SECTION A

NEEDS ASSESSMENT

Contents

## A1 Needs assessment process

The needs assessment is at the heart of the commissioning process.

The Gateshead Commissioning Process June 2011 (Appendix A1 1) defines commissioning as *'the identification and assessment of needs and the developing of policy direction or selection of the most appropriate delivery mechanism by which to satisfy need in a cost effective way. It incorporates a whole service approach to the design, management, prioritisation, delivery and monitoring of a service and is an on-going cyclical process.'*

The Gateshead Commissioning Process has a hub model for needs assessment.
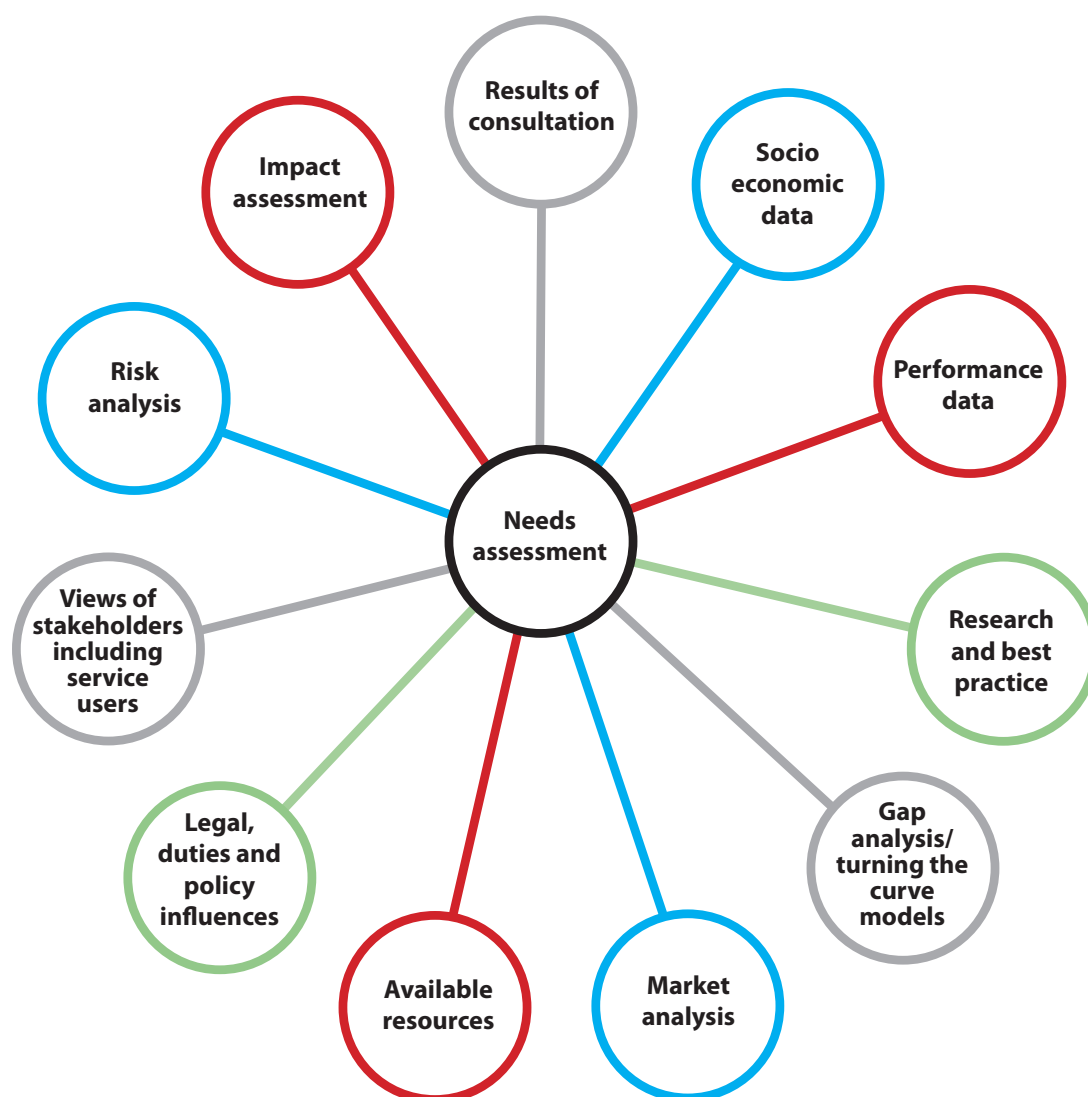
It goes on to state:

- '*Needs assessment is much more than collecting data. It needs to address all the 'spokes' in the analysis wheel outlined above.*

- *This element of the commissioning cycle must be driven by a strategic lead, making use of a range of corporate support available such as GENIE, strategic assessments such as the Joint Strategic Needs Assessment, Economic Assessment, Child Poverty Needs Assessment and Safer Gateshead Strategic Assessment. The use of evidence to identify need is an increasing priority, and this needs to be a major factor throughout the commissioning cycle.*

- *Engaging partners, users and providers is vital element the views of users and potential providers is an essential element in the needs assessment – what do people think about a service, and how it might improve?*

- *Transparency and publication of this information is important – to enable customers, users and providers to see on what basis we are taking decisions on commissioning, so we need to think about how we will present this information and avoid it being a long list of information.*

- *Legal requirements/issues are a key driver – what we need to do, and how we might do it, are often governed by duties and legal requirements, and we need to be clear about these as they impact on the options we might have going forward.*

- *Applying tests of affordability and cost-effectiveness, including an assessment of the available resources is important at this stage to ensure that an accurate and realistic view of needs is being taken.*

- *Future proofing – it is important to not just look at current intelligence but also future trends when thinking about needs – what trends such as population might have an impact in the future?*

- *Understanding the potential impact of commissioning decisions is important, and it is good practice to build in a range of impact assessment activities at this stage – including a focus on Equality Impact Needs assessment and Health Impact Assessment. The Council is currently looking at how these approaches might be drawn together into a Comprehensive Impact Assessment.*

- *We need to be able to ensure that this stage is not a lengthy and time consuming process, and that we have a consistent approach to the use of tools such as Outcomes Based Accountability which can provide a quick way of understanding the data, context and starting to identify solutions.'*

The Local Government Improvement and Development Service produced a document on Joint Strategic Needs Assessment in 2011 which defines an outcomes focused approach as:

'An approach based on focusing on the results of investing in a service or providing it in a certain way rather than outputs. Commissioners can be clearer about the real benefits they are seeking by defining the outcomes being sought.'

An outcomes based approach was central to the Every Child Matters agenda.

Developing successful outcomes as determiners of best practice would suggest that a combination of direction and engagement is essential. The commissioner sets the direction and the partners, which include young people, parents / carers and providers, help develop and shape the final product.

A2 Needs assessment rationale

The model proposed is designed to confirm to best practice in commissioning. It requires the triangulation of multiple data sets and uses both qualitative and quantitative data. Through the utilisation of quantitative data from service users and providers it provides an affirming validation of their contribution.

The model is both simple and flexible. It enables the various categories to be repopulated if data sets change and it integrates outcome data into the commissioning cycle, so completing the virtuous circle.

There are two simple rules about data collection:

- Rule 1: Don't collect data you are not going to use
- Rule 2: Collect once and use often.

There is a multitude of data and therefore a need to be selective in choice.

The model developed has identified the following four key elements as helpful:

1. Longitudinal data
2. Comparative data
3. Qualitative data
4. Outcomes data.

1. Longitudinal data provides an indication of the direction of travel over time. This is useful in seeing the stability of need and if there is a pattern of growth.

2. Comparative data enables one to question one's own practice. If we are different from others, we need to consider why. If others are better than us (achieving what we want to achieve) then we can ask them how they achieve their success. Likewise, if we are achieving well we should celebrate and share this success.

3. Qualitative data provides insights from <u>both</u> service users and providers, and enables a shared vision and understanding to develop.

4. Outcomes data enables us to see if the desired outcomes are being achieved and ultimately will inform best practice.

A3 Needs assessment model

A3 i Comprehensive needs assessment model for special educational needs

	Strand 1 Service users' views and aspirations	Strand 2 Nationally collected data	Strand 3 Internally held data	Strand 4 Partner held data	Strand 5 Staff knowledge and perception	Strand 6 Research and nationally reported evidence
Strategic commissioning	Community aspirations School forum Governors Parent / carer forum School / youth parliaments / councils	Trend analysis Comparative data	Data within SEN Data within SENIT Data within EPS Data within Inspector / Advisory Service Data within CWD	School level data ChiMat incidence rates Youth offending data Early identification of significant medical conditions that will affect learning	'Cumulative predicted placement measure'	Legislative requirements, national guidance and academic research
Operational commissioning	Aspiration and priority outcomes for: 1. Child / young person 2. Parent / carer		Educational achievement Post school destination Achievement of outcomes and targets	Evidence contributing to Education Health and Care (EHC) plans	Evidence contributing to Education Health and Care (EHC) plans	
Outcome measures	Parent and pupil satisfaction scales Individual and cumulative evidence of progress against parentally prioritised outcome	Attainment profiles for need groups	Individual and cumulative evidence of attainment against achievement outcomes targets and destinations	Connexions data on post school destination	Tested effectiveness of 'cumulative predicted outcomes measure'	Evidence relating to the effectiveness of types of intervention

A3 ii Needs assessment model: the six strands

Guidance on good practice from bodies such as the Commissioning Support Programme and the Institute of Public Care recommend a multi-stranded model of needs assessment that samples both qualitative and quantitative data.

The proposed model has six strands, each of which can be developed independently, and together they will provide a comprehensive needs assessment.

The model has three bands, the top two of which can be developed independently. The third band is the key one, the outcome measures.

The model recognises that there is the potential to over collect data and so there is an element of choice as to what data is used.

The driving principle is what outcome does the commissioner want to achieve. The assumption made is that improving outcomes for children and young people is central to the model.

Among the key questions the commissioner will want to answer are:

- Have the appropriate children been identified?
- Have the appropriate needs of children been identified?
- Have the appropriate children with needs been identified in a timely way?
- Is the provision made to meet their needs effective?
- Is the provision made to meet their need cost effective?
- What difference does the support provided make?

Although not all of these questions relate explicitly to the needs assessment element of the commissioning cycle, the needs assessment cannot effectively be developed out of the context of the whole cycle.

The model differentiates between strategic commissioning, which ensures an appropriate framework of support and provision is available for the community and which needs to operate over a longer time scale, and operational commissioning, which determines provision, placement and support for individual children and young people.

It must be made clear that a category of special educational need, such as autistic spectrum disorder (ASD), is not an indication of real need. It is a proxy indicator. It does not, in itself, indicate what needs an individual will have or how best they can be met.

An outcome based model works from the reverse principle. The identification of the outcome the child or young person needs to achieve is the indicator of what their needs are. Two children or young people with different categories of special educational need, say hearing impairment (HI) and behaviour, emotional and social difficulties (BESD), might have similar desired outcomes in relation to 'educational achievement' and 'social inclusion'.

Strand 1: service users' views and aspirations

Listening to the voice of the child and the voice of their parents / carers is an essential element of good practice. It is also emphasised in the Children and Families Bill and associated Code of Practice and Regulations.

There needs to be a differentiation between hearing the collective voice of parents and listening to the aspirations of parents and carers on behalf of the individual child they are responsible for.

Service users' contribution to needs assessment within strategic commissioning

Community aspirations, expressed through citizens' forums, community groups and ultimately through polls, will contribute to understanding what needs the community prioritises. These sources can, for example, influence prioritisation for issues relating to behaviour or inclusion.

The specific forums which the SEN Service can directly access, such as the schools forum, parent / carer forum, governor forums and school / youth parliaments / councils (if they exist) should be systematically used to check overall perceptions of needs and whether they are seen to be effectively met.

Parent / carer and child / young person contribution to needs assessment within operational commissioning

The new legislation encourages parents and young people to express the outcome they want to achieve. This is a measure of need. Proposals are set out in Section F6 for the development of a comprehensive and progressive set of outcome measures.

Outcome measures

Two outcome measures are proposed.

1. A parent / pupil satisfaction scale.
    Questions such as 'How well do you think your / your child's needs have been met this year?' can be developed with parent / carer forums and young people, and systematically used and recorded.

2. An EHC plan would be expected to have desired outcomes listed as well as shorter term targets. Parents should be encouraged to identify the outcome they want, as should children and young people. It is possible in some circumstances that these would be different from each other and indeed different from the outcome the authority would feel most beneficial.

    The child / young person's and parent / carer's perception of progress towards the outcome could be collected at the same time as the satisfaction rating.

It would be helpful to have the recording of these measures kept in a way that a longitudinal record relating to the individual child was kept as well as a cumulative record of all parents / carers and children was used as an indicator of success.

Strand 2: nationally collected data

The DfE collect and report on an enormous amount of data relating to special educational needs.

It is not clear yet how data will be collected in the future, but it is clear that some of the helpful data that can inform a needs assessment now will no longer be available in its present form.

As statements of special educational need and School Action Plus will no longer be defined measures of 'status', they will not be collected or reported and so, until records of the new measures become embedded, the trend data currently available will be lost.

The use of trend data, being able to see the direction of travel, is a significant element of needs assessment, and should be used where possible.

Similarly, there is great value in being able to see the trends of those authorities that are Gateshead's statistical neighbours. The assumption that they are 'right' and you are 'wrong' is not the correct one. It is more that one can reflect on what a 'difference' might imply. This could be an over-identification or under-identification of a group of children for example.

The key national data is in the DfE statistical releases and performance tables, including:

- Special Educational Needs in England, January 2012 (published 12 July 2012) - reference ID SFR14/2012
- Special Educational Needs in England, January 2011 (published 30 June 2011) - reference ID SFR14/2011
- Special Educational Needs in England, January 2010 (published 23 June 2010) - reference ID SFR19/2010
- Special Educational Needs in England, January 2009 (published 30 June 2009) - reference ID SFR14/2009
- Special Educational Needs in England, January 2008 (published 25 June 2008) - reference ID SFR15/2008
- Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012
- National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) - reference ID SFR33/2012
- GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) - reference ID SFR04/2013.

The performance tables indicate the average level of performance of different categories of special educational need and provide a useful benchmark against which to measure progress within the Authority.

Strand 3: internally held data

Internally held data, data within the Local Authority, potentially can provide sufficient evidence to inform a needs assessment.

> **At present the collection of data is fragmented. Some data is collected but not analysed. Some data is analysed but not reported. Some databases are incomplete. Some databases have conflicting information.**

Internally held needs assessment data that can inform strategic commissioning

Strategic commissioning requires not only the knowledge of what the current profile of need is but also an indication of what the future profile of need is likely to be.

Indications from internally held data that can be predictive of future needs include:

1. Trend data
2. Data relating to pre-strategic intervention (pre-statement) such as:
    o Pupils at School Action Plus
    o Caseload data relating to SENIT and EPs
3. Areas of tension, such as tribunals and ombudsman cases as well as complaints
4. Data from Children's Social Care / Children with Disabilities teams can indicate cases where a potential breakdown of the family could impact upon the child's learning needs
5. A range of evidence from Inspector Advisers can indicate if any key providers (schools) are under pressure and likely to be ineffective; they also can access attainment data for individual pupils

Internally held needs assessment data that can inform operational commissioning

Once there is the systematic collection and analysis of data relating to educational achievement, outcome attainment and post school destination, the commissioner (and parents) will be able to make better decisions relating to the effectiveness of different types of placement and provision.

If for example there is evidence that 60% of SLD pupils in one setting go on to appropriate continued education, training or employment whilst from another setting only 30% do, that is powerful evidence both to inform placement decisions and of the need for help and support to a setting.

Similarly if you can demonstrate that SpLD pupils supported in Gateshead schools are likely to achieve a particular level of progress (e.g. % achieving age-related expectation in educational indicators at Year 4) then you will provide reassurance for parents and reduce likely demand for out of authority placements.

Internally developed outcome measures

The development of a data set showing the profile of achievement in a range of outcome measures and post school destinations will enable commissioning to become outcome-led and the outcome to become the need.

Strand 4: partner held data

There is a comprehensive range of data held by Gateshead LA partners which can contribute to an SEN needs assessment.

Partner held data on needs that can inform strategic commissioning

School level data
Schools will, in most cases, be aware of needs before the LA.

> **At present the 'magnitude' of those needs are reflected by a system that progresses through School Action and School Action Plus to statement. That system will cease with the new legislation and it is not clear what will succeed it.**

The profile of need in school, by category of need, is another underlying factor that can inform a needs assessment.

Health Service data
Most pre-school children with significant needs are known to NHS services, for example GP's and Health Visitors. The Health Service is obliged to notify the LA of children who are blind and deaf and those under two who have significant needs. At present the systems for this are not working efficiently.

If the statutory notification system was improved the commissioner would have profiles of emerging needs on many children who may require an EHC plan before they commence school.

ChiMat
ChiMat (the Child and Maternal health observatory) has child health profiles specific to Gateshead. A significant amount of the data is a recirculation of data from educational sources, and others reflect predictive ranges of need rather than actual profiles.

It is not a particularly helpful data set for needs assessment.

<u>Youth offending data</u>
Data relating to young people engaged in offending activity could be a useful outcome measure for certain groups of children.

<u>Connexions data</u>
Although the Connexions service is no longer universal, the Local Authority will collect data on post school destination for young people. The destination of young people is an important indication of the effectiveness of the support they have received.

<u>Partner held knowledge that contributes to operational commissioning</u>

Both schools and health are required to contribute to the needs assessment that will inform the statutory assessment process underpinning the EHC plan.

Strand 5: staff knowledge and perception

<u>Staff knowledge and perception of need that can inform strategic commissioning</u>

Staff employed within the LA will often have a perception of a child's progress and development that could predict the child's future needs. This information is seldom collected and utilised.

One method of systematically collecting this is to ask appropriate staff to complete a version of a 'predicted placement measure'. This can be as simple as:

<u>Predicted placement</u>

Name of child: Date of birth: School: Primary need:

Allocate your professional judgement as to what will be the most appropriate placement at the next phase transition.

Mainstream	ARMS	Special school	Out of authority
%	%	%	%

Name of professional: Date:

The professional completes the form in the spring term <u>two years before</u> the next phase change. They allocate their percentage probability score, e.g. mainstream 85%, special school 15%.

Two or three professionals can independently complete the form on each child.

The summed data will provide an indicator for an individual which could allow for intervention to shape the destination and also a cumulative profile of predicted demand for a type of provision, e.g. number of special school places.

Feedback to the professional will help inform their judgement and the measure will therefore be strengthened by experience.

Staff perception and knowledge that can inform operational commissioning

The advice that is submitted to the EHC plan contribute to informing the LA of an individual child's needs.

Staff perception and knowledge as an effective outcome measure

This can be evaluated by the analysis of a 'predicted placement measure' and through the assessment determining provision that will enable the child / young person to achieve appropriate outcomes.

Strand 6: research and nationally reported evidence

There is a range of developmental data that can contribute to a needs assessment. Such data can be found in research papers from universities or published by the DfE. Evidence can also be drawn from special interest groups such as the National Autistic Society (NAS) or the Royal National Institute for the Blind (RNIB). It is important that the quality of data is considered. Is there evidence of peer review and independent evaluation of the data?

This type of data is important in the consideration of outcomes as it can assist the commissioner in determining the effectiveness of the provision that is commissioned. The DfE publishes attainment levels for different categories of need and also professional reports such as the Bercow Review, which informed on speech and language, and the Rose Report on specific learning difficulties.

A major challenge is the lack of capacity to keep up to date with new developments. A strategy to address this could be to identify 'champions' for each area of need. These could be drawn from a variety of sources: educational psychologists, specialist teachers, special schools, inspector/advisors. The 'champion' could have a time specific brief to inform the LA of changes and developments in their area of focus.

A3 iii Outcomes

In outcome based commissioning you determine the desired outcomes at the start of the commissioning process.

Outcomes can be measured in a number of ways.

1. Educational achievement

The use of standard educational achievement measures can make an important contribution to measuring the progress of pupils with SEN. Firstly, because they are the gold standard against which educational progress is measured so they are standardised, moderated and comparative data is widely available. Secondly, because it should never be assumed that all pupils with SEN cannot make good progress on these measures.

2. Post school destination

School is a life transition phase which has a value in its own right but is part of a progression through life. Where a pupil goes to after school is an indication of the progress he or she has made at school. It enables the commissioner to evaluate if different provision or placements may lead to differing outcomes for children with similar needs. It also provides parents / carers with an indicative piece of evidence to help them in deciding what placement to choose if they know what outcomes are likely to be achieved through that progress.

3. Client satisfaction

How the young person, their parent / carer, and school / education provider feel about the support they have been offered is a potentially valuable outcome measure. As in any qualitative measure, the formulation of the questions is crucial. Care must be taken to ensure that questions are neutral and non-directive, and data must be collected in a way that enables people to express their views without feat of consequences.

Ideally the type of client satisfaction measure should be developed with the client group. A mixture of fixed choice (Yes / No) questions, rating scales and open-ended questions often provide the best results.

Feedback both to the people who complete the questions and those who are evaluated by them is essential.

4. Pupil progression measures

Not all pupils will make progress on traditional benchmarked educational measures, such as EYFS profile, Key Stage 2 and Key Stage 4 SATS or external examination. All pupils however are capable of making progress on some dimension.

Through the qualitative assessment process (focus groups and interviews) a range of potential outcome measures were identified:

- Social inclusion and integration
- Physical development or mobility
- Language and communication skills
- Independent living skills
- Social and public behaviour skills.

Not all of these will be relevant for all children, but they provide a 'longer perspective' than 'targets' which are often restricted to a six-week period, a term or a year. The longer-term intention can be forgotten but if desired outcomes are agreed and progress towards them is measured then they remain a focus to which the smaller targets contribute.

It is advantageous to have more than one desired outcome because not all parties may want the same outcomes. Parents and young people may have different desired outcomes and the school and parent may also differ in priority.

The previous government used an outcomes based model in the Every Child Matters framework which had five key outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing.

Portsmouth developed, through consultation with young people, the 'Portsmouth Eight', which were a shared vision of the outcomes wanted by, and for, young people in the city.

Developing, negotiating and measuring outcomes requires training, skill and practice. It is often helpful for an appropriate working group from parents, young people, specialists and schools to work together to create an outcomes bank for a particular area of need, so providing a framework of profession. However this should not preclude the opportunity to embrace unique outcomes particular to a situation which may be generated by an individual.

Outcomes can be drawn out by shaping the longer-term perspective:

- What do you want to do when you leave school?
- Which area of development is most important to you?
- Where would you like to be in three / four / five years?

Evidence from research shows that, given support and encouragement, most parents are able to articulate this longer perspective. Young people too can express their desires and aspirations given appropriate support.

Desired outcomes change. Sometimes hopes were unrealistic. Sometimes progress exceeds all expectation. It is important therefore to recognise this and create the opportunity to review and reframe outcomes. This naturally falls into an annual review process.

A3 iv Needs assessment summative profile

SEN category	Service users	National data	Internal data	Partner data	Staff knowledge and perception	Research and nationally reported evidence	Impact of new legislation	RAG rating
Specific learning difficulties								
Moderate learning difficulties								
Severe learning difficulties								
Profound and multiple learning difficulties								
Behaviour, emotional and social difficulties								
Speech, language and communication needs								
Hearing impairment								
Visual impairment								
Multi-sensory impairment								
Physical disability								
Autistic spectrum disorder								
Other								

A3 v 'Quick fix' needs assessment

1. Ensure all relevant data, that is currently held within the Directorate, is located in a single database
The absence of a single co-ordinated comprehensive database is the biggest single inhibitor blocking effective needs assessment.

Data from SENIT relating to children being seen and level of involvement and from EPs will ensure a broader profile of needs. Data from School Effectiveness teams relating to achievement level of pupils could ensure the SEN database held evidence of educational outcomes.

The SEN database does not hold all the same data on one database: for example not all primary needs are recorded, and the ethnicity of pupils is not recorded.

2. Establish clear routes for 'early identified' children with significant medical needs from the Health Service to an appropriate location
Medical colleagues, doctors and health visitors, have early intelligence of children whose needs are likely to be such as will require an EHC plan. These include children who are deaf, blind, and those who have significant physical disabilities or medical conditions that could affect learning. If a clear route for such data was established and maintained, it would help inform both strategic and operational planning.

3. Develop and agree outcome measures
Discussions with individuals, groups and focus groups indicated a shared perception of a range of domains of appropriate outcome measures, such as:
- Educational attainment
- Social inclusion
- Social communication
- Level of independence
- Post school destination.

If there is no national guidance forthcoming on outcomes measures, it would be beneficial for a list of outcome areas and level of progress within those areas to be developed. This would best be done by pupils, parents and professionals working both in independent groups and together, with the resultant tables being endorsed by the appropriate forums. The self-development will strengthen both the ownership and the understanding of the measures.
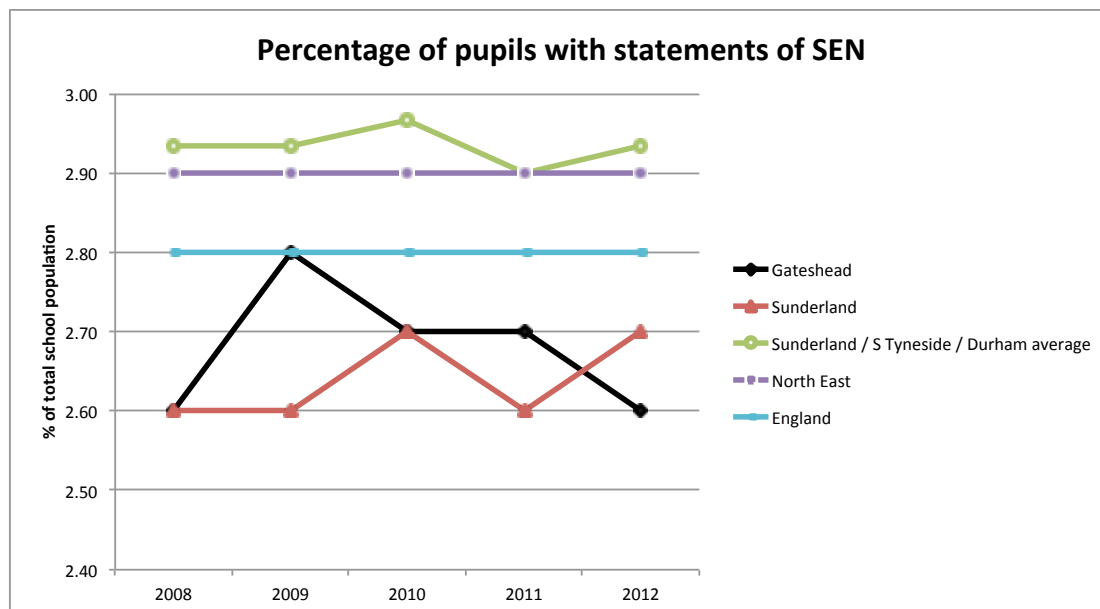
At the same time a system for both recording progress of individuals against outcomes and the achievement of outcomes in different categories of need and different settings will need to be established, with standards set for its maintenance and reporting.

4. Work together
The service appears fragmented and lacking a common vision. At present there do not seem to be clear routes of communication or forums for sharing all of the services working to address the special educational needs of children. All staff need to know the appropriate routes for information, their roles and responsibilities and those of colleagues, who makes decisions, and what the shared strategic vision is and how they contribute to it. As well as clear route maps for involvement and decision making, the engagement of staff in the development of best practice and through regular programmed meetings would be beneficial.

A4 Needs assessment profile

A4 i Needs assessment summary sheet

Percentage of pupils with statements of SEN

Chart: % of total school population (y-axis, 2.40 to 3.00) by year (2008–2012)

Legend:
- Gateshead
- Sunderland
- Sunderland / S Tyneside / Durham average
- North East
- England

Key findings

- Gateshead has a lower proportion of children identified with special educational needs compared with national, regional and statistical neighbours.

- Up until January 2012 there was no sustained trend of growth in the numbers of pupils with special educational needs.

- There are four categories of need where there is a growth trend:

  - Autistic spectrum disorder
  - Speech, language and communication needs
  - Visual impairment
  - Behaviour (Primary schools only).

- There are two areas where Gateshead's profile of need is at or above the comparator groups:

  - Autistic spectrum disorder
  - Hearing impairment.

A4 ii Needs assessment overall profile

Percentage of pupils with statements of SEN
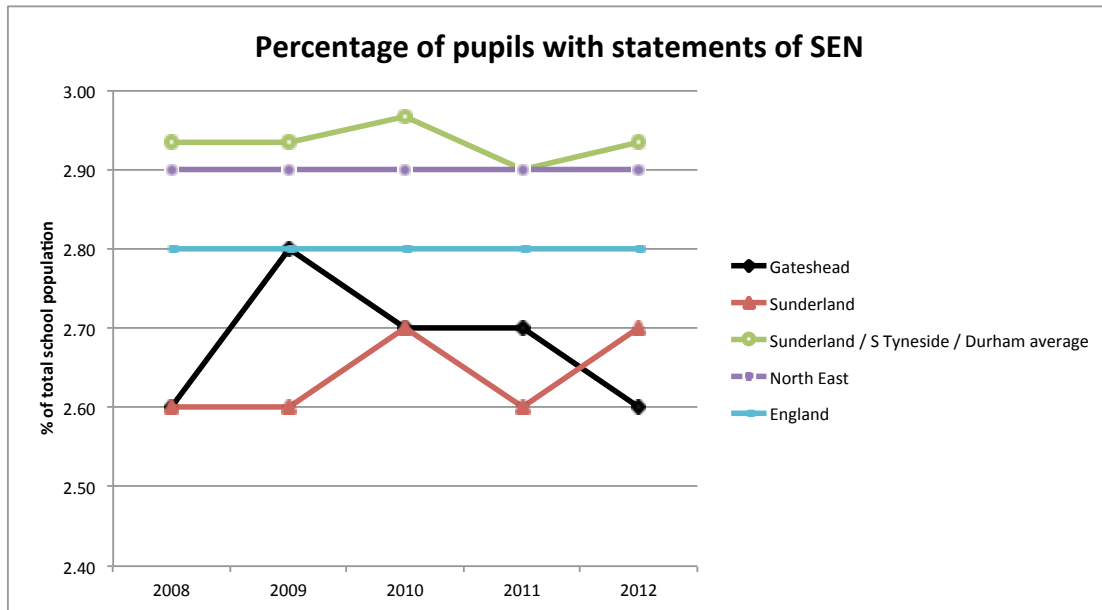
Gateshead has a smaller proportion of pupils with a statement, at School Action Plus, and at School Action, than nationally, regionally or compared to statistical neighbours (see Appendix A4 ii 1).

Percentage of pupils with SEN without statements
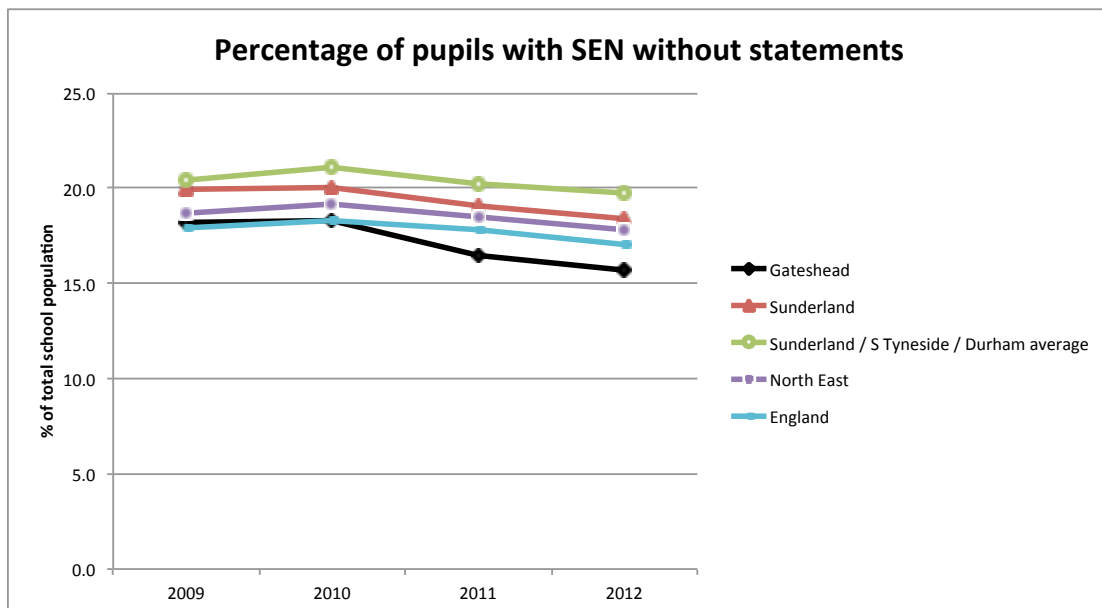
There is no overall trend of growth in the number of pupils with SEN in Gateshead either with or without a statement over the past few years. This pattern reflects the national, regional and statistical neighbour profile (see Appendix A4 ii 2).

In respect of the underlying categories of need the only areas where the prevalence of need is growing are:

- Autistic spectrum disorder
- Speech, language and communication needs
- Visual impairment
- Behaviour (Primary schools only).

In respect of the underlying categories of need the areas where the prevalence of need in Gateshead is greater than the comparative groups are:

	England	North East	Statistical neighbours
Autistic spectrum disorder		✓	
Hearing impairment	✓	✓	✓

In a number of areas of need the proportions of need are significantly lower:

- Behaviour
- Moderate learning difficulties
- Physical disability
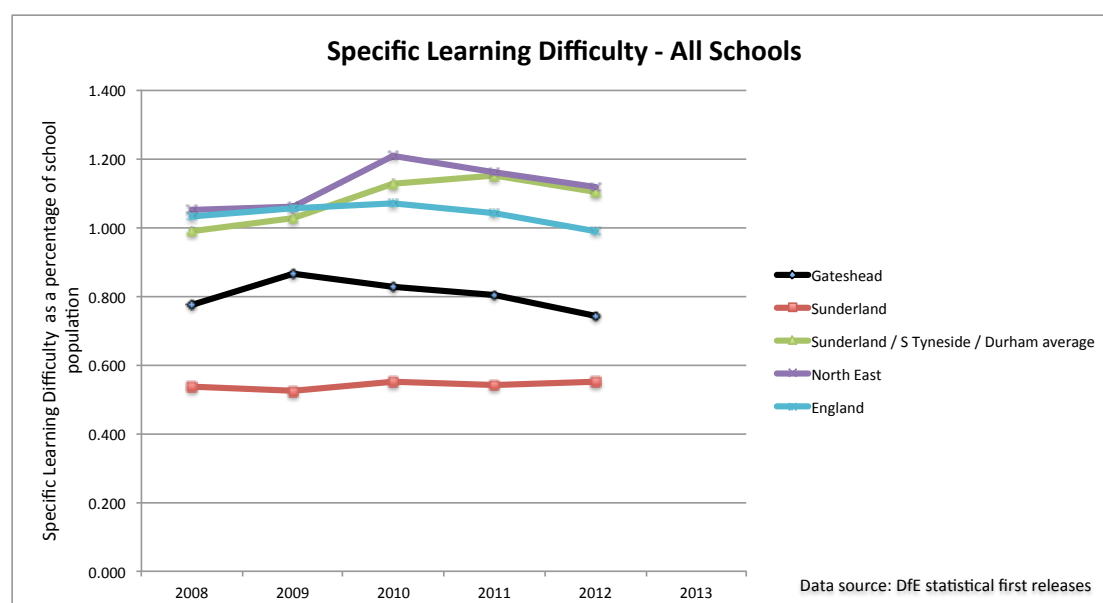- Speech, language and communication needs.

It is possible to interpret the data in a variety of ways. For example, those areas of need that are below the national, regional and neighbourhood averages could be seen as areas of underdeveloped need and hence a potential risk of growth. However for this exercise the areas of need that are identified as being of significance for the needs assessment are those areas where there is a sustained pattern of growth and those areas that are high compared to the comparative averages.

An exception to this related to Early Years. In respect of children under five the profile of low early identification (see Section C) is seen as an area of weakness.

A further caveat is that the comparative data is clouded by the lack of a single comprehensive data set in Gateshead that has contributed to the underestimation of the number of children with special educational needs.

A4 iii Needs assessment profiles by category of need

Needs assessment: specific learning difficulties (SpLD) summary sheet

Specific Learning Difficulty - All Schools

Specific Learning Difficulty as a percentage of school population

- Gateshead
- Sunderland
- Sunderland / S Tyneside / Durham average
- North East
- England

Data source: DfE statistical first releases

Key findings

- The evidence indicates that nationally and locally there is a downward trend in the number of children and young people identified as needing support for specific learning difficulties (SpLD).

- National data evidence suggests that some pupils with specific learning difficulties will make sufficient progress so that they will no longer require additional intervention and support. If Gateshead had clear exit criteria to complement their eligibility criteria it would facilitate the withdrawal and redistribution of resources when they were no longer required.

- The majority of pupils with specific learning needs have their needs met within mainstream schools. The profile of resourcing suggests that these will be met from within schools' delegated budgets under the School Funding Reform arrangements.

- SpLD is an area where there are strong parental expectations, informed by groups such as the British Dyslexia Association (BDA), which have led to well informed challenges of LA provision.

Needs assessment: specific learning difficulties

Definition

There are a range of definitions of specific learning difficulties (see Appendices SpLD 8 and SpLD 9). The key feature is that the learning difficulty is specific rather than general. It is an aspect of learning that the pupil finds difficult, not the generality of learning.

Eligibility criteria

Gateshead eligibility criteria (Appendix SpLD 5) recognise the factor of discrepancy between attainment in different areas and also recognise the importance of the application of appropriate strategies and the elimination of other factors (such as poor attendance) which might impact on achievement or other outcomes.

The eligibility criteria could be strengthened by the addition of exit criteria which set out a level of achievement following which support could be terminated.

Prevalence of SpLD and comparative data

DfE figures for 2012[1] show the following profile of the percentage of pupils with a statement for SpLD in different settings:

	Primary	**Secondary**	**Special**
National	9.5%	15.9%	1.1%
North East	7.6%	17.8%	1.4%
Gateshead	8.7%	18.6%	1.0%

This would suggest that Gateshead has a similar profile of identification and placement to the regional and national norm.

The tables and graphs (Appendices SpLD 1 and SpLD 2) show that both nationally and in Gateshead there is a slight fall in this group of children.

This fall is mirrored in the SENIT data (Appendix SpLD 6) and so there can be some confidence in asserting that this is not an area of growth.

The current figures from the Gateshead SEN database (Appendix SpLD 4) indicate that no children are in receipt of a statement before Year 5.

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[1] Children with special educational needs: an analysis – 2012 (published 17 October 2012) – reference ID SFR24/2012

SpLD by National Curriculum year - number
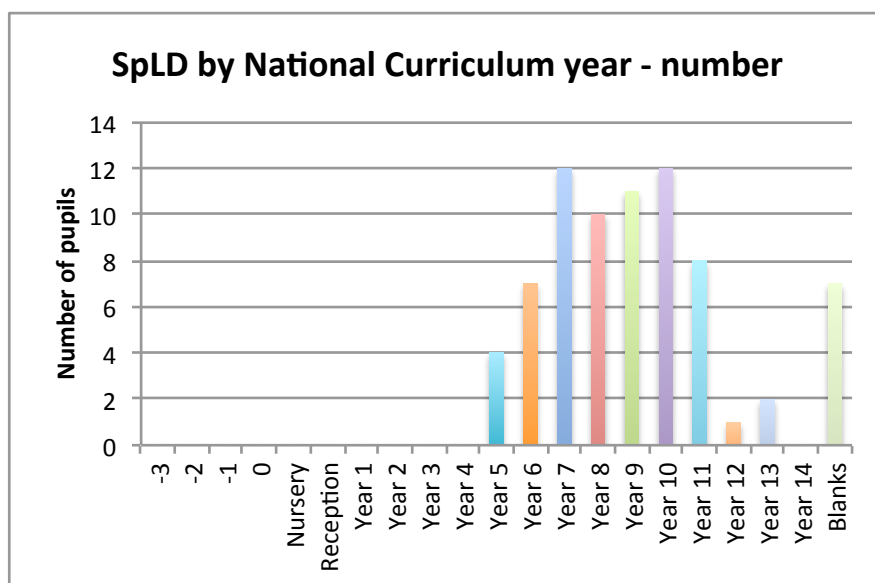
Although it is possible to identify the learning profiles which may be associated with specific learning difficulties earlier than this, it is easier to identify SpLD after a young person has been exposed to appropriate learning strategies.

Variation in need and cost

The majority of pupils have their needs met in mainstream schools through a standard allocation (51.35%) or with additional support (21.62%). Five are placed in ARMS, although none of the ARMS specialise in SpLD. Two are placed out of authority at Nunnykirk, and one at Percy Hedley. Out of authority costs range between £22,380 and £25,527.

Skills set

There are specific qualifications for the teaching of children with specific learning difficulties but increasingly the range of skills required are demonstrated by teaching staff in mainstream provision.

The Rose Report[2] emphasises the importance of personalised learning as a strategy for effective intervention, in that it matches provision to need, and that the systematic prioritisation of phonological skills is effective for teaching reading to children with dyslexia. Both these strategies are now well embedded in good practice in schools and will be contributing to the decline in numbers of children identified as having SpLD and to schools' own abilities to meet their needs.

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[2] Rose, Sir Jim (DCSF, June 2009) *Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties*

Additional service data

The data from SENIT (Appendix SpLD 6) shows a gradual decline in the caseload, number of referrals and waiting list for pupils with specific learning difficulties.

Evidence of impact on outcomes

No data relating to outcomes are systematically recorded and analysed. This is of significant importance for this group of children and young people as appropriate systematic intervention can make a difference, and national data shows that some of these pupils will be achieving appropriate levels of progress and so consideration could be given to tailing off support. Detailed outcomes data would also strengthen the LA's ability to resist pressure to seek out of authority placements by demonstrating that need could be met locally.

The following information is taken from national data sets.

Early Years Foundation Stage
National data[3] shows that the percentage of pupils with SpLD achieving a good level of development increased from 9% in 2008 to 13% in 2012.

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

Key Stage 2
National data[4] shows that the percentage of pupils with SpLD achieving level 4 or above in English and mathematics increased from 22.9% in 2008 to 26% in 2011[5].

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[6] (range 72% to 74%).

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[3] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

[4] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012

[5] The 2012 figure for SpLD was 33%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[6] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

**Achievement of expected level of development at KS2 -
Specific Learning Difficulty**
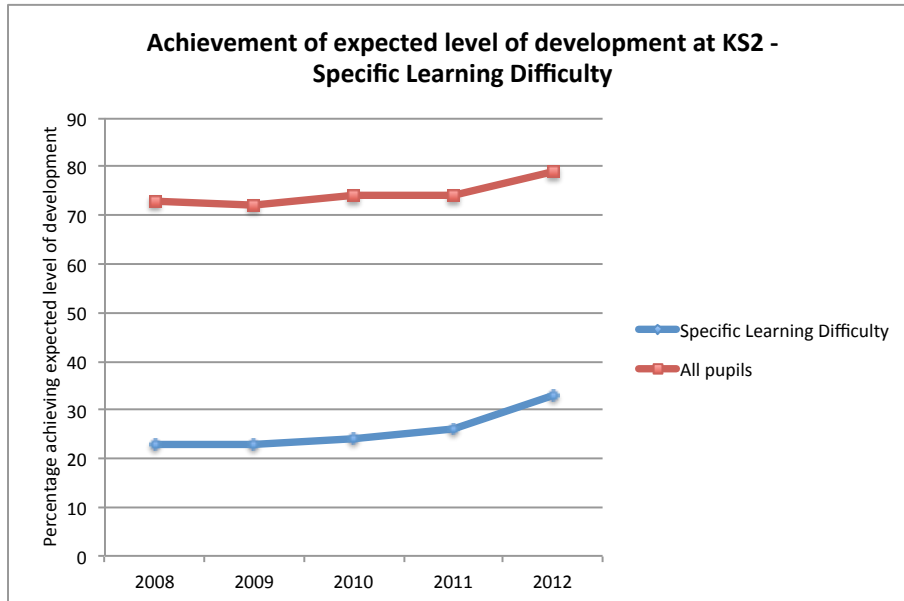
Key Stage 4

National data[7] shows that the percentage of pupils with SpLD achieving A*-C grades including English and mathematics GCSEs increased from 10.3% in 2008 to 17.5% in 2012.

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with SpLD achieving 5+ A*-G GCSE grades increased from 81.6% in 2008 to 89.9% in 2012.

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Requirements of children with SpLD for Education Health and Care plans

Objectively one could expect that most children with SpLD are not likely to require an EHC plan because:

1. The majority will have their needs met by schools through resources delegated to them for special educational needs
2. The majority of them will not have health or care needs.

However the impact of powerful support groups, such as the BDA, who have done much to secure recognition of dyslexia as a significant condition affecting learning which requires appropriate provision, may result in continued parental expectations for 'protected' provision.

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[7] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

The most recently available published SEN Tribunal Annual Report (2009-10) showed that SpLD cases were the second largest area of need considered by the Tribunal, with 535 cases representing 16% of the total. They had been around this level for the four previous years.

Discussion

The level of need for support for pupils with specific learning difficulties is relatively stable, with a slight decline. This decline is reflected in national and local statistics and is reflected in underlying data such as SENIT caseloads and referrals.

There is national evidence that would suggest that schools are better able to identify and meet the needs of this group of pupils and that increasingly they may want to do so with their own skilled staff. This is not intended to minimise the difference that trained, skilled and experienced staff can make. What needs to be recognised is that some schools will have the skills and confidence, while others will need the support of external specialists. The use of agreed outcome measures will help determine the effectiveness of intervention.

However the availability of strongly informed groups, such as the BDA and local dyslexia associations, mean that some parents will have high expectations for the type of provision a child with SpLD will need. The LA can help meet these expectations by having available staff with an appropriate level of expertise and by having outcome data that shows what levels of academic performance and post school destination pupils with SpLD are likely to achieve.
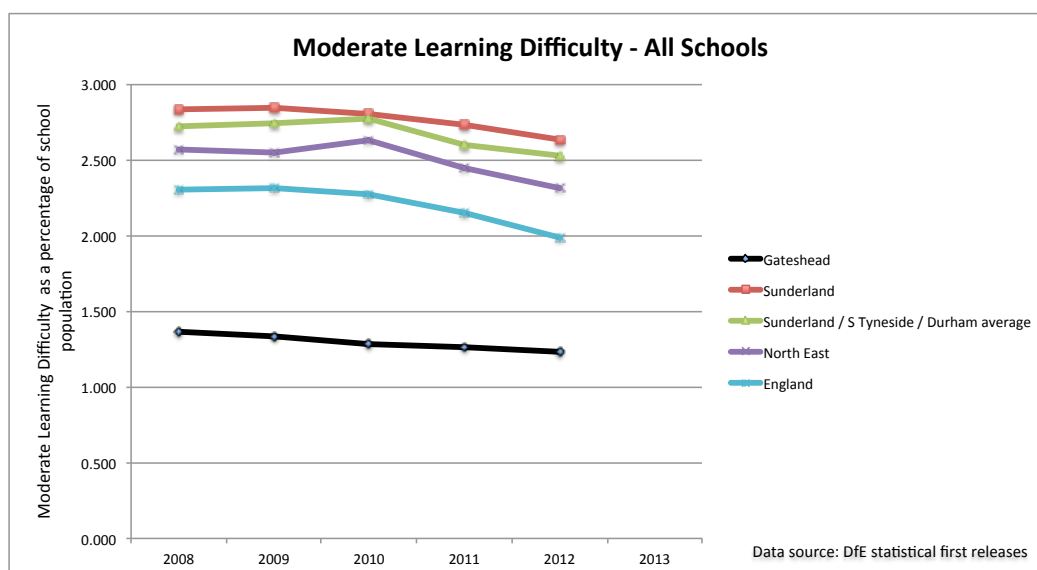
Key findings

- The evidence indicates that nationally and locally there is a downward trend in the number of children and young people identified as needing support for specific learning difficulties (SpLD).

- National data evidence suggests that some pupils with specific learning difficulties will make sufficient progress so that they will no longer require additional intervention and support. If Gateshead had clear exit criteria to complement their eligibility criteria it would facilitate the withdrawal and redistribution of resources when they were no longer required.

- The majority of pupils with specific learning needs have their needs met within mainstream schools. The profile of resourcing suggests that these will be met from within schools' delegated budgets under the School Funding Reform arrangements.

- SpLD is an area where there are strong parental expectations, informed by groups such as the British Dyslexia Association (BDA), which have led to well informed challenges of LA provision.

Recommendations: specific learning difficulties

1. In order to ensure that effective provision is made, systematic records and analysis of outcomes for pupils with specific learning difficulties should be kept and used.

2. In order to ensure resources for special educational needs are appropriately targeted and recycled, exit criteria should be developed and implemented to remove support and encourage independent learning in pupils who are functioning at an appropriate level.

Needs assessment: moderate learning difficulties (MLD) summary sheet

Moderate Learning Difficulty - All Schools

Data source: DfE statistical first releases

Legend: Gateshead, Sunderland, Sunderland / S Tyneside / Durham average, North East, England

Key findings

- Nationally and locally there is a slight downward trend in the number of pupils identified as having MLD.

- Moderate learning difficulties represent a stage on a universal continuum of learning rather than a distinct category.

- The skills required to meet the needs of pupils with moderate learning difficulties are not different from those required to teach other children.

- A significant variable in provision and placement is the secondary needs that a pupil may have. 52 of the 112 pupils with MLD who had a secondary need had speech, language and communication needs as that need and 33 had physical difficulties.

- The profile of pupils with moderate learning difficulties does not appear to vary according to their placement.

- The cost of supporting pupils with MLD varies according to their placement. **The variation in resourcing the same need in different settings is a potential risk.**

- Geographical mapping shows that the distribution of pupils with moderate learning difficulties is not even. There are distinct clusters of need.

Needs assessment: moderate learning difficulties

Definition

The DfE *Glossary of Special Educational Needs Terminology* (2011) defines moderate learning difficulty (MLD) as follows:

'Pupils with MLDs will have attainments significantly below expected levels in most areas of the curriculum despite appropriate interventions. Their needs will not be able to be met by normal differentiation and the flexibilities of the National Curriculum. They should only be recorded as MLD if additional educational provision is being made to help them to access the curriculum. Pupils with MLDs have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have an associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.'

The term 'moderate learning difficulties' was introduced in the 1978 Warnock Report to replace the more formal term 'educationally sub-normal to a moderate degree (ESN-(M))' which was introduced in 1945.

It is a term that has been loosely defined and professional debate has often been about whether the construct of intelligence is a meaningful measure. Some authorities use the definition to include reference to an IQ between 55-70.

Moderate learning difficulties (MLD) is a lifelong condition that will affect all areas of learning and may impact upon social functioning because of immaturity in social learning. Frustration with a learning regime that does not meet their needs can lead to disruptive behaviour.

Eligibility criteria

Moderate learning difficulties is a category of need recorded in the 'Cognition and Learning' subset. Under their criteria for initiating a statutory assessment (see Appendix MLD 2) attainment in both English and mathematics has to be in the poorest 2%, and overall pattern of attainment in the poorest 5%, and the child must show great difficulty in independent working.

A matrix of SEN Cognition and Learning is used to determine the magnitude of the pupil's learning difficulty.

Prevalence and comparative data

The data from Gateshead SEN returns, compared with other authorities, show that Gateshead identifies fewer children in this category than most (see graph overleaf and Appendix MLD 1).

Moderate Learning Difficulty - All Schools

Data source: DfE statistical first releases
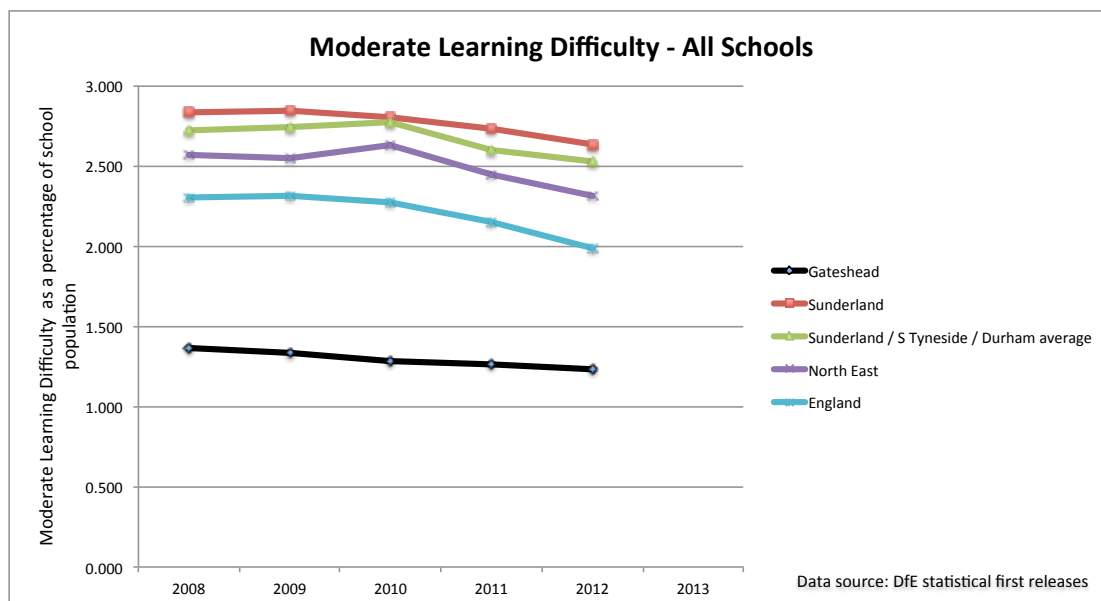
However in the most recent comparative figures for 2012 there was a sharp rise in the number of primary school aged children with MLD.

Nationally and locally, pupils with MLD needs remain one of the largest groups of children with SEN. In Gateshead in 2012 this group represented 17.7% of those with statements and the largest category of need in mainstream schools. There were over 300 (301 children) classified with MLD as their primary need in mainstream schools and just four in special schools.

Stability of need

Nationally and locally there is a small downward trend in the number of children identified as having moderate learning difficulties.

Variation in need

112 of the pupils with MLD as their primary need had a secondary need identified. The majority of these, 52 (49.1%) had a secondary need of speech, language and communication needs. A further 33 (29.5%) has recognised physical difficulties as a secondary need.

The secondary need did not seem to be a robust determinant of provision. Of those with SLCN as their secondary need 28 (53.8%) went to special schools (maintained or academy) and 19 (36.5%) went to mainstream schools (including academies). Only 3 were placed in ARMS provision.

Of the 6 with BESD (attention control difficulties), 4 went to mainstream and 2 to special schools. Of the 5 with BESD (disruptive and disturbing behaviour), 3 went to mainstream and 2 to special school provision.

Variation in cost

The key determinant of cost is placement. A pupil with MLD placed in a special school will have a standard allocation of £10,000. A pupil with MLD in an ARMS is likely to receive a planned place allocation of £10,000. A pupil with MLD in a mainstream setting is most likely to have additional resourcing below the threshold of £6,000 that schools are expected to provide. Of the 233 pupils with MLD as their primary need 67 receive 'Top up' funding at an average cost of £3,405.

A response from the SEN team at Gateshead (12/4/2013) to a request for clarification on funding demonstrated the range of resourcing:

'The normal funding for mainstream schools would be a standard allocation amount of £2302.91 for Secondary and either 5 hours of TA3 or 2.5 hours of Teaching support for pupils in Primary schools. There are pupils who receive variations on this amount, just looking at a quick snapshot of 45 pupils with MLD in Primary school showed the following:

12 – 2.5hrs LST
20 - 5hrs TA (mix of level 2 & 3)
2 – 7.5hrs TA2
7 – 10hrs TA (mix of level 2 & 3)
2 – 12.5hrs TA3
1 – 15hrs TA2
1 – 20hrs TA3'

The majority of pupils with MLD, at both Primary and Secondary age, have their needs met in mainstream school. In 2012, 87.25% of the 345 children with moderate learning difficulties were in mainstream schools (including ARMS).

Nationally 18.6% of pupils with MLD are in special schools but in a number of authorities there is now no specialist provision made for these children who are seen on a continuum of learning. In the North East, Redcar has no MLD pupils in special schools and Newcastle only has six. There question therefore can be posed, "Is segregated provision still an appropriate option for children with moderate learning difficulties?"

> **The variation in resourcing the same need in different settings is a potential risk.**

Skills set

The skills set required to function effectively as a mainstream teacher is appropriate for this area of need. Children with MLD required recognition that their learning will progress slower than the majority, a differentiated

curriculum, personalised learning programmes and positive reinforcement and encouragement. There is not a distinct set of skills or qualifications.

Evidence of impact on outcomes

There are no systematic records of outcomes for this group of children and young people, either in terms of educational performance nor of destination post school. This means that the effectiveness of provision cannot be measured and that the potential for achievement within this group is in in danger of being underestimated.

The lack of outcome data is a crucial issue because of the variation in placements and costs. The LA needs to know which profile of provision is the most cost effective.

The following information is taken from national data sets.

Early Years Foundation Stage
National data[8] shows that the percentage of pupils with MLD achieving a good level of development increased from 5% in 2008 to 9% in 2012.

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

Key Stage 2
National data[9] shows that the percentage of pupils with MLD achieving level 4 or above in English and mathematics increased from 11.6% in 2008 to 15% in 2011[10] (range 11% to 15%).

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[11] (range 72% to 74%).

Key Stage 4
National data[12] shows that the percentage of pupils with MLD achieving A*-C grades including English and mathematics GCSEs increased from 1.9% in 2008 to 4.7% in 2012.

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[8] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

[9] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012

[10] The 2012 figure for MLD was 20%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[11] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[12] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with MLD achieving 5+ A*-G GCSE grades increased from 53.2% in 2008 to 68.8% in 2012.

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Requirements for an Education Health Care plan

The Indicative Drafts: The (0-25) Special Educational Needs Code of Practice indicates in section 6.8 that *'The local authority should prepare an EHC plan when it considers that the special educational provision needed to meet the child or young person's needs cannot be reasonably provided within the resources normally available to mainstream Early Years providers, schools and post 16 institutions'.*

Under the new funding arrangements the majority of pupils with MLD will fall into the category of pupils for whom schools will be expected to provide from their enhanced delegated resources.

Discussion

This group of children and young people will provide one of the greatest challenges for provision planning.

The basic need is not complex, and the population is stable or declining. For most MLD children the cost band is below the threshold for additional resources. However, this group could be central to discussions around thresholds because of the secondary needs that many of the pupils have. It would be difficult to justify resourcing decisions if pupils with, apparently, the same set of needs are resourced differently depending on their placement. This is likely to lead to an unnecessary demand for more strategic provision.

The geographical mapping (see Appendix MLD3) shows that the incidence of need is strongly clustered in particular areas and resources can be targeted appropriately. However, a special correlation coefficient found no significant relationship between pupils with MLD and IDACI scores.

Key findings

- Nationally and locally there is a slight downward trend in the number of pupils identified as having MLD.

- Moderate learning difficulties represent a stage on a universal continuum of learning rather than a distinct category.

- The skills required to meet the needs of pupils with moderate learning difficulties are not different from those required to teach other children.

- A significant variable in provision and placement is the secondary needs that a pupil may have. 52 of the 112 pupils with MLD who had a secondary need had speech, language and communication needs as that need and 33 had physical difficulties.

- The profile of pupils with moderate learning difficulties does not appear to vary according to their placement.

- The cost of supporting pupils with MLD varies according to their placement. **The variation in resourcing the same need in different settings is a potential risk.**

- Geographical mapping shows that the distribution of pupils with moderate learning difficulties is not even. There are distinct clusters of need.

Recommendations: moderate learning difficulties

1. In order to address the anomaly of different resourcing for children with apparently the same need; consideration needs to be given to agreeing a single funding model in partnership with schools. It is suggested that all MLD pupils could be educated in mainstream.

2. In order to ensure consistency in the placement of pupils (If a range of alternate provision is maintained); consideration needs to be given to understanding what profile of need is best met in which type of provision.

3. In order to ensure informed decision making determines the profile of resourcing and placement an urgent exercise should be considered to look at attainment levels and outcome destinations for children and young people with MLD.

Needs assessment: severe learning difficulties (SLD) summary sheet

The table below shows the number of Gateshead pupils with SLD by school placement over the past 5 years.

	2008	**2009**	**2010**	**2011**	**2012**
Primary	7	9	9	8	7
Secondary	7	6	x	4	x
Special	76	80	85	90	83
% Special	84.4%	84.2%	89.5%	88.8%	91.2%

Key findings

- The number of children and young people who have severe learning difficulties is shown to be stable over time both nationally and locally.

- The majority of pupils with SLD are placed in special schools. This is true nationally as well as locally.

- It is unusual for a pupil with SLD in Gateshead to get a statement before reception year.

- The majority of pupils identified as having SLD are male.

- Children with SLD are likely to require an Education, Health and Care (EHC) Plan, under the proposed new legislative requirements.

- Children with severe learning difficulties can make progress in their learning and it is important to identify and celebrate their success.

Needs assessment: severe learning difficulties

Definition

The DfE 'Glossary of special educational needs terminology' (2011) defines severe learning difficulty (SLD) as follows:

'Pupils with SLDs have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Pupils with SLDs will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations. Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below level 1 of the National Curriculum).'

The term was introduced in the Warnock Report (1978) to replace the historical definition of 'Educationally Sub-Normal Severe'.

Gateshead eligibility guidance for SLD intervention

Severe learning difficulties is a category of need recorded in the 'Cognition and Learning' subset. Under their criteria for initiating a statutory assessment (see Appendix SLD 2) attainment in both English and mathematics has to be in the poorest 2%, and overall pattern of attainment in the poorest 5%, and the child must show great difficulty in independent working.

A matrix of SEN Cognition and Learning is used to determine the magnitude of the pupil's learning difficulty.

Prevalence of severe learning difficulty

As, to some extent, as the definition is a statistical concept, in that it represents a degree of difficulty relative to that expected, it embraces a small proportion of the population.

Severe Learning Difficulty - All Schools
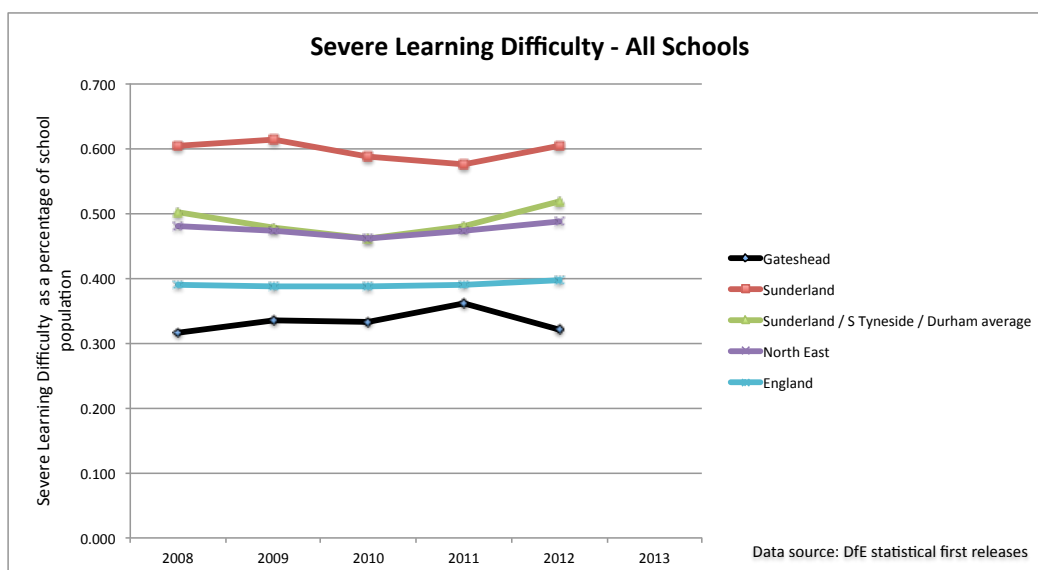
The comparative data (Appendix SLD 1) also suggests an overall stability in the prevalence rate of the number of children identified as having SLD.

In Gateshead they represent about 0.33% of the total population and 12% of the population with a statement.

Comparative data

		Number	%	Total pupils
Gateshead	2013			
	2012	90	0.321	28,008
	2011	102	0.362	28,199
	2010	94	0.334	28,160
	2009	95	0.335	28,323
	2008	90	0.315	28,565
Sunderland	2013			
	2012	241	0.604	39,915
	2011	231	0.575	40,207
	2010	238	0.587	40,540
	2009	251	0.613	40,968
	2008	252	0.603	41,763
Sunderland / S Tyneside / Durham average	2013			
	2012	227	0.518	43,871
	2011	211	0.479	44,109
	2010	204	0.461	44,337
	2009	214	0.479	44,768
	2008	229	0.501	45,619

North East	2013			
	2012	1,830	0.488	375,325
	2011	1,785	0.474	376,730
	2010	1,740	0.461	377,750
	2009	1,800	0.473	380,240
	2008	1,850	0.481	384,980
England	2013			
	2012	29,935	0.397	7,545,920
	2011	29,270	0.391	7,492,770
	2010	28,770	0.387	7,435,900
	2009	28,850	0.388	7,435,250
	2008	29,130	0.390	7,465,450

The national, regional and statistical neighbour comparative data shows that a smaller proportion of children are identified as having SLD in Gateshead than in the comparator group. The data also suggests that significantly fewer are placed in mainstream schools.

Stability of data

Over the last five years the number of pupils in Gateshead identified as having severe learning difficulties has ranged between 90 and 102. This is a relatively stable population group.

Variation in need

There is a commonality in need in that all the pupils with severe learning difficulties will require personalised learning and support in accessing a curriculum. The range and variety will be extended by their secondary needs.

The majority of pupils with SLD did not have an identified secondary need (see Appendix SLD 3). Of the 37 who had a secondary need the largest need identified is physical difficulties. Seventeen pupils had this as a secondary need and five as a tertiary need. The second largest secondary need was speech, language and communication needs. This was identified for twelve pupils.

Variation in cost

The table overleaf shows the number of Gateshead pupils with SLD by school placement over the past 5 years.

	2008	**2009**	**2010**	**2011**	**2012**
Primary	7	9	9	8	7
Secondary	7	6	x	4	x
Special	76	80	85	90	83
% Special	84.4%	84.2%	89.5%	88.8%	91.2%

The majority of pupils with SLD have their needs met in special schools. Whilst a small number are supported in Primary schools very few are at Secondary level.

Skills set

Teaching of children with SLD requires a specific set of skills. In 2010 the Salt Review (An Independent Review of Teacher Supply for Pupils with Severe, Profound and Multiple Learning Difficulties) identified the need for this area of teaching to be recognised as an area of specialist expertise, with higher status and value, attracting some of the best applicants. The report emphasised that the complexity of the needs of children with SLD required teachers who were well trained and experienced as well as sensitive to the learning requirements of the group.

Additional service data

SENIT do not provide a specialist service for this group of children.

Evidence of impact on outcomes

No systematically collected and stored outcome data is available.

However the special schools have purchased the Comparison and Analysis of Special Pupil Attainment (CASPA) programme which provides a range of outcome data and comparator groups. Discussion with the headteachers suggested that there was some variation in the value they felt this analysis offered.

The following information is taken from national data sets.

Early Years Foundation Stage
National data[13] shows that the percentage of pupils with SLD achieving a good level of development was either 0% or 1% in each year between 2008 and 2012.

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[13] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

Key Stage 2
National data[14] shows that the percentage of pupils with SLD achieving level 4 or above in English and mathematics increased from 2.3% in 2008 to 3% in 2011[15] (range 2% to 3%).

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[16] (range 72% to 74%).

Key Stage 4
National data[17] shows that the percentage of pupils with SLD achieving A*-C grades including English and mathematics GCSEs increased from 0.5% in 2008 to 0.6% in 2012.

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with SLD achieving 5+ A*-G GCSE grades increased from 8.7% in 2008 to 10.3% in 2012 (range 8.7% to 11.5%)

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Impact of new legislation; Education, Health and Care Plans

This group of children and young people will all fall into the category of children who will require an EHC Plan as they require provision different from that normally made in a mainstream school and their resourcing will be at or above the £10,000 threshold.

Key findings

- The number of children and young people who have severe learning difficulties is shown to be stable over time both nationally and locally.

- The majority of pupils with SLD are placed in special schools. This is true nationally as well as locally.

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[14] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012

[15] The 2012 figure for SLD was 3%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[16] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
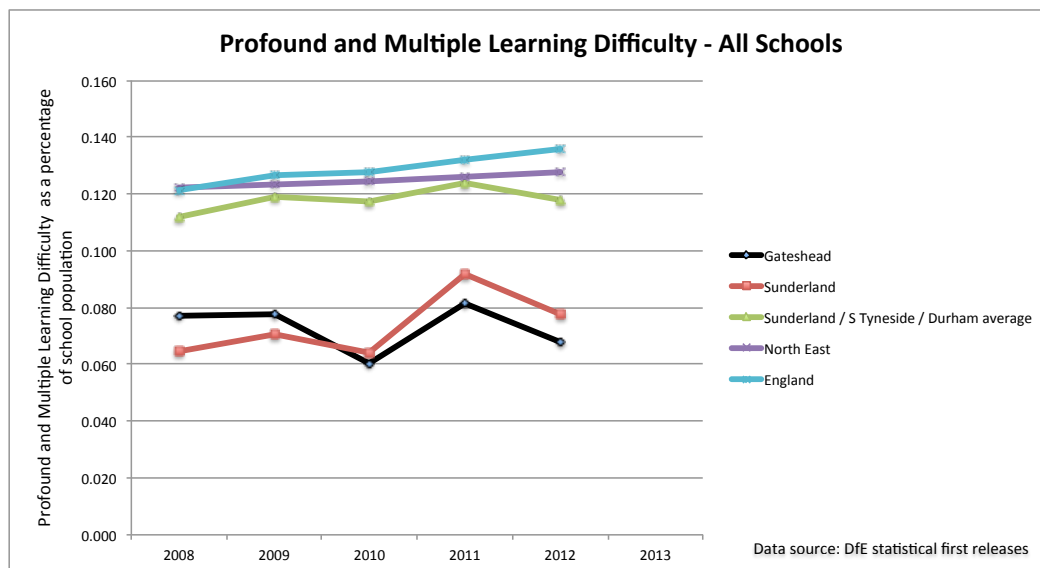
[17] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

- It is unusual for a pupil with SLD in Gateshead to get a statement before reception year.

- The majority of pupils identified as having SLD are male.

- Children with SLD are likely to require an Education, Health and Care (EHC) Plan, under the proposed new legislative requirements.

- Children with severe learning difficulties can make progress in their learning and it is important to identify and celebrate their success.

Recommendation: severe learning difficulties

1. In order to evaluate the effectiveness of provision made for children with SLD, the LA should work with the special schools to agree a profile of outcome measures and destination reports.

Needs assessment: profound and multiple learning difficulties (PMLD) summary sheet

Profound and Multiple Learning Difficulty - All Schools

A line chart titled "Profound and Multiple Learning Difficulty - All Schools" plotting PMLD as a percentage of school population (y-axis 0.000 to 0.160) against years 2008 to 2013 (x-axis). Lines shown: Gateshead (black), Sunderland (red), Sunderland / S Tyneside / Durham average (green), North East (purple), England (blue). Data source: DfE statistical first releases.

Key findings

- The incidence rate for children and young people having profound and multiple learning difficulties (PMLD) is low. There are likely to be about two pupils per year with PMLD in Gateshead.

- Pupils with PMLD are likely to need special school provision. They will require a high level of support.

- Nationally there is a slight upward trend of growth in the population of children with PMLD. This is associated with growth in the population of particular ethnic minority groups. The demographic profile of Gateshead's population does not suggest that it will be a factor in the Authority.

- All children with PMLD are likely to require an Education, Health and Care Plan.

Needs assessment: profound and multiple learning difficulties

Definition

The DfE Glossary of Special Needs Terminology (2011), defines Profound and Multiple Learning Difficulty (PMLD) as follows:

'Pupils with profound and multiple learning difficulties have complex learning needs. In addition to very severe learning difficulties, pupils have other significant difficulties such as physical disabilities, sensory impairment or a severe medical condition. Pupils require a high level of adult support, both for their learning needs and also for their personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language. Their attainments are likely to remain in the early P-scale range (P1-P4) throughout their school careers (that is below level 1 of the National Curriculum).'

Eligibility criteria

The Gateshead Matrix of SEN for Cognition and Learning recognises the significance of the needs of this group of children:

- *'Pupils have profound developmental delay in all aspects of life & learning, which will create an extremely high level of dependency throughout life.*
- *Likely to have multiple physical disabilities & very high levels of self-care / physical dependency.*
- *Possible deteriorating / terminal condition & very high level medical needs.*
- *Working within P Scales 1-3 across all Key Stages of Nat. Curriculum.*
- *Rate of quantifiable progress is limited and may at times appear static / regressive.'*

Prevalence

The prevalence rate is low. In Gateshead it averages out to just under two children per year group.

A major research project by Emerson in 2009 [18] provided evidence of prevalence:

'From the spring 2008 School Census we calculated the number and percentage of children with PMLD from the 6.8 million pupils who were recorded as being 4-15 years old at the commencement of the school year. We determined these administrative prevalence rates separately for each

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[18] Emerson, E (2009) *Estimating future numbers of Adults with Profound and Multiple Learning Difficulties* Centre for Profound Disability Research Report 1, June 2009

year age group for boys and girls. We excluded children younger than 4 years of age and children older than 15 years of age as presence of SEN associated with learning disabilities is likely to be associated with early school entry and, possibly, leaving school at age 16.

The prevalence rates of PMLD by age are shown in Figure 1.

As can be seen, the prevalence of PMLD shows a marked decrease from 7 to 15 years of age. These changes are equivalent to an annual 4.8% increase in the prevalence of PMLD.

It is not possible within these data to know whether this reflects a cohort effect (changes in the prevalence of learning disabilities across children born at different points in time) or time-related effects (changes in prevalence rates among children born in a particular year over time, possibly due to mortality).

For three reasons, it appears likely that these reflect cohort effects (i.e., an increase in the incidence and prevalence of people with profound and multiple learning disabilities among children born more recently).

Administrative prevalence refers to the percentage of children identified through administrative records (in this case the School Census) with a particular characteristic. Administrative prevalence is influenced by the true or underlying prevalence of a particular condition and the efficiency and reliability of administrative systems in correctly identifying children with that particular characteristic.'

Figure 1: Prevalence (per 1,000) of PMLD by Age in English School Children: Spring 2008
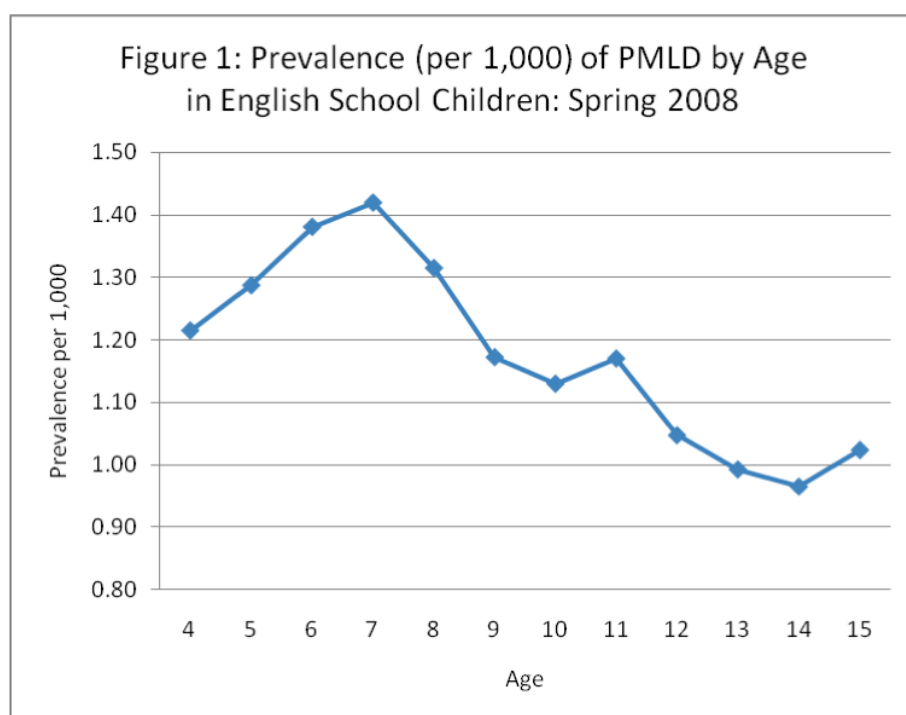
As the above graph shows the prevalence rate declines as a significant proportion of pupils with PMLD die early.

Comparative data

The low incidence rate makes comparison between authorities meaningless, as the erratic graphs show. It is only when larger populations are combined that there is stability in the data.

Stability of data

When the larger population groups, such as England and North East Region, are considered there is a small but steady growth trend in the figures. The growth rate reflects a higher incidence rate in families of Pakistani and Bangladeshi origin.

Variation in need

The range of needs are likely to differ, but all children in this group will have self care needs and a high degree of dependency. Many of them may have deteriorating conditions and measuring progress will be a challenge.

Although a very small number of children are able to be supported in mainstream school at Primary level the vast majority are in special schools and none are able to benefit from Mainstream Secondary education.

Variation in cost

The cost of supporting pupils will be in direct proportion to the magnitude of their difficulties.

The Gateshead special education data set indicates that one pupil in this category is in an out of authority placement at a cost of £10,833 in 2012/13. This is not different from the cost of supporting a pupil within the Authority.

Skills set

Teaching staff and care staff will both need to be appropriately trained. There will be a high adult to pupil ratio for this group of children.

Additional service data

No children in this category are identified on the SENIT data returns.

Evidence of impact on outcomes

Identifying an appropriate outcome measure for this group of children will be difficult. The rate of progress in all areas of learning will be extremely slow and individual outcome measures may be the most appropriate.

However the data from the National data sets, below, suggests that it is important not to underestimate the potential of pupils in this category of need as some of them have shown surprising progress.

The following information is taken from national data sets.

Early Years Foundation Stage
National data[19] shows that the percentage of pupils with PMLD achieving a good level of development was 0%, 1%, or a figure which was suppressed to protect confidentiality, in each year between 2008 and 2012.

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

Key Stage 2
National data[20] shows that the percentage of pupils with PMLD achieving level 4 or above in English and mathematics increased from 0.8% in 2008 to 2% in 2011[21].

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[22] (range 72% to 74%).

Key Stage 4
National data[23] shows that the percentage of pupils with PMLD achieving A*-C grades including English and mathematics GCSEs was 0.7% in 2008 and 0.7% in 2012 (range 0.6% to 1.2%)

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with PMLD achieving 5+ A*-G GCSE grades decreased from 5.6% in 2008 to 4.5% in 2012 (range 4.5% to 6.3%).

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[19] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012
[20] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012
[21] The 2012 figure for PMLD was 1%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
[22] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
[23] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Requirements for an Education, Health and Care Plan

All PMLD children are likely to have an Education, Health and Care Plan and likely to continue to need support up to and beyond age 25.
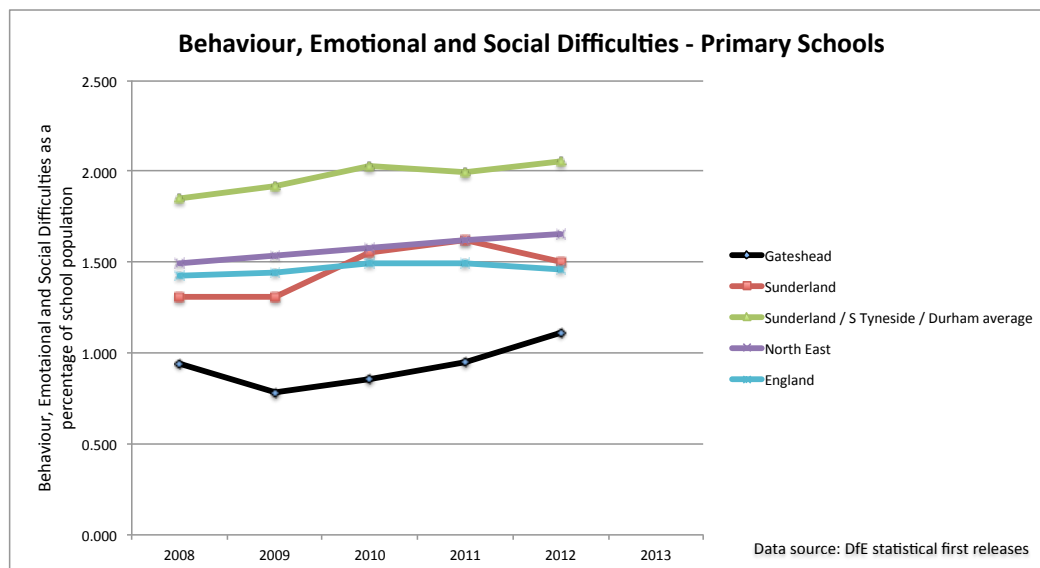
Key findings

- The incidence rate for children and young people having profound and multiple learning difficulties (PMLD) is low. There are likely to be about two pupils per year with PMLD in Gateshead.

- Pupils with PMLD are likely to need special school provision. They will require a high level of support.

- Nationally there is a slight upward trend of growth in the population of children with PMLD. This is associated with growth in the population of particular ethnic minority groups. The demographic profile of Gateshead's population does not suggest that it will be a factor in the Authority.

- All children with PMLD are likely to require an Education, Health and Care Plan.

Recommendation: profound and multiple learning difficulties

1. Individual outcome measures are developed for children with profound and/or multiple learning difficulties.

Needs assessment: behaviour, emotional and social difficulties (BESD) summary sheet

Behaviour, Emotional and Social Difficulties - Primary Schools

Data source: DfE statistical first releases

Legend:
- Gateshead
- Sunderland
- Sunderland / S Tyneside / Durham average
- North East
- England

Key findings

- There is a slight upward growth trend in Gateshead and nationally in respect of the number of Primary age children who have a statement for BESD.

- There are more children with BESD needs (424 in 2012) than there are for any other type of need.

- The majority of children and young people with BESD are likely to be supported in mainstream schools in Gateshead and nationally.

- There are more children and young people with BESD needs placed in independent schools than for any other category of need.

- Some children with BESD are likely to have additional needs. They are most likely to have learning difficulties and speech language and communication needs.

Needs assessment: behaviour, emotional and social difficulties

Definition

Defining behaviour is complex. The range of reported definitions (Appendices BESD 2-4) and Gateshead's own eligibility criteria (Appendix BESD 5) demonstrate this.

Essentially it is a judgement rather than a measure and the judgement needs to take into account context and values as well as the impact on others.

Not all children with behaviour problems have special educational needs.

Eligibility criteria

Gateshead's eligibility criteria reflect the range and complexity of behavioural need.

Prevalence

There are 162 pupils with BESD as their primary need on the Gateshead SEN financial database. The DfE statistical first release for 2013 indicated that there were 424 pupils in Gateshead with statements or at School Action Plus who had BESD as their primary need. There are also a significant number of children with ASD, MLD or SLCN who have BESD as a secondary need. BESD is the largest group of pupils on School Action Plus.

The DCSF publication on *The Education of Children with Emotional and Social Difficulties as a special educational need* (Appendix BESD 2) provides the following evidence of prevalence:

'64.   Research shows higher rates of BESD in socially deprived areas. Boys are four times more likely than girls to be identified as having BESD. After controlling for socio-economic disadvantage, gender and year group there is significant over- representation of Black Caribbean and Mixed White & Black Caribbean pupils who are around 1½ times more likely to be identified as having BESD than White British pupils. Travellers of Irish Heritage and Gypsy/Roma pupils are over-represented among many categories of SEN, including moderate learning difficulties, severe learning difficulties and BESD. Full details are in the Department's Research Report RR757, Special Educational Needs and Ethnicity: Issues of Over and Under Representation[24].

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[24] Lindsay, G and others (2006) *Special Educational Needs and Ethnicity: Issues of over and under representation* University of Warwick / DfES

65.   Some of the factors associated with the over-representation identified in this report[25] included racism and bullying, negative teacher attitudes and, for some pupils, a curriculum perceived as lacking relevance.

66.   Over 60% of children and young people attending Pupil Referral Units (PRUs) have SEN. Many of these children and young people have BESD. Early intervention by Early Years settings, schools and local authorities should reduce the proportion being referred to PRUs over time. This guidance provides advice on developing a graduated approach to supporting children and young people with BESD, and on developing an appropriate range of provision.'

The mapping information (Appendix BESD 6) shows that although there are 'hot spots' where the incidence rate of BESD needs is significantly higher than other areas, these 'hot spots' do not correlate with deprivation as measured by IDACI.

The incidence of 'hot spots' can reflect the attitude and expectations of the school as much as the behaviour of the children and young people. Behavioural judgements are often relative to expectations.

Comparative data
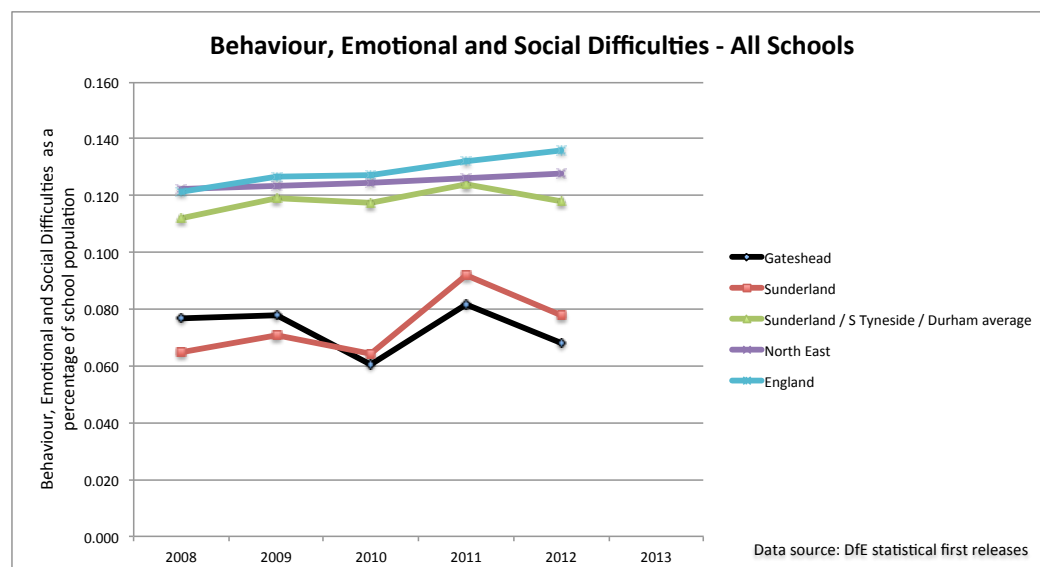
Gateshead has a lower rate of pupils supported identified as having BESD needs than comparable authorities (see Appendix BESD 1).

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[25] Lindsay, G and others (2006) *Special Educational Needs and Ethnicity: Issues of over and under representation* University of Warwick / DfES

Stability of data

Overall, nationally there is a slight upward trend in the number of pupils who are supported through statements of special educational need for behaviour difficulties. This seems to be driven through more being identified at the Primary stage of education.

Gateshead's profile is more erratic: although there is steady growth in the Primary sector, there is no consistent trend overall.

Variation in need

The range and complexity of the group of needs within the BESD Framework means that the range and variety of support individuals require will be great. The impact of the BESD on the young person's learning will also vary. Some children and young people will make considerable progress with their learning despite the needs stemming from their BESD. Other pupils will have significant learning difficulties because of their BESD. Many pupils with learning difficulties also exhibit BESD.

An analysis of the secondary needs of pupils with a statement for BESD as their primary need showed that for both those whose BESD was classified as being primarily for 'attention control difficulties' and those for whom it was classified as 'disruptive and disturbing behaviour', SLCN and MLD were the most prevalent secondary needs.

This is very much in line with reported research evidence which shows a strong link between BESD, MLD and SLCN. It is not always clear which will be the primary need as they are often clustered together. Sometimes learning difficulties (MLD) or communication difficulties (SLCN) cause frustration which leads to challenging behaviour (BESD). Sometimes the behavioural difficulties impact on the learning and so the pupil presents as having MLD.

Variation in cost

Although not all pupils with Behavioural, emotional and social needs have statements of special educational needs, a significant amount of their resourcing comes from the High Needs Block.

The High Needs Block funding covers these areas which resource children and young people with Behaviour Emotional and Social Difficulties.

- Delegated budgets for special schools
- Centrally funded provision for individual pupils
- SEN support Services
- Independent Special school Fees
- Pupil Referral Units
- Education out of school

- Individually assigned resources

The biggest single factor influencing cost is placement.

Children with BESD needs are the largest group of pupils who are placed out of authority in independent special schools. There are currently 17 pupils placed in independent special schools with BESD as their primary need. Ten of them are placed at Talbot House where the annual cost is £37,378. Overall the total cost of these placements are in excess of £400,000.

If pupils are placed in the Authority's own special schools they will have an initial allocation of £10,000. If they are placed in ARMS provision there is a standard allocation of £8,000.

For pupils with BESD needs only 14 pupils have required top up funding from the High Needs Block at an average additional cost of £1,801.

Skills set

There are specialist training programmes that help ensure staff have the appropriate skills to meet the needs of this group of children and young people. Research shows that staff attitude and understanding are significant variables in determining the success of responses to children in this group.

Additional service data

Exclusions
In Gateshead 51% of excluded pupils have special educational needs.

Evidence of impact on outcomes

The Connexions service were able to provide an indication of outcome data for children with BESD who left school in 2012 (Appendices BESD 7 and 8).

The 28 pupils who left school in 2012 had the following destinations.

	FE	Sixth form	Employment	Training	NEET	Other
Number	13	0	1	3	8	2
Percentage	46	0	4	11	32	7

Although 46% went on to FE, they had the highest level of being not in education, employment or training (NEET) of any category of need, and the lowest level of employment.

The following information is taken from national data sets.

<u>Early Years Foundation Stage</u>
National data[26] shows that the percentage of pupils with BESD achieving a good level of development increased from 8% in 2008 to 15% in 2012.

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

<u>Key Stage 2</u>
National data[27] shows that the percentage of pupils with BESD achieving level 4 or above in English and mathematics increased from 37% in 2008 to 42 in 2011[28] (range 36% to 42%).

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[29] (range 72% to 74%).

<u>Key Stage 4</u>
National data[30] shows that the percentage of pupils with BESD achieving A*-C grades including English and mathematics GCSEs increased from 8.3% in 2008 to 17.5% in 2012.

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with BESD achieving 5+ A*-G GCSE grades increased from 55.9% in 2008 to 72.4% in 2012.

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Discussion

Behaviour is a high incidence need.

Behavioural support is made through a range of provision. BESD provision includes placements at independent schools, maintained special schools,

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[26] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

[27] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012

[28] The 2012 figure for BESD was 49%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[29] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[30] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

ARMS, pupil referral units, alternative provision and supported mainstream provision. There is not always evidence available to support the view that there is a coherent and consistent pattern to such placement. The Behaviour Support Service and Educational Psychological Service also provide support for pupils with BESD.

Because of the range of provision it is important that it is co-ordinated and that there are clearly signposted routes that ensure consistency of decision making. It is equally important that there are agreed outcome measures so that the effectiveness of provision can be measured.

Qualitative evidence, from the focus groups and interviews, suggested that there was a perception that more specific provision was required for pupils with BESD. The special school provision made at Eslington and Furrowfield are both highly rated and full. There are a significant number of pupils placed out of authority. If consideration is to be given to increasing provision, a realistic cost benefit analysis would need to be done to demonstrate if there was a possibility of achieving savings by increasing the range and scope of provision made within the authority.

Impact of the new legislative requirements

The most difficult challenge relating to BESD is anticipating whether the change in funding arrangements will impact upon schools willingness to meet the needs of this group of children and young people. Whilst schools will receive enhanced resourcing they will no longer receive individually targeted resources for all the children they previously did. There may be an increased temptation in some schools to reach a decision that they can't meet the needs of a child sooner than they would have done previously.
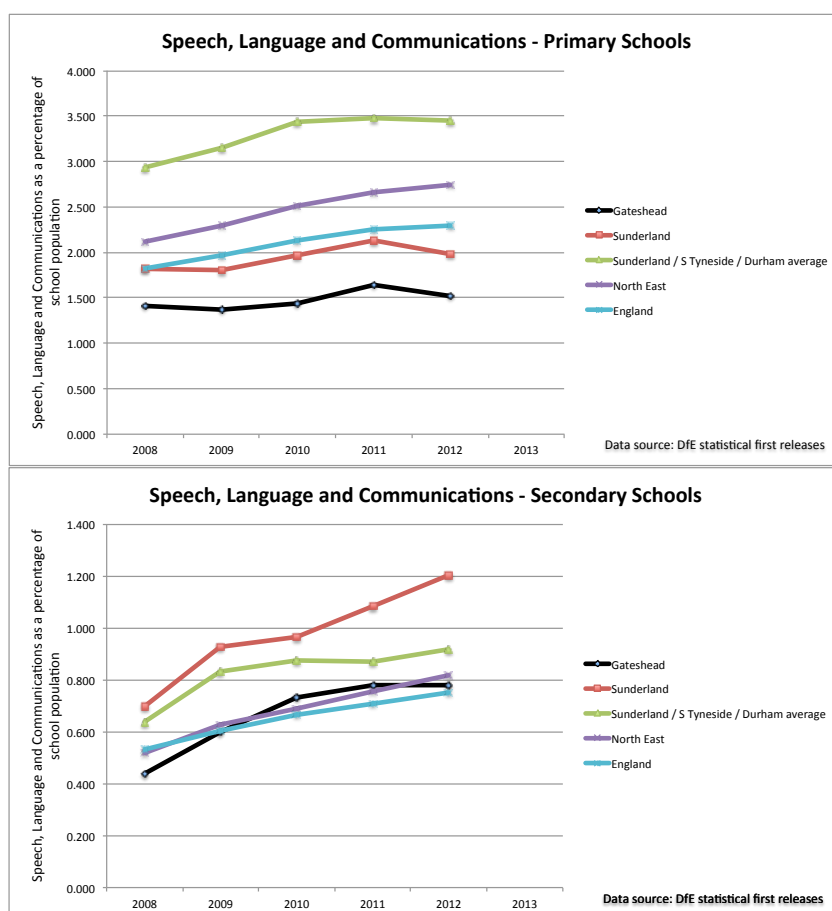
Key findings

- There is a slight upward growth trend in Gateshead and nationally in respect of the number of Primary age children who have a statement for BESD.

- There are more children with BESD needs (424 in 2012) than there are for any other type of need.

- The majority of children and young people with BESD are likely to be supported in mainstream schools in Gateshead and nationally.

- There are more children and young people with BESD needs placed in independent schools than for any other category of need.

- Some children with BESD are likely to have additional needs. They are most likely to have learning difficulties and speech language and communication needs.

Recommendations: behaviour, emotional and social difficulties

1. In order to ensure that a comprehensive commissioning strategy is achieved for pupils with BESD is developed, a full resourcing profile drawing together all the financial strands, should be compiled to enable any strategic reallocation to be comprehensive.

2. In order that the effectiveness of behaviour support can be appreciated and evaluated, all those involved in this area (Behaviour Support Services, special schools, educational psychologists, SEN service) should work together to develop and agree an appropriate range of outcome measures that can be collected systematically, analysed and reported on.

3. In order to ensure consistency is maintained across the full continuum of behaviour support, consideration should be given to the Behaviour Support Service having a more overt role in linking with special schools and SEN behavioural decisions including out of authority placements.

4. In order to ensure value for money, a cost benefit analysis, including financial services and appropriate professionals, needs to be carried out to evaluate if increasing special school provision within the authority would reduce the dependency on out of authority placements and, in effect, be cost neutral.

Needs assessment: speech, language and communication needs (SLCN) summary sheet

Key findings

- Overall SLCN is the second highest area of primary SEN.

- The number of children and young people identified as having speech, language and communication needs in Gateshead is below the average for the comparator groups.

- Nationally and locally there has been a steady growth of pupils identified as requiring support for SLCN.

- The profile of identified SLCN in Secondary schools closely mirrors the national and regional ones.

- In the Primary phase of education it is consistently the highest area of need and represents in excess of 25% of all SEN at this phase.

Needs assessment: speech, language and communication needs

Definition

The Bercow Review[31] defines SLCN as follows.

'What are speech, language and communication needs?

The term speech, language and communication needs (SLCN) encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially.

SLCN may be a child's primary educational need. Primary SLCN include specific difficulties of which there is often no obvious cause.

A significant proportion of children and young people in both Primary and Secondary school with special educational needs have SLCN as their primary need.

In contrast, secondary SLCN are associated with other difficulties that the child may be experiencing such as autism, cerebral palsy, hearing loss or more general learning difficulties. The number of children and young people with secondary SLCN is almost impossible to quantify separately from the primary SLCN group. However, meeting their SLCN should be considered as part of their overall package of care.

When are SLCN apparent in children and young people?

The majority of SLCN are identifiable from the second year of life and can persist through school and into adulthood. Some may become apparent only as the school curriculum becomes more demanding, for example at Secondary school.'

Eligibility criteria

Gateshead's eligibility criteria (Appendix SLCN 2) require that the pupil must have speech that is not comprehensible, or significant expressive language developmental delay, or significant receptive language development difficulties; and a significant discrepancy between language and other areas of learning, or significantly depressed attainment resulting from speech or language difficulties.

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[31] The Bercow Review of Services for Children and Young People (0-19) with speech language and communication needs, DCSF 2008

Prevalence

The prevalence of SLCN in Gateshead is high. The 2012 DfE statistical first release showed the following profile for children and young people who had been identified as having SLCN as their primary need:

	Primary	Secondary	Special	Total
Number	233	96	34	363

Over the past four years the total number has ranged between 313-376 and has remained consistently high both in terms of absolute numbers and in respect of the proportion of pupils with SEN.

It has been the category of SEN with the highest number of children and young people and the highest proportion in the Primary sector for each of those years.

The Bercow Review indicated that:

'Approximately 50% of children and young people in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than those of other children of the same age. These children need access to Early Years provision which is specifically designed to meet their language learning needs and they may also benefit from specific targeted intervention at key points in their development.

Approximately 7% of five year olds entering school in England – nearly 40,000 children in 2007 – have significant difficulties with speech and/or language. These children are likely to need specialist and/or targeted intervention at key points in their development.

Approximately 1% of five year olds entering school in England – more than 5,500 children in 2007 – have the most severe and complex SLCN. They may not understand much of what is said to them, they may have very little spoken language and they are likely to be completely unintelligible when they start school. These children often need to use alternative and augmentative means of communication. This group is likely to have a long-term need for specialist help, in school and beyond.'

Comparative data

Overall the number of children and young people identified with SLCN in Gateshead is below the national average. However for Secondary pupils with SLCN the profile almost exactly matches the national and regional ones.

Speech, Language and Communications - All Schools

Data source: DfE statistical first releases
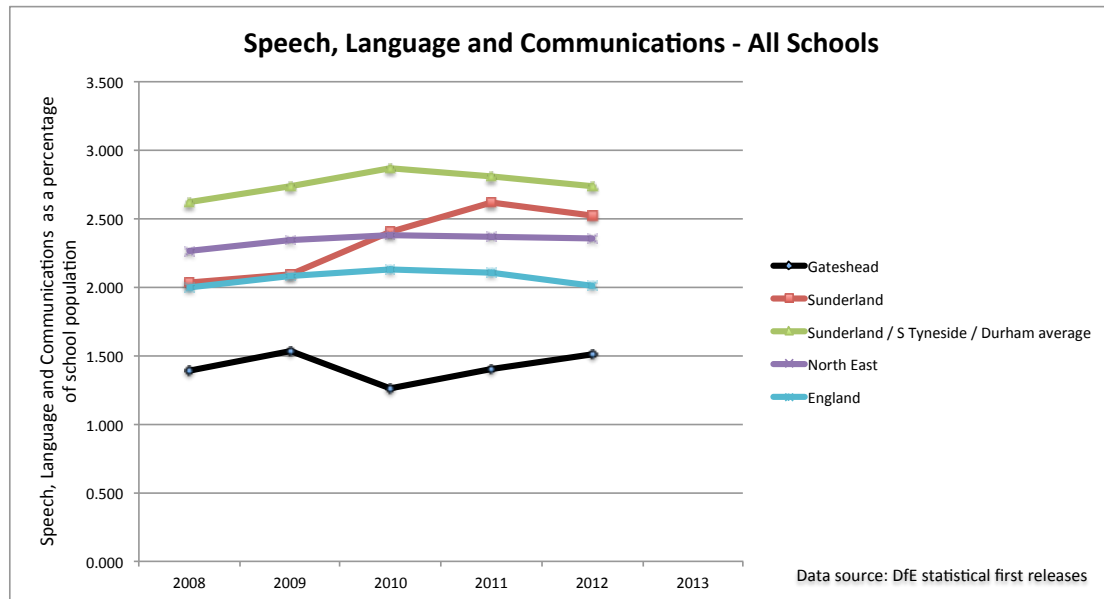
Stability of data

National, regional and local data show this to generally be an area of slowly growing need, especially amongst children in mainstream Secondary schools. In Gateshead the number of children, in secondary schools, designated with SLCN as their primary need has nearly doubled in the last five years, from 56 in 2008 to 96 in 2012.

Variation in need

Speech difficulties and language difficulties are different.

A child can have language difficulties but not speech difficulties. Many, but not all, children who have speech difficulties will also have language delay. Some children will both have speech and language difficulties.

The needs of a child with language difficulties will be very different from the needs of a child with speech difficulties.

Data relating to the placement of children with speech and language difficulties shows whilst the majority are placed and supported in mainstream schools. There is ARMS provision that can potentially cater for 16 pupils. The SEN database identifies four pupils in out of authority placements for whom SLCN are their primary special educational need.

Variation in cost

The majority of pupils with SLCN are supported in mainstream school and do not require 'top up' from the High Needs Block.

As in other areas of need, placement is the single biggest determinant of cost. A place in the ARMS costs £10,000. The out of authority placements range in cost between £25,527 and £39,658 per annum.

Skills set

Some children with speech and language communication difficulties will require input from specialist trained teachers or speech therapists, or to follow programmes designed by, but not delivered by specialists.

Additional service data

SENIT caseload information over the last few years shows the following profile for children and young people with SLCN:

	2007-8	2009	2010	2011	2012
Caseload	136	131	105	138	166
Referral	N/A	42	79	44	33
Waiting list		0	20	12	-

The speech, language and communications specialist team consists of 2.5 FTE teachers and 2.5 FTE teaching assistants.

Evidence of impact on outcomes

The DfE commissioned research on preferred outcomes for children with SLCN provide an interesting perspective. Its conclusions state:

'As parents reflected on their children's achievements their perception of the vital and underpinning role of communication in the achievement of independence and social inclusion became clear. The nature of the particular steps being taken by their children at any particular point may be quite different. However, parents' views about their longer term aspirations for their children suggest that practitioners working with these children need to consider carefully how any short term targets position a child on the road to eventual independence and social inclusion. A consideration of how the child's environment and context will support that, though an understanding of the needs of those with SLCN may also need to be part of the ongoing planning for children.

In terms of being able to measure how effectively whole services, schools and particular interventions are delivering to these outcomes, measures will need to be identified that go beyond the measurement of the underlying difficulty to a consideration of how far the child's communication is facilitating functional goals.'

The following information is taken from national data sets.

<u>Early Years Foundation Stage</u>
National data[32] shows that the percentage of pupils with SLCN achieving a good level of development increased from 16% in 2008 to 25% in 2012.

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

<u>Key Stage 2</u>
National data[33] shows that the percentage of pupils with SLCN achieving level 4 or above in English and mathematics increased from 20.7% in 2008 to 23% in 2011[34] (range 20% to 23%).

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[35] (range 72% to 74%).

<u>Key Stage 4</u>
National data[36] shows that the percentage of pupils with SLCN achieving A*-C grades including English and mathematics GCSEs increased from 8.5% in 2008 to 12.9% in 2012.

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with SLCN achieving 5+ A*-G GCSE grades increased from 72.3% in 2008 to 81.7% in 2012.

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Impact of new legislation on children with SLCN

If the assumption is that, over time, children who are supported with resources generally available to schools will not automatically attract an Education, Health and Care Plan, then most of the children with SLCN will be below this threshold.

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[32] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012
[33] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012
[34] The 2012 figure for SLCN was 29%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
[35] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
[36] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

Discussion

Children with SLCN represent the second largest group of identified special educational needs in Gateshead. The DfE 2012 statistical first release showed 363 pupils as having been identified with SLCN as their primary need. This represents nearly 20% of all identified needs and over 25% of Primary school needs. It is consistently the highest area of need.

The majority of pupils with SLCN are supported in mainstream schools, although there is a Primary ARMS which caters for pupils with SLCN and which has a high occupancy rate of over 80%.

Research evidence shows that this group of children can make significant advances, if appropriately supported, and this is confirmed by the fall in numbers of pupils identified with this as their primary need in Secondary schools compared with Primary schools.
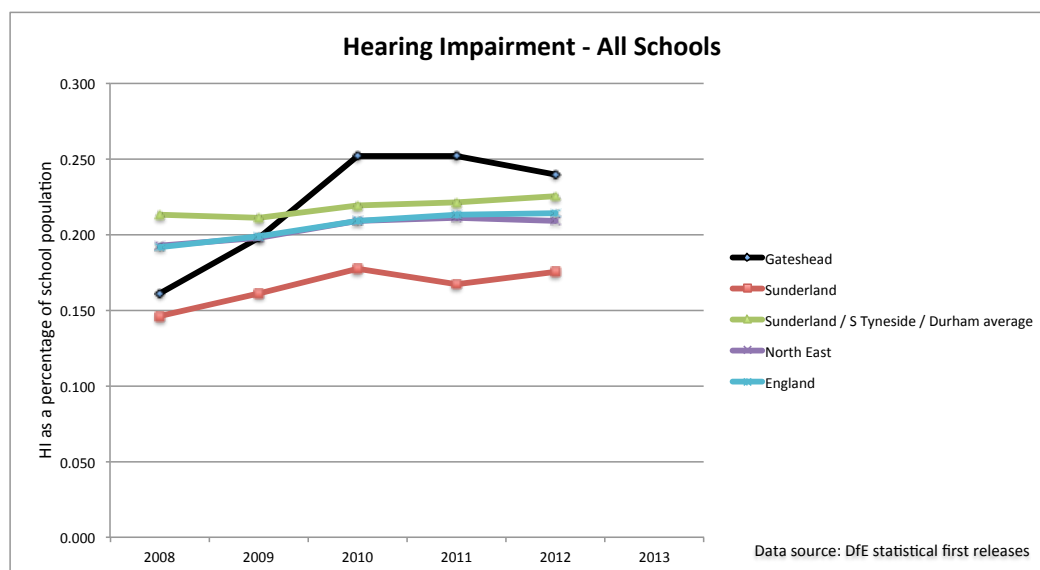
Key findings

- Overall SLCN is the second highest area of primary SEN.

- The number of children and young people identified as having speech, language and communication needs in Gateshead is below the average for the comparator groups.

- Nationally and locally there has been a steady growth of pupils identified as requiring support for SLCN.

- The profile of identified SLCN in Secondary schools closely mirrors the national and regional ones.

- In the Primary phase of education it is consistently the highest area of need and represents in excess of 25% of all SEN at this phase.

Recommendation: speech, language and communication needs

1. In order that the effectiveness of any support and intervention for pupils with SLCN can be measured, the LA and specialist services should work together to agree an appropriate range of outcome measures. These should include quantitative standardised data relating to language development and attainment, and qualitative data relating to satisfaction of service delivery.

Needs assessment: hearing impairment (HI) summary sheet

Hearing Impairment - All Schools

Data source: DfE statistical first releases

Key findings

- The lack of a single comprehensive data set inhibits the strategic commissioning for this group of children.

- The overall number of children with hearing impairment identified as a special educational need in Gateshead is above the levels in all the comparative data sets.

- The growth in numbers over the last three years for pupils with statements has apparently levelled off.

- The number of out of authority placements for this group of children is high.

- The eligibility criteria do not have an educational impact measure nor clearly defined exit criteria.

Needs assessment: hearing impairment

Definition

The DfE Glossary of special educational needs terminology 2011 defines hearing impairment (HI) as follows:

'Pupils with an HI range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range.

For educational purposes, pupils are regarded as having an HI if they require hearing aids, adaptations to their environment and/or particular teaching strategies to access the concepts and language of the curriculum. A number of pupils with an HI also have an additional disability or learning difficulty. Hearing loss may be because of conductive or sensorineural problems and can be measured on a decibel scale. Four categories are generally used: mild, moderate, severe and profound. Some pupils with a significant loss communicate through sign instead of, or as well as, speech.'

The World Health Organisation defines hearing impairment (HI) as follows[37].

'Types of hearing impairment
Deafness refers to the complete loss of hearing in one or both ears. Hearing impairment refers to both complete and partial loss of the ability to hear.

Hearing impairment may be congenital or acquired through illness, injury, age or exposure to excessive noise.

There are two types of HI, according to which part of the ear is affected.

- *Conductive hearing impairment is a problem in the outer or middle ear where deafness is due to sound transmission being obstructed. It is often medically or surgically treatable. A common example is chronic middle ear infection.*

- *Sensorineural hearing impairment is a problem with the inner ear or the hearing nerve. It is mostly permanent and requires rehabilitation such as the use of a hearing aid.'*

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[37] World Health Organisation Fact Sheet No 300 February 2012

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Grades of hearing impairment[38]

Grade of impairment	Corresponding audiometric ISO value (average of 0.5, 1, 2 and 4 kHz)	Performance	Recommendations
0 No impairment	25dB or better (better ear)	No or very slight hearing problems. Able to hear whispers.	
1 Slight impairment	26-40dB (better ear)	Able to hear and repeat words spoken in normal voice at 1m.	Counselling. Hearing aids may be needed.
2 Moderate impairment	41-60dB (better ear)	Able to hear and repeat words using raised voice at 1m.	Hearing aids usually recommended.
3 Severe impairment	61-80dB (better ear)	Able to hear some words when shouted into better ear.	Hearing aids needed. If no hearing aids available, lip-reading and signing should be taught.
4 Profound impairment including deafness	81dB or greater (better ear)	Unable to hear and understand even a shouted voice.	Hearing aids may help understanding some words. Additional rehabilitation needed. Lip-reading and sometimes signing essential.

Disabling hearing impairment in children under the age of 15 years should be defined as a permanent unaided hearing threshold level for the better ear of 31dB or greater.

Disabling hearing impairment in adults should be defined as a permanent unaided hearing threshold level for the better ear of 41dB or greater.

In both cases the hearing threshold level is taken as the better ear average hearing threshold level for the four frequencies 0.5, 1, 2 and 4 kHz.

Eligibility criteria

Like many of the criteria, there is an element of subjectivity as well as objectivity in determining which children are likely to be supported through a

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[38] *Report of the Informal Working Group on Prevention of Deafness and Hearing Impairment Programme Planning*, World Health Organisation, Geneva, 1991; with adaptations from *Report of the First Informal Consultation on Future Programme Developments for the Prevention of Deafness and Hearing Impairment*, World Health Organisation, Geneva, 23-24 January 1997, WHO/PDH/97.3

statement of Special Educational Need. Although professional judgement is essential, decision making might be supported by a clearer definition of the threshold relating to impact on learning. The criteria for ASD for example, refer to attainment levels being in the bottom 5%.

Also, like other criteria, there are no clear exit criteria. If the child, following a period of intervention and support, is achieving at a reasonable level, then the provision of a statement or EHC plan would no longer be required

Prevalence

The charity Action on Hearing Loss reports[39] that there are over 10 million people in the UK, or 1 in 6 of the population, with some form of HI. Around 800,000 of these are severely or profoundly deaf.

There are more than 45,000 deaf children in the UK, half of whom were born deaf. As many as 40% of these have additional or complex needs.

The majority of people with HI develop it as they get older. Due to the ageing population, it is estimated that there will be 14.5 million people in the UK with HI by 2031.

DfE SEN data for 2012[40] reports 16,135 children nationally with SEN statements or supported by School Action Plus with HI as their primary need.

Comparative data

National data[40] shows that in 2012 there were 67 pupils in Gateshead with SEN statements or supported by School Action Plus who had HI as their primary need. Based on total pupil numbers of 29,764 this represents a prevalence rate of 0.22% or 23 in 10,000.

According to the same data, Gateshead's nearest statistical neighbour, Sunderland, had 70 pupils with SEN statements or supported by School Action Plus who had HI as their primary need in 2012. Based on total pupil numbers of 43,887 this represents a prevalence rate of 0.16% or 1.6 in 1,000.

The average prevalence rate across Gateshead's three nearest statistical neighbours in 2012 was 0.23% or 2.3 in 1,000.

The same data shows 16,135 pupils nationally with SEN statements or supported by School Action Plus who had HI as their primary need. Based on total pupil numbers of 8,121,955 this represents a prevalence rate of 0.2% or 2 in 1,000.

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[39] Action on Hearing Loss *Facts and figures on deafness and tinnitus* July 2011
[40] DfE Statistical First Release: Special Educational Needs in England, January 2012 (published 12 July 2012) - reference ID SFR14/2012

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The SENIT data returns show a current caseload of 165. This represents a prevalence rate of 0.55.

Stability of data

Over the last five years the number of pupils in Gateshead in this category has ranged between 46 and 71.

The Gateshead profile is confused because of changes in practice as to which children were recorded. For a period of time children whose needs are being met, albeit with extra provision, were not recorded on the database.

The SENIT database shows a consistent profile of around 150 open cases.

07/08	08/09	2009	2010	2011	2012
150	159	164	169	175	165

Although HI is supposed to be a low incidence need, SENIT are involved with as many or more children than with specific learning difficulties or speech, language and communication needs. Only the SENIT ASD team has a significantly higher caseload.

Variation in need

The variation in needs of children with Hearing Impairment differ from those of other groups.

- Firstly, different children with the same need manage their disability to different degrees and the availability and pattern of support from the family can be a significant variable.
- Secondly, the learning environment itself, as well as the within child disability, contributes to the impact of the need on learning.
- Thirdly, medical intervention, such as a cochlear implant, can lead to a significant change in a child's hearing which may lead to reduced support over time.
- Fourthly, the key variable may not be current degree of hearing loss but the child's current language development.

Variation in cost

As with other areas of need the placement is a significant variable in cost.

The SEN database shows seven pupils with hearing impairment as their primary need placed out of authority ii Independent schools. The total cost of these placements is £190,121, with an average cost of £27,160. The most expensive placement is £41,070. The SENIT team report that the pattern of

out of authority placements reflects historical practice and they are confident that such a profile of out of authority placements will not be sustained.

In considering costs, the ARMS provision has to be taken into account. The number of resourced vacant places make it expensive provision. There are also costs associated with hearing aids and specialist equipment.

Skills set

Current DfE guidance[41] states that pupils with HI must receive support from a teacher who holds both qualified teacher status and the mandatory qualification in hearing impairment.

Additional service data

SENIT caseload and referral data (see table below) shows a relative stable caseload despite fluctuations in the referral rate.

	2007/8	2008/9	2010	2011	2012	2013
Caseload	150	159	164	169	175	165
Referrals	12	19	19	20	30	17

Of the 17 referrals in 2012 14 of them 82.4% came from Health Services.

Evidence of impact on outcomes

A comprehensive data set relating to outcomes is not currently available.

The following information is taken from national data sets.

Early Years Foundation Stage
National data[42] shows that the percentage of pupils with HI achieving a good level of development increased from 19% in 2008 to 30% in 2012.

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

Key Stage 2
National data[43] shows that the percentage of pupils with HI achieving level 4 or above in English and mathematics increased from 42.1% in 2008 to 45% in 2011[44].

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[41] Statutory Instrument 2003 No 1662 The Education (School Teachers' Qualifications) Regulations 2003
[42] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[45] (range 72% to 74%).

Key Stage 4
National data[46] shows that the percentage of pupils with HI achieving A*-C grades including English and mathematics GCSEs increased from 28.3% in 2008 to 37.3% in 2012 (range 28.3% to 39.7%).

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with HI achieving 5+ A*-G GCSE grades increased from 85.7% in 2008 to 91.8% in 2012.

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Discussion

Central to meeting the needs of pupils with hearing impairment is having a clear, coherent pattern of provision. The HI ARMS provides well for the needs of a small number of children and has good relationship with the SENIT specialists but there is not a fully integrated service. If ARMS staff were integrated into the HI team they could be used flexibly to address needs elsewhere.

Children with hearing difficulties have a wide range of needs and so require a variety of responses. Some will have medical interventions such as cochlear implants which may restore access to sound, and the child will required intensive language support to rebuild their communication skills and basis of learning. Some will need to have alternative support through signing or other means. Whilst it is possible, for some pupils, to deliver signed curriculum support, this becomes more challenging in the Secondary years as the curriculum becomes more complex, and so external specialist placements are a legitimate consideration. There is also a significant factor in that the deaf child integrated into a hearing community may not have a peer group of adequate role models, and so specialist provision may need to be considered for social and emotional as well as educational needs.

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[43] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012
[44] The 2012 figure for HI was 50%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
[45] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
[46] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

Implications of new legislation

Those pupils for whom hearing impairment will be a disability may well require an Education, Health and Care Plan.

Key findings

- The lack of a single comprehensive data set inhibits the strategic commissioning for this group of children.

- The overall number of children with hearing impairment identified as a special educational need in Gateshead is above the levels in all the comparative data sets.

- The growth in numbers over the last three years for pupils with statements has apparently levelled off.

- The number of out of authority placements for this group of children is high.

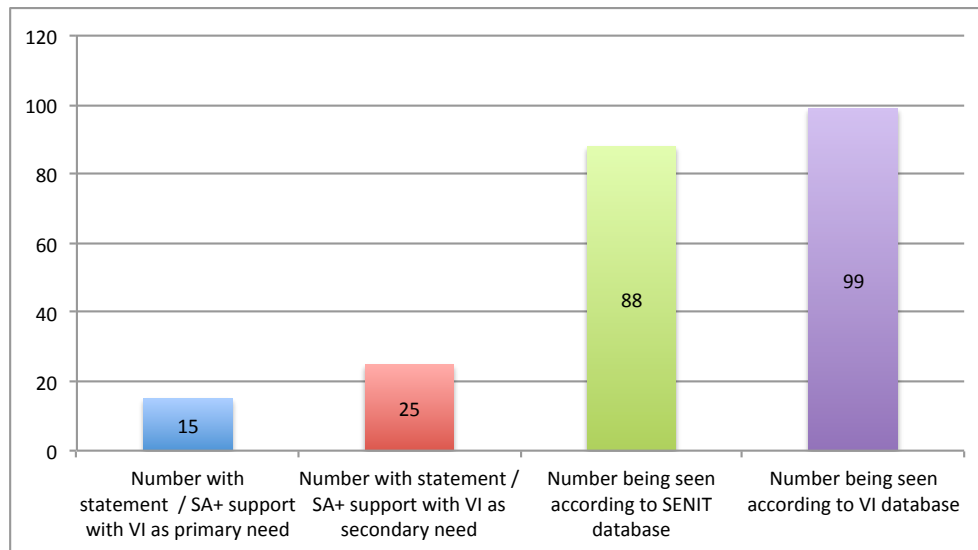- The eligibility criteria do not have an educational impact measure nor clearly defined exit criteria.

Recommendations: hearing impairment

1. In order to ensure that a comprehensive data set is available for an informed needs analysis, steps must be taken to bring together all the information into a single location.

2. In order to ensure that intervention is targeted only on those children whose needs require it, a review of the current eligibility criteria, reflecting on the impact of HI on educational progress and exit criteria should be undertaken.

3. In order to ensure that the interventions made are effective, the systematic recording and reporting of outcome measures must progress.

4. In order to ensure that the needs of more pupils are effectively met within the Authority, a 'lessons learned' review of all out of authority placements should be undertaken and a clear placement policy developed and implemented.

Needs assessment: visual impairment (VI) summary sheet

Number of children and young people with VI in Gateshead (2013)

Key findings

- The lack of a single comprehensive database encapsulating all of the children and young people who have visual impairment inhibits the strategic planning for their needs.

- Blindness and partial sightedness are disabilities that are recognised under equalities legislation.

- The early identification and notification of children who are blind or visually impaired is crucial for meeting their needs and of significant value for strategic commissioning. The systematic recording and sharing of this evidence needs to be strengthened.

- Visual impairment is a low incidence, variable cost need. Appropriate provision has ensured that the needs of most pupils are met within the Authority.

- There is a statutory requirement for a Local Authority to involve a Qualified Teacher of the Visually Impaired who holds a mandatory qualification. There are also specific training and qualifications required for staff who teach braille.

- All blind and some partially sighted children will need to be considered for Education, Health and Care Plans.

Needs assessment: visual impairment

Definition of visual impairment

There are a number of definitions of blindness and visual impairment (see Appendix VI 15) of various degrees of technical complexity.

The legal definition of blindness is the most significant. Blindness is defined as best corrected visual acuity less than 20/200 in the better eye or marked constriction of the visual field.

Blindness is categorised as a disability and failure to adequately address the needs of blind children would be a discriminatory act under equalities legislation.

Partially sighted does not have the same legal robustness. However, since April 2003, anyone who is registered as partially sighted has the same protection as a blind person under equalities legislation (see Appendix VI 16).

In practical terms a child is blind or partially sighted if so designated by an appropriately qualified medical practitioner.

All blind and partially sighted children are visually impaired but not all visually impaired children are blind and partially sighted.

As with any disability it is important to remember that a physical measure does not, in itself, determine the impact of the disability. In the case of visual impairment the learning environment and the resilience of the child and family will significantly influence how they respond to learning opportunities and therefore the magnitude of their special educational needs.

Gateshead eligibility guidance for VI intervention

In Gateshead there are published criteria (see Appendix VI 5) to inform decisions on intervention.

The Gateshead VI eligibility criteria were produced by a small working group led by the Qualified Teacher of the Visually Impaired (QTVI).

The criteria do not refer to academic progress nor are there clear exit criteria.

Prevalence of visual impairment

The prevalence of visual impairment increases with age and is therefore lower in children[47].

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[47] Resnikoff et al, *Global data on visual impairment in the year 2002*, Bulletin of the World Health Organisation, November 2004

The RNIB[48] estimate that 2 per 1000 under 16 year olds have visual impairment of sufficient severity to require support.

ChiMat data[49] on visual impairment provides estimates for 5-15 year olds with a lower estimate of 10.5 per 10,000 population (2010) equalling 24 and an upper estimate of 20 per 10,000 population (2011) equalling 48. The ChiMat website reports that DfE data is likely to be an underestimate as it only includes children whose primary disability is a sight problem.

DfE SEN data[50] for 2012 indicates nationally 1.3 prevalence of pupils with visual impairment who are supported at School Action Plus or with statements of SEN.

RNIB Survey 2012[51] indicates that 48.3% of VI pupils have additional difficulties or special educational needs

Comparative data

In Gateshead in 2012 there were 15 pupils with a primary need of visual impairment who had a statement of SEN or were at School Action Plus. As there were 29,764 pupils this represents a prevalence rate of 0.05[4], which represents a rate equivalent to 5 in 10,000. This is in line with the national rate[4] 2012 (total pupils 8,121,955, number with VI 4,345) which showed a prevalence rate of 5 in 10,000.

Gateshead's nearest statistical neighbour has a prevalence rate of 0.06 and the average percentage of the three nearest statistical neighbours is 0.11[4].

The validity of comparative data is questionable if Gateshead has not been including the full range of pupils in their data return.

Stability of data

Over the last five years the number of pupils recorded in this category, in returns to the DfE, has ranged between 11 and 17. However this data bears no relation to the number of children seen, as it only identifies a small number of the children. A decision was taken that it was not necessary to record children whose needs were being met, even though they were at School Action Plus because an external specialist was involved.

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[48] RNIB (2011), *The role of local authority services for children with visual impairment*, RNIB Evidence and Service Impact, September 2011
[49] ChiMat (2012) *Prevalence of disability in children in Gateshead – Estimates of prevalence of Visual Impairment*, www.chimat.org.uk
[50] Special Educational Needs in England, January 2012 (published 12 July 2012) - reference ID SFR14/2012
[51] Keil, S (2012) RNIB Survey of VI services in England and Wales 2012

SENIT data (case load summary) shows an increase in the caseload from 58 (in 2007) to 104 (in 2012) with an increase in each year. This does not necessarily reflect an increase in underlying need. It is more likely a reflection of better identification.

A significant variation in cost per pupil relates to the use of out of authority placements in specialist independent schools. In 2008 there were five children in such placements, three at the Royal Edinburgh School for the blind and two at Northern Counties. Currently there is only one pupil placed in specialist provision. This is an important indicator not only financially but also because it reflects positive integration.

Variation in need

The needs of visually impaired pupils cover a significant range. At one extreme a blind pupil will need significant personal support, and braille or computer enhanced text to access the curriculum. They will also require mobility and independent skills training. However, given appropriate support, many will be able to achieve educational outcomes appropriate to their age and ability. At the other extreme there are children whose needs can be met with little more than adjustments to light and professional advice to their teachers.

The QTVI's records, (see Appendix VI 9), show that against Gateshead eligibility criteria there are nine children in category A* who would have between a minimum of 3 hours and a maximum of 6 hours support a week from a teacher and between 10 and 25 hours support from a teaching assistant and 5 hours a week rehabilitation. At the other extreme there are 8 pupils in category F who have no weekly intervention.

Variation in cost

The full cost of the service is spread over several budget headings and the sum on the SEN database is only the tip of the iceberg. The following Table offers a model for capturing the full cost of services.

Full cost of services for children and young people with VI

Cost of support through Gateshead SEN	
Cost of VI team in SENIT	
Cost of out of authority placements	
Cost of equipment	
Cost of transport	
Total cost	

The Gateshead SEN database only indicates four children receiving additional resourcing for VI. The amounts range from £1,906 to £8,294 and total £14,892.

The other costs relate to three children placed out of Authority. One is placed at Northern Counties, a residential special school, at an annual cost of £27,380, the other two are educated in Gosforth schools.

The vast amount of Gateshead LA support for children who are visually impaired comes from the specialist VI team and covers the cost of two teachers, four specialist support assistants and a part time (0.6) rehabilitation officer.

Skills set

Current DfE Guidance[52] indicates that children who are blind or partially sighted should receive support from a Qualified Teacher of pupils with Visual Impairment who holds the mandatory qualification (MQ) in visual impairment in addition to qualified teacher status.

There are also required qualifications for specialist support staff who are teaching braille to enable children to access learning.

Additional service data

Additional data on services for the visually impaired are kept by the VI team itself (see Appendix VI 9) and SENIT.

From the SENIT annual caseload summary information is available about the caseloads and referrals of different services.

Caseload of VI service:

2007	2008	2009	2010	2011	2012
58	64	66	79	99	104

New referrals to VI service:

2008/9	2009/10	2010/11	2011/12
9	24	17	13

The increase in the caseload should not be taken to reflect an increase in number of children and young people who are visually impaired but rather the better identification of such pupils.

The SENIT returns also indicate that there is no waiting list.

Evidence of impact on outcomes

The information held in Gateshead does not provide evidence of outcomes.

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[52] Statutory Instrument 2003 No 1662 The Education (School Teachers' Qualifications) Regulations 2003

The following information is taken from national data sets.

Early Years Foundation Stage
National data[53] shows that the percentage of pupils with VI achieving a good level of development increased from 29% in 2008 to 37% in 2012. However, the percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

Key Stage 2
National data[54] shows that the percentage of pupils with VI achieving level 4 or above in English and mathematics increased from 53.2% in 2008 to 54% in 2011[55] (range 52% to 54%).

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[56] (range 72% to 74%).

Key Stage 4
National data[57] shows that the percentage of pupils with VI achieving A*-C grades including English and mathematics GCSEs increased from 33.4% in 2008 to 46.6% in 2012 (range 32.9% to 46.6.%).

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with VI achieving 5+ A*-G GCSE grades increased from 83.4% in 2008 to 89.4% in 2012 (range 83.4% to 89.7%).

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Requirements of visually impaired children for an Education, Health Care Plan

The RNIB in its submission to the Government concerning changes in special educational needs provision request that all blind and partially sighted children

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[53] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

[54] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012

[55] The 2012 figure for VI was 55%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[56] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[57] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

should be mandatorily required to have a EHC Plan. There is no indication that the Government will make such a direction.

In view of the complex social as well as educational needs that blind children have it would be prudent to consider that all such children are likely to require an EHC Plan.

It would be anticipated that a number of young people in this category might want to continue to receive support until they are 25.

Discussion

Blindness and partial sight are recognised disabilities and will have a significant impact on a child's learning. They are therefore potentially a significant special educational need.

There is a statutory requirement for a Local Authority (normally children's social care, children with disabilities team), under the Children's Act 1989 (Schedule 2, paragraph 2), to keep a register of children who are blind or partially sighted. Although it was reported that the Health Authority make such a return no evidence was found in SENIT or SEND records that such a register is kept or that the SEN team are advised as to the children identified. However, it later emerged that the CWD do hold a record of some of these pupils. It is very important that there is a sharing of data on these children to ensure the LA is meeting its statutory requirements and that a full profile of need is available to inform strategic planning.

The Children and Families Bill (Part 3, Section 20) follows previous definitions of special educational need (SEN) as being indicated by a learning difficulty of disability that required special educational provision. The distinction between 'learning difficulty' and 'disability' is significant.

'20 (2) A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

> a) *Has a significantly greater difficulty in learning than the majority of others of the same age, or*
> b) *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.'*

The burden of proof differs between 'significantly greater difficulty' when relating to learning and 'hinder' when relating to disability.

Children who are blind or partially sighted fall into the disability category.

There is no question that children who are registered blind or partially sighted will require additional support to meet their special educational needs.

However current arrangements do not allow the authority to identify which children fall into this category, because the formal notifications from the Health Services are not appropriately recorded.

The area of question related to those children who have visual impairment but who are neither blind nor partially sighted. It is estimated, based on discussion with the QTVI, that these may be 50% of the caseload.

The VI service follows guidelines from the RNIB in determining which children they see and there is no suggestion that they are not operating under best professional practice. There is however potentially a difference between best professional practice, as set out by a professional body whose remit is to be advocates for a particular need, and a commissioner who is targeting resources to a wider range of needs from a finite budget. Part of the challenge lies between the professionally driven perception to provide the best for a particular group and the statutory requirement to provide sufficient to meet the needs of children. The challenge is compounded because the professional group holds the technical knowledge and the commissioner holds the resources. As an accident of historical development, rather than desire or design, the VI service and SENIT have, to a degree, become isolated from the SEN management of the LA. They are in a separate section with different reporting lines. Discussions with individuals from both parts of the organisation suggest that they do not fully understand each others' priorities and drivers. There is a clear need for dialogue to achieve a common focus for service delivery. However, given that educational outcomes are perhaps the most significant driver for educational needs it is not unreasonable to suggest that for children with visual impairment, who are not blind or partially sighted, that this is used to determine which children should require support. If the child or young person is performing educationally at a level at which the authority would not otherwise make an intervention then it could not be considered discrimination not to make additional provision for this group.

Key findings

- The lack of a single comprehensive database encapsulating all of the children and young people who have visual impairment inhibits the strategic planning for their needs.

- Blindness and partial sightedness are disabilities that are recognised under equalities legislation.

- The early identification and notification of children who are blind or visually impaired is crucial for meeting their needs and of significant value for strategic commissioning. The systematic recording and sharing of this evidence needs to be strengthened.

- Visual impairment is a low incidence, variable cost need. Appropriate provision has ensured that the needs of most pupils are met within the Authority.

- There is a statutory requirement for a Local Authority to involve a Qualified Teacher of the Visually Impaired who holds a mandatory qualification. There are also specific training and qualifications required for staff who teach braille.

- All blind and some partially sighted children will need to be considered for Education, Health and Care Plans.

Recommendations: visual impairment

1. In order to enable effective commissioning, a single, comprehensive database embracing data from the Health Service, SENIT, and SEN teams needs to be established.

2. In order to ensure that the LA can maximise the use of information concerning the early identification and notification of children who are blind and visually impaired, arrangements need to be established with Health Services concerning appropriate notification. Notification processes between the CWD team, SENIT and the SEN team also need to be secure.

3. In order to evaluate the effectiveness of services, inform parental choice and inform commissioning, arrangements need to be made to systematically record outcomes. Outcome information should include educational attainment outcomes, SEN outcomes and post school destinations.

4. In order to ensure that the VI service is meeting the requirements of the LA, a formal service level agreement setting out standards and expectations, including reporting arrangements, needs to be established.

5. In order to facilitate a common approach to special education through closer working within the authority, a pattern of regular (at least annual) meetings, to a predetermined agenda and with planned outcomes, should be arranged between SEN commissioners and the VI service.

6. In order to ensure that the appropriate skills are available within the authority to meet the needs of blind and partially sighted children, a clear policy should be established and resourced to enable the acquisition of mandatory qualifications in the teaching of pupils with visual impairment and the teaching of braille.

7. In order to ensure that the Visual Impairment team only addresses needs considered a priority by the authority, an indication of their educational progress should be integrated into the eligibility criteria for all children who are not registered blind or partially sighted. Once the threshold of educational progress has been agreed and the caseload

reviewed against it, a decision can be made as to the appropriate size of the team.

Needs assessment: multi-sensory impairment (MSI) summary sheet

Deafblindness is a low incidence disability. Figures for prevalence suggest a rate of 3 out of 100,000 live births. The DfE figures for children with MSI in January 2012 shows the following profile:

	Primary	Secondary	Special
National	540 (0.2)	210 (0.1)	215 (0.2)
North East	20 (0.1)	15 (0.1)	5 (0.1)
Gateshead	0	*	*

Key findings

Whilst there are currently no children with these needs in Gateshead, the following factors need to be borne in mind for future cases.

1. Need for a clear route of early identification and referral from Health Service colleagues.

2. Continued availability of skilled expertise in the education of deaf and blind children to contribute to an assessment.

3. Recognition of the need for family support from an early age.

4. Recognition of the possibility of an external out of authority placement as the child grows older and it becomes harder to address educational needs.

Needs assessment: multi-sensory impairment

Definition

Sense (the national charity supporting and campaigning for deafblind people) defines deafblindness, as multi-sensory impairment (MSI) is often called, as follows[58]:

'Definitions of deafblindness focus more on the effect of the combined loss on a person's everyday life – how it affects their ability to communicate, to get around and to access information – rather than the degree of impairment.

A combination of sight and hearing loss is usually described in one of three ways:
- Deafblind
- Multi-sensory impaired
- Dual-sensory impaired.

In 1995, a Department of Health report, called Think Dual Sensory, established a definition of deafblindness in the UK:

'A person is regarded as deafblind if their combined sight and hearing impairment case difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss.'

Often health and social healthcare professionals use the term dual-sensory impairment as well as deafblindness. This is more often associated with adults who have acquired sight and hearing loss.

Multi-sensory impairment is generally associated with children who are born with a sight and hearing loss and a range of other disabilities that affect their ability to process information and communicate.

The longstanding 1989 Department for Education policy statement on education provision for deafblind children defined deafblindness as:

'A heterogeneous group of children who may suffer from varying degrees of visual and hearing impairment, perhaps combined with learning difficulties and physical difficulties, which can cause severe communication, developmental and educational problems.

A precise description is difficulty because degrees of deafness and blindness – possibly combined with different degrees of other disabilities – are not uniform, and the educational needs of each child will have to be decided individually.'

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[58] www.sense.org.uk, Definitions of deafblindness

Prevalence

Deafblindness is a low incidence disability. Figures for prevalence suggest a rate of 3 out of 100,000 live births. The DfE figures for children with MSI in January 2012[59] shows the following profile:

	Primary	Secondary	Special
National	540 (0.2)	210 (0.1)	215 (0.2)
North East	20 (0.1)	15 (0.1)	5 (0.1)
Gateshead	0	x	x

x denotes a number which has been suppressed to protect confidentiality

This would suggest that whilst more are supported in mainstream school at Primary age, a significant proportion require more specialist support at Secondary level.

With a population aged 0-19 of 45,229 in the 2011 census the likelihood of there being a child with MSI in Gateshead would be one every fifteen years.

Variation in need

Within the small group of children who are deafblind there is a great variability. The majority of children who are deafblind also have additional physical, medical or cognitive problems. They will have severe communication difficulties and their educational environment and learning programmes will need to be adapted to their unique needs.

In 1997 the DfEE produced a document on curriculum access for deafblind children[60]. This found that strategies which had a communication function, such as objects of reference, signing and speech and musical prompts were most effective.

Each child with MSI is likely to have a unique profile of needs and will need an individualised learning opportunity.

Requirements of children with MSI for Education Health and Care plans

All children who have MSI are likely to need an EHC plan.

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[59] Children with special educational needs: an analysis – 2012 (published 17 October 2012) – reference ID SFR24/2012
[60] Porter, J, Miller, O, Pease, L (DfEE 1997) *Curriculum access for deafblind children*

Key findings

Whilst there are currently no children with these needs in Gateshead, the following factors need to be borne in mind for future cases.

1. Need for a clear route of early identification and referral from Health Service colleagues.

2. Continued availability of skilled expertise in the education of deaf and blind children to contribute to an assessment.

3. Recognition of the need for family support from an early age.

4. Recognition of the possibility of an external out of authority placement as the child grows older and it becomes harder to address educational needs.

Needs assessment: physical disability (PD) summary sheet

The Equality Act says that a pupil has a disability if they have a physical impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities. It covers disabled children whether they have a statement or not. The purpose of the reasonable adjustment is to avoid substantial disadvantage.

The following are some of the factors which are likely to be taken into account when considering what adjustments it is reasonable for a school to have to make:
- The extent to which support will be provided to the disabled pupil under Part 4 of the Education Act 1996 (the SEN framework)
- The resources of the school and the availability of financial or other assistance
- The financial and other costs of making the adjustment
- The extent to which taking any particular step would be effective in overcoming the substantial disadvantage suffered by a disabled pupil
- The practicability of the adjustment
- The effect of the disability on the individual
- Health and safety requirements
- The need to maintain academic, musical, sporting and other standards
- The interests of other pupils and prospective pupils.

Key findings

- There is a small, but stable, number of pupils who have physical disabilities that affect their learning.

- The number of PD pupils supported in Primary schools appears to be declining, whilst the number supported in Secondary schools appears to be growing.

- Overall, the numbers identified are below the national and regional average.

- The individual nature of physical difficulties and the different underlying cause and prognosis make it difficult to generalise for this group of children and young people.

- There is a steady growth trend in the number of pupils with PD supported by SENIT.

- A single comprehensive financial spreadsheet, embracing the whole range of resources utilised to support this group of learners, would help provide a true understanding of the full cost of intervention.

Needs assessment: physical disability

Definition

The Equality Act 2010 defines disability as follows: *'A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.'*

Physical disabilities include:

- impairments limiting the physical function or one or more limbs or motor ability
- respiratory disorders
- epilepsy.

Physical disability also technically encompasses visual and hearing impairments although these are generally classified separately.

Causes of physical disabilities may be:

- prenatal, such as maternal disease in pregnancy or genetic conditions, e.g. congenital rubella syndrome or spina bifida
- perinatal, e.g. prematurity or oxygen deprivation during birth
- postnatal or acquired, through illness or injury e.g. arthritis or spinal injury.

The Dfe Glossary of Special Educational terminology defines Physical disability (PD) as follows:

- *'There is a wide range of physical disabilities and pupils cover the whole ability range. Some pupils are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have an SEN. For others, the impact on their education may be severe.*
- *In the same way, a medical diagnosis does not necessarily mean a pupil has an SEN. It depends on the impact the condition has on their educational needs.*
- *There are a number of medical conditions associated with physical disability that can impact mobility. These include cerebral palsy, heart disease, spina bifida and hydrocephalus, and muscular dystrophy. Pupils with physical disabilities may also have sensory impairments, neurological problems or learning difficulties.*
- *Some pupils are mobile but have significant fine motor difficulties that require support. Others may need augmentative or alternative communication aids.'*

Eligibility criteria

Gateshead eligibility criteria (Appendix PD 2) indicate that the disability must inhibit access to the curriculum or give rise to serious safety concerns.

Prevalence

DfE SEN data for 2012[61] reports 26,620 children nationally with SEN statements or supported by School Action Plus with physical disability as their primary need.

The number of children and young people in Gateshead who have physical difficulties as their primary need is small and relatively stable.

2008	2009	2010	2011	2012
76	75	73	61	64

Comparative data

National data[61] shows that in 2012 there were 64 pupils in Gateshead with SEN statements or supported by School Action Plus who had physical disability as their primary need. Based on total pupil numbers of 29,764 this represents a prevalence rate of 0.22% or 2.2 in 1,000.

According to the same data, Gateshead's nearest statistical neighbour (Sunderland) had 152 pupils with SEN statements or supported by School Action Plus who had physical disability as their primary need in 2012. Based on total pupil numbers of 43,887 this represents a prevalence rate of 0.35% or 3.5 in 1,000.

The average prevalence rate across Gateshead's three nearest statistical neighbours in 2012 was 0.49% or 4.9 in 1,000.

The same data shows 26,620 pupils nationally with SEN statements or supported by School Action Plus who had physical disability as their primary need. Based on total pupil numbers of 8,121,955 this represents a prevalence rate of 0.33% or 3.3 in 1,000.

Stability of data

Over the last five years the number of pupils in Gateshead in this category has ranged between 61 and 76.The national incidence rate is stable over time but the local rate will fluctuate because of the relatively low number of pupils who fall in this category.

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[61] DfE Statistical First Release: Special Educational Needs in England, January 2012 (published 12 July 2012) - reference ID SFR14/2012

Variation in need

As the category embraces such a wide range of different conditions and circumstances there will be considerable variation between the needs of children with physical differences.

As the table below shows, the majority of pupils with PD as their primary need are supported in mainstream schools.

Variation in cost

Costs associated with PD may appear under a number of different headings. In addition to the costs relating to individual support there may well be costs linked to building adaptations, and equipment. Some children will require individually customised pieces of equipment which will have to be adapted or replaced as the child grows.

In January 2012 the profile of placements in Gateshead was as follows:

	Gateshead number	Gateshead Percentage	England percentage
Primary	24	2.4%	4.0%
Secondary	30	4.4%	3.7%
Special	7	0.6%	3.8%

The cost will vary in relation to the placement made. There is a special school, the Cedars, which caters for the needs of this group of children and there is recently opened ARMS provision for Primary aged pupils with physical difficulties at Swalwell School.

Six pupils placed out of Authority have physical difficulties identified as their Primary Need. Five of them are placed in Percy Hedley School and the other at Langdon College. The costs at Percy Hedley School range from £18,720 to £25,527per annum.

Skills set

Current DfE guidance[62] specifies no qualifications over and above qualified teacher status for those teaching pupils with disabilities. However those providing assistance and support will for, some pupils, need to be trained and acquire skills in some medical procedures. In addition to the responsible administration of medication some children will require support around their tracheotomy or in peg feeding for example.

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[62] Statutory Instrument 2003 No 1662 The Education (School Teachers' Qualifications) Regulations 2003

Additional service data

Information from SENIT

Caseload for PD:

2007-8	2008-9	2009-10	20010-11	2011-12
44	44	54	61	76

New referrals for PD:

2007-8	2008-9	2009-10	2010-11	2011-12
14	3	7	7	3

The above data does not appear to balance. The number of cases in some years exceeds the number of new referrals plus existing caseload.

Evidence of impact on outcomes

The following information is taken from national data sets.

Early Years Foundation Stage
National data[63] shows that the percentage of pupils with PD achieving a good level of development increased from 18% in 2008 to 28% in 2012.

The percentage of all pupils achieving at this level increased from 49% to 64% in the same period.

Key Stage 2
National data[64] shows that the percentage of pupils with PD achieving level 4 or above in English and mathematics increased from 34.6% in 2008 to 39% in 2011[65].

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[66] (range 72% to 74%).

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[63] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012
[64] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012
[65] The 2012 figure for PD was 43%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.
[66] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

<u>Key Stage 4</u>
National data[67] shows that the percentage of pupils with PD achieving A*-C grades including English and mathematics GCSEs increased from 21.5% in 2008 to 29.4% in 2012 (range 21.5% to 29.8%).

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with PD achieving 5+ A*-G GCSE grades increased from 70.2% in 2008 to 80.3% in 2012.

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Reasonable adjustments

The Equality and Human Rights Commission issued guidance on 'Reasonable adjustments for disabled children' in 2012. There has been a duty to provide such adjustments since 2002. This was first required by the Disability Discrimination Act and more recently by the Equality Act 2010. From September 2012 the reasonable adjustment duty for schools and education authorities includes auxiliary aids and services. Auxiliary aids can relate to an item of equipment and additional support refers to a member of staff.

The Equality Act says that a pupil has a disability if they have a physical impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities. It covers disabled children whether they have a statement or not. The purpose of the reasonable adjustment is to avoid substantial disadvantage.

The following are some of the factors which are likely to be taken into account when considering what adjustments it is reasonable for a school to have to make:

- The extent to which support will be provided to the disabled pupil under Part 4 of the Education Act 1996 (the SEN framework)
- The resources of the school and the availability of financial or other assistance
- The financial and other costs of making the adjustment
- The extent to which taking any particular step would be effective in overcoming the substantial disadvantage suffered by a disabled pupil
- The practicability of the adjustment
- The effect of the disability on the individual
- Health and safety requirements

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[67] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

- The need to maintain academic, musical, sporting and other Standards
- The interests of other pupils and prospective pupils.

Implication of new legislation; EHC plans for children with PD

Some, but not all pupils with physical difficulties will require an Education Health and Care Plan.

Most children will have on-going involvement with Health Services but not all of them will have social care needs.

Some, but not all children with PD will be require additional support through the High Needs 'top up' mechanism.

Discussion

The needs of children and young people with physical difficulties are likely to be very individual. Some physical difficulties are likely to be short term and may be reduced or removed following intervention and support. Some medical conditions lead to a deterioration in physical functioning over time despite intervention and support. Some physical difficulties impact significantly on learning whilst others do not.

A significant factor is the extent to which the learning environment has to be adapted to enable the child or young person to access learning. Some children will need to have specially adapted seating and/or computers to enable them to access learning. Other pupils will need adapted buildings and toilets.

Because of the range of different conditions and needs embraced by this category it is difficult to be able to make generalisations.
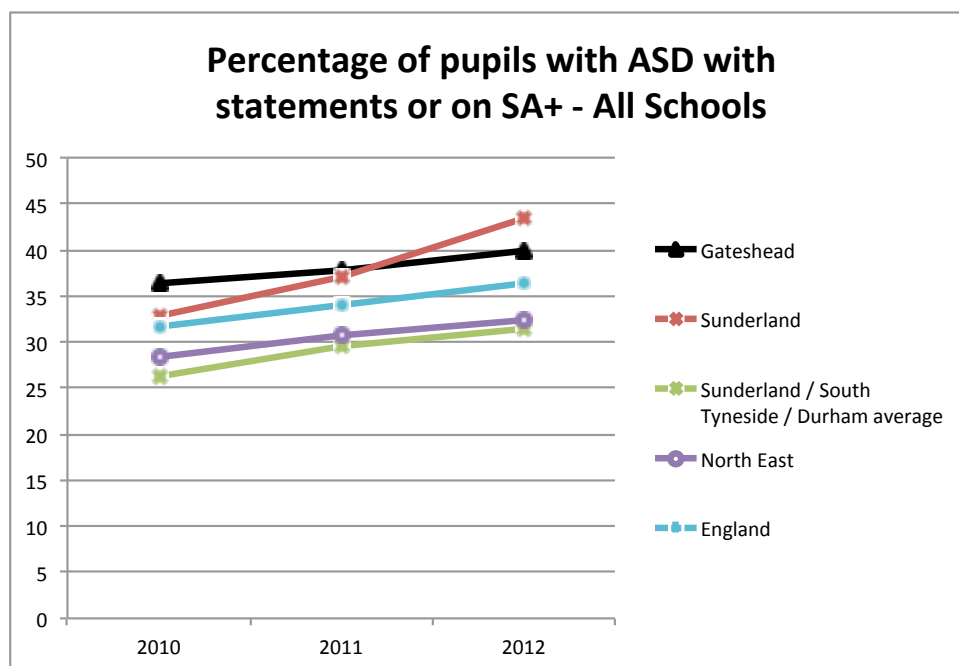
Key findings

- There is a small, but stable, number of pupils who have physical disabilities that affect their learning.

- The number of PD pupils supported in Primary schools appears to be declining, whilst the number supported in Secondary schools appears to be growing.

- Overall, the numbers identified are below the national and regional average.

- The individual nature of physical difficulties and the different underlying cause and prognosis make it difficult to generalise for this group of children and young people.

- There is a steady growth trend in the number of pupils with PD supported by SENIT.

- A single comprehensive financial spreadsheet, embracing the whole range of resources utilised to support this group of learners, would help provide a true understanding of the full cost of intervention.

Recommendations: physical disability

1. In order to ensure that there is a full understanding of the cost of supporting pupils with physical difficulties a single spreadsheet embracing the total spectrum of cost should be created.

2. In order to understand the apparent growth of pupils being identified with PD and supported by SENIT, an independent analysis of the caseload should be undertaken to see:

   i. What are the causes of the PD?
   ii. What is the impact of these difficulties on learning?
   iii. Is the impact sufficiently severe to require intervention?
   iv. What impact does the involvement of the specialist service achieve?

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Needs assessment: autistic spectrum disorders (ASD) summary sheet

Percentage of pupils with ASD with statements or on SA+ - All Schools

- Gateshead
- Sunderland
- Sunderland / South Tyneside / Durham average
- North East
- England

Key findings

- Autism is an area of need that is growing locally, regionally and nationally.

- More children appear to be considered as having special educational needs on the autistic spectrum in Gateshead than regionally or nationally.

- Unless appropriate action is taken it is likely that there will continue to be a growth of demand in this area.

- The present process of medical diagnosis was reported to be subject to significant delays, and concerns were raised if it matches the best practice model of the NICE standard 128.

- There is a lack of a co-ordinated and cohesive continuum of provision to meet the needs of pupils with ASD.

- The use of a single category of need, ASD, does not assist in understanding the range of needs and making appropriate provision.

- The lack of outcome data inhibits the evaluation of effective provision.

Needs assessment: autistic spectrum disorders

Definition of autistic spectrum disorders

The NHS website defines autism as follows: *'Autism and Asperger Syndrome are both part of a range of related disorders known as autistic spectrum disorders (ASD). They begin in childhood and last through adulthood.*

ASD can cause a large range of symptoms which are grouped in three categories:
- *Problems and difficulties with social interaction – including lack of understanding of other people's emotions and feelings*
- *Impaired language and communication skills – including delayed language development and an inability to start conversations or take part in them properly*
- *Unusual patterns of thought and physical behaviour – including making repetitive physical movements, such as hand tapping or twisting (the child develops set routines of behaviour and can get upset if the routines are broken).*

The term 'spectrum' is used because the symptoms of ASD can vary from person to person and range from mild to severe.[68]

The National Autistic Society website defines autism as *'Autism is a lifelong developmental disability that affects how a person communicates with and relates to other people. It also affects how they make sense of the world around them.*[69]

Prevalence of autistic spectrum disorders

It is estimated that 1 in every 100 children has ASD. Boys are three times more likely to develop an ASD than girls.[68]

The nature of autism, being a cluster of symptoms within a continuum, combined with individual determination of diagnosis, means that it is difficult to use data for predictive commissioning. It is very much an individual condition that will require an individual response. Nevertheless the evidence indicates that both locally and nationally there is an increase in the number of pupils who are considered to have SEN related to ASD.

Green et al (2005)[70] suggested that the prevalence rate was 0.9% (90 in 10,000). However, Baird's (2006)[71] research suggested the prevalence rate in children and young people was higher at 38.9 per 10,000.

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[68] NHS Choices website: Autism and Asperger Syndrome
[69] National Autistic Society website: 'What is Autism?'
[70] Green et al (2005) 'Mental Health of Children and Young People in Great Britain, 2004' Palgrave Macmillan

To an extent, the notional statistical prevalence is irrelevant because it is a continuum of need along three dimensions and individuals' profiles and needs will be different. Not all pupils with autism will require additional resources: in some cases adaptation to the learning environment and the development of a sustained tolerance culture will provide sufficient adaptation to support learning. This can be achieved through the development and adoption of an Autistic Friendly Schools policy.

Comparative data

The proportion of children and young people in Gateshead who have a statement for Autism is slightly below the regional and national average. However the proportion who have ASD when School Action Plus is combined with statements is higher.

Stability of data
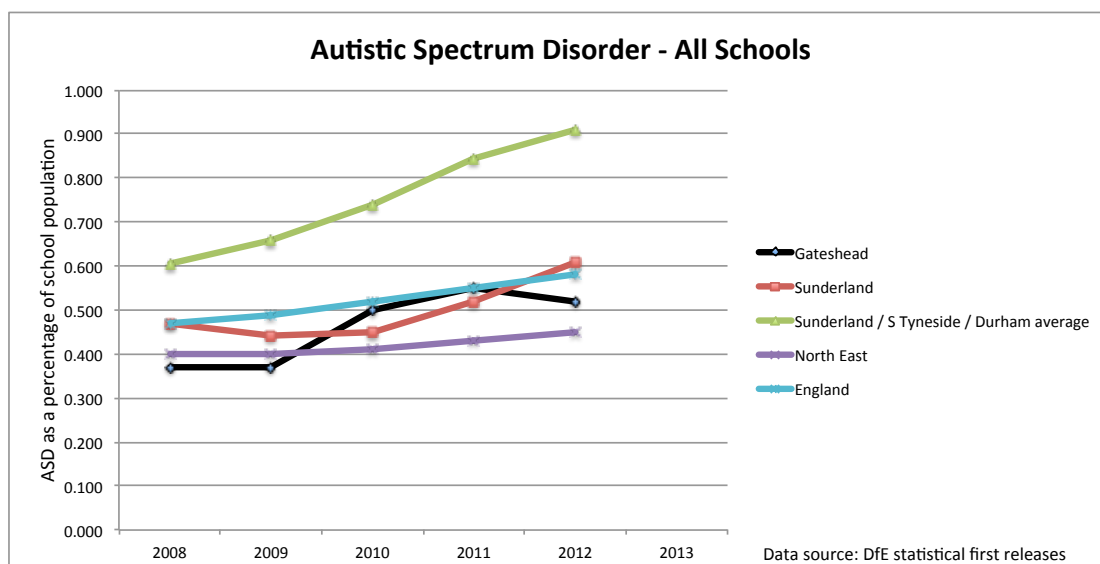
Over the last five years, nationally and locally, there has been a steady increase in the number of pupils identified as having Autistic Spectrum Disorders. This is true also for Gateshead although the profile is uneven.

The charts and table following show the numbers and percentages of pupils with ASD with statements of SEN or at SA+ in Gateshead, its statistical neighbours, the North East and England for the past three years.[72]

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[71] Baird, G et al (2006) 'Prevalence of disorders of autistic spectrum in a population cohort of children South Thames' The Lancet, 368, (9531), pp210-215

[72] 2012 data from DfE Statistical First Release: Special Educational Needs in England, January 2012 (published 12 July 2012) - reference ID SFR14/2012;

2011 data from DfE Statistical First Release: Special Educational Needs in England, January 2011 (published 30 June 2011) - reference ID SFR14/2011;

Percentage of pupils with ASD with statements or on SA+ - All Schools
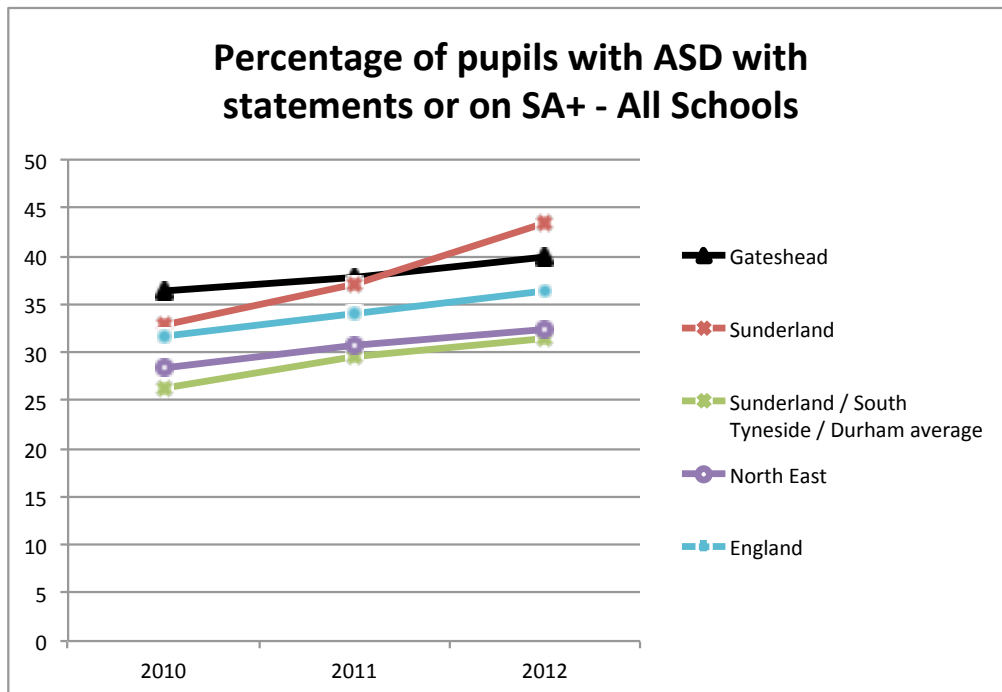
Variation in need

The Gateshead ASD eligibility criteria and matrix of SEN (Appendices ASD 6 and ASD 7) indicate the range and complexity of need that children with ASD may have.

An analysis was done (Appendix ASD 3) of the secondary needs of children with ASD.

Attention control difficulties (BESD)	17
Disruptive and disturbing behaviour (BESD)	7
Dyslexia (SpLD)	1
MLD	5
PD	3
PMLD	2
SLD	7
SLCN	4
Withdrawn, isolated or depressed	2

This showed that of the 48 pupils who had secondary needs, 17 (35.5%) had attention control difficulties and 7 (14.6%) had disruptive and disturbing behaviour. A further 7 also had severe learning difficulties. What was surprising is that these secondary difficulties did not always appear to

influence placement (see Appendix ASD 3) unless their secondary need was a learning difficulty.

Attention control difficulties (BESD)	Academy	4
	Academy Special	3
	ARMS	3
	Mainstream	5
	Maintained Special	1
	OOA Independent	1
Disruptive and disturbing behaviour (BESD)	Academy Special	1
	ARMS	1
	Independent Gateshead (Jewish)	1
	Maintained Special	2
	OOA Independent	1
	OOA Independent Special	1
Dyslexia (SpLD)	Academy	1
MLD	Mainstream	1
	Maintained Special	4
PD	Mainstream	2
	OOA NMSS	1
PMLD	Maintained Special	1
	OOA Independent Special	1
SLCN	Independent Gateshead (Jewish)	1
	Mainstream	1
	Maintained Special	2
SLD	Maintained Special	7
Withdrawn, isolated or depressed	Academy Special	2

Pupils with ASD and SLD are placed in maintained special schools. When PMLD is the secondary need then a special school placement also results, and the majority (4 out of 5) of those with MLD are also placed in a special school.

This raises the question as to whether the primary need is ASD or learning difficulty.

There does not appear to be a direct link with ARMS provision. Three of those with attention control difficulties were placed in ARMS (17%), while more were placed in mainstream (5, 29.4%) or academies (4, 23.5%). It is possible that the placement profile could be distorted by capacity issues in the ARMS but it does suggest a lack of consistent strategic placement determination.

Variation in cost

The data provided by Gateshead only gave financial information for 33 out of the 171 pupils with ASD. The cost for these pupils ranged from £237 up to £13,814. This reflects the new pattern of resourcing through which schools have a higher level of resourcing and only exceptional needs are met through the High Needs block. The sums indicated reflect resources required to 'top up' the £6,000 that school has demonstrated they are already spending on the pupil.

Of the 59 pupils placed out of authority in independent special schools, 15 have ASD listed as their primary need. This represents 25.4% of out of authority placements. They are not however all placed in schools that specialise in autism. The total cost, full year equivalent, of these placements is in the region of £400,000. If it was possible to use some of this resource to strengthen provision in Gateshead then there could be reduced call on out of authority Placements.

Skills set

There are no mandatory requirements for staff working with autistic children. There are however a range of professional qualifications validated by universities at postgraduate training level. These range from Masters level modules, through Advanced Certificates or Diplomas, to courses provided by the National Autistic Society that are externally validated to national credit levels.

Evidence provide by SENIT indicated that a number of their specialist staff have, or are in the process of acquiring, specialist qualifications in this area of need. The data from schools offering ASD provision is incomplete but suggests that they are likely to have staff that are experienced rather than explicitly qualified in this area.

Additional service data

According to information from SENIT, ASD pupils make up the largest category of need for pupils they support. They represent just over a quarter (26.6%) of the SENIT caseload (July 2012).

The caseload for pupils with ASD shows a significant and steady rise in open cases, doubling over a four year period:

2009	2010	2011	2012
130	151	164	270

There is a similar profile of growth in the number of new referrals:

2007/8	2008/9	2009/10	2010/11	2011/12
17	27	39	29	42

Evidence of impact on outcomes

There are no comprehensive records available showing the impact of intervention in achieving outcomes for these pupils in Gateshead.

The following information is taken from national data sets.

Early Years Foundation Stage
National data[73] shows that the percentage of pupils with ASD achieving a good level of development increased from 4% in 2008 to 7% in 2012. This is well below the percentage of all pupils achieving a good level of development which increased from 49% to 64% in the same period.

Key Stage 2
National data[74] shows that the percentage of pupils with ASD achieving level 4 or above in English and mathematics increased from 31.6% in 2008 to 33% in 2011[75] (range 30% to 33%).

The percentage of all pupils achieving at this level increased from 72.7% to 74% in the same period[76] (range 72% to 74%).

Key Stage 4
National data[77] shows that the percentage of pupils with ASD achieving A*-C grades including English and mathematics GCSEs increased from 18.2% in 2008 to 23.8% in 2012 (range 18.2% to 24.4%).

The percentage of all pupils achieving at this level increased from 48.2% to 58.8% in the same period.

The percentage of pupils with ASD achieving 5+ A*-G GCSE grades increased from 60% in 2008 to 67.1% in 2012.

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[73] DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

[74] DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 in England 2011/2012 (Revised) (published 13 December 2012) – reference ID SFR33/2012

[75] The 2012 figure for ASD was 38%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[76] The 2012 figure for all pupils was 79%. However, 2012 results for KS2 are not comparable to previous years as English was calculated from reading test results and writing teacher assessment rather than from reading and writing tests as in previous years.

[77] DfE Statistical First Release: GCSE and Equivalent Attainment by Pupil Characteristics in England, 2011/12 (published 24 January 2013) – reference ID SFR04/2013

The percentage of all pupils achieving at this level increased from 92.4% to 95.6% in the same period.

Discussion

Several key underpinning sources of data indicate that demand in this area is likely to grow. The evidence of underlying need from School Action Plus and referrals to SENIT, longitudinal trend analysis, the delay in clinical diagnosis, and the fact that ASD pupils have been the largest category of cases for SEN Tribunals (in Gateshead as well as Nationally) all point to this being an area where pressure is likely to lead to growth.

Nationally there is an unresolved professional debate as to what has caused this growth and whether it represents a real change in the population or a better process of identification.

An analysis for the secondary needs of pupils on the Gateshead database with ASD as their primary need suggests that the possibility of the primary need being ASD could be questioned in some cases, as their subsequent placement seems to have been predicated by their secondary needs.

The analysis also suggests that the growth has been within mainstream Primary and Secondary school rather than special schools. This could reflect that there is no further capacity in special schools or it might be a recognition of a lower threshold of identification.

In the Gateshead SEN Professional Handbook (page 5) there are is clear set of criteria for the identification of a Statutory Assessment. It is important that these are rigorously followed.

There is a danger of false positive in the early identification of pupils with ASD. The SENIT data (Appendix ASD 11) differentiates between ASC and CSC pupils (complex social communication needs). Whilst the latter group at EYFS make up 85% of CSC referrals overall only 55 out of the total group of 227 (24.2%) have CSC.

The variety and complexity of need of pupils with ASD is demonstrated by their spread through the bands of need and by the range of placements. The pattern of placements appears to show that although ASD is recorded as a primary need, if there is a learning difficulty as a secondary need this is likely to determine placement.

In view of the complexity of the condition, it being a three strand spectrum, the range of needs and the variety of provision, it might be advisable to review the criteria to see if there could be a better match of needs to provision and placement.

The diagnosis of autism is undertaken by the Children and Young People's Service (CYPS) at Monkwearmouth. This provides medical diagnosis. It is a

relatively new process and is reported to be subject to significant delays. This was not confirmed with the service provider. Many authorities find a multi-disciplinary team approach provides a better model for diagnosis than single clinical determination. This approach is recommended in the National Institute for Health Care and Excellence Guideline No. 128

The issue of diagnosis can be very important for parents as it provides an indicator that enables an understanding of why their child responds or does not respond the way other children do. However a medical diagnosis does not help determine educational needs and provision. Gateshead's own criteria for Statutory Assessment makes this explicitly clear, but the presence or absence of diagnosis was a feature of the Special Needs Panel.

The LA has already recognised the important of an integrated approach to all people in Gateshead with autism and is working to implement the requirements of the Autism Act, which became law in November 2009.

The direct interface between children and adults will occur for children and young people with their transition plan and the new legislative requirements of the Children and Families Bill for 16-25 year olds. There is at present a significant gap between the number of children diagnosed with autism and number of adults with an ASD diagnosis.

The move to an Education Health and Care plan will provide a better platform for transition than the current focus on special educational need.

Requirements of children and young people with Autistic Spectrum Disorders for an Education, Health and Care Plan

The complexity and range of needs embraced within the ASD make it difficult to predict how many from this group might require an EHC plan in the future. The current population of children with statements will transfer to having EHC plans. Based on an analysis of resourcing, placement and costings from the Gateshead SEN database it is suggested that between 50 and 100 is a reasonable estimate. However the nature of ASD, the existence of strong parental groups and advocacy forums could mean that there is likely to be significant additional demand.

These factors, combined with the statutory requirement to have an Autistic strategy to meet the needs of Adults with ASD could also extend demand for provision and support for pupils up to age 25 in some cases.

Key findings

- Autism is an area of need that is growing locally, regionally and nationally.

- More children appear to be considered as having special educational needs on the autistic spectrum in Gateshead than regionally or nationally.

- Unless appropriate action is taken it is likely that there will continue to be a growth of demand in this area.

- The present process of medical diagnosis was reported to be subject to significant delays, and concerns were raised if it matches the best practice model of the NICE standard 128.

- There is a lack of a co-ordinated and cohesive continuum of provision to meet the needs of pupils with ASD.

- The use of a single category of need, ASD, does not assist in understanding the range of needs and making appropriate provision.

- The lack of outcome data inhibits the evaluation of effective provision.

Recommendations: autistic spectrum disorders

1. In order to address the challenge of delayed diagnosis:

   a. Explore in partnership with Health commissioners what are the reasons for delay, and if the best practice multi disciplinary assessment model is being used.
   And/or
   b. as clinical diagnosis does not in itself inform educational provision remove the lack of diagnosis as an inhibitor for placements.

2. In order to ensure that the planned profile of provision matches need and better information is available for strategic commissioning, the LA should consider working with appropriate specialists and professionals, in reworking the eligibility criteria to subdivide the category (in a similar way to the BESD category).

3. In order to address the apparent 'over identification' of children with Autistic Spectrum Disorders it is recommended that the eligibility criteria are reviewed, with the appropriate engagement of partners and professionals. In particular consideration needs to be given to the hierarchy of choice of primary need. Guidance should be developed for schools to help ensure they allocate children appropriately to this category when recording needs.

4. In order to address the risk for growth of demand for placements and resources for young people aged 16-25, priority needs to be given to working out an appropriate strategy for this group in partnership with adult services.

5. In order to ensure that the needs of this group of children are appropriately and consistently met, a continuum of provision needs to be consolidated. Placements along this continuum of provision need to be made consistently.

6. In order to ensure that the needs of pupils with ASD are met, appropriate outcome measures need to be developed and progress to achieving these monitored, analysed and reported.