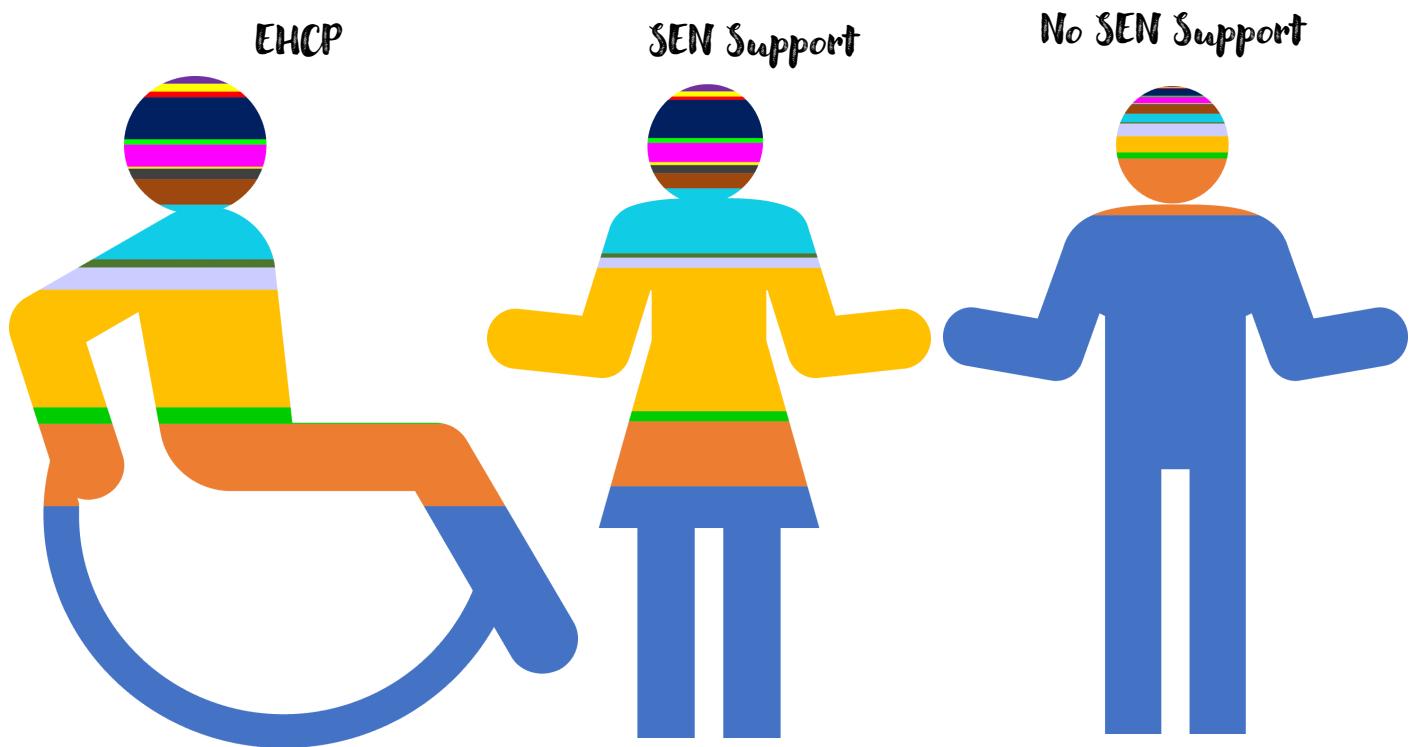
Colour Stripe	Deprivation Proxy (FSM Eligible)	Education Based Event	Early Help Support	Children's Social Care Support / Involvement	EHCP	SEN Support	No SEN Support
(purple)	✓	✓	✓	✓	1.72%	1.26%	0.17%
(yellow)	✓	✓	✓	✗	1.13%	0.80%	0.08%
(red)	✓	✓	✗	✓	0.84%	0.46%	0.12%
(navy)	✓	✗	✓	✓	6.23%	5.83%	1.13%
(green)	✗	✓	✓	✓	0.76%	0.72%	0.13%
(magenta)	✗	✗	✓	✓	3.26%	2.96%	1.00%
(yellow)	✗	✓	✗	✓	0.32%	0.44%	0.13%
(dark grey)	✗	✓	✓	✗	1.51%	1.23%	0.17%
(brown)	✓	✗	✗	✓	3.81%	2.30%	1.30%
(cyan)	✓	✗	✓	✗	8.06%	9.90%	1.27%
(dark green)	✓	✓	✗	✗	1.19%	0.67%	0.26%
(lavender)	✗	✗	✗	✓	3.26%	1.53%	1.96%
(amber)	✗	✗	✓	✗	17.37%	21.85%	2.48%
(green)	✗	✓	✗	✗	2.47%	1.53%	0.94%
(orange)	✓	✗	✗	✗	12.16%	9.92%	8.71%
(blue)	✗	✗	✗	✗	35.90%	38.60%	80.14%

This graphic shows 4 separate areas of significance and the stripes reflect how they overlap and combine:

1. **Deprivation Proxy** *(FSM Eligible)*

2. **Education Based Events** *(Fixed Term and Permanent Exclusions and Part Time Timetables)*

3. **Early Help Support** *(An active Early Help Episode, My Plan, My Plan Plus or DCYPS Open to Review status, or support from a DCYPS Lead Professional)*

4. **Children's Social Care Events and Support** *(Contacts into CSC, Open Referrals or an active CiN Plan, Child Protection Plan or Child Looked After Episode)*

The key gives the percentages of children by SEN Provision who experience the various combinations of intersectionality. This is represented in the size of 'stripes' in the three icons above.

There is distinct congruence in the overlapping areas for those children with SEN Support or an EHCP (26.6% and 28.8% respectively). In comparison, those with No SEN Support had less than 6% experiencing multiple events/areas of support.

While this dataset combines support and less favourable events such as exclusions, it highlights that a significant proportion of families and their children with SEN are navigating a range of systems and circumstances in addition to dealing with the additional complexities that the learning difficulty or disability brings.

Professionals locally also highlighted how intersectionalities within the wider family could have significant impacts on children with SEN, that weren't always recognised by statutory services:

'I understand why Social Care colleagues have to close plans quite quickly and move on. But some of these children are going to be living in really difficult households until they leave home... because of the parental mental health issues '

Data from the Pupil Wellbeing Survey also highlights additional intersectionalities that may lead to vulnerability that are not captured elsewhere such as sexuality and gender identity. The diagram below shows the cross-over between disability, low mental wellbeing and identifying as LGBTQ+.

Disability   LMW

255
952
26.8%

952
10,891
8.7%

3,900
10,891
35.8%

147
1.3% all
8.0% LGBTQ+
14.0% LMW

255
1,828
13.9%

1,052
1,828
57.5%

1,828
10,891
16.8%

LGBTQ+
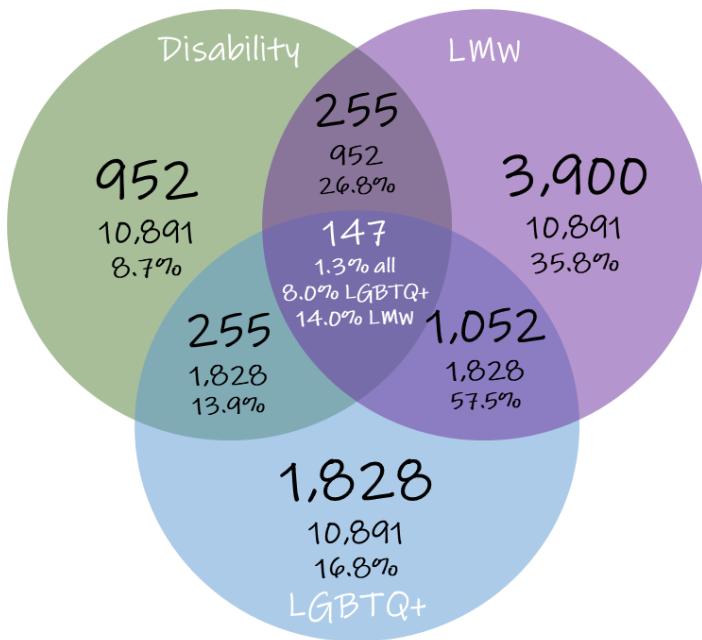
Where do children and young people with SEN go to school?

Locally 42.4% of children and young people with an EHCP attend a mainstream school (nationally 51.4% in 2022) and 26.6% attend a maintained specialist school in 2022 (37.2% nationally), (the remaining proportion are in Further Education settings, Early Years settings, Alternative Provision settings, independent settings or are awaiting provision).

There are currently 11 maintained Special Schools in Gloucestershire. The number of Special schools has reduced from 12 in 2017 but the pupils on roll in the schools has been increasing in the same period. There are also 7 non maintained/independent special schools in the county.

A new Social, Emotional & Mental Health (SEMH) special school opened in September 2022.

In January 2022, 91.3% of SEN supported children and young people attended a state-funded school; 8.2% of children and young people were at an independent or non-maintained school and 0.5% of pupils were at an Alternative Provision School (APS).

Location of current maintained special schools
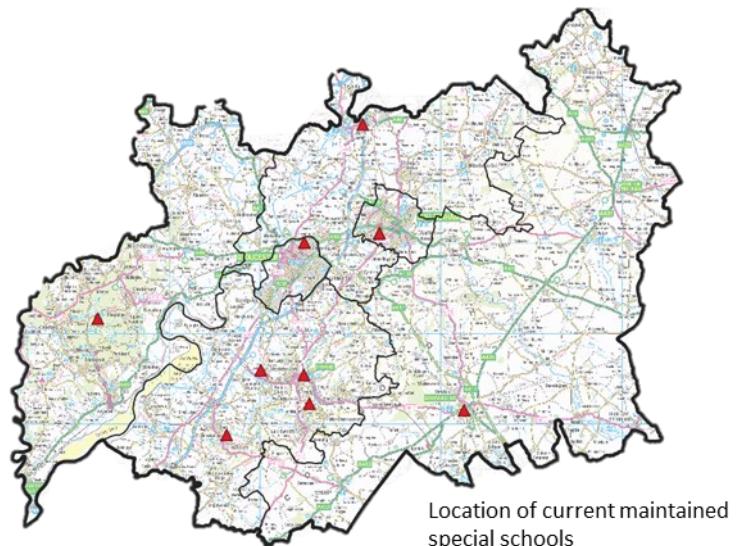
The number of children and young people with special educational needs (EHCP or SEN Support) who are who are electively home educated (EHE) continues to increase. As at 31st January 2022 374 children with SEND were EHE compared to 201 in January 2019 (an 86% increase); this is compared to a 50% increase in children and young people with no SEN over this period (747 to 1,121); suggesting a child's SEN status may have an impact on the decision to home educate.

Of those EHE children who had received a permanent exclusion (7), 86% had a SEN identified. Children and young people with a SEN identified (particularly SEN support) were more likely to have had a permanent exclusion prior to EHE registration than those with no SEN.

Children and young people at Alternative Provision Schools (APS) are more likely to have an EHCP or receive SEN support than those at mainstream schools.

1 in 7 children and young people at APS settings have an EHCP compared to 1 in 26 in maintained mainstream schools in Gloucestershire in January 22 and nearly 1 in 2 had SEN support compared to 1 in 7 in maintained mainstream schools.

The SEND population – forecasting change

In January 2022 there were 12,382 pupils with an SEN need identified in Gloucestershire schools receiving support through a My Plan. In addition, there are 4,854 resident children and young people receiving support through an Education Health & Care Plan (EHCP), 71% (3,465) of those attended schools in Gloucestershire.

The needs of children and young people are identified at different times, often this is linked to specific education points, for example, when a large number start pre-school education for the first time aged 3.

EHCP and SEN support

In the 2022 SEN2 Census we can use EHCP start dates to see when needs are identified:

3.1% of children identified under 2 ½

21.6% identified at pre-school

**50.9%** identified at primary school

24.4% identified at secondary school

The split is affected by the 2015 change in policy, that resulted in changes from a Statement of Need to an Education, Health and Care Plan (EHCP), between 2015 and 2018 cohorts of children were transferred to EHCPs in blocks. This means the proportion identified in primary years is reduced as older children who had a statement would have a later EHCP start date. When looking only at the 2022 primary cohort (who would have started school in 2015 at the earliest) 59.1% had been identified in Early Years.

Since 2015 there has also been a duty to support children and young people with an EHCP up to the age of 25. However, the vast majority of the SEN/EHCP cohorts are young children between the age of 5 and 16.

The number of children and young people with SEN have been increasing since 2016 across England and now represents 16.5% of pupils.

Key trends

Percentage of pupils with SEN in England (as at January each year)

All SEN:
16.5%
(1.49 million pupils)

SEN support:
12.6%
(1.13 million pupils)

SEN with a statement or EHC plan:
4.0%
(355,600 pupils)
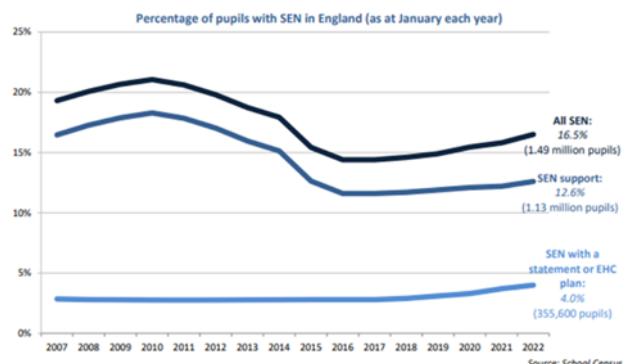
Source: School Census

In Gloucestershire the SEN cohort has increased to 15,847 in 2022 and represents 17.4% of pupils.

Percentage of pupils with SEN in Gloucestershire (as at January of each year)

17.4%

13.6%

3.8%

—Total SEN —SEN support —SEN with a Statement or EHCP
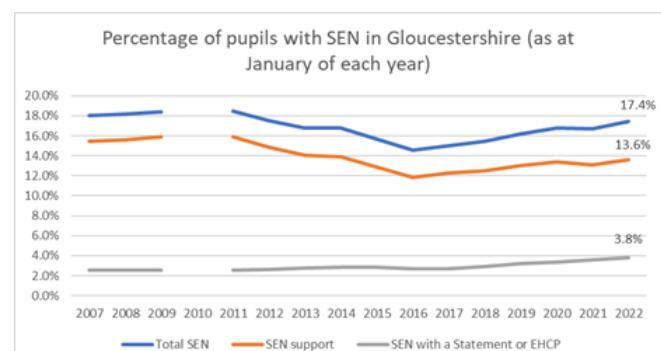
This increase is seen across England;

'The number of pupils with special educational needs (SEN) increased to 1.49 million pupils in 2022, representing 16.5% of pupils. The proportion of pupils with SEN had been decreasing since 2010 (21.1%), however it has increased for the last 5 years.

The proportion of pupils with a statement of SEN/ Education, Health and Care (EHC) plan increased to 4.0% in 2022, continuing a trend of increases since 2017. Prior to this the rate had remained steady at 2.8%. Pupils with an EHC plan made up 24% of all pupils with SEN in January 2022. The number of pupils with an EHC plan has increased by 9% between 2021 and 2022 and a total of 50% since 2016.'

The proportion of pupils with an EHCP in Gloucestershire increased to 3.8% continuing a rise since 2017 prior to this the rate had remained steady at 2.8%. Pupils with an EHCP made up 22% of all pupils with SEN in January 2022. The number of pupils with an EHCP has increased by 7.2% between 2021 and 2022 and a total of 50.7% since 2016.

This increased cohort could be partly attributed to a greater knowledge in the workforce around special educational needs and increased training in Early Years to help practitioners identify needs.

There may also be a link between the trend in SEN pupils and the corresponding school funding policies.

In 2010 the main schools grant was frozen in cash terms per pupil (Sibieta, 2015a) the Department or Education (DfE) also saw its capital funding budget cut by around a third in real terms over 2010-15.

Yet average school budgets continued to rise over 2010-15, increasing by approximately three per cent in real terms, or 0.6 per cent per pupil (ibid). This occurred mainly as a result of the introduction of the pupil premium.

Following the 2015 Spending Review, schools entered a period of reduced real-terms funding per pupil (NAO, 2016). Over 2015-17, total school funding fell by just under five per cent in real-terms. In addition to cost increases related to inflation, schools face significant cost pressures from recent policy changes that will increase staffing costs (House of Commons 2017; NAO, 2016).

Schools were already undertaking changes to make savings, including those that could potentially affect outcomes before the most recent pressures due to the covid-pandemic, increases in the cost of materials and energy following the war in Ukraine and significant increases in inflation in the past 3 years.

Professionals recognise the impact on funding policy on schools ability to provide SEN support:

...schools used to be better supported in terms of finance and extended services, etc. working in cluster environments and sharing kind of more resources etc., parent support advisers, family support. So their pastoral offer, because the family offer was really much stronger and over the years all of that's been stripped out and what they've been left with is making very difficult choices about what is their and our core business"

These included narrowing the curriculum, reducing maintenance spending, not upgrading IT equipment, replacing more experienced teachers with younger recruits and relying more heavily on unqualified staff (House of Commons 2017; NAO, 2016).

Increases in staff costs are one of schools' biggest financial pressures. This appears to be one of the first areas schools were making cuts to, with spending on teaching staff, teaching assistants (TAs) and support staff all being reduced (NAO, 2016). NFER's Teacher Voice survey indicates that in primary schools, TAs may be seeing the effect of this fall in spending most, with more than 50% of schools cutting back on the number of TAs employed (this is in stark contrast to the 2000s, where spending on teaching assistants rose substantially, due to a large increase in recruitment Sibieta, 2015b.
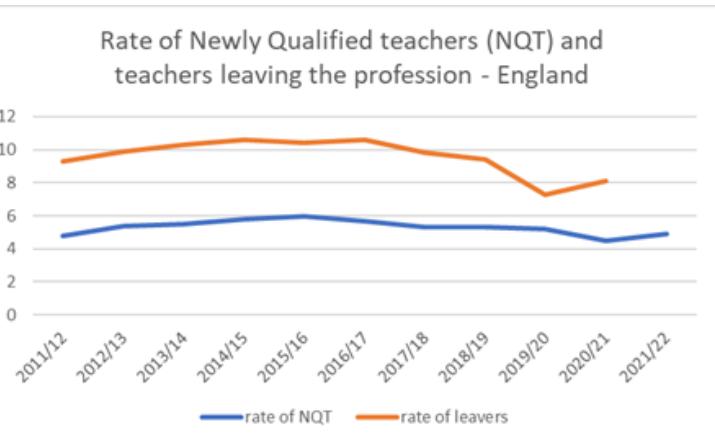
The trend in the number of TAs in Gloucestershire schools reflects this national funding policy, between 2011/12 and 2016/17 there was a +29.0% increase in TAs in Gloucestershire schools, whereas between 2016/17 and 2021/22 there was only an increase of 1.9%.

The number of teachers in Gloucestershire schools also reflects this change in funding; between 2011/12 and 2016/17 there was a +3.8% increase in teachers, whereas between 2016/17 and 2021/22 there was only an increase of 1.3%.

In contrast the number of pupils in Gloucestershire has increased by 10% since 2012/13.

In England there has been a reduction in the proportion of teachers in the workforce who were NQT since 2015/16, although there was a slight increase in the pandemic. This may also be linked to the reduction in teachers leaving.

Levels of experienced teachers in classrooms and an appropriate level of TAs may be having an effect on the ability to effectively teach children with SEN in mainstream schools. To secure more funding to enable some additional support resource in classrooms schools may be resorting to an EHCP application.

The government report *SEND: old issues, new issues, next steps* published in 2021 found;

'Underachievement, sometimes due to a poorly designed or taught curriculum, is sometimes wrongly labelled as 'SEND'. Pupils who are not taught to read well in the early stages of their primary education are particularly susceptible to being wrongly identified as having SEND because they cannot access the curriculum.'

Over-assessment and labelling of children and young people as SEN where there is limited evidence could also be over-inflating the SEN cohort.

If needs were identified early and support was provided suitably across different provision types you would expect equal representation across education Key Stages of pupils in the EHCP and SEN cohorts as in the whole pupil cohort.

Whilst there appears to be an under-representation in YR, for KS1 - each SEN cohort is representative of the whole pupil population, suggesting need is well identified.

However in KS2 there is an over-representation of the SEN only cohort in that KS2 represents 40% of the SEN cohort but only 30% of the whole pupil cohort. By KS3 this has reduced to be in line with the whole pupil cohort. This pattern was seen pre-covid and post covid suggesting this is neither a bulge moving through nor a result of covid.

This could be indicating 1 of 2 things:

1. there is an over identification of SEN needs in KS2

2. There is a 'watch & wait' reset in secondary schools when a child enters in Y7 to decide if a SEN support flag is justified

If the second hypothesis is correct this could lead to delays in getting support, a higher reliance on more acute support mechanisms (EHCP) or a failure to meet needs of a child at all during the secondary phase.

Representation of SEN cohorts vs. whole pupil cohort

Representation of SEN cohorts vs. whole pupil cohort Jan 23
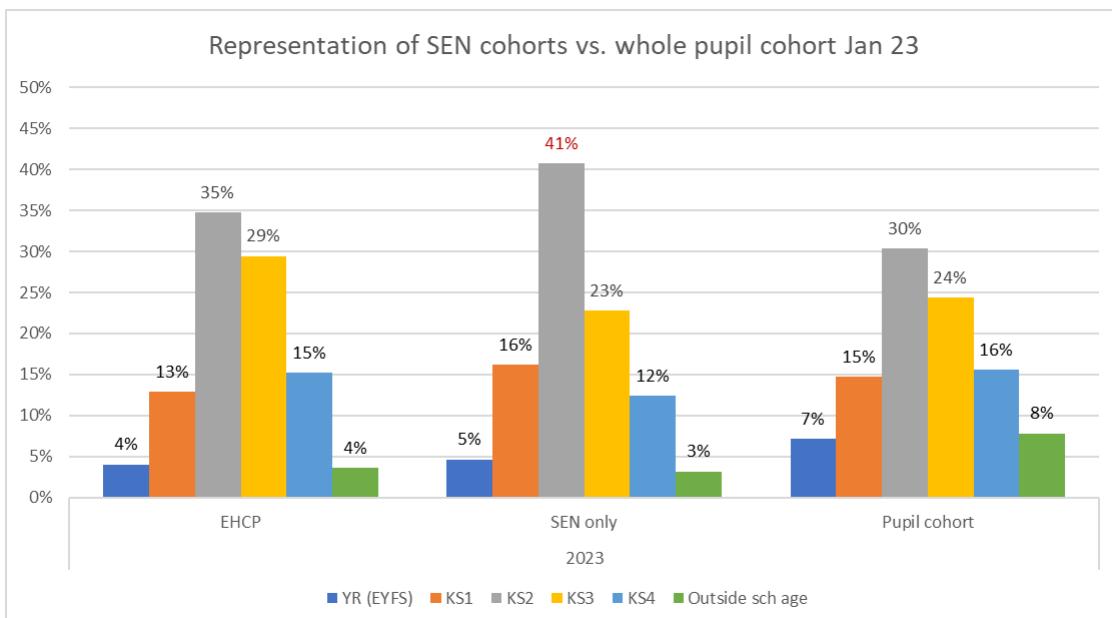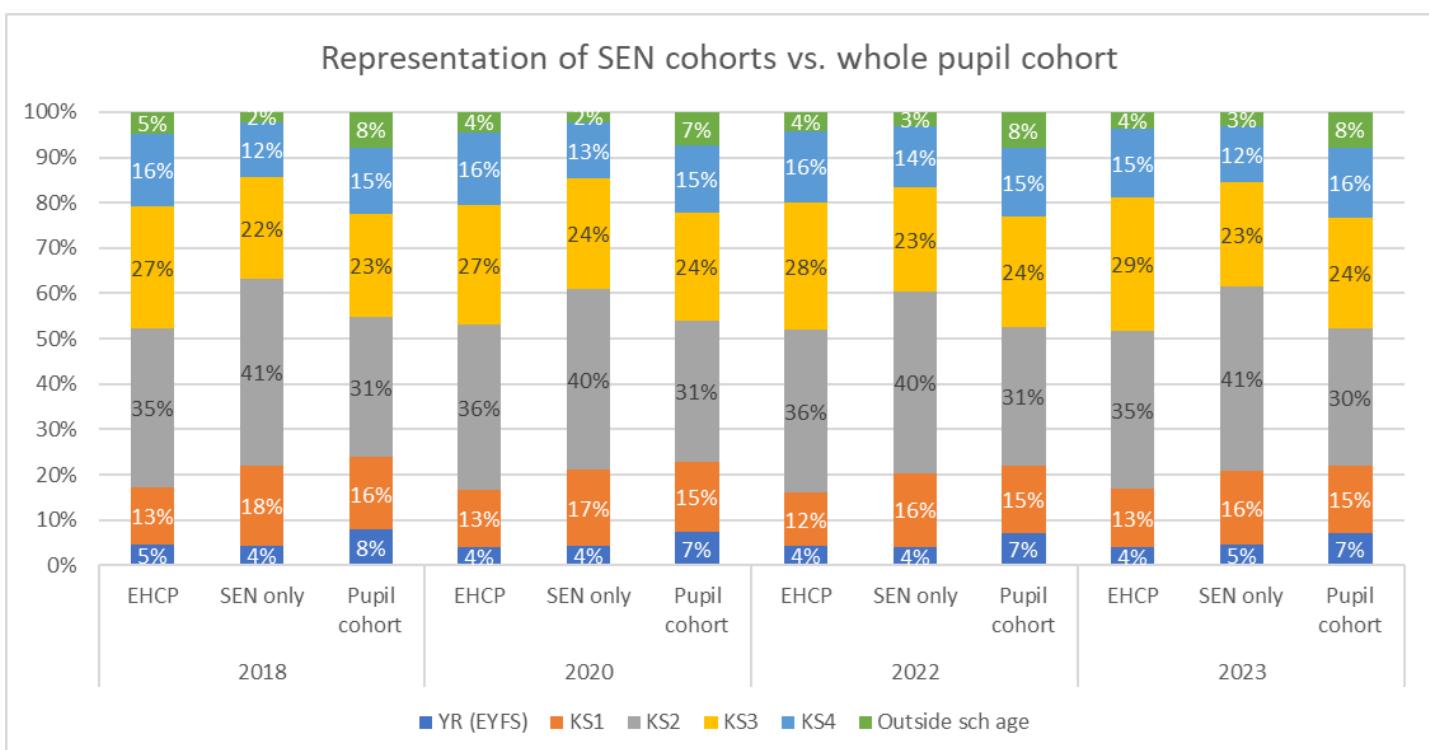
What does this mean moving forwards?

Children with an EHCP

It is difficult to predict what will happen to the number of SEN pupils as there are so many contributing factors. Not least the change from statements to EHCPs which happened in blocks rather than when needs were identified.

However, there are several calculations that can give potential figures. Certain primary needs appear to have contributed to the historic rise in the SEN population more significantly, particularly, *Moderate Learning Difficulty* (MLD), *Autistic Spectrum Disorder* (ASD) and *Social, Emotional & Mental Health* (SEMH), others are seeing a change in rate post-pandemic. To understand future growth, it's important to look at the trends in these primary needs separately.

By looking only at the pre-school and primary school cohort it is easier to identify rate trends as this cohort will only have had EHCPs and SEN support. To enable modelling the following rationale has been used by primary need:

The following primary needs appear to be stable or have stabilized since 2018/19; *Hearing Impairment* (HI), *Multiple Sensory Impairment* (MSI), *Physical Disability* (PD), *Profound, Multiple Learning Disability* (PMLD), *Severe Learning Disability* (SLD), *Specific Learning Disability* (SPLD) and *Visual Impairment* (VI).

Social, Emotional & Mental Health (SEMH) rose during the pandemic but has been stable at the elevated rate in the last 2 years

Modelling has been at the elevated rate as it is expected the effect of the pandemic on children and young people's mental wellbeing could take up to 9 years to develop, although there has been a stabilization in CAMHS referrals in recent months potentially showing a plateau.
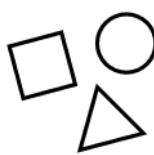
Moderate Learning Disability (MLD) has seen a continuous uplift and there is a thought this is used by schools as a general delay category. This continuous uplift has been included in the model.
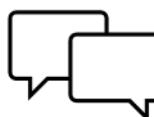
Speech, Language & Communication Difficulty (SLCD) has seen an increase in the youngest pupils that is almost certainly attributable to the pandemic when socialisation that would encourage and support speech and language in young children was limited. It is expected that children born from 2022 onwards will have no such impairment and the rate will begin to decrease once the 'Covid cohort' has aged on.

Autistic Spectrum Disorder (ASD) has seen a more complex trend. There has undoubtably been an increase in the proportion of pupils with ASD as awareness in the condition has improved in recent years however, the majority of pupils with a primary need of ASD are male, with a ratio in 2022 of 4 male pupils to every one female pupil with ASD. When the cohort is split between males and females it is clear the rate of males being diagnosed has been stable since 2019 at around 20 per 10,000 pupils. In contrast the proportion of female pupils being diagnosed has

been increasing year on year. There has been increased research and publicity in the proportion of females with ASD being under diagnosed and research suggests the ratio is more likely to be between 3:1 and 2:1. Therefore to project the increase in ASD there has been an uplift to reflect the increase in females (spread over the next 7 years) and reach an overall rate for both sexes that is likely to be more reflective.

The individual need rate change calculated for pre-school and Primary pupils has then been applied to the 0-10 population and added to a range of different secondary, FE, HE and 22-25yr old cohort scenarios.

Six scenarios are represented in the prediction chart, and include:

A general rate increase based on the previous 5 year average increase (16.9 per year) without reference to any other factors

The individually calculated primary rate plus the average increase seen in the secondary plus cohort in the past 5 years

The individually calculated primary rate plus the aged on cohort of current primary pupils with SEN

The individually calculated primary rate plus the average increase seen in the secondary plus cohort, with average 18+ reduction rate

The individually calculated primary rate plus the average increase seen in the secondary plus cohort, with year on year 18+ reduction rate

The individually calculated primary rate plus the average increase seen in the secondary plus cohort, with 18+ reduction rate cohort pathway

This gives a range of options, it is difficult to identify which is going to be most likely especially with further contributing factors not accounted for such as; school funding policy change, inflation, fluctuation in capability of workforce to identify need etc. But it is likely the number of pupils with SEN receiving EHCP support in 2030 will be between 5,337 and 7,566.

Projected change in pupils with EHCPs

Legend:
- **Current** (red solid line)
- 5 year average uplift (rate increase of 16.9 per year)
- Individual need rate change primary plus rate av. rate increase 11+ pop
- Individual need rate change primary plus aged on current
- Individual need rate change primary, plus 11+ rate increase, with average 2021/22 18+ reduction rate
- Individual need rate change primary, plus 11+ rate increase, with year on year av. 18+ reduction rate
- Individual need rate change primary, plus 11+ rate increase, 18+ reduction cohort pathway

In terms of where these children and young people will be in the education pathway, it is possible to apply these figures to the previous proportion split which has been stable for 5+ years.

This projects in the next 5 years by 2027 there will be required;

Between **45** and **68** Early Years placements for CYP with EHCP (an additional 3 in special nurseries)

Between **542** and **774** primary places in special schools for CYP with EHCP

Between **677** and **887** secondary places in special schools for CYP with EHCP

The lower estimate uses the current rate, applied to population change, the higher estimate uses the primary individual need rate change plus the average rate increase 11+ population, applied to population change.

Currently there are **49** pupils with an EHCP in Early years settings, **565** pupils with an EHCP in Primary special schools and **637** pupils with an EHCP in Secondary special schools.

This suggests there may be a placement deficit of:

Up to **19** places in Early Years

Up to **209** places in Primary special schools

Up to **250** places in Secondary special schools

This also indicates there will be an increase of pupils with an EHCP in mainstream schools, that will put additional demand on school staff:

- Between **1,121** and **1,600** primary pupils with an EHCP
- Between **855** and **1,121** secondary pupils with an EHCP

There are currently **1,162** pupils in primary schools with an EHCP and **805** pupils in secondary schools with an EHCP.

This suggests there will be **up to an additional**:

- **438** primary pupils in mainstream schools with an EHCP

- **316** secondary pupils in mainstream schools with an EHCP

There are likely to be significant pressures on secondary school placements in 2024, 2025, and 2028 due to 'bulges' in the EHCP cohort.

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Children with SEN support

Not all children with an SEN need will require an EHCP, in 2022 around three and a half times as many children with SEN receive support co-ordinated through their school (SEN support) than those who receive support via an EHCP. This ratio has been reducing since 2011/12 when it was around 6:1.

Ratio SEN to EHCP of SEN cohort Gloucestershire schools
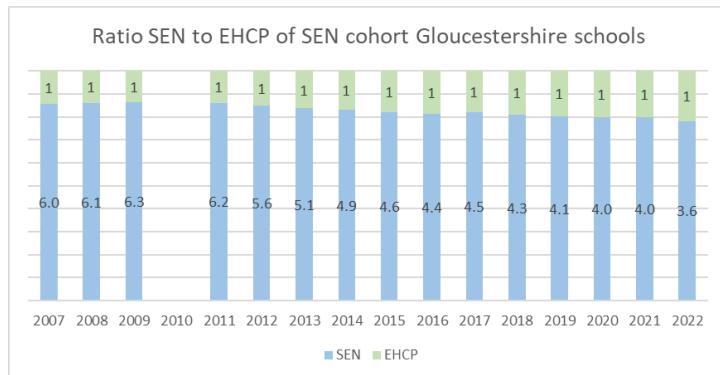
Whilst the ratio has been reducing the number of children with SEN both those who receive an EHCP and those with SEN support has been increasing since 2015/16.

Between 2016 and 2022 there has been on average a 3.5% increase per year in the number of pupils requiring SEN support, however the proportion of pupils in the whole school cohort receiving SEN support has only increased by 1.3 percentage points in the same period, from 11.9% in 2016 to 13.6% in 2022.

This suggests the increase in pupils with SEN support is more closely aligned to population change than an increase in identification, or rather pupils identified with an SEN need are more likely to be put forward to receive support through an EHCP rather than support coordinated through the school.

In terms of individual primary needs, all needs have remained a similar proportion of the SEN support in the period except:

SEMH which has increased by 4.7 percentage points to represent 18.8% of the SEN support cohort

ASD which has increased by 0.7 percentage points to represent 2.3% of the SEN support cohort
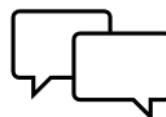
SLCN which decreased by -2.1 percentage points to represent 15.1% of the SEN support cohort

MLD which decreased by -2.0 percentage points to represent 33.8% of the SEN support cohort
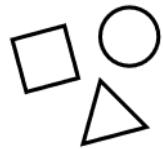
There may be different reasons why these have increased/decreased depending on conditions effecting the primary need. For example, the rate of pupils receiving support via an EHCP has also risen for children and young people with SEMH needs, it is widely thought a large contributing factor to this has been the pandemic although the number has been rising steadily over the previous 7 years. This period coincides with other significant changes in universal support provision in Gloucestershire, children's centres were changed from offering a universal provision to a targeted provision in 2016. This may have reduced the ability for early intervention for issues such as attachment and emotional regulation with parents and children that is now being observed in schools and early years settings as SEMH need.

SEMH is identified primarily at two specific age periods; during early years and the first 2 years of school and during the end of secondary school, years 10 and 11. In the first period 8 in 10 pupils identified with SEMH are male, and this continues through most of primary school. By Y11 however, half of pupils identified with SEMH are female.

In the 2022 Pupil Wellbeing Survey mean wellbeing scores using the Warwick and Edinburgh Wellbeing scale (WEMWBS) shows a gap widens between the mental wellbeing of females and males during the secondary phase and is widest during Y10, when a significant proportion of SEMH SEN support pupils are identified.

A score of 41 or less has been shown to be an accurate indication of probable clinical depression and or anxiety, a score between 41 and 44 is indicative of possible/mild depression and or anxiety.

There is undoubtably a pandemic effect observed in the number of young children presenting with SLCN in early years and reception classes, however the reduction in SEN support SLCN pupils may be because more promotion of the support available at this level is needed.

In order to model the future trend in pupils requiring SEN support in schools again each primary need has been looked at in isolation to create an aggregate rate moving forwards.

Three scenarios are modelled in the chart below.

Projected number of pupils recieving SEN support in Gloucestershire schools

Legend:
— Actual
•••••• Projected all age individual need trend
— · Av. 5 year rate trend
— — 5 year trend number increase
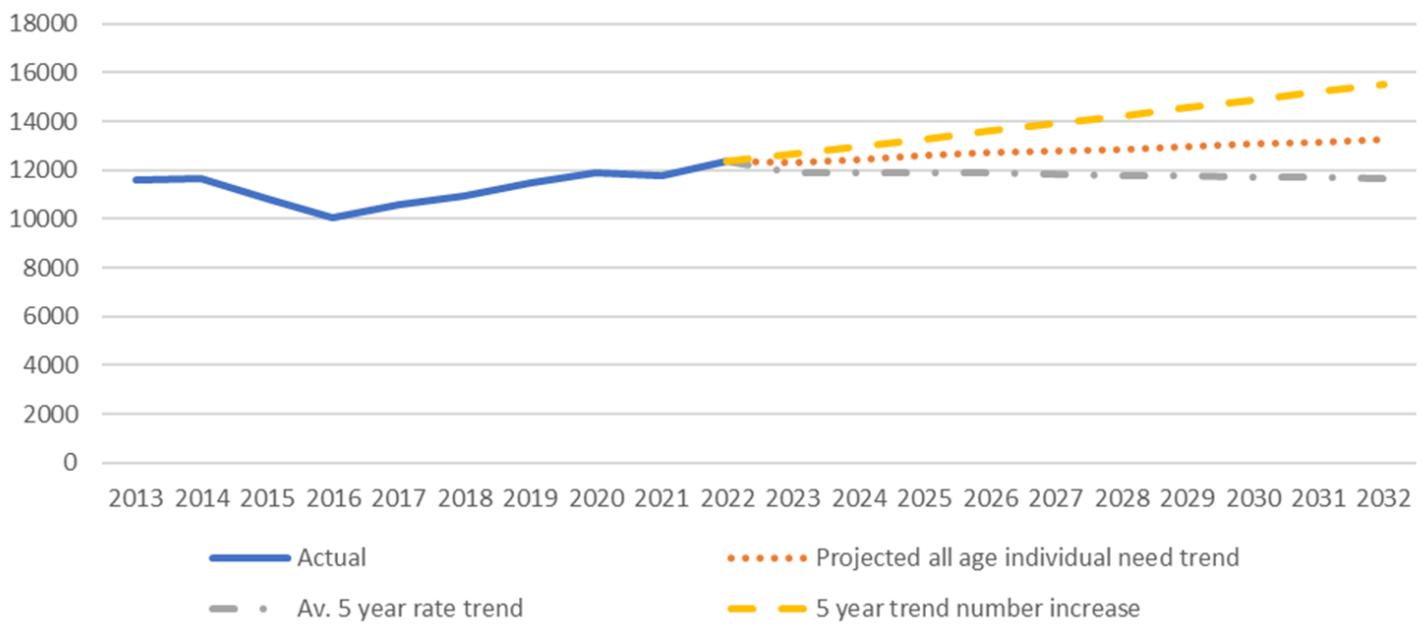
The scenarios modelled are, the average increase over the last 5 years (linear trend), the average rate from the last 5 years applied to the population projections and an all age individual need trend applied to the population projections.

This suggests between 413 and 1,538 pupils may need additional SEN support coordinated by their school in the next 5 years, by 2027.

The ability of schools to support these additional pupils will be a challenge.

It is important to consider the major impact policy and funding changes appear to have on SEN identification and support. At it's highest in 2010 the previous level of pupils receiving SEN support in England was around 18% of the school population and 14.2% of Gloucestershire pupils, the current figure stands at 13.6%, if this rises following the individual need based projection it would reach 14% by 2032.

Transitioning to adulthood

Transitioning to adulthood can be an exciting but also daunting time for all young people, those with additional needs can face particular challenges.

Recent research for the Scottish Government highlighted characteristics of a good transition for disabled young people;

- Early and sustained transition planning

- Holistic and coordinated wrap-around support

- Services delivered in partnership

- Designated keyworkers as a coordinating point of contact and continuity

- Person-centred support and preparation

- Family involvement in planning and decision-making

- Parental and familial support throughout the transition

- The provision of clear and accessible information

- Adequate services, resources and staffing.

The document also emphasises particularly the challenges to transitioning between children's and adult services:

"Within institutional transitions, advanced planning with young people and their families again occupies a central place in transition-smoothing. This in turn relies on clear inter- and intra-agency communication and coordination, with a keyworker ensuring continuity and coordination from the perspective of disabled young people.

Trust and positive relationships are also central to effective transitions, so introductory sessions and consistency of staffing are essential. There is some evidence that the integration of health and social care could help to lessen the challenges associated with transitioning, though this will likely require concerted planning."

Locally existing auditing reviews have found transitions are not working well for young people in Gloucestershire;

For children with disabilities, the availability of additional care services means that some are experiencing delay in receiving the support they, and their family need. This can also impact on the permanence arrangements for these children, within their family.' (QAF Report November 2022)

Audits of social care work by the DCYPS team have highlighted a long term level of weak practice - 40% or more of their audited practice evaluated as weaker (inadequate or low). This may be contributing to young people with high needs having a delay in transition.

The Transitions Team operate county wide and support young people with SEND to transition between Childrens Social Care (CSC) and Adult Social Care (ASC).

The Transitions Team complete an initial Care Act assessment at 17 to ascertain what, if any, support is required to meet a young person's eligible needs when they turn 18. As part of this process, the Transitions Team also support the young person and their families, carers etc. to explore existing community networks, services, and resources.

Most young people that are referred to the Transitions Team are already in receipt of commissioned support from CSC. The young person is discussed in the monthly Transition Operational Group (TOG) meeting to ensure all relevant teams are aware of their planned transition. If a young person is not already known to CSC, referrals for support from the Transitions Team can be made directly via the Adult Helpdesk by the young person, their family, or other involved professionals.

Once an initial Care Act assessment has been completed, the Transitions Team will ordinarily attend future EHCP reviews whilst the young person remains in education. Reviews and/or re-assessment of social care needs will be completed alongside this (where necessary). When a young person's EHCP ceases, the Transitions Team will support the young person to plan and prepare for their next stage into adulthood.

Transitions to adulthood for disabled young people: literature review - gov.scot (www.gov.scot)

Most young people with SEN won't need ASC, but many are likely to need help transitioning to Post-16 education.

It is difficult to predict how many young people will need specialist Post-16 education as thresholds change and specific Further Education providers supply a significant proportion of Post-16 placements in the county. However; by aging on the current special school pupil cohorts it is possible to predict the number of pupils ending Y11 and transitioning to further education over the next 5 years. Not all of these pupils will go on to need or be eligible for a special Post-16 placement.

To try to predict those eligible for a special Post-16 placement specific Primary needs have been identified as most likely to require further specialist provision, these have been identified as *Autistic Spectrum Disorder, Severe Learning Disabilities, Profound Multiple Learning Disabilities, Physical disability* (in special school only).

The chart below shows the actual and predicted (aged on) Y11 cohort in maintained special schools. This suggests there may be a peak of placements required in 2025 that will then plateau.

Also shown in the chart are; the number of pupils with the specified needs likely to require specialist Post-16 placements; this cohort as a proportion of the modelled Y11 cohort; and an aged on specific needs projection.

These projections do not account for individual circumstances, changes in thresholds or policy, or movements of pupils into and out of county.

Pupils with Primary needs unlikely to meet the threshold for special Post-16 provision in maintained special schools will also require support to transition to settings such as learning disabilities units in Gloucestershire College, Stroud College, Bridge Training etc.

Special school Y11 cohort - with aged on projection

Chart data:

Year	Y11 in Sp. Schools	Aged on Y11 cohort	Selected needs based special P16 prediction	All Y11 % P16 prediction	Selected needs ageing on	Needs proj. % in FE
2021	126		76			
2022	130		81			
2023	148	148	89			
2024		152		93	90	91
2025		163		99	80	91
2026		156		95	75	92
2027		155		94	69	92
2028		158		96	64	93

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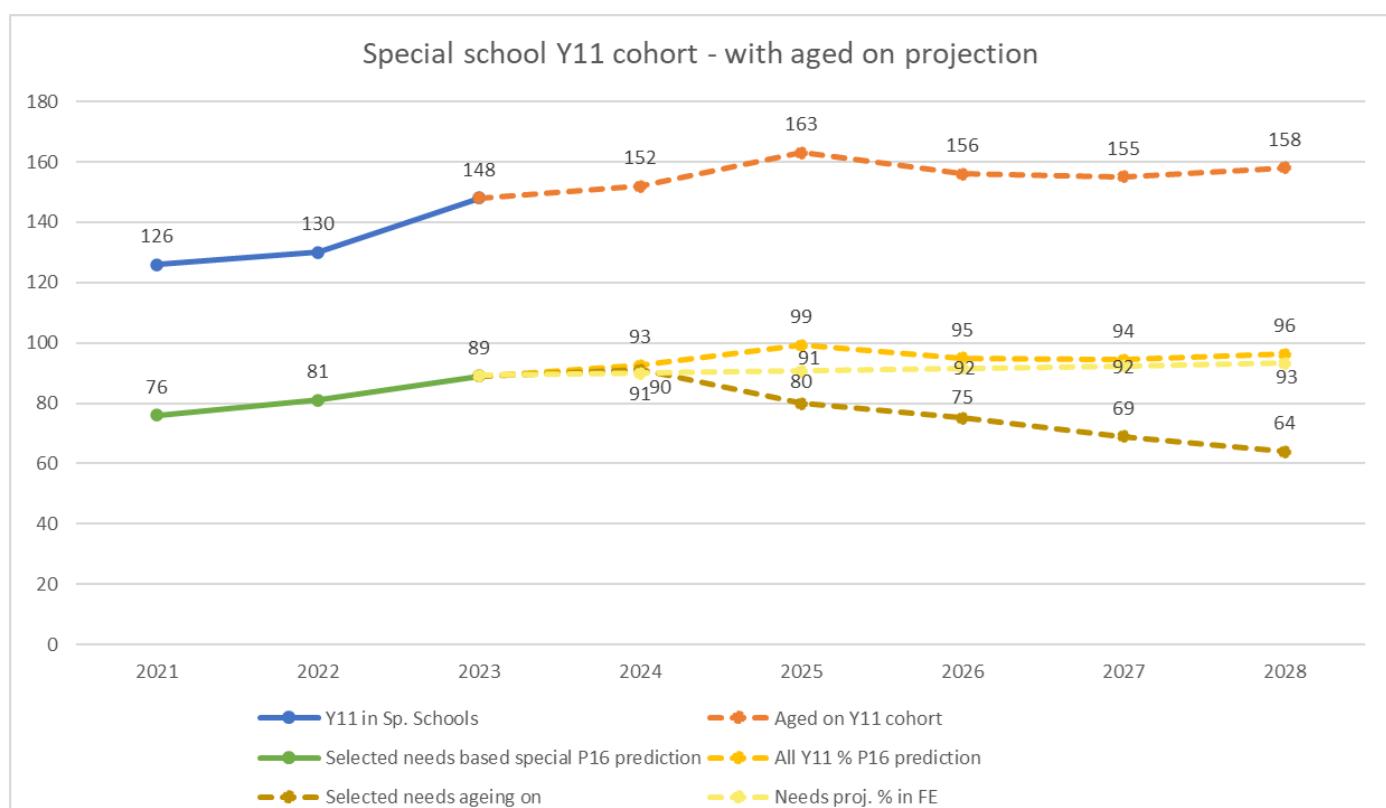
As the number of children and young people with SEN increases so too does the number requiring support to transition to adulthood.

This is also evident in the *placement status* of children and young people with an EHCP. Around 1% of Children and young people with an EHCP are Electively Home Educated (EHE), this is unchanged in the last 5 years; around 83% are recorded as in a placement in Gloucestershire, this has been reducing over the last 5 years; a further 6% are in placements Out of County (OOC); the final proportion (10% in 2022) were recorded as having no placement.

In the last 5 years there has been a 7.4 percentage point increase in the proportion of EHCP children and young people recorded as having no placement. The reasons for no placement are separated into:

- Alternative provision (not APS)

- Awaiting provision

- NEET

- Other – arrangements made by the local authority in accordance with Section 319 of the Education Act 1996 or Section 61 of the Children and Families Act 2014 (this includes an increasing number of CYP educated other than at school (EOTAS)

- Other – Including those who have been issued a notice to cease (for example, after taking up of employment) and the decision is currently subject to an appeal to the Tribunal

In 2022 9 out of 10 of these were either awaiting provision or Other - including notice to cease, the vast majority of these were young people in Y12 or over (70.0% and 97.6% respectively). However, there has been a large increase in the number of EHCPs ceased during the current academic year (2022/23), especially for young people aged 17+.

This suggests there are insufficient pathways to support young people with SEN to transition to adulthood. This could be either a lack of provision or a lack of appropriate adult services.

One professional suggested inadequate reviews of

EHCPs may be leading to difficulties in transitioning to Post-16 provision, leaving young people in unsuitable provision or not in provision;

'I think sometimes, and particularly for transition to post 16, what we've noticed is that in the Year 9 reviews onwards, actually they're not always held in the way that they should be. ... we're not genuinely looking at preparation for adulthood, we're not looking at what that young person's goals and aspirations are, we're not identifying all of the needs, then this document's going out to providers who go - I could do that. That's not difficult. Well, of course you can because this is a, let's say, a watered down version.

But actually, it doesn't describe this young person as they are now. So yes, on paper you can, but you don't come in, you don't do an assessment. You don't meet this young person, you base your decision purely on the paperwork, because that's how the system works. And then what happens? ... the young people go to the post 16 setting and (the provider says), ooh, hang on a minute. This isn't what we were expecting. We didn't know they needed this. And there's no mention of this in the education, health and care plan. So, you know, one of the things that, our post 16 advisors are very keen to do is to... prompt schools, particularly the special schools, to be really thorough, with those particular reviews in Year 10 and Year 11 to be very clear. Have we genuinely captured all of the needs that this young person has or are we kind of rubber stamping it year on year? '

'For many children with SEN the current way schools are measured by central government, through exam results, puts them at a disadvantage from early on in education but this becomes increasingly troublesome as they get closer to transition. One professional commented;

'It's a rejection from day one, (for children with SEN)... taking children to trips to the sixth forms, colleges, the Gloucestershire College or whatever to say, actually you don't need GCSEs to access this you can just come at a different level if you get your GCSEs you go slightly higher, but actually there is a pathway for you. There is a future and actually highlighting by bringing perhaps some of our Post-16 providers into the schools and doing some outreach work, maybe for the students who are refusers (or have SEN) to go into those colleges to see what's available for them is another step in the right direction. Again, all working collectively together and saying this is a child, what does this actual child need? What pathway could we provide for this particular child before we go down the medication or the counselling or the whatever? There are lots of things available. Sometimes they just want to see what their future could be and if they've got an option, then they might be OK with just that.'

Several highlighted the need to think more broadly about outcomes;

'... particularly when it comes to self-esteem, feeling like they've achieved something, and that's a huge amount of the work we do is trying to get them to

feel that sense of achievement within a system where the outcomes and achievements are quite limited for people who might have more specific needs or needs (that require) more individualized outcomes and support.'

And that young people's views weren't considered enough in transition;

'what do they want to do in terms of becoming more independent? What are we looking at; internships, apprenticeships, college places, specialist college places, what might that look like rather than, (the LA) probably offered Harbour House or Apperley or Gloscol or wherever it might be, we've kind of decided that's their pathway. Well you've decided that, you know, not the young person, let's have a discussion about this.'

This highlights the importance of a formal written 'Transition Plans' in Gloucestershire to provide a short and accessible summary of the young person's history, preferences and needs.

- The communication needs and preferences of the young person

- Their medical history and self-management experiences

- Their preferences with regards to parental involvement

- Their clinical needs and preferences

- Their strengths, interests and aspirations.

A local professional stressed that transition plans also needed to include parental views but that these weren't always straight forward;

'...We tend to have quite a lot of conflict. Maybe conflicts is wrong, 'work disagreements', with parents regarding what their young people are capable of and what their young people want to go on to do. It could be Post-16 or careers or progression to the next stage of education, whatever that might be, and feeling limited by their parents, particularly when the EHCP might say that they are capable of a lot more than their parents perception might be...'

Professionals agreed that national policy had a detrimental effect on the pathways post-16 that schools could offer children and young people with SEN;

'...but that is our job...going in trying to make schools understand that some children need things individualized, but the pressures of the DfE, the pressures of Progress, 8, all of those things simply don't permit it. And you know we have some really good examples of schools that are preparing children for Post-16 and getting them into more appropriate courses, but there's so little flexibility within secondary schools.'

GCC includes independent travel training and supported internships for a small number of children with SEN, but this will only be offered to a specific population. There is a larger SEN population that may require additional transitioning support that isn't available.

In 2023, 7.3% of pupils with an EHCP aged 16-17 were classified as Not in Education, Employment or Training (NEET) compared to 2.66% of the overall population.

Nationally this is reported as pupils who are NEET or activity not known aged 16-17. For those with an EHCP at the end of 2022 this was 14.3% Gloucestershire, 10.7% South West and 10.1% in England; compared to 3.0% of those in Gloucestershire with no SEN (4.9% South West and 4.6% England).

Adult education supports young people with learning disabilities as they move past statutory school age, in 2021/22 1,138 learners supported by adult education had a recognised learning disability. Only 7.5% of these were aged 16-24 (85 young people), the vast majority were aged over 25.

Around two-thirds of young people known to adult education with a learning disability were female, this is opposite to the biological sex split observed in the cohort overall, suggesting males with learning disabilities are less likely to engage in adult education programmes.

There may be an opportunity to engage more young people with learning disabilities with adult education services.

There are a number of services available to young people with learning disabilities and additional needs. Including services that provide:

Active citizenship

There are currently over 60 services providing, advice, guidance and opportunities to help young people with additional needs engage in their community and get support; such as; Scrubditch Care Farm, Breathe Youth Mentoring and Of Course we Can community events.

Day Centres

Day centres provide an alternative to more formal education paths. There are currently 16 day centre providers open to young adults in Gloucestershire including; The Beeches, Foxes Bridge Day Centre and Orchard Trust day services.

Life Skills and training

There are currently 35 providers of education and training for young people with additional needs that focus on life skills. These include; Severnside Skills, Skillzone and Better Friendships & Relationships KFT.

Respite services

For young people with severe disabilities or needs there are some respite services available. There are currently 9 services providing respite for young adults with disabilities including; Alexander House, The Lawns and The Vicarage. Although none are exclusively for young people. Short breaks are also available, some of these are aimed at young people aged 18-25 but most are after-school activities making the assumption young people will stay in education to the maximum age.

Some parents felt there was a need for adult services specifically aged 16-25 as current services were for adults of all ages with additional needs which was less suitable for school leavers, they felt this meant they were more likely to try and keep their young person in education services with young people of a similar age.

Professionals also recognised parents sometimes had difficulty 'letting go' and encouraging young people to be more independent;

'...It's interesting to see the difference in how confident a lot of the younger children express kind of outward confidence about preparing for adulthood, but I think that's because it's quite abstract thing. And then when you get to the older age groups, the reality of what it means to actually go out and get a job or to go to the doctor by yourself without somebody there with you, they kind of then appreciate a bit more the reality of that. So that when you dig into why are you feeling not confident, maybe to get a job or to go to the doctor? Or why are you feeling very confident to do it? Sometimes they will mention their parents and you know, for example we sometimes ask, how many of you make your own food, make your breakfast, make your lunch? And they often say, Oh yeah. I can do. But my mum doesn't like me making a mess in the kitchen so she doesn't let me'

Another reiterated this;

'...the students who I've met on foundation studies courses at Gloucestershire College and those courses are set up to help with things like learning how to travel independently and to do things independently, you wonder whether they would be doing that if they weren't on that course. Very few of them say, yes I've got the bus with my parents usually it's, I've done it with my tutor.'

In 2020/21, 91.3% of children and young people with SEN in Gloucestershire were in a sustained education, apprenticeship or employment destination after Key Stage 4.

As nationally, children and young people with SEN in the county were less likely to have any sustained destination than those with no identified SEN (95.7%).

In 2021 90.1% of children and young people with an EHCP and 91.3% of children and young people with SEN support aged 16-17 years were in education or training vs. 95.7% of non-SEN children and young people in Gloucestershire schools.

20 Interns (54%) who completed a Supported Internship moved into employment in 2021-22. 13 (35%) of them are currently being supported to find employment, or are in voluntary work since their Supported Internship.

2.7% of people aged 18-64yrs with a learning disability were in paid employment in 2020/21, below the regional (5.3%) and national averages (5.1%).

Adult Social Care (ASC)

Some young people will need to transition to Adult Social Care Services to receive full time care.

Unfortunately there is no easily accessible system where this is recorded; however, on average over the previous 5 years 43 young people known to children's services were identified as starting an adult social care service each year, suggesting they are transitioning between child and adult support services. The majority of these have either a severe learning disability or a profound, multiple learning difficulty identified in the school census.

There are currently different ways this support is offered and may comprise; supported housing, independent living grants, carer services, day care, transport, advice and guidance etc.

What is thriving and achieving for children & young people with SEN?

The government white paper *Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan* Right Support, Right Place, Right Time published *in* March 2022 sets out it's ambition for children and young people with SEN ..*enjoy their childhood, achieve good outcomes and are well prepared for adulthood and employment* ' somewhat suggesting this constitutes a child thriving. It also highlights:

"For help to be effective, it must be offered without stigma or criticism, in recognition of the fact that parenting a disabled child can be challenging and families may need additional support to access services which enable them to thrive."

Locally professionals highlighted the need to listen and respond to the voice of children and young people with SEN to ensure they could thrive;

'There's something about how we fully engage and listen to our children and young people who at the end of the day are the ones going in day in day out trying to make the best of whatever the situation/circumstances they are faced with, '

And that children's engagement in their care led to better outcomes:

'...if they are empowered to share their voice, that can really benefit their EHCP and they can go to a provision that's going to suit them because that bit on the annual review of their voice is really strong and thorough. But I think at the moment it is kind of common that a lot of young people are disenfranchised with it. They don't speak up, they don't feel engaged, they don't even comprehend what's happening. '

Co-production has also become more prominent nationally.

Professionals were also however unclear what successful support/intervention looked like;

'I think that's the Achilles heel of it all and the elephant in the room - What actually do we want for these children? And what would support actually look like if we had money, resources, everything was no issue'

Locally other professionals had thoughts on how a child could thrive; a teacher of KS1 and KS2 commented;

"... personally I would see a 'thriving child' as developing skills over time (even very gradual progress) and (the child) having the confidence to try those skills in different situations without letting the possibility of failure stop them. A thriving child would present as 'happy' (whatever that usually looks like for them). I have found that teachers / caregivers especially for children with SEN are usually very in tune with how the child is feeling (e.g. receptive to learning at that moment or not) and are very good at recognising progress, no matter how gradual."

A parent of children with SEN commented;

"'Thriving' in my opinion looks like a 'comfortable in their own skin' child, making progress (in whatever way that is -academically or walking outside or entering a coffee shop and having the confidence to order a drink as examples) and not apprehensive about new challenges ... knowing they may not succeed in the way they wish to but still willing to try and have the tools to manage the "failure" and reset."

It is really important a young person with SEN has viable opportunities into adulthood that are suitable and they are happy with. A local parent with adult children with SEN commented;

"Finding their place in the world, where they can be themselves. I think this is what everyone wants but not everyone finds, and it can be especially difficult for those with additional challenges/SEN. "

It is clear greater community provision that allows young people with SEN to be comfortable being themselves is important. A volunteer in VCS community service for SEN young people;

"Those who thrive at my work appear to be those who feel free to be fully themselves while they are with us. Wanna stim? Feel free. Wanna communicate in your own way, or contentedly ignore everyone else? We got you, kiddo. Want to talk the ears off someone? You came to the right place, my friend. "

International research suggests level of need and ability to thrive can often be set by societal barriers;

"impairments become disabilities when the person is exposed to attitudinal, social and/or environmental experiences that hinder his/her participation within community. Once, these barriers have been excluded, disability is more likely to decrease or disappear."

And further research supports that to enable children and young people to thrive involves both the community and young person to;

"...recognize their role in society as active individuals who are required to interact with others, developing physically, psychologically, and socially" and that this meant *"...guaranteeing that all learners would have equal access to reach their maximum potential and be educated regardless of their needs".*

Educational experiences of young people with special educational needs and disabilities in England: February to May 2022, was commissioned by the government as part of it's review of SEND services, within it the voices of children and young people, their families and professionals who work with them are presented to illustrate actions and circumstances that can increase the likelihood of a child thriving.

Factors from the engagement that were seen to positively effect the ability to thrive were -

- **Ensuring there was opportunity and support for young people to create friendships and trusted relationships including**: Buddy systems, friendship coaching, after-school clubs (friendship clubs or interest based) and Summer schools.
- **Raise awareness in the school population around disabilities** and allow the young person to share their experiences with their peers to foster more understanding. Listen to young people and support when there are difficulties with friendships and bullying is reported: Bullying difficulties were ignored and not resolved – raise awareness in school population
- **Creating 'safe spaces' for young people to access when they felt stressed, overwhelmed or they needed some quiet time**, for example: Sensory/quiet spaces/hubs/chill out spaces with time out cards for pupil led access
- **Design the school day to allow for variation when needed by young people with SEN**: understanding and flexibility in learning to meet individual needs. Flexible timetables to accommodate complex care needs to ensure education isn't disrupted. Value of having time in the day with friends (i.e. no additional things at lunch/break)

- **True inclusion, allowing young people with SEN to participate and enjoy all aspects of school life**: using fun and engaging teaching methods, smaller groups/higher staff to pupil ratios. It was felt refusing of support can be brought on by separation by teachers/adults from the cohort so young people were made to feel different/separate (being taken out of class/separated during a lesson or having a TA, different materials to learn)
- **Ensuring all staff members consider themselves to be part of SEND provision:** and that teachers respect young people with SEND, don't treat them as inferior, being friendly, nice, empathetic, encouraging, approachable etc.
- **Good communication between home and school** - Celebrating achievements, sending course content when sessions were missed due to medical appt. illness etc.
- **Prioritise individual young peoples needs at transition points**: give opportunities to meet staff before transitions to relay needs and tailor arrangements for each young person e.g. starting with 1 lesson, moving to half day and finally a full day
- **Having multi-disciplinary teams in special schools** to accommodate *speech therapy, occupational therapy, physiotherapy, nurses and mental health services etc.*

What impact is the increasing SEN cohort having?

Impact on children and young people and their families

Attendance

Attendance at education settings enables children and young people to receive support, learn, socialise and develop, this is arguably especially true of children and young people with SEN, however they have consistently lower attendance than those with no SEN identified.

A government briefing paper published in January 2023 reviews attendance in schools during 2020/21 and acknowledged that those with an EHCP had 'much higher absence rates than those with no identified SEN (13.1% compared to 3.9%)' and that the absence rates for those with SEN Support were 'between these two groups (6.5%)' (source: School attendance in England Research briefing by R Long, S Danechi)

In GCC data for 2021/22, absence, where available, for children with SEN Support or an EHCP was 2.86% and 3.61% lower than their peers without any SEN identified.

The estimated National attendance rate for the current year to date (12 September 2022 to 10 February 2023) is 92.4% but reporting lag suggests this may be increased by around 1 percentage point once recalculated at the next publication release. (source Gov.uk Pupil Attendance in schools—headline facts and figures).

SEN Provision recorded on Jan 2022 Census	Number CYP with Attendance Data	Average Attendance %
EHCP	3241	89.61%
SEN Support	11595	90.36%
No SEN	69586	93.22%

There is concern from government that the attendance rates in schools are still lower than prior to the Covid pandemic with persistent absence, although within a decreasing cohort, still at a concerning level.

It is important that local attendance/absence rates are seen in the context of this national trend and as part of the national conversation around the impact of covid experiences on the absenteeism in schools. A report referenced by the government briefing paper from the Centre for Social Justice talks of "ghost children" of lockdown who are absent from our schools and who typically are some of the most vulnerable children, including FSM eligible and those with SEN and Disabilities. It talks of the safeguarding concerns and vulnerabilities of these children but acknowledges that many of the reasons for absence are 'complex and multifaceted' with pupil mental health being an over-riding factor in many cases of ongoing absence. (***Lost but not forgotten: the reality of severe absence in schools post-lockdown (centreforsocialjustice.org.uk)***

When a pupil is registered at a school, their attendance and absence is recorded using 25 different codes. The attendance rate for children and young people with EHCPs is consistently below the average attendance of all pupils. This may be due to several reasons such as additional medical appointments or more frequent ill health.

In the Autumn term 2021/22 children and young people with an EHCP for any reason had an *authorised absence* rate of 9.0% vs. 4.8% children and young people with no EHCP. An *authorised absence* is recorded for several reasons such as a medical appointment, study

leave, religious observance, an approved educational activity etc. Where children and young people had no EHCP almost all of these *authorised absences* were for illness (influenced by Covid-19 infection – this was 2.8% the previous Autumn) however illness only accounted for just over half of the *authorised absences* for children and young people with an EHCP in the period.

Children and young people with an EHCP for ASD and SEMH had an *authorised absence* rate of 8.5% and 11.1% respectively; and an *unauthorised absence* rate of 1.1% and 2.6% vs. 0.97% of those with no EHCP. Suggesting these groups are more likely to have authorised absences than children and young people with other primary needs for their EHCPs.

In Autumn 2020/21 children and young people with an EHCP to support ASD or SEMH were more likely to have an *authorised absence* as pupil is absent due to *other authorised circumstances* than all other needs except PMLD (3.3% and 4.1% vs. 2.3% all children and young people with an EHCP and 0.3% pupils with no EHCP). This absence code could have been used to record a phased return to school settings; and suggests this was needed more by these children and young people after the first school lockdown period.

In Autumn 2021/22 children and young people with an EHCP to support SEMH were still more likely to have a higher rate of absence with this code but for children and young people with an EHCP for ASD this was now in line with other CYP with an EHCP.

Children and young people with an EHCP for SEMH were also more likely to have the following absence codes in both Autumn Terms 2020/21 and 2021/22;

- *Authorised absence as pupil is excluded, with no alternative provision made*

- *Unauthorised absence as pupil missed sessions for a reason that has not yet been provided*

- *Unauthorised absence as pupil missed sessions for an unauthorised absence not covered by any other code/description*

Where a young person was awarded an EHCP for ASD/SEMH in Spring Term 2020/21 (January to March 2021) their attendance in the previous term (Autumn Term) was lower than average. The most common absence reason given was *Authorised absence as pupil is absent due to other authorised circumstances*, this was significantly higher than those who already had an EHCP for these conditions but also those with an EHCP generally and those with no EHCP; suggesting undiagnosed neurodiverse children and young people may have struggled particularly with school attendance. Whilst this appears to be recognised by education settings by recording these as *Authorised absences*; it also indicates there may have been a higher capacity needed to support these CYP in other services such as CAMHS.

Rate of absence Autumn Term 2020/21 for *Authorised absence as pupil is absent due to other authorised circumstances*
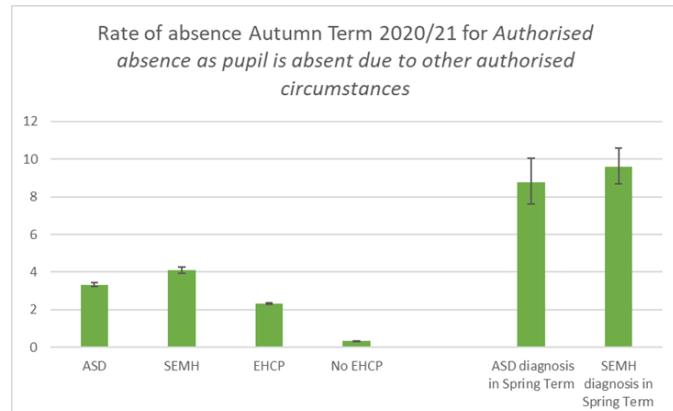
This trend of higher *authorised absences* was also observed in the Summer Term 2020/21 attendance of children and young people awarded an EHCP for ASD/SEMH in the Autumn 2021/22. Although the difference in *authorised absence* for SEMH is not significantly higher than those who already had an EHCP for SEMH in this term; it is still significantly higher than children and young people with an EHCP generally and those with no EHCP.

Rate of absence Summer Term 2020/21 for *Authorised absence as pupil is absent due to other authorised circumstances*
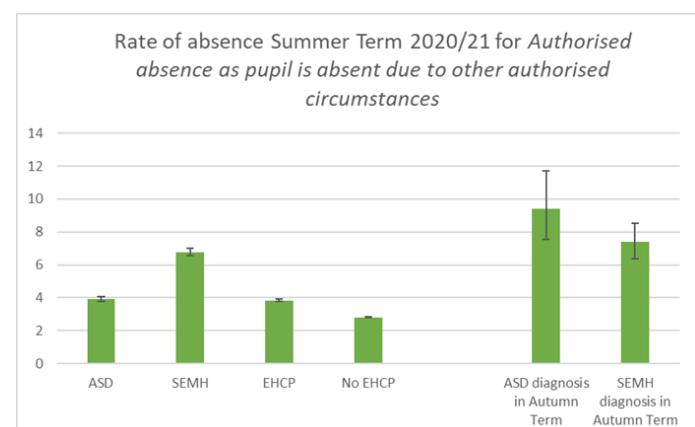
There was an overall increase in absences coded as *Authorised absence as pupil is absent due to other authorised circumstances* for all CYP in this period, which is due to schools coding Y11 and Y13 pupils on 'study leave' in this period with this code. Illness as an absence reason was also particularly high in SEMH children and young people in this period.

Part-Time Timetables

Children with EHCPs and SEN Support are far more likely to experience Part-Time Timetables than their peers without a Special Need or Disability. Looking at the cohort of children recorded on the January 2022 Census, Part-Time timetables were used for around 30 children out of 1000 with an EHCP, for 15 children out of 1000 with SEN Support but less than 3 children in 1000 with No SEN.

More than half the Part-Time Timetable instances recorded for that cohort were experienced by children with SEN Support (40.8%) or EHCP (21.2%).

When looking at multiple instances of Part-Time Timetables recorded during 2021/22 children with an EHCP were more highly represented.

January 2022 Census Recorded SEN Provision	Count of CYP	Count of CYP with PTTT recorded in year	Count of PTTT instances recorded in year	CYP with more than one PTTT instance in year
EHCP	3438	103	150	35
SEN Support	12314	188	285	45
No SEN	75012	196	262	40
Total	**90764**	**487**	**697**	**120**

There are 10 reasons that could be selected from to record the reason for Part-Time Timetable in 2021 -22. These range from '*Not recorded*' and '*other*' through medical, behavioural and planned support reasons. There were only 2 recorded instances with '*Undertaking Needs Assessment*' as the reason.

Once again, '*Mental Health*' is clearly the highest reason for absence with 405 of the 697 records being identified with a fairly even split across '*Medical Needs: Mental Health*' (205 instances) and '*Social Emotional Mental Health Needs*' (215 instances). The additional notes alongside the reason are free text and so it is not possible to statistically compare them but from a subjective read through it would appear that the use of SEMH as the reason given reflects more clearly the

behavioural, social and emotional causes coming into play than *the Medical Need: Mental Health* descriptor. This differentiation would be good to explore further with practitioners to understand more around the use of the two descriptors and assess whether any further analysis into this area would be helpful.

Persistent Absence

Persistent Absence is defined as an attendance rate of below 90%. Nationally, 2021/22 saw an increase in persistent absence with the overall rate published at 22.5% and Gloucestershire was slightly lower with 21.4% of all children being persistently absent

Once again, children with an EHCP and SEN Provision were disproportionately represented with figures closer to 30% for children with an EHCP and SEN provision. Their overall average rate of attendance, particularly for those with an EHCP, was also lower than their non-SEN peers.

* Base data taken from January 2022 census which will differ from data submitted to DFE hence the small variation in overall persistent absence.

SEN Provision in Jan 2022 Census	Number CYP with Attendance Data	Number CYP with Persistent Absence	% by SEN Provision with Persistent Absence	Average attendance for persistent absentees
EHCP	3241	979	30.2%	74.2%
SEN Support	11596	3410	29.4%	77.0%
No SEN	69587	13769	19.8%	80.5%
Overall	**84424**	**18158**	**21.5%***	**79.5%**

This is representative of the National picture, but is still another detrimental factor to school attendance and attainment to be considered for many of our local children with SEND.

(https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england) .

In addition to the recorded and published absences for children with SEND, there appears to be other less visible ways in which presence in school is reduced:

Length of school day and transport

The majority of Special schools in Gloucestershire have advertised core hours of around 30 hours (range from 28:25 — 32:05) per week, but many of them state that transport drop off and collection falls within these times. The government paper 'Minimum expectation on length of the school week' advises that schools are required to deliver a school week that is at least 32.5 hours from September 2023. However, specialist settings and pupils with SEND are exempt from that recommendation.

The impact of shorter school hours and transport eating into that time, means even less time in education for children who are already missing more than their typical peers. As one parent commented:

'My daughter's official hours are 9am-2:30pm when she is handed back to driver. Tail lift vehicles have to be dispatched earlier for safety reasons hence my daughter's departs the building at 2:30 and the site at 2:40pm. The school website displays the core hours as 8.50am-3.15pm but it is not what is going on. ... Her ongoing shortened school day works out at almost a day a week now missed (since schools returned after lockdown) which soon adds up to a week a term (roughly). '

Parents also commented on delays entering the school site due to the high number of pupils at special schools needed to be transported to the school gate which often meant they didn't enter school until 30 minutes after the published school day start time.

Another parent reported;

'I'm still mystified as to how Ofsted didn't pick them up on it. My daughter's entire class was not in school when they visited [Autumn Term 2022/23] due to not enough staff. How is that not a failing school? Even if failure isn't their fault?! [The school were given 'Good' as their overall grade].'

Class closures due to staff absence

We heard some reports of classes being closed due to staff absence affecting the ability to care for children with high medical or learning needs. One parent commented:

'...since September I've been asked on 3 occasions ' does my daughter need a place in school today'? or words to that effect '

This suggests children and young people with SEN are missing more education and care than recorded.
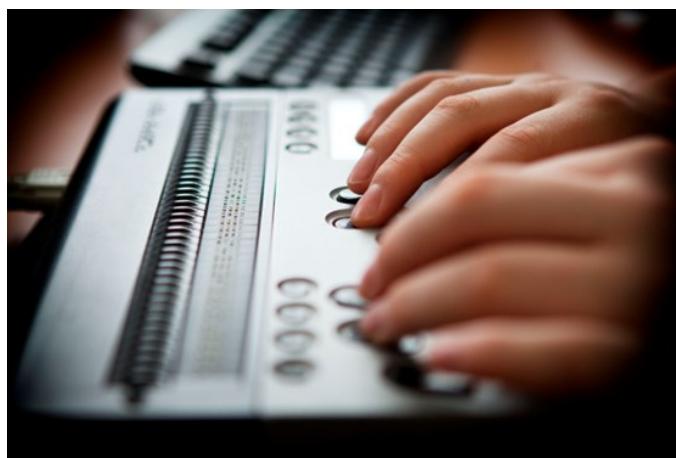
Parents and professionals also highlighted children and young people with SEN were missing education due to an unwillingness of some schools to provide a place based on their needs;

'...I don't think the local authority have helped schools in some ways. But now schools are being really difficult and kind of pushing back and kind of go. No, we're not having these children. Well, why not? You know, they're perfectly entitled to a mainstream education, so that's been far more noticeable in the last two or three years. Schools saying No. Thank you, because then we're stuck, with this particular child because we know that the local authority, once they placed them here, they're not interested in helping us out. That's how a lot of schools feel.'

One parent also cited professional timeliness as a reason for absence;

'Everything seems to take such a long time. We've had a plan for over 7 months and we still don't have a school place! We're approaching GCSE territory so it's important to get something sorted soon'

Exclusion/inclusion

Children with SEN and those with an EHCP were more likely to have had an exclusion than those with no SEN. Of those registered on the January 2022 Census 4% SEN, 16.8% EHCP and 3.7% Non SEN children and young people experienced at least one exclusion in their school career.

The proportion of exclusions experienced by children with SEN and EHCP has been increasing over the past 8 years . While the increased proportion for children with an EHCP during the Covid pandemic years could reflect their greater likelihood to be in school in the first place, the numbers for 2021/22 still show a rising picture.

Proportion of Fixed Term Exclusions by Year and SEN Provision recorded at Exclusion

| Year	EHCP	SEN Support	No SEN
2014/15	10%	38%	51%
2015/16	9%	39%	52%
2016/17	8%	36%	56%
2017/18	11%	39%	50%
2018/19	12%	38%	50%
2019/20	12%	37%	51%
2020/21	15%	36%	49%
2021/22	15%	40%	45%
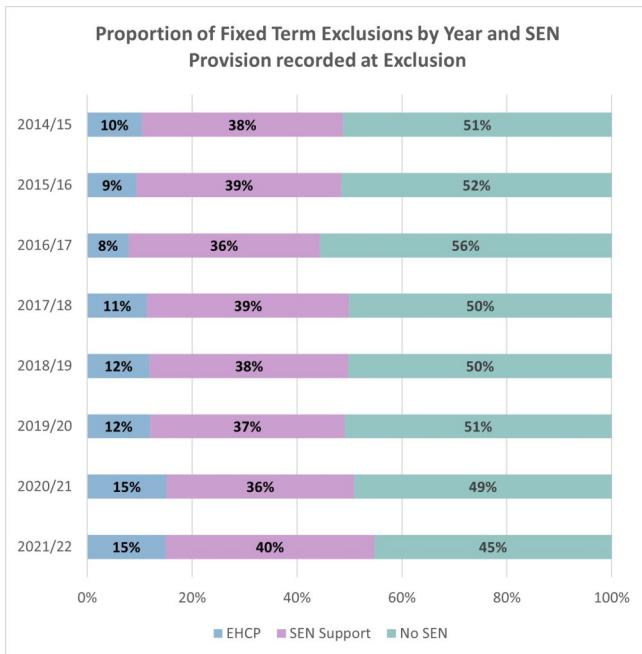
This disproportion over that period is even more evident where pupils had multiple fixed term exclusions in a year. Children with SEN support or EHCP are increasingly more likely to experience four or more exclusions in a single academic year.

Proportion of Children and Young People with four or more FTE by SEN Provision

Legend: EHCP, SEN Support, No SEN
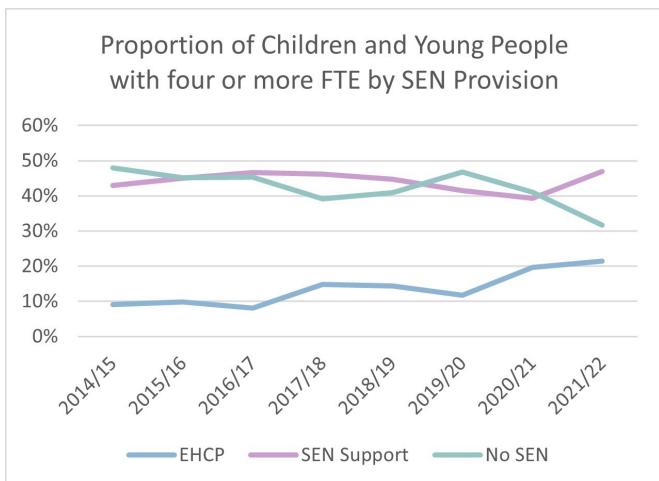
Fixed term exclusions occurring during the graduated pathway

Children and young people with **SEMH** were significantly more likely to have had a fixed term exclusion than all other primary needs, this was particularly high in Y9 (2021/22 ; 50% SEN and 70% EHCP). This may due to SEMH being more linked to behavioural issues than the other primary needs.

By looking at when fixed term exclusions occur during the graduated pathway in 2021/22 it was clear just under half (46%) were prior to request and another third (32%) were during assessment.

46.0% Pre request for needs assessment

32.4% During needs assessment

After EHCP issue 18.1%

Closure or refusal of needs assessment 3.5%
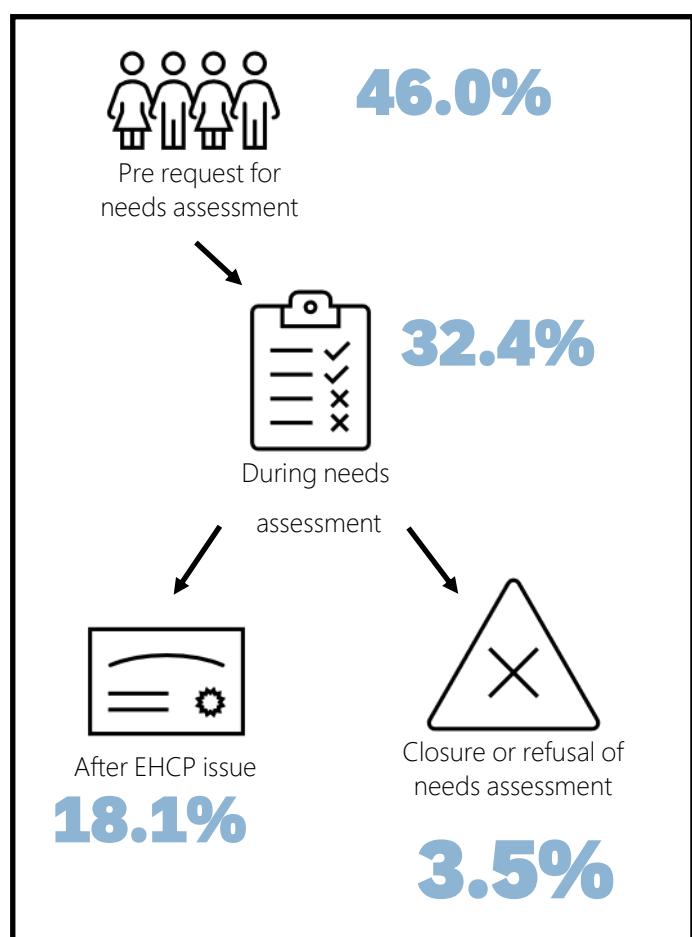
For this cohort of children during their whole academic career the pattern was closer to two third's receiving fixed term exclusions before request and a quarter were during assessment. This suggests there has been a shift towards a greater proportion of children with SEN receiving exclusions during the assessment period.

The length of assessment periods have extended over the past 7 years from 128 days to 203 days in 2021/22, which may be impacting the likelihood of exclusions.

For all children and young people who experienced Fixed Term Exclusions in 2021 those with SEN Support or EHCP were out of school on average 1.2 days more than those with No SEN for that single year. Across the previous 8 years of schooling those with an EHCP in 2021/22 who had experienced FTE within that period had, on average, been out of school for almost 10 days. This compares to 7.4 days SEN Support and 4.6 days No SEN.

Children with SEN who had an exclusion during the year were three times (17% vs. 5%) more likely to have an EHCP request in the year than those with SEN and no exclusion, suggesting the request for an EHCP may be associated with an increase in behavioural issues. While the overall numbers of rejection were low (63), children with a SEN need who had an exclusion were statistically significantly more likely to have their EHCP request rejected (1.2% vs. 0.5%) than those with no exclusion. This again could point to the fact that the request was triggered by behavioural rather than Special Educational Needs.

Therefore, whilst the data suggests there is a correlation between being within the graduated pathway and increased likelihood of exclusion there is no evidence the process itself causes this increased prevalence.

Length of Fixed Term Exclusions

There is little difference between the length of single fixed term exclusions given to children by SEN Provision. In 2021/22 and in the previous 8 years they averaged 1.8-1.9 days per exclusion across all SEN and No SEN need. However, those with an EHCP or SEN Support receive, on average, a greater volume of exclusions during their school life which results in a statistically significant increased amount of time out of school both in a single year and over their school life.

Average Length in days of all Fixed Term Exclusions for 2021-22 Cohort by SEN Provision

Legend:
- Average Length FTE experienced by Child in 2021/22 only
- Average Length FTE experienced by Child since 2016/17

Data values:
	No SEN	SEN Support	EHCP
Average Length FTE experienced by Child in 2021/22 only	3.57	4.79	4.78
Average Length FTE experienced by Child since 2016/17	4.55	7.40	9.96
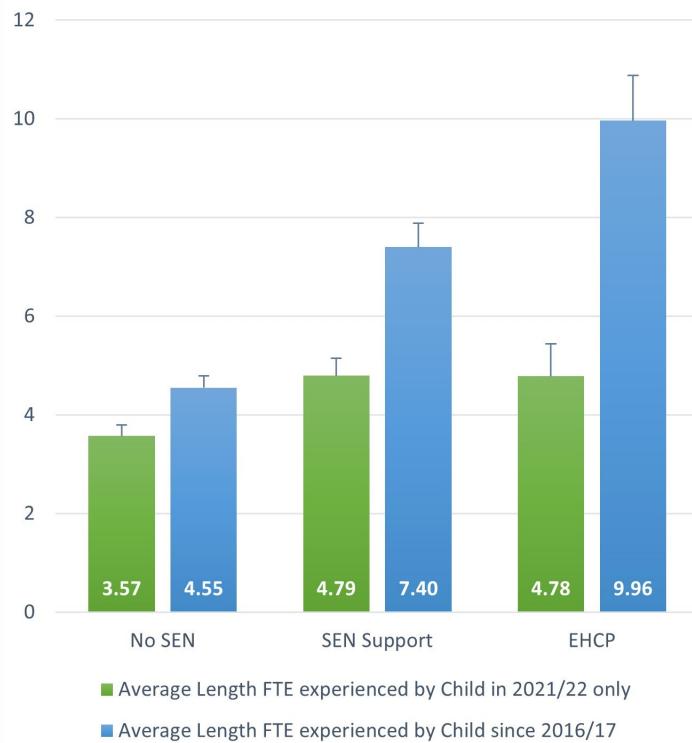
As pointed out in the government's research into the link between absence and attainment at KS2 and KS4 (The link between absence and attainment at KS2 and KS4, Academic Year 2018/19 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)) - increased absence has an impact on the child's potential attainment:

' *Generally, the higher the percentage of sessions missed across the key stage at KS2 and KS4, the lower the level of attainment at the end of the key stage'.*

This increased absence through exclusion must therefore present a greater challenge to achievement for children who are already disadvantaged by means of their SEN or Disability.

The type of primary need a child has also effects the likelihood of experiencing an exclusion.

Children and young people with SEMH have the highest incidence of exclusion, with a rate consistently over the rate of those with no SEN over the last 5 years; 215.3 per 1,000 children compared to 59.1 per 1,000 for children with no SEN in 2021/22. There was a reduction in the rate of exclusion for SEMH pupils during the covid period but this is likely due to most pupils being out of school for much of 2020, and this cohort particularly having periods of absence during 2021/22 due to coping with the effects of the pandemic.

Pupils with an SEN primary need categorised as *Other* (only seen in those with SEN only support) also had a consistently raised rate (71.5 per 1,000).

Pupils with ASD have previously had a raised rate, however this has been reducing in the last 5 years and was in line with the no SEN rate in 2021/22 (56.1 per 1,000).

Around 1.5% of pupils who had no SEN identified when they experienced exclusion went on to have an SEN need identified. Whilst a small proportion of the total number of pupils excluded, this group are likely to have been excluded due to unmet need.

Rate of exclusion per 1,000 pupils - by SEN primary need

Year	ASD	OTH	SEMH	NO SEN
2017/18	77.1	55.6	171.4	49.7
2018/19	79.2	76.0	201.4	66.5
2019/20	60.8	86.0	134.1	52.8
2020/21	55.0	94.2	153.5	43.9
2021/22	56.1	71.5	215.3	59.1
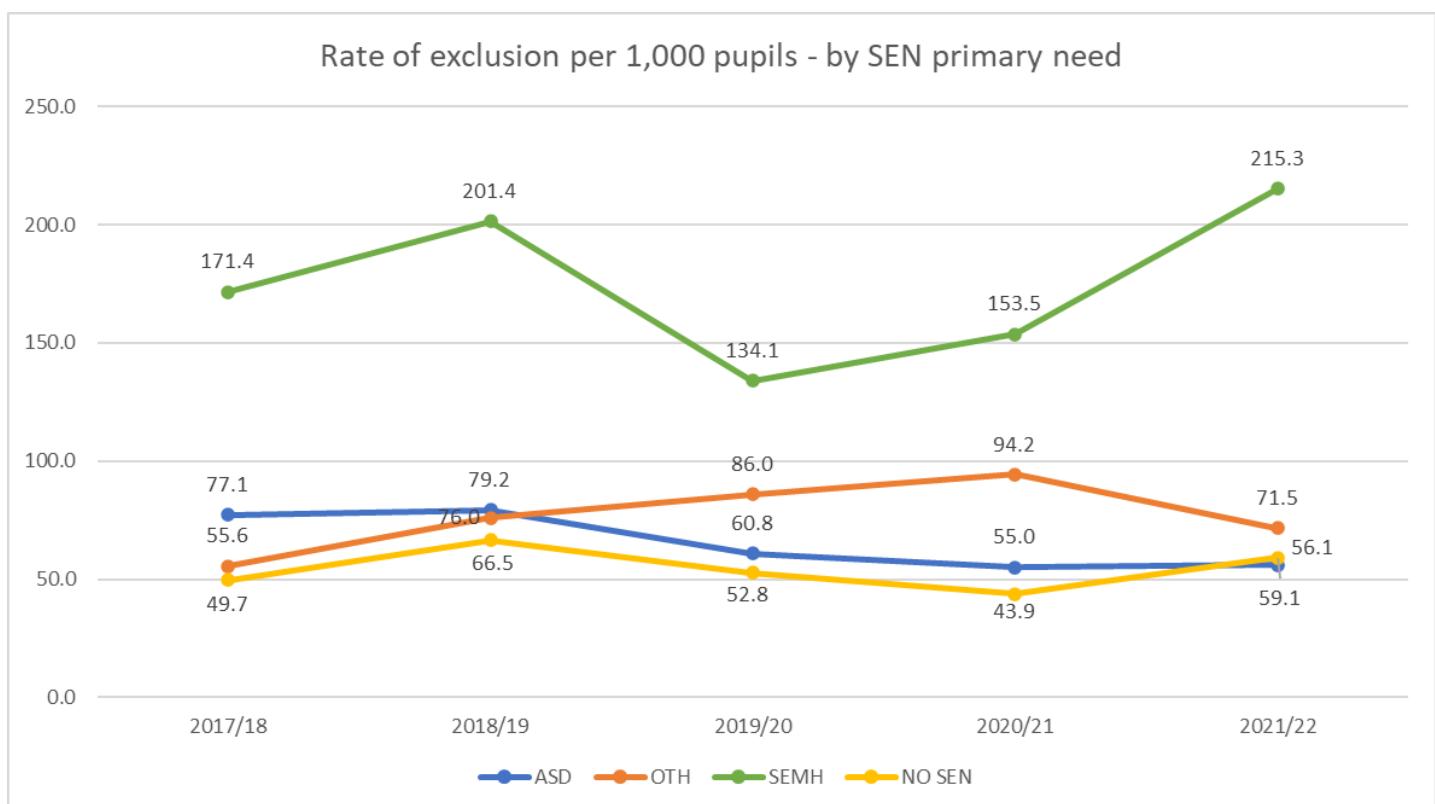
Appropriate provision/placements and EHE

After assessment on the graduated pathway, where a need for appropriate support is identified, children and young people should be placed in an appropriate placement. This may be in a LA special school, mainstream school or an independent school. There has been some concern that the increased pressure on the places in maintained special schools has led to an increased number of pupils being placed in mainstream schools that cannot meet the needs of the child.

A professional reflected assessments weren't always thorough enough or had enough time to be completed in a meaningful way by a professional who had built a relationship with the child and their family;

'I think the crux of that for me is a trusted adult relationship as a start point (of SEN pathway) that has to be the baseline, you know, ...what each young person needs is that trusted adult relationship that can go into home, build the relationship, assess the need and then decide what's needed next'

Whilst there are a higher number of children and young people supported in Out of County placements (OOC), the proportion of all EHCPs OOC has not changed in the last 5 years and is stable at around 6%.

It appears there is a large number of young people over 16 without an appropriate placement or a notice to cease. This will have an impact on the young person and their family.

There is an agreement between professionals that mainstream schools are often not the most appropriate placement for children with SEN;

'I just think that a school is a box that doesn't suit a lot of these children, and then schools have got the pressures of SEN, attendance, progress 8, exam results, and for a lot of these children that's what they don't need ...I think a lot of (issues for SEN children) comes from, that we're trying to fit children into boxes that they really never need to fit into'

There appears an over-reliance on gaining an EHCP in place with the expectation this will 'solve' a child's issues, one professional noted;

'...we shouldn't focus on diagnosis, people see, (actually) the system sees diagnosis as an outcome. It's not an outcome, it's a name, so to say an EHCP is the outcome for those diagnosed with Autism is wrong'

Another professional noted that sometimes having an EHCP can make it harder to find the right provision:

'I would have said more parents are looking for special school places now than they were previously. And I think some of that is about the response that they get from schools... a mainstream school (will say) well, there's a lot of need here, isn't there? Well, we'll do our best, but you know, we really haven't got the money in the budget and we've already got four children in that class (with needs), you know, and sometimes you think sounds like you're trying to put me off '

Also that changing schools when there was an issue was also more of a challenge when children had EHCPs;

'... we have had situations where Education, Health and Care Plans have worked against a parent, not very often, but we have where they've wanted to move school and rather than finding a new school, doing an in year admissions, going to that new school, (for those with an EHCP) this is a long process of having an annual review and a

consultation. And I think sometimes parents feel that's a barrier'

Mental health

Differences between expectations of a child and expectations of their parents and teachers can lead to a mis-alignment of need and expected outcomes. This mis-alignment can have serious consequences on the child's mental wellbeing. A local professional reflected;

'One thing we've seen on certain projects at Young Gloucestershire is a massive increase in mental health needs for certain young people based on their self-esteem and feeling limited by their parents. We tend to have quite a lot of conflict. Maybe conflicts is wrong, 'work disagreements', with parents regarding what their young people are capable of and what their young people want to go on to do. It could be Post-16 or careers or progression to the next stage of education, whatever that might be, and feeling limited by their parents, particularly when the EHCP might say that they are capable of a lot more than their parents perception might be, and yeah, there's definitely an increased impact on the mental health, self-confidence, self-esteem as a result of that.'

It's clearly important to try to agree EHCPs with all stakeholders, but also to have a greater emphasis on making adjustments in the annual review as children and young people age and gain new skills allowing them to have a clearer view of the next steps that are open to them at all transition points.

'I think it's about that young person flourishing and reaching their potential ... I think there's no one-size-fits-all and I think it would be a real shame if we'd say, this is the solution, because it's got to be a child centred approach...tailored to each child's need '

Acuity of need

A professional reflected that for some children and their families being at home during the pandemic had been positive and that it highlighted the impact of an inappropriate provision on a child's behaviour and subsequently home life;

'...I'd say certainly during the pandemic, lots of parents were saying I never knew home life could be like this.

We have one parent who said, you know what, I think I've got my little boy back and I thought how sad that somewhere like school, that should be one of the safest places which he ever goes to (is harming a child), school has done that to him. Not deliberately obviously, but you know that that's the consequence of him being in that (school) environment. So, I think that's quite powerful, to think that you've lost your child for all those years and actually finally they're kind of coming back in the way that you knew them to be'

There was a sense between professionals that delays and difficulties in accessing support caused mental health needs to worsen. In a local cohort study nearly three quarters of pupils who had a CAMHS referral also had an EHCP. The majority had at least one CAMHS referral before an EHCP was awarded, suggesting emotional health and wellbeing is affected by unmet or un-appreciated SEN needs. This also led to an extended EHCP consideration period for nearly 2 thirds of those that had a CAMHS referral before an EHCP. Also that complexities of the system meant needs went unmet;

'...what people demark as their areas of responsibility, and the problem is that none of these children fit neatly into a medical need or an education, need its holistic '
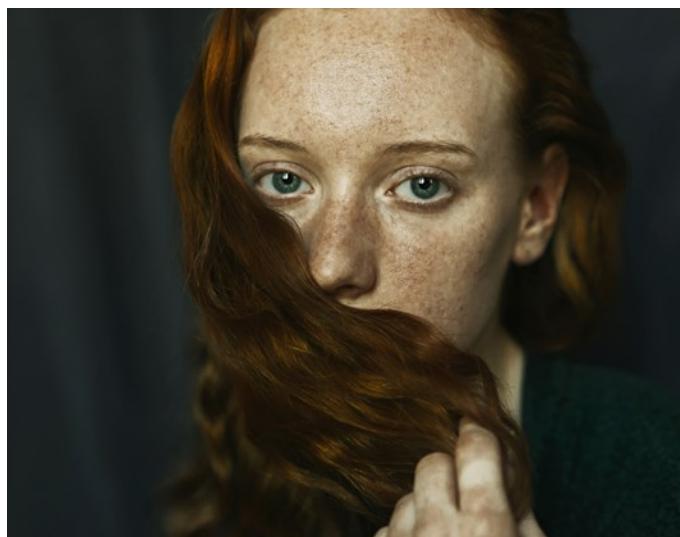
Navigating systems and getting through gateways

It is recognised the current system is difficult to navigate;

'It's a myriad of systems within systems within systems, and it's a navigation, you know, we have so many parents and professionals saying, it's really hard to navigate this system... because nobody really knows where they need to land and how to get there.'

The Children and Families Act 2014 and the subsequent 'SEND code of practice: 0 to 25 years' also published in 2014 both gave a strong emphasis on education, health and social care services working closely together to meet children and young people's needs, rather than as separate entities. However professionals in Gloucestershire felt, almost 10 years on, this wasn't the case;

'...without fail case after case after case it is that real joint working between health and care and education that needs to happen is still quite disjointed '

Professionals highlighted that to access support thresholds were too high and this had a negative impact on children and young people;

'...because our systems are set up that you only get the statutory service in crisis. We end up waiting for this crisis to happen, (children) are traumatized and then we end up picking up the pieces'

Also that parents tried to get support needs written in specific parts of a plan to ensure there was no ambiguity;

'...for a lot of parents who know the system well, they would always be 'get as much in section F because then that has to be delivered'. So, you know, parents who are kind of quite savvy and smarter about the situation would say, right, OK, I know how to get the best for my young person because it has to be in section F there's no point in having some health provision because I can't do much with that. That's not enforceable. So there's no point in having it there. Let's get it in section F ...'

There appears to be unreasonable criteria to access certain services that causes unnecessary barriers;

'...the problem that I seem to be coming across frequently now with these children that are not attending and are schools wanting to access Hospital Education for some short term support and then that becomes very complicated because the wording from a GP or a professional has to be in such a way that Hospital Education will accept it'

There was also a sense that national guidance places huge barriers for schools when trying to vary provision to meet the needs of individual children;

'I went to observe a child who is massively dysregulated in school, and I made some suggestions about how to engage them in phonics and the school said,

'if you are prepared to write that down as a professional so we can say that that child at 5-6 years old does not have to sit for 20 minutes every day on the carpet for phonics, then we can do it, but if you don't write it down, then we can't do it because the DfE says this is what has to happen every day'...

These new rules for phonics and things just piling on the pressure all the time for children'
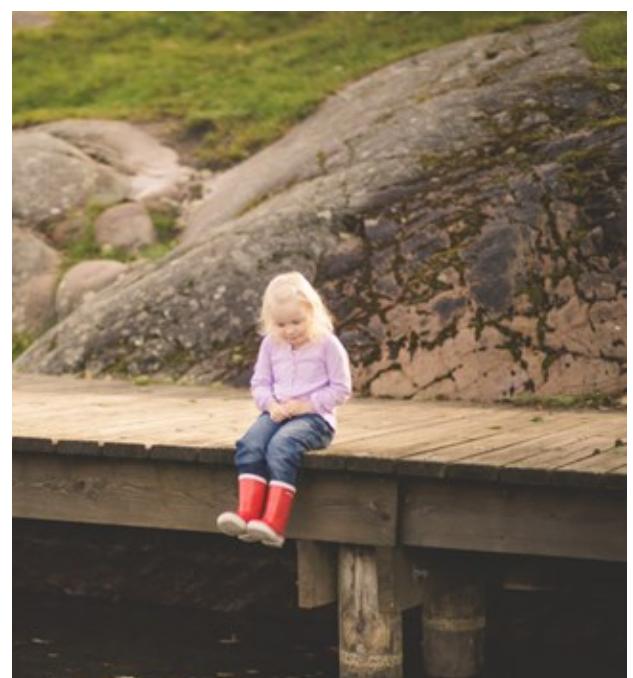
And that for some high functioning children there simply wasn't provision offered that could meet their needs;

'it is incredibly frustrating for a parent to know that there are things out there, but for whatever reason you can't access it, if your child is academically quite able, then most of the special schools in county are just not appropriate to meet their need... you wouldn't want a young person to be with a peer group that's wholly different from them. But actually, where does that leave that young person?

Another local parent with a young child reported frustration in trying to get support in place without a 'diagnosis' and that there were unnecessary barriers in place seemingly based on a arbitrary age criteria;

'Our experience seems very long-winded, it's not easily sign-posted for where to get the support and also what age it is available. We are constantly told we will need to wait until our daughter is 6 to be assessed for Autism, even though pre-school SENCo and Nurse Practitioner think it should be done earlier. We have gone to after-adoption support to get a multi-disciplinary assessment done.'

Professionals commented too many services and support required an EHCP to receive support which led to a higher number of parents pursuing this for their children;

'I would say that for a lot of parents because, you know, if it's written in a plan, the authority have a duty to provide it, brilliant. I'll have one of those please rather than I'm relying on my school to deliver this intervention to meet my child's needs or whatever it might be. So I think definitely there's a focus on the education, health and care plan being the goal, you know, that is the end goal because if I've got one of those, lots of things happen. I've now got the option of, you know, requesting a special school '

Early Attainment

Children are assessed throughout their formative years to measure their development and attainment. The Early Years Foundation Stage (EYFS) aims to assess the overall development level of a child and looks at a wide range of cognitive, social and physical developments. For some children, especially those with SEN, some of this development might be delayed or slower than expected but there may be an expectation they will reach that given time. EYFS is primarily measured through observation by Early Years professionals.

More formal attainment measures are completed at the end of KS1 and KS2. These assessments focus primarily on the levels of development in Reading, Writing and Maths (RWM).

The following analysis uses data relating to those pupils who were in Y6 in 2021/22. In this cohort 5% had an EHCP by Y6, and 17.3% had SEN need identified by Y6.

There appears to be a reduction in pupils reaching attainment targets as they age across all SEN status'.

The reduction in pupils reaching expected attainment level is most acute in SEN only pupils (12 percentage point drop from EHCP to KS2).

If a pupil achieved a GLD at EYFS they were more likely to reach expected level at KS1 and KS2, regardless of SEN status

However there was still a reduction in pupils reaching the expected level between KS1 and KS2. If a pupil achieved a GLD the reduction in attainment between KS1 and KS2 was more pronounced than the overall cohort reduction and was highest in those with an EHCP (17.9 percentage points).

	EHCP	SEN support	No SEN
EYFS GLD	meeting GLD		
KS1 RWM_EXP	35.7%	44.9%	87.6%
KS2 RWM_EXP	17.9%	31.7%	76.8%
dif. KS1>KS2	-17.9%	-13.2%	-10.8%

Whilst the effect of the pandemic (occurring between KS1 and KS2 attainment assessments for this cohort) may have had an impact on their KS2 attainment level; unfortunately the reduction also suggests effective early support might not be in place, allowing pupils with SEN to reach their full potential.

2,107 (30%) pupils didn't meet a GLD at EYFS in this cohort. Of these, the proportion achieving expected level RWM at KS1 and KS2 were low and almost the same, suggesting this cohort have their attainment level fixed when they fail to meet GLD at EYFS.

	EHCP	SEN support	No SEN
EYFS GLD	NOT meeting GLD		
KS1 RWM_EXP	3.4%	8.3%	42.8%
KS2 RWM_EXP	6.1%	8.3%	42.7%
dif. KS1>KS2	2.7%	0.0%	-0.1%

Early Attainment level - Y6 2021/22 by SEN status
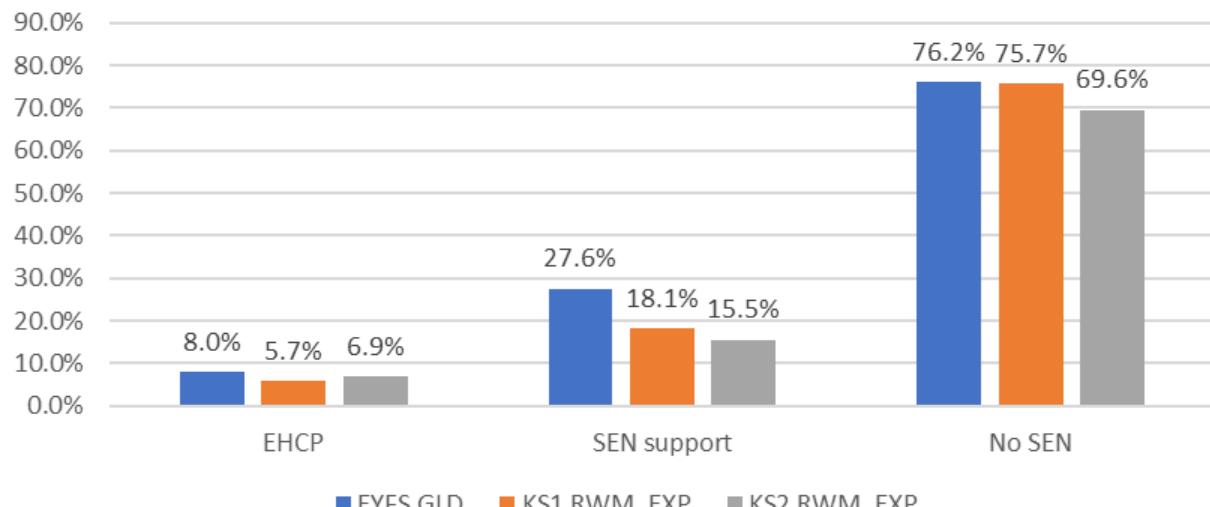
Attainment KS4 and beyond

Of the 2022 Y11 cohort 60% had met the expected level of Reading, Writing and Maths at KS2. However only 1 in 10 and 1 in 3 pupils with an EHCP and SEN respectively had reached the expected level at KS2. The average attainment 8 score for those who did not reach the expected level at KS2 is significantly below those who did, suggesting the importance of getting appropriate support to help a child thrive early in primary school to ensure early delay doesn't persist into KS4.
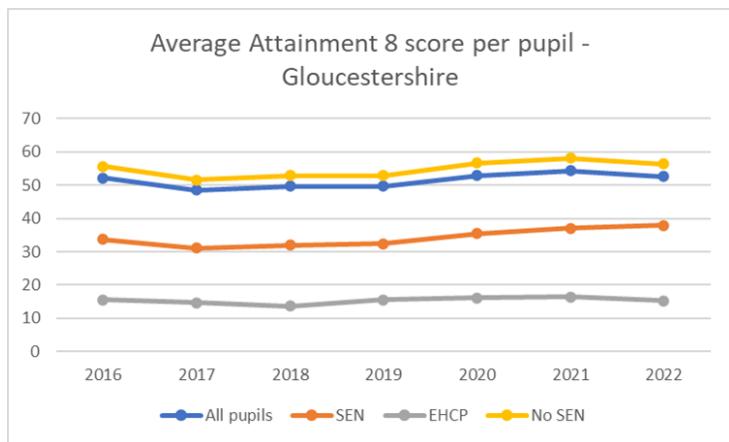

Attainment for children and young people with SEN is consistently below that of pupils with no SEN. In Gloucestershire attainment of pupils with no SEN and SEN support has been rising slowly since 2019 - most likely because of teacher assessed grades during the pandemic, attainment of pupils with an EHCP has remained in line throughout the period.

Gloucestershire is not alone in this trend, attainment of pupils with an EHCP has fluctuated very little at regional or national level in the previous 7 years.
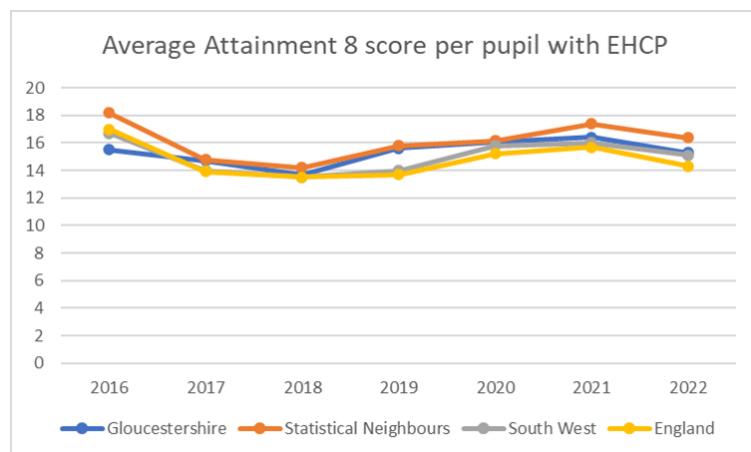
However, pupils with SEN in Gloucestershire have bucked the national trend in the most recent results.

It is too early to say if this is an emerging trend.
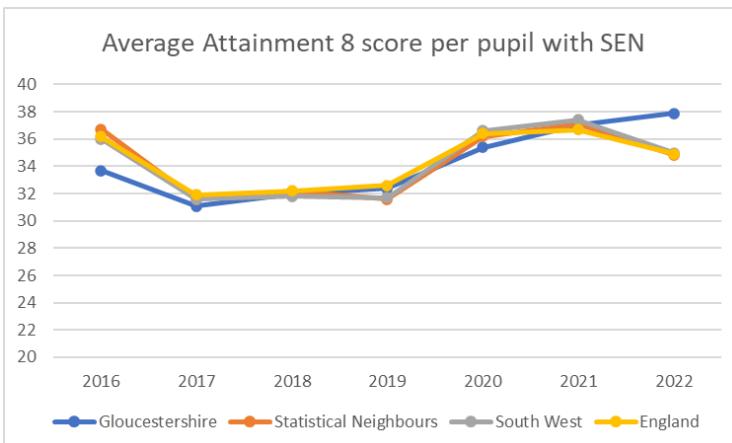
The close relationship between attainment in Gloucestershire and attainment at bigger geographies (regional, national etc.) suggests there may be national factors such as policy affecting attainment or universal factors impacting all pupils with SEN in the same way.

There is strong evidence to suggest socio-economic factors are closely linked to attainment, as stated earlier pupils from deprived areas are over-represented in the SEN cohort.

There is also evidence to suggest the attainment gap is largest in white British pupils, again white British pupils are over-represented in the SEN cohort. This may be influenced by cultural factors that lead to a lower focus on education in white British deprived families than in their minority ethnicity comparators.
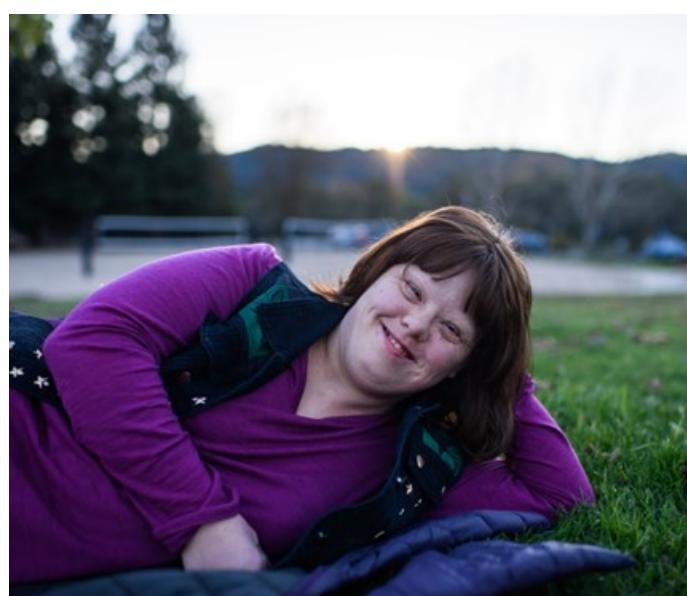
Attainment levels are linked to the number of entries a pupil is put forward for. In Gloucestershire in 2022 three quarters of pupils were entered for between 7 and 10 GCSEs, but only half (53%) of pupils with an SEN and only 14% of those with an EHCP were entered for 7-10 GCESs compared to 82% of those with no SEN.

Entry for exams is considered on an individual level and GCSE curriculum and examinations is not suitable for all children especially where they have SEN; however, this is a standardized measure the government benchmarks against.

Almost two thirds (61.8%) of pupils with an EHCP and 1 in 10 (12%) of those with SEN were entered for 4 or less GCSEs. This is highly relevant to the attainment statistics as the attainment 8 score is based on the top 8 GCSE grades.

Not only does the lower number of entries effect attainment for those with SEN, but they also appear to do worse than those with no SEN even when they have the same number of entries. This gap widens as more GCSEs are entered, where only 4 are entered the gap is only 1.0 but by 8 GCSEs being entered it has increased to 12.1.

There are other considerations that are specific to pupils with SEN that are less researched but are emerging as potentially important factors.

For example; time out of a classroom with a TA could lead to social exclusion and reduced curriculum time, the speed of the curriculum in mainstream schools (set by national policy) may mean SEN pupils who have missed prior learning due to being absent or out of the classroom lack the foundations to develop the expected knowledge and understanding. Nationally there appears to be a negative correlation between TA time and attainment.

Locally data from the 2021/22 Y11 cohort suggests pupils with an EHCP in mainstream schools who have an annual funding settlement of over £15,000 (indicating greater TA involvement) have lower attainment than those receiving a funding settlement below £15,000. Interpreting this is complex and may simply show that a child has higher funding because they have higher needs which may also be impacting their attainment, rather than higher TA hours impacting attainment.

Average attainment 8 score by number of entries - Y11 2021/22

Attainment 8 average score by EHCP funding bracket - mainstream schools 2021/22 Y11 cohort

It is also clear from local data that the type of school attended has a big impact on the level of attainment.

Selective schools overall have high attainment (99% achieve 5+ 9-4 GCSEs), but pupils with an EHCP did significantly worse at selective schools (0%) than those in maintained secondary schools (25%).

Pupils with an SEN need at selective schools had a higher proportion achieving 5+ 9-4 GCSEs (97.5%) than pupils in maintained secondary schools with the same needs (37.5%).

3.4% of pupils in maintained special schools achieved 5+ 9-4 GCSEs.

Analysis on attainment data of Gloucestershire pupils suggests attendance is also having a big impact on attainment. Where a child had an EHCP, those who had 90%+ attendance were more than twice as likely to achieve 5+ 9-4 GCSEs (16.4%) than those with less than 90% attendance (7.6%). The link between attendance and attainment is seen across all SEN status'.

Proportion of pupils acheiving 5+ 9-4 GCSEs by attendance group and SEN status
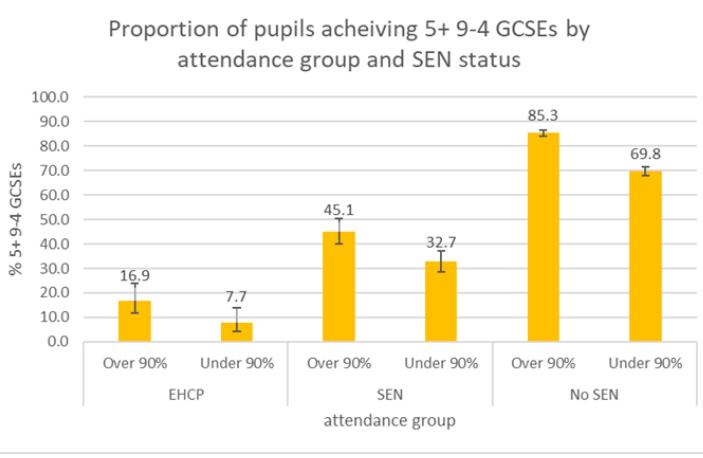
There is also evidence to suggest those with ex-treme absenteeism (less than 50% attendance) may be supported more with their attainment as they consistently do better than those with 50-80% attendance across all SEN status'.

Proportion of pupils acheiving 5+ 9-4 GCSEs by attendance group and SEN status
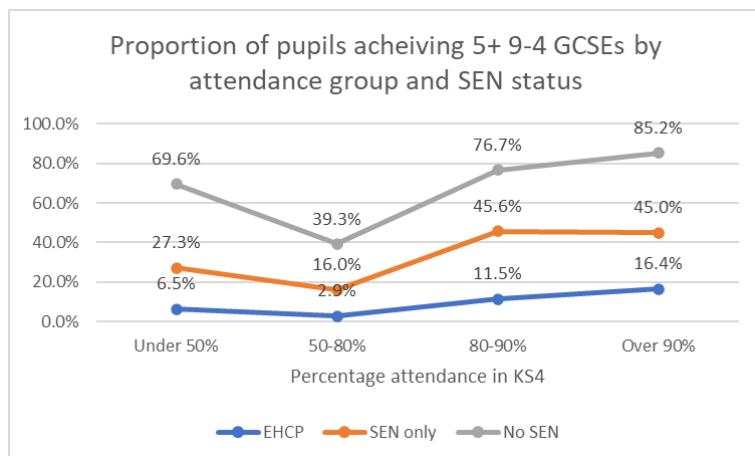
In 2022, on average pupils with an EHCP achieved significantly lower GCSE passes grades 9-4, than those with no SEN.

	Average KS4 passes 9-4	Pupils
EHCP	1.5	270
SEN only	4.0	832
No SEN	7.0	5663
Total	6.4	6765

There may be other characteristics and intersectionality's affecting attainment of those with SEN, for example girls on average have higher attainment at GCSE than males and pupils with SEN are more likely to be male, so the over representation of biological males may be impacting the attainment of those with SEN figures.

12.1% of children and young people with an EHCP and 32.8% of those with SEN support qualified to level 3 by age 19 in 2021. For children and young people with an EHCP this is below the national figure (14.0%); the proportion of children and young people with SEN support reaching level 3 is also below the national average (35.4%). 13.1% of young people with SEN from Gloucestershire entered Higher Education in 2019/20; in line with the regional average (13.6%) but below the national average 17.5%.

There was a general consensus between professionals that the current attainment structure wasn't appropriate for all children, particularly those with SEN and that an alternative might be explored;

'I would like us to kind of have a look at our curriculum as well in terms of what is our scope within that, what can we do that you know, we're not going to break any laws, but actually it does mean that maybe we're meeting the needs of some of our children, young people in the way that's going to make most sense for them because they're learning, they're achieving, they're seeing a future. It's exciting because it actually makes sense to them.'

Wider impact on families

There is undoubtably an impact on families of children and young people with SEN. The impacts cited by parents and professionals are varied from loss of income, housing issues, or increased issues with mental and physical health

One professional when asked about the impact of an inappropriate placement or delays in accessing support for a child on the family felt these could be dramatic and far reaching;

'...the one that immediately springs to mind is parents who had to stop working to look after their child, either because (the child is) at home or because their need was quite complex or because school are repeatedly issuing suspensions. ... parents say, So I've had to give up my job. That means we're going to have to move house...and then it has that knock on consequence sometimes that creates issues with the siblings. It's a decision that's made. But the consequences can be huge. We do have lots of parents who struggle with their mental health...who say my family don't understand or I've lost lots of friends because of my child's behaviour. Because we went round there. We are having a lovely play date and then (my child), deliberately smashed something. And now my friend won't speak to me because it was something that her mom gave her ...and so often we find that parents support network sometimes they're really, really small '

A parent commented trying to manage extremely challenging behaviour alone left her with serious mental health issues:

'I had PTSD and a mental health breakdown. I was having suicidal ideation and images. I was unwell but my son was my protective factor.'

Another reported the significant impact delays in receiving care had had on her family;

'My family has been at crisis point multiple times ...We are only just coping ...We only have this robust plan because we were at risk of family breakdown and edge of care '

Parents also felt it was important for them to be respected and valued in order for the child to get the support they needed to thrive. There was a particular request to move away from being called 'Mum' in meetings as they felt this was demeaning and devalued their opinions and experience. Several parents highlighted they knew their child best and felt they were 'experts by experience' and should be treated as such in meetings and other interactions with professionals.

They reported being made to feel they were exaggerating, that their experiences were belittled and by being called 'just mum' they were de-humanised. This was seen in school as well as with GCC professionals. Parents wanted an option to send video evidence of behaviours as well as written and spoken testimony to add weight and legitimacy to their evidence.

Pathway analysis

To better understand the impact of multiple issues, trauma and interventions for children and young people we have undertaken further pathway analysis presented below.

Methodology:

From the Intersectionality data for the academic year 2021/22 a random sample of around 50 young people was identified, who were in NCY 11 in the January Census 2022. This sample was made up of around 17 children from each cohort of EHCP, SEN and No SEN provision. Within each group there was a representative mix of the intersectionality points of

1. Deprivation Proxy

2. Education Based Events

3. Early Help Support

4. Children's Social Care Events and Support

Additional educational and social care involvements recorded for each young person over their lifetime were added to the data set and timelines were built for every young person.

Involvements added to timelines could be any of the following:

Education:

KS4 Attainment 8 Score (where available)

Number of GCSE Passes at grades 9-4 (where available)

Attendance for Year 10 (where available)

Attendance for Year 11 (where available)

Child Missing Education Dates

Advisory Teaching Service Involvement

Intervention Circle Referrals

Alternative Provision Involvement

Education Bases Attended

Hospital Education Involvement

Permanent Exclusions

Fixed Term Exclusions/ Suspensions

EHCP Status

EHCP Assessment Period and Dates Plan was Active

Social Care:

Social Worker Involvement Dates

Early Help Episodes

My Plan or My Plan Plus Case Statues

Dates of Contact to Social Care Helpdesk

Dates of Open Social Care Referrals

Single Assessments undertaken

Strategy Discussions

S47 Enquiries

Active Child In Need Plans

Active Child Protection Plans

Child Looked After Episodes and Placement changes

Dates child seen/visited by Social Worker

Missing Episodes

SDQ Scores

To this data set a further sample of 20 young people with an EHCP from the same year group, but who had achieved a high Attainment 8 Score that was greater than 50 were added, the same Social Care and Education Events were included to build their timelines.

Consistent findings across the whole sample set

Low Attendance in Y10 usually predicated lower attendance in Y11. There were 42 young people with attendance below 90% in year 10. Of those, the majority whose attendance was between 80-90% in Y10 saw a drop to attendance between 70-80% for Y11. For those whose attendance was already below 80% in Y10 there was typically a further drop in Y11.

There was only one young person from the sample of around 70 who moved from persistent absence in Y10 to good attendance (above 90%) in Y11. The sample from the SEN Support group particularly shows the importance of attendance across both years.

Involvement from Advisory Teaching Service or Gloucestershire Hospital Education correlates with the young person achieving qualifications.

This can be seen in all groups but is particularly striking in the sample of young people with an EHCP and High Attainment.

There is correlation between Persistent Absence, High Number of Intersections and Low Attainment. From this relatively small sample it is not possible to attribute causation but it was notable that poor attendance and a lot of involvements from both social care and education coincided with low or no attainment scores.

For some young people support reduces during Y11. There is an interesting pattern whereby some young people who have had lots of social care involvement in the lead up to Y11 see it disappear before/during Y11 and reappear towards the end of the year – although some seem to have been stepped down to Early Help Support during the period. This was particularly the case for young people with 3 or 4 of the intersectionality areas overall during the year. Typically these young people had lower attainment but again, no causation can be drawn from the sample.

Fixed Term Exclusions (Suspensions) can appear as an early occurrence prior to or at the start of increased involvement from additional services. Seven young people from the EHCP sample, six from the SEN Support Group and six from the Non SEN Support Sample had school suspensions happening in the academic year prior to or during the start of involvement from children's social services.

Findings across specific sample groups

Sample group 1 - Those with an EHCP

Looking at patterns of attainment for this group is not straightforward as low attainment may reflect the young person's level of SEND rather than the external timeline factors. However, where a young person was in a mainstream setting in years 10 and 11 it was assumed that there would normally be some level of attainment recorded.

Those with no social care or education intersections had good attendance in Y11 and for the three in mainstream school – their attainment 8 scores were in line with the national averages for children with the same recorded primary SEN need.

There is less of a pattern with attendance for this group with a mix of good and poor attendance irrespective of number of intersections involved with the child – perhaps indicating the greater impact health and medical interventions has on attendance for this group. There is a correlation though between number of intersections and attainment, with those in mainstream settings and multiple intersections showing typically lower attainment compared nationally. The exception being for a couple of learners whose EHCP only started in Y9 or above which suggests there was less of an academic gap for them.

Sample group 2 - Those with SEN Support

The national average attainment 8 score for children with SEN support is 34.9
There were scores for 17 of the sample of 18 and of those, only 5 were below that national average. The scores ranged from 22.75 to 59.05 with all scores above 50 being achieved by young people with either none or one intersectionality.

Four of the young people had Advisory Teaching Service input and three of those achieved attainment scores higher than average.

Low attendance and low attainment reflected one another. All those with attainment 8 scores lower than average were persistently absent in Y11 and all but 2 had persistent absence in Y10. For those with scores above average, only one had attendance below 90% in Y11.

Sample group 3 - Those with No SEN Support

The national average attainment 8 score for children without SEN Support for 2022 was 52.5.

There were scores for 14 of our sample of 18 of which 5 were above that average and a range of 29.48-63.85.

Interestingly for this cohort, the correlation between high attainment and attendance shows the importance of both Y10 and Y11 attendance. Of the five whose attainment was above average, only one was persistently absent for both years and all the others had high attendance for Y10 but were below 90% attendance for Y11.

There is correlation again between a smaller number of intersections of involvement and a higher attainment score.

None of the young people in this sample had input from the Advisory Teaching Service.

Sample group 4 – EHCP with an Attainment 8 score greater than 50.0

The national average attainment 8 score for children with EHCP support in 2022 was 14.3. The range of scores in the sample were 54.23 to 81.86.

For these young people, as with the other EHCP sample, the pattern of attendance against attainment is less clear cut. Of the 22 learners, only 4 of them had attendance greater than 90% in Y11 and 7 of them were persistently absent for both years.

None of the young people in this sample had more than 2 intersections – showing again the link between volume of interactions and attainment.

Within the sample of 20, 4 had support from Hospital Education and 11 had Advisory Teaching Service involvement during their timelines. It is unclear whether the extra support was brought in because the young people were likely to be high achievers, or whether the input from these agencies helped the child reach the attainment level.

The majority of these learners had a primary need of ASD or a physical disability and half of them had their EHCP issued while at secondary school.

Four representative individual journeys

Child A - EHCP Sample Group – 2 areas of Intersectionality in 2021/22 (Education and Early Help)

| Gender	Ethnicity	Disabled?	Current UASC	Current CLA	Ever CLA	Current Care Leaver?	Care Leaver Eligibility	Current EHCP Status	Current FSM Eligible	NCY	School Attendance 2020	School Attendance 2021	KS4 Attainment 8 Score	Number GCSE 9 to 4 Passes
Male	A1 - White British	N		N	Y	N		Current EHCP	N	12	22.9%	35.5%	0	0
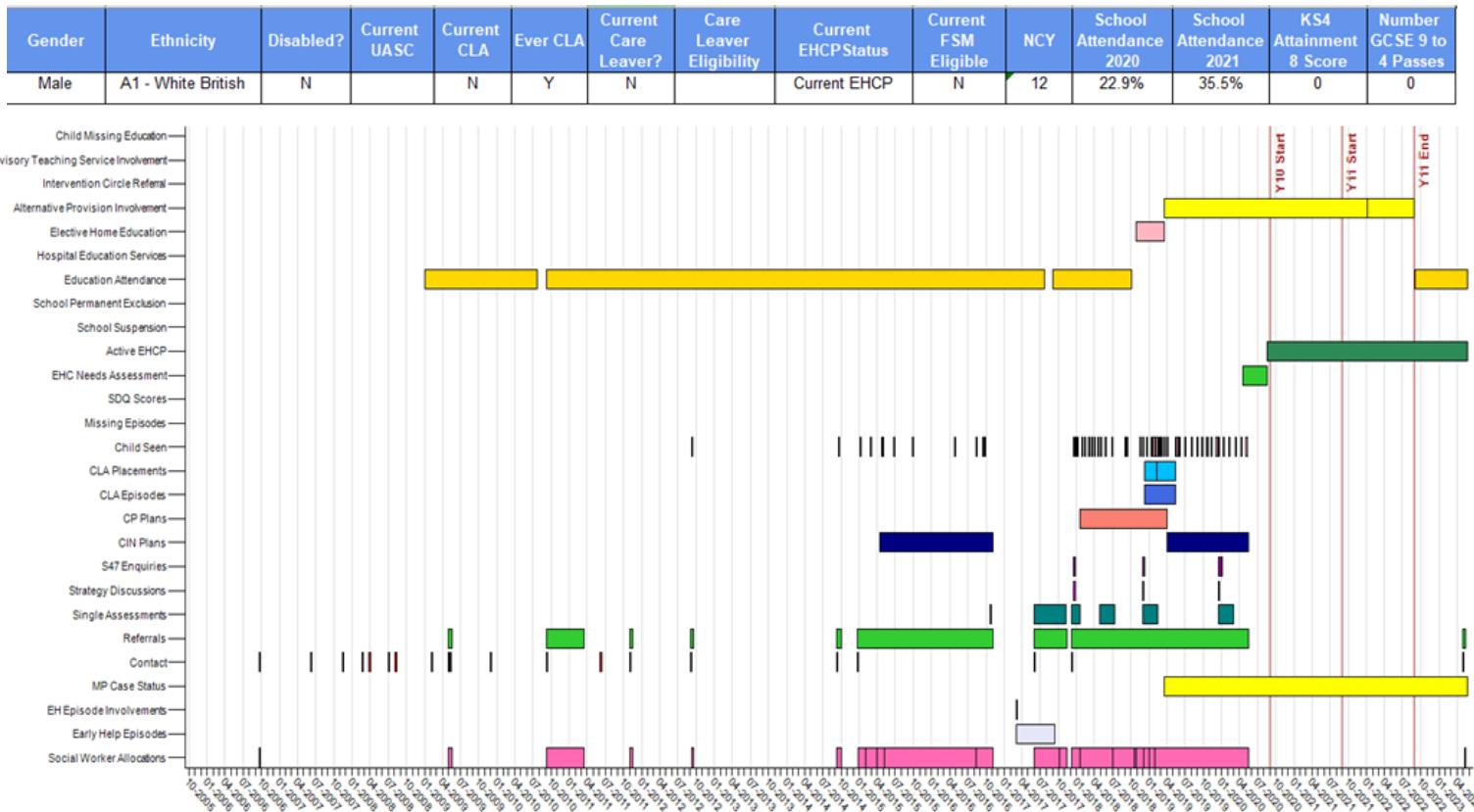
For Child A we can see a number of sporadic contacts and low level involvements from Children' Social Care from early in their life. This child had increasing amounts of social care involvement as they reached their secondary school age progressing through Child Protection Plan to a few months as a Child in Care before dropping down to a Child in Need Plan. This period coincided with a short time of Elective Home Education and then the start of Alternative Provision Services.

The timeline shows the pattern of children's social care involvement dropping off in Years 10 and 11 but the latest data in the timeline suggests that those contacts with social care are restarting around the current time. It may be that the issu-

ing of the EHCP (primary need – SEMH) at the start of this period, along with the support from Early Help and APS involvement was sufficient for that period.

The attendance in both Y10 and Y11 was extremely poor and there was no recorded attainment for this young person. They only had just over 1 full year in a mainstream secondary school.

Child B– SEN Support Sample Group – 2 areas of intersectionality in 2021/22 (Education and Children's Social Care)

Gender	Ethnicity	Disabled?	Current UASC	Current CLA	Ever CLA	Current Care Leaver?	Care Leaver Eligibility	Current EHCP Status	Current FSM Eligible	NCY	School Attendance 2020	School Attendance 2021	KS4 Attainment 8 Score	Number GCSE 9 to 4 Passes
Male	D3 - Any other Black background	N		N	N	N			N	12	94.0%	68.7%	24.34	0
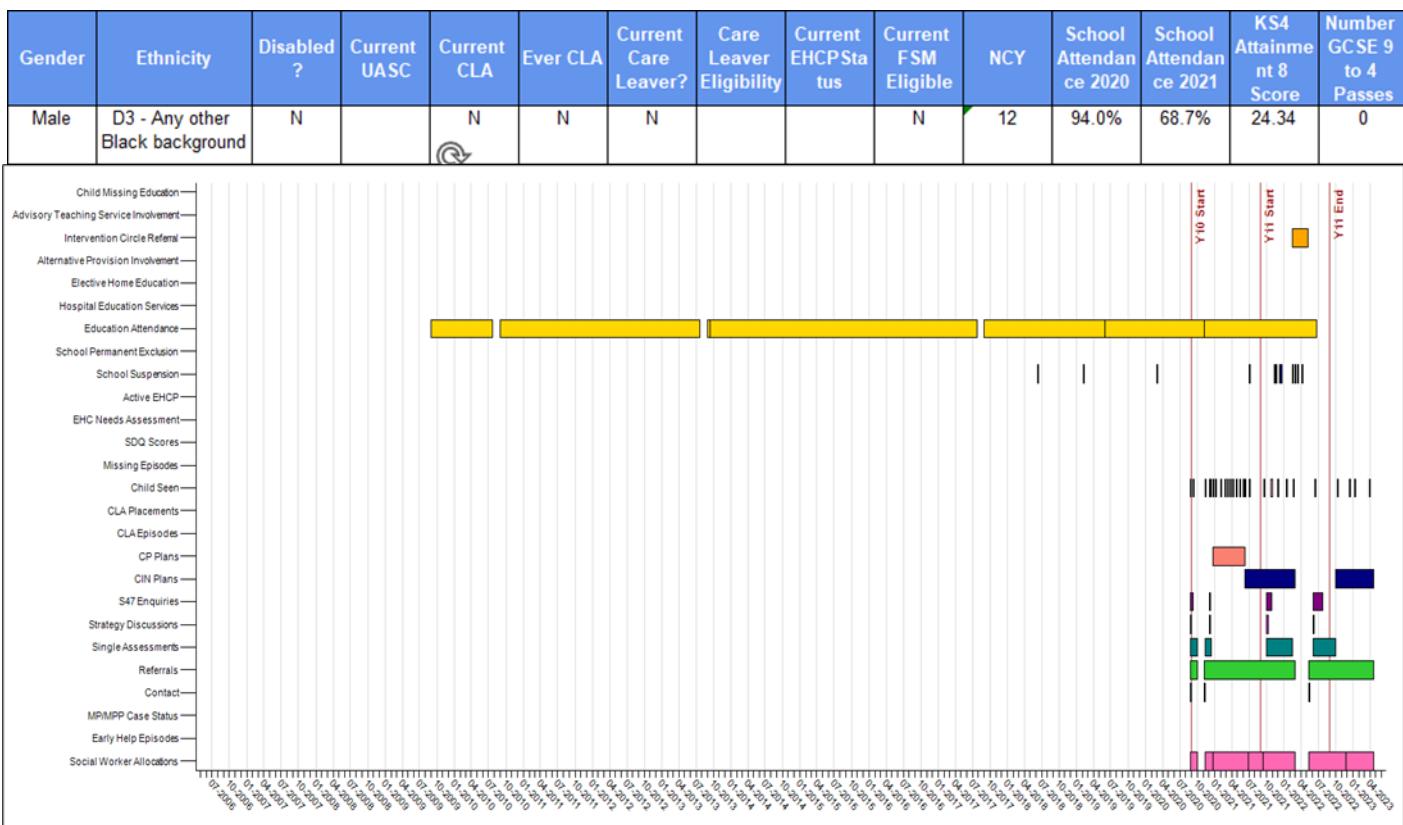
Child B had a number Fixed Term Exclusions totalling 5.5 days during the first few years of secondary school. During that period they attended 2 different mainstream schools. Within the first term of Y10 there was a change of school and the start of involvements from Children's Social Care. It is interesting to see the pattern of fixed term exclusions and changes in school placement perhaps being an early indicator of additional support being needed.

The child had a Child Protection Plan during Y10 which dropped down to a CiN Plan in the middle of Y11. All CSC involvement then stopped but with overlapping support from involvement from the Intervention Circle. Two days after that involvement ceased, children's social care support rapidly started again leading up to a CiN Plan again starting just after the end of Y11.

During Y10 and particularly Y11 the volume of Fixed Term Exclusions increased with the child missing 17 days through suspensions between November and April of that year. Attendance that had been good in Y10 became very low for Y11. Attainment at the end of KS4 was 10 points below the average for a child with SEN Support.

The cluster of involvements and interactions is very striking for this child, there was a lot happening for the child and family in a relatively short space of time.

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Gender	Ethnicity	Disabled?	Current UASC	Current CLA	Ever CLA	Current Care Leaver?	Care Leaver Eligibility	Current EHCP Status	Current FSM Eligible	NCY	School Attendance 2020	School Attendance 2021	KS4 Attainment 8 Score	Number GCSE 9 to 4 Passes
Female	A1 - White British	N		Y	Y	N			N	12	35.6%	40.4%	43.69	1
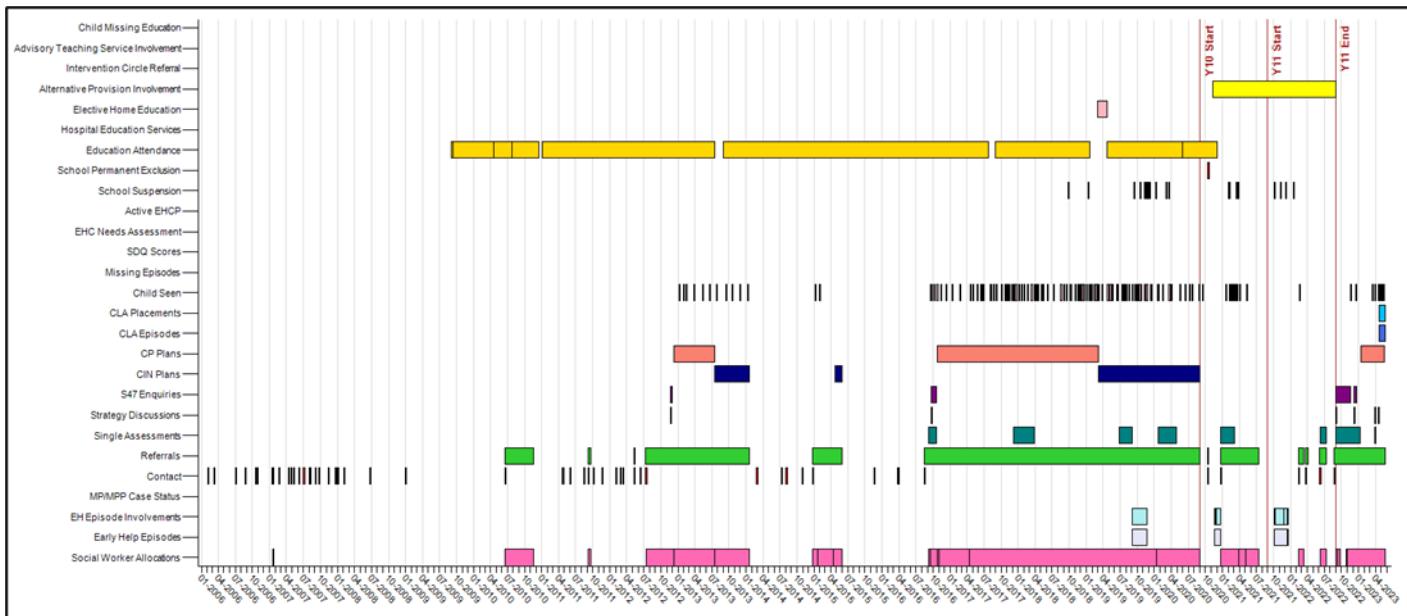
There were a large number of contacts into Children's Social Care in Child C's early years. Since starting primary school there have been 6 open referrals with four of them resulting in either a CiN or Child Protection Plan, and the latest one (since the end of Y11) also including a Period of Care.

Alongside the social care involvement, Child C has experienced considerable disruption in secondary school education with a short period of EHE and move to a new mainstream school following a couple of fixed term exclusions in Y8. There was another series of suspensions in Y9 followed by a permanent exclusion at the start of Y10. The remainder of the exam years were spent being supported by Alternative Provision, where more suspensions occurred. In total Child C had 55 days out of education from 22 separate suspensions during Y8 to Y11!

Once again though it is interesting to note the change in social care pattern in Y10 and Y11.

Support is stepped down to Early Help at the start of Y10 but then over the two years it moves back and forth again to Children's Social Care but never escalates to anything more than a Single Assessment. However, at the end of Y11 the support from Children's Social Care increases again relatively quickly.

The pattern of fixed term exclusions is notable. They appear to increase in the periods when support from children's social care has reduced. While there were only a couple during the Child Protection Plan, they are much more frequent when on the CiN Plan and during the periods where there was no support from statutory services.

Child C's attendance during the exam years is very poor and her attainment is around 9 points lower than the national average. She only has one GCSE pass recorded between grades 9-4.

Gender	Ethnicity	Disabled?	Current UASC	Current CLA	Ever CLA	Current Care Leaver?	Care Leaver Eligibility	Current EHCP Status	Current FSM Eligible	NCY	School Attendance 2020	School Attendance 2021	KS4 Attainment 8 Score	Number GCSE 9 to 4 Passes
Female	A1 - White British	N		N	N	N		Current EHCP	N	12	14.7%	43.9%	81.86	1
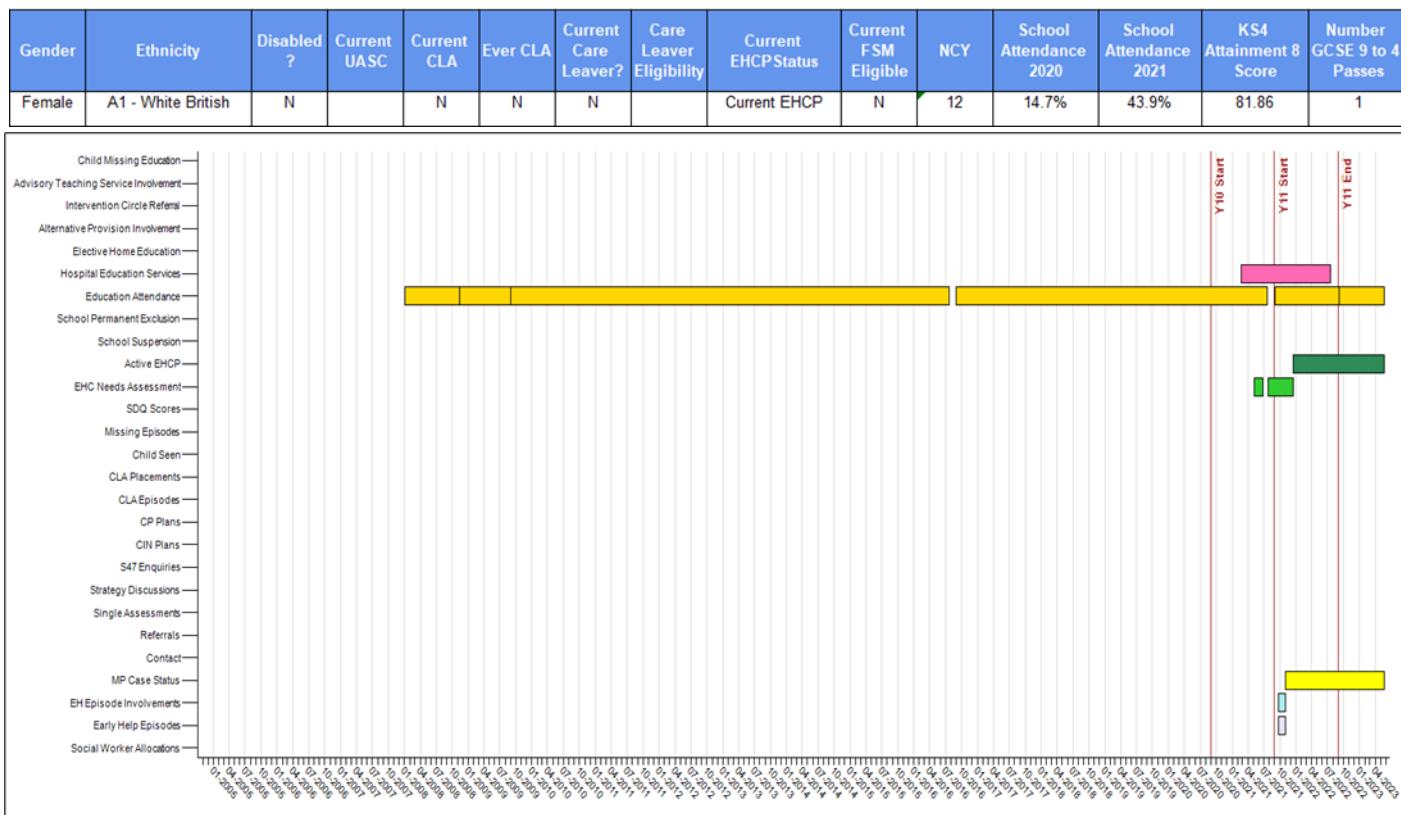
Child D had no significant education or social care involvement prior to Y10. Attendance for the year was extremely low and half way through the year Hospital Education Services started their involvement and a request was made for an EHC Assessment. The EHCP was issued in Y11 and support from Early Help started initially as an Episode and then with support from a My Plan.

Education attendance improved in Y11 and Child D went on to achieve a KS4 Attainment Score significantly higher than the national average both for young people with EHCP support and without any SEN need. Her base placement was one of Gloucestershire's grammar schools so it is likely that Child D was on target for higher than average grades. The low number of GCSE grades 9-4 may suggest that she may have achieved even more without the impact of the additional SEN and resulting involvements that began in Y10.

Pathway analysis data is available to both children's social care and education directorates, but mainly in siloed systems. Some work has been done to connect these (e.g. vulnerable children's dataset) however, it is recommended more focus is put on looking at the child holistically and understanding all factors and involvements.

Impact on workforce

Right people in right place

There is a view that the variety of needs seen require different skill sets from support workers and also that children and young people with different needs require a more bespoke support plan (timelines). For example GHC are splitting the pathway for children with neurodiversity (ASD/ADHD) and those with mental health issues

'*We are splitting up neuro away from mental health alongside some national movements because particularly with some of the young people, stories that we're being told by young people are that you do need a separate skill set in many ways, and there's been a lot of chatter within the service that we can't expect some people working in mental health to know everything, from anxiety to eating disorders to psychosis to SEN. Also there is a particular way of working with kids with neurodiversity needs so to me, I really do think they need it. You know they're battling with the isolation, the loneliness, the invisibility sometimes within the systems. It can be very different needs so I think that is really important.*'

There was a sense from professionals, schools felt ill qualified to support children with complex needs that encompassed SEN and mental wellbeing;

'*...there are a huge cohort with complex and multifarious difficulties allied to mental health, some of them about their neurodiversity, some of them about other things, completely. But these cohorts of young people, I think some teachers aren't sure about (how to approach supporting them) and they don't feel just listening to you talking about what to do makes them adequate to the task and knowing how to manage a huge and multifarious range of different needs.*'

Certainly where an educational establishment only made 1-2 EHCP requests per year, request process length was significantly more likely to be outside the expected timeframe (20 weeks) than those who did more than 2 requests in a year. This suggests SENCOs and staff who only make

EHCP requests rarely may need top-up training.

Capacity

The number of EHCP requests each year has increased by 176% between 2014/15 and 2021/22. Each EHCP request is worked on by a range of roles from initial request processing and allocation, through case formulation and decision making to checking decisions and reviewing existing EHCPs. The number of FTE officers allocated to each part of the process have remained fairly stable since 2016, with the exception of case formulation which saw a reduction in 2018 and has been rising since.

Staff recieving, processing, formulating and reviewing EHCP requests
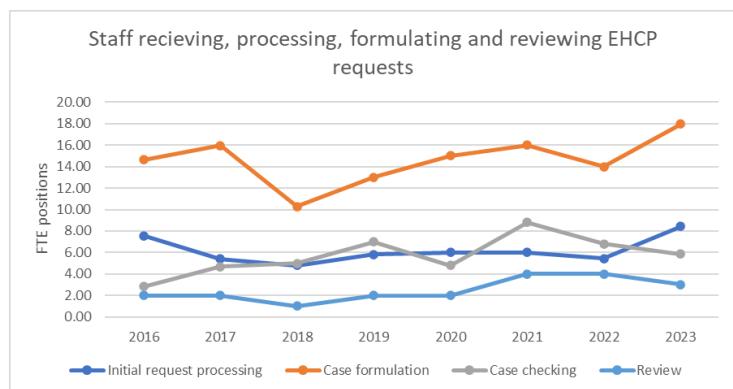
By using average working weeks for UK workers (36.3 per year) it can be extrapolated that in 2021 per worker/per week, (with the staffing levels given and the number of EHCP requests) 4 cases could be processed and allocated by the initial admin team, 1 case could be worked by the case formulation/caseworker team and 3 cases by the case checking team.

It is important to understand these tasks form only part of the EHCP teams workload and that following this analysis the team has been restructured to better meet demand on the team as a whole.

Turnover/churn

Pressure across the system can result in staff churn, programmes to restructure or re-align services can also lead to vacancies. This is not only leading to a lack of capacity but a reduction

in highly qualified, experienced workers which has consequences on the effectiveness of assessment, appropriateness of support and speed of the identification and agreement of need. This can also effect the workforce across multiple partner organisations by making them feel unconfident in their ability and reduce morale.

'we've lost quite a lot by senior staff through retirement and things like that ...We have a lot of vacancies because we've had a lot of developments which mean people have moved about... we've lost lots of experience, as well, haven't we and the EPs that I used to work for aren't around anymore so it's how we home grow our staff as well, and it is about their skills, but it's also their confidence that they can be confident in their decision making because so many people don't feel that the system's got their backs... we should be completely behind our staff and if things go wrong well that's a learning opportunity and there's no blame that we need to think about.'

Since 2020/21 the GCC part of the system has increased by approximately 10 FTE posts, these were in the EHCP Service. Whilst an increase in FTE posts is positive, it is not known how many of the remaining posts are the same professionals and how many are new to the post.

Professionals also noted the loss of a trusted adult in a child's life particularly one with SEN can be detrimental;

'I think that's another problem that sometimes there's churn in colleagues in systems because actually that's the way it often happens, that they build a rapport with somebody and then they disappear. And again, I think that's really important for children who don't feel safe anyway, that they need that safety of somebody who gets them and hears them, and then we can start on picking up again.'

Parents also commented on how staff turnover had a negative impact;

'EHCP – issues with higher turnover of staff and continuation of actions; caseworker left without completing task, and the delay in new caseworker (being allocated) resulted in my child not having a school place until last day of term and forced to stay at a school that say they can't meet need.'

Mental health

There is also clearly an effect on the mental wellbeing of staff currently in the system in part caused by ineffectiveness and systemic issues;

'... in terms of staff well-being, I would argue that our current system puts huge pressure on us ...we have nothing to offer, we're constantly having to go out and find solutions to problems where there aren't solutions... and that's not very nice and very stressful if I'm honest'

Feeling under pressure can have a physical and psychological impact on the workforce and can lead to sickness absence.

Whilst in comparison to the organisation as a whole long-term sickness in the service area is low (1.3 working days lost per FTE vs. 5.29 in GCC) in 2020/21 and 2021/22 three quarters of long-term sickness in the service area was for Stress and/or depression. The highest average working days lost due to long term sickness per FTE in the SEN Service area were 3.63 days in 2021/22 and 2.58 days in 2022/23 YTD. Some areas of the SEN Service have both seen an increase in the average days short term sickness per FTE between 2020/21 and 2022/23.

Sickness absence whether short or long term puts additional pressure on an already stretched service.

Impact on system

There are many interconnected parts of the SEN support system which impact each other. This is illustrated in the causal loop diagram below.

SEND – causal loop diagram
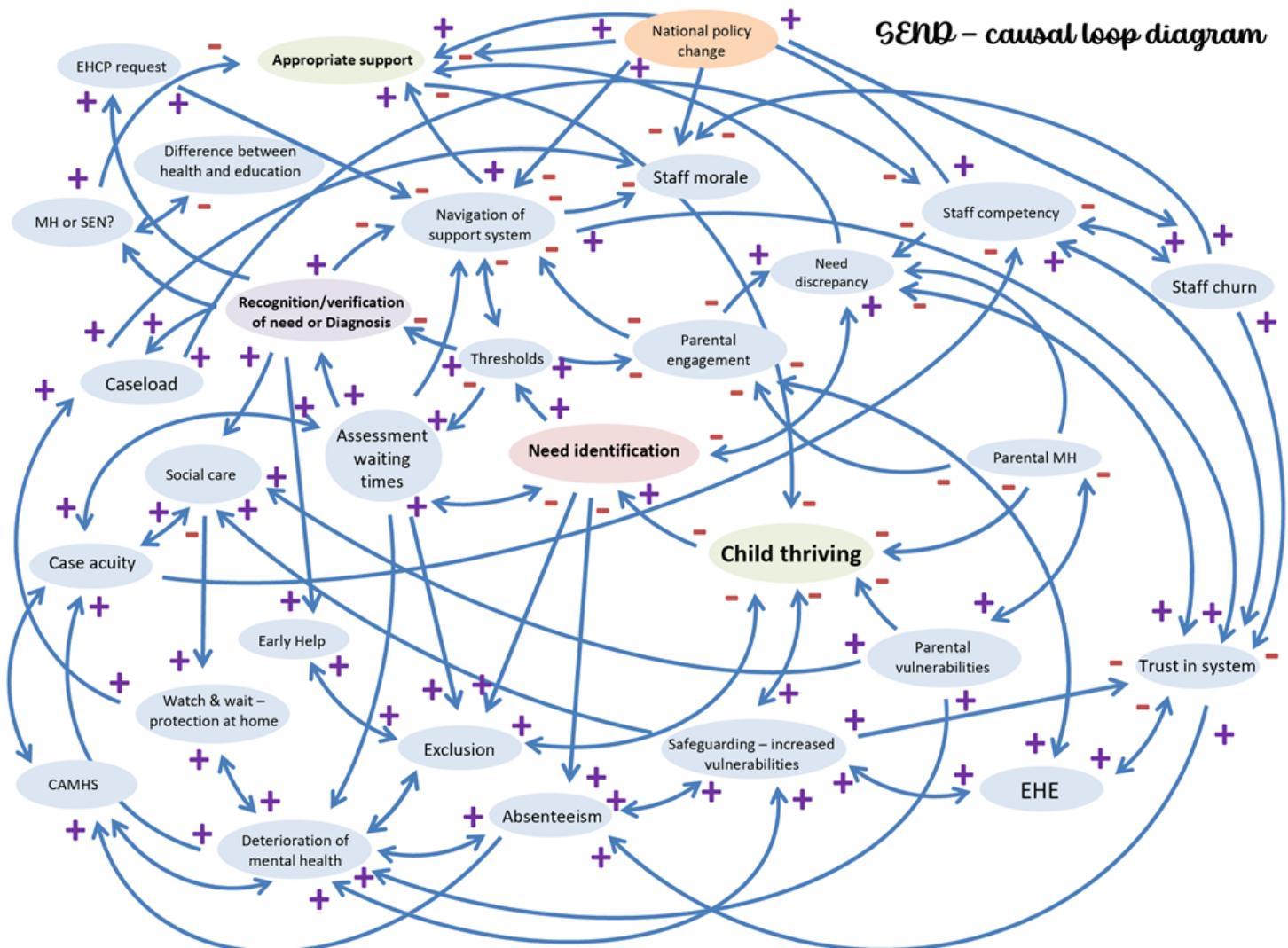
Pressures, bottlenecks and waiting lists

It's important to consider that some bottlenecks and pressures have been exacerbated by the current system structure and the way parents/carers and schools feel support is accessed;

'I think parent/carers often think a diagnosis = access to additional services and that's not always the case... this may drive the assessment model.'

The disparate nature of the current system led some professionals to comment:

"we've got so many work streams and so many pathways and so many things looking at different things, a lot of them not speaking to each other"

Waiting lists across the system particularly in more universal services is seen as adding to the assessment model. Increased numbers of children and young people being sent for assessment but a fairly static workforce size has contributed to a bottleneck in processing EHCPs, which also leads to increased waiting lists for assessment by Educational Psychologists.

In the winter of 2022/23 there was a waiting list of around 400 young people waiting for assessment and treatment on the neuro-diverse pathway of

CAMHS.

'...we all know that the neuro wait list is about two years, isn't it? Currently at the moment, so what that means for a young person is they've got to wait for two years. We need to get in there early and respond.'

One professional discussed bottlenecks being created by different parts of the system not working together in reality;

'I think they're still very much working in silos. This is my bit. I do me. You do you, maybe we can agree at some point in the future, you know we'll do our bits and we'll put those bits together. But we're not working together to create a holistic plan. It's because that's not my skill set. You do your social care bit you do your health but I do my education bit and then we just put more together and we'll call it an Education, Health and Care Plan. But it's almost like 3 plans you put in one document in essence. So yeah. I think there's a long way to go with that'

There was also discussions about gaps in the current system, especially a low-mid level of support that was having a greater impact on the acute parts of the system;

"But the problem we have is I think we're shoving everything into the statutory route now because there's such a gaping hole in our preventative Early Help support and what we're doing is we're spending a huge amount of money, I mean, I don't know whether it's gone up, but you know, if you take the average it'll cost £5000 to go through the process of an EHCP... that's a lot of money when you look at the kind of numbers. "

'...because our systems are set up that you only get the statutory service in crisis. We end up waiting for this crisis to happen '

Length of EHCP assessment period

The statutory length of time given for an EHCP assessment is currently 26 weeks, split between an

Days between EHCP request and award

initial 6 week period when the request is accepted/not progressed then a further 20 weeks when investigation and evidence gathering takes place to enable the formation of an EHCP. In 2022 only 29% of EHCP requests were completed within the 20 week statutory window.

This has been in decline, this may be due to the workforce capacity being reduced due to growing numbers of requests; or assessment thresholds changing meaning cases are more complex by the time they get to assessment.

Assessment delay can have a significant impact on children and young people as needs can deteriorate leading to increased acuity and complexity. Delays in any part of the system often have a knock on effect of putting pressure across other dependent parts of the system.

Local data suggests children and young people with an EHCP or SEN support were more than twice as likely to have a CAMHS referral than those with no SEN (OR 2.4 and 2.6 respectively).

For just over a quarter of these their EHCP came before the CAMHS referral, the remaining three quarters had a CAMHS referral before their EHCP was granted. The vast majority had a CAMHS referral less than 18 months before their EHCP was granted. The current average length of EHCP request is around 200 days, 27% had their referral to CAMHS within 200 days of the EHCP date, suggesting the referral occurred during the EHCP request period. It appears children and young people with a delayed EHCP request were 30% more likely to have a CAMHS referral than those with a timely EHCP request, although this wasn't statistically significant in the test cohort.

Children and young people with a delayed EHCP request were also more likely to have multiple referrals to CAMHS (OR 1.4), but again in the test cohort this wasn't statistically significant. Multiple referrals may be due to a referral being closed as unsuitable or because the support provided is signposting or short in duration, but multiple referrals will have an impact on the capacity of the system, both in compiling the referral and assessing it once received. Multiple referrals also suggest a chronic misunderstood need or misunderstanding of services.
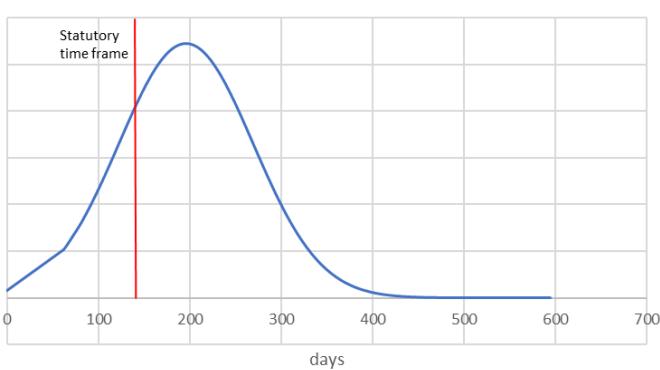
Children and young people with ASD and SEMH were the most likely to have had multiple referrals to CAMHS, this may be due to a conflation of behavioural and mental health needs or inferred mental health needs.

Sufficiency issues

Sufficiency is seen as a major issue by professionals;

'I've been working with a couple of families with children who are not attending school just recently, and inevitably the conversation with the parents particularly (moves towards) the child's not in school because they can't cope with the large classes. They need to be in a smaller school, they need an EHCP to do that and we know that the special schools are completely overwhelmed, there are no places.'

Funding

Funding insight is under review

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LocalGov.co.uk - Your authority on UK local government - Council-maintained schools perform better than academies, report finds

National policy and academisation

Following the 2010 general election, the Conservative-led Coalition Government enacted the *Academies Act 2010* which provided a bespoke statutory mechanism for maintained schools, both primary and secondary, to be forced or allowed to 'convert' to academy status. However, a new study carried out for the Local Government Association (LGA) has found that 92% of council-maintained schools were rated outstanding or good by Ofsted as of 31 January 2022, compared to 85% of academies that were graded since they converted.

One issue of academisation highlighted by local professionals was that academisation had led to individual schools trying to commission support services when previously this had been co-ordinated at county level and this led to an unequal level of support across the county as many schools couldn't afford to commission in isolation.

In Gloucestershire 1 in 3 schools have converted to academy status between 2010 and 2022 (an additional 3 have notified GCC they will convert this academic year), however this masks a large disparity between primary and secondary phase schools; 1 in 4 (26.6%) of primary schools and over three quarters of secondary schools (82.9%)

One professional commented;

'I think it, I mean it came about when the government made the changes (to funding) and they took the money from the Local Authorities and they gave the money to schools so there was a big push to save schools money and our commissioning because (now) schools commission their own things. But then what's happened over the years is the needs are there, the needs are on the increase schools can't commission or they're not commissioning on a scale, you know, every school commissioning something individually is just not economically sensible, is it? So schools, lots of schools do pay a lot of money, but they're not given enough money for the children in their school. They can't cover the costs and the Local Authority said, well, we don't have that money anymore, so we're

not going to (commission). ...and I think now we're in a position where we've got a legacy of we don't provide much for free because we're not expected to. But we kind of have to if we want to actually improve our children's lives. So I think someone needs to make a decision of, I don't know, take some money off the schools or something needs to be done to say, OK, we're going to provide these things for free because there's children, just so many children just sitting at home with nothing.'

It was suggested this led directly to the increased pressure on the acute part of the system as this was a free service. Some support is recognised to be more in demand in certain age groups, such as mental health support for all children and young people but particularly those with SEN increases in older secondary phase young people. It is therefore important to consider if academisation of particularly secondary schools in the county has resulted in increased pressure on the acute mental health part of the system;

'What is there that we can tap into and also what is there that we can tap into that doesn't cost a fortune because none of the schools have any money? And I think that's the other thing CAMHS doesn't cost the school money, but actually, if you're going to go and get a mentoring service, schools have to pay for it. So I do think we need to look at our systems and say if we want to take the pressure off the top end, we've got to provide some free things - commissioned things... That means that we're not constantly arguing with schools to say 'you need to do this' and they're saying 'we can't afford it'.... I just think that we're not providing at the lower level of things, but we are at the higher level, so therefore we push up, to get (support) in. The EHCP will give you some money, go to CAMHS. It's free, you know '.

Professionals were aware of the impact of national policy changes;

'...changes to Education policy, the Communities Act, you know, all sorts of things that you know, and then austerity on top and over this last 10 years, you've just really seen an incremental kind of negative impact or a challenging impact to the lives of children and families. And the professionals were desperately trying to do their best, but it just shoves people back into silos and it shoves people in to just trying to think more at a kind of rather than systemic level.'

Lack of clarity of support

The Children and Families Act 2014 and the subsequent 'SEND code of practice: 0 to 25 years', both included a strong emphasis on education, health and social care services working closely together to meet children and young people's needs, rather than as separate entities.

Professionals express the concern that support can be fragmented as there is no single clear support plan but instead separate support plans across different services;

'I think it's just that EHCP request, you know, we are still operating in a system that says education and healthcare plan. The health plan is actually stuck in mental health so children will have an EHCP and they will also have a CAMHS care plan, (if it's under CAMHS or whichever service it's under), and they'll have a social care plan probably as well - many of these children. It's not joined up and that's the whole point of the principle of EHCP to me, if only they just had one plan.'

Also that it was difficult to get agencies to work together;

'I think that commitment from Health is needed, but how do you ensure it because they work on these Episodes of Care, but how do you absolutely ensure that it is easy for schools to request support from Speech and Language Therapy, Occupational Therapy? You know it just needs to be very slick. If a child is having real problems with their ability to sit still or to hold pens, mark make, you know, or whatever it is that there is really clear guidance on what you can actually do to get somebody in if needed. '

Lack of accurate data and information

Professionals commented that the current data systems were not fit for purpose;

'I struggle with data because ...depending on how you pull the data, it comes up with different, literally different numbers, even in terms of casework for teachers... we're getting lots of data, but I'm not sure it's the data that we need or it's helpful to what I need to do. For me it's there, but so what?'

They also commented on how difficult it was to do effective reviews when documents ran to 10's of pages, had multiple cross throughs and were jumbled;

'I sat for it was I think I worked out 50 hours worth of work just to look at the paperwork ...but the documentation that we had supporting those requests was shockingly poor in terms of even when you get the Plans in places you can't work out. (the needs)'

And that schools were under extreme pressure that was not helped by poorly thought through data collection;

'Schools with no funding, with young people who can't get access to other services with parents who are in crisis with buildings that are falling down with heating, they can't afford. So they're trying, quite understandably, to save time and money wherever they can ...And then they're expected to complete and keep updating quite onerous sets of information'

Another reflected on previous data collection failures that had led to a distrust in the system and the data it provided;

'(Capita B2B)... is a little stream of information and data that comes through and it tends to be around attendance, exclusions, but it updates everything, ... but I remember (when the graduated pathway was introduced) ... that actually schools could include in that data whether a child had a My Plan or a My Plan Plus that would just start to break down the category of need and just be a little bit more specific and for a while I was under the impression that that was happening, and I

remember doing a lot of work through the SIMs team, and loads of schools were recording it. So they were following that guidance, and then I find that it wasn't actually coming through to the Capita system at all. So all these schools were doing it, they had set up new areas of their SIMs, if they were SIMs schools, adding this in and kind of being really helpful. And of course, it was going into a dustbin, a virtual dustbin effectively. And when I found that I was really quite cross and disappointed because I think fundamentally. The SEND system doesn't work because we're not putting in place really good holistic support as early as we could for all children, so it's a bit of a postcode lottery which is wrong, it should never be like that.'

It was also highlighted by parents that sometimes the route to access support (Front Door) they felt was inappropriate for children with additional needs and the information collected wasn't 'right' for those with additional needs and was more focussed on safeguarding;

'There is a low level of understanding about disability from staff at the Front Door, criteria is applied inappropriately.'

'(the) disability needs assessment was completed incorrectly, needs criteria not applied correctly. (I was) told my child wasn't 'disabled enough' ...'

Work looking at cohorts known to social care highlighted the Early Help cohort is made up of two distinct groups with differing reasons for contact and support; those with SEND and those with more generalised parenting needs or safeguarding needs. It would be of use to recognise this both in

the responses but also in the data collection.

There was some comments that data collection improvements were starting to be put into place particularly around collecting structured information from young people;

'(My colleague) collects data related to certain areas...not all just random open kind of questions, we're going to be moving more into...focus group discussion where you would have more qualitative and more in depth (intelligence)'

There was a large number of professionals that commented on the need to be able to share information more easily , create a single central record of combined data or create a digital process of accessing data across organisations;

'...a solution would be also Health, Education and Social Care being able to access their record keeping systems so we can join up our thinking at the earliest point '

Have we progressed any previous outcomes or recommendations

Previous documents used in this section to consider if GCC has made progress on outcome intentions were:

Gloucestershire's Joint Strategy for Children and Young People with Additional Needs, including Special Educational Needs & Disabilities (SEND) 2018-2021

High Needs consultation paper, June 2018 and subsequent Cabinet paper

Restorative Practice 5 year Plan 2019

SEND Strategy 2022-2025

By considering the 4 previous strategy and planning documents above there is an over-riding theme that all previous strategies are very similar, they talk about improving the same things through similar routes however there hasn't been material differences in the picture, in fact it's continuing to worsen.

Main points around improving outcomes for CYP include:

Reducing exclusions

Reducing behaviour incidents

Improving attendance

Improving academic outcomes

Improving transitions particularly readiness for adulthood

More representation from CYP in decision making

Main points about system and process change:

Embed graduated pathway, social care?

Streamline EHCP process

Redirect reliance on acute parts of the system

Embed Restorative Practice

Better engagement from CYP and families in the processes

Embed cross organisational working and data/information sharing

Health—Ready, Steady, Go programme

Main points around workforce:

Highly qualified professionals

Professionals that undertake continuous professional development (RP etc.)

Peer supported workforce

Better informed workforce - ensure all professionals are aware of the system processes and expectations

Stability in the workforce

Countywide ethos on SEND

Better connected through data—making better use of data and improving local area intelligence

The desired systemic changes have not taken place. It is still difficult to navigate, disconnected and there are significant pressures across the whole system. Children with SEN's outcomes are still significantly behind their peers.

There have been some successes:

- There has been an increase in needs identified in Early Years

- There has been better information available to parents.

- There has been the establishment of a new SEMH school in county

- Restorative Practice training has been un-

dertaken by 65 schools, a further 10 have been offered support and advice by the Restorative Practice team. And there is some evidence it has been embedded and is contributing to better experiences for children and young people who face exclusion, particularly those with SEND.

- The creation and engagement of the Parent/Carer Forum

Despite these ambitions and achievements, as previously stated

- The number of children requiring an EHCP has continued to rise, this might suggest more understanding of the graduated pathway is needed,

- there continue to be children identified late in primary school or into secondary school suggesting support is not in place early enough,

- exclusions have continued to rise, including those where a young person has SEN, suggesting Restorative Practice hasn't been fully embedded consistently, or applied holistically by schools in the county,

- we continue to have parental and professional feedback that the system is difficult to navigate, suggesting efforts to simplify it haven't come to fruition yet,

- we continue to have poor attendance levels for those with SEN, suggesting inclusion, access to flexible provision and appropriate placement allocation isn't embedded,

- there is increased pressure on special school placements and an increase in young people placed in costly out of county independent special schools, suggesting the provision in county isn't matching need

- children and young people with SEN continue to under-perform at all levels of attainment, suggesting the supportive curriculum isn't in place.

There is a need to set the focus, expectations and monitoring of the current strategy

National government have also committed to changing systems and improving the SEN experience and outcomes, as explained earlier in the document many of these issues are seen across the country and are certainly not unique to Gloucestershire. The key reforms national government are committing to are:

New standards framework—*This will give families and providers clarity, consistency and confidence in the support that is ordinarily available, in order to be responsive to children's needs. With these expectations, and improved mainstream provision, more children and young people will receive the support they need through ordinarily available provision in their local setting. Fewer will therefore need to access support through an Education, Health and Care Plan (EHCP).*

Standardised EHCP—*Standardised EHCPs will reduce bureaucracy in the system; and alongside this publication, we are approving a tranche of applications from local authorities to open new special free schools in their area.*

Reform alternative provision to interact better with SEN system as majority of children attending have SEN needs

Increasing funding– *...extra funding will help local authorities and schools with the increasing costs of supporting children and young people with SEND. It is clear, though, that more needs to be done to support and stabilise the system, as we deliver systemic changes to ensure we have a sustainable and effective system that delivers better outcomes for children and young people and improved services for families.*

Reimagining the SEN experience

How do we change the trajectory?

The **SEND Strategy 2022-25** sets out some broad and ambitious aims however it is important to recognise to effect meaningful change it is likely to be more beneficial to focus on specific areas for improvement, increase the intensity of resources in these areas, and set robust performance measures.

The strategy sets out 3 key priorities:

- Communication that is timely and informative

- Access to support when it is needed

- Outcomes that are ambitious and achievable

Measuring change will be important to enable robust assessment of interventions and programs, and effective tracking of progress towards the ambitions set out in the SEND Strategy 2022-25.

An important step to achieve this will be

improving the data quality,

accessibility, linkage and data integrity within the Education directorate generally.

Work has begun to **digitalise the EHCP process** and this will help address some of the issues highlighted in this report, enable a better understanding on what is driving these issues and help GCC respond to them.

Health partners and parents/carers have been allowed access to the digital EHCP . This will help **create single point of reference - One Child, One Record, One Plan**, thus having a shared collaborative document rather than many support plans held by different agencies. This has also been beneficial in enabling transparency and co-production.

Funding data should be standardised and brought into a system that allows linkage with other datasets, such as Capita or liquid logic.

It would be beneficial to better **capture and link the activity of support services** in one place, this has been partially achieved by the creation of the Vulnerable Children dataset, however more could be done to enrich the picture and share the knowledge with other professionals.

It is important to set-up a robust way to **capture more 'voice' of SEN children, young people and their families**, this should be in a systematic way as well as ad-hoc to allow for regular, consistent analysis.

It is recommended to **undergo a thorough review of data, information and knowledge provided to the service** so ensure it is useful, relevant and meaningful for professionals and decision makers, and move away from a 'data for data's sake' model.

To better track progress of the strategy's intentions it is recommended to **engage the Performance and Improvement Team** to help shape the ongoing strategy review work, support the production of specific, measurable, attainable, realistic, timely (SMART) KPIs and drive change more generally in the service. Rigorously assess

performance using data driven intelligence.

There appears to be a need for greater focus and commitment to embedding the message with mainstream settings that

SEN is everyone's business.

Encouraging all professionals who work with children to feel confident identifying there is a need that requires assessment; understand the effect of SEN on all aspects of a child's experience; and how SEN can be linked to other challenging life experiences.

There needs to be greater effort to

reduce inequalities

in identifying need and accessing support.

This is particularly important for girls; children and young people from ethnic minority groups but particularly those Black/Black British and Mixed ethnicity children; and young people from minority sexuality and gender populations.

It is recommended a further focus should be placed on

continuity of care,

including between agencies and especially at transition points; starting school, moving to juniors, transferring to secondary school, preparing for adulthood. It is also important to recognise the impact on support transitions; Early Years services to education services, escalating to more acute services e.g. mental health, APS, child to adult social care etc..

Shift the narrative with children and young people with SEN from what they can't do, towards a

strengths based approach

of celebrating achievements, progress and future aspirations.

It will be especially important to influence the mindset of parents and carers, to help embed this message.

Recommendations from professional discussions

Improve the experience for SEN children, young people and families

1. Provide a service provision that is easier to access to address needs in a more timely way

2. Provide a low to mid level provision to support CYP without the need to escalate up

3. Provide more support to enable integration in mainstream settings

4. Treat the need not the diagnosis

5. Combine support plans to produce one clear plan for each child - One child - One-Record - One Plan, that is available to all stakeholders

Improve the workforce experience

1. Provide additional training for teachers universally to help with behaviours of CYP with SEN

2. Upskilling TAs across the county to be fully supporting the curriculum (subject specific particularly in secondary)

3. Using data and information to support impact analysis that is contextualised and presents a richer and realistic picture.

4. Create an Education, Health & Social care joint record for each child so professionals in organisations across the system can access all the contextual intelligence around a child

Improve the system efficiency

1. Build fluidity into the system to allow for 'pivoting' to meet changes in need

2. Simplify the pathway so professionals, parents and young people can navigate it successfully

3. Review gateways/ thresholds—are they necessary

4. Understand the increasing diagnostic requests and increase confidence in a needs led approach

5. Consider a true all age (0-25) SEN/LD provision particularly focussing on developing the services and support offered from Y9 onwards looking towards next steps and transitioning to adulthood

6. Invest in increasing specialist placements in the county

7. Consider suggesting to academy schools the use of a combined support budget for more efficient and cost effective commissioning of holistic support services such as wellbeing activities

8. Consider more strategically linking prevention with ACEs work to help prevent environmentally influenced SEN

Reimagining the SEN experience on a page

Strengthen inter-organisational collaboration

Clear support pathway

One Child One-Record One-Plan

Tailored teaching

Early measuring and identification of needs

Meaningful use of data and intelligence

Upskill parents and workforce

Child-centred approach

Acknowledge progress rather than attainment

Clear and dedicated transition support

Trauma-informed, thrive behaviour management

Continuous review of achievements and challenges

Strength based approach

Acknowledge and support with wider factors

Hear the voice of the child and respond

Adaptable pathways

Consistent SEN trusted adult advocate

Equality in identification and support

Glossary of terms

Special Educational Need categories

ASD - Autistic spectrum disorder

HI - Hearing impairment

MLD - Moderate learning difficulty

MSI - Multi-sensory impairment

NSA - SEN support but no specialist assessment of type of need

OTH - Other difficulty / disorder

PD - Physical disability

PMLD - Profound & multiple learning difficulty

SEMH - Social, emotional and mental health

SLCN - Speech, language and communication needs

SLD - Severe learning difficulty

SPLD - Specific learning difficulty

VI - Visual impairment

Other terms

ACEs - Adverse Childhood Experiences

APS - Alternative Provision School

ASC - Adult Social Care

Attainment 8 - A national measure of attainment reached by the end of KS4 (GCSEs); sum of top 8 grades

ATS - Advisory Teaching Service

CAMHS - Child and Adolescent Mental Health Service

CAPITA B2B – data collection system used by education settings and the LA

CiN - Child in Need (a statutory status used in CSC)

Cis gendered - identify with the gender assigned at birth/ biological sex

CSC - Children's Social Care

CYP - Children & Young People

DBV - Delivering Better Value Programme (national initiative)

DCYPS - Disabled Children & Young People Service

DfE - Department for Education

EHCP - Education, Health and Care Plan

EHE - Elective Home Education

EYP - Early Years Practitioner

FSM - Free School Meals

FTE - Full Time Equivalent

GCC - Gloucestershire County Council

GCSE - General Certificate of Secondary Education

GLD - Good Level of Development (measure used at the end of Reception)

IMD - Index of Multiple Deprivation (a measure of relative deprivation for small areas)

KPI - Key Performance Indicator

KS1, KS2 etc.- Key Stage 1, Key Stage 2 etc. (nationally recognised education stages)

LA - Local Authority

LGA - Local Government Association

LGBTQ+ - Collective term for Lesbian, Gay, Bisexual, Trans, Queer (sometimes questioning) and other sexualities and gender expansive community

NCY - National Curriculum Year

NEET—Not in Education, Employment or Training

NQT - Newly Qualified Teacher

OOC - Out of County

PSHE - Personal, Social, Health & Economic Education

PTSD - Post Traumatic Stress Disorder

PWS - Pupil Wellbeing Survey

RWM - Reading, Writing & Maths

S47 enquiries - Safeguarding Child Protection enquiry

SDQ - Strengths & Difficulties Questionnaire

SEN2 Census - an annual statutory return including CYP GCC is responsible for in relation to an EHCP

SENCO - Special Educational Needs Co-ordinator

SEND - Special Educational Needs and Disabilities

SEN support - support given through a My Plan or My Plan+

TA - Teaching assistant

UPN - Unique Pupil Number

VCS - Voluntary, Community Service