# Bristol JSNA spotlight report

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| **Quality reviewed by** | Jo Williams, Consultant in Public Health (Bristol City Council) June 2019 |
| **Date updated**     | June 2019 |
Bristol Special Educational Needs and Disability (SEND)

Joint Strategic Needs Assessment (JSNA) spotlight report, June 2019

1. Introduction

This is a summary of the data that is currently available to inform the development and monitoring of the local area’s SEND Strategy, the Joint Outcomes Framework, the Self-Evaluation Framework (SEF), the Joint Commissioning Plan and Action Plan. It draws on data and evidence from a number of sources to describe a picture of special educational needs and disabilities (SEND) across Bristol. Where gaps and challenges are identified these are documented in the SEND Strategy, the SEF and the Action Plan.

The Local Offer https://www.bristol.gov.uk/web/bristol-local-offer provides information about services that children, young people and their families can expect from a range of local agencies.

For clarity, data is presented following the structure of the Self-Evaluation Framework (SEF), addressing the questions:

- How effectively does Bristol identify children and young people with SEND?
- How effectively does Bristol assess and meet the needs of children and young people with SEND?
- How effectively does Bristol improve outcomes for children and young people with SEND?
2. Definitions

2.1 Special educational needs (SEN)¹

A child or young person has special educational needs (SEN) if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child or young person is considered to have a learning difficulty if he or she has a significantly greater difficulty in learning than the majority of others of the same age.

A child or young person has a learning disability if they have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

2.2 Disability

A person has a disability if she or he has a physical or mental impairment that has a substantial, long term adverse effect on his or her ability to carry out normal day-to-day activities.

Statutory guidance and the SEND Code of Practice² provide additional information to help with the interpretation and application of these definitions. The statutory definitions of special educational needs (SEN) and disability which are described above are found in Section 20 of the Children and Families Act 2014 and section 6 of the Equality Act 2010.

2.3 SEN support

Where a child or young person is identified as having SEN, early years settings, schools and colleges should take action to remove barriers to learning and use reasonable adjustments and best endeavours to put effective special educational provision in place at the point when needs are first identified. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the child or young person’s needs and of what supports individuals to make good progress, as well as securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent reviews and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.

SEN support from Year 9 onwards should be aimed at further promoting independence and enabling the young person to make good progress towards employment and/or higher education, independent living, good health and participating in the community.

2.4 Education, health and care needs assessment (EHCNA)

The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges. Some children and young people may require an EHC needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHC plan (see definition in point 2.5 below). The assessment seeks to establish and record the views, interests and aspirations of the parents and child or young person to provide a full description of the child or young person’s special educational needs, and any health and social care needs. It establishes outcomes across education, health and social care based on the child or young person’s identified needs and aspirations. It specifies the provision required and how education, health and care services will work together to meet the child or young person’s needs and support the achievement of the agreed outcomes.

2.5 Education health and care plan (EHCP)

An EHC plan is a legal document that describes a child or young person’s special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in their life.

2.6 Top-up

Top-up is the funding required over and above the core or place funding an educational institution receives. Top-up enables a pupil or student with high needs to participate in education and learning, or to deliver statutory special educational provision specified in an EHCP.
3. **Sources of data**

Key sources of data for this JSNA spotlight report include:

3.1 **The Local Authority Interactive Tool (LAIT)**

The Local Authority Interactive Tool presents data across each local authority in England which has been annually submitted from Children’s Services. It enables comparison across time, and benchmarking against statistical neighbours (statistically similar populations) and nationally.

3.2 **National school census**

The school census is a statutory data collection for all maintained (state-funded) schools in England. This includes nursery, primary, secondary, middle-deemed primary, middle-deemed secondary, local authority maintained special and non-maintained special schools, academies including free schools, studio schools, university technical colleges and city technology colleges. Service personnel children's education schools also participate on a voluntary basis. Schools that are entirely privately funded are not included. The submission of the school census returns, including a set of named pupil records, is a statutory requirement on schools under Section 537a of the Education Act 1996.

In this report two years of school census are used, the latest published school census January 2018[^4] and Bristol schools’ census data from January 2019, which are held within the local authority, but not yet published nationally.

3.3 **Bristol SEND data dashboard**

Bristol’s SEND data dashboard is a commissioning tool that brings together data and contextual information relevant to education, health and social care in one place, in order to demonstrate how the local area is doing in implementing the Government’s 2014 reforms for children and young people with special educational needs and disabilities (SEND) aged 0-25 and their families.

The dashboard is designed to support the local area to understand the 0-25 population who have SEND through 3 lenses:
- local profile - understanding local need;
- governance and assurance - what did we do and how well are we doing it;
- qualitative key performance indicators (KPIs): how do we know we are making a difference?

The dashboard draws from the following case management systems or data sets:

- DfE School Census (reported annually, latest January 2019);
- EMS (Educational Management System/Bright as of May 2019, and will be replaced by live EHM Early Help Module updates);
- EMS headcount (as of May 2019);
- LCS: Liquid Logic Children’s System (live reporting schedule);
- LAS: Liquid Logic Adults System (live reporting schedule);
- published DfE data (reported annually, latest May 2019).
4. Summary of key data drawn from this report

4.1 Numbers of young people identified as having SEND

There are 167,035 (mid 2017 Office of National Statistics (ONS) population estimate) children and young people aged 0-25 in Bristol.

Through drawing together a number of datasets in the SEND dashboard, it is possible to define the following cohorts of children and young people in Bristol:

- approximately 10,500 have special educational needs (SEN);
- there are 7,961 (4.76% of the total under 25 population) identified and supported at SEN support level (January 2019), with 561 (7%) going through EHC needs assessment (June 2019);
- there are 2,875 with an EHCP (June 2019) which represents 1.52% of the total under 25 population. This figure includes 558 draft EHCPs in the process of being finalised (June 2019);
- there are 861 (0.52% of the total under 25 population) who have a disability and do not have an EHCP or needs identified, but are supported at SEN support level (June 2019);
- a total of 11,364 children and young people have SEND; this is equivalent to 6.8% of the City’s total 0-25 population (Population Census June 2017).

4.2 Education: early years

- There are 12,250 children funded through early education provision. Of these there are 613 children with SEN and 52 children with an EHCP (Early Years Census, January 2019).
- 30% of children receiving SEN support achieve a good level of development, compared to the England average of 28%.
- 3.3% of children with an EHCP achieve a good level of development, compared to the England average of 5%.

4.3 Education: age 5 to 19\(^5\)

- 26.4% of children and young people with EHCPs are in mainstream schools (England average: 39.2%).
- 42.2% of children and young people with EHCPs are in special schools (England average: 38.6%).
- 22.9% of children and young people with EHCPs are in post 16 provision (England Average: 16.2%).
- 0.61% of children and young people with EHCPs attend hospital education (England Average: 4.3%).

\(^5\) Excludes children who are Electively Home Educated, in College provision (St Brendan’s and City of Bristol) and who attend independent schools
• 23% of pupils receiving SEN support achieved the expected standard in reading, writing and maths combined in Key Stage 2 (KS2), just below the England average of 24%.
• 5% of children with EHCPs achieved the expected standard in reading, writing and maths combined in KS2, compared to 9% for England.
• 13.3% of children received SEN support at Key Stage 4 (KS4) where the average score was 32 at Attainment 8, in line with the England average of 32.2.
• 4.3% of children with EHCPs in KS4 where the average score was 12.5 at Attainment 8, below the England average of 13.5.
• In 2017-2018 absence rates for children and young people with an EHCP in Bristol was 11.5%, compared to the England average of 8.7%.
• In 2017-2018, 33.8% of children and young people with EHCPs were persistently absent, compared to the England average of 25.1%.
• In 2017-2018 absence rates for children and young people at SEN Support level in Bristol was 7.1%, compared to the England average of 6.5%.
• In 2017-2018, 21.3% of children and young people at SEN Support level were persistently absent, compared to the England average of 18.3%.
• 33% of children and young people with EHCPs had a fixed term exclusion in 2017 (England average was 16%), and 26% for children and young people with SEN Support (England average was 15%).
• In 2017-2019 there were very low numbers of permanent exclusions for children and young people whose needs were met at SEN support, and no permanent exclusions for those with EHCPs.

4.4 Education: post-16 provision (as of January 2019 Census)

• 21.4% of young people with EHCPs attend mainstream post-16 educational provision (England average 14.8%).
• 1.5% of young people with EHCPs attend specialist post-16 educational provision (England average was 1.4%).
• 91% of KS4 pupils with an EHCP remained in education.
• 15% of 19 year olds with an EHCP qualified to Level 2, including English and maths.

4.5 Social care (as of June 2019)

• 17% (94 out of 551) of children in care have an EHCP.
• 17.6% (97 out of 551) of children in care are supported at SEN Support level.
• 14.87% (81 out of 417) of current care leavers have an EHCP.
• 0% (0 out of 417) of current care leavers are supported at SEN Support level.
5. How effectively does Bristol identify children and young people with SEND?

This section presents data on the number of children and young people with SEND, and what we know about this cohort of children, including description by person (age, gender, ethnicity), place (location across the city), and time (change in numbers changed over time) with comparison to other parts of the country where possible.

5.1 Number of children and young adults with special educational needs and disability

In Bristol there are 167,035 (mid 2017 ONS population estimate) children and young people aged 0-25. Of this population 67,161 are on roll at an educational setting (all schools). The school census includes 61,667 children and young people (age 5-19) (Jan 2018).

5.2 Number of children with SEND

The total number of children with SEN in Bristol is estimated from the number of children receiving SEN support in their early years setting or school, and children who have an EHCP.

- There is not a nationally published figure of the number of children and young adults with SEND in Bristol. However, national data indicates that 15.4% of school age pupils in Bristol have a SEN. This data indicates that there are 10,343 school age pupils (15.4% of those in the all Bristol schools) in Bristol with an SEN; 1,606 (2.4%) have statements or EHC plans and 8,737 (13.0%) are on SEN support.

- The Bristol SEND dashboard (June 2019) indicates that there are a total of 11,364 children and young adults with a SEND. This is equivalent to 6.8% of the City’s total 0-25 population (Census June 2017). This includes the following:
  - approximately 10,500 have special educational needs SEN;
  - there are 7,961 (January 2019 and 4.76% of the total 0-25 population) receiving SEN support;
  - going through EHC Needs Assessment: 561 (as of June 2019 and 7.0% of the 7,961 0-25 population identified at SEN support level;
  - with an EHCP: 2,875 (as of June 2019 and 1.52% of the total 0-25 population), including 558 draft EHCPs in the process of being finalised (EHM data as of June 2019);
  - 861 (as of June 2019), 0.52% of the total 0-25 population who have a disability and do not have an EHCP or needs identified and supported at SEN support level.

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7 Source: Special educational needs in England: January 2018, Department for Education: https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018 (This figure is the summation of pupils with EHCP + pupils with SEN support).
5.3 Number of children and young people with SEN

Nationally reported data indicate that in Bristol, of the 61,667 children of school age (primary and secondary) 8,737 (13.0%) are on SEN support.

5.4 Children and young people receiving SEN support, by age

- There are 12,250 children funded through early education provision. Of these there are 613 children with SEN (Early Years Census, January 2019).
- Using nationally reported data for school-aged children (2017/2018), 15.4% of Bristol pupils were receiving SEN support, which is higher than 14.9% nationally.
- 2018 data show that the overall the percentage of pupils receiving SEN support in Bristol primary schools is 12.7%. This is similar to national average (12.4%) and statistical neighbours.
- Overall the percentage of pupils with SEN in secondary schools is 12.8%; this is similar to the national average.

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*Source: Bristol SEND dashboard. Accessed: 17/06/2019 (See Page 3 for data sources)*


*Source: Department for Education “Local area SEND report” via LG Inform, 2017/18. Note – this is for all pupils attending schools in Bristol, not Bristol children in schools out of area.*

5.5 Children and young adults with EHCPs, by age

- Amongst the 12,250 children funded through early education provision, 52 children had an EHCP (Early Years Census January 2019).
- The Bristol SEND dashboard shows that there are 1,423 statutory school age children with EHCPs aged 5-16 years, and 103 young people aged 17-19 years (as of January 2019 School Census).
- According to nationally reported data, in primary schools, 0.7% of pupils have an EHCP. This figure has reduced significantly over the last 9 years and is half the England (1.4%) and statistical neighbour figure (1.4%).
- In secondary schools 1.6% of pupils have an EHCP, which has reduced since 2016, and is now in line with statistical neighbours and the national average.

5.6 The number of disabled children and young people living in Bristol

While many children with a special educational need may also have a disability, there will be a proportion who have either a SEN or a disability. Two national datasets give us estimates of the number of children and young adults living with a disability.

5.7 Self-reported long-term illness or disability

According to the Census 2011, 3,250 children (under 16) in Bristol have a “limiting long-term illness or disability”\(^\text{15}\). This is 4.1% of the local child population, higher than the national average 3.8%. Of these, 1,300 children (1.7% of Bristol children) have their daily activities limited a lot and 2,000 children (2.5%) limited a little. Across Bristol (Figure 2), the Census data highlights the variation from 2.7% in North and West (inner) to 4.6% in South and 4.8% in North and West (outer).

Figure 2: percentage of children with long-term health problem or disability by Clinical Commissioning Group (CCG) sub-locality. Source: ONS Census 2011

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\(^{13}\) Source: Special educational needs in England: January 2018, Department for Education: https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018


\(^{15}\) Source: ONS Census 2011 (children under 16). The next update to these data will be in 2021 at the next census.
5.8 Data on disabled living allowance (DLA) and personal independence payments (PIP)

Data (from Department of Work and Pensions, Nov 2017) states there are 4,996 children and young adults aged 0-24 in receipt of DLA or PIP\(^{16}\). See Figure 3 for a detailed breakdown by age. This is significantly higher than the average for Bristol’s statistical neighbours (3,910).

**Figure 3: number of 0-25 year olds entitled to DLA or PIP in Bristol\(^{17}\)**

![Bar chart showing the number of children and young adults aged 0-24 in receipt of DLA or PIP by age.](chart.png)

**Figure 4: children and young adults SEN and/or a disability\(^{18}\)**

![Bar chart showing the number of children and young adults aged 0-24 with disability, EHCP, and SEN support.](chart2.png)

Local data (SEND dashboard, June 2019) indicate that 861 children and young adults (0-24) are recorded as having a disability without SEN. A further 1239 have a disability and EHCP, and 1073 have a disability and are receiving SEN support.

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\(^{16}\) Source: Department for Work and Pension’s benefits statistics via Stat-Xplore online tool [assessed 04.07.2018].

\(^{17}\) The DLA data used refers to children and young adults ‘DLA eligible’. The PIP data used refers to ‘PIP Claims in Payment’.

\(^{18}\) Source: Bristol SEND dashboard (See data sources on page 3) (17/06/2019)
5.9 The primary needs amongst children and young adults with SEND

Figures 5 to 7 below show pupils with special educational needs by primary type of need, from nationally reported data (2018).\textsuperscript{19}

Figure 5: pupils with special educational needs by primary type of need – state funded primary schools

\textsuperscript{19} Source: Special educational needs in England: January 2018, Department for Education: https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018

Figure 6: pupils with special educational needs by primary type of need – state funded secondary schools
Using the Bristol SEND dashboard, the biggest categories of SEN primary need for school age children and young people in Bristol are Social, Emotional and Mental Health Needs and Specific Learning Difficulties (Table1).

Table 1: primary need by SEN age 5-16 years and as defined by school census

<table>
<thead>
<tr>
<th>Primary Need by SEN Provision (Latest Jan 2019 Census)</th>
<th>EHCP</th>
<th>SEN Support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Spectrum Condition</td>
<td>1,038</td>
<td>1,230</td>
<td>2,268</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>69</td>
<td>131</td>
<td>200</td>
</tr>
<tr>
<td>Moderate Learning Difficulty</td>
<td>178</td>
<td>2,082</td>
<td>2,260</td>
</tr>
<tr>
<td>Multi-Sensory Impairment</td>
<td>7</td>
<td>23</td>
<td>30</td>
</tr>
<tr>
<td>Other Difficulty/Disability (this is where schools have identified children and young people as having SEN through school census, not no need type has been recoded)</td>
<td>60</td>
<td>772</td>
<td>832</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>93</td>
<td>211</td>
<td>304</td>
</tr>
<tr>
<td>Profound &amp; Multiple Learning Difficulty</td>
<td>87</td>
<td>17</td>
<td>104</td>
</tr>
<tr>
<td>SEN support but no specialist assessment of type of need (this is where schools have identified children and young people as having SEN through school census, not no need type has been recoded)</td>
<td>331</td>
<td>331</td>
<td>662</td>
</tr>
<tr>
<td>Severe Learning Difficulty</td>
<td>138</td>
<td>13</td>
<td>151</td>
</tr>
<tr>
<td>Social, Emotional and Mental Health</td>
<td>660</td>
<td>3,172</td>
<td>3,832</td>
</tr>
<tr>
<td>Specific Learning Difficulty</td>
<td>104</td>
<td>2,434</td>
<td>2,538</td>
</tr>
<tr>
<td>Speech, Language and Communication Needs</td>
<td>144</td>
<td>2,309</td>
<td>2,453</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>20</td>
<td>58</td>
<td>78</td>
</tr>
</tbody>
</table>
5.10 Disabled children and young adults: primary need

National data from Department of Work and Pensions (Nov 2017) indicates that in Bristol the main disabling condition that Disability Living Allowance or Personal Independence Payments is applied for is a physical disability (0-24 year olds).

- For 0-5 year olds: the main disabling condition is physical disability.
- For 5-10 year olds: cognition and learning and social communication and interaction becomes the main disabling condition.
- For 11-15 year olds: the main disabling condition is physical disability.
- For 16-24 year olds ‘unknown’ becomes the main disabling condition.

5.11 SEND and gender

There are 157,302 children and young people aged 0-24 in Bristol; 79,258 (50.4%) are male and 78,044 (49.6%) are female (Office for National Statistics, mid 2017 population estimate). Of the 61,667 on roll at an educational setting excluding independent settings; 30,377 (49.3%) are female and 31,290 (50.7%) are male.

As of January 2019 (school census data); 3,227 (35.4%) pupils with SEN are female and 6,289 (64.6%) are male. Of those with EHCPs, 26.6% are female and 73.4% are male.

5.12 SEND and ethnicity

The population of Bristol has become increasingly diverse and some local communities have changed significantly. There are now at least 45 religions, at least 180 countries of birth and at least 91 main languages spoken. The proportion of the population who are not ‘White British’ increased from 12% (2001) to 22% (2011).
Figure 8: Local data from the Bristol SEND dashboard, shows SEN by ethnic group

5.13 SEND income and poverty

Based on the proportion of Lower Super Output Areas in most deprived 10% nationally, Bristol is the least deprived of the English Core Cities with 16% of Lower Super Output Areas in the most deprived 10%, and ranked 55th out of 326 local authorities in England. This compares to Liverpool (45%, ranked 4th), Manchester (41%, ranked 5th), Birmingham (40%, ranked 6th) and Nottingham (34%, ranked 8th).

Overall in English primary schools, 13.7% of pupils are known to be eligible for, and claiming, free school meals. In English secondary schools, it is 12.4%. Nationally 30.9% of pupils with an EHC plan and 24.5% of pupils on SEN Support are eligible for free school meals compared to 13.6% with no special educational need.

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22 Source: DCLG, Index of Multiple Deprivation 2015 – see www.bristol.gov.uk/deprivation
23 Source: Department for Education, Schools, pupils and their characteristics: January 2018
24 Source: Special educational needs in England: January 2018, department for education,
In Bristol primary schools there are 6,834 pupils eligible for free school meals (17.7% of the primary school population) which is the 2nd lowest percentage of the Core Cities\textsuperscript{25}. In Bristol secondary schools there are 3,537 pupils eligible for free school meals (16.9% of the secondary school population) which is the 2nd lowest percentage of the Core Cities. In Bristol special schools there are 430 pupils eligible for free school meals (47.6% of the special school population) which is 5th highest percentage of the Core Cities\textsuperscript{26}.

5.14 SEND and where people live

Within Bristol, 2019 School Census data for all SEN needs shows the variation by ward (see Figure 9 below). This ranged from 9% of pupils with SEN in Clifton to 24% of pupils in Hartcliffe and Withywood.

Figure 9: SEN needs showing the variation by ward

\textsuperscript{25} Source: Department for Education, Schools, pupils and their characteristics: January 2018 https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2018

5.15 SEND and change over time

Figures 10 and 11 show the change in number of children with SEN over time.\(^{27}\)

Figure 10: percentage of pupils with SEN support

Figure 11: percentage of pupils with a statement or EHC plan

Figure 12: all SEN in Bristol: SEN school support (Bristol Early Years and School Census, January 2018) and education, health and care plans, EHCPs (source: BCC Bright data-base – extracted September 2018)

5.16 SEND children in care and care leavers

Local authority monitoring data\(^{28}\) within social care show that in June 2019:
- 17% (94 out of 551) of children in care have an EHCP;
- 17.6% (97 out of 551) of children in care are supported at SEN support level;
- 14.87% (81 out of 417) of current care leavers have an EHCP;
- 0% (0 out of 417) of current care leavers are supported at SEN support level.

5.17 Identification of children and young adults with SEND: what the data is and isn’t telling us

- There are significant inequalities in SEND across the city by place of residence and by ethnicity.

- The support and the level of support for families from ethnic groups that have a high incidence of special educational needs should be reviewed and developed to ensure a suitable offer is available. Particular attention should be paid to Gypsy, Roma and Traveller Communities.

- IT management systems and service providers across Bristol City Council and Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group have not used a consistent definition for disability as applies under the Equalities Act 2010, and as a result the estimated number of children and young adults with a disability varies across data sources.

\(^{28}\) Source: Bristol City Council LCS & LAS as of June 2019
• Shared data sets between education, health and social care services should be developed. This will support joint commissioning and better estimation of population size and needs.

• Identification and reporting of SEND by primary need via the school census is not yet accurate. Further workforce development is needed across the local area to support accurate identification which needs to be reviewed regularly. This is particularly the case where presenting challenging behaviours that have an underlying unidentified need.

• We could do further benchmarking of our numbers of children identified with SEND against statistic neighbours to better understand how our population needs are similar or different to elsewhere.

• We need to better understand the prevalence of different kinds of SEN and Disability among children and young people at a national level, and compare with Bristol to establish service provision but also understand whether we identify the expected number of children and young people with SEND.

• We need better data to analyse against primary need to identify if there are children who are under-represented amongst those receiving support.

• We need to use data to understand if the number of children and young people with SEND is increasing in Bristol to enable better planning.

• It would be useful to understand the proportion of young people with SEND who are receiving Pupil Premium Funding.

• Information was not available on the education and health needs of young offenders where there is a SEND.

• Analysis of more detailed local data on disabled children from the register of disabled children may be useful to ensure these children are captured in the data.
6. How effectively does Bristol assess and meet the needs of children and young people with SEND?

6.1 Completion of ECHPs

In June 2019, in addition to the 2,875 EHCPs in place and subject to review, there are 558 EHCPs currently in draft form and waiting to be issued. 561 EHC needs assessments are underway, of which 305 are at the advice seeking stage. 25 EHC needs assessments are completed and now awaiting a decision from the Outcome of Statutory EHC Needs Assessment Panel whether or not to proceed to issuing an EHC Plan.

Figure 13: EHCP completed within 20 weeks by Quarter

Figures 14 and 15 below show the percentage and rate of appeals by year.

Figure 14: appeals percentage per year

Figure 15: appeals registered per 10,000 of school population

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29 Data Source - DfE Statistical First Release Data - Statements of SEN and EHC plans: England
6.2 Education and training provision for children and young adults with SEND

Table 2: education provision in Bristol (excluding independent schools), 2018/19

<table>
<thead>
<tr>
<th>Type of Education Setting</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years providers</td>
<td>189 and 402 registered Childminders</td>
</tr>
<tr>
<td>Maintained Primary Schools</td>
<td>80</td>
</tr>
<tr>
<td>Academy Primary Schools</td>
<td>25</td>
</tr>
<tr>
<td>Maintained Secondary Schools</td>
<td>13</td>
</tr>
<tr>
<td>Academy Secondary Schools</td>
<td>7</td>
</tr>
<tr>
<td>Free Schools</td>
<td>1</td>
</tr>
<tr>
<td>Special Schools</td>
<td>10</td>
</tr>
<tr>
<td>Resource Bases</td>
<td>9</td>
</tr>
<tr>
<td>Early Intervention Bases</td>
<td>3</td>
</tr>
<tr>
<td>Registered Alternative Provision</td>
<td>4</td>
</tr>
<tr>
<td>Further Education Provision</td>
<td>5</td>
</tr>
</tbody>
</table>

6.3 School provision for children and young adults with SEND in Bristol

Latest nationally published figures of where children and young adults with EHCPs attend school, or post-16 provision in Bristol:\(^{30}\):

- 26.4% of children and young people with EHCPs are in mainstream schools (England average: 39.2%);
- 42.2% of children and young people with EHCPs are in special schools (England average: 38.6%);
- 22.9% of children and young people with EHCPs are in post-16 provision (England Average: 16.2%).

Figure 16: placement of CYP with EHCP in Bristol compared to England (2018)

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6.4 Training provision for young adults with SEND age 16 onwards

In 2018, 93.6% of KS4 pupils in Bristol went on to, or remained in, education. In comparison 90.7% of KS4 pupils with an EHC plan went on to, or remained in, education.31

![Figure 17: destination post 16 for young people with EHCP (Bristol SEND dashboard, June 2019)](image)

6.5 Exclusions and attendance

Nationally reported data (2018) show that32:

- 34% of children with EHCPs have high rates of persistent absence (missing 10% or more of their possible sessions), well above comparators and the England average of 25%;
- 33% of children and young people with EHCPs had a fixed term exclusion in 2017 (England average was 16%), and 26% for children and young people with SEN Support (England average was 15%);
- in 2017 there were very low numbers of permanent exclusions for children with SEN support and no permanent exclusions for children with EHCPs;
- most recent local data shows that in 2017-2019 there were very low numbers of permanent exclusions for children and young people whose needs were met at SEN support and no permanent exclusions for those with EHCPs.

Provision of health services for children and young adults with SEND

6.6 Children’s community health services

In Bristol the Children’s Community Health Partnership (CCHP) is jointly commissioned by the CCG and the local authority to deliver community health services for children. Provision includes specific services for children with SEND and

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universal services that will be accessed by children and young people with SEND and their families. Currently there is no data on children who are accessing therapies who have a SEND, but the data below indicates how these services are performing for all children:

- physiotherapy: performance remains strong with 98.3% of children commencing treatment within 18 weeks of referral;
- speech and language: performance has improved significantly following a service redesign, and in 2018-19 94.1% of children were seen within 18 weeks;
- occupational therapy: there have been performance challenges during 2018-19 and overall performance was 78.2%. In March 2019 it had recovered and 95% of children were seen within 18 weeks of referral;
- community paediatrics: performance significantly deteriorated in 2018-19 with a year-end outturn of only 45% of children having a first appointment within 18 weeks. In March 2019, 54 children had waited more than 26 weeks for a first appointment and 286 children had waited more than 18 weeks;
- child and adolescent mental health: there has been additional investment in this service using mental health transformation funding which has been focussed on crisis services and eating disorder services. There has been improvement in performance in both areas as a result. In 2018/19, 94.4% of urgent eating disorder referrals commenced treatment within 1 week, with only one breach. 86.7% of routine eating disorder referrals commenced treatment within 4 weeks. The percentage of urgent referrals assessed within 1 week has increased from 25% in 2017/18 to 45.7% in 2019/20. 18 week referral to treatment performance is 82.1%.

6.7 Health contribution to EHC plans

The contribution to EHC plans by health within 6 weeks of the request is currently 59.1%. CCHP is currently working on recording the EHCP process by service, and this will become part of the monthly reporting via the core standards scorecard submitted to commissioners. These will be used to identify areas of blockage and instigate improvement.

6.8 Looked after children's health

The Looked After Children's Nursing Service is not currently achieving its targets for completion of initial health assessments or review health assessments within the agreed timescale, although the majority are being completed outside the timescale. A Contract Performance Notice has been issued and a Remedial Action Plan is being agreed.

6.9 Public health nursing: health visiting

The health visiting service is mandated to undertake 5 health reviews before the child is 30 months. These reviews are important in the identification and support for children with SEND. Table 3 below shows performance of these reviews.
Table 3: Health visiting reviews

<table>
<thead>
<tr>
<th>Latest Health Visiting mandated check coverage statistics: % of children due a check within the quarter, Bristol residents</th>
<th>Q4 2018/19</th>
<th>Q2 2018/19</th>
<th>Q2 2018/19 England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of births that receive a face to face NBV within 14 days by a Health Visitor</td>
<td>72.2%</td>
<td>72.8%</td>
<td>89.6%</td>
</tr>
<tr>
<td>Percentage including NBVs undertaken after 14 days, by a Health Visitor</td>
<td>91.4%</td>
<td>90.9%</td>
<td>98.3%</td>
</tr>
<tr>
<td>Percentage of children that received a face to face 6-8 week check within 8 weeks by a Health Visitor</td>
<td>83.0%</td>
<td>76.7%</td>
<td>85.4%</td>
</tr>
<tr>
<td>Percentage including children that received a face to face 6-8 week check after 8 weeks by a Health Visitor</td>
<td>90.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children that received a face to face 12 month check by 12 months by a Health Visitor</td>
<td>80.1%</td>
<td>76.6%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Percentage including children that received a face to face 12 month check after 12 months by a Health Visitor</td>
<td>87.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children that received a face to face 12 month check by 15 months by a Health Visitor</td>
<td>87.0%</td>
<td>84.6%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Percentage including children that received a face to face 12 month check after 15 months by a Health Visitor</td>
<td>87.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children that received a face to face 2-2½ year review check by 2-2½ years by a Health Visitor</td>
<td>61.0%</td>
<td>57.3%</td>
<td>78.2%</td>
</tr>
<tr>
<td>Percentage including children that received a face to face 2-2½ year review check after 2-2½ years by a Health Visitor</td>
<td>63.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trends since 2016/17 in Health Visiting mandated check coverage: % of children due a check within the quarter, Bristol residents
6.10 New birth visit

The percentage of new birth visits undertaken within 14 days of birth this year (to date) is 76.9% of the eligible population. The overall percentage of new birth visits, when the new birth data after 14 days is also included, is 90.9%. The target is 90%. This has been achieved through improved systems and processes, improved scheduling of appointments and allocation process of reviews to individual health visitors.

6.11 Two year reviews

A robust improvement plan has been put in place to address this, with improvements expected as a result in Q3 and Q4 2019/20. Actions include:

- clinics to increase choice for working parents;
- introducing integrated early years reviews from 2019;
- clear targets set for number of reviews undertaken by each nursery nurse;
- a robust workforce recruitment plan to ensure sufficient number of nursery nurses to undertake reviews;
- increased team lead capacity to support with reviews.

6.12 Children’s social care

- In March 2018 there were 1,879 Children in Need\textsuperscript{33} in Bristol, and 260 had a Statement of SEN or an EHC plan (13.8%).
- For the same period there were 357 children under Child Protection, and 16 had a Statement of SEN or an EHC plan (0.4%).
- For the same period\textsuperscript{34} 694 children were Children Looked After\textsuperscript{35}, and 99 had a Statement of SEN or an EHC plan (14.3%).

<table>
<thead>
<tr>
<th>Children Social Care Status</th>
<th>Care Leaver</th>
<th>CIC</th>
<th>CIN</th>
<th>CP</th>
<th>No longer Allocated</th>
<th>Not Known to Social Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHCP</td>
<td>81</td>
<td>94</td>
<td>185</td>
<td>28</td>
<td>1,512</td>
<td>642</td>
</tr>
<tr>
<td>SEN Support</td>
<td>0</td>
<td>96</td>
<td>257</td>
<td>43</td>
<td>2,995</td>
<td>4,570</td>
</tr>
<tr>
<td>Disability w/out SEN</td>
<td>8</td>
<td>9</td>
<td>20</td>
<td>7</td>
<td>244</td>
<td>573</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
<td>199</td>
<td>462</td>
<td>78</td>
<td>4,751</td>
<td>5,785</td>
</tr>
</tbody>
</table>

\textsuperscript{33} A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

\textsuperscript{34} Source: Department for Education, Outcomes for children looked after by LAs: 31 March 2017

\textsuperscript{35} The definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council’s children’s services department has cared for the child for more than 24 hours.
Table 5: Adult Social Care Status (Bristol SEND dashboard, June 2019)

<table>
<thead>
<tr>
<th>Adult Social Care (18-25)</th>
<th>Preparing For Adulthood Allocated</th>
<th>Adult Social Care Allocated</th>
<th>No Current Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHCP</td>
<td>122</td>
<td>41</td>
<td>446</td>
</tr>
<tr>
<td>SEN Support</td>
<td>0</td>
<td>0</td>
<td>88</td>
</tr>
<tr>
<td>Disability w/out SEN</td>
<td>109</td>
<td>206</td>
<td>69</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td>247</td>
<td>603</td>
</tr>
</tbody>
</table>

Table 6: on disability register (Bristol SEND dashboard, June 2019)

<table>
<thead>
<tr>
<th>On Disability Register</th>
<th>Number of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Registered Disabled</td>
<td>9,522</td>
</tr>
<tr>
<td>Registered Disabled</td>
<td>1,842</td>
</tr>
</tbody>
</table>

6.13 Assessment and meeting the needs of children and young people with SEND: what the data is and isn’t telling us

- According to Q3 data (Dec 2018), only a fifth of EHCPs are completed within the statutory 20 week timescale.
- Data were not available on reviews of EHCPs to provide information about ongoing support for children and young people with SEND.
- Data quality assurance mechanisms need to be in place and data needs to be used more effectively across the local area to inform planning and commissioning, and drive improvement.
- The pattern of placement of children and young people with education, health and care plans should be reviewed to ascertain why high numbers of children are placed in specialist education.
- The reasons for poor attendance and the high level of fixed term exclusions should be analysed.
- Transitions – further information and mapping of transitions between services must be developed to understand the experience of young people and their families.
- Health Service providers must develop systems to identify the numbers of children with SEND using services in order to monitor uptake and ensure children with SEND are enabled to access services, and commissioning is linked to need. This should include dentistry and acute care.
- We need to understand what proportion of children and young adults (over age 14 years) are recorded on the Primary Care Learning Disability (LD) Register, and how many receive an annual LD health check.
• Data on health service input into EHCPs should be collected and monitored against numbers of EHCPs being completed.

• We need to better understand access to all services commissioned to meet the needs of children and young adults with SEND, and whether they are of sufficient capacity to meet need.

• A new survey needs to be undertaken to understand young people’s, parents and carers views of special educational needs and disability services.
7. How effectively does Bristol improve outcomes for children and young people with SEND?

Educational outcomes

7.1 Early years (Ages 3 to 5 years) and Key Stage 1 (ages 5 to 7 years)

In Early Years 30% of children on SEN Support achieved a Good Level of Development (compared to 74% Non-SEN). This is higher than the England average of 28%.

7.2 Key Stage 2 (ages 7 to 11 years)

Of the KS2 pupils with an EHC plan, 5% of pupils met the required standard in reading, writing and maths (this is lower than the average for England). Of the KS2 pupils on SEN support, 23% of pupils met the required standard in reading, writing and maths. For the pupils with no SEN, 73% of pupils met the required standard.

7.3 Key Stage 4 (ages 14 to 16 years), GCSEs

- In KS4 the average attainment 8 score of pupils with EHCP was 12.5, higher than the core cities average (11) and lower than England (13.5).
- For pupils on SEN support the average attainment 8 score was 32.0, higher than the core cities average (29.2) and similar to the National average (31.8).
- In KS4 the average progress 8 score for pupils with EHCP was -1.36, for pupils on SEN support the average progress 8 score was -0.51.

Health outcomes

7.4 Health and wellbeing: pupil voice survey

This wide ranging survey of school pupils has been conducted regularly in Bristol since 2008, most recently in 2018. All Bristol primary and secondary schools, including specialised provision are invited to take part. In 2018 more than half of schools participated (60), with responses from more than 8,000 pupils. Just over 3,200 pupils in years 4 and 6 in primary school completed the survey representing more than one-third of pupils in these year groups across the city. More than 3,400 from years 8 and 10 in secondary school participated, which is nearly half of all pupils.


38 Attainment 8 scores for pupils are calculated by adding up the points achieved in their eight English Baccalaureate subjects taken at GCSE, and dividing by 10. A school’s attainment 8 score is the average of all of its students’ scores. While students don’t have to take eight subjects, they will score zero for any unfilled slots.

39 Progress8 compares pupils’ key stage 4 results to those of other pupils nationally with similar prior attainment at key stage 2. School level progress 8 scores are calculated by adding together the progress 8 scores of all the pupils in year 11 and dividing by the number of pupils in the school.
pupils in these year groups. All pupils were asked whether they consider themselves to have ‘A long-standing illness or disability’ and whether they consider themselves to have ‘A special educational need or a learning difficulty?’ The responses to these questions are summarised below, and in all instances the percentages reported are of those pupils that answered the question with ‘yes’, ‘no’ or ‘don’t know’.

Primary age responses were:
- 6.0% pupils responded that they have a long-standing illness or disability;
- 11.3% said they are ‘not sure’ if they do;
- 9.1% responded that they have a special educational need or learning difficulty;
- 12.0% said they are ‘not sure’ if they do.

Secondary age responses were:
- 6.6% of pupils responded that they have a long-standing illness or disability;
- 10.5% said they are ‘not sure’ if they do;
- 9.5% of pupils responded that they have a special educational need or learning difficulty;
- 9.0% said they are ‘not sure’ if they do.

There is considerable overlap between the two questions asked, but for the purposes of identifying the relevant pupils for the comparisons presented below, it was felt that the question relating to ‘special educational need or a learning difficulty’ was closest to the focus for this data profile.

Table 7: pupil voice results on SEND

| Diet and Nutrition 5-a-day | The percentage of pupils who identified as SEN or LD who reported eating 5 or more portions of fruit and vegetables per day was 23.2%. This was slightly lower but not statistically significantly different from the all pupils’ result of 25.2%. |
| Sedentary Time | 58% of pupils identifying as SEN or LD reported that they used a screen-based device/s for any purpose, during the previous day for more than 3 hours. This was significantly higher than the all pupils’ result of 49.1%. |
| Sleep | 53.8% of pupils identifying as SEN or LD reported that they got less than 9 hours sleep on the previous night. This is higher than the 50.3% for all pupils, but the difference is not statistically significant. |
| Sexual Health (Secondary Age Group only) | 43.5% of pupils identifying as SEN or LD reported that they did not know (or were unsure) how to access sexual health services (secondary only), lower than the 46.0% for all pupils. The difference is not statistically significant. |
| Alcohol | 22.3% of pupils identifying as SEN or LD reported drinking alcohol in the last 4 weeks compared to 19.1% for all pupils. This difference is not statistically significant. |
| Smoking | 5.1% of pupils identifying as SEN or LD reported that they smoked in the last week, higher than the 2.5% reported for all pupils, and this was a statistically significant difference. |
Illegal Drugs
Secondary Age Group only

13.9% of pupils identifying as SEN or LD reported ever taking illegal drugs, compared to 12.6% for all pupils. This difference was not statistically significant.

Emotional Health and Wellbeing

8.0% of primary school pupils identifying as SEN or LD had low Stirling Children’s Wellbeing Scale scores (indicative of poor mental health), compared to 5.5% for all pupils. This difference was not statistically significant.

11.2% of secondary school pupils identifying as SEN or LD had low Warwick Edinburgh Mental Wellbeing scores, compared to 9% for all pupils. This difference was not statistically significant.

Dental

57.9% of pupils identifying as SEN or LD reported that they have had teeth filled or removed. This is slightly higher but not significantly different to the all pupils’ result of 55.2%

7.1% of pupils identifying as SEN or LD reported that they ‘did not see a dentist to check their teeth’. This is a higher proportion, but not significantly different to the all pupils’ result of 5.2%.

Injury

42.1% of pupils identifying as SEN or LD reported an unintentional injury in the last year. This is higher, but not significantly, than the all pupils’ result of 37.4%.

Bullying

38.2% of pupils identifying as SEN or LD reported experiences of bullying often/daily in the last month. This was statistically significantly higher than the all pupils’ result of 29.8%, as was the case in the previous survey in 2015.

Education

15.2% of pupils identifying as SEN or LD reported that they do not intend to stay in full-time education at the end of secondary school. This is similar to the all pupil result of 15.6%

Not feeling heard at school

21.2% of pupils identifying as SEN or LD reported that they do not feel listened to at school. This is higher than the all pupils’ result of 15.9%, but the difference is not statistically significant.

While not all the differences are statistically significant, there appears to be some consistency in the negative direction and apparent disadvantage of pupils self-identifying as having a SEND across the range of health outcomes, behaviours and opinions reported in the Pupil Voice survey. Whether this relates to SEND directly, or is the product of other factors found more frequently amongst the population with SEND would require further analysis, but regardless of the causation and reasons, there would appear to be some health disadvantage associated with SEND for pupils responding to the Pupil Voice Survey.

7.5 Social care outcomes

- 12% of 18 year olds were assessed by ‘Preparing For Adulthood’ (PFA) social team 3 months prior to their 18th birthday in 2018/19 (up from 2.8% in 2016/17).
- 58% of under 18s were referred to the PFA social team at least 6 months prior to their 18th birthday in 2018/19 (up from 46.7% in 2016/17).
• 42.5% of young people aged 16-25 with an EHCP are not in education, employment or training (NEET), or it is not known whether they are in 2018/19 (unfortunately this is worse than the 31.8% in 2017/18).
• 272 SEND personal budgets were provided in 2018/19 (up from 247 in 2017/18).
• There were 1,762 under 18s on the Disabled Children’s Register in 2018/19 (this figure was 1,344 in 2016/17).

Note – the above performance indicators were extracted from Bristol City Council’s Performance Framework40 (via the Spar.net reporting system, June 2019).

7.6 Improving outcomes for children and young people with SEND: what the data is and isn’t telling us

• Good and improving SEND outcomes at Early Years Foundation Stage (EYFS). The proportion of children receiving SEN support achieving at least the expected standard in all Early Learning Goals (ELGs) has improved significantly and is above England average. There is a similar trend for children receiving SEN support achieving a good level of development at EYFS.

• The data shows improving educational outcomes for children with SEN Support at all Key Stages which are in line with England averages for this cohort. This includes achieving the expected standard in reading, writing and maths at KS2, and Attainment 8 score at KS4.

• Educational outcomes for children with EHCPs: attainment and progress measures for children with EHCPs at KS2 and KS4 have declined and are below England average.

• Further data and analysis is needed about the cohort of young people post-16 with EHCPs who are not in Education, Employment or Training, to better understand where the needs of young people are being met and where there are gaps in provision.

• Clarity is required on the outcomes that could be measured across health provision (including primary care, community health services) and social care to effectively monitor the progress and development of children and young adults with SEND.

• The health issues identified in the Pupil Voice survey, particularly smoking, bullying and screen time, need some further analysis to ensure these are addressed appropriately.

40 The City Council’s Performance Framework sets out how we manage and report data against our corporate, directorate and divisional priorities; ensuring that there is a clear line of sight from corporate theme to key performance indicator. It includes discussion, support and challenge at management teams, culminating in an agreed suite of measures (KPIs) and the process for reporting progress against them. Additionally, a similar process occurs for any specific governance board or scrutiny forum that may require a different suite of KPIs; as was the case for the original SEND Board in 2015.
• More robust monitoring systems of requirements in the EHCPs need to be developed to indicate where improved outcomes have been achieved.

• What we know about child deaths for children with complex needs from the West of England Child Death Review process (annual reports) should be included to improve our understanding of service provision and outcomes.

• A clearly defined set of shared outcomes across local partners, which matter to children and young people with SEN or a disability, needs to be developed which includes individual outcomes, service level outcomes and strategic outcomes.