

## Bolton Special Educational Needs and Disability Joint Strategic Needs Assessment 2023

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

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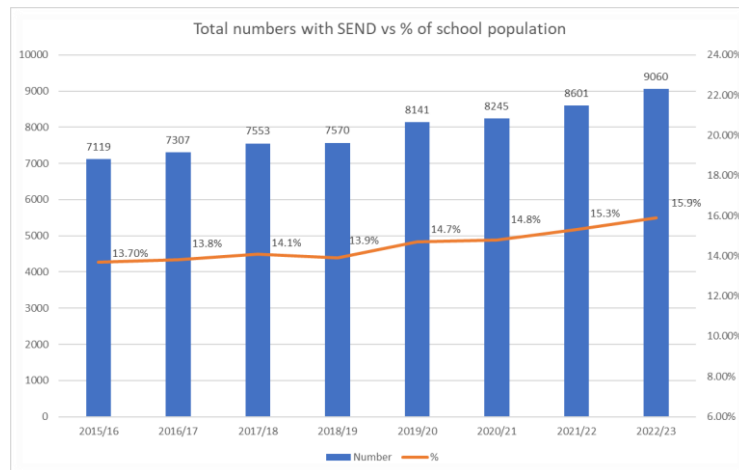
**Date:** February 2023

**Available at:** [www.boltonjsna.org.uk](http://www.boltonjsna.org.uk)

# 1 Executive Summary

## 1.1 Trend

Based on 2022/23 Spring census there are 9033 people with SEND in Bolton. This is an increasing trend in both number and percentage of the school population which is mirrored nationally and regionally. There has been a 27% increase in the total number of pupils with SEN support or an EHCP between 2015/16 and 2022/23.

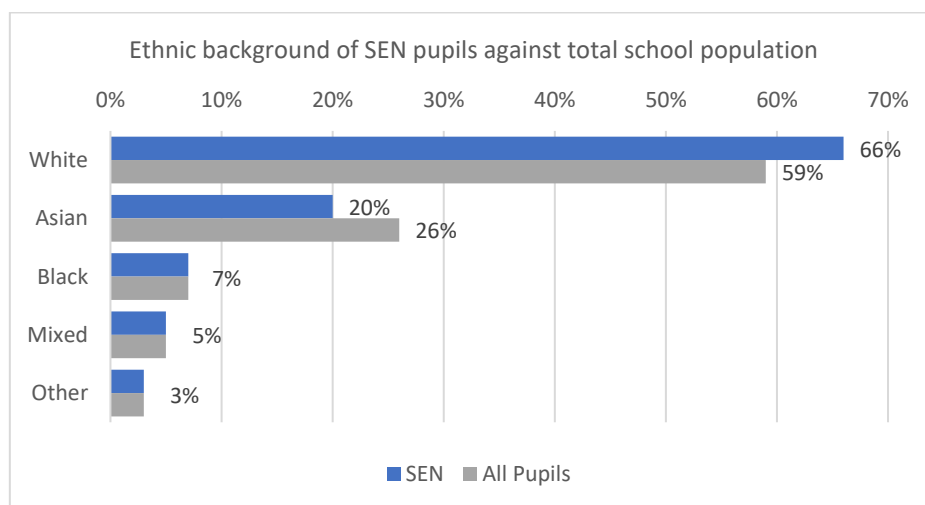


## 1.2 Demographics

Looking at the breakdown of the SEND population by sex, males are disproportionately more likely to receive SEN support or an EHCP compared to females about two-thirds were male and one-third female.

Nine and ten year-olds make up the largest cohort, with a large drop off in number over the age of 15.

Pupils from a white ethnic background make up a higher proportion of the SEND population than in the general school population, whereas pupils from an Asian ethnic background make up a smaller proportion than in the general school population. Pupils from Black, Mixed and Other ethnic backgrounds are proportionate with the general school population.



### **1.3 Types of SEND**

Speech, Language and Communication needs is the most common type of SEN in 2022/23 and accounts for 28% of those with SEND. Moderate Learning difficulty, which was previously the most common type, accounts for 18% and Social Emotional and Mental Health is 16% of those with SEND.

### **1.4 School Achievement**

At Key Stage 2, individuals with an EHCP exhibit lower academic achievement to those with SEN support, who in turn perform lower than students without SEN. This is the same for regional, national and statistical comparators.

In Bolton, 8% of those with an EHCP and 22% of pupils with SEN support achieve the required standard in reading, writing and maths, compared with 73% of pupils with no identified SEN. These figures are slightly higher than all comparators.

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

The same pattern for achievement can be seen at Key Stage 4, those with an EHCP, perform lower than those with SEN support who in turn perform lower than those with no SEN. Again, this is replicated regionally, nationally and with statistical comparators.

The average Attainment 8 score for pupils with EHCPs is lower in Bolton (11.5) than in the North West (12.70), statistical neighbours (13.1), and nationally (14.3). The average Attainment 8 score for both pupils with SEN Support (30.1) and pupils with no identified SEN (49.6) is also lower than all comparators.

### **1.5 Absence and Exclusion**

Those with EHCPs have a higher percentage of sessions missed than those with SEN Support, who in turn have a higher percentage of sessions missed than those with no identified SEN. This trend is seen in all comparators.

Prior to the Covid 19 pandemic, Bolton had largely the same percentage of missed sessions as its comparators for those with EHCPs, SEN support and no identified SEN. Following the lifting of restrictions in 2020/21 the percentage of missed sessions increased for those on an EHCP from 8.7% to 10.5%. This is a smaller increase than comparators who all rose above 13%. In 2021/22 Bolton's absence as a percentage of missed session is, again, largely the same as its comparators with all areas seeing an increase in absence when compared to pre-Covid rates of absence.

In Bolton those with SEN support make up the largest proportion of the school population to receive permanent exclusions. This is a trend that is seen with all comparators, however at 0.44% Bolton is more than double the figure for the North West, England or statistical neighbours.

For school year 2020/21 Bolton has the highest proportion of pupils both with EHCPs (18.72%) and at SEN Support (15.01%) who have received fixed term exclusions of all comparators.

## 2 Introduction

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

This JSNA will focus on children and young people (0-25s) with Special Educational Needs and Disabilities (SEND). The document considers data from a variety of sources with different reporting periods.

The SEND Code of Practice: 0 to 25 years<sup>1</sup> defines SEND as follows:

### **Special Educational Needs (SEN)**

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

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

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

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

### **Disabled Children and Young People**

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

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<sup>1</sup> Department for Education and Department of Health and Social Care (2014) SEND Code of Practice: 0 to 25 years. <https://bit.ly/3qdAe1k>

## Areas of SEN

There are four main areas of special need:

### *Cognition and Learning Needs*

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

### *Social, Emotional and Behavioural Needs*

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

### *Communication and Interaction Needs*

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

### *Sensory and/or Physical Needs*

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

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

## 3 Bolton population, context and health needs

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

### 3.1 Population size and structure

Bolton has a resident population of 296,000<sup>2</sup>, whereas the GP registered population is higher at 323,0383. The Bolton population forms 4% of the population of the North West region as a whole, and 10% of the Greater Manchester population<sup>2</sup>.

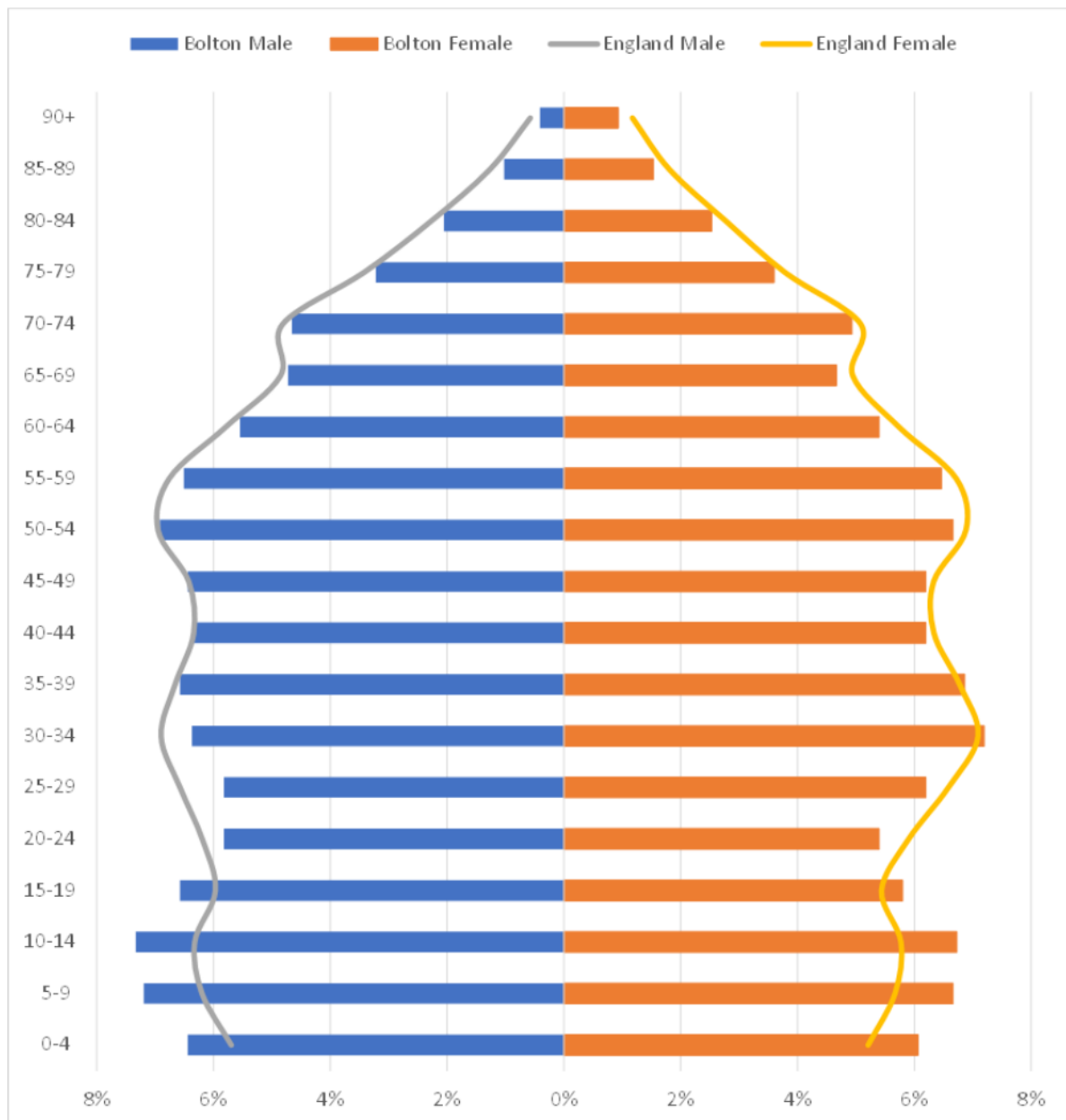
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<sup>2</sup> Demography and migration data, England and Wales: Census 2021, [bit.ly/3uSRc3P](https://bit.ly/3uSRc3P)

<sup>3</sup> Patients of all ages registered at GP practices in NHS Greater Manchester ICB – 00T (Bolton) December 2022. <http://bit.ly/3hAywTk>

The average age of the population in Bolton is slightly lower than England and the North West averages (38, 40 and 40 years respectively). The population distribution is similar to the national profile, although a greater proportion of Bolton's population is aged under 19 compared to England as a whole<sup>4</sup>. Figure 1 shows Bolton's population distribution by five-year age bands and sex, compared with England.

Figure 1: Population structure by age and sex in Bolton compared with England<sup>4</sup>



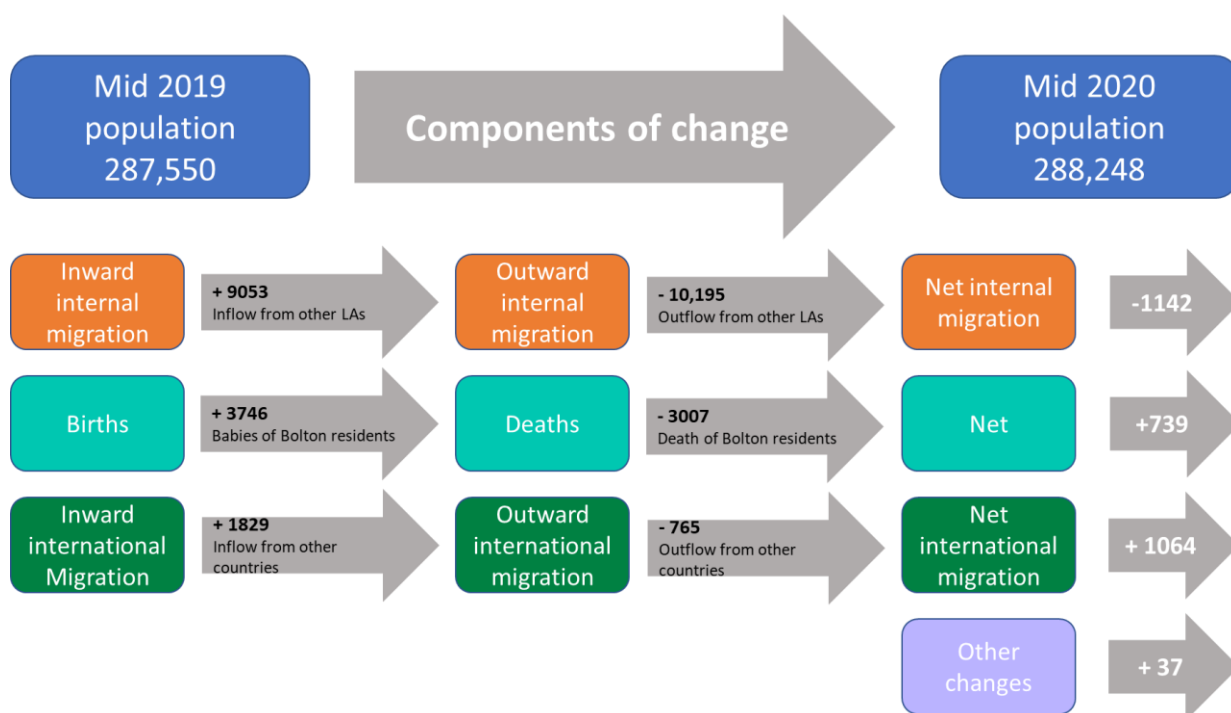
<sup>4</sup> Office for National Statistics, Census 2021, Demography and migration data, England and Wales [bit.ly/3uSRC3P](https://bit.ly/3uSRC3P)

### 3.2 Population change

The resident population in Bolton has increased by an estimated 6.9% in the last 10 years from 276800 in 2011. This is in line with the average for Greater Manchester, but some way behind Manchester and Salford which have seen the greatest population growth at 9.7% and 15.4% respectively.

Population change is determined by trends in the number of births, deaths and net migration into and out of the borough. Figure 2 shows the components of population change between mid-2019 and mid-2020. In those 12 months, there was a net gain in both births (+1172) and international migration (+1064), however internal migration gave a net reduction of -1142.

Figure 2: Bolton population - components of change, 2019-2020<sup>5</sup>



The population projections in this section are based on 2018 mid-year population estimates. These are the current population projections available. Updated projections are expected to be released in spring 2024 which will take into account the Census 2021 data. The ONS have published a reconciliation of the mid-year estimates and compared to the 2021 Census figures Bolton was predicted to be 3.3% less than the census 2021 estimates<sup>6</sup>. This puts the estimates within the 95% confidence and also indicates there has been no drastic or surprising variation to the number of Births, Deaths, and Migration numbers.

<sup>5</sup> ONS Estimates of the population for the UK, England and Wales Scotland and Northern Ireland, Mid 2020 edition Table MYEB3, [bit.ly/3VbJT28](https://bit.ly/3VbJT28)

<sup>6</sup> ONS Reconciliation of mid-year population estimates with Census 2021, England and Wales, <https://bit.ly/3HuI7VE>

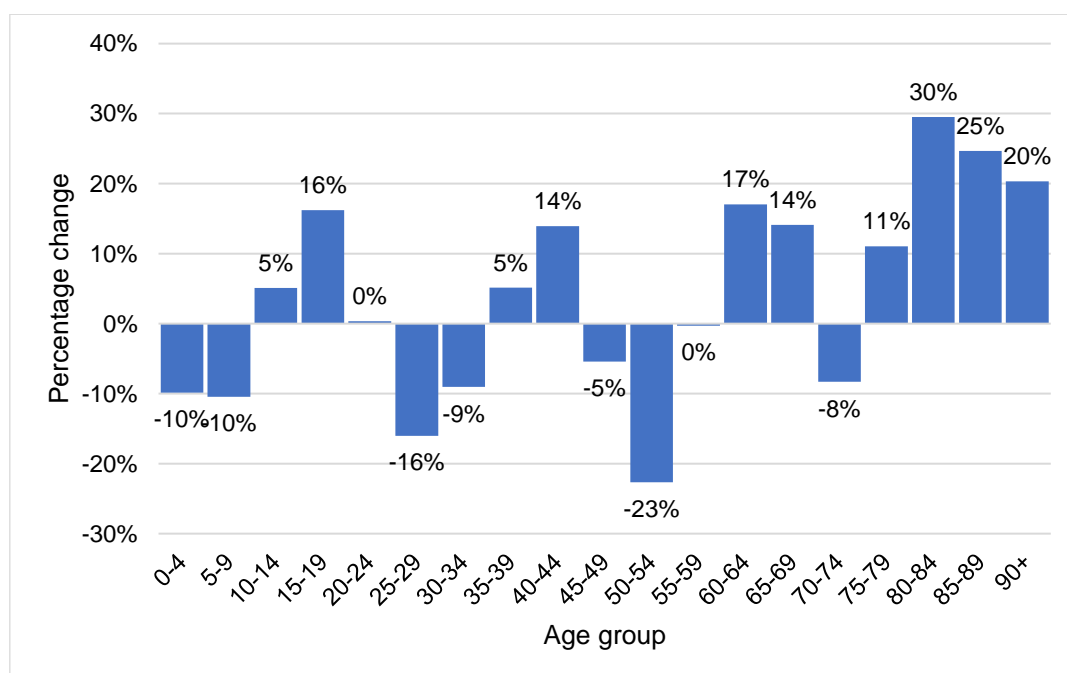


Over the next ten years, the highest projected population increases are expected amongst 15-19 year olds and the over 60s<sup>7</sup>. Reductions are anticipated in the proportions aged 0-9, 25-34 and 45-54 year olds ( Table 1 and Figure 3).

Table 1: Past and estimated future population change by age in Bolton<sup>7</sup>

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

Figure 3: Projected population change between 2019 and 2029 by age group<sup>7</sup>



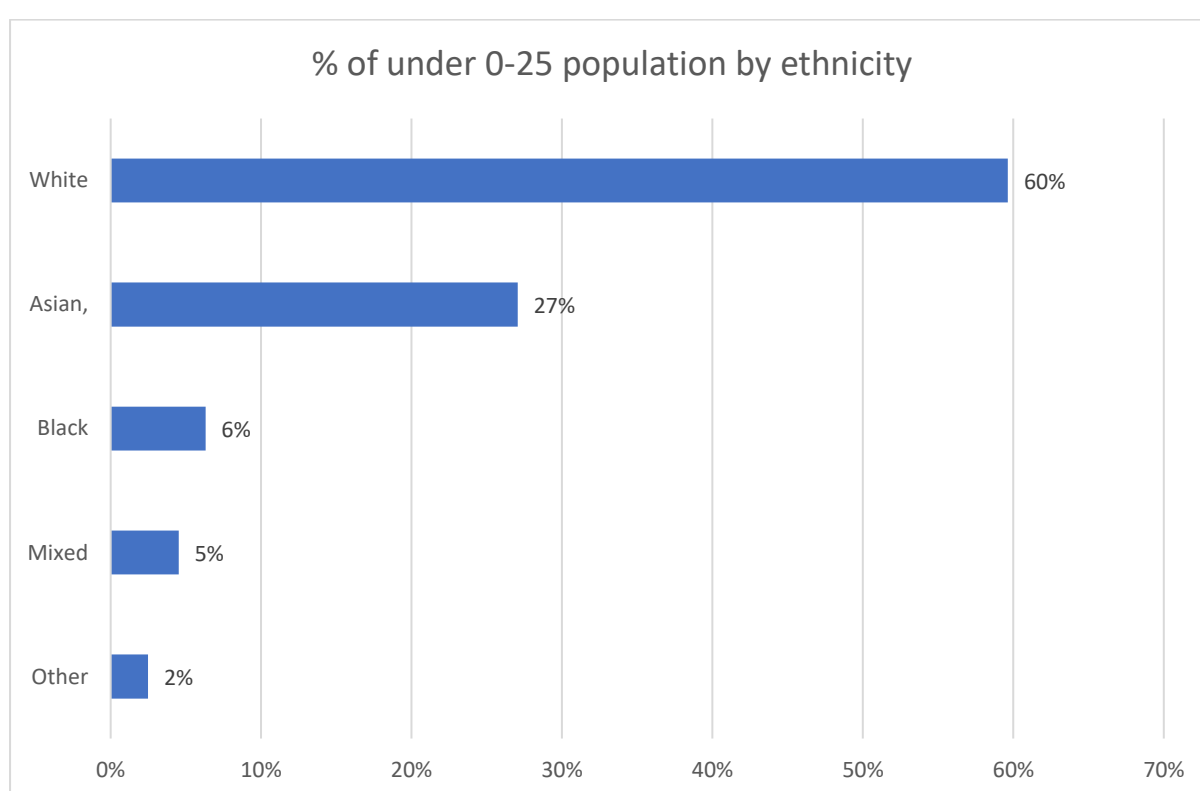
<sup>7</sup> Office for National Statistics (2019) Dataset: Population projections for local authorities. Table 2. <https://bit.ly/2HBym8H>

### 3.3 Ethnicity

The proportion of Bolton's population who are from an ethnic minority group is 28%, similar to Greater Manchester and the North West as a whole<sup>8</sup>. Population change is similar to the North West region with an increase of 10% in ethnic minority people seen between the 2011 and 2021 Census. Bolton's BAME population younger than the white British population.

Figure 4 shows the breakdown of the under 25 population of Bolton by broad ethnic group. 41% of under 25s in Bolton are from a BAME group, with the highest proportion (27% under 25s) being Asian (including Chinese). 6% of under 25s are Black and 5% are Mixed ethnicity, with 3% of under 25s belonging to the other group.

Figure 4: Percentage of under 25 population by ethnicity, 2021<sup>7</sup>



### 3.4 Core20PLUS5

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level<sup>9</sup>. The approach defines a target population, the 'Core20PLUS' and identifies '5' focus clinical areas requiring accelerated improvement.

The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people up to the age of 25. The information below outlines the Core20PLUS5 approach for children and young people.

<sup>8</sup> Census 2021 obtained from NOMIS Table RM032 - Ethnic group by age by sex, <https://bit.ly/3oERtaW>

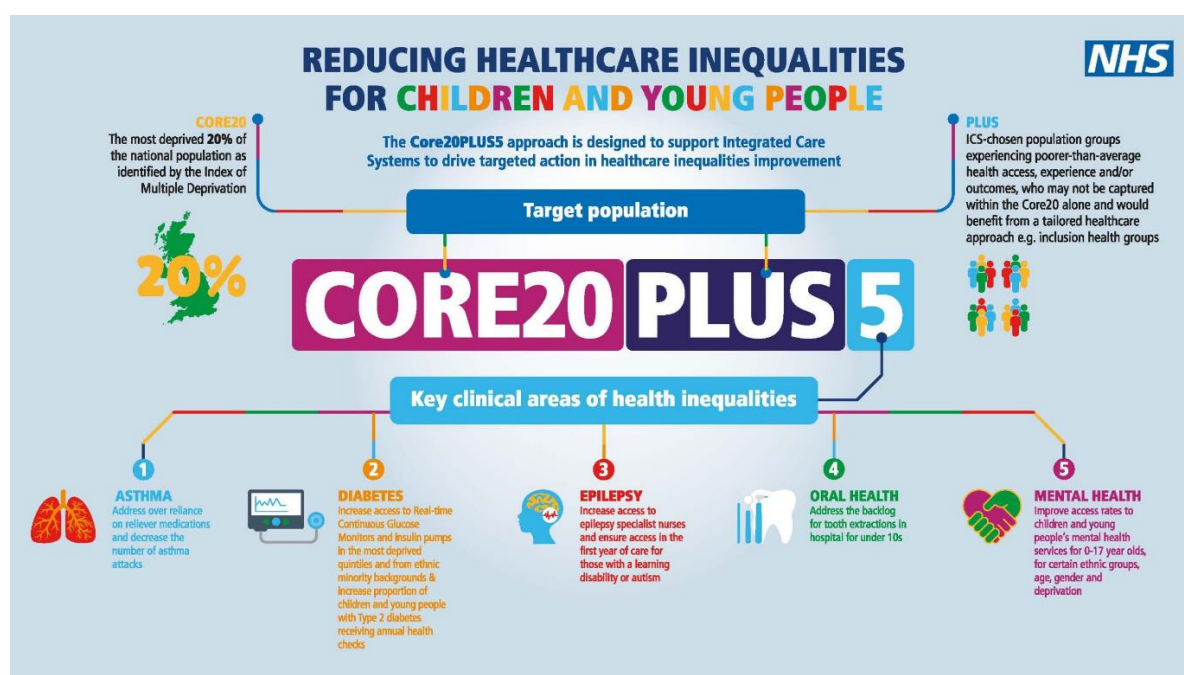
<sup>9</sup> NHS England, Equality, Core20PLUS5 – An approach to reducing health inequalities for children and young people, <https://bit.ly/3QkfUpF>

Core 20 – The most deprived 20% of the national population as identified by the national index of multiple deprivation (IMD). 45% of the Bolton population live in an area within the most 20% deprived nationally<sup>10</sup>.

PLUS population groups include ethnic minority communities; inclusion health groups<sup>11</sup>; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others. Specific consideration should be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

The final part sets out five clinical areas of focus. The five areas of focus are part of wider actions for Integrated Care Board and Integrated Care Partnerships to achieve system change and improve care for children and young people. These are; Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

Figure 5: Reducing Healthcare inequalities for children and young people.<sup>9</sup>



### 3.5 Mental Health of 0-25s

It is not possible to disaggregate hospital admissions data for children with SEND, so the following data applies to the whole population of 0-25s in Bolton<sup>12</sup>.

Figure 6 shows the trend in mental health admissions by raw numbers to Bolton NHS Foundation Trust over the period from 2016/17-2021/22. This shows that before the Covid 19 pandemic there was a steady reduction in admissions from 541 in 2016/17 to 400 in

<sup>10</sup> English indices of deprivation 2019, <https://bit.ly/3puzqxf>

<sup>11</sup> Inclusion Health: applying All Our Health, <https://bit.ly/3OETC0N>

<sup>12</sup> Tables 2 to 3 and Figures 5 to 7 are from NHS England's National Commissioning Data Repository via GM Integrated Care See link for more information: [bit.ly/3FXKcca](https://bit.ly/3FXKcca)

2019/20 and reaching its lowest point of 347 in 2020/21. The number of admissions remained at a similar level for 2021/22.

Figure 6: Numbers of mental health admissions (< 25 years) to Bolton NHS Foundation Trust, 2016/17-2021/22<sup>13</sup>

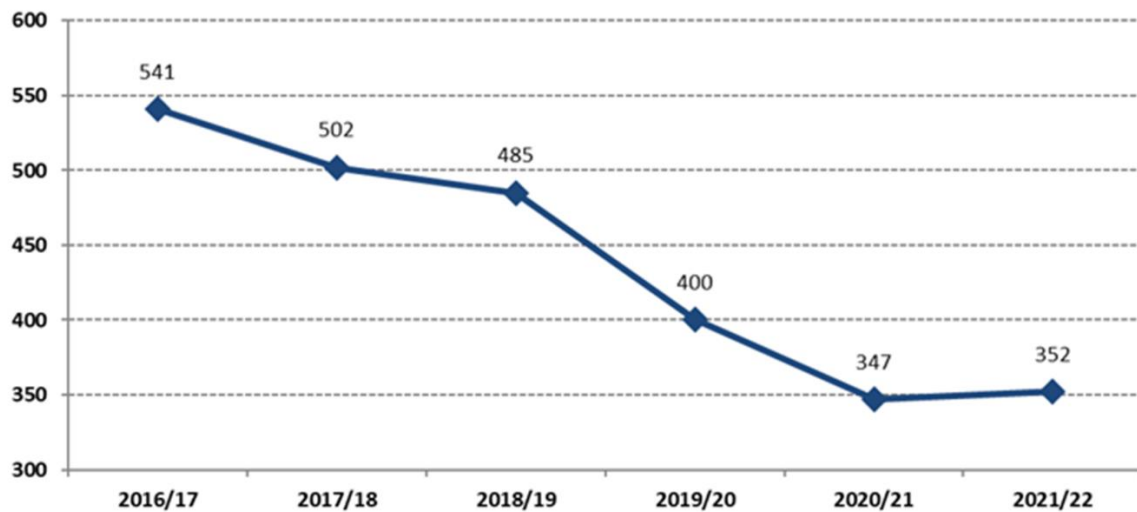


Figure 7, which is a rate of mental health admissions, but just for under 18s, corroborates Figure 6 in showing a large reduction in the rate from a peak in 2014/15 (from 170.53 per 100,000 in 2014/15 to 80.43 per 100,000 in 2019/20), but shows Bolton's rates at that time were statistically significantly higher than the England and regional average, whereas now they are not statistically significantly different. There has been an increase from 2019/20 to 2020/21 to 94.3 per 100,000 but the rate remains similar to both national and regional rates.

Figure 7: Mental health admissions rate per 100,000 population aged <18, by area, 2012/13 to 2020/21<sup>14</sup>

<sup>13</sup> NHS SLAM – via GM Integrated Care

<sup>14</sup> Public Health England (2020) *Local Authority Child Health Profiles: Hospital admissions for mental health conditions*. [bit.ly/3jgHsy1](https://bit.ly/3jgHsy1)

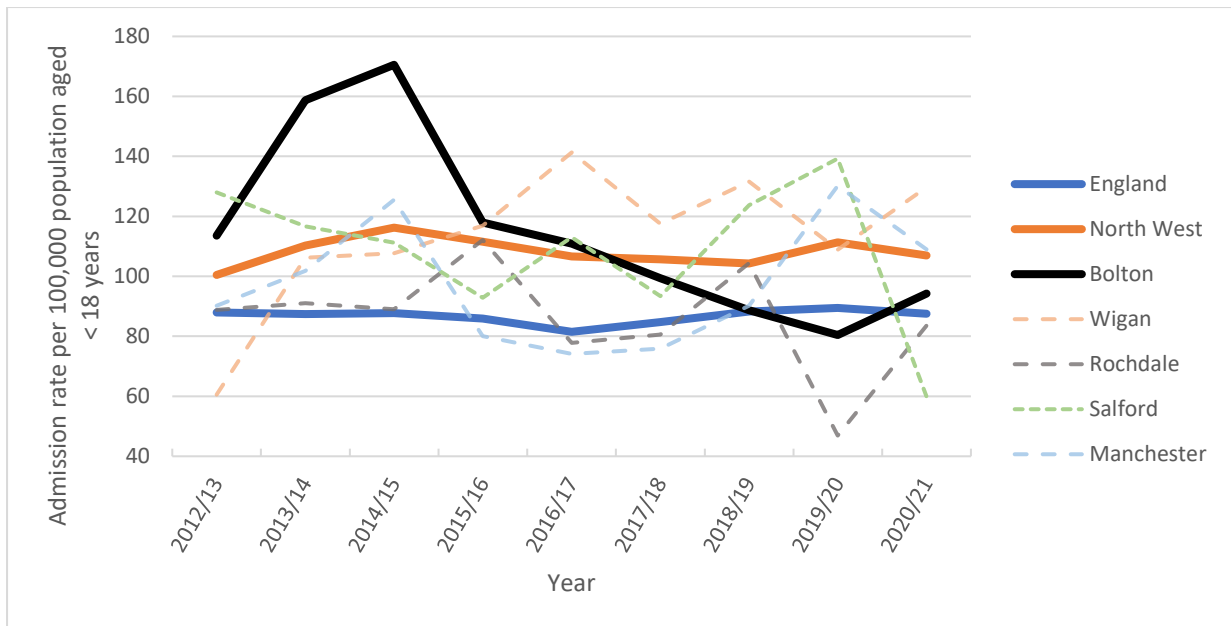
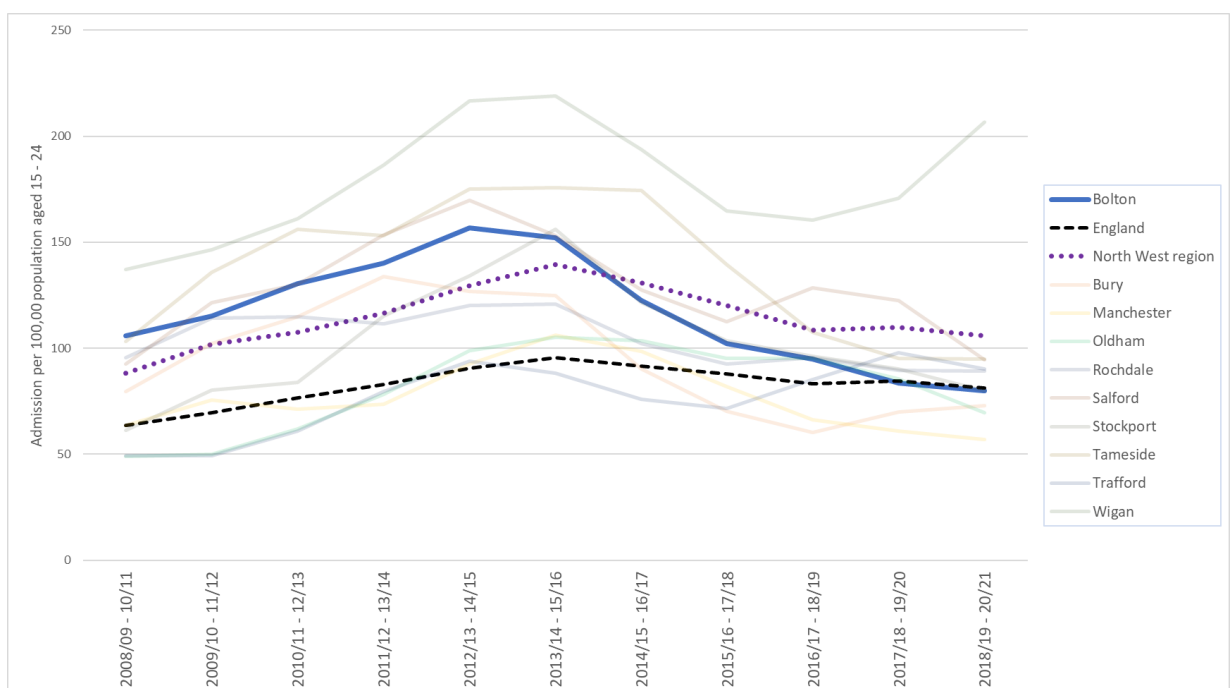


Figure 8, which shows the trend in substance misuse hospital admissions amongst 15 to 24 year olds, shows that rates rose in Bolton between 2008/09-2010/11 and 2012/13-2014/15 from 105.8 per 100,000 to a peak of 156.6 per 100,000 then declined again to the most up to date figure (2018/19-2020/21) of 79.9 per 100,000. Bolton's rate is now not statistically significantly different from the regional or national average.

Figure 8: Substance misuse admissions rate per 100,000 population aged 15-24, by area, 2008/09-10/11 to 2018/19-20/21<sup>15</sup>



<sup>15</sup> Public Health England (2020) Local Authority Child Health Profiles: Hospital admissions due to substance misuse (15-24 years). <https://bit.ly/3W9RQGg>

## 4 SEND population

Based on the Spring Census in for academic year 2022/23 there were a total of 9060 under 25s classed as having SEND in Bolton; this is made up of 6681 with SEN Support and 2379 with an Education, Health and Care Plan (EHCP)<sup>16</sup>.

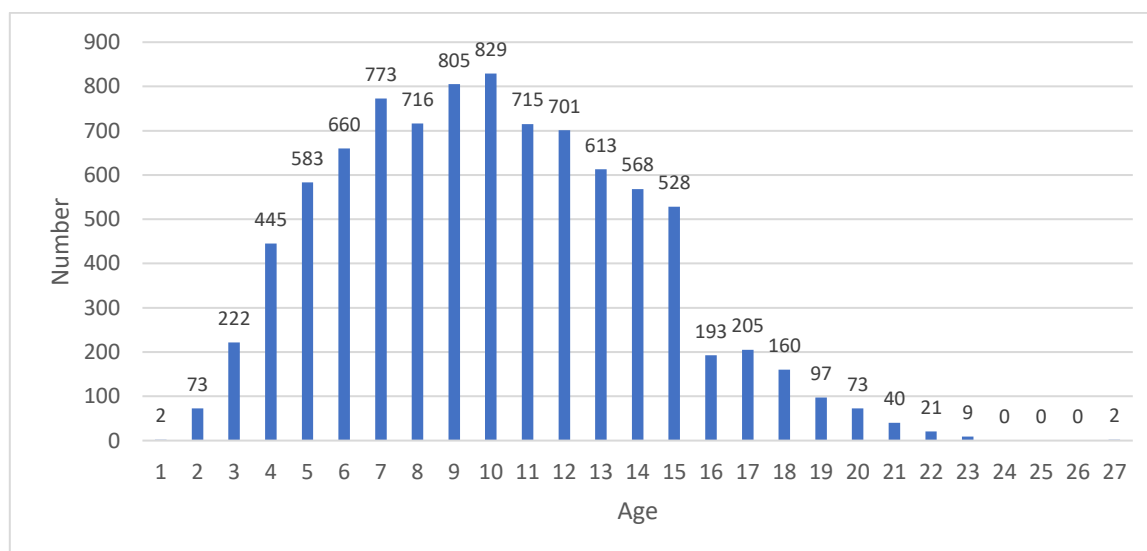
Table 2 shows the breakdown by sex of those with SEN Support and EHCPs over the last three years. Males are disproportionately more likely to receive SEN support or an EHCP compared to females. Over the last four years about two-thirds were male and one-third female.

Table 2: Numbers and percentages with SEN Support and EHCPs, by sex, 2019/20-2022/23<sup>17</sup>

	2019/20		2020/21		2021/22		2022/23	
<b>Male</b>	5284	66.6%	5270	66.1%	5466	65.9%	5690	65.4%
<b>Female</b>	2645	33.4%	2701	33.9%	2831	34.1%	3011	34.6%

Figure 9 shows the latest available local data (Dec 2022) broken down by age of those with SEN Support and EHCPs. The age of the largest cohort with SEN Support or an EHCP is 10 years old, but ages range from 1 to 25+. Once young people are out of education, they are no longer counted as being with SEN Support, which is part of the reason for the post-19 fall in numbers.

Figure 9: Numbers with SEN Support and EHCPs, 2022, by age<sup>18</sup>



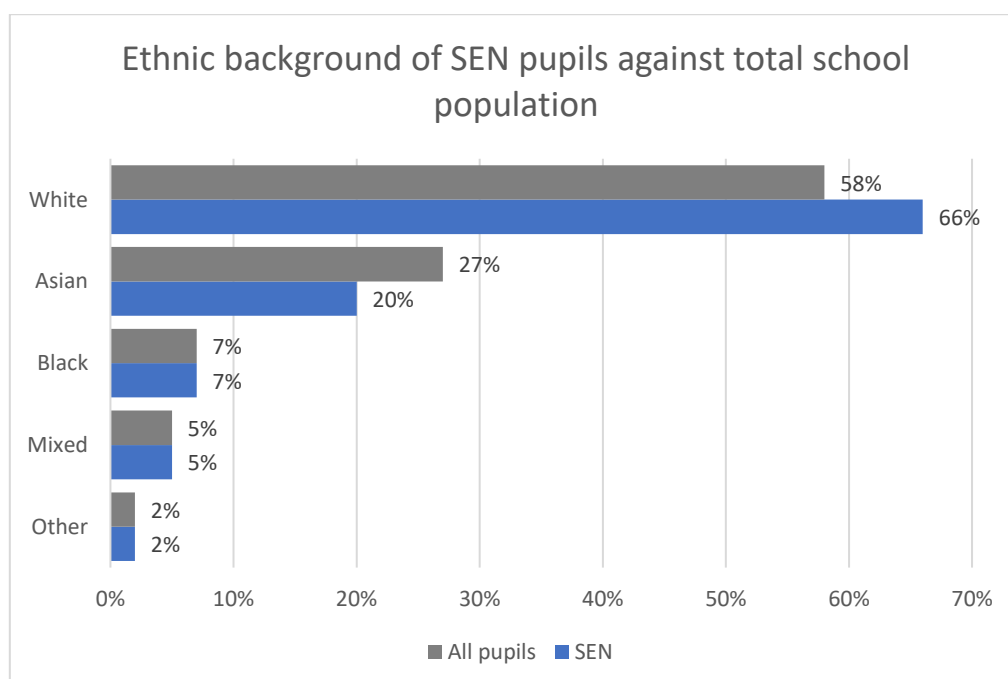
<sup>16</sup> Explore education statistics, Pupils and schools, Special educational needs in England, 01 Pupils in all schools, by type of SEN provision- inc independent schools and general hospital schools 2016 to 2023 <https://bit.ly/3YoPFka>

<sup>17</sup> Explore education statistics gov.uk, Pupils and Schools, Special educational needs in England, 'Age and Gender, by type of SEN provision and type of need - 2016 to 2023' \*Does not include independent schools. <https://bit.ly/3QkQV5N>

<sup>18</sup> Data from Bolton Council Capita One, Prepared for Spring Census for academic year 2022/23. Includes all children identified as SEN or with an EHCP at the time of checking.

Figure 10 shows the latest available data (Academic year 2022/23) broken down by ethnicity of those with SEN Support and EHCPs (excludes unknown). The majority of those with SEN Support and EHCPs (66%) are White, with 20% Asian (including Chinese), 7% Black, 5% Mixed ethnicity and 3% Other (including Arabic ethnicities). Comparing this with the data for all pupils, it appears that there is a disproportionate proportion of White children with SEND (they make up 58% of the total school population compared to 66% of the SEND population). Conversely, Asian children make up a lower proportion of the SEND population (they make up 27% of the total school population compared to 20% of the SEND population). The proportion of Black children with SEND, children from mixed backgrounds and children from other ethnic backgrounds are all the same as their respective proportion of the school population.

Figure 10: Percentage with SEN Support and EHCPs, by ethnicity (excludes unknown), 2022/23<sup>19</sup>



## 5 Changes in SEND population over time

Table 3 and Figure 11 show the numbers of children and young people with SEN Support and EHCPs over the last 8 years. Numbers with EHCPs have risen every year and have increased by 40% to 2379 since 2015/16. Numbers with SEN Support declined slightly between 2017/18 and 2018/19, but then began to increase again from 2019/20 onwards. Overall numbers with SEN Support have increased by 15% to 6681 since 2015/16. Overall, the number of children and young people with SEND (SEN Support and EHCPs combined) has increased by 21% to 9060 since 2015/16.

<sup>19</sup> Explore education statistics, Pupils and schools, Special educational needs in England, 03 FSM, Ethnicity and Language by type of SEN provision and type of need 2022/23 <https://bit.ly/44PpEq4>

Table 3: Numbers with SEN Support and EHCPs, and percentage change, 2015/16-2022/23<sup>20</sup>

	2016	2017	2018	2019	2020	2021	2022		% change (2016 to 2022)
SEN Support	5699	5786	5955	5850	6246	6231	6464	6681	13%
EHCP	1420	1521	1598	1720	1895	2014	2137	2379	50%
<b>Total</b>	<b>7119</b>	<b>7307</b>	<b>7553</b>	<b>7570</b>	<b>8141</b>	<b>8245</b>	<b>8601</b>	<b>9060</b>	<b>27%</b>

Figure 11: Numbers with SEN Support and EHCPs, 2015/16-2022/23<sup>20</sup>

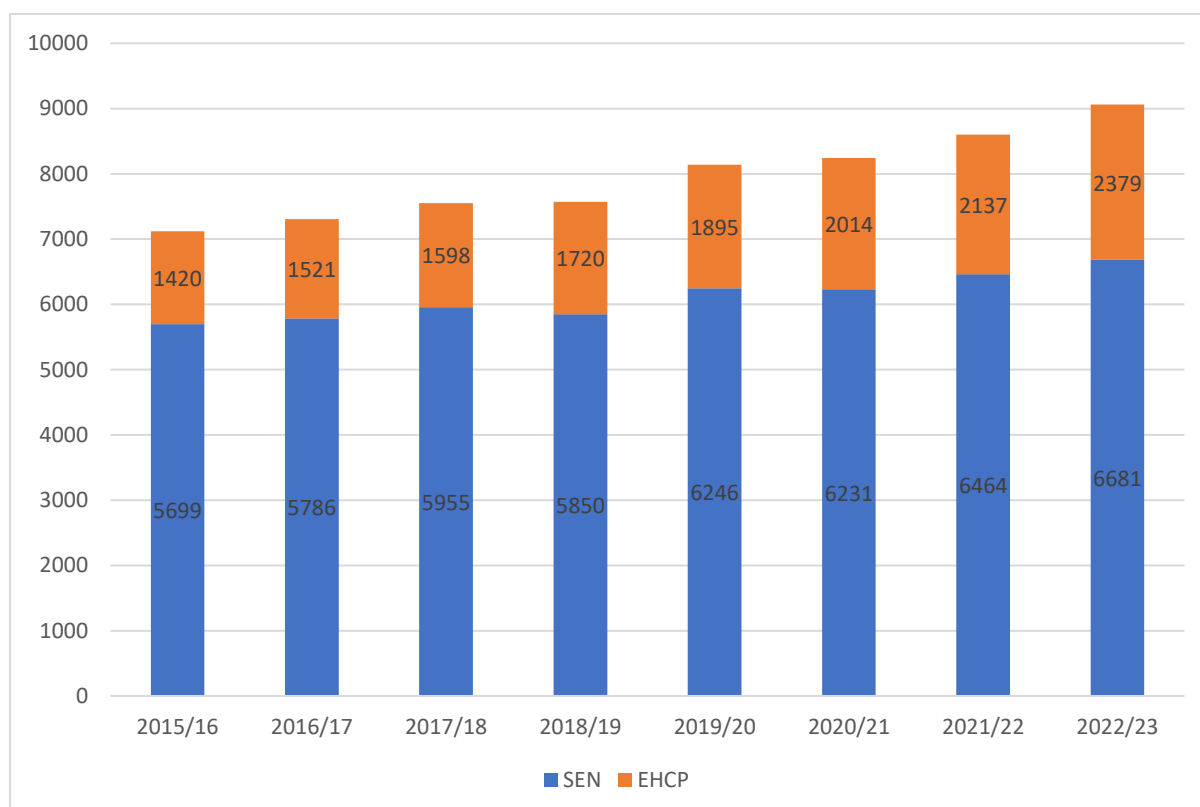


Table 4 shows the percentage of the school population with EHCPs or SEN Support and is useful because it represents numbers relative to the overall population and allows comparisons with other areas. The percentage of pupils with EHCPs in Bolton has increased slightly and steadily since 2015/16. The percentage of pupils with SEN Support in Bolton has slightly increased from 2015/16. Overall, the proportion of the school aged population with SEND in Bolton has increased slightly.

The percentage of pupils with EHCPs in 2022/23 is slightly lower than the figure for the region (North West) and the England average. The percentage of pupils with SEN Support in Bolton is also lower than both the regional and national average and thus the overall proportion of the school aged population with SEND is lower.

<sup>20</sup> Explore education statistics, Pupils and schools, Special educational needs in England, 01 Pupils in all schools, by type of SEN provision- inc independent schools and general hospital schools 2016 to 2022 <https://bit.ly/3Kr9TUF>



Table 4: Percentage of school population with SEN Support and EHCPs, Bolton, North West and England, 2015/16-2022/23<sup>21</sup>

Area		2016	2017	2018	2019	2020	2021	2022	2023
Bolton	SEN	11.0	10.9	11.1	10.7	11.3	11.2	11.5	11.7
	EHCP	2.7	2.9	3.0	3.2	3.4	3.6	3.8	4.2
	Combined	13.7	13.8	14.1	13.9	14.7	14.8	15.3	15.9
North West	SEN	11.5	11.6	11.8	12.1	12.3	12.3	12.7	13.2
	EHCP	2.8	2.9	3.0	3.2	3.5	3.8	4.2	4.7
	Combined	14.3	14.5	14.8	15.3	15.8	16.1	16.9	17.9
England	SEN	11.6	11.6	11.7	11.9	12.1	12.2	12.6	13.0
	EHCP	2.8	2.8	2.9	3.1	3.3	3.7	4.0	4.3
	Combined	14.4	14.4	14.6	15.0	15.4	15.9	16.6	17.3

## 6 Needs of children and young people with SEND

Table 5 shows the numbers and percentage of children and young people with SEND in each category from 2019/20 to 2022/23. The largest category in 22/23 is speech, language and communication needs, which accounts for 28% of all children with SEND needs. This has overtaken moderate learning difficulties which has been consistently decreasing from 30% in 19/20 to 18% in 22/23. The biggest percentage increase over the last 4 years has been in SEN support but no specialist assessment of type of need which has increased by 40%, although this category is small and only accounts for 2% of the total. Significant increases from 19/20-22/23 are also seen in Specific learning difficulty (29%), Autistic Spectrum Disorder (25%), and Other difficulty/disability (23%).

Table 5: Number and percentages of 0-25s with SEND, by type of SEND, 2020-2023<sup>22</sup>

<sup>21</sup> Explore education statistics, Pupils and schools, Special educational needs in England, 01 Pupils in all schools, by type of SEN provision. (%) 2018-2022 <http://bit.ly/3jpTeX5>

<sup>22</sup> Explore education statistics, Pupils and schools, Special educational needs in England, 'Age and Gender by Type of SEN provision and type of need 2019-2023 \*Does not include independent schools <https://bit.ly/44WVoAa>

	2019/20		2020/21		2021/22		2022/23		Change 19/20-22/23	
	No	%	No	%	No	%	No	%	No	%
Speech, Language and Communications needs	1,685	21%	1,853	23%	2,197	26%	2,425	28%	740	31%
Moderate Learning Difficulty	2,360	30%	2,028	25%	1,733	21%	1,604	18%	-756	-47%
Social, Emotional and Mental Health	1,347	17%	1,343	17%	1,343	16%	1,434	16%	87	6%
Autistic Spectrum Disorder	749	9%	775	10%	868	10%	1,000	11%	251	25%
Specific Learning Difficulty	596	8%	733	9%	768	9%	836	10%	240	29%
Other Difficulty/Disability	253	3%	284	4%	323	4%	327	4%	74	23%
Physical Disability	210	3%	215	3%	219	3%	231	3%	21	9%
SEN support but no specialist assessment of type of need	129	2%	137	2%	223	3%	215	2%	86	40%
Hearing Impairment	187	2%	189	2%	205	2%	211	2%	24	11%
Severe Learning Difficulty	201	3%	194	2%	189	2%	186	2%	-15	-8%
Profound & Multiple Learning Difficulty	102	1%	103	1%	113	1%	112	1%	10	9%
Visual Impairment	97	1%	101	1%	100	1%	103	1%	6	6%
Multi- Sensory Impairment	13	0%	16	0%	16	0%	17	0%	4	24%
<b>Total</b>	<b>7929</b>		<b>7971</b>		<b>8297</b>		<b>8701</b>		<b>772</b>	<b>9%</b>

Table 6 shows the numbers of the overall number of children with social care involvement in Bolton and how many had either an EHCP or SEND support. Overall, just over half (50.8%) of children with social care involvement had SEND.

Table 6: Number of 0-25s with SEND with social care involvement, by type of involvement, 2022<sup>23</sup>

Social care involvement as at 31st July 2023	Overall number	Number with an EHCP	Number with SEND Support	% with SEND
Child Looked After	556	97	106	36.51%
Child in Need	519	66	81	28.32%
Child Protection Plan	466	23	56	16.95%
Early Help Assessment	5522	571	2354	52.97%
<b>Total</b>	<b>7063</b>	<b>757</b>	<b>2597</b>	<b>47.49%</b>

National and local data is available on the percentage of Children Looked After with SEND from 2020/21<sup>24</sup>.

## 7 Identification of health needs

Community health services hold differing targets and have specific processes for seeing urgent and routine referrals. Services present Key Performance Indicators and associated actions plans monthly. Table 7 below shows the average wait times for people referred to each of the community health services 2022/23 in weeks.

<sup>23</sup> Information source from Bolton Council systems - Liquid Logic – 31/07/2023

<sup>24</sup> Department for Education (2022) LA – Special educational needs (SEN) for CINO, CLA 12 Months and CPPO at 31<sup>st</sup> March 2020/21. <http://bit.ly/40iu3GE>

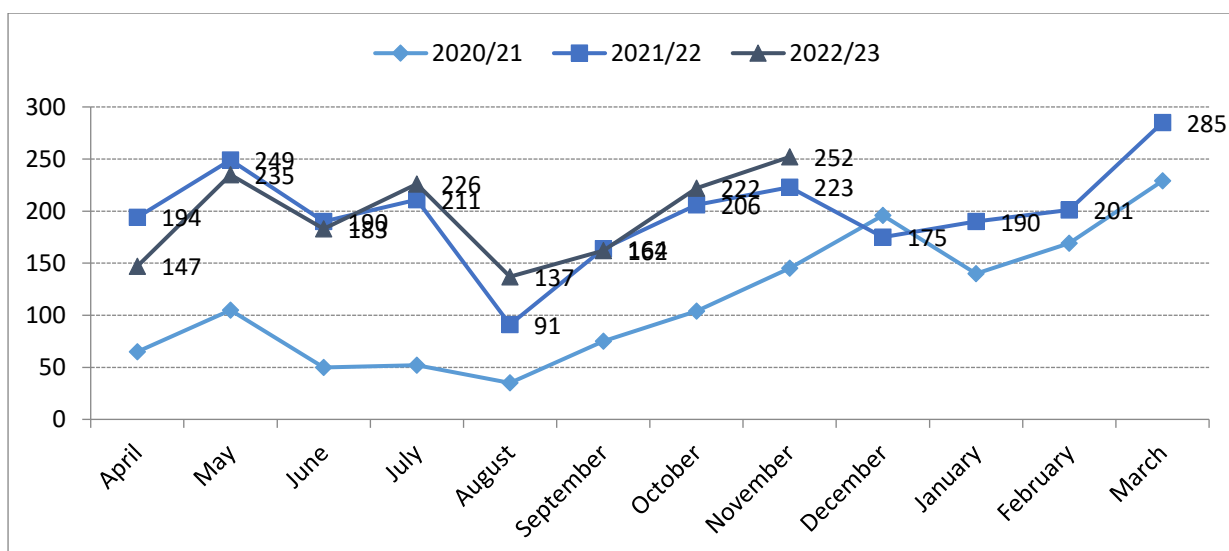
Table 7: Average wait from referral to outcome for each of the community services in weeks.

Service	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	22/23 Average
ICPS Community Paediatricians (average wait for first appointment)	12.6	13.9	14.5	13.0	13.9	13.4	15.2	15.4	15.0	19.6	16.7	17.2	<b>15.0</b>
Paediatric Learning Disability	4.5	4.5	6.3	5	3.3	2	3.3	2.7	4.3	3.8	3.3	7.7	<b>4.2</b>
Paediatric Speech and Language	9.1	6.9	6.1	6	5.8	6.6	6	6	4.7	5	5.2	10.4	<b>6.5</b>
Paediatric Occupational Therapy						23.7	24.4	19.5	15.2	16.2	12.1	15.8	<b>18.1</b>
Paediatric MSK Physiotherapy	12.4	12.8	8.3	5.7	26.2	22.2	17.2	15.7	11.5	13.3	6.7	21.6	<b>14.5</b>
Paediatric Neurodevelopmental Physiotherapy	15.8	15.6	14.1	19.7	18.8	20.9	23.7	26	23.7	27.7	23	24.3	<b>21.1</b>
Paediatric Dietetics	4.6	6.6	9.1	10.1	10.3	6.4	5.6	6.3	5.5	5.1	6	10.7	<b>7.2</b>
Paediatric Audiology	9.8	12.2	12.4	18.5	18.6	19	19.4	18.5	16.3	16.7	7.7	7.6	<b>14.7</b>

Child and Adolescent Mental Health Services (CAMHS) data shows that the average age for first referral by gender was 12.6 years for females and 11 years for males. Overall, the average age of first referral was 11.6 years old. The neighbourhoods with the most referrals were Farnworth/Kearsley, Brightmet/Little Lever, and Crompton/Halliwell.

Figure 12 Month on month CAMHS referrals in Bolton 2020/21-22/23 Figure 12 show CAMHS referrals between 2020/21 and 2022/23. The data available for 2022/23 covers April 22 – Nov 22. The number of CAMHS referrals (1564) is in line with the same period of 2021/22 (1528). This is a significant increase from 2020/21 (648), where the number of referrals will have been impacted by the Covid-19 pandemic restrictions. Although the numbers of referrals are much lower, the same trends and spike points can be observed.

Figure 12 Month on month CAMHS referrals in Bolton 2020/21-22/23



On average in 2022/23 the wait time from referral to first appointment was 0.39 weeks, with 86% of referrals being seen in under 4 weeks. This is lower than the average for Greater Manchester where the wait time to first appointment was 0.98 weeks, with 76% of referrals being seen under 4 weeks<sup>25</sup>. Referral to treatment (2<sup>nd</sup> Appointment) in Bolton took an average of 4.18 weeks with 63.7% being seen in under 12 weeks. The referral to treatment time was shorter for GM Manchester as a whole, 3.89 weeks with 67.7% being seen in under 12 weeks<sup>23</sup>.

The Bolton ADHD diagnostic pathway wait times are on average 11 months.

The Bolton Social Communication and Interaction Panel supports the early identification and appropriate diagnosis of children and young people with autism. This multiagency panel utilises a range of checklists, assessments, and environments to build a holistic view of the child or young person. Current waiting times from referral to receiving a decision about diagnosis on average 18 months.

The Local Authority will advise all bodies of their intention to complete an EHC needs assessment and there is a duty for all bodies to co-operate with the assessment on request. Health bodies must comply with such a request within 6 weeks of the date on which they receive it. From 2021/22 to 2022/23 the service maintained performance at 84%.

## 8 Residence of children and young people with SEND

The SEND population is spread throughout Bolton and follows the same pattern as population density.

## 9 Early years inclusion funding

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

<sup>25</sup> Bolton CAMHS data including Children's Mental Health provider data submitted through Mental Health Services Data Set which reflects provision for all children with a Bolton GP (2022/23)

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

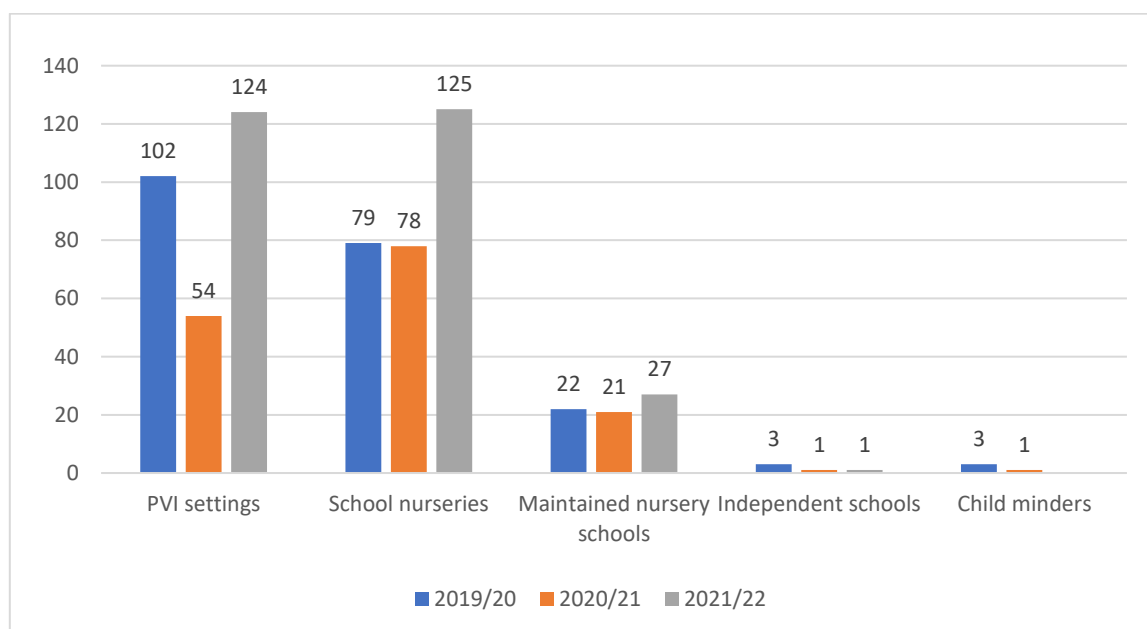
Table 8 shows that the number of children on early years inclusion funding has risen from 186 in 2018 to 268 in 2022 this is a rise of 44% during this time period. The table also shows the changes in split between the three cohorts. In 2021 and 2022 the N2 cohort is now making up a larger proportion of those children who receive inclusion funding.

*Table 8: Number of children with early years inclusion funding, with percentage by age category, 2018-2022<sup>26</sup>*

Cohort year	No. of children	N0	N1	N2
2018	186	4%	42%	54%
2019	159	4%	53%	43%
2020	171	6%	56%	38%
2021	154	2%	36%	62%
2022	268	3%	29%	68%

Figure 13 below shows the types of early years settings attended by children receiving inclusion funding over the last three years. In previous years the highest proportion of children were in private, voluntary and independent (PVI) settings followed by School nurseries. In 2020/21 PVI settings dropped below school nurseries and in 2021/22 they are virtually the same, with maintained nursery schools in third with a significantly smaller number of children. These numbers may have been affected by Covid-19 restrictions and the stay-at-home advice for clinically vulnerable children that was in place for 20/21 and 21/22.

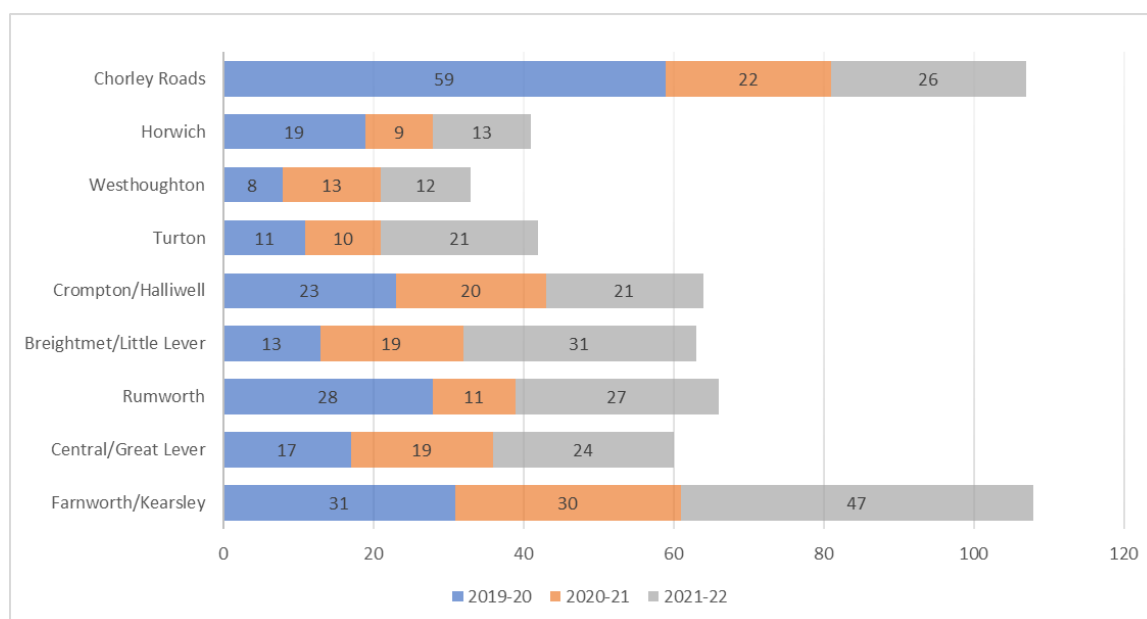
*Figure 13: Number of children with early years inclusion funding, by type of setting, 2019-20 to 2021-22<sup>22</sup>*



<sup>26</sup> Table 9, Figure 12 and Figure 13 from Bolton Council PSIS Finance Collection

Figure 14 shows the number of children with early years inclusion funding by neighbourhood over the last three years. Farnworth and Kearsley has seen a large increase in the number of children with early years inclusion funding in 2021-22, making it the area with the highest number of children with early years inclusion funding over the last 3 years. There is very little difference between in the total number over 3 years to Chorley Roads with the two areas having a much larger number than the next highest area, Rumworth.

Figure 14: Number of children with early years inclusion funding, by neighbourhood, 2019-20 2021-22<sup>21</sup>



## 10 Location and setting of education for pupils with SEND

Table 9 shows that the vast majority of SEND pupils who are resident in Bolton are also educated in Bolton. Of pupils whose school is known, 97% were educated in borough in 2022.

Table 9: Numbers of pupils with SEND, by in and out of borough, 2018-2022<sup>27</sup>

Numbers in and out of borough	2018	2019	2020	2022
<b>In</b>	7020	7475	8000	8434
<b>Out</b>	131	168	200	266
<b>Unknown</b>	512	72	110	333
<b>Total</b>	7663	7715	8310	9033

Table 10 shows that the highest proportion of children and young people with EHCPs are educated in special schools (40.0%), with a slightly smaller proportion educated in mainstream schools (38.8%). A slightly higher proportion of children and young people with EHCPs are educated in mainstream schools in England as a whole (39.6%) and correspondingly a slightly lower proportion are educated in special schools in England. A lower (3.2 percentage points lower) proportion of children and young people with EHCPs in

<sup>27</sup> Data sourced from Bolton Council Capita One, Spring Census Collect - Jan 2022

Bolton are in post-16 settings than in England, and proportions in Alternative Provision/Pupil Referral Units are very similar in Bolton (1%) and England (0.7%)

Table 10: Percentage of children and young people with EHCPs, by type of setting, 2021/22<sup>28</sup>

Type of setting	Bolton	England
Special school	40.0%	34.8%
Mainstream school	38.8%	40.5%
Further education	15.7%	16.6%
NEET	3.5%	2.6%
Alternative provision/Pupil referral unit	1.0%	0.8%
Educated elsewhere	0.9%	3.4%
Non-maintained early years	0.0%	0.5%
Other	0.0%	0.8%

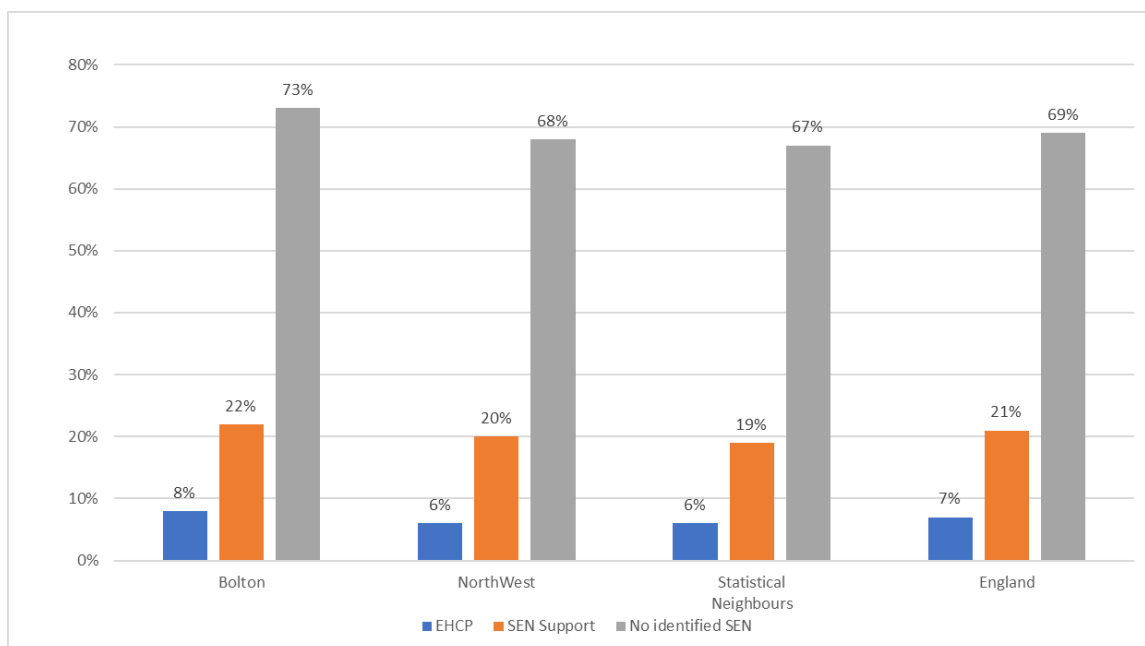
## 11 Educational outcomes

Figure 15 shows that there is a large disparity in attainment at Key Stage 2 (KS2) between children with and without SEND, however this is replicated regionally, nationally and with statistical neighbours. 8% of children with EHCPs in Bolton reach the expected standard in Reading, Writing and Maths; this is higher than the regional and national average and is also higher than Bolton's statistical neighbours. The percentage that achieved the expected standard amongst children with SEN Support (22%) is higher than regionally, nationally and statistical neighbours.

Figure 15: Proportion achieving expected standard in Reading, Writing and Maths at KS2 for pupils with EHCPs, SEN Support and no identified SEN, by area, 2021/22<sup>29</sup>

<sup>28</sup> Explore education statistics, Education, health and care plans, 'Caseload - Establishment type' in Bolton and England for 2022. <https://bit.ly/3Qo9eHc>

<sup>29</sup> Department for Education (2022) Local area SEND report Bolton: % reaching at least the expected level in RWM at KS2 (2021/22 (academic)) [bit.ly/3Wbnz9U](https://bit.ly/3Wbnz9U)



When looking at measures of progress at KS2 separately for Reading, Writing and Maths, children and young people with EHCPs and SEN Support in Bolton generally do better than comparators. Figure 16 shows that whilst those with EHCPs in Bolton do not make the expected progress in reading at KS2 (-1.0,) this figure is much better than the averages for the North West (-3.7), statistical neighbours (-4.19) and England (-4.5). Bolton ranks 2<sup>nd</sup> in England for progress in reading at KS2 for pupils with EHCPs behind Richmond on Thames (-0.5). Those with SEN Support, also progress at below expected levels, at -0.3, Bolton again performs better than the North West (-0.7), statistical neighbours (-1.24) and England (-1.2)

Figure 16: Progress scores at KS2 in Reading for pupils with EHCPs and SEN Support, by area, 2022<sup>30</sup>

<sup>30</sup>Fig 15,16,17 Department for Education, Local authority interactive tool (LAIT) [bit.ly/3kYEZJ6](https://bit.ly/3kYEZJ6)



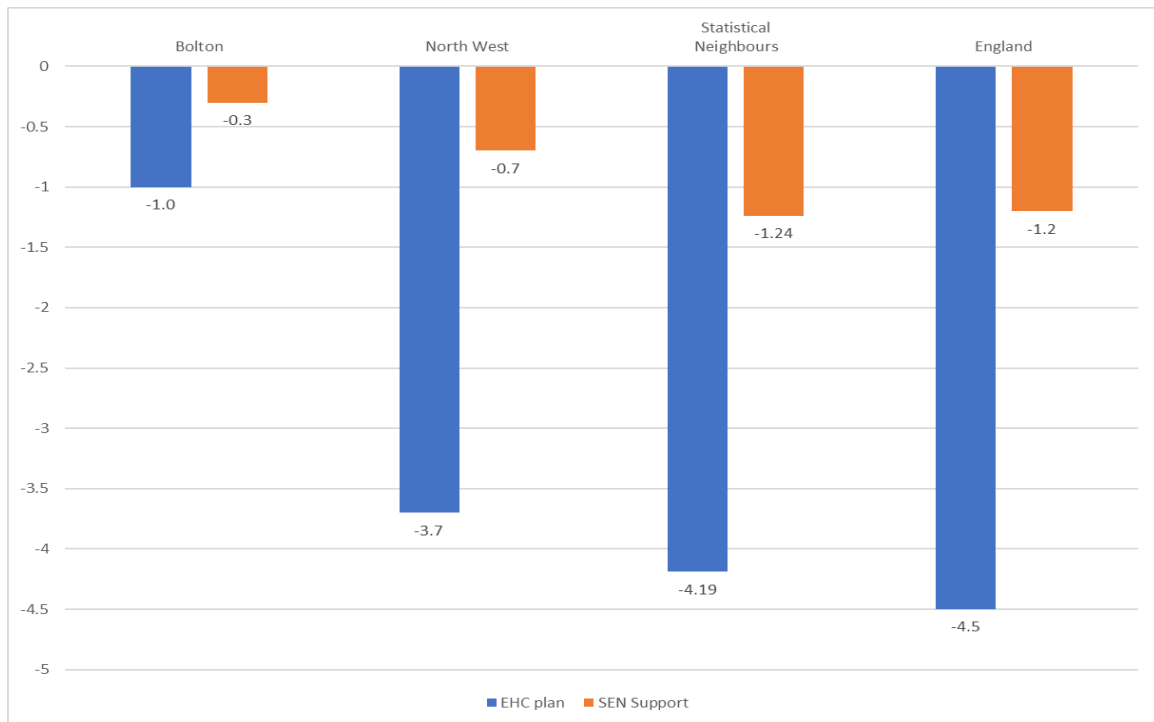


Figure 17 shows that although those with EHCPs in Bolton do not make expected progress in Writing at KS2 (-0.70), this is much better than the averages for the North West (-3.70), England (-4.10) and statistical neighbours (-4.08). Bolton ranks 3<sup>rd</sup> in England behind Wolverhampton (0.10) and Richmond Upon Thames (-0.30). Those with SEN Support progress at slightly higher than expected levels, at 0.10. Bolton performs better than the North West (-1.30), England (-1.60) and statistical neighbours (-1.48).

Figure 17: Progress scores at KS2 in Writing for pupils with EHCPs and SEN Support, by area, 2022<sup>26</sup>

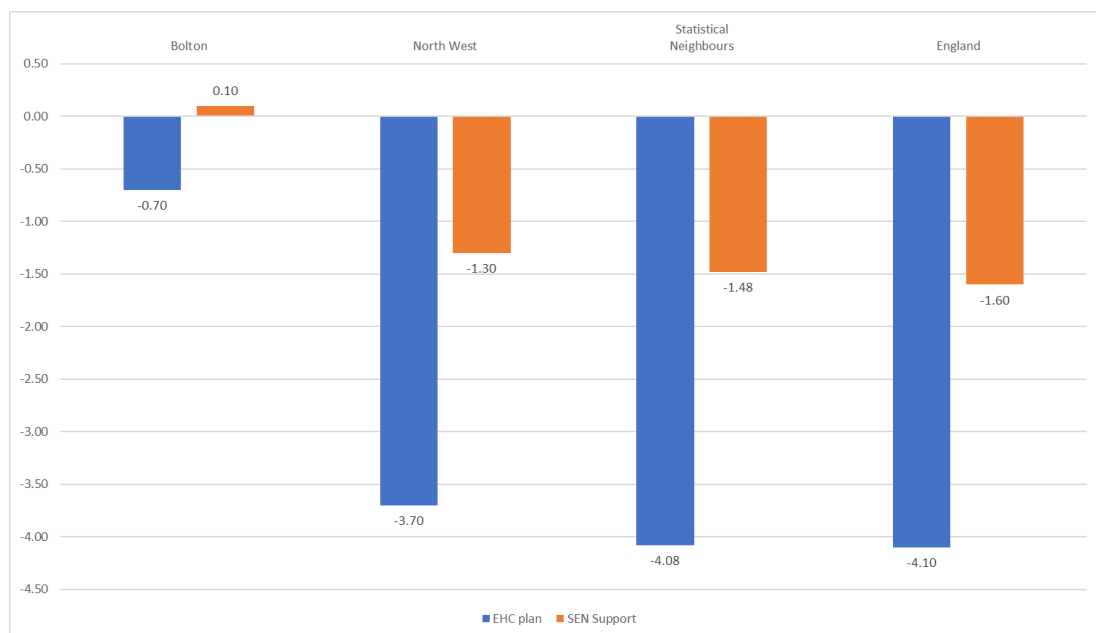


Figure 18 shows that although those with EHCPs in Bolton do not make expected progress in Maths at KS2 (-0.40), this is much better than the averages for the North West (-3.20),

England (-3.90) and statistical neighbours (-3.73). Bolton ranks 3<sup>rd</sup> in England behind Westminster (0.40) and Richmond Upon Thames (-0.30). Those with SEN Support in Bolton progress at higher than expected levels, at 0.10, which is better than comparators who all perform at below expected levels; North West (-0.70), England (-1.00) and statistical neighbours (-1.17).

Figure 18: Progress scores at KS2 in Maths for pupils with EHCPs and SEN Support, by area, 2019<sup>26</sup>

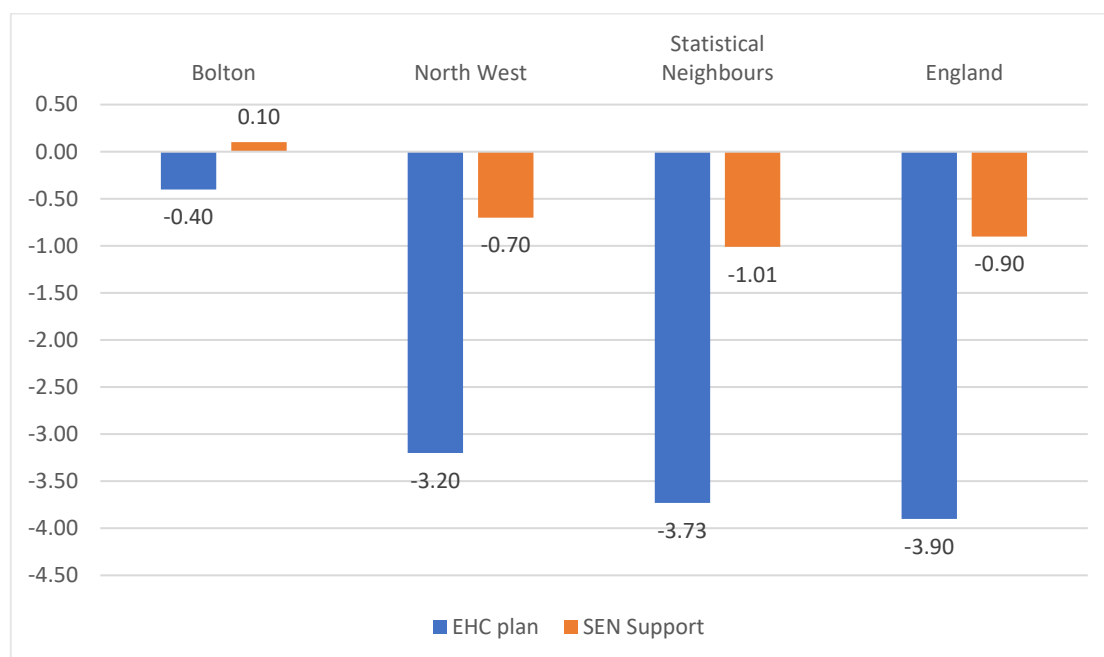


Figure 19, showing attainment at Key Stage 4 (KS4) shows a similar pattern of disparity as for KS2; those with EHCPs have a lower score than those with SEN Support, who have a lower score than those with no identified SEN. This pattern is replicated in Bolton, regionally, nationally and amongst statistical neighbours. At 11.5, the average Attainment 8 score for pupils with EHCPs is lower in Bolton than in the North West (12.70), statistical neighbours (13.1), and nationally (14.3). The average Attainment 8 score for both pupils with SEN Support (30.1) and pupils with no identified SEN (49.6) is lower than all comparators.

Figure 19: Average Attainment 8 score per pupil at end of KS4 for pupils with EHCPs, SEN Support and no identified SEN, by area, 2021/22<sup>31</sup>

<sup>31</sup> Department for Education (2022) *Local area Special Educational Needs and Disabilities report for Bolton Metropolitan Borough Council: Average Attainment 8 score (21/22 academic)*  
<https://bit.ly/3Wbnz9U>

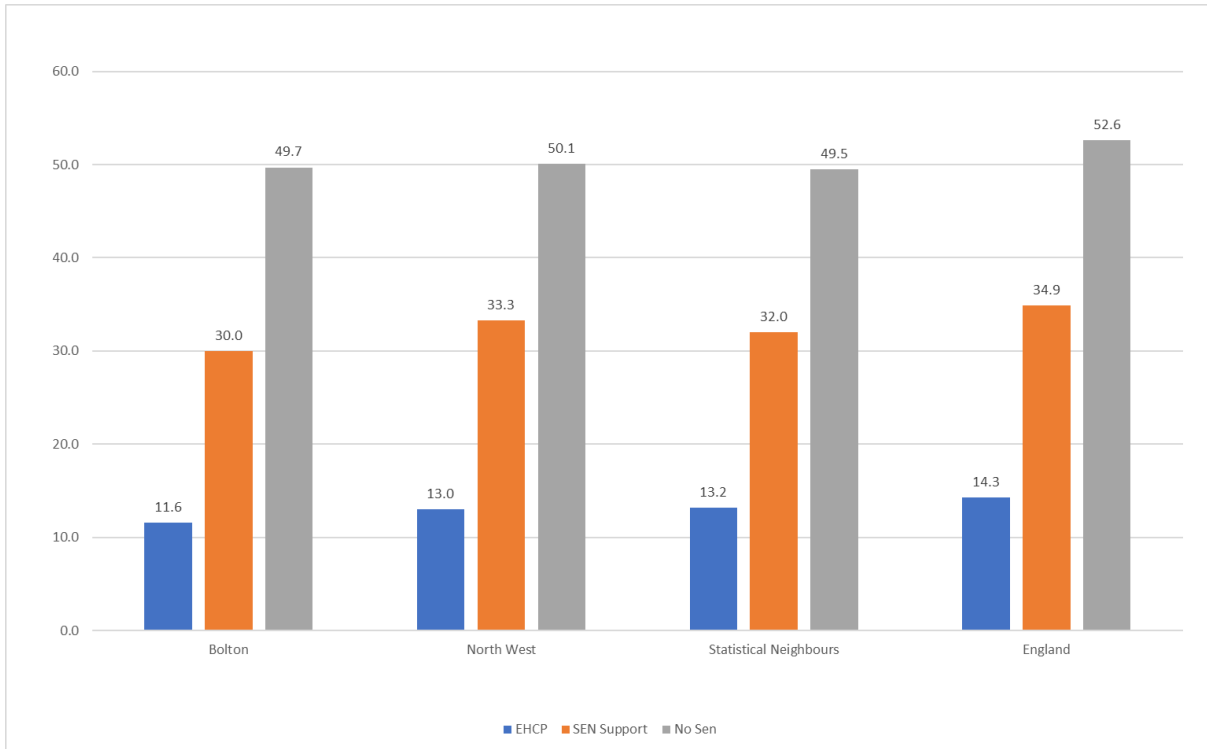


Figure 20, which shows Progress 8 (a measure of progress between the end of KS2 and the end of KS4), shows the same pattern across all areas; those with EHCPs fall further behind expectations than those with SEN Support, who fall further behind expectations than those with no identified SEN. At -1.4, pupils with EHCPs in Bolton make less progress when compared to statistical neighbours and England, but make more progress when compared to the North West as a region. At -0.54, pupils at with SEN Support in Bolton make more progress on average than those in the North West and statistical neighbours, but less progress than nationally. At -0.01, pupils with no identified SEN in Bolton again show more progress in comparison to both the North West and statistical neighbours, but this is lower than the average for England.

Figure 20: Average Progress 8 score per pupil at end of KS4 for pupils with EHCPs, SEN Support and no identified SEN, by area, 2022<sup>32</sup>

<sup>32</sup> Department for Education (2022) Local area Special Educational Needs and Disabilities report for Bolton Metropolitan Borough Council: Average Progress 8 score (21/22 academic) <https://bit.ly/3Wbnz9U>

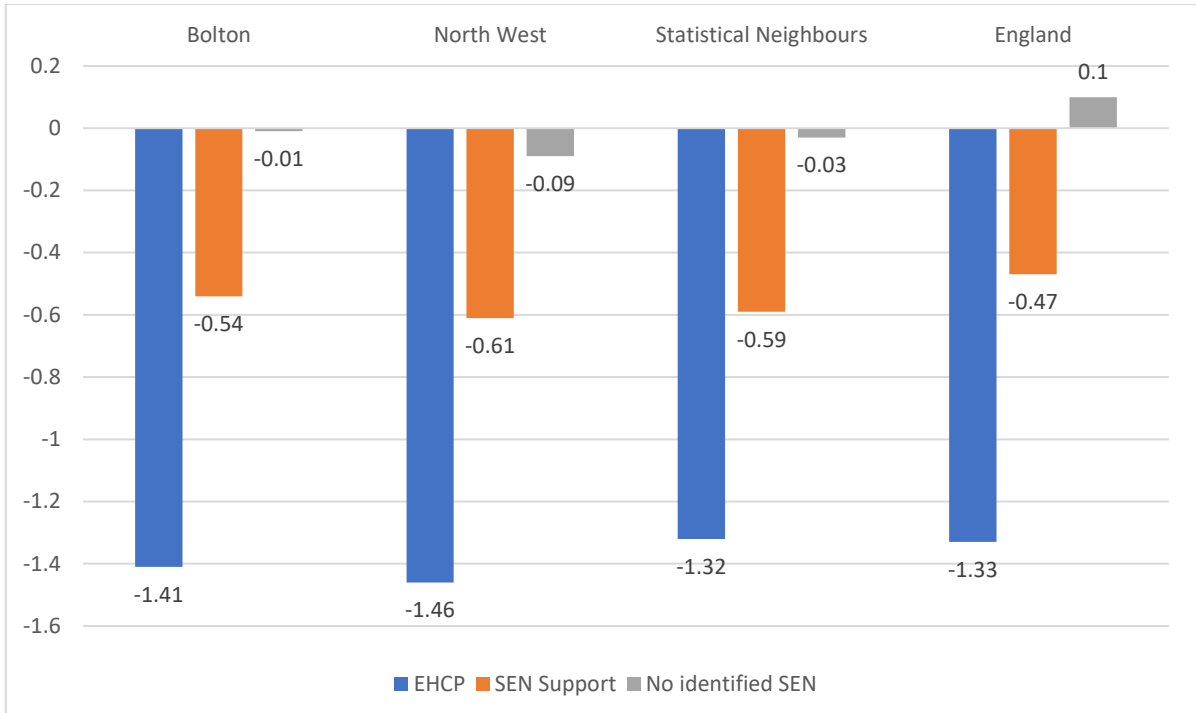


Figure 21 shows that, at 71.4%, Bolton has the lowest proportion of 16-17 year olds with SEN in education and training out of all comparators; North West (80.6%), statistical neighbours (80.7%) and England (83.1%).

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

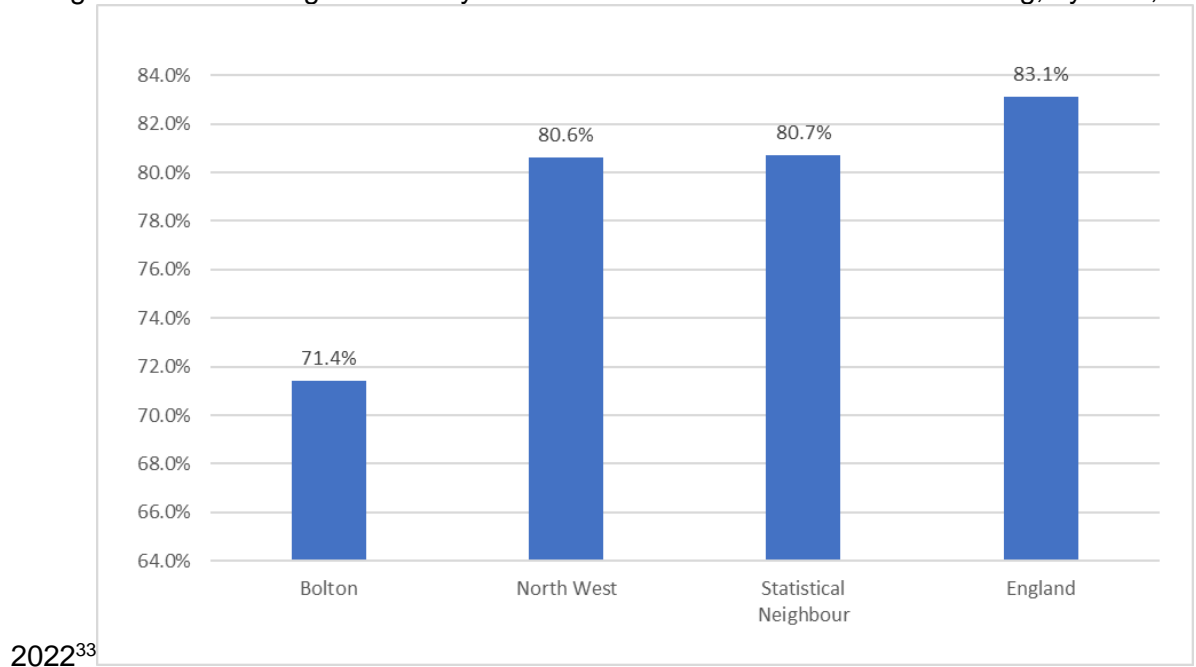
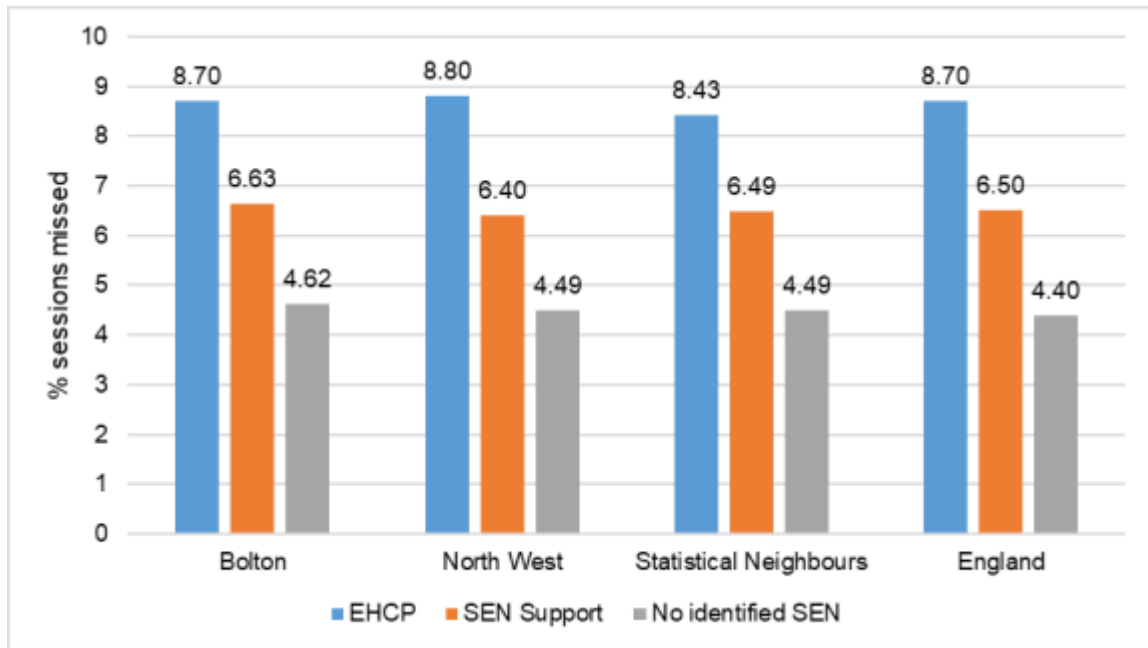


Figure 22, Figure 23 and Figure 24 show absence as measured by the percentage of sessions missed by pupils in 2017/18, 2020/21 and 2021/22 there are no figures for

<sup>33</sup> Department for Education (2022) Local area SEND report Bolton % of KS5 cohort in Education & Employment or training at 17 2020/21 (academic) [bit.ly/3Wbnz9U](https://bit.ly/3Wbnz9U)

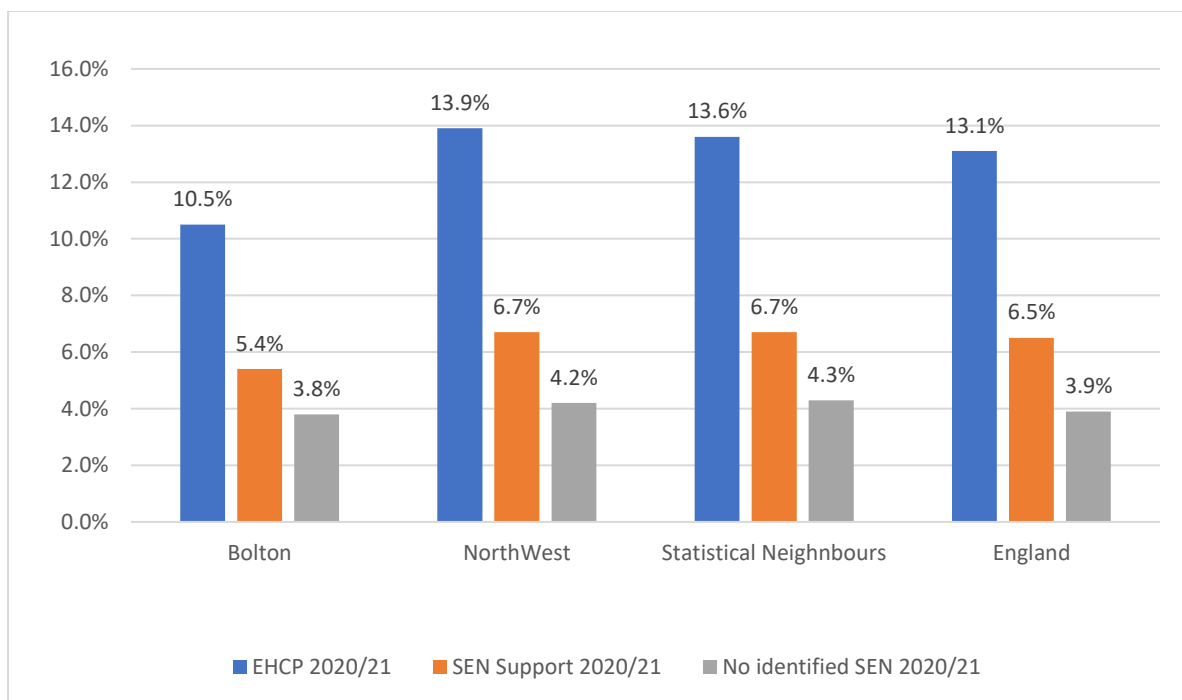
2019/20 due to the Covid-19 Pandemic. Across all areas those with EHCPs have a higher percentage of sessions missed than those with SEN Support, who in turn have a higher percentage of sessions missed than those with no identified SEN. In 2020/21, Bolton had a lower percentage of absence as measured by missed sessions across all categories. In the charts below we can see the changes in absence as a percentage of missed session most likely caused by the Covid-19 pandemic. Prior to the pandemic, Bolton had similar rates percentage of sessions missed across all groups as it's comparators.

Figure 22: Percentage of sessions missed by pupils with EHCPs, SEN Support and no identified SEN due to overall absence, by area, 2017/18



Following the lifting of pandemic restrictions, the percentage of sessions missed for children with EHCP rose in Bolton from 8.7% to 10.5%. This is a smaller rise than our comparators which are all above 13%. In 2020/21 there was a lower percentage of sessions missed for both children with SEN support and those with no identified SEN in Bolton, whilst the North West, England and statistical neighbours had smaller reductions for these groups.

Figure 23: Percentage of sessions missed by pupils with EHCPs, SEN Support and no identified SEN due to overall absence, by area, 2020/21



The figures for 2021/22 shows that absence is increasing. Bolton's percentage of sessions missed is now similar to its comparators. All areas have seen an increase in the percentage of sessions missed for those children with SEN support and no identified SEN with Bolton being lower than its comparators. For children with EHCPs Bolton has increased from 10.5% to 11.8% bringing it in line with its comparators that have all reduced slightly from around 13% to around 12%.

Figure 24: Percentage of sessions missed by pupils with EHCPs, SEN Support and no identified SEN due to overall absence, by area, 2021/22<sup>34</sup>

<sup>34</sup> Department for Education (2022) Local area SEND report Bolton: % of sessions missed due to overall absence from school for SEN pupils 2020/21 (academic) [bit.ly/3Wbnz9U](https://bit.ly/3Wbnz9U)

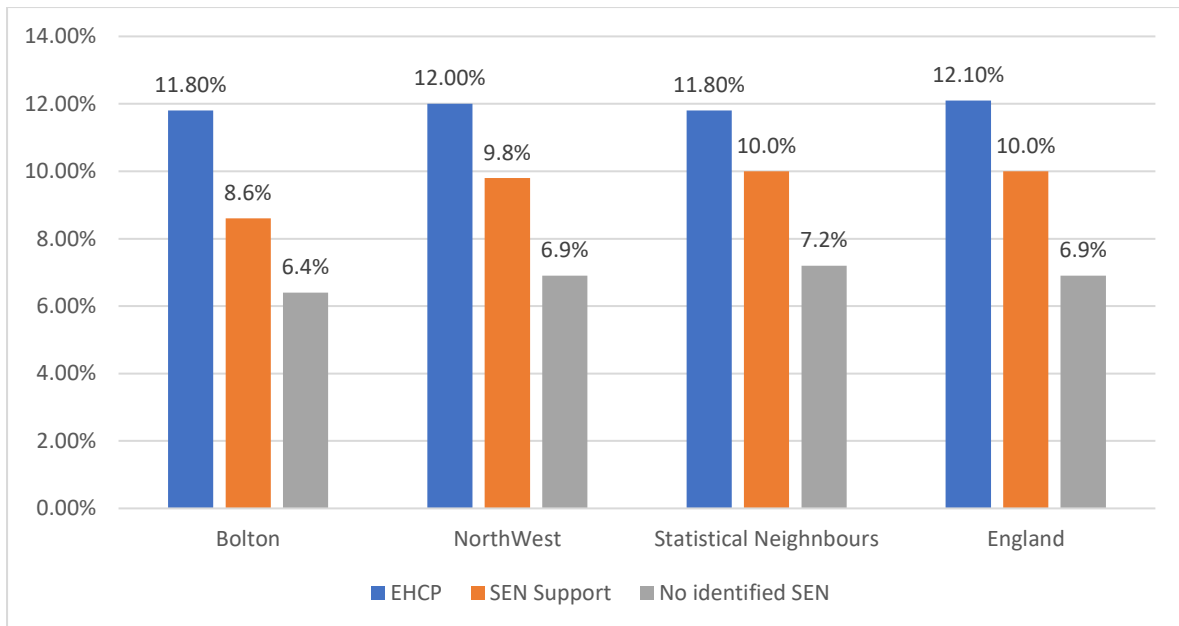
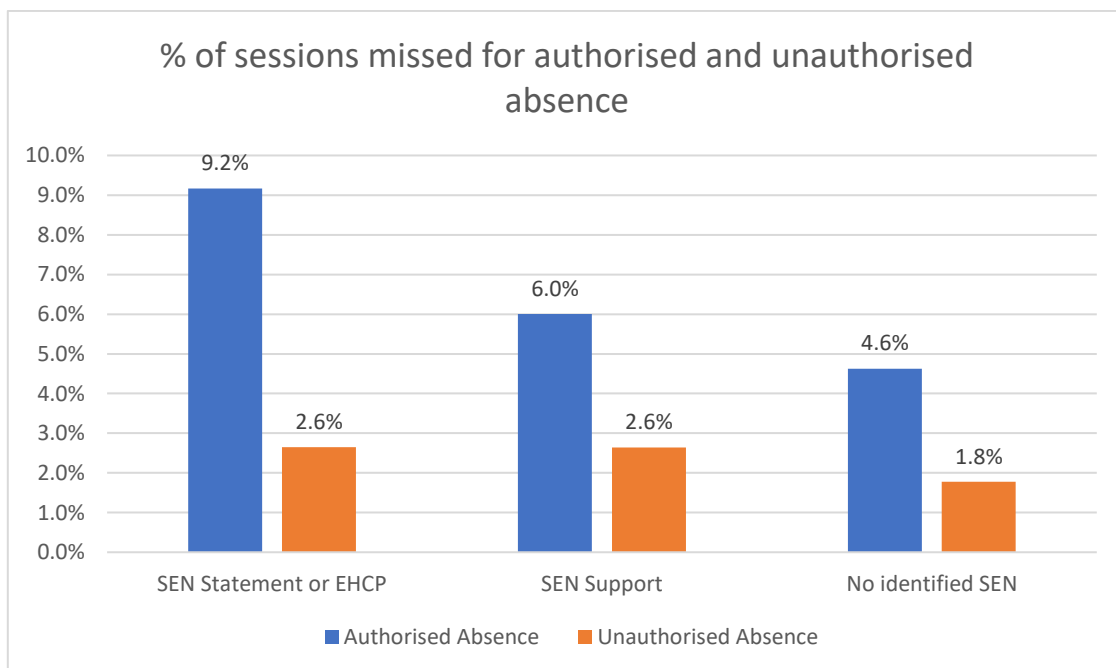


Figure 25 shows a breakdown of the percentage of sessions missed by authorised and unauthorised absence, for Bolton in academic year 2021/22. The chart shows that the biggest differences are in authorised absence. Those on EHCP have a higher proportion of authorised absence (9.2%) than either those with SEN Support (6.0%) or pupils with no identified SEN (4.6%). In terms of unauthorised absence, pupils with EHCP's and pupils with SEN support had the same percentage of sessions missed due to unauthorised absence (2.6%) compared to 1.8% unauthorised absence for pupils with no identified SEN.

Figure 25: Percentage of sessions missed by authorised and unauthorised absence. 2021/22<sup>35</sup>



<sup>35</sup> Explore education statistics, Absence rates by pupil characteristics – full academic years, 2021/22 <https://bit.ly/3KRHZkW>

Figure 26 shows a different measure of absence, percentage of persistent absentees both prior to Covid 19 and in the 2 years following. In 2017/18 and 2018/19 there was little change in the percentage of persistent absence either locally or with any of the comparators, with Bolton being slightly higher around 26% and the comparators all being around 25%. Following the lifting of restrictions, we can see much larger spikes in the North West (44.8%), statistical neighbours (44.4%) and the England average (42.9%) than in Bolton (33.8%) for 2020/21. The percentage of persistent absences has fallen in the North West (36.1%), statistical neighbours (36.4%) and the England average (36.9%) those these figures are still higher than before the pandemic. Bolton has seen a slight increase from 2020/21 to 2021/22. At 34.8% Bolton has a slightly lower rate than its comparators.

Figure 26: Percentage of pupils SEN statement or EHCP defined as persistent absentees, by area, 2020/21<sup>36</sup>

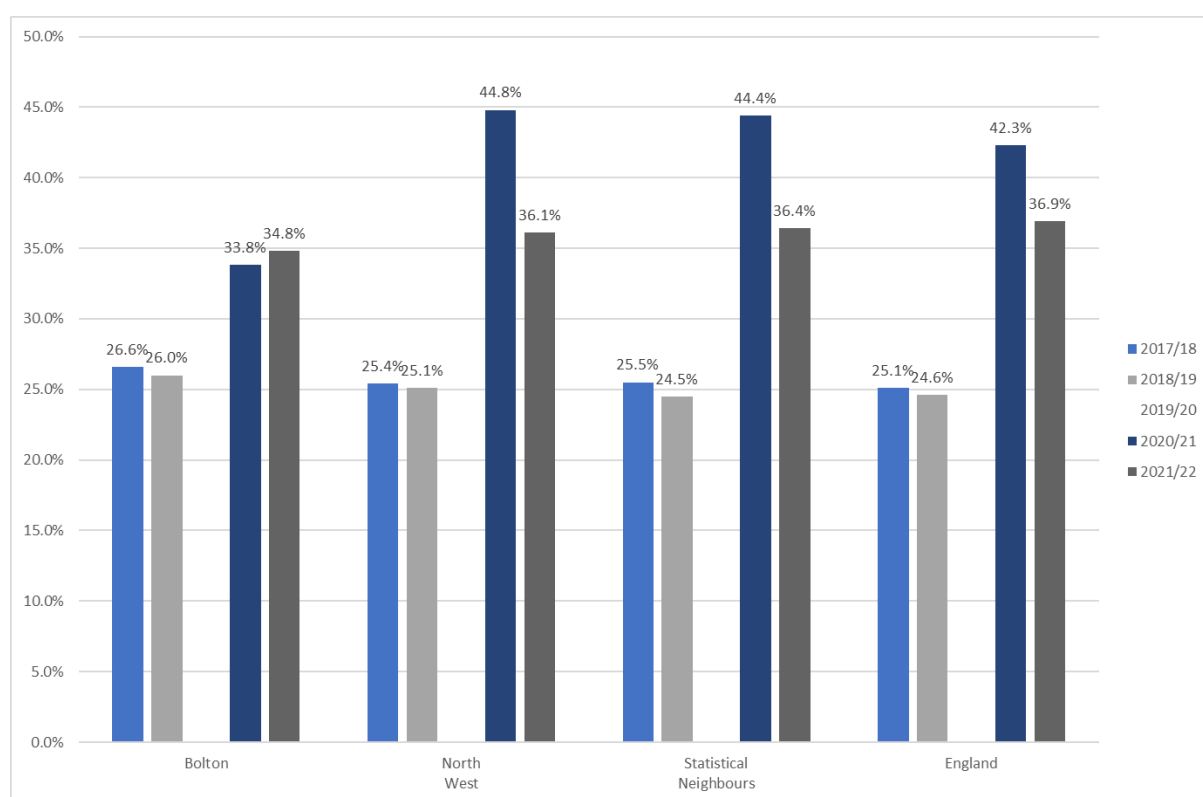


Figure 27 shows that there is a pattern across all areas; a higher proportion of pupils with SEN Support are permanently excluded than pupils with an EHCP, who in turn have a higher proportion of permanent exclusions than pupils with no identified SEN. Bolton has the highest proportion of pupils with SEN Support who have been permanently excluded of all comparators, and this figure (0.44%) is more than double the figure for any other comparator. Bolton's proportion of permanent exclusions for pupils with EHCPs (0.05%) is lower than its statistical neighbours and the England average.

<sup>36</sup> Department for Education (2022) Local area SEND report Bolton: SEN pupils with statement or EHCP defined as persistent absentees as % of school population 2020/21 (academic) [bit.ly/3Wbnz9U](https://bit.ly/3Wbnz9U)



Figure 27: Permanent exclusions from school as a % of school population for pupils with EHCPs, SEN Support and no identified SEN, by area, 2020/21<sup>37</sup>

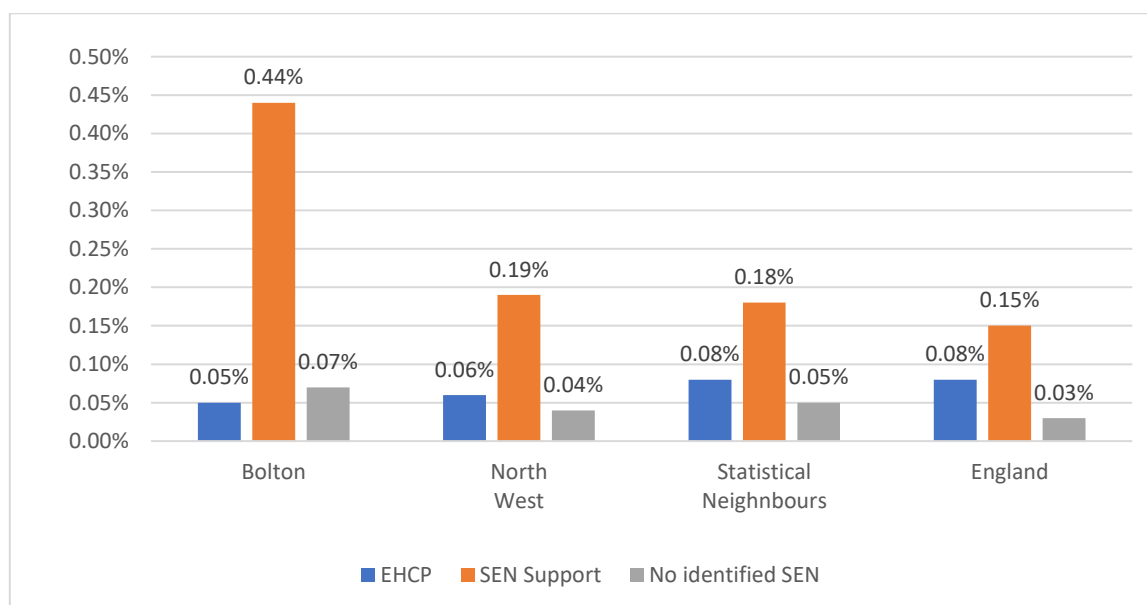
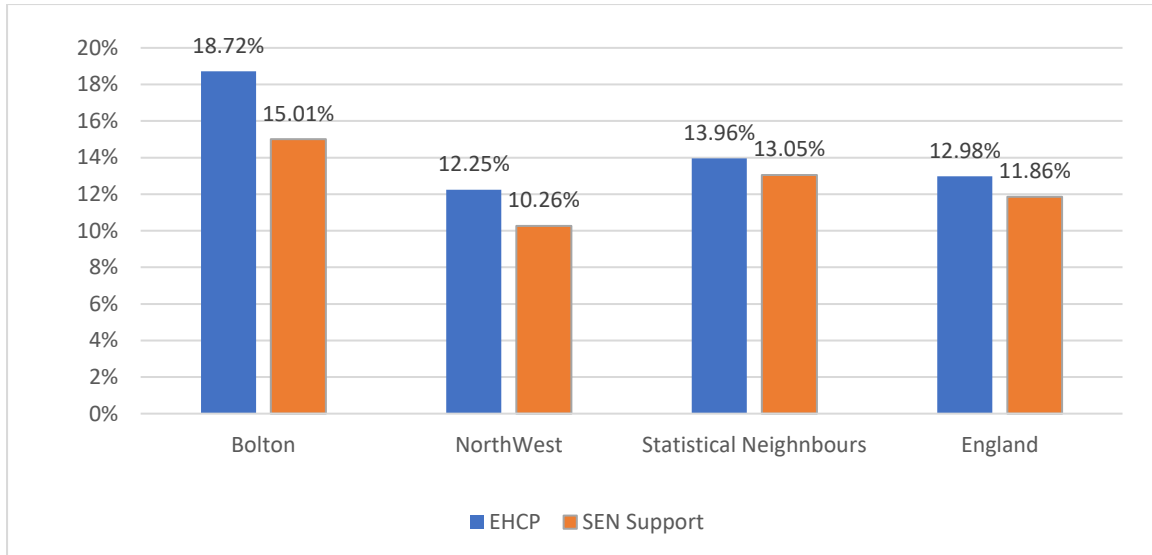


Figure 28, showing fixed term exclusions, shows a different pattern to that seen for permanent exclusions across all the areas; in Bolton, regionally and nationally, a higher proportion of pupils with an EHCP have at least one fixed term exclusion than pupils at SEN Support, who in turn have a higher proportion of fixed term exclusions than pupils with no identified SEN. Bolton has the highest proportion of pupils both with EHCPs (18.72%) and at SEN Support (15.01%) who have received fixed term exclusions of all comparators, with the figure for pupils with an EHCP being noticeably higher.

Figure 28: Fixed period exclusions for SEN pupils as a % of the school population by area, 2020/21<sup>38</sup>

<sup>37</sup> Department for Education (2022) Local area SEND report Bolton: Permanent exclusions as % of school population 2020/21 (academic) [bit.ly/3Wbnz9U](https://bit.ly/3Wbnz9U)

<sup>38</sup> Department for Education (2022) Local area SEND report Bolton: Fixed period exclusions as a % of school population 2020/21 (academic) [bit.ly/3Wbnz9U](https://bit.ly/3Wbnz9U)



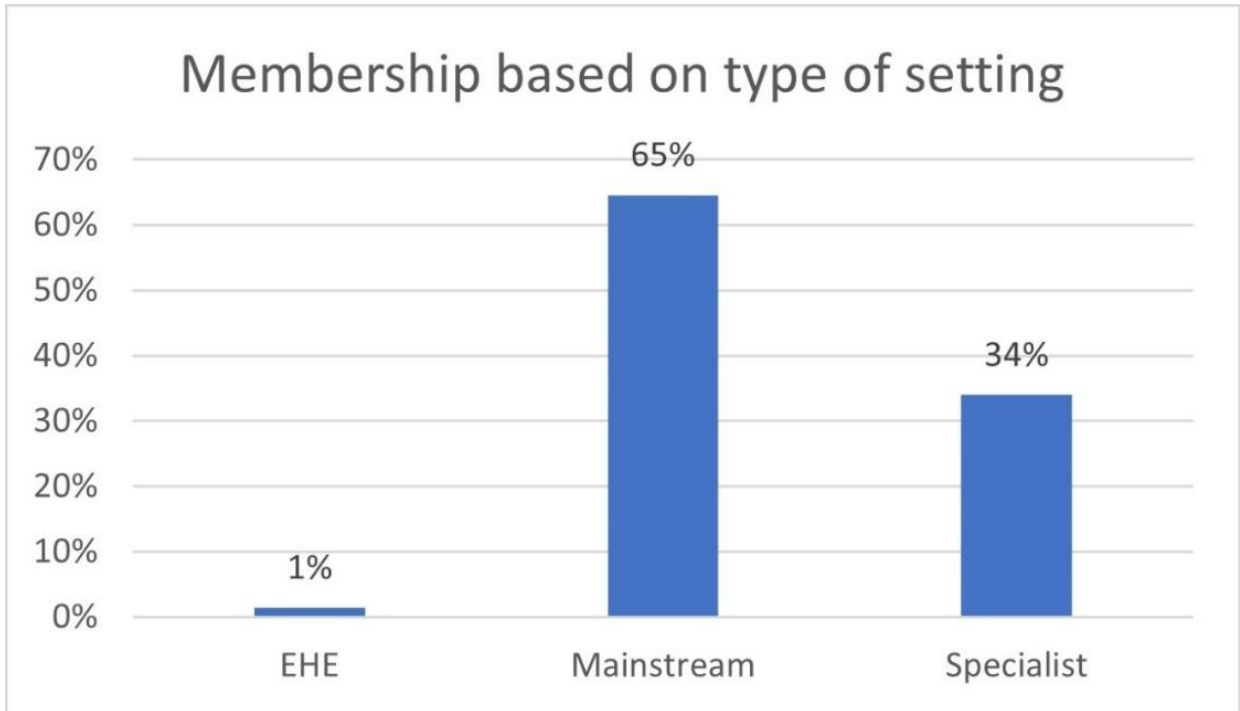
## 12 Evidence from parents, young people and children

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

### BPC membership

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

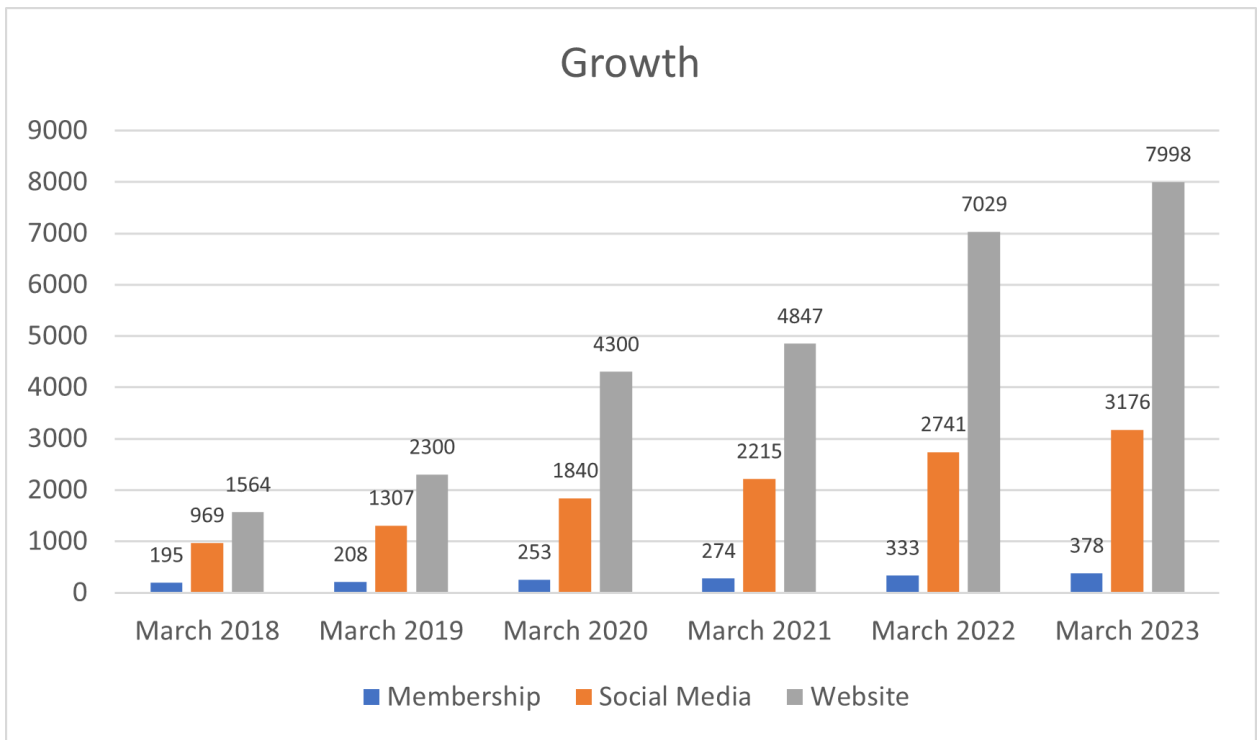
*Figure 29: BPC membership by setting, 2023*



#### BPC Reach

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

Figure 30: Number of hits online and membership numbers for BPC, 2018-2023



#### How does the PCF gather parent carer feedback?

Workshops – these sessions are legally and locally accurate and aim to empower parents with SEND knowledge. They are also very informative in terms of the experiences heard at

workshop sessions. Sessions are regularly attended by parents and carers from underrepresented groups, for instance Dad's, parents with EAL, parent with their own additional needs and parents who are from BAME communities.

Between April 2022-March 2023 202 parents and carers have accessed 23 workshop sessions. These cover 6 different topics.

Focus Groups – these sessions bring together parents and carers with local professionals to discuss their SEND experiences.

Between April 2022-March 2023 43 parents and carers have accessed 4 sessions. These covered 3 different topics.

The forum has a steering group of 12 volunteers who represent a broad range of SEN and age, from 5 to 25. The forum also has close working links with 3 of Bolton's largest charities who work with children and young people with SEN, Breaking Barriers, Reach NW and AFC Masters.

The forum has active social media and an up-to-date website; these all continue to show growth.

Also, feedback is gathered via an excellent working relationship with Bolton IAS.

Overview of relationship between the forum and IAS

An important aspect of engaging with families in Bolton is the relationship between the forum and IAS.

There is quite a unique relationship between the Forum and IAS in Bolton. Since 2014 IAS have had a place on the steering group of the forum, both as an organisation and additionally as parent carers. IAS have co developed and co-hosted workshops with the forum since 2015 which have become a staple face to-face activity with parents and carers. In 2019, the chairperson of the forum, started to work part time at IAS and as agreed by the steering group, continued in role as Chair of the forum.

Having that direct link with the day-to-day experiences of families is something that 'traditional' PCF work couldn't bring, and it has brought a wealth of added information to the forum which in turn has developed the strategic voice.

The way the organisations work in coproduction benefits both organisations, and parents and carers, in a way that 2 organisations not working in coproduction would find hard to achieve.

Neither organisation is precious about reach/cohort of families as they recognise the importance of both organisations to Bolton families, they signpost between the 2 organisations to ensure that individual families get the best service. The joint way working is beneficial to everyone, and most of all beneficial to improving the experiences of SEND families, which is the shared ethos of both organisations.

## 13 Recommendations

### 13.1 Progress on previous recommendations

Recommendation	Progress
<p>1. <b>Review what type of SEND provision is best to meet growing local needs (including special schools and inclusive mainstream schools). This could include increased investment in services for children and young people with SEND, given the growing population.</b></p>	<p>We have worked with Mastodon C as part of our Safety Valve programme to review SEND provision and projected need. As a result, we have plans to:</p> <ul style="list-style-type: none"> <li>• Expand our special schools</li> <li>• Open 3 new primary resourced provisions in primary schools in September 2023</li> <li>• Expand an existing SLD/PMLD resourced provision</li> <li>• Further explore a primary SEMH resourced provision</li> </ul> <p>We have significantly increased investment in our SEND Assessment Service. This service now comprises of a Manager, Assistant Manager, Business Manager, 6 SEND Officers, 4 Assistant SEND Officers and 2 administrators.</p> <p>We have accessed GM funding to increase the capacity of local services linked to our ASD diagnostic pathway to support COVID recovery to include additional Speech and Language, Occupational Therapy, Educational Psychology, admin support, and NAS course access. This funding has been extended to cover the 2023/2024 financial year.</p> <p>We have recruited a Deputy Head of SEND to support with key pieces of strategic SEND work.</p> <p>We are in the process of setting up a multi-agency support team to support children with complex needs to attend/remain at their local mainstream school.</p> <p>An Autism Hub across Greater Manchester is in development which will offer training, resources and a bespoke consultation offer. This will have a physical base and be available to families throughout GM. Estates have now been located for this and the initial phase in the first 1-2 quarters of</p>

	<p>2023/24 will include the development of resources for families and embedding of the post diagnostic standards. The hub will also support with evaluating and testing some of our needs pilots such as the Portsmouth profiling tool.</p> <p>GM Key Worker service now has 20 workers in post who can support children and young people with LD and/or Autism with moderate to high risk of admission or placement breakdown across all 10 GM boroughs. Referrals are made via the Dynamic Support Registers and for those CYP rated as amber or red.</p> <p>The Autism in Schools Project is now embedded in 8 localities with a view to roll it out to Bolton and Tameside who are the remaining 2 localities.</p>
<p>2. <b>Work with SENCOs in order to ensure the accurate identification of need.</b></p>	<p>The SEND Handbook has a section relating to identification of need to support schools with this - <a href="#">bolton-s-send-handbook</a></p>
<p>3. <b>Develop a more robust SEN Support offer.</b></p>	<p>We have co-produced the SEN Support offer in Bolton and launched this as part of the SEND Handbook - <a href="#">bolton-s-send-handbook</a>. The Bolton Parent Carer Forum have a piece on their website about this coproduction <a href="https://www.boltonparents.org.uk/ssupport/">https://www.boltonparents.org.uk/ssupport/</a></p> <p>We have worked with SENCOs through SENCo networks to discuss how the SEN Support offer is implemented across clusters.</p> <p>SENDIASS and our PCF have held workshops for parents to outline the SEN Support offer and what parents can expect a school to provide at SEN Support. SEN Support Workshop have had 128 parent carers book places since the return of sessions after lockdown. Attendance averages 10 per session.</p>
<p>4. <b>Develop offer for neurodiverse children and young people, including pre- and post-diagnostic support, CAMHS and transition support, ensuring the multidisciplinary system is working</b></p>	<p>Bolton are committed to the development of a Neurodevelopmental HUB. To support progress towards the required system wide change to achieve this, an interim model been devised. This interim model will see the integration of Paediatric Autism Clinical</p>

<p><b>well, including for young people who have negative Autism Diagnostic Observation Schedule (ADOS) assessments but still have needs.</b></p>	<p>Nurse Specialists into the existing pathway to provide wraparound support specialist care, increase triage capacity and post diagnostic support all channelled through a single point of contact. The model is being supported by the ICB, Bolton NHS Foundation Trust and wider Bolton stakeholders and is currently in the process of identifying funding for delivery.</p>
<p><b>5. Ensure better recording of post-KS4 and post-19 destination data for young people with SEND.</b></p>	<p>The SEND Assessment Team have included a destination drop down list on ONE for easier recording and collating of destination data.</p> <p>The SEND Assessment Team requests destination data from Post 16 providers directly.</p>
<p><b>6. Set up collection of data on accommodation for young people 18+ with SEND.</b></p>	
<p><b>7. Improve data capturing and intelligence on ASD.</b></p>	<p>Ongoing work with the Business Intelligence team at Bolton Foundation Trust, to develop ways of capturing meaningful data specific to ASD. Currently for wider services it is not possible to filter the data by diagnosis. Work has been undertaken to improve data collection within the BSCIP process to develop electronic waiting lists allowing more accurate data to be collated on this process.</p> <p>Work is ongoing to develop a NW ICS SEND dashboard and there are aspirations to develop a GM SEND data dashboard in Tableau.</p> <p>Council for Disabled Children is supporting Greater Manchester ICS to develop a SEND Dashboard that captures data at different foot-prints of the ICS.</p>
<p><b>8. Develop a person-centred approach to outcomes, developed with and for young people.</b></p>	<p>Work in this area is ongoing.</p>
<p><b>9. Review our Short Breaks model and offer to make sure that we are targeting those young people who need a Short Break the most.</b></p>	<p>The short break statement is on the local offer website, this has been made more user friendly and more appealing through design prior to being placed on the local</p>

<p><b>Develop a mechanism for recording access to Short Breaks care, including direct payments, that can be easily accessed and shared in the form of an annual report.</b></p>	<p>offer website. At the beginning of May a meeting is scheduled with six parents to start to look at updating the short breaks statement through co-production.</p> <p>Data regarding short breaks and direct payments is collated and accessible and work to look at using Liquid Logic for this function is ongoing.</p> <p>Annual report available 21-22. We are now starting the process of 2022-2023 reports.</p>
<p><b>10. Ensure that the information in this JSNA is used to inform joint commissioning and review, align and develop our service/community-based support models to meet the current need and to manage future demand in those areas we have already identified as increasing in numbers e.g. Autism, emotional health and wellbeing.</b></p>	<p>We have a CYP Board in place that brings together senior leads across the Bolton system. Additional local SEND Governance is in place which has system-wide representation including the SEND Steering Group and SEND Joint Commissioning Planning. We have established a complex case panel to make joint decisions about individual packages of care, and have several ongoing workstreams to progress our joint commissioning action plan including the development of a multi-disciplinary teams pilot, joint capacity and demand planning and the continuation of expanded capacity for autism assessments.</p>

These recommendations have been adopted as part of a broader SEND Action Plan.

### **13.2 Recommendations for 2023**

The recommendations based on the assessment of data for the SEND JSNA and discussions with key partners are as follows:

1. *To better understand the increase in SEND population*
  - *By breaking down the data by EHCP/SEN Support, by need, by age and by school type and understanding the use of the 'other' category.*
  - *To understand the impact of this, meeting the needs of these children and young people on service delivery and use this information to plan/commission services and provision across the local area i.e. inclusive of education, health, social care, support for parents and voluntary sector support etc.*
2. *To continue to respond to the increasing number of children and young people presenting with SLCN (especially post Covid).*
  - *Continue with the dedicated Early Years CLD Service*
  - *Ongoing workforce development*
  - *Continuation of a skilled PH Nurses/HV workforce*
3. *Ensuring that children from Asian backgrounds are not under identified as having SEND*



- *By breaking down the data by EHCP/SEN Support and by need*
  - *Through to ensure robust understanding and practice*
4. *Ensure that the PfA forum is aware of the estimated future population change for 15-19 and 20-24 year olds and the proportion of this in EET*
  5. *To scope a focussed approach to the reduction of health inequalities for CYP with SEND through the Core 20+5 programme*
  6. *To reduce exclusions, particularly for children at SEN Support.*
    - *Through embedding the use of the inclusion handbook, SEND and inclusion training programme, single point of access for concerns relating to exclusions and behaviour and inclusion partnerships at secondary and closer cluster working at primary.*
  7. *To better understand the reasons why children's attainment and progress at the end of KS2 is not maintained by the end of KS4.*