

Bolton Special Educational Needs and Disability Joint Strategic Needs Assessment 2020

Contents

1. Introduction	2
2. Bolton population, context and health needs	3
2.1 Population size and structure	4
2.2 Population change	5
2.3 Ethnicity	7
2.4 Health of 0-25s	8
3. SEND population	12
4. Changes in SEND population over time	14
5. Needs of children and young people with SEND	16
6. Identification of need by health diagnosis	18
7. Residence of children and young people with SEND	18
8. Early years inclusion support funding	19
9. Location and setting of education for pupils with SEND	21
10. Educational outcomes	21
11. Short breaks	28
12. Evidence from parents, young people and children	29
12.1 Parents and carers' areas of concern	32
12.2 What makes a positive SEND journey?	33
12.3 Ideas for change	34
13. Recommendations	35

A Working Group (including members from Bolton Council, Bolton Clinical Commissioning Group and Bolton Parent Carers) has developed this JSNA to focus on children and young people (0-25s) with Special Educational Needs and Disabilities (SEND).

Project Sponsor: Susan Cornwell, Head of Service for Children with SEN, Bolton Council

Lead Author: Lucy Vanes, Public Health Specialty Registrar, Bolton Council

Date: December 2020

Available at: www.boltonjsna.org.uk

1. Introduction

A Joint Strategic Needs Assessment (JSNA) is designed to pull together national and local data on a topic area to provide a picture and analysis of needs that can then be used when developing strategy, planning and commissioning services. Although JSNAs are the responsibility of Public Health teams in local authorities, they examine the wider determinants of health and thus incorporate a range of data relating to the topic.

This JSNA will focus on children and young people (0-25s) with Special Educational Needs and Disabilities (SEND).

The *SEND Code of Practice: 0 to 25 years*¹ defines SEND as follows:

Special Educational Needs (SEN)

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

Disabled Children and Young People

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

¹ Department for Education and Department of Health and Social Care (2014) *SEND Code of Practice: 0 to 25 years*. <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Areas of SEN

There are four main areas of special need:

Cognition and Learning Needs

This includes children who have difficulty with learning, thinking and understanding or who have developmental delay. They may have features of moderate, severe or profound learning difficulties or specific learning difficulties (dyslexia and dyspraxia).

Social, Emotional and Behavioural Needs

Pupils with social, emotional and behavioural needs cover the full range of ability and severity. Their behaviours present a barrier to learning and persist despite the implementation of an effective school behaviour policy and personal/social curriculum. They may be withdrawn or isolated, disruptive and disturbing, have immature social skills or present challenging behaviours.

Communication and Interaction Needs

This includes children with speech and language difficulties and disorders and autistic spectrum disorders including Asperger's Syndrome.

Sensory and/or Physical Needs

This includes children with a range of significant visual or hearing difficulties and children with physical disabilities which impede their learning in school and their ability to take part in the curriculum.

Some children will have needs in more than one area. When a child has very significant difficulties falling into a number of these areas, then this child may be described as having complex needs.

2. Bolton population, context and health needs

The following section provides a high level introduction to the demographics of Bolton as a whole, with more specific information for the SEND population contained in the section after.

2.1 Population size and structure

Bolton has a resident population of 287,550², whereas the GP registered population is higher at 312,873³. The Bolton population forms 4% of the population of the North West region as a whole, and 10% of the Greater Manchester population².

The average age of the population in Bolton is slightly younger than England and the North West averages (38.9, 40.0 and 40.3 years respectively). The population distribution is on the whole similar to the national profile, although a greater proportion of Bolton's population is aged under 14 compared to England as a whole². Figure 1 shows Bolton's population distribution by five-year age bands and sex, compared with England.

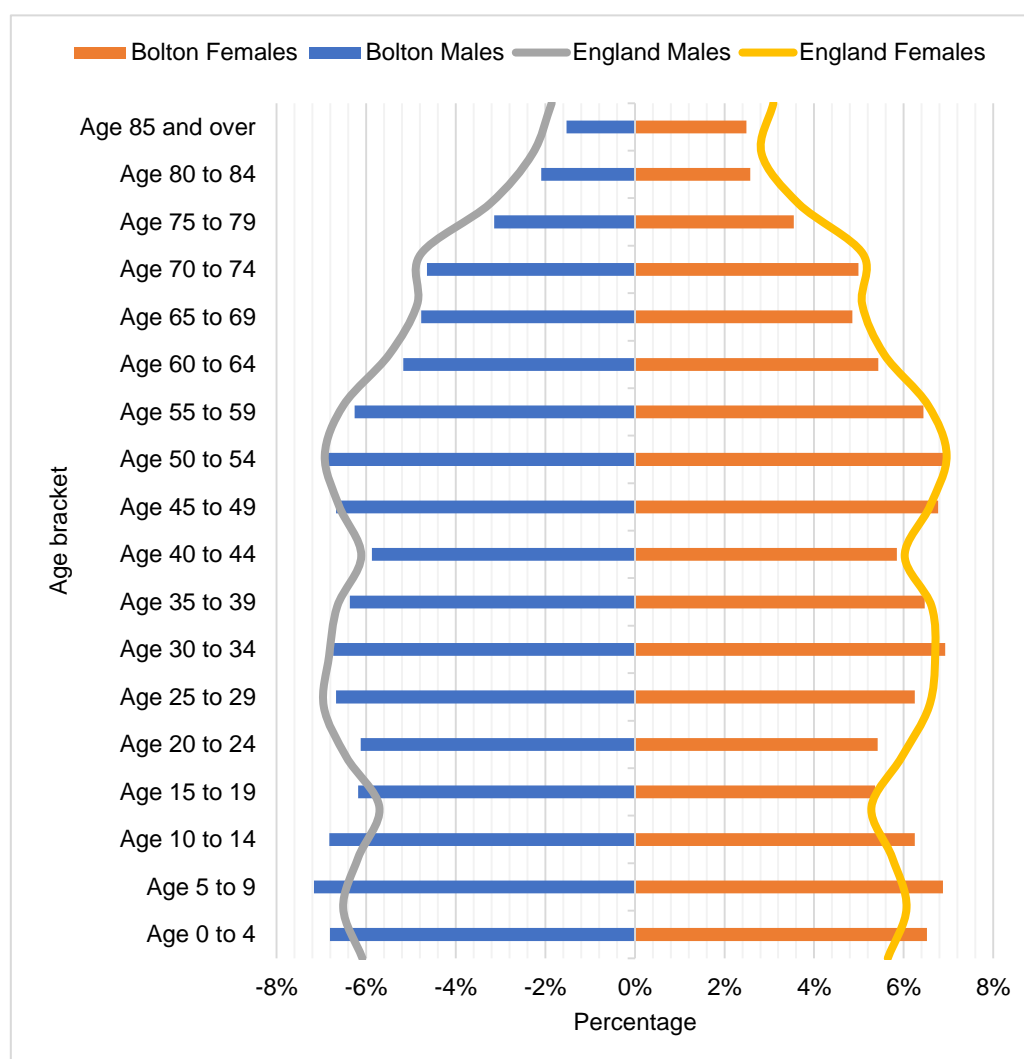


Figure 1: Population structure by age and sex in Bolton compared with England⁴

² Office for National Statistics (2020) *Dataset: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid 2019: 2020 LA boundaries. Table MYE2.* <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland>

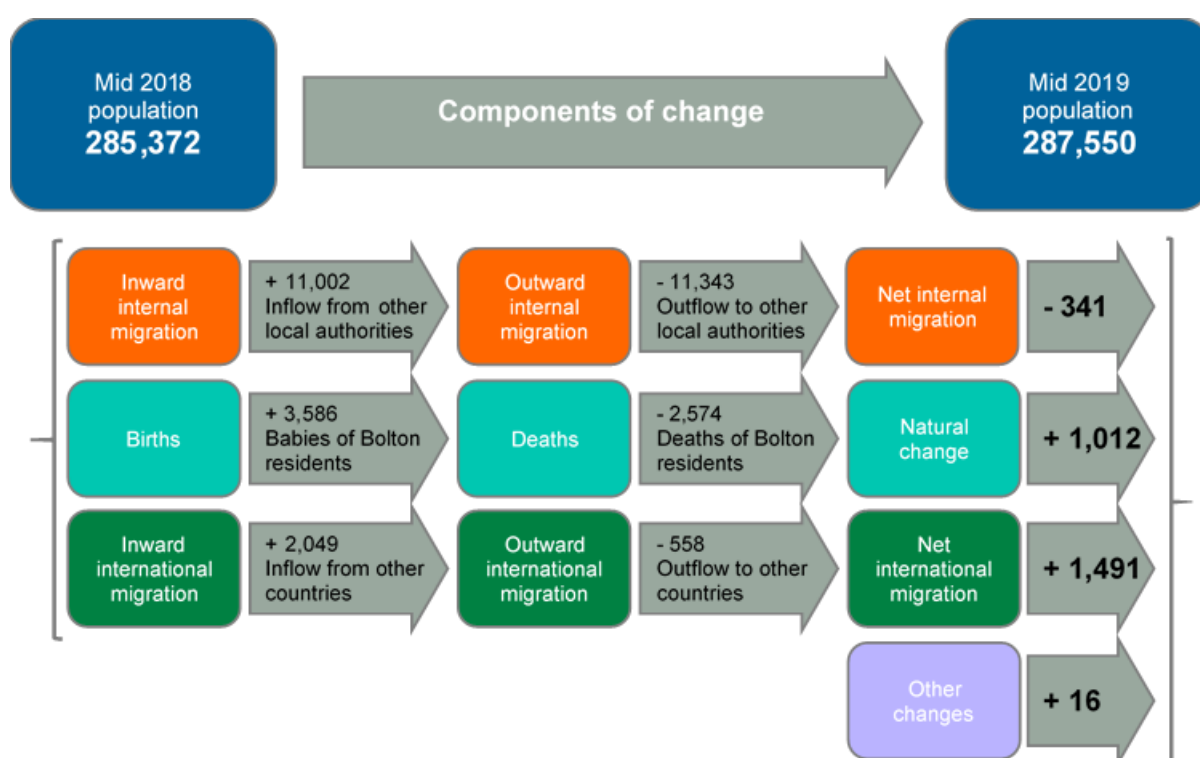
³ Public Health England (2019) *National General Practice Profiles (supporting indicators) – total list size 2018/19.* <https://bit.ly/3cGgCY5>

2.2 Population change

The resident population in Bolton has increased by an estimated 5% in the last 10 years from 273,049 in 2009. This is a typical value for Greater Manchester, but some way behind Manchester and Salford which have seen the greatest population growth at 12.5% and 11.6% respectively.

Population change is determined by trends in the number of births, deaths and net migration into and out of the borough. Figure 2 shows the components of population change between mid-2018 and mid-2019. In those 12 months, the biggest components of population change were international migration, with 2,049 people moving to Bolton from outside of the UK, and over 550 moving out of the UK from Bolton, giving a net gain of around 1,500.

Figure 2: Bolton population - components of change, 2018-2019²



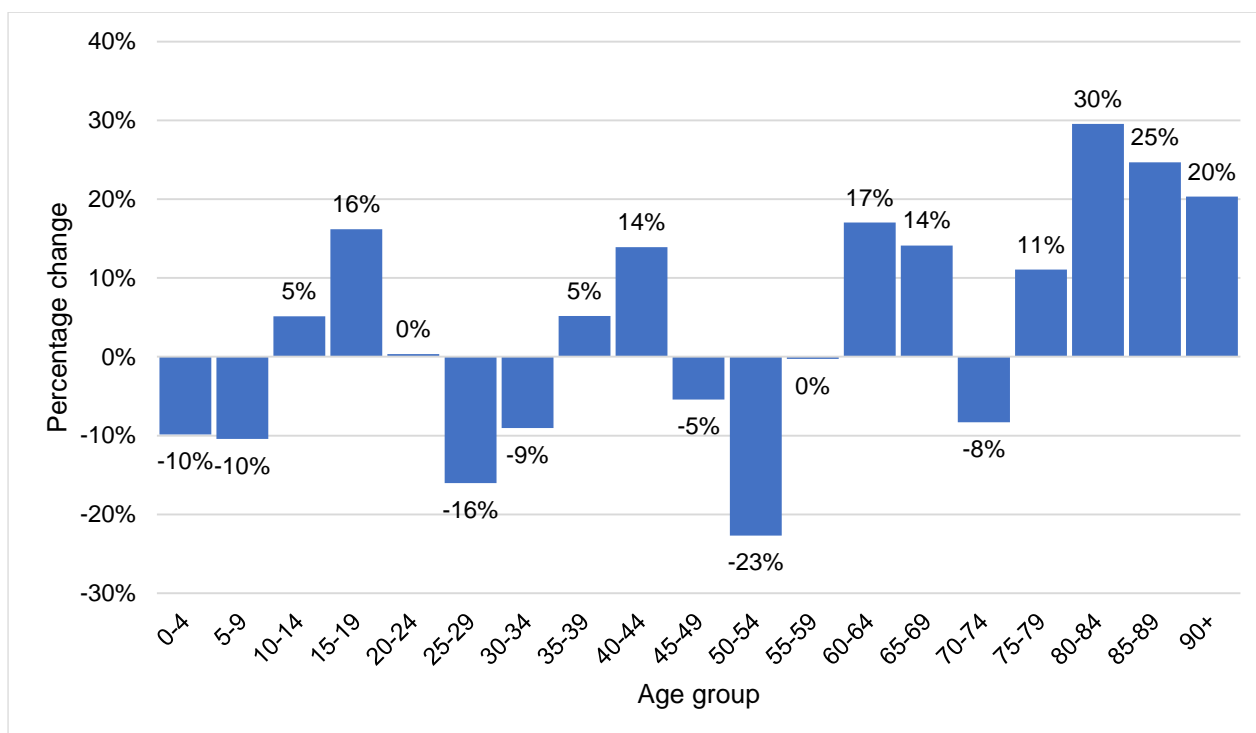
Over the next ten years, the highest projected population increases are expected amongst 15-19 year olds and the over 60s⁵. Reductions are anticipated in the proportions aged 0-9, 25-34 and 45-54 (Table 1 and Figure 3).

⁴ NOMIS (2018) *Population estimates – local authority based by five year age band*.
<https://www.nomisweb.co.uk/datasets/pestnew>

⁵ Office for National Statistics (2019) *Dataset: Population projections for local authorities*. Table 2.
<https://bit.ly/2HBym8H>

Table 1: Past and estimated future population change by age in Bolton⁵

Age group	2019	2024	2029	Change between 2009 and 2019 (numbers)	Change between 2009 and 2019 (%)
0-4	19,003	17,625	17,301	670	3.7%
5-9	20,160	19,617	18,256	3596	21.7%
10-14	18,697	20,296	19,705	742	4.1%
15-19	16,394	18,138	19,562	-1969	-10.7%
20-24	16,293	14,885	16,351	-1145	-6.6%
25-29	18,475	17,226	15,925	633	3.5%
30-34	19,432	19,048	17,822	2689	16.1%
35-39	18,403	19,634	19,405	-1342	-6.8%
40-44	16,849	18,447	19,571	-3898	-18.8%
45-49	19,268	16,666	18,277	-35	-0.2%
50-54	20,007	18,767	16,309	3333	20.0%
55-59	18,238	19,375	18,187	2642	16.9%
60-64	15,247	17,298	18,376	-1233	-7.5%
65-69	13,752	14,083	16,015	1258	10.1%
70-74	13,869	12,415	12,804	3679	36.1%
75-79	9,677	12,063	10,879	1931	24.9%
80-84	6,677	7,517	9,474	893	15.4%
85-89	3,724	4,314	4,942	99	2.7%
90+	2,032	2,168	2,550	603	42.2%
Total	286,195	289,581	291,709	13,146	4.8%

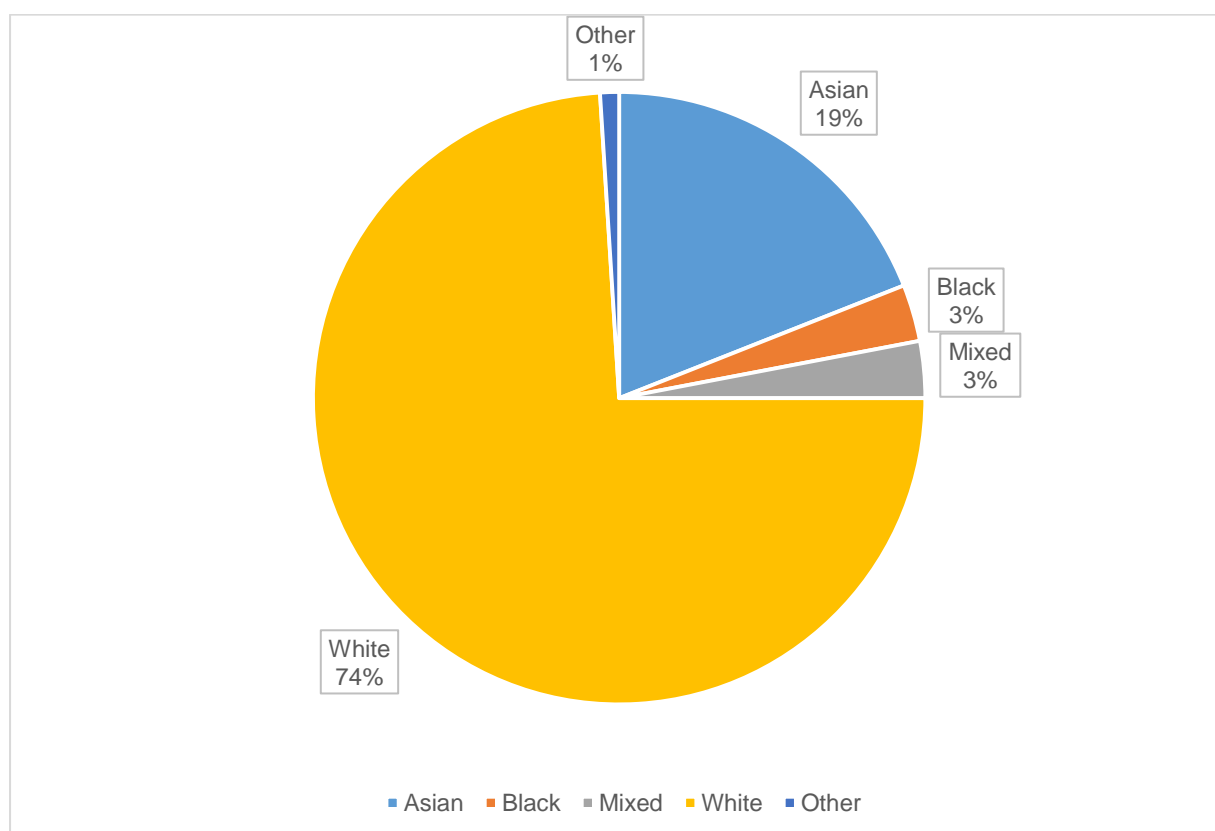
Figure 3: Projected population change between 2019 and 2029 by age group⁵

2.3 Ethnicity

The proportion of Bolton's population who are from a Black, Asian or Minority Ethnic (BAME) group is 21%, similar to Greater Manchester and the North West as a whole⁶. Population change is similar to the North West region with an increase of 10% in BAME people seen between the 2001 and 2011 Census. Bolton's BAME population is in general younger than the White British population.

Figure 4 shows the breakdown of the under 25s population in Bolton by broad ethnic group. More than a quarter (26%) of under 25s in Bolton are from a BAME group, with the highest proportion (19% of all under 25s) being Asian. 3% of under 25s are Black and 3% are Mixed ethnicity, with 1% of under 25s belonging to the Other group (including Chinese and Arabic ethnicities).

Figure 4: Percentage of under 25 population by ethnicity, 2011⁶



⁶ Census 2011 obtained from NOMIS (2013) *Table QS211EW - Ethnic group (detailed)*.
<https://www.nomisweb.co.uk/census/2011/qs211ew>

2.4 Health of 0-25s

It is not possible to disaggregate hospital admissions data for children with SEND, so the following data applies to the whole population of 0-25s in Bolton⁷.

Table 2 shows that admissions for viral infections have consistently been by far the most common reason for emergency admissions amongst the 0-25 population in Bolton. Taking the total across the years 2014/15 to 2019/20, respiratory infections appear to be the most common category for which 0-25s are admitted to hospital.

Table 2: Trend in emergency admissions (0-25 years), Bolton, 2014/15-2019/20

Top 10 non-elective admission by diagnosis type	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
Viral infection	662	672	738	775	752	610	4209
Acute bronchiolitis	328	317	393	382	375	366	2161
Acute upper respiratory infection	296	289	391	366	379	438	2159
Acute tonsillitis	353	329	321	343	346	302	1994
Unspecified acute lower respiratory infection	365	343	286	297	251	278	1820
Pain localized to other parts of lower abdomen	294	299	302	270	302	264	1731
Viral intestinal infection	205	187	253	229	213	165	1252
Asthma	193	203	201	180	154	159	1090
Other specified pregnancy-related conditions	119	157	168	132	145	136	857
Gastroenteritis and colitis of unspecified origin	109	161	158	115	148	131	822

Figure 5 shows that emergency admissions in the age group 0-25 are highest in the under 1s at more than 10,000 over the five years from 2014/15 to 2019/20. Numbers then drop off each year, stabilising around the age of 6, before starting to go up again in the late teen years onwards.

⁷ Tables 2 to 3 and Figures 5 to 7 are from NHS Digital's Secondary Uses Service. See link for more information: <https://digital.nhs.uk/services/secondary-uses-service-sus>

Figure 5: Numbers of emergency admissions in Bolton, by age (0 to 25), 2014/15-2019/20

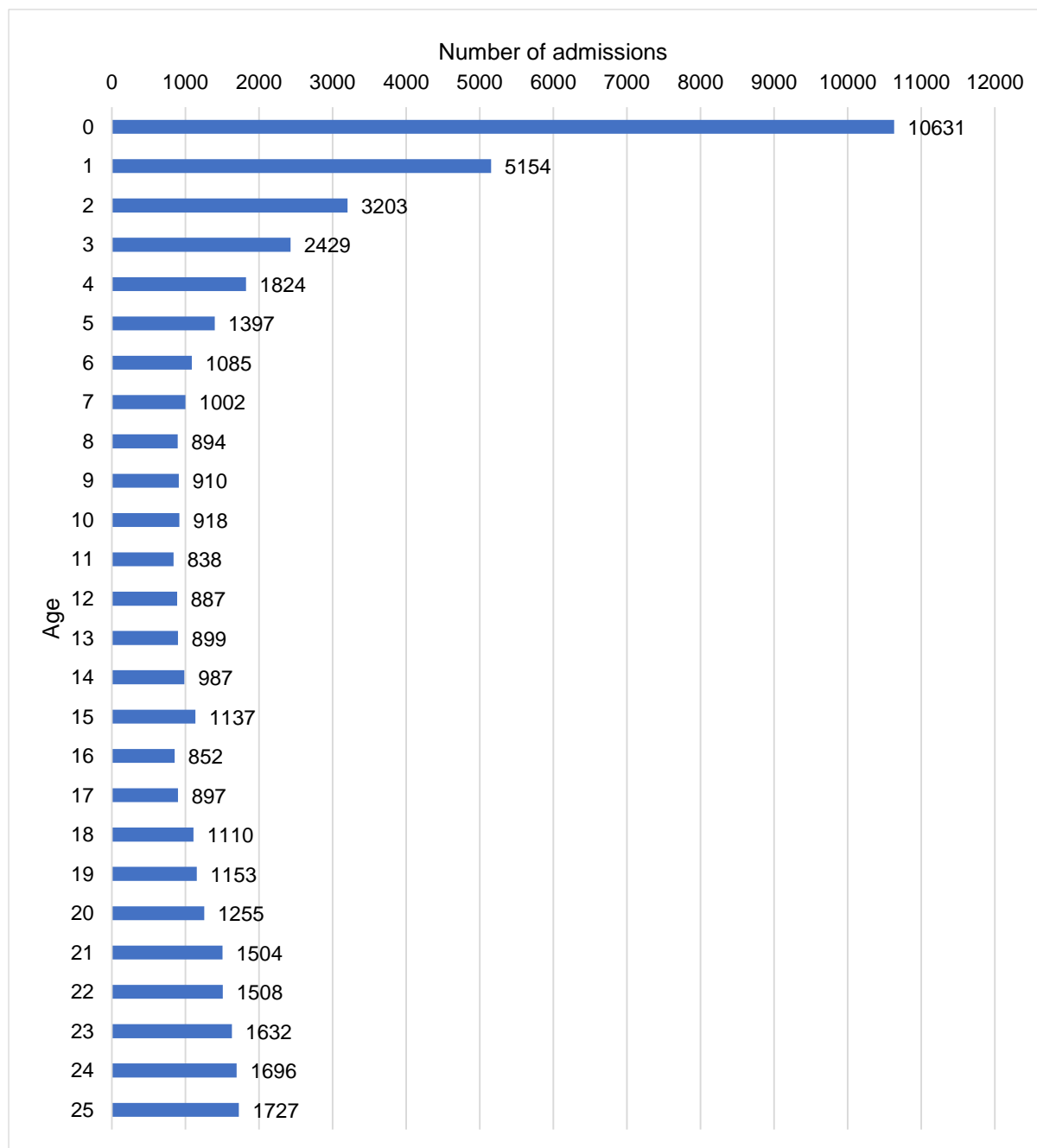


Table 3 shows trends in emergency admissions in the 0-25 age group by neighbourhood. Most neighbourhoods have had an overall downwards trend since 2014/15, with the exception of Central/Great Lever and Crompton/Halliwell which have seen an overall increase in admissions.

Table 3: Numbers of emergency admissions in Bolton (0 to 25), by neighbourhood, 2014/15-2019/20

Neighbourhood	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Trend
Brightmet/Little Lever	920	953	925	853	859	898	
Central/Great Lever	848	868	894	856	880	892	
Chorley Roads	779	765	719	700	709	731	
Crompton/Halliwell	1158	1188	1147	1205	1224	1238	
Deane/Rumworth	1357	1367	1354	1357	1325	1251	
Farnworth/Kearsley	1089	1036	973	923	944	957	
Horwich	437	415	466	440	396	409	
Unknown	378	374	387	317	343	332	
Turton	584	618	563	606	515	454	
Westhoughton	552	596	559	609	570	467	

Figure 6 shows the trend in mental health admissions by raw numbers to Bolton NHS Foundation Trust over the period from 2014/15 to 2019/20. This shows a large drop in admissions over this time from 615 in 2014/15 to 431 in 2019/20. This large drop coincided with a change in service provider and an increased emphasis on preventative mental health.

Figure 6: Numbers of mental health admissions (< 25 years) to Bolton NHS Foundation Trust, 2014/15-2019/20

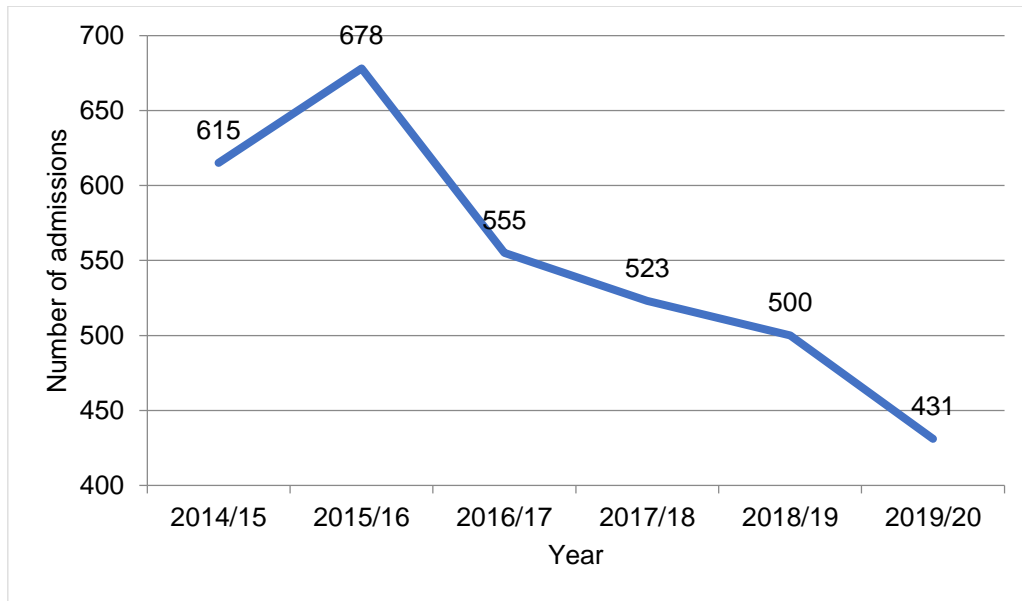


Figure 7, which is a rate of mental health admissions, but just for under 18s, corroborates

Figure 6 in showing a large reduction in the rate from a peak in 2014/15 (from 170.53 per 100,000 in 2014/15 to 88.6 per 100,000 in 2018/19), but shows Bolton's rates at that time were statistically significantly higher than the England and regional average, whereas now they are not statistically significantly different.

Figure 7: Mental health admissions rate per 100,000 population aged <18, by area, 2010/11 to 2018/19⁸

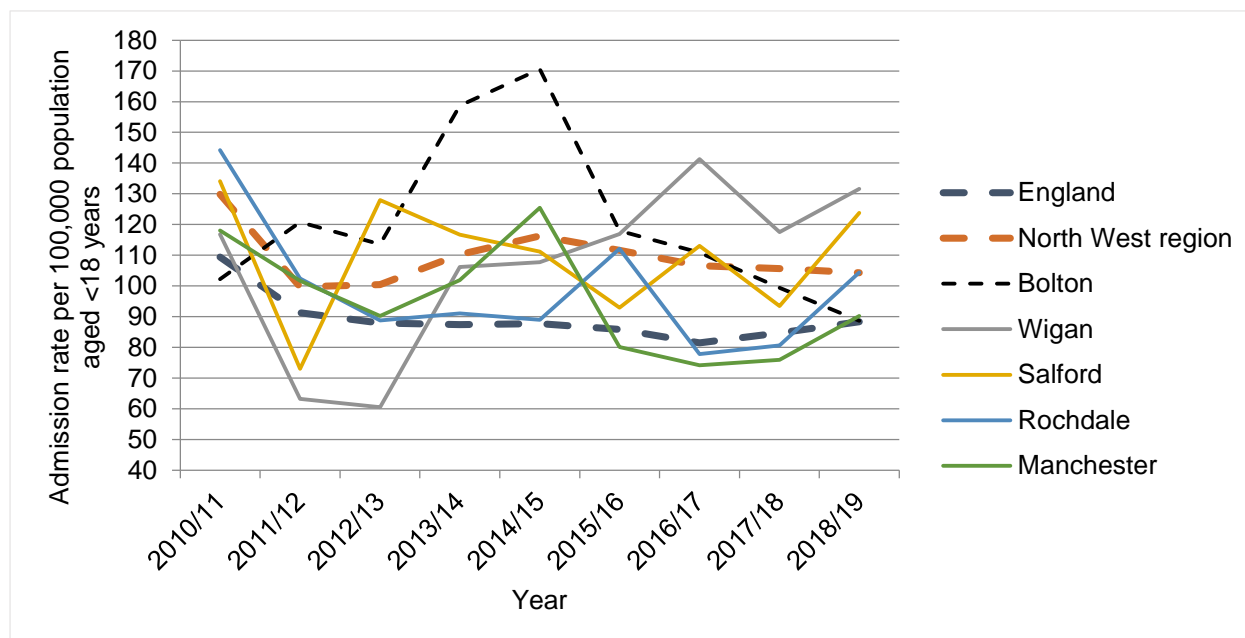
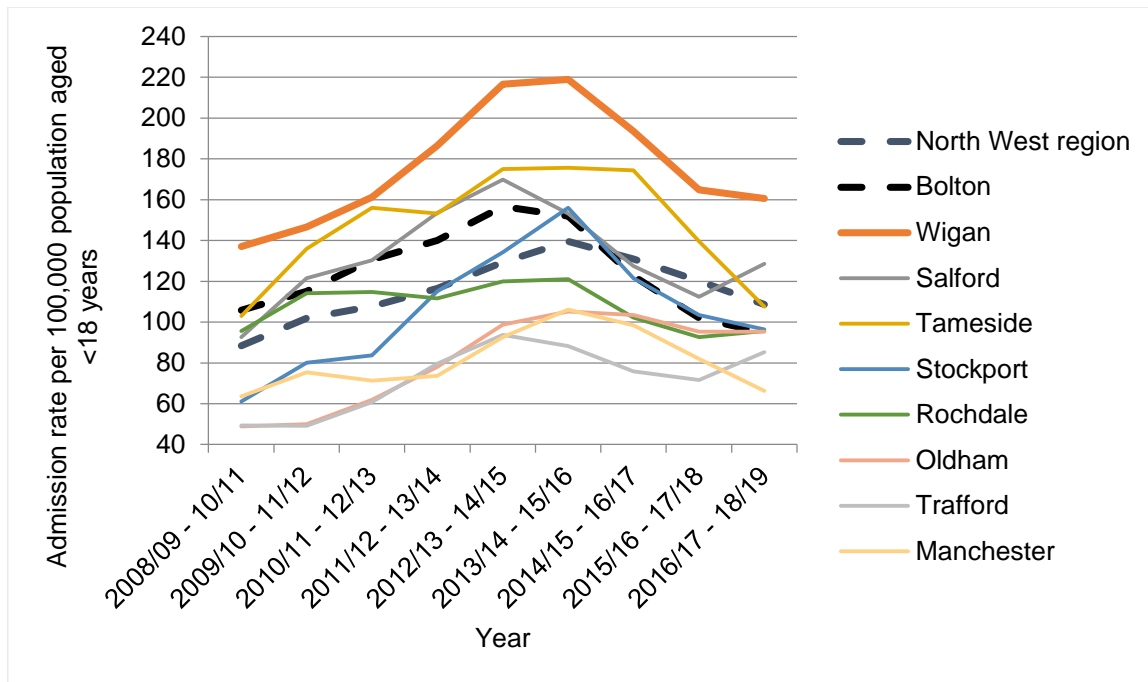


Figure 8, which shows the trend in substance misuse hospital admissions amongst 15 to 24 year olds, shows that rates rose in Bolton between 2008/09-2010/11 and 2012/13-2014/15 from 105.8 per 100,000 to a peak of 156.6 per 100,000 then declined again to the most up to date figure (2016/17-2018/19) of 94.7 per 100,000. Bolton's rate is now not statistically significantly different from the regional or national average.

Figure 8: Substance misuse admissions rate per 100,000 population aged 15-24, by area, 2008/09-10/11 to 2016/17-18/19⁹

⁸ Public Health England (2020) *Local Authority Child Health Profiles: Hospital admissions for mental health conditions*. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000002/ati/202/are/E08000001/iid/90812/age/173/sex/4/cid/4/page-options/ovw-do-0_car-do-0

⁹ Public Health England (2020) *Local Authority Child Health Profiles: Hospital admissions due to substance misuse (15-24 years)*. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000002/ati/202/are/E08000001/iid/90808/age/156/sex/4/cid/4/page-options/ovw-do-0_car-do-0



3. SEND population

In 2020 there were a total of 8,590 under 25s classed as having SEND in Bolton; this is made up of 6,068 on SEN Support and 2,522 on an Education, Health and Care Plan (EHCP)¹⁰.

¹⁰ Data taken from Bolton Council systems (Capita One system and data prepared for School Census). This data forms the basis of much of the analysis, unless otherwise stated.

Table 4 shows the breakdown by sex of those on SEN Support and EHCPs over the last three years. Males are disproportionately likely to be on SEN Support and EHCPs compared to females. The proportions have been the same over the last three years and show that $2/3^{\text{rds}}$ of those on SEN Support and EHCPs are males, whilst $1/3^{\text{rd}}$ are female.



Table 4: Numbers and percentages on SEN Support and EHCPs, by sex, 2018-2020

	2018		2019		2020	
Sex						
Male	5332	67.1%	5403	67.5%	5777	67.3%
Female	2618	32.9%	2606	32.5%	2813	32.7%

Figure 9 shows the latest available data (2020) broken down by age of those on SEN Support and EHCPs. The age of the largest cohort on SEN Support or an EHCP is 9 years old, but ages range from 1 to 25+. Once young people are out of education, they are no longer counted as being on SEN Support, which is part of the reason for the post-19 fall in numbers.

Figure 9: Numbers on SEN Support and EHCPs, 2020, by age

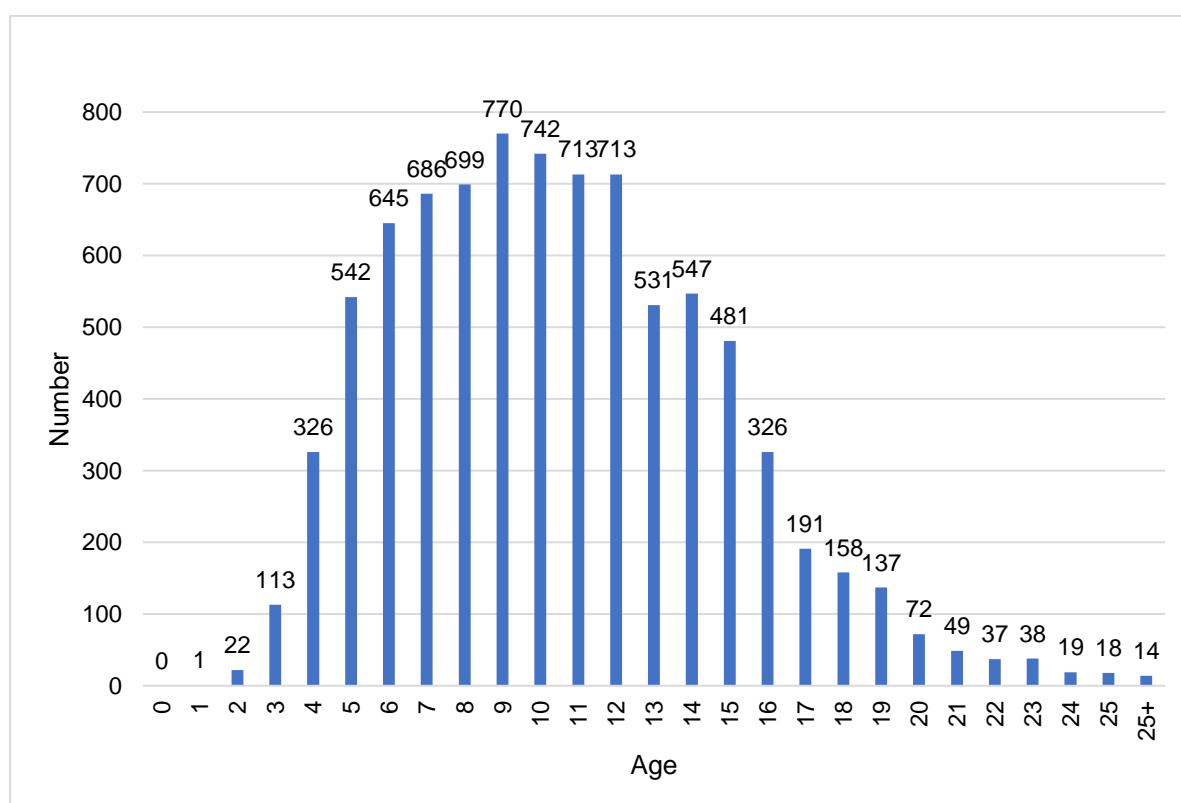
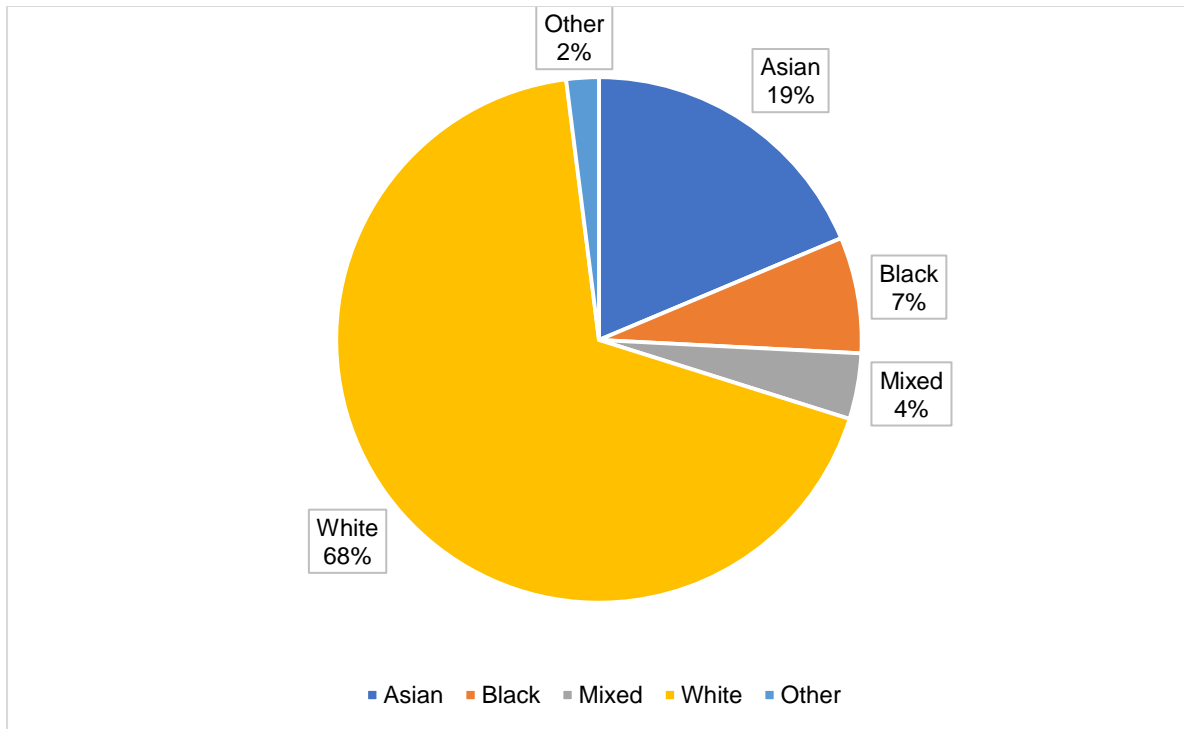


Figure 10 shows the latest available data (2020) broken down by ethnicity of those on SEN Support and EHCPs (excludes unknown). The majority (68%) are White, with 19% Asian, 7% Black, 4% Mixed ethnicity and 2% Other (including Chinese and Arabic ethnicities). Although this data is not directly comparable with the population-level data in

Figure 4, because that data is from a different source (the Census) and is not as up to date (it is from 2011), there does appear to be a disproportionate amount of children and young people from certain BAME groups who are on SEN Support or have an EHCP; this is particularly the case for Black children who make up a proportion more than twice as high in the SEND population (7%) as in the general population (3%). Those in the Other ethnic category make up a proportion twice as high in the SEND population (2%) as in the general population (1%), although numbers are small, and those in the Mixed ethnicity category also have a higher proportion in the SEND population (4%) than the general population (3%).

Figure 10: Percentage on SEN Support and EHCPs, by ethnicity (excludes unknown), 2020



4. Changes in SEND population over time

Table 5 and

Figure 11 show the numbers of children and young people on SEN Support and EHCPs over the last decade. Numbers on EHCPs have risen every year, and have increased by 101% to 2,522 since 2010. Numbers on SEN Support declined slightly each year between 2010 and 2013, but then began to increase from 2014 onwards, with a small dip between 2018 and 2019. Overall numbers on SEN Support have increased by 197% to 6,068 since 2010. Overall, the number of children and young people with SEND (SEN Support and EHCPs combined) has increased by 160% to 8,590 since 2010.

Table 5: Numbers on SEN Support and EHCPs, and percentage change, 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change (2010 to 2020)
SEN Support	2046	1834	1717	1558	2218	3718	5528	5645	5791	5668	6068	197%
EHCP	1257	1266	1341	1403	1477	1566	1742	1967	2159	2341	2522	101%
Total	3303	3100	3058	2961	3695	5284	7270	7612	7950	8009	8590	160%

Figure 11: Numbers on SEN Support and EHCPs, 2010-2020

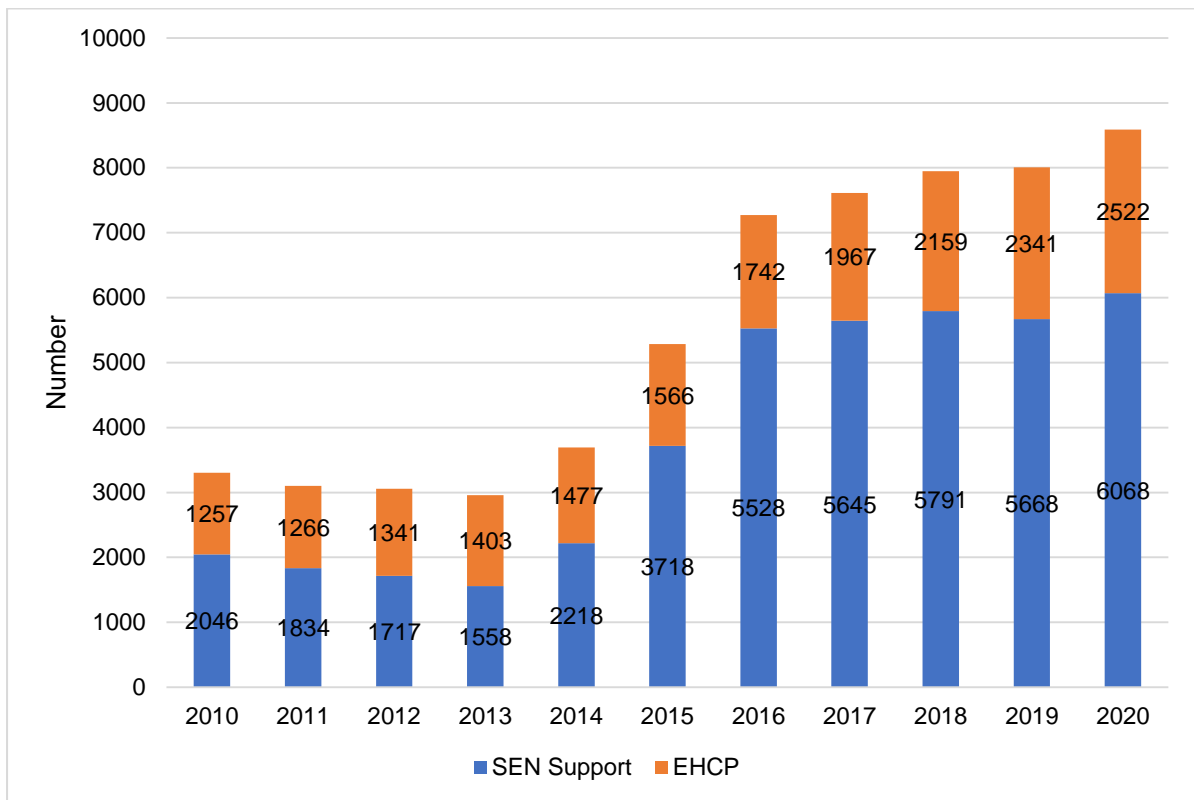


Table 6 shows the percentage of the school population on EHCPs or SEN Support, and is useful because it represents numbers relative to the overall population, and allows comparisons with other areas. The percentage of pupils on EHCPs in Bolton has increased slightly and steadily since 2015. The percentage of pupils on SEN Support in Bolton has slightly decreased. Overall, the proportion of the school aged population with SEND in Bolton has decreased slightly.

The percentage of pupils with EHCPs in 2019 is the same as for the region (North West) but is slightly higher than the England average. However, the percentage of pupils on SEN Support in Bolton is lower than both the regional and national average and thus the overall proportion of the school aged population with SEND is lower.



Table 6: Percentage of school population on SEN Support and EHCPs, Bolton, North West and England, 2015-2019¹¹

Area		2015	2016	2017	2018	2019
Bolton	EHCP	2.60	2.70	2.90	3.0	3.20
	SEN Support	11.60	11.00	10.90	11.10	10.70
	Combined	14.20	13.70	13.80	14.10	13.90
North West	EHCP	2.90	2.80	2.90	3.0	3.20
	SEN Support	12.70	11.50	11.60	11.80	12.10
	Combined	15.60	14.30	14.50	14.80	15.30
England	EHCP	2.80	2.80	2.80	2.90	3.10
	SEN Support	12.60	11.60	11.60	11.70	11.90
	Combined	15.40	14.40	14.40	14.60	15.0

Local work was undertaken by Head Teachers of special schools in Bolton to determine trends in demand for special school places to 2024. Demand already outstrips supply, and a number of schools are currently using temporary arrangements to meet the current demand, including repurposing specialist resources and utilising nearby off site settings. In total, it is estimated that there is currently a shortfall of 213 permanent places in Bolton special schools, which will rise to a shortfall of 451 permanent places by 2024.

5. Needs of children and young people with SEND

¹¹ Department for Education (2019) *LA tables: Special educational needs in England. Tables 12 and 13.* <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019>

Table 7 shows the numbers of children and young people with SEND in each category, along with the percentage in that category out of all children and young people with SEND for that year. The most common category has consistently been moderate learning difficulty (30% in 2020), followed by speech, language and communication needs (20% in 2020) and social, emotional and mental health (19% in 2020). The biggest percentage increases in category over the last three years have been in multi-sensory impairment (67% increase, although numbers are very small), SEN support but no specialist assessment of type of need (54% increase) and Autistic Spectrum Disorder (ASD) which has increased by nearly a quarter (23%). There is also a notably large decrease (-23%) in the number of children and young people categorised as having other difficulties.



Table 7: Number and percentages of 0-25s with SEND, by type of SEND, 2018-2020

SEN Code	2018		2019		2020		Change (2018 to 2020)	
	No.	%	No.	%	No.	%	No.	%
Autistic spectrum disorder	508	6%	563	7%	627	7%	119	23%
Social, emotional & mental health	1429	18%	1430	18%	1664	19%	235	16%
Speech, language & communication needs	1433	18%	1604	20%	1732	20%	299	21%
Hearing impairment	184	2%	187	2%	189	2%	5	3%
Vision impairment	103	1%	113	1%	109	1%	6	6%
Multi-sensory impairment	6	0%	11	0%	10	0%	4	67%
Physical disability	263	3%	265	3%	251	3%	-12	-5%
Specific learning difficulty	519	7%	543	7%	615	7%	96	18%
Moderate learning difficulty	2676	34%	2573	32%	2576	30%	-100	-4%
Severe learning difficulty	355	4%	361	5%	368	4%	13	4%
Profound & multiple learning difficulty	61	1%	69	1%	71	1%	10	16%
Other difficulty	327	4%	194	2%	252	3%	-75	-23%
SEN support but no specialist assessment of type of need	79	1%	91	1%	122	1%	43	54%
Total	7943	100%	8004	100%	8586	100%	643	8%

Table 8 shows the numbers of those with SEND who had social care involvement between 2018 and 2020, out of a total of 8,590 children and young people. In total, nearly half (48%) of all children and young people with SEND had had some form of social care involvement: 30% had an Early Help Assessment; 13% were classed as a Child in Need; 3% were Looked After; and, 3% were on a Child Protection Plan.

Table 8: Number of 0-25s with SEND with social care involvement, by type of involvement, 2018-2020

Social care involvement	Numbers
Child Looked After	263
Child in Need	1089
Child Protection Plan	234
Early Help Assessment	2579
Total	4165

National and local data is available on the percentage of Children Looked After with SEND from 2019¹². In Bolton, 27.6% of Children Looked After have an EHCP, which compares with 28.7% nationally and 28.8% regionally (North West). In Bolton, 25.6% are on SEN Support which compares with 27.2% nationally and 23.5% regionally (North West).

6. Identification of need by health diagnosis

Child and Adolescent Mental Health Services (CAMHS) data shows that the most common ages to be referred to the service in 2019/20 were 13 and 14 years old. The three neighbourhoods with the most referrals were Brightmet/Little Lever, Farnworth/Kearsley and Crompton/Halliwell.

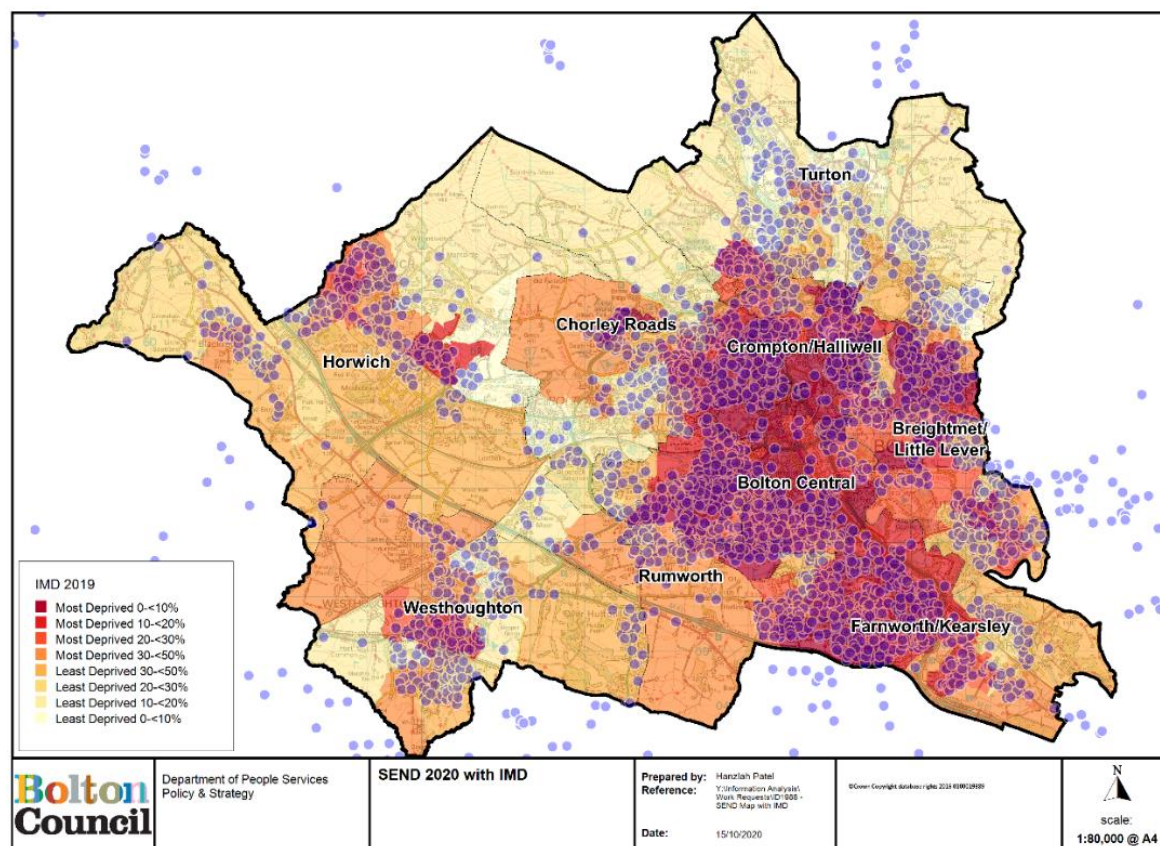
The Bolton Social Communication and Interaction Panel supports the early identification and appropriate diagnosis of children and young people with ASD. This multiagency panel utilises a range of checklists, assessments and environments to build a holistic view of the child or young person. It should be noted that ASD can also be diagnosed via CAMHS so figures of children and young people with ASD will be higher. In 2019, 172 children and young people were referred in to the pathway with 105 (61%) diagnosed with ASD. Mean age of diagnosis was 5.5 years, average length of time from referral to diagnosis was 22 weeks and all families were offered an Earlybird accredited post-diagnostic course.

7. Residence of children and young people with SEND

Figure 12 shows where the 0-25 population with SEND live and has deprivation data underlain. The blue dots represent residence of children and young people with SEND, whilst the underlying yellow/orange/red shows levels of neighbourhood deprivation, using Index of Multiple Deprivation data (2019); the darker the colour, the higher the levels of deprivation. The map shows that, on the whole, the population with SEND are clustered in areas with higher levels of deprivation.

¹² Department for Education (2020) *CLA outcomes 2019: underlying data*.
<https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities-31-march-2019>

Figure 12: Map of Bolton showing residence of 0-25s with SEND, underlain with deprivation data, 2020



8. Early years inclusion support funding

Children of nursery age who receive early years inclusion support funding are described by cohort: N2 refers to those children in the year prior to reception class; N1 describes those in the year group before N2, and; N0 describes those in the year group prior to N1.

Some of the children in the N1 cohort and all in the N0 cohort who access early years inclusion support funding are funded 2 year olds. Although there is no requirement to offer inclusion support funding to funded 2 year olds, Bolton's commitment to early intervention has led to a decision to offer this to all funded children who meet the criteria for support.

Table 9 shows that the number of children on early years inclusion support funding has risen from 110 in 2016 to 171 in 2020; this is a rise of 55% over this time. N2 made up the majority of recipients of inclusion support funding from 2016 to 2018, but from 2019 onwards the majority were N1.

Table 9: Number of children with early years inclusion funding, with percentage by age category, 2016-2020

Cohort year	No. of children	N0	N1	N2
2016	110	5%	30%	65%
2017	144	0%	16%	84%
2018	186	4%	42%	54%
2019	159	4%	53%	43%
2020	171	6%	56%	38%

Figure 13 below shows the types of early years settings of children receiving inclusion support funding over the last three years. The pattern is the same across all years; the highest proportion of children are in private, voluntary and independent (PVI) settings, followed by school nurseries and maintained nursery schools. Very small numbers are in independent schools or with childminders.

Figure 13: Number of children with early years inclusion funding, by type of setting, 2017-18 to 2019-20

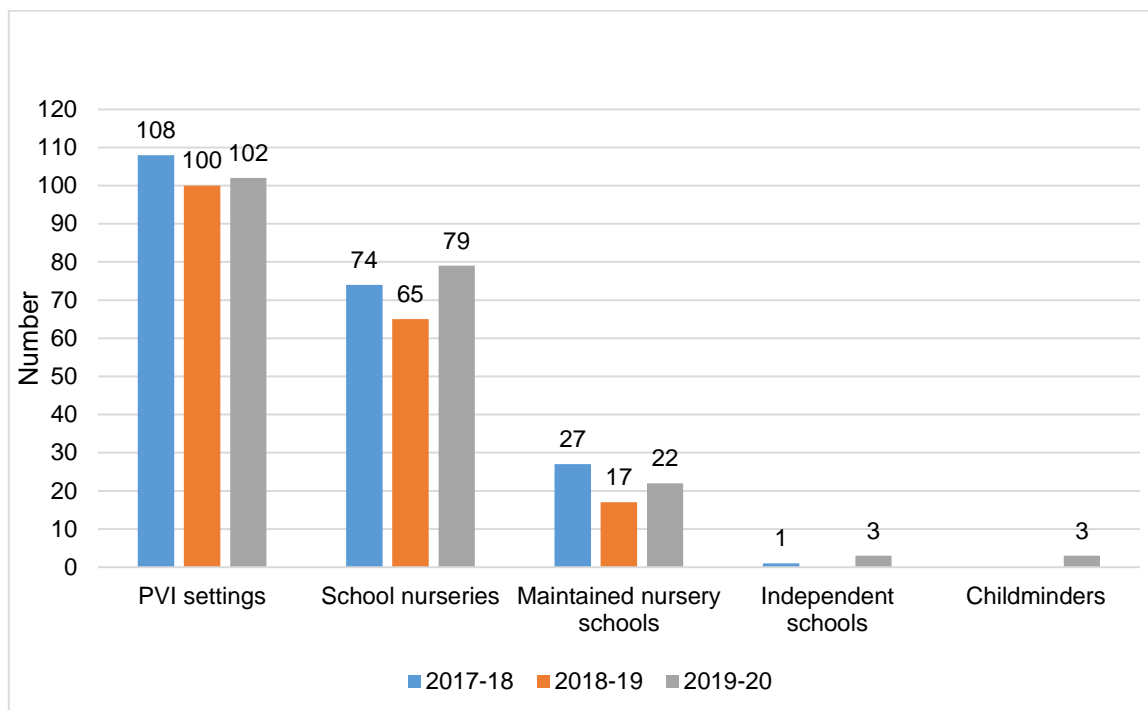
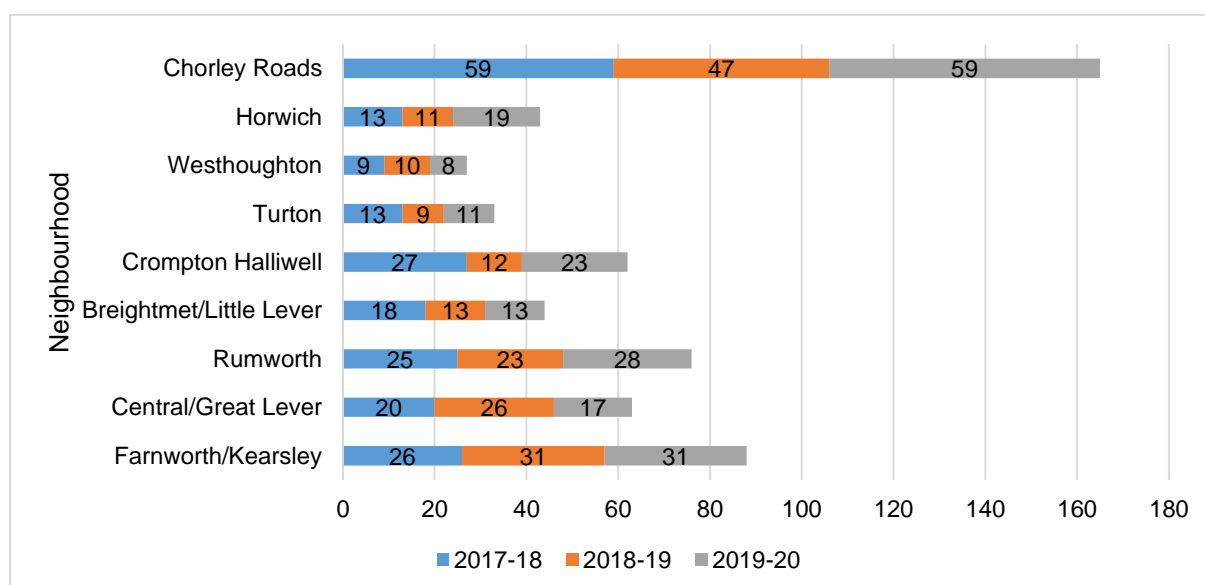


Figure 14 shows the number of children with early years inclusion funding by neighbourhood over the last three years. Chorley Roads has seen the highest number of children over the last three years, followed by Farnworth/Kearsley and Rumworth.

Figure 14: Number of children with early years inclusion funding, by neighbourhood, 2017-18 to 2019-20



9. Location and setting of education for pupils with SEND

Table 10 shows that the vast majority of SEND pupils who are resident in Bolton are also educated in Bolton. Of pupils whose school is known, 98% were educated in borough in 2020.

Table 10: Numbers of pupils with SEND, by in and out of borough, 2018-2020

Numbers in and out of borough	2018	2019	2020
In	7020	7475	8000
Out	131	168	200
Unknown	512	72	110
Total	7663	7715	8310

Table 11 shows that the highest proportion of children and young people with EHCPs are educated in special schools (41.2%), with a slightly smaller proportion educated in mainstream schools (38.8%). A slightly lower proportion of children and young people with EHCPs are educated in mainstream schools in England as a whole (35.4%) and correspondingly a slightly higher proportion are educated in special schools in England. A slightly higher (0.9% higher) proportion of children and young people with EHCPs in Bolton are in post-16 settings than in England, and proportions in Alternative Provision/Pupil Referral Units are very similar in Bolton (1.2%) and England (1%).

Table 11: Percentage of children and young people with EHCPs, by type of setting, 2018/19¹³

Type of setting	Bolton	England
Early years settings	0.1%	0.4%
Mainstream schools	38.8%	35.4%
Special schools	41.2%	43.8%
Hospital schools	0%	0%
Alternative Provision/Pupil Referral Unit	1.2%	1%
Post-16 setting	16.1%	15.2%
Educated elsewhere	0.9%	1.9%

10. Educational outcomes

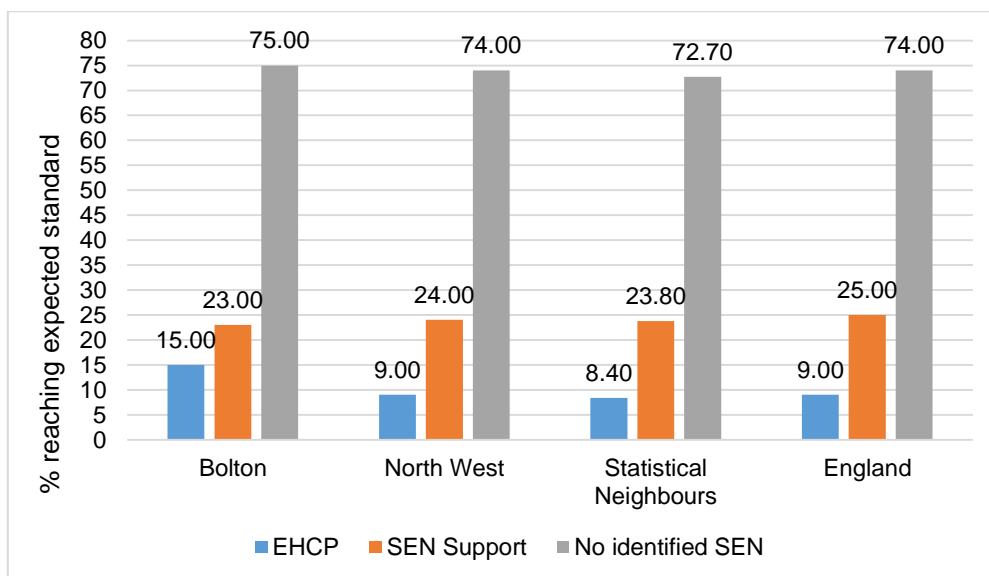
Figure 15 shows that there is a large disparity in attainment at Key Stage 2 (KS2) between children with and without SEND, however this is replicated regionally and nationally¹⁴. 15% of children on EHCPs in Bolton reach the expected standard in Reading, Writing and Maths; this is higher than the regional and national average, and Bolton's statistical neighbours. However, the percentage that reach the expected standard amongst children on SEN Support (23%) is lower than regionally and nationally, and amongst statistical neighbours.

¹³ Department for Education (2020) *Local area SEND report Bolton: Placement of children and young people for whom the LA maintain a statement or EHC plan 2018/19*.

<https://lginform.local.gov.uk/reports/view/send-research/local-area-send-report?mod-area=E08000001&mod-group=E92000001&mod-type=area>

¹⁴ All data in this section is produced by the Department for Education. See link for more information: <https://www.gov.uk/government/organisations/department-for-education>

Figure 15: Proportion achieving expected standard in Reading, Writing and Maths at KS2 for pupils with EHCPs, SEN Support and no identified SEN, by area, 2019



When looking at measures of progress at KS2 separately for Reading, Writing and Maths, children and young people on EHCPs and SEN Support in Bolton generally do better than comparators.

Figure 16 shows that those on EHCPs in Bolton make better progress in Reading at KS2 than expected at 0.40, whereas the averages for the North West, England and statistical neighbours are below expected levels at -2.90, -3.60 and -3.78 respectively. Although those on SEN Support progress at below expected levels, at -0.20 Bolton still performs better than the North West (-0.60), England (-1.00) and statistical neighbours (-1.30).

Figure 16: Progress scores at KS2 in Reading for pupils with EHCPs and SEN Support, by area, 2019

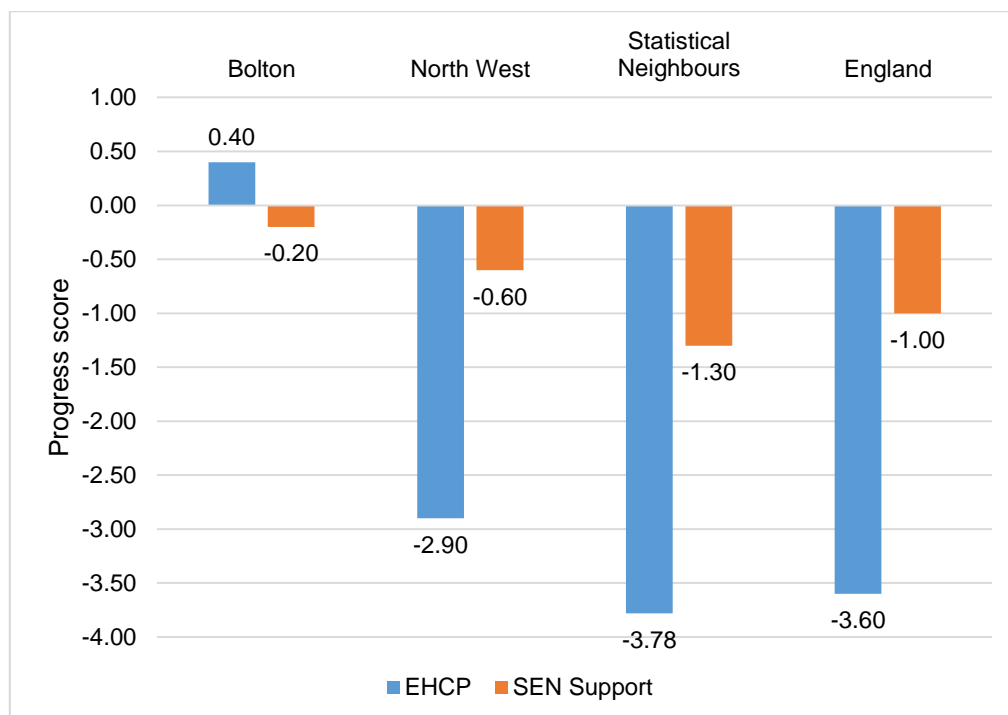


Figure 17 shows that although those on EHCPs in Bolton do not make expected progress in Writing at KS2 (-0.40), this is much better than the averages for the North West (-4.30), England (-4.30) and statistical neighbours (-4.31). Those on SEN Support also progress at below expected levels, but at -0.80 Bolton still performs better than the North West (-1.50), England (-1.70) and statistical neighbours (-1.81).

Figure 17: Progress scores at KS2 in Writing for pupils with EHCPs and SEN Support, by area, 2019

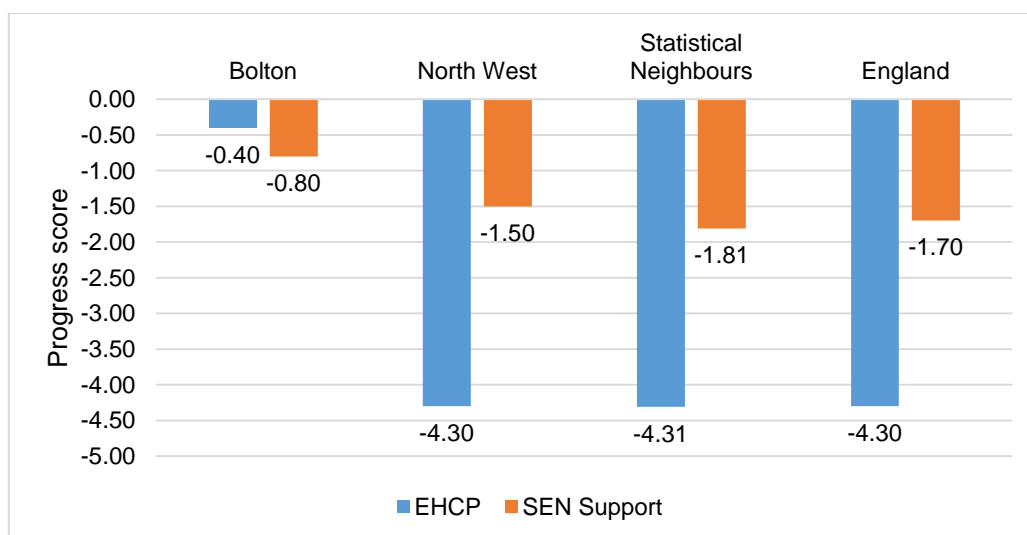


Figure 18 shows that although those on EHCPs in Bolton do not make expected progress in Maths at KS2 (-0.60), this is much better than the averages for the North West (-3.50), England (-4.00) and statistical neighbours (-4.23). Those on SEN Support in Bolton progress at higher than expected levels, at 0.30, which is better than comparators who all perform at

below expected levels; North West (-0.70), England (-1.00) and statistical neighbours (-1.17).

Figure 18: Progress scores at KS2 in Maths for pupils with EHCPs and SEN Support, by area, 2019

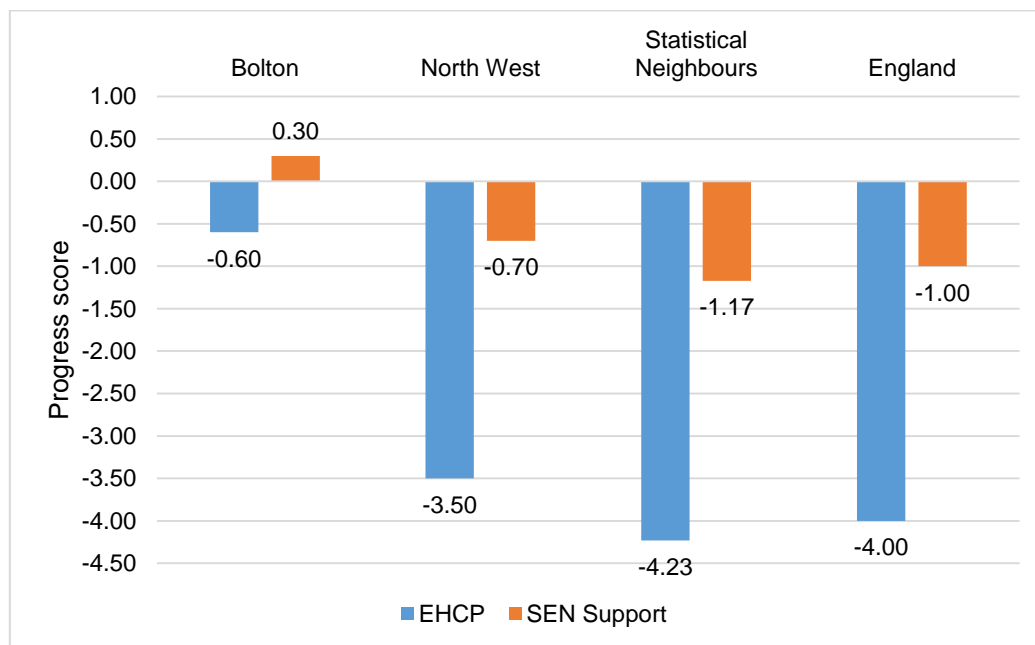


Figure 19, showing attainment at Key Stage 4 (KS4) shows a similar pattern of disparity as for KS2; those on EHCPs have a lower score than those on SEN Support, who have a lower score than those with no identified SEN. This pattern is replicated in Bolton, regionally, nationally and amongst statistical neighbours. At 13.10, the average Attainment 8 score for pupils on EHCPs is higher in Bolton than in the North West (12.70) and amongst statistical neighbours (13.02), but is lower than nationally (13.70). The average Attainment 8 score for both pupils on SEN Support (30.30) and pupils with no identified SEN (47.30) is lower than all comparators.

Figure 19: Average Attainment 8 score per pupil at end of KS4 for pupils with EHCPs, SEN Support and no identified SEN, by area, 2019

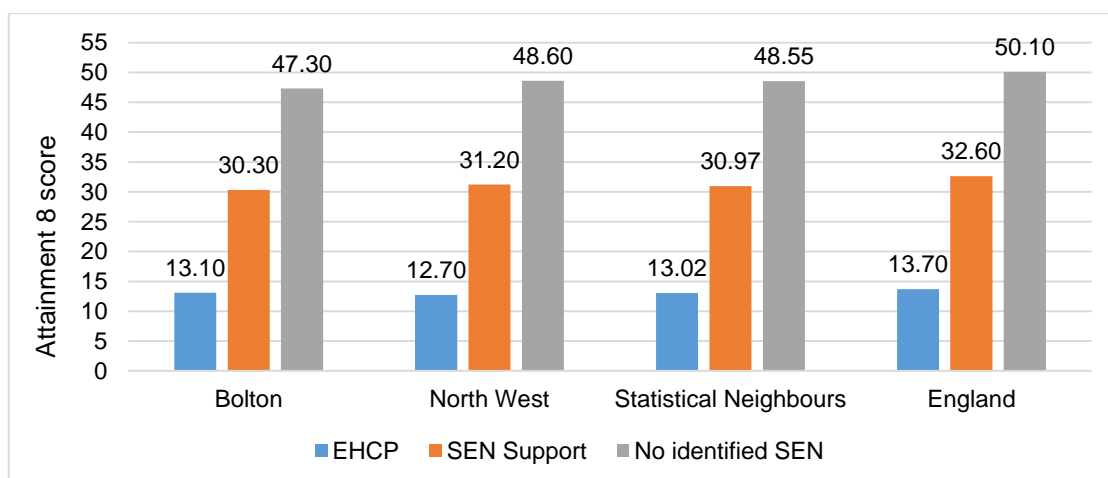


Figure 20, which shows Progress 8 (a measure of progress between the end of KS2 and the end of KS4), shows the same pattern across all areas; those with EHCPs fall further behind expectations than those on SEN Support, who fall further behind expectations than those with no identified SEN. At -1.33, pupils on EHCPs in Bolton have the lowest level of progress of all the comparator areas. At -0.49, pupils on SEN Support in Bolton have better progress than the North West average, but worse than nationally and amongst statistical neighbours. At -0.12, pupils with no identified SEN in Bolton have the lowest level of progress of all the comparator areas.

Figure 20: Average Progress 8 score per pupil at end of KS4 for pupils with EHCPs, SEN Support and no identified SEN, by area, 2019

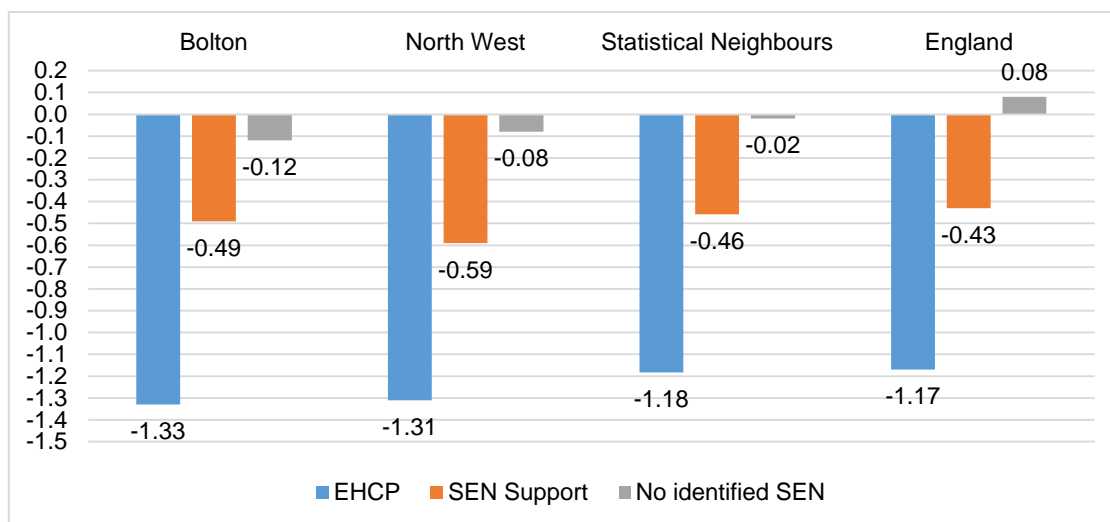


Figure 21 shows that, at 77.74%, Bolton has the lowest proportion of 16-17 year olds with SEN in education and training out of all comparators; North West (84.64%), statistical neighbours (88.71%) and England (88.57%).

Figure 21: Percentage of 16-17 year olds with SEN in education and training, by area, 2018

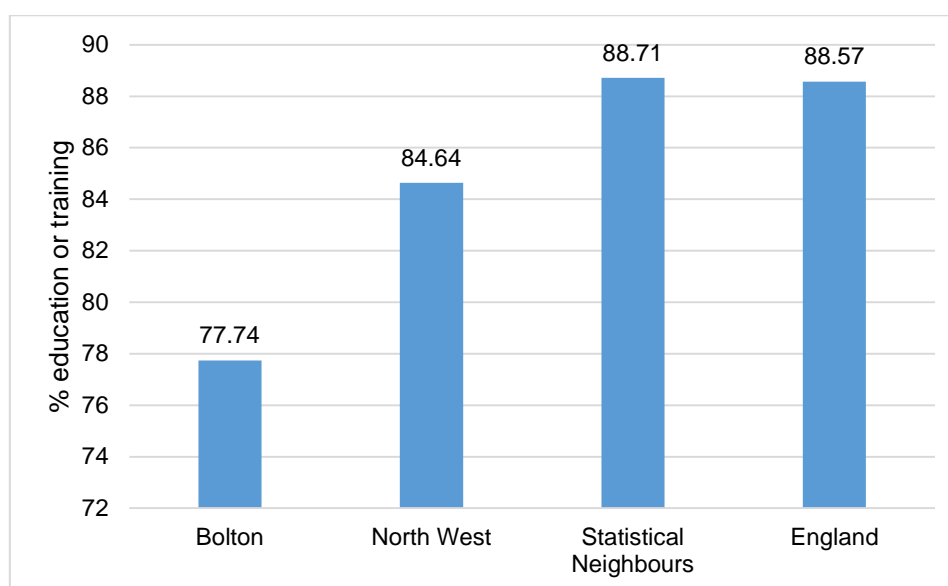


Figure 22 shows absence as measured by the percentage of sessions missed by pupils. Across all areas those with EHCPs have a higher percentage of sessions missed than those

on SEN Support, who in turn have a higher percentage of sessions missed than those with no identified SEN. Bolton has a higher percentage of absence as measured by missed sessions for those on SEN Support and with no identified SEN, compared with national, regional and statistical neighbour averages. Percentage of missed sessions for those on EHCPs is the same as the national average and lower than the regional average, but is higher than the percentage for Bolton's statistical neighbours.

Figure 22: Percentage of sessions missed by pupils with EHCPs, SEN Support and no identified SEN due to overall absence, by area, 2018

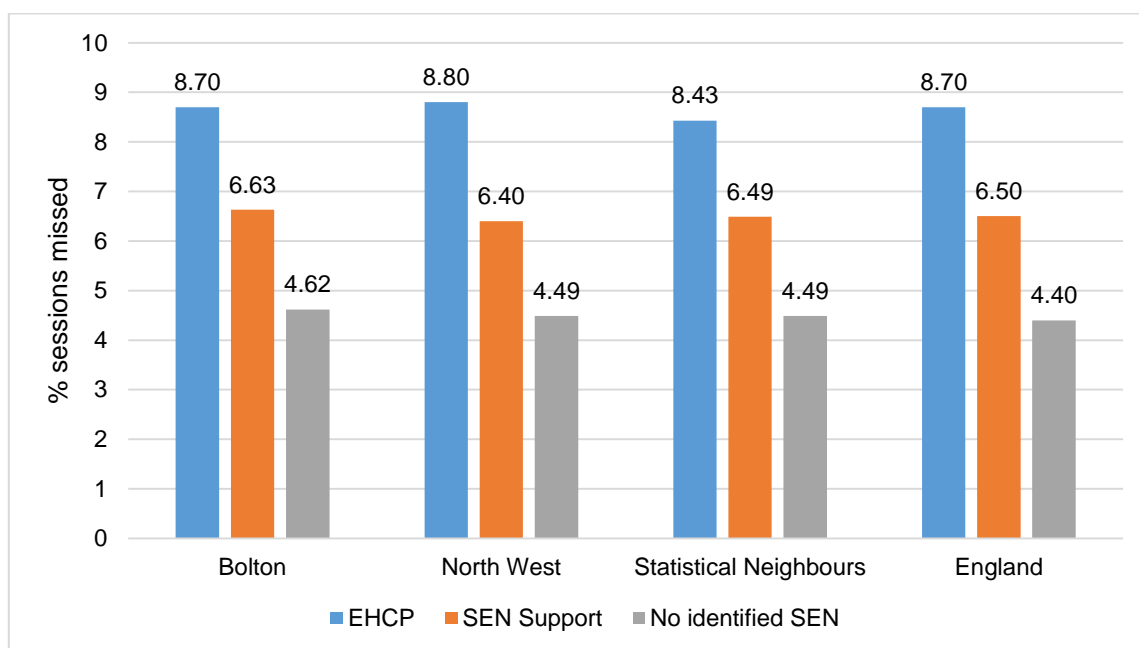


Figure 23 shows a different measure of absence (percentage of persistent absentees) but follows the same pattern for all areas; that those on EHCPs have the highest percentage, followed by those on SEN Support and those with no identified SEN. In Bolton, more than a quarter of those on EHCPs and a fifth of those on SEN Support are persistent absentees and these figures are higher than national, regional and statistical neighbour averages. Bolton's percentage of persistent absentees for those with no identified SEN is also higher than these comparators.

Figure 23: Percentage of pupils with EHCPs, SEN Support and no identified SEN defined as persistent absentees, by area, 2018

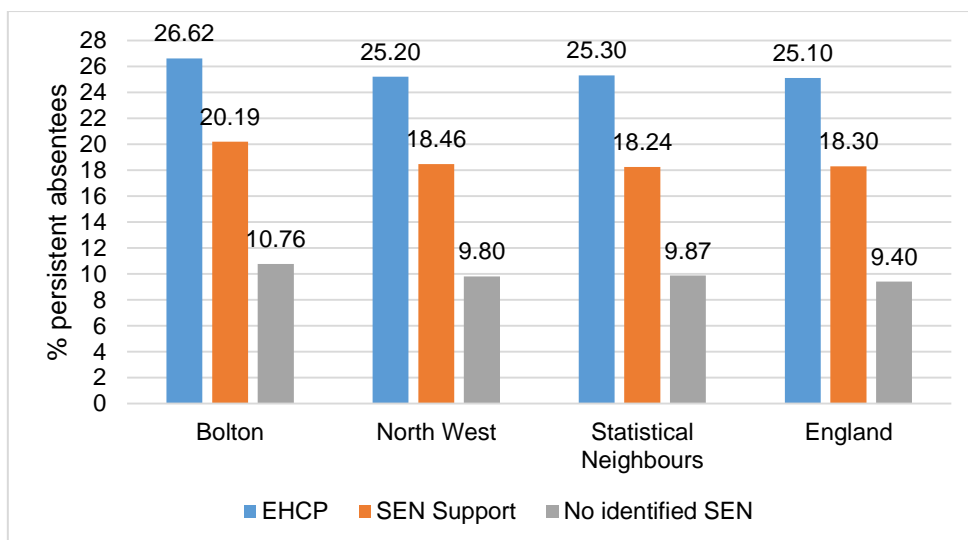


Figure 24 shows that there is a pattern across all areas; a higher proportion of pupils on SEN Support are permanently excluded than pupils on EHCPs, who in turn have a higher proportion permanently excluded than pupils with no identified SEN. Bolton has the highest proportion of pupils on SEN Support who have been permanently excluded of all comparators, and this figure (0.52%) is twice as high as Bolton's proportion for pupils on EHCPs (0.26%). This proportion, and the proportion of permanent exclusions amongst pupils with no identified SEN are also higher than any of the other comparators.

Figure 24: Percentage of pupils with EHCPs, SEN Support and no identified SEN receiving permanent exclusions, by area, 2018

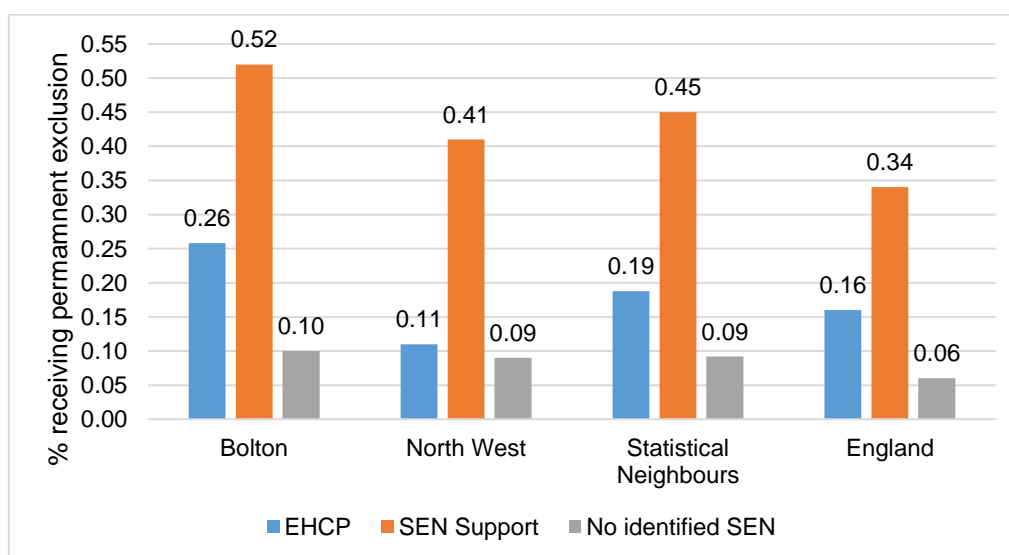
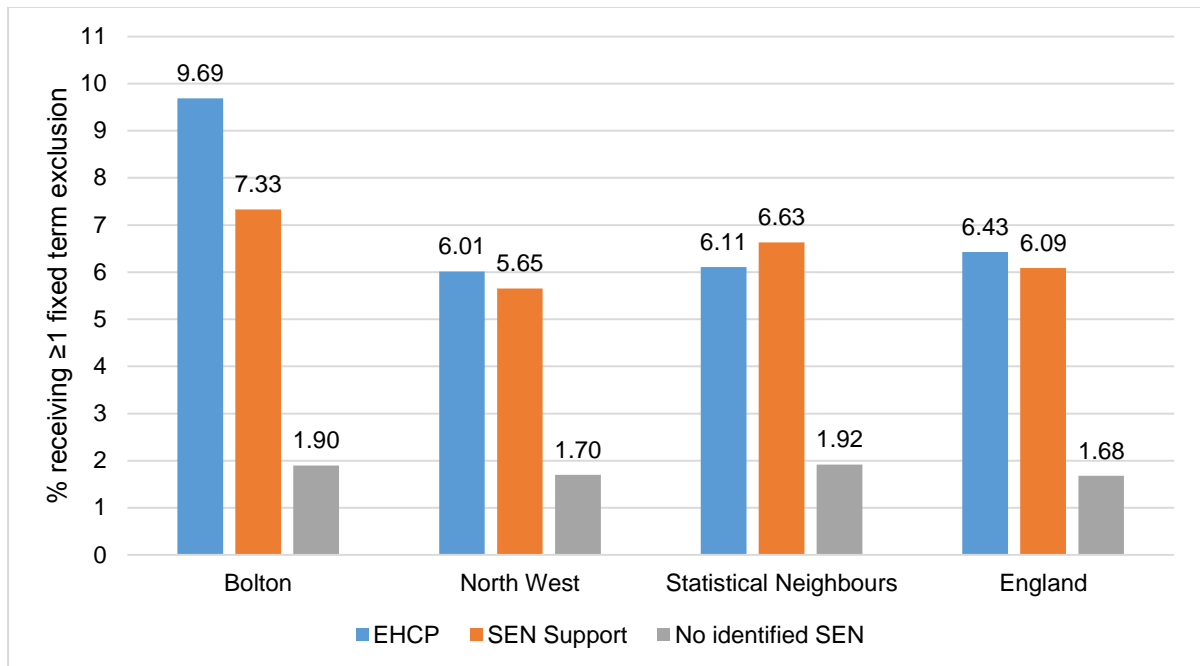


Figure 25, showing fixed term exclusions, shows a different pattern to that seen for permanent exclusions across all the areas apart from statistical neighbours; in Bolton, regionally and nationally, a higher proportion of pupils on EHCPs have at least one fixed term exclusion than pupils on SEN Support, who in turn have a higher proportion of fixed term exclusions than pupils with no identified SEN. Bolton has the highest proportion of pupils on EHCPs (9.69%) and SEN Support (7.33%) who have received fixed term exclusions of all comparators, with the figure for pupils on EHCPs being noticeably higher.

Figure 25: Percentage of pupils with EHCPs, SEN Support and no identified SEN receiving one or more fixed term exclusions, by area, 2018



11. Short breaks

Bolton Council funds a range of short breaks activities for children and young people with SEND. As of October 2020 these had supported 305 children and young people to access short breaks;

Table 12 provides a breakdown of organisations, categories of need and numbers supported.

Table 12: Short breaks activities funded by Bolton Council, October 2020

Organisation	Description	Category of need	Number supported	Outcomes
Autistic Society	Autism support for children and young people aged between 14 and 19 with a diagnosis of Asperger's Syndrome through activities.	Cognition and learning; Autism; Speech, language and communication; Social, emotional and mental health.	5	Enjoy and achieve; Physically active.
Bolton Bullets	Provision of term time weekly wheelchair football sessions for 5-8 children and young people aged 8-18 with physical disabilities.	Physical disability.	6	Enjoy and achieve; Physically active.
Bolton Crossroads	Provision of support on an individual basis (spot purchased) for children and young people with complex needs, including short breaks.	Cognition and learning; Autism; Speech, language and communication; Social, emotional and mental health; Visual impairment; Hearing impairment; Physical disability.	Unknown	Enjoy and achieve; Physically active.
Bolton Kidz2gether	Provision of a range of social groups including sports, art, trips etc. for children and young people (and siblings) with Asperger's, autism and other associated conditions.	Cognition and learning; Autism.	95	Enjoy and achieve; Physically active.
Bolton Together	Sports and recreational activities for children and young people with SEND and their families.	Cognition and learning; Autism; Physical disability	33	Enjoy and achieve; Physically active.

Organisation	Description	Category of need	Number supported	Outcomes
Bolton Toy Library	Access to services in a therapeutic environment; drop-in facility to access specialised play and learning resources also available for loan. Provision of after school games clubs, social and creative activities, access to an ICT Suite promoting social integration and positive inclusion and participation. Create volunteer opportunities encouraging peer mentoring and recruit older volunteers.	Cognition and learning; Autism; Speech, language and communication; Social, emotional and mental health; Physical disability.	11	Enjoy and achieve.
Daytrippers	Short breaks during holidays and out of school time for SEND children, young people and their families. Activities are provided on a group basis and include provision identified and requested by the young people.	Cognition and learning; Autism; Speech, language and communication; Social, emotional and mental health.	145	Enjoy and achieve; Physically active.
Derian House	Short breaks for children and young people with life-limiting illnesses and their families based on their child's and family's needs and preferences where possible.	Cognition and learning; Autism; Speech, language and communication; Social, emotional and mental health; Visual impairment; Hearing impairment; Physical disability.	10	Enjoy and achieve; Physically active.

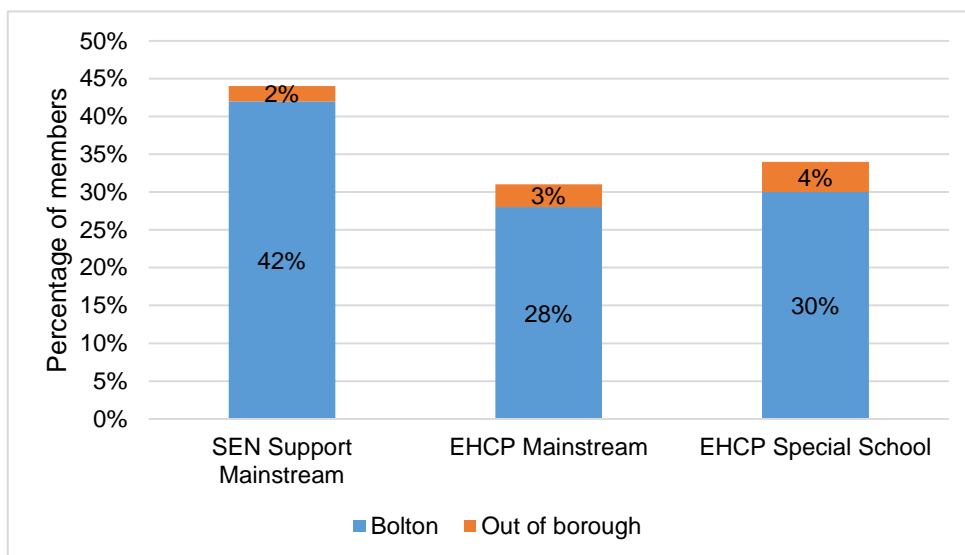
12. Evidence from parents, young people and children

Bolton Parent Carers (BPC) have been the designated Parent Carer Forum in Bolton since 2014. Bolton Information Advisory Service (IAS) have been commissioned by Bolton Council to provide SEND advice and guidance, in line with statutory guidance, since 2014. The two organisations work closely together, often co-designing and delivering support for Bolton's SEND families. This approach to joint working enables them to provide the following information, having drawn on experiences from a wide variety of sources.

BPC membership

BPC aim to reach families from across the SEN Support/EHCP spectrum. Membership is not required to access any activity or to contribute to information gathering. No incentive is offered to become a member. These numbers reflect the families who register to receive regular updates from BPC.

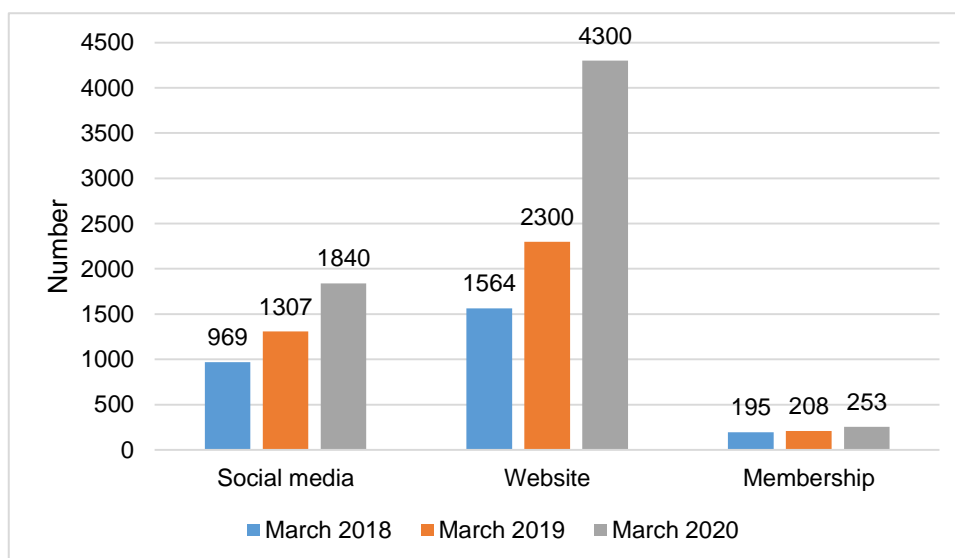
Figure 26: BPC membership by setting, 2020



BPC Reach

BPC is a consistently growing organisation. Growth is predominantly organic, mainly via word of mouth and gentle promotion.

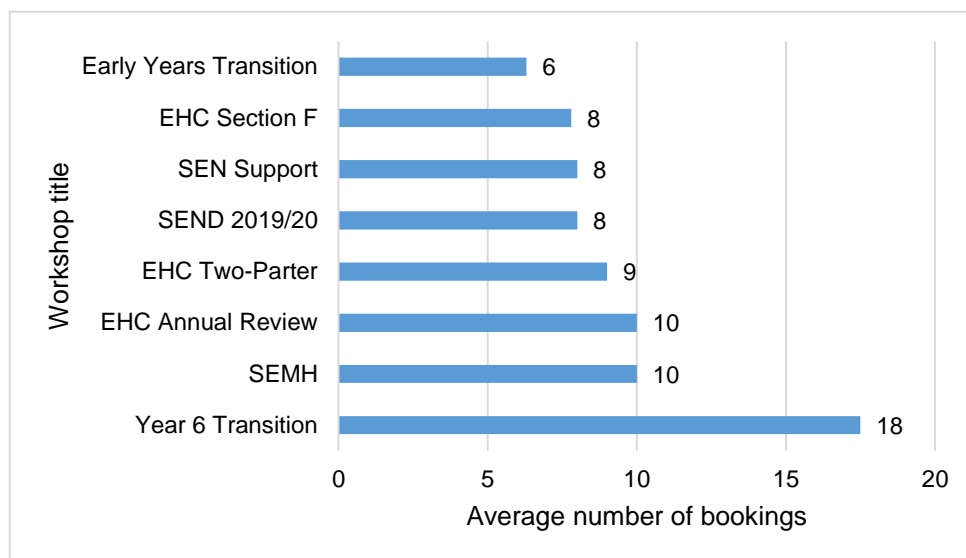
Figure 27: Number of hits online and membership numbers for BPC, 2018-2020



Workshop bookings

Workshops co-designed and hosted by BPC and IAS provide significant feedback. Sessions are informal and open for Q&A. This data shows the demand for the different sessions run.

Figure 28: Average number of bookings for BPC/IAS workshops, 2020



The data below is to demonstrate the reach of the combined work of BPC and IAS. The information on the following pages is a summary of the highlights of evidence gathered from BPC and IAS between April 2019 and March 2020.

Overview of sources of evidence from BPC:

- Between April 2019 and March 2020, 34 individual workshops sessions were held, covering eight topics. Only two of the topics were restricted to parents who have a child or young person with an EHCP.
- 342 parents booked onto these sessions.
- 4 “How is Bolton Doing?” listening sessions were held, attended by 50 parents and 10 professionals.
- 44 parents attended health and wellbeing sessions for carers.
- 15 coffee mornings were hosted.
- 87 questionnaire responses were received.

Overview of sources of evidence from IAS:

- IAS provided a service (face to face, meeting support, email/text) to 4,196 families in 2019.
- IAS are also commissioned to provide the Disagreement Resolution Service (DRS) for Bolton. In 2019, they supported 78 parents with DRS meetings - where a parent has a disagreement with education, health or social care.
- Out of the 78 DRS meetings, 14 could have led to a SEND tribunal hearing.

- IAS provide support with matters across education, health and social care. They offer a wide range of support, such as support with the checking of draft EHCPs, support with forms during the EHC needs assessment, attending annual reviews and early help reviews, support with exclusions, advice on diagnostic pathways, support with appeals and tribunals, support at school meetings, transition support and more.

12.1 Parents and carers' areas of concern

Information and Communication:

- Information - finding accurate up to date information is difficult.
- Professionals' advice - around necessity of EHC Plans - being told a child "needs a plan".
- Professionals' knowledge - universal services not very knowledgeable on process or where to find information.
- What next - professionals often not sure what comes after their service/age.
- Communication from LA during EHC journey - there's a lot of silence and few updates. Forms can feel complex.

Pathways and Diagnoses:

- Autism pathway - continues to be mentioned, although since redevelopment most issues are around stage 1 and gathering of evidence. There can be a lack of ownership.
- ADHD pathway - referral process is muddy.
- Post-diagnostic pathways - for majority of conditions, diagnosis is the end (or no diagnosis).
- Sensory processing disorder - no pathway locally.
- Pathological Demand Avoidance - other GM boroughs diagnose this, but you can't be diagnosed in Bolton.
- Health pathways - frustration at referrals and navigating pathway leads parents to be dissatisfied, although actual destination experience is positive.
- CAMHS - each pathway is very separate, ADHD/ASD/Mental Health - parents report this as confusing and not transferable.
- Post 19 - what happens after school? Employment opportunities, independent living?

Family Support:

- Short break activities - lack of variety and they seem to be on at the same time. Few at weekends and in the holidays. All cater for similar age group.
- Universal offer - doesn't appear very inclusive.
- Promotion - it's hard to know what's going on with local organisations (short break providers included) if you aren't on Facebook.
- PAs - recruiting and retaining PAs is difficult.
- After school/holiday clubs - not very inclusive. After school clubs at secondary age don't exist, although SEND children are often not as independent as peers.
- SEMH - lack of short break activities for all SEND, seems ASD/ADHD weighted.
- Post 19 - what happens once they leave education, no visible social care route.
- Challenging behaviours - Little support for parents dealing with challenging behaviours at home.

Local special school places:

- Capacity - it is well known amongst parents that demand is high for our local special schools.
- Choice - not all children fit the learning difficulty criteria for local special schools, but parents don't feel mainstream offer is always inclusive/flexible enough to meet needs.
- Decisions - panel for allocating special school places feels secretive and timing is late.

Mainstream schools:

- Being heard - many parents report feeling like they aren't being listened to over concerns regarding their children.
- SEN Support - lack of understanding of the framework and poor communication with families. Parents report it doesn't feel like anyone is accountable, especially for funding.
- SENCOs - parents feel SENCOs don't have enough time to do their roles. Some report SENCOs seem unaware of the basics of SEND law.
- Curriculum - Lack of flexibility makes parents feel their children and young people aren't equipped for the wider world. In turn this feeds the demand for special school places.
- Transition for SEN Support pupils - at transition points, comments like "have they not got an EHC Plan?"
- EHC Plans - can feel like they are not really referred to once the funding is in place.
- Annual Reviews - some parents report feeling like they are a tick box exercise and nothing really changes.
- TAs - vast range of experience. Parents report concern over TAs being given complex therapy programmes to deliver.
- Reasonable adjustments - many issues are reported back that show reasonable adjustments aren't being made.
- Preparing for adulthood - secondary school doesn't take this on board. Too academically focused and the next stage isn't their issue - so lack of knowledge of what is next for SEND pupils.

12.2 What makes a positive SEND journey?

Many parents report SEND journeys with highs and lows, negatives and positives. By identifying snippets of different parents' positive experiences we are able to piece together a more rounded journey. These have all been highlighted as positives by families...

Education:

- Early identification of SEN during nursery to enable a smoother start to school.
- A knowledgeable SENCO.
- Being listened to and involved.
- Head Teachers with inclusive attitudes.
- Regular communication, using preferred methods.
- Services included when necessary, including those that have a cost to the setting.
- Not being excluded from a setting without first understanding a child's SEND/unidentified SEND/triggers.
- Settings understanding reasonable adjustments aren't letting a child/young person off - they are accommodating a disability.

- Early planning for next steps/transition.
- Being flexible with learning.

Wider area:

- Knowing what is on offer locally.
- Attending BPC and IAS workshops to help understand the journey.
- Accessing opportunities from well-established local organisations who provide much needed activities.

Health:

- Knowledgeable Health Visitors and GPs who are often the first port of call.
- Effective signposting to local organisations early in the journey.
- Instead of refusing referrals due to lack of information, support the referring setting to provide the right information.
- Being able to access services like the Paediatric Learning Disabilities team early in the journey.
- Being able to attend Earlybird in a timely manner, fitting family needs.
- Having consistency of professionals i.e. community paediatricians are a constant.

Social care:

- Being able to access information about short break activities on offer.
- Being able to access a social care assessment without meeting criteria first.
- Having a great PA and being able to access community opportunities.
- Meeting other families via short break activities.

12.3 Ideas for change

We ask parents what they would change, big ideas and quick fixes. From this we are able to provide an overview of things that would improve the SEND offer locally.

Change	Parents need to have access to accurate, up to date information available in accessible formats. Included in this information should be the Bolton school offer, EHC Plan process, pathways for diagnoses and referral processes for services.
Outcome	Less misinformation, easier to navigate services and pathways, don't feel excluded, or that things are hidden from families.
Change	Improvements to SEN Support provision.
Outcome	Improved parental understanding of support, clearer understanding of provision, potentially less drive for EHC Plans.
Change	Mandatory SEND training for professionals and access to clear information for them.
Outcome	Improved signposting to other services. Better clarity for parents of processes. More accurate information shared with families.

Change	Assess the short break activity offer. Identify gaps for age, type of activity, timings and needs supported, consider the whole offer presented. Assess accessibility of the universal offer. Quality assure commissioned short break providers' activities and promote council funded activities.
Outcome	More children and young people able to take part in good quality, universal and targeted short break activities. More awareness of council funded opportunities.
Change	Mainstream schools need to improve their inclusivity. Ways need to be found to consider how to support pupils with EHC Plans without velcroing a TA to them. Curriculums need to flex to allow opportunities for SEND pupils that offer a holistic approach to their education.
Outcome	More confidence in mainstream settings for pupils with EHC Plans. Better holistic outcomes for SEND pupils. Potential lower tribunal rate for special school places.

13. Recommendations

The recommendations based on the assessment of data for the SEND JSNA are as follows:

1. Review what type of SEND provision is best to meet growing local needs (including special schools and inclusive mainstream schools). This could include increased investment in services for children and young people with SEND, given the growing population.
2. Work with SENCOs in order to ensure the accurate identification of need.
3. Develop a more robust SEN Support offer.
4. Develop offer for neurodiverse children and young people, including pre- and post-diagnostic support, CAMHS and transition support, ensuring the multidisciplinary system is working well, including for young people who have negative Autism Diagnostic Observation Schedule (ADOS) assessments but still have needs.
5. Ensure better recording of post-KS4 and post-19 destination data for young people with SEND.
6. Set up collection of data on accommodation for young people 18+ with SEND.
7. Improve data capturing and intelligence on ASD.
8. Develop a mechanism for recording access to Short Breaks care, including direct payments, that can be easily accessed and shared in the form of an annual report.