

## Focus on

February 2015

# Special Education Needs and Disabilities

Pupils with a Special Educational Need (SEN) or disability face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood.

This factsheet presents an assessment of the needs of Islington children and young people with SEN and disabilities, and their families, in order to facilitate improvements in their outcomes and experiences.

**A statement of special educational need (SEN)** is a formal document detailing a child's learning difficulties and the help that he/she will be given, for example, by schools or social workers.

They are being replaced with "Education, Health and Care plans" from September 2014.

## What are special educational needs (SEN)?

The legal definition of SEN is set out in the 2014 Children and Families Act. Children have a SEN if they have a learning difficulty or disability, which calls for special educational provision to be made for them.

Islington Children's Services have agreed the following working definition in relation to childhood disability.

"A child should be regarded as disabled if he or she has special needs in the area of health, education, or physical, intellectual, emotional, social, or behavioural development due to any disability that is:

- Substantial, with a marked adverse impact on daily life and unlikely to be able to participate in normal activities for the foreseeable future;
- and/or
- Where a child's normal development is significantly impaired and they need to receive significantly more personal care and supervision than children without disabilities of similar age and circumstance."

## Key facts & figures

**5,817**

Islington pupils with Special Educational Needs January 2013

**560**

Estimated number of children and young people with an Autistic Spectrum Disorder in Islington 2013

**24.1%**

of Islington school pupils have some form of Special Educational Needs January 2013

**820**

Islington pupils with a Statement January 2013

## Key issues for Islington

A key issue for Islington will be the changes being made by the Government to the way children and young people with SEN are supported.

The Children and Families Act (2014) introduced a new, single system from birth to 25 for all children and young people with SEN and their families. Changes arising from the act include the introduction of Education, Health and Care Plans for 0 to 25 year olds to replace the current system of SEN, the presentation of a clear Local Offer with improved cooperation between services, and greater control for families through the provision of personal budgets.

## Health risk factors of SEN and disabilities

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Smoking in pregnancy increases the risk of having a child with certain disabilities and is associated with low birth weight (where a baby weighs less than 2,500 grams at birth), premature birth and placental complications. Babies born to mothers who smoke have poorer lung function and are more likely to require hospital admission during the first eight months of life.

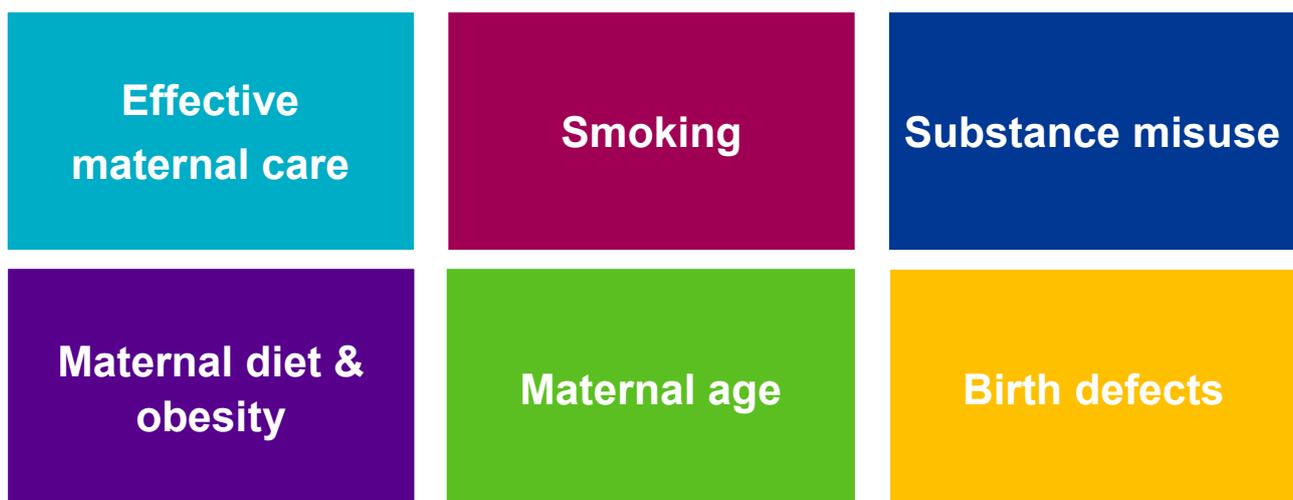
Regular or heavy alcohol consumption in pregnancy is associated with behavioural disorders and impaired brain development (e.g. Foetal Alcohol Spectrum Disorder (FASD)). Addiction or substance abuse interferes with parenting and contributes to developmental, behavioural, and health problems in children.

A mother's pre-birth diet is known to influence foetal growth, normal development and gestational weight gain. Maternal obesity is associated with an increased risk of a number of poorer outcomes, including birth defects such as spina bifida, heart or circulation anomalies, and limb reduction anomalies. Excessive gestational weight gain, especially early in pregnancy, may increase a woman's risk of gestational diabetes.

Teenage pregnancy and pregnancy at advanced maternal age (35 years and over) are both associated with adverse pregnancy outcomes such as premature delivery and low birth weight.

Birth defects among live births was estimated to be 184 per 10,000 total births in England and Wales in 2010. However, this may be an underestimate. Data are likely to be incomplete as it takes time for notifications to be sent to the registers and some anomalies are not diagnosed until later in infancy and childhood.

Good quality maternity care provides the opportunity to offer advice on lifestyle behaviours such as smoking, alcohol, medication and diet; advice which can help to reduce the risk of poor outcomes for children such as disabilities. Postnatal care provides opportunities to encourage initiation and maintenance of breastfeeding, and to offer postnatal screening.



## Social risk factors of SEN and disabilities

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Short-term adverse outcomes associated with deprivation include an increased risk of premature birth, birth defects and low birth weight. Over the longer term, adverse outcomes include impaired cognitive growth and development, poor emotional and mental wellbeing, and long-term impacts on the ability to flourish in life.

Families with a child with a SEN or disability are more likely to live in poor housing and poverty, lack employment, face social isolation and discrimination; these are associated with poorer health and educational outcomes.

Welfare benefit reform will potentially have a profound effect on families with children with a disability or SEN. There are approximately 730 families with 1,440 children affected by the reforms living in Islington now; 112 of these children were known to Children's Services in 2013.

# THE ISLINGTON PICTURE

Estimates of the prevalence of disability among children in England range from about 3% up to about 7% depending on the survey methods used and the definition of disability. Estimates of childhood disability from the Family Resources Survey (2011/12) suggest that there are around 2,500 disabled children in Islington in 2014.

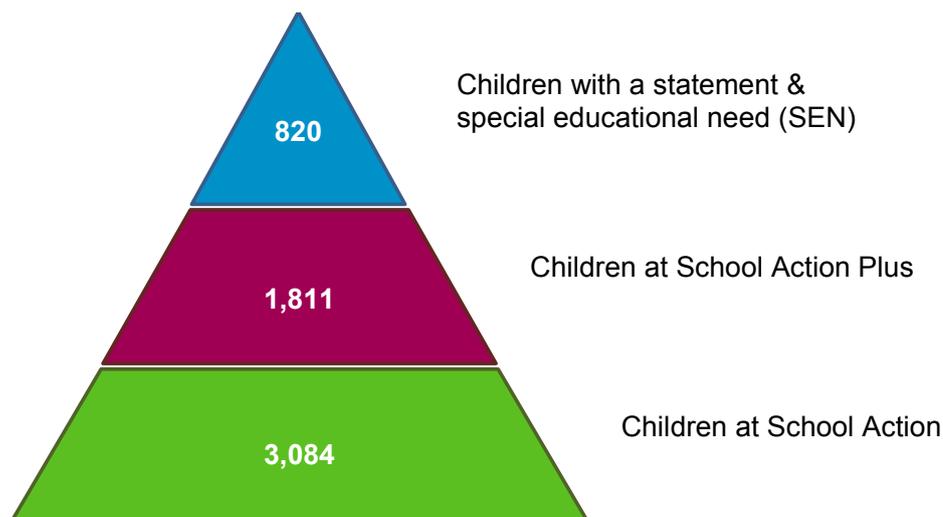
## Estimated numbers of disabled children and young people, Islington, 2014

Age group (years)	Boys			Girls			Total
	Total population	% disabled	Number disabled	Total population	% disabled	Number disabled	Number disabled
0-4	6,796	4%	272	6,405	2%	128	400
5-9	5,242	9%	472	5,218	6%	313	785
10-14	4,229	10%	423	4,390	6%	263	686
15-19	4,219	7%	295	4,576	7%	320	615
<b>Total</b>	<b>20,486</b>	<b>7%</b>	<b>1,462</b>	<b>20,853</b>	<b>5%</b>	<b>1,024</b>	<b>2,486</b>

Source: GLA population estimates 2013, Family Resources Survey 2011/12

SEN data remains the most reliable single measure of children and young people with disabilities. However, not all children with disabilities and long-term life limiting conditions have SEN, and further work is being done to estimate local numbers.

## Prevalence of Special Educational Needs in Islington schools, 2013

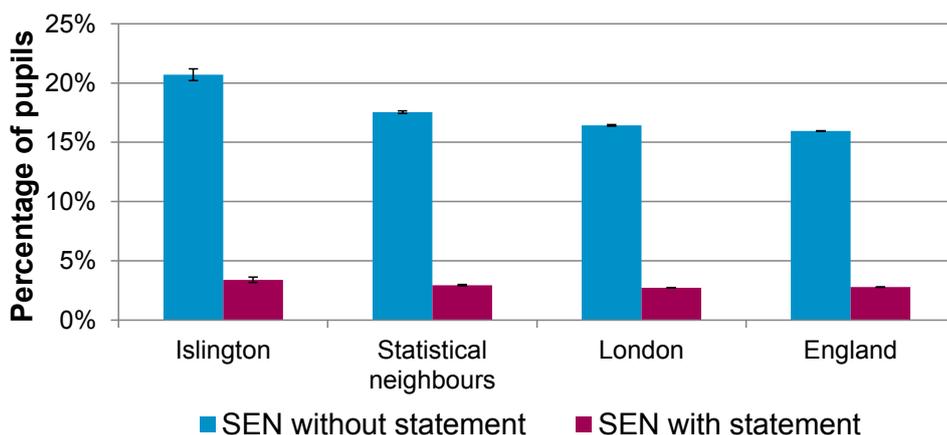


There were three stages of support to help children with a SEN based on their needs. School Action involves teaching certain things in a different way, or help from an additional adult. School Action Plus may involve additional support from an external specialist, for example a speech and language therapist. Statements document the child's needs; their learning objectives, and provision necessary to achieve objectives.

Source: Statistical First Release: Special educational needs in England: January 2013

Islington has a statistically higher percentage of pupils with a special educational need, both with and without a statement, compared to other areas with similar population characteristics (statistical neighbours), London and England.

## Percentage of pupils having Special Educational Needs, with and without statement, Islington, January 2013



## Children in Need

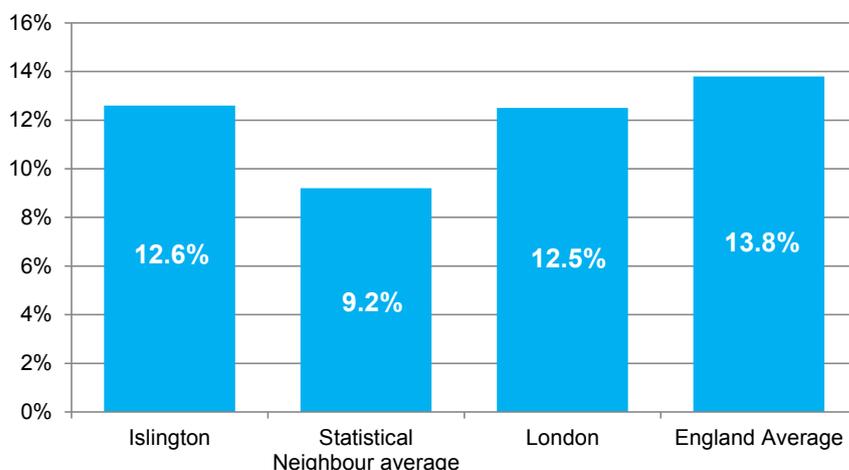
Children in Need are children who are unlikely to adhere to a reasonable standard of health or development without local authority services (Children Act 1989).

Islington had a higher proportion of Children in Need with a disability than the average in areas with similar population characteristics (statistical neighbours), as of the 31st March 2013. However, the proportion of Islington's Children in Need with a disability recorded was lower than the England average and similar to the London average.

The most common disabilities amongst Islington's Children in Need were:

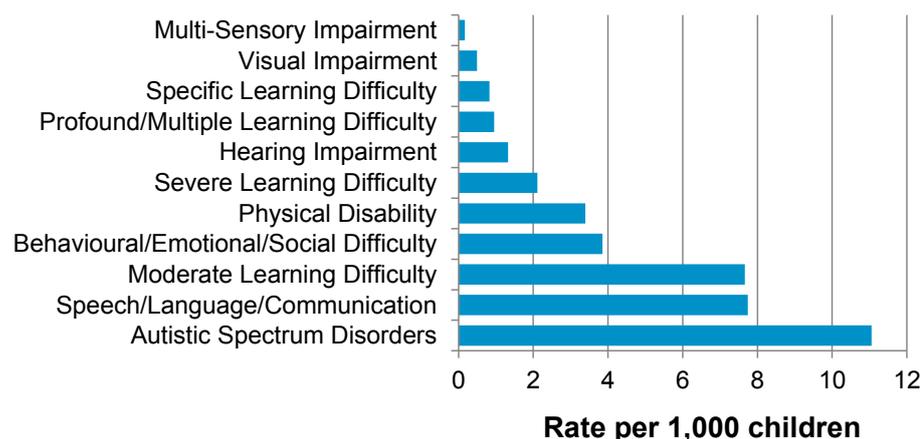
- Learning disabilities (32%)
- Autism / Asperger syndrome (28%)
- Mobility impairments (16%)

**Percentage of Children in Need with a recorded disability, 31st March 2013**



Source: Statistical First Release: Characteristics of children in need in England: 2012 to 2013

### Primary presenting need of pupils with a statement, Islington, 2013



Amongst Islington pupils with a statement, the following were the most common types of need:

- Autistic Spectrum Disorders (1.1%)
- Speech, language and communication needs (0.8%)
- Moderate learning difficulties (0.8%)
- Behavioural, emotional and social difficulties (0.4%)

Source: ONE Pupil Database, July 2013, & Database of Islington Children, Children's Services, November 2013

## Educational outcomes

In general, Islington pupils at School Action had poorer achievement in educational outcomes up to Key Stage 2 (Year 6), with the exception of mathematics, compared with London and England. Achievement among Islington pupils at School Action Plus was broadly similar to London and England. Islington pupils with a Statement tended to do better compared with London and England up to Key Stage 1 (Year 2), and broadly similar at Key Stage 4 (Year 11). At GCSE, a greater proportion of Islington pupils at School Action Plus achieved 5 or more grades A\* to C compared with London and England, but a smaller proportion of Islington pupils with a Statement achieved 5 or more grades A\* to C including English and Maths.

Islington's School Action Plus pupils were the SEN group most likely to have at least one fixed term exclusion (7%), a lower proportion compared with London (9%) and England (10%) in 2013.

Employment rates for disabled people are not available broken down by age. However, looking at the socio-economic classifications in the 2011 Census, 46% of disabled 16-24 year olds have never worked and are long term unemployed, compared to only 16% of non-disabled 16-24 year olds.

## Health outcomes

There are little data on health outcomes locally, and many health outcomes are seen in later life. Most of the available evidence on health outcomes relates to people with learning disabilities, premature births, and Autistic Spectrum Disorders.

Nationally, there is consistent evidence that people with learning disabilities experience poorer health than their non-disabled peers. They have a higher risk of experiencing multiple conditions at the same time including psychiatric disorders, epilepsy and Autistic Spectrum Disorders, as well as long-term conditions including coronary heart disease and respiratory diseases. Men with learning disabilities live, on average, 13 years less than men in the general population. Life expectancy for women with learning disabilities is 20 years less than the general female population.

Evidence shows that nationally, people with learning disabilities are less likely to lead healthy lifestyles than the general population. Poor diet and low levels of physical activity among people with learning disabilities, and high rates of smoking among those who don't use learning disabilities services, contribute to poorer health outcomes. Diagnostic overshadowing, where signs and symptoms of physical illness are mistakenly attributed to a person's learning disability, may delay diagnosis, and carers' input is often disregarded by professionals. A lack of coordination between different care services can lead to care being delivered in silos, which particularly disadvantages people with learning disabilities.

Outcomes for premature babies improve as gestational age at birth increases. Very premature babies have a greater risk of disabilities, death before discharge from hospital or death before 20 years of age.

Children and young adults with Autistic Spectrum Disorders are more likely to have anxiety symptoms and disorders, although they are often unrecognized or misdiagnosed. Epilepsy, schizophrenia, bowel disorders, type 1 diabetes, central nervous system or cranial anomalies, muscular dystrophy, and sleep disorders are more common among children and young adults with Autistic Spectrum Disorders.

## NATIONAL & LOCAL STRATEGIES

### NATIONAL STRATEGIES

#### **The Children and Families Act (2014)**

The Children and Families Act (2014) introduced a new, single system from birth to 25 for all children and young people with SEN and their families. The Act aims to give children, young people and their parents greater control and choice in decisions and ensuring needs are properly met by:

- replacing old statements with a new birth- to-25 education, health and care plan
- offering families personal budgets
- improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.

### LOCAL STRATEGIES

#### **SEN Reforms Implementation Framework**

Work is ongoing to implement the reforms outlined in the Children and Families Act. In Islington, this is being performed with the following underlying principles:

- Access and Empowerment - 'Do nothing about us without us'
- Responsiveness and Timely Support - 'The right support for the right children in the right place'
- Improving Service Quality and Capacity - 'Make sure all workers understand disability'

#### **Local offer**

Information about the support available in Islington will be published and kept up to date at <http://www.islington.gov.uk/localoffer>

## WHAT DO LOCAL PEOPLE THINK ABOUT THE ISSUE?

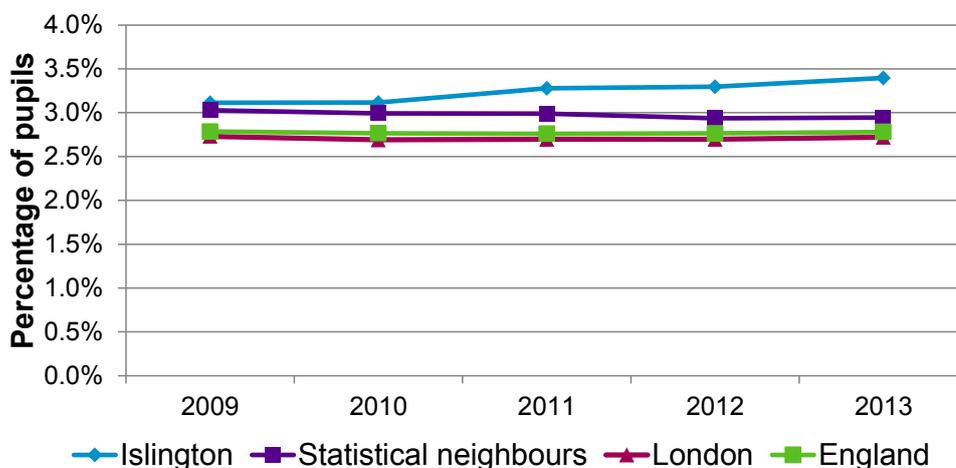
Service users' views are important in assessing the quality and effectiveness of services. Islington Council sends a survey to parents of around 120 children who have been assessed and received a statement in the previous year, which asks about parents' experience of contact with services. A consistent majority have described contact as "very helpful" over the five years to 2012 (65% to 74%), or helpful (20% to 30%). Whittington Health Community Services uses the National Paediatric Toolkit to gain feedback on services such as the Islington Additional Needs and Disability Service, with the majority of users finding services to be helpful.

## WHAT WORKS?

<b>Early identification and assessment</b>	Early intervention ensures families get support when they really need it quickly and with the minimum of fuss. This is particularly important for families with children with SEN and disabilities.
<b>Giving parents control</b>	Parent Partnership Services (PPS) offer advice and support to parents and carers of young people with SEN. Evaluation shows that they are valued by parents and enhance local SEN provision.
<b>Learning and achieving</b>	High quality teachers trained to support a range of SEN is effective in driving up attainment. Those with specialist knowledge and experience can help to develop the skills of their colleagues.
<b>Preparing for adulthood</b>	Well-coordinated planning and advice, along with appropriate and tailored work experience opportunities can be crucial to the success of transition for young people with disabilities or SEN.
<b>Services working together for families</b>	A streamlined service facilitates clear and accessible information for parents and carers. Services working together make a real difference to families' experience and the quality of support.

## FUTURE NEED

**Trend in prevalence of SEN with statements in schools, 2009 to 2013**



There has been a slight rise in the number of children and young people with a statement in Islington over the previous five years, equating to an average of 19 additional statements each year. There was no change in the rate across the statistical comparators, London or England.

Source: Statistical First Release: Special educational needs in England: January 2013

The number of children and young people with a SEN without a statement has fallen by an average of 230 per year in Islington, which was a sharper fall compared with our statistical neighbours, London and England. The reasons for these changes are not clear.

# WHAT IS BEING DONE LOCALLY TO ADDRESS THE ISSUE?

## Early identification and intervention

Specialists can play an important part in the early identification of SEN and disability in advising early years practitioners and teachers on how to support the needs of a child and help them make progress. In Islington, the 'team around your child' works with families to plan a programme of support. They are able to act as consultants and advise on teaching and learning for all staff. Early years settings and schools work in partnership with the following specialist services when they think extra support is needed for a child.

## Islington Additional Needs and Disability Service (IANDS)

Islington Additional Needs and Disability Service (IANDS) is a multi-agency service, for all children with additional needs in Islington, which includes speech and language therapy, occupational therapy, physiotherapy, paediatricians, clinical psychology, family therapy, specialist nursing, social work, and key workers.

A central referral system screens all new referrals for assessment and diagnosis. Where there are safeguarding concerns, children and families are referred directly for an assessment from the Disabled Children's Team (DCT) which works jointly across IANDS.

## Schools

The Special Educational Needs Coordinator (SENCO) in each primary and secondary school has responsibility for SEN within the school.

There are three maintained special schools in Islington:

- **Richard Cloudesley School**, for children aged 2 to 19 years with severe/complex physical disabilities;
- **Samuel Rhodes School**, for children with difficulties in learning and cognition; and
- **The Bridge School**, for children with severe learning difficulties, profound and multiple learning difficulties and Autistic Spectrum Disorders.

The Courtyard is a new special free school that opened in September 2013 by the trustees of St Mary Magdalene Academy, providing personalised education for up to 36 students aged 14-18 with Autistic Spectrum Disorders or Speech Language and Communication Needs. The Family School opened in September 2014 run by the Anna Freud Centre for children at risk of exclusion.

Within Children's Services, specialist services such as the Educational Psychology Service and the Special Educational Needs Team are provided centrally to support schools and pupils with SEN and manage the process of assessing pupils for additional support (i.e. Education Health and Care Plans).

## Other services

Islington Council's Targeted and Specialist Children & Families Services are responsible for supporting and caring for some of the most vulnerable children and young people in the borough, including some children with disabilities, some of whom are looked after children.

The Joint Agency Panel is the multi-agency body by which Islington children's health, education and social care services consider, determine and review the joint - funding of specialist services for those children with the most severe and complex needs.

Other services who provide support for children with SEN and / or disabilities include the Early Years Inclusion Team, The Under Fives Advisory Group, the Short Breaks service, the Child and Adolescent Mental Health Service, the Youth Careers Team and the Transition Team.

## FURTHER INFORMATION

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Further information on this topic can be found at the following locations:

- This factsheet is based on the more detailed Children with Special Education Needs and Disabilities Needs Assessment, June 2014, available at <http://evidencehub.islington.gov.uk/family/targeted/Pages/default.aspx>
- The full Children and Families Act 2014 is available at <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- The Special Educational Needs and Disability Regulations are available at <http://www.legislation.gov.uk/uksi/2014/1530/contents/made>
- The Special Educational Needs and Disability Code of Practice is available at <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- The Islington Local Offer is available at <http://www.islington.gov.uk/localoffer>
- The Department for Education regularly publish Statistical First Releases about pupils with SEN. These are available at <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

## About the Evidence Hub

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The Evidence Hub is a partnership between the local NHS and the Islington Council that brings together information held across different organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of the Islington population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This profile has been produced by Ian Sandford, Public Health Strategist and Adam White, Special Projects Officer, and signed off by Candy Holder, Head of Young People's Services

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