Needs Analysis of children and young people with Special Educational Needs and Disabilities

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Research and Management Information Team, Children, Schools and Families

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a) Introduction

i)   This profile presents a detailed analysis of children with learning difficulties and/or disabilities, be they children resident to Camden or children resident in other boroughs attending Camden schools. It sets out the key characteristics including the full range of special educational needs and a disability (SEND) presented in Camden, the services currently being accessed and, by using local and national trends, sets some initial projections of future need.

ii)   This document builds upon the work of the Children and Young People's Plan Profile that was published in 2010. Rather than repeat analyses already presented in that document – for example, the academic under-achievement of pupils with SEN is already an established fact - it provides more sophisticated analysis of this group of children and young people.

iii)   Information included in this needs analysis has been used in developing the Implementation Framework for children and young people with special educational needs and disabilities and has been used to inform and support a number of other developing policies and initiatives.

b) Methodology

i)   The foundation for producing the needs analysis was the creation of a 'Virtual Register of special education needs and/or disabilities' using a wide variety of data held on Children, Schools and Families information systems. The prime reason for creating the 'Virtual Register' was to create a data source that covered all children and young people with disabilities. Analysing information systems independently cannot report the true picture as each service supports children and young people of different ages and thresholds of need. In addition, some children are known to more than one service, which can lead to double counting.

ii)   The Virtual Register of SEND is a rich data source that has been previously unavailable to Camden and as such enables a wide variety of potential analyses. This document presents findings from the initial 2008-09 'Virtual Register of SEND'. The findings will be enhanced with analysis of 2009-10 data at a later stage.

c) Key findings

i)   In total there are over 7,400 children and young people with SEND at any level on the 'Virtual Register of SEND'. Of these 6,200 are resident in Camden which represent around a seventh of Camden's overall population of children aged 0-19. The remainder consist of children and young people with SEND from neighbouring boroughs who attend Camden schools.

ii)   Over a thousand of Camden resident children with SEND are educated outside Camden's borders. This includes 256 (24%) children with statements of SEN managed by Camden who go to out of borough mainstream, special and independent schools. Over 800 Camden resident children who attend mainstream out of borough schools, which indicates parental preferences, are on the SEN register at school action/action plus.

iii)   For children of school age with SEND, around 1 in 6 children have 'statements of SEN', a quarter are on 'school action plus' with another half being registered at 'school action'.

iv)   Although numbers of SEN children in Camden primary schools has remained relatively stable, there has been a 58% rise in SEN at any level in Camden secondary schools since 2005. Most of this rise in secondary schools has been due to an increase in numbers on 'school action' (1094 to 1472) and 'school action plus' (349 to 738). This has contributed to the following statistics:
   o prevalence of SEN in Camden schools is 20% higher than the picture nationally;
   o The percentage of pupils of all ages in Camden schools at 3.1% is also higher than in London (2.7%) and in England (2.7%) though the gap has stayed relatively stable for the past 5 years;
   o For primary need, the rate of children with Speech, Language and Communication Needs (SLCN) is twice the national picture In the past 5 years the number with speech, language and communication needs in secondary schools has more than doubled;
   o 'Social, Emotional and Behavioural Difficulties' (SEBD)[1] is 60% higher.

v)   Across Camden primary, secondary and special schools, the most common types of primary SEND for pupils with statements and on school action plus are:
   o SEBD (behaviour, emotional and social difficulty),
   o SLCN (speech, language and communication needs)
   o LD (learning difficulties),

vi)   For primary school ages SLCN is the most common need but for secondary school SEBD is the more prevalent. In Camden special schools, children with ASD and hearing impairments are relatively more prevalent reflecting the nature of the provision

vii)   Children with SEND often have more than one presenting need. For example, in around 10-16% of children with ASD, SLCN or LD, schools and support services had also identified SEBD as being present as an additional need.

viii)   A quarter of all children and young people identified with SEND live in households where there is more than one child with SEND. In some cases the primary needs seen in the household are the same for all the children.

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[1] Camden uses SEBD to describe children with behavioural needs. Nationally, BESD (Behavioural, Emotional and Social Difficulties) is the term used though the there is no difference in definition and therefore Camden and national statistics are comparable.

ix)   Certain groups are overrepresented within the SEND cohort. In the general population around 1 in 7 have SEND however:

- A disproportionately high number of children with SEND live in areas of high deprivation – 57% of SEND children live in areas considered the 20% most deprived nationally.
- There are twice as many boys with SEND than girls though this ratio differs for particular types of need – for ASD the ratio is 5 boys for every 1 girl.
- More than a third of children in need (CiN), for which 'abuse or neglect' is the main reason for inclusion as CiN also have SEND. Of these 40% had a 'statement of SEN'. (As this data relates to just 6 months of CiN data the true percentage may be even higher)
- For CiN children with 'statements of SEN', 'abuse or neglect', 'family dysfunction' and 'family in acute stress' accounted for 40% of all reasons for inclusion. However the figure for CIN children with non statemented SEND was twice this.
- Four out of every ten children looked after by Camden have been identified with SEND. For nearly half, 'Social, Emotional and Behavioural need' (SEBD) was the primary need with a further 10% having SEBD as an additional need.
- Prevalence and incidence of SEND by primary need varies across ethnic groups. For example SEBD is most common need for white British and black Caribbean children while SLCN is most common need for Bangladeshi and black African children. For children of Bangladeshi and white Irish origin learning difficulties is the most commonly identified primary need.

d) Recommendations

i)   This profile does not attempt to make judgement on services that are currently provided to children and young people with SEND. However, the process of collecting data for this needs analysis, and in particular the 'Virtual register of SEND' has highlighted some processes and technical areas for development regarding how information is collected, stored and shared across Children, Schools and Families.

ii)   Substantial progress has already been made to facilitate the sharing of information for operational and research purposes but this effort has been centred on the main information technology systems CSF uses. Moving services not already using core IT systems onto them will help continue this work. Where this is impracticable it is important that data concerning SEND children held in standalone spreadsheets and databases is stored in a format that allows it to be shared and matched with data held in core systems without too much effort. Similarly, prior to creating the virtual register of SEND it was necessary to transfer the records of some CSF teams into electronic format from paper records. In doing so a richer level of information was made available to be analysed. It is important that the teams build upon this work by; building processes into their core work to update and maintain their spreadsheets; ensuring key information is recorded in a format consistent with management information and; by identifying other sources of information that would be useful to collect and analyse in the same way.

iii)   How disability is collected differs across some CSF services. While some services assess and diagnose SEND others rely on parental input to identify disabled children. Recording and storing this information also varies between noting down details as free text to selecting need from a restricted list of categories. Free text makes gathering information more resource intensive and makes it difficult to give a clear and consistent view on the needs of the child. Although it would not be practicable or indeed proper to restrict the information that teams collect on disability, it is recommended that where there is scope to bring consistency to recording that this is undertaken and reflected on affected IT systems, **to allow the simple extract of management information**.

iv)   Through the process of building the 'Virtual Register' it was discovered that, for some individual records, data was not always consistent across the CSF teams. It is suggested that where services have an active involvement with a child with SEND, **records are matched for accuracy and the correct information used**.

v)   There is still a gap in knowledge for some children with SEND, in the main, concerning those outside statutory school ages. Acquiring information from Health could help CSF plug these gaps, particularly with regards children with less severe disabilities aged below 5 years of age who have not accessed school and are not eligible for support from social care. **Establishing specific information sharing agreements with the PCT is a key step to achieving this target.**

1. Introduction

1.1.   This profile aims to present a detailed analysis of children with learning difficulties and/or disabilities, be they children resident in Camden or children from other boroughs attending Camden schools. It will set out the key characteristics including the full range of special educational needs and disabilities presented in Camden, the services currently being accessed and, by using local and national trends, predict future need.

1.2.   This document builds upon the work of the Children and Young People's Plan Profile that was published in 2010. Rather than repeat analyses already presented in that document – for example, the academic under-achievement of pupils with SEN is already an established fact - it provides more sophisticated analysis of this group of children and young people.

1.3.   The analysis contained within this report will support the implementation of Camden's 'Inclusion Strategy for Children and Young People with Special Educational Needs and/or Disabilities', specifically to inform future planning, provision and commissioning decision making.

2. Context

2.1. Understanding of Disability

2.1.1.   Current understanding of disability is fractured due to the numerous terminologies and different definitions that are used within legal frameworks and service delivery, as well as personal understanding by families and professionals.

2.1.2.   The Disability Discrimination Act (DDA) uses the broadest definition of disability and defines a disabled person as someone who "*has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.*" This presents a relatively low threshold for being included in this cohort. Despite the broader definition of the DDA its interpretation and understanding still remains uncertain for groups of professionals and families alike.

2.1.3.   In schools, disability is focussed around children with Special Educational Needs. The Education Act (1996) states that a "*child has special educational needs if he or she has a learning difficulty which calls for special educational provision to be made for him or her.*" It also says that '*a disability, which prevents or hinders them from making use of education facilities*', amounts to a learning difficulty if it calls for special educational provision to be made. This definition is therefore narrower than that used in the DDA and excludes children with disabilities covered by the DDA that do not present themselves as a SEN.

2.1.4.   The DCSF has adopted another variation called 'SEND' or 'Special Educational Needs and/or Disabilities'. This new definition attempts to broaden the SEN definition to include a wider range of disabilities but only if it presents as an educational need. It will not necessarily cover children who educationally perform well in school but require additional support to access out of school activities. It is also worth noting that, although a child may have a special educational need in many instances, it may not be the primary need for the child in the wider world.

2.1.5.   For the 'Interim Inclusion Strategy for Children and Young People with Learning Difficulties and/or Disabilities' (2008) Camden adopted a deliberately broad definition of disability which included children with learning difficulties and disabilities to children with complex and enduring disability and health needs. It is using this definition that the needs analysis has been produced, however, to retain consistency with terminology used by the DCSF the term 'SEND' has been used to represent this broad definition.

2.2. Factors associated with prevalence of disability

2.2.1.   Within the whole population, the number and proportion of children and young people with disabilities is a substantial minority. However, certain groups are at greater risk of experiencing a disability than others due to underlying factors. These factors experienced singularly or in combination, may increase the risk of

acquiring certain conditions or they may be an outcome or impact from having a disability. Examples of factors include;

- Deprivation
- A history of illness in the family
- Lifestyle of the parent (e.g. smoking or drinking alcohol during pregnancy)
- Premature birth and low birth weight

2.2.2.   Some of these factors are inter-related. For example, poor lifestyle decisions of mothers during pregnancy can increase the risk of premature birth and low weight.

2.2.3.   **Deprivation**

2.2.3.1. It is well established through a variety of studies that children and young people from deprived backgrounds are at greater risk of achieving poor outcomes and have reduced life chances. The Child Poverty Toolkit[2] identified children with disabilities as a key group at greater risk of living in poverty. There is also evidence that long-term conditions are much more prevalent amongst children who come from the unskilled manual social class group compared with children from the professional socio-economic group (25% vs. 16%).[2] Added to this, a study by PricewaterhouseCoopers identified a correlation nationally between pupils with Behavioural, Emotional and Social Interaction needs and free school meal eligibility. In the same study, no correlation was found between uptake of free school meals and other needs, such as 'Sensory and Physical needs' or 'Communication and Interaction'.

2.2.3.2. There are two sides to understanding deprivation as a factor. Firstly, rates of other causal factors that can increase the chances of giving birth to children with disabilities, such as smoking, substance misuse and mental illness are higher within lower social classes. Secondly, the economic impact of caring for a child with disabilities is generally greater than for non-disabled children, leading in many instances to parents giving up work to look after their child.

2.2.3.3. Although evidence suggests that overall prevalence of SEND is associated with levels of deprivation, it is worth noting that strength of this link will vary by type of disability due to other factors, such as genetics, being more important in determining the likelihood of a child being born with or developing SEND. In contrast, environmental factors can be expected to play a greater role in determining whether a child develops social, emotional or behaviour needs.

2.2.4.   **Premature birth and low birth weight**

2.2.4.1. Conditions such as cerebral palsy, sensory-neural hearing defects, and visual defects are more common in low birth weight babies. In 2008, the percentage of live and still births at low birth weight (less than 2500g) as a

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[2] www.childpovertytoolkit.org.uk

proportion of all live and still births were 7.9% for Camden, higher than the England average of 7.5%[3]. The percentage born at extreme low birth weight (<1500g) for the same year was 1.6% for Camden and 1.4% in England.

2.2.4.2. As medical care advances it is reasonable to expect that a higher proportion of babies born at low and extremely low birth weights will survive into childhood, and therefore as a consequence the number born with congenital abnormalities may also rise[4].

2.2.4.3.   Some groups are at higher risk of producing babies of low birth weight. These include; single mothers; mothers with significant mental or physical health problems; and mothers with substance misuse.

2.2.5. **SEND and Ethnicity**

2.2.5.1. Although ethnicity is not a risk factor in determining the extent of disability, for certain types of SEND need, prevalence can vary across ethnic groups. A key factor is that BME groups are generally over-represented in areas of high deprivation and are therefore at greater risk proportionally of the experiencing the associated risk factors. Also, certain medical conditions and disabilities can be acquired as a result of a lack of immunisation, such as sensory impairments developed from rubella. Although less of an issue for children born in the UK, children and young people that have migrated from countries with lower immunisation rates than the UK are at greater risk.

2.2.5.2. Within some communities there are cultural barriers, stemming from stigma associated with disability, which can delay assessment and diagnosis of a SEND. This can have a knock on effect in terms of children being identified as early as possible and a delay in families accessing the services they require.

2.3.   **What we know already - Camden context**

2.3.1. *Special Educational Needs (SEN)*

2.3.1.1. The 'SEN Code of Practice' sets out the common approach for schools, early years settings and the local authority to identify, assess and provide support to children with special educational needs. The Code promotes a graduated response to meeting a child's learning needs and this is reflected though distinct stages:
  ▪ 'School Action' – this category includes children with SEN that require different or additional support from within the school to make adequate progress. Individual Education Plans are used to record the school based interventions used.

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[3] Office for National Statistics © crown copyright
[4] Royal College of Paediatrics and Child Health (September 2007): *Modelling the Future. A consultation paper on the future of children's health services.*

- ▪ 'School action plus' – when children do not make adequate progress at 'school action', schools can seek more support from specialist services. Depending on what the specific needs are, professionals from Health, social services or specialist educational support services may become involved to provide advice and support.
- ▪ 'Statement of SEN' – when the support needs of a child with special educational needs cannot be met by the school through 'school action' or 'school action plus, a statutory assessment will normally take place. This could lead to the child being given a 'statement of SEN'. As well as enhanced specialist support a statement of SEN can lead to the child being placed in another educational setting such as a special school.

2.3.1.2. Most authorities, including Camden, have relied on data collected through the termly school census for information on children with special educational needs. During autumn, spring and summer collections information on the SEN stage is recorded. Detail on the type of special educational need pupils have is provided just once a year, during the spring collection in January, as it is not a statutory requirement to provide this information at other times of the year.

2.3.1.3. Although a child may have a number of different special educational needs, all of which will be met through planned provision, only the 'primary need' and 'secondary need' is provided through the school census data collection (The primary need should be the need that presents the greatest barrier to learning). Types of special educational need is restricted to a select list of SEN categories used nationally. Finally, the school census collects details on primary and secondary needs only for children with statements of SEN or on 'school action plus'.

2.3.1.4. As the data is collected every year it allows us to monitor trends over time, including patterns based on the demographic profile of pupils. Between 2005 and 2009 the number of children identified with a special educational need at any level on roll in Camden primary, secondary or special schools has increased from 4,479 to 5,483 an increase of 22%. Within this there have been a number of trends:
- • Over 77% of the increase has been within secondary schools;
- • Primary and secondary schools have both seen an increase in children on school action;
- • The number of children on school action plus in primary schools has remained stable but has more than doubled in secondary schools;
- • The changes have not been uniform across all schools – the range varies from a reported 50% decrease in children on the SEN register since 2005 to an increase of 241%;
- • Despite this large increase the number and proportion with statements of special educational needs has decreased from 940 (4.4%) to 876 (4.0%).

Table 1 Trends of pupils in Camden primary, secondary and special schools by primary need of SEN (2005-09)

Areas of need	Primary SEN need	2005	2006	2007	2008	2009	change in number (2005-09)	% change (2005-09)
Cognitive and Learning Needs	Specific Learning Difficulty	315	300	322	335	285	-30.0	-9.5%
	Moderate Learning Difficulty	357	314	335	333	322	-35.0	-9.8%
	Severe Learning Difficulty	119	95	104	108	60	-59.0	-49.6%
	Profound & Multiple Learning Difficulty	10	14	12	15	39	29.0	290.0%
Behavioural, Emotional and Social development needs	Behaviour, Emotional & Social Difficulties	614	675	691	649	733	119.0	19.4%
Social Interaction and Communication	Autistic Spectrum Disorder	56	52	61	73	96	40.0	71.4%
	Speech, Language and Communications Needs	456	528	591	617	609	153.0	33.6%
Sensory and/or Physical Needs	Hearing Impairment	68	61	58	58	63	-5.0	-7.4%
	Visual Impairment	14	14	18	19	27	13.0	92.9%
	Multi- Sensory Impairment	6	4	6	8	8	2.0	33.3%
	Physical Disability	73	68	91	80	92	19.0	26.0%
Other	Other Difficulty/Disability	47	42	77	97	125	78.0	166.0%
	Total	2135	2167	2366	2392	2459	324.0	15.2%

source: school census (Jan 2009)

2.3.2.   Table 1 above shows the changes in the number of pupils with 'statements of SEN' or on 'school action plus' in Camden schools since 2005. The number of pupils with 'Moderate', 'Severe' or 'Specific Learning Difficulties' has decreased in the past 4 years though the number with 'Profound and Multiple Learning Difficulties' (PMLD) has almost trebled to 39 pupils in the same period. There could be a reclassification issue as the majority of the increase in PMLD has happened between 2008 and 2009 January censuses, while at the same time pupils with 'Severe Learning Difficulties' has fallen more than in previous years.

2.3.3.   The largest increase in actual numbers of pupils has been for 'Speech, Language and Communication Needs' (SLCN) and 'Behavioural, Emotional and Social Disorders' (BESD). These are also the most common needs identified and account for 55% of all pupils with SEN for 2009. Other noticeable increases include pupils with 'Autism Spectrum Disorders' (ASD), up 71% to 96 pupils in 2009, and 'Visual Impairments' where the number in Camden schools has almost doubled from 14 pupils in 2005 to 27 in 2009.

2.3.4.   In addition, over the past 5 years the following trends have been evident:
- Children from black African backgrounds or white British children eligible for free school meals are proportionally overrepresented on the SEN register in both primary and secondary schools
- The number of children with BESD in secondary schools has grown substantially.

- Children with SEN are more likely to be excluded from school but for children with BESD the rate of fixed term and permanent exclusions is even higher – in secondary schools more than a third of all fixed term exclusions and half of permanent exclusions involve children on school action plus or with statements due to BESD yet this group represents just 4% of the secondary school roll.
- Achievement at all key stages is lower for children with SEN though this varies by SEN type.

2.3.5.   Camden mainstream and special schools contain a mixture of pupils with 'statements of SEN' whose statements are maintained by Camden or by other local authorities. The borough that maintains the 'statement of SEN' is responsible for all aspects of the individual child's educational planning, monitoring and cost of provision. The number of children with 'statements of special educational needs' in Camden schools has decreased in the past 5 years, however, the number of statements Camden maintains has actually increased in the same period. In 2005 Camden maintained 968 statements but by January 2009 this had risen to 1036.

2.4.   Camden's position nationally

2.4.1.   In January 2009, Camden mainstream and special schools were host to 5,483 pupils on the SEN register at either 'school action' (3024), 'school action plus' (1583) or with 'statements of SEN' (876). This equated to a quarter of the total of Camden's school roll. Although not substantially different, Camden does have higher proportions of its students in primary and secondary schools on 'school action', 'school action plus' and with 'statements of SEN' than for both the London and national average (table 2)

Table 2 pupils on the SEN register in mainstream primary and secondary schools

January 2009	Primary schools			Secondary schools		
	Camden	London	National	Camden	London	National
on the SEN register	23%	21%	20%	25%	24%	21%
…at school action	14%	13%	12%	15%	14%	13%
…at school action plus	7%	7%	6%	7%	8%	6%
…with statements of SEN	2%	2%	1%	3%	2%	2%

source: Camden January school census and SFR14 table 16 (DCSF)

2.4.2.   Table 3a compares the breakdown of pupils by 'primary SEN area of need' in Camden primary, secondary and special schools with London and National figures taken from the January 2009 school census. Prevalence rates per 10,000 pupils have been created by dividing the numbers with each primary SEN need against the respective school populations for Camden, London and National figures. The first point of note is that Camden has a higher overall rate of SEN than the National average with 1,137 of every 10,000 pupils having a 'statement of SEN' or being on 'school action plus' compared to 1,013 in London and 911 per 10,000 nationally.

**Table 3a Prevalence rate per 10,000 pupils of pupils on School Action Plus
 or with statements (combined) by area of need**

Primary SEN area of need	rate per 10,000 within Camden schools	rate per 10,000 in schools in London	rate per 10,000 in schools Nationally
Cognitive and Learning Needs	326.4	377.3	387.9
Behavioural, Emotional and Social development needs	338.8	248.7	207.7
Social Interaction and Communication	325.9	280.9	209.2
Sensory and/or Physical Needs	87.8	66.6	67.1
Other Difficulty/Disability	57.8	39.7	39.7
Total	1136.7	1013.2	911.5

2.4.3.   Camden's school SEN profile also differs from the rest of the country in a number of ways:

- The number of pupils per 10,000 pupils with 'statements of SEN' or on 'school action plus' with 'Behavioural, Emotional and Social development needs' (BESD) is 36% higher than the London average and 60% higher than the National average.
- For 'Speech, Language and Communication needs' (SLCN) Camden's rate per 10,000 is 16% higher than London and 55% higher than the National picture
- 'Sensory and/or Physical needs' is around a third higher than both the National and London averages.
- Camden schools have between 14-16% fewer pupils with 'statements of SEN' or on 'school action plus' with 'Cognitive and Learning needs' compared to the National and London averages.

2.4.4.   Although it is worth remembering that regional variations can occur due to demographic and risk factor differences; local interpretation of SEN guidance; and varying quality of administrative records, the higher prevalence of 'Behavioural, Emotional and Social development needs' and 'Speech, Language and Communication needs' suggest a substantially higher level of need in Camden for these areas than in the rest of London and England. The comparatively higher rate for 'Sensory and/or Physical needs' is affected by Camden maintaining a special school for deaf/hearing impaired children.

2.4.5.   Table 3b gives a more detailed breakdown of primary need within Camden schools compared to the London and National picture.

Table 3b Prevalence rate per 10,000 pupils of pupils on School Action Plus or with statements (combined) by primary need of SEN

Areas of need	Primary SEN need	rate per 10,000 within Camden schools	rate per 10,000 in schools in London	rate per 10,000 in schools Nationally
Cognitive and Learning Needs	Specific Learning Difficulty	131.7	115.3	105.6
	Moderate Learning Difficulty	148.9	212.7	230.9
	Severe Learning Difficulty	27.7	35.6	38.8
	Profound & Multiple Learning Difficulty	18.0	13.7	12.6
Behavioural, Emotional and Social development needs	Behaviour, Emotional & Social Difficulties	338.8	248.7	207.7
Social Interaction and Communication	Autistic Spectrum Disorder	44.4	77.5	68.8
	Speech, Language and Communications Needs	281.5	203.4	140.3
Sensory and/or Physical Needs	Hearing Impairment	29.1	19.1	19.9
	Visual Impairment	12.5	11.6	11.2
	Multi- Sensory Impairment	3.7	1.6	1.2
	Physical Disability	42.5	34.3	34.8
Other	Other Difficulty/Disability	57.8	39.7	39.7
	Total	1136.7	1013.2	911.5

Source: school census (Jan 2009)

2.4.6.   The most prevalent SEN need is behavioural, social and emotional disorders which at 338.8 per 10,000 is 60% higher than the national average. Likewise the number of children with speech, language and communication needs is twice the national average. Although Camden generally has higher prevalence rates there are some SEN needs for which Camden's rate is markedly lower than national rates. Camden's rate for moderate learning difficulties is more than a third less than in schools nationally, while the rate for ASD, which for Camden stands at 44 per 10,000, is much lower than the 70 per 10,000 seen across the rest of England.

2.5.   *Estimating numbers of disabled children*

2.5.1. The amount of reliable research to draw upon in this area is scarce due to a lack of raw data for researchers to use as the collection of data on disability, outside of health settings, is a relatively recent development. Due to a lack of national data for researchers to draw upon, research has been based on smaller, local populations with very different characteristics to Camden. Research has also suffered from the use of different definitions and sampling criteria. In addition, recent improvements in identifying disability earlier have made some research findings relatively obsolete. All these issues make it difficult to apply research findings to Camden's local population.

2.5.2. National estimates that have been produced vary substantially largely due to differences in criteria and methodologies. In 2005, The Office of National Statistics (ONS) estimated the number of disabled children in the UK to be around 700,000 or 7% of the child population. However the definition used was considered very broad (by the report's own admission the estimate includes children who may not acknowledge themselves as having a disability) and has been criticised.

2.5.3. More recently, research undertaken by Ann Mooney *et al.* in *'Disabled Children: Numbers, Characteristics and Local Service Provision'* estimated a range of between 3% and 5.4% for children aged 18 and under. A narrow criterion was used in producing these figures – children with 'statements of SEN' in conjunction and/or in receipt of disability allowance (DLA) – yet the difference between the ONS estimate is not great. In addition it is estimated that an area could expect 1.2% of its child population to be eligible for Disability Living Allowance.

Table 4 – Population estimates of disabled children in Camden using national research prevalence rates and GLA R08 High and Low projections © 2009

2009	research	estimate	pre-school 0-3	primary 4-10	secondary 11-15	young adults 16-24	under 25's total
2009 estimate using GLA 'High'	Mooney et al - 'Low'	3%	342	483	258	603	1686
	Mooney et al - 'High'	5.4%	616	869	464	1085	3035
	ONS broad estimate	7%	798	1127	602	1407	3934
2014 estimate using GLA 'High'	Mooney et al - 'Low'	3%	360	525	276	594	1755
	Mooney et al - 'High'	5.4%	648	945	497	1069	3159
	ONS broad estimate	7%	840	1225	644	1386	4095

2.5.4. Local estimates of disabled children can be calculated using the prevalence estimates presented in this section with population projections for Camden's children and young people population. The GLA 2008 Round "High" model has been adopted for more general use within Camden and has therefore been used as the base for estimating numbers of disabled children using the prevalence rates mentioned. The results can be found in Table 4 below.

2.5.5. The variation in prevalence rates naturally has an impact on estimated numbers. Using Mooney's 'Low' estimate (3%) we might expect to find 1,686 children and young people under 25 years of age and 1,755 by 2014. In contrast, using the ONS broader definition (7%) could mean there are as many as 3,934 CYP with disabilities at the moment rising to 4,095 by 2014.

2.5.6. It is important to note that although this is a national estimate there is large variation across authorities. This reflects variation in definitions, service thresholds and the quality of administrative records (including IT systems) seen across the country. It also recognised, though could not solve, the administrative problems associated with disabled children appearing on multiple information systems. Some authorities are not able to factor in double counting when producing figures.

3. The approach taken – the Virtual Register of SEND

3.1.1. Analysing standalone datasets such as the January Census or our own operation information systems gives us a useful insight but not the whole picture of children with SEND. Examining just one information system will always provide an undercount. For example the January Census does not include children in schools outside Camden or children with SEND not of school age. Due to their greater support needs, families of children with SEND are more likely to access support from a wide range of local authority services than children without SEND. Inevitably this leads to information being held on numerous information systems with children often appearing on more than one database. Therefore aggregating numbers of children found on all systems will lead to double counting and an exaggerated figure. Also each dataset's narrow focus means that needs of children are not considered holistically. For these reasons an alternative approach has been taken for this needs analysis with the creation of the 'Virtual Register of SEND'.

3.1.2. The 'Virtual Register of SEND' is a database constructed using extracts taken from information systems used across Children, Schools and Families and the PCT. Basic personal details were extracted for matching purposes alongside information on the type and severity of disability and services accessed where available. Through this process it was possible to build a single record for each child/young person which contained all the needs and support that had been identified. This is particularly important for children with complex needs who receive support from multiple services. As well as reducing the possibility of counting duplicates the larger base of data enables more sophisticated analysis than would have previously been available when examining individual services or primary needs of data.

3.1.3. The 'Virtual Register SEND' is a larger, more detailed and sophisticated dataset than is normally available to CSF for analysis purposes. It holds information on children and young people with SEND from birth age upwards. This includes Camden resident pupils attending schools outside of the borough. The register

also holds information on pupils who live in other boroughs but which are educated in Camden maintained schools. Further information on the data extracts used; the information each provided; and data collection issues, can be found in the appendices. In addition to the observed data available from the virtual register there is some prevalence data for a selection of disability types.

3.2. Points to note

3.2.1. Although the approach taken offers many benefits there are some points to take into account when reading the analysis. The SEND virtual register is a snapshot: whilst this is appropriate for management information purposes and analyses, it cannot have the day-to-day accuracy and relevance of operational service records. There are also issues regarding data quality and confidence in the data which has varied from source to source due to;

- some specialist services identifying disabilities use formal assessment tools. Others will record disability based on information taken from informal sources, such as that given by parents through registration forms;
- the regularity of contact between the child and the service can vary, so current information can become out of date over time;
- the length of time between disability information being collected and reviewed or updated varies between services and systems. (for example type of SEN in schools is collected once a year as part of the January school census);
- in some circumstances, the child level data conflicts between data sources.

3.2.2. Due to reasons stated above, the process of building the virtual register uncovered some inconsistencies concerning data held by on different systems relating to the same child. For the purposes of the needs analysis it was necessary to select just one primary need type to use. This was done by assessing the robustness of each contributing dataset and selecting the primary need from records deemed more accurate and up to date. As a general method this worked well though it is recognised that within each contributing data set, quality and accuracy of records will vary. Recommendations on resolving this issue are contained in the appendix.

3.2.3. As the analysis will show, there are children who would be eligible to be on the SEND register but who are missing from the extracts provided. This largely concerns children who are outside school ages and where their disability is below thresholds for receiving specialist support (and therefore identification is more difficult). Although the 'SEND Inclusion Strategy' covers the 0 to 25 year age the availability of accurate records beyond 18 years of age is lacking. Equally, the level of information on children under 5 years of age available from the Early Years head count returns is relatively low compared to school censuses. In addition, the quality of SEND identification varies across Early Years settings. Similarly children in school with disabilities that impact on their lives but do not present a special educational need are another group at risk of not being picked up by the SEND register.

3.2.4. The amount of information available on the type and severity of the disability that is available electronically as management information varies greatly. In many instances, detail considered useful for assessing need is held in paper files or information systems as free text that cannot be readily analysed. Some of these issues have been addressed – for example the caseloads for the Deaf/HI teaching advisors and Early Years Intervention Team were transferred into electronic spreadsheets – however, there are some types of information that could not be extracted in time for this draft of the needs assessment.

3.2.5. More work is needed to plug these information gaps. This can be done by:
- Improving information systems used in our own services – moving away from using solely paper records towards holding live information on key information systems;
- Ensuring that universal services are able to identify children with SEND and what their needs are – This would involve being in a position to collect information on a child's potential SEND from parents;
- Working with private and voluntary providers to collect more robust information on children with SEND receiving support

3.2.6. Finally, as this approach is completely new, there is no comparable information, be it local or national, that can be used to see whether the prevalence of SEND in Camden is higher or lower than elsewhere. Instead the data and analysis presented in this report are laying the foundations for future analyses of this type.

3.3.   Structure of the needs analysis

3.3.1. This needs analysis is structured around the core need types, or 'primary need', previously identified as being of particular interest for Camden CSF. Most of these relate to the categories found in the SEN Code of Practice largely because the majority of children who fall into Camden's SEND definition are included due to their appearance on the SEN register. In addition, the needs analysis will examine children with complex health, medical and learning needs though much of this information has not been easily accessible as management information.

3.3.2. Although in the long term performing analyses by primary need is not the best option long-term, as children can often have multiple types of need, this approach has been necessary given how data is recorded by services currently. Given the many different routes children and young people with SEND are identified consideration is needed as to whether a consistent and co-ordinated approach to collecting data between schools, social care and Health in the way data is desirable or feasible.

3.3.3. The Virtual Register of SEND is a rich data source that has been previously unavailable to Camden and as such enables a wide variety of potential analyses. This report presents findings from the initial 2008-09 Virtual Register of SEND which will be built upon using 2009-10 data once analysed.

4. Analysis of all SEND children on the virtual register

4.1. Numbers on the Virtual Register

4.1.1. As at July 31ˢᵗ 2009 there were 7,476 children and young people on Camden's SEND register distributed across 3 main groups. Of these 6,201 (83%) are Camden children, and 1,275 (17%) as non-Camden children.

4.2. Age and gender profile

4.2.1. Table 5 and the accompanying chart below shows the age and gender breakdown of children and young people on the SEND register, the red line representing the number of males and the blue line the number of females. Overall, the age with the most number of SEND is 15 years for both males and females. Males outnumber females across all ages on the register up to the age of 19 years. The gender gap starts to increase from 3 years onwards reaching its peak at 9 years of age when boys outnumber girls at a ratio of almost 2 to 1. From 10-13 years of age the gap narrows before increasing again up to 15 years. From 16 years onwards the ratio is almost 1 to 1. A factor in this narrowing is the uneven gender mix in Camden secondary schools as a whole – for every 4 boys on roll there are 6 girls.

Table 5 All children on the SEND register by age and gender

age band	Females		Males		Total	
	Numbers	%	numbers	%	numbers	%
0-3	101	3%	206	5%	317	4%
4-10	1165	39%	2101	48%	3274	44%
11-15	1391	46%	1691	38%	3089	41%
16-17	247	8%	303	7%	576	8%
18+	92	3%	102	2%	215	3%
Total	2996	100%	4403	100%	7471	100%

4.2.2. Early identification of disability is essential for early intervention. However as can be seen from the chart numbers are very low up until the age of three years of age. The children identified up to this age are predominantly those with complex health needs known to the Mosaic service suggesting that there is a reliance on schools to identify the majority of children with less severe SEND. The fall in numbers from 17 years of age onwards does not suggest that young people no longer have a disability, or require support, but instead reflects the data available at the time the 'Virtual register of SEND' was created. As young people move beyond statutory school ages the amount of information available is reduced. Records for post-statutory school age provision lack the same detail in recording disability than schools as there is no requirement for records to have the same robustness. Similarly support services, such as Connexions, can track young people beyond 16 years of age but suffer from the same issue. Young people aged 18 years and above with severe learning disabilities may receive support from adult social care

services and health though access to these records is outside Children, Schools and Families control.

Age profile of SEND by gender
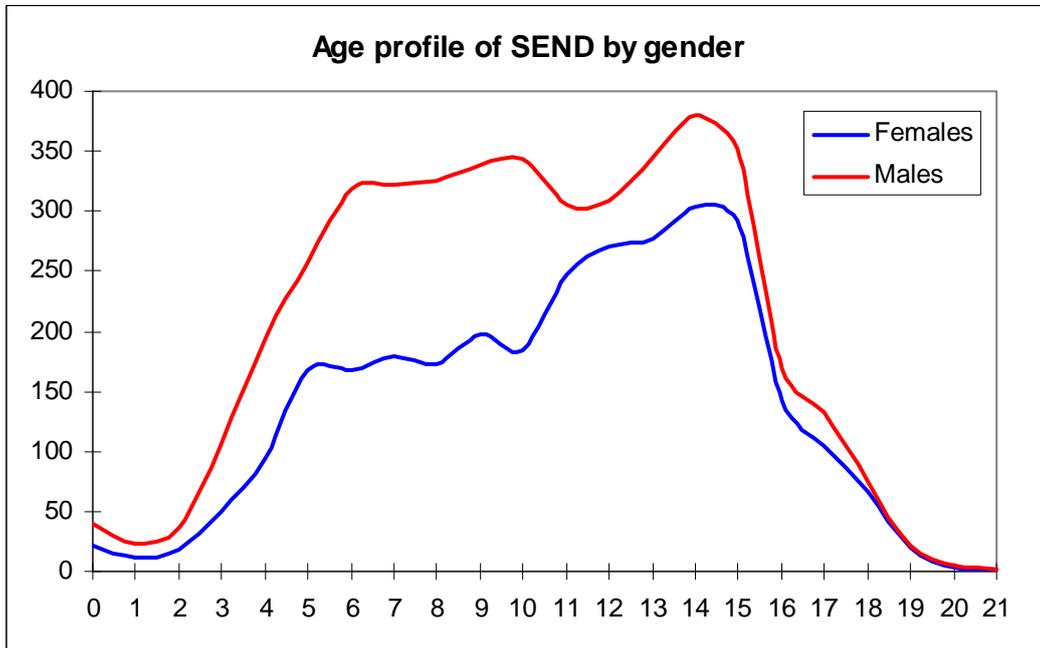
4.3. Ethnicity

4.3.1. Table 6 below shows the ethnic breakdown of Camden children[5] on the SEND virtual register. Higher level categories have been presented here as there were differences in the level of ethnicity detail provided by different services in their data extracts. However, where notable differences have been seen for certain sub-groups these are mentioned in the commentary.

4.3.2. Overall, the SEND profile matches that of the Camden school profile from January 2009 though there are a couple of differences. Firstly, examining data collected from educational sources, the proportion of children from white British backgrounds eligible for free school meals (FSM) is higher on the virtual register than seen in Camden school generally (11% compared to 7%). In contrast, the proportion of white British not eligible for FSM is lower than the school average (14% compared to 20%). These finding support the theoretical link between deprivation and SEND. The second difference concerns children from black African backgrounds. Although the proportion of children from black African backgrounds on the SEND virtual register is higher than the proportion this group represents on roll in Camden schools, numbers from Congolese and Somalian backgrounds (subsets of the black African group) are disproportionally lower. However, rather than a genuine underrepresentation this is more likely a data recording issue. With the exception of Camden schools, not all sources provided ethnic data to the same level so it is likely that the numbers presented here for these two groups is an undercount. The same is likely to be true for children from

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[5] This includes Camden resident children attending schools in or out of the borough and children for which Camden has a legal responsibility of care.

Albanian and Kosovan backgrounds. The level at which certain ethnicity data was available has largely influenced the ethnic groups used in this analysis.

Table 6 Ethnic comparison of SEND register against Camden school population

ethnic group	Total on LDD/SEN virtual regsiter (%)	Camden school popn - Jan 2009 (%)	Camden popn aged 0-19 - 2001 Census (%)
White British	27	27	43
White Irish	2	2	1
White other	12	15	10
Asian: Bangladeshi	18	15	15
Asian: other	2	5	4
Black African	19	*16*	12
Black Caribbean incl MWBC	6	*6*	4
Black: other	2	2	1
Mixed excl white and black Caribbean	6	7	3
Any other ethnic group	6	5	4
numbers ethnicity not known	(380)	-	-
Total numbers in each strand	6174	-	-
White British subset			
White British eligible for FSM	*11*	*7*	-
White British not eligible for FSM	*14*	*20*	-

Sources: LDD/SEN register, school census (Jan 2009), 2001 Census

4.3.3. Table 7 shows which SEN need are the most prevalent within each ethnic group. There are noticeable variations across each group but this is to be expected as genetic and environmental factors, which influence each strand differently, being spread unevenly across the local population.

4.3.4. BESD, SLCN and LD dominate across all ethnic groups though which need constitutes the most common differs between groups. For children and young people from white British (36%), Black Caribbean (41%) and other black backgrounds (37%) BESD is the primary need. Speech, language and communication needs are the primary need for children from Kosovan/Albanian, and Congolese backgrounds. For the latter group, the proportion of children with SLCN as their primary is higher (58%) than for other groups. For children from white Irish and Somalian backgrounds learning difficulties is the most common need. For children of Bangladeshi origin identified with SEND, three quarters have either a learning difficulty or a speech, language or communication need as their primary need.

Table 7 Camden children with SEND by primary need and ethnic group

ethnic group	ASD (%)	BESD (%)	SLCN (%)	LD (%)	HI (%)	VI (%)	MSI (%)	PD/ Medical (%)	Other/ Undefined (%)	CYP with specific LDD/ SEN	All CYP with LDD/ SEN
					LDD/SEN Strand						
White British	4	36	16	28	3	2	0	5	6	854	1592
White Irish	3	30	15	43	2	0	0	8	0	61	111
White other	9	19	27	24	7	1	0	5	8	282	697
Asian: Bangladeshi	3	12	38	36	5	1	0	3	3	376	1026
Asian: other	3	20	18	28	5	5	0	7	13	60	133
Black African	5	26	32	23	3	2	0	5	4	478	1098
Black Caribbean incl MWBC	1	41	18	27	1	1	1	4	7	179	365
Black: other	10	37	12	24	0	6	0	6	6	51	102
Mixed excl white and black Caribbean	6	26	23	27	3	1	0	8	6	155	348
Any other ethnic group	4	24	31	28	2	1	1	2	7	130	322
Overall	5	27	24	28	4	2	0	5	6	84	380
White British subset											
White British eligible for FSM	3	42	15	32	1	2	1	2	3	346	637
White British not eligible for FSM	2	33	20	31	3	1	0	5	4	362	785
White British no FSM data	-	-	-	-	-	-	-	-	-	146	170

4.4. Where children with SEND live

4.4.1. The ward distribution of Camden resident children with SEND is shown in table 8 below. There is a clear polarisation within the borough as demonstrated by St Pancras and Somers Town ward containing more than 7 times the observed number of children with SEND than Bloomsbury ward, Although this is useful in establishing where there the highest concentration of SEND is in the borough by comparing the SEND population with all young people in each ward it is possible to show which ward are at greater risk of containing children with SEND.

Table 8 Camden resident children with SEND by ward

Camden Ward	Number of CYP with SEND in ward	Number of CYP aged 0-19 in ward*	Children with SEND as % of all CYP in ward
St. Pancras and Somers Town	758	3814	20
Haverstock	567	3111	18
Gospel Oak	467	2623	18
Regent's Park	427	3087	14
Kilburn	415	2123	20
Cantelowes	408	2613	16
Kentish Town	401	2725	15
Camden Town with Primrose Hill	397	2521	16
King's Cross	359	608	14
Holborn and Covent Garden	313	1869	17
Highgate	306	2358	13
Belsize	248	1933	13
Fortune Green	243	2029	12
Swiss Cottage	236	2078	11
West Hampstead	222	1480	15
Hampstead Town	132	1934	7
Frognal and Fitzjohns	120	2083	6
Bloomsbury	96	1426	7
Total	**6115**	**42413**	**14**

*Source: GLA population estimates 2008
(High)

4.4.2. Using GLA population estimates approximately 20% of St Pancras's population are on the SEND register. Similar rates are seen in Kilburn, Haverstock and Gospel Oak wards. There are only 3 wards with a rate markedly below the Camden average of 14%. These are Hampstead Town; Bloomsbury; and Frognal and Fitzjohns. These findings correlate with deprivation data as described in the next section.

4.5. Deprivation

4.5.1. The primary source for measuring deprivation is the Index of Multiple Deprivation (IMD), the most recent of which was produced in 2007 by the ONS.   Of the 7,476 children and young people on the SEND register, all but 28 could be matched against the IMD dataset. In total 43% of children matched are living in areas considered to be the 20% most deprived nationally. As this includes children living in other authorities it is not possible to set this figure into context as each borough has varying degrees of deprivation. Instead the results for Camden resident children on the SEND register have been presented in Table 9 below alongside the IMD breakdown for Camden generally.

Table 9 Distribution of Camden resident CYP with SEND by Index of Multiple Deprivation

Deprivation band	LDD/SEN Strands (where need is known)								All Camden children on LDD/SEN register (%)	Camden IMD - All population (%)
	ASD (%)	BESD (%)	SLCN (%)	LD (%)	HI (%)	VI (%)	MSI (%)	PD/ Med (%)		
0-5% most deprived	2	1	3	2	1	2	0	1	1	1
5-10% most deprived	10	11	11	11	5	5	17	11	10	5
10-20% most deprived	36	50	47	45	51	50	67	33	46	28
20-30% most deprived	11	16	15	17	24	19	0	18	17	16
30-40% most deprived	16	13	14	13	6	10	17	19	13	18
40-50% most deprived	6	4	4	4	7	10	0	6	4	10
50-100% most deprived	18	5	7	8	5	5	0	13	8	23
Total	100	100	100	100	100	100	100	100	100	100
Number of children in each strand	125	702	649	738	95	42	6	108	6115	-

4.5.2. Analysis shows that there are disproportionately more children with SEND living in areas of the highest deprivation than Camden's population as a whole. Whereas 34% of Camden's SOAs are considered to be within the 20% most deprived in England, 57% of Camden's SEND population live within the same SOAs. A similar ratio can be seen when examining SOA's that fall within the 10% most deprived in the country. There are 728 children with SEND (11%) living in the most deprived areas of Camden which account for just 6% of Camden's super output areas.

4.5.3. Table 9 also shows the distribution of SEND children by SEN type of need. Overall, each strand mirrors the profile of the SEND register as a whole though for children with ASD and physical disabilities or medical conditions there is a larger proportion living in the 50% least deprived SOAs than seen for the other strands. These results are a little surprising as not all strands should be linked to deprivation to the same degree. Although, at the simplest level, there is a causal link between high deprivation and BESD the same should not be true for ASD (given causes are unknown) and physical and sensory impairments.

4.6.   Type and level of SEND

4.6.1. Table 10a gives a breakdown by residency and age band of where children are on SEN registers held by schools. The Camden resident CYP row includes children who are attending schools both inside and outside the borough while the non-Camden resident children are those that are attending Camden schools.

4.6.2. The table shows that the largest group of children included in the SEND virtual register are Camden residents, of primary school age (4-10) and are at 'school action' level, which account for 1,605 or 21% of all children on the virtual register. For Camden resident children the proportion of children with 'statements of SEN' is highest at secondary school age than primary school age.

4.6.3. Although few in number there are 15 Camden resident children who have been identified with a SEND at any level but who are not on the SEN register in school. This is an example of how children can meet a certain definition of disability within a service which differs from the viewpoint of the school (focus of educational need).

4.6.4. It also is worth noting that there are a number of children on the virtual register who do not have a SEN register status listed. The majority of these concern children and young people outside statutory school ages (0-3 and 16+) who are not accessing early years settings, schools or colleges where SEN registers are maintained or easily accessible. Also, some children have been identified with SEND by services who record that a disability is present but do not have systems for capturing the type of disability or difficulty.

Table 10a Children and Young people on the SEN register by residency and age band

residency	age	SEN register details										Total
		Not on SEN register		School Action		School Action Plus		Statement of SEN		no info		
		No.	row %	No.	row %	No.	row %	No.	row %	No.	row %	
Camden resident CYP	No info	0	0.0%	0	0%	0	0%	0	0%	3	100%	3
	'0-3	1	0.4%	42	17%	28	11%	38	15%	145	57%	254
	'4-10	11	0.4%	1605	54%	834	28%	479	16%	50	2%	2979
	'11-15	2	0.1%	1190	49%	678	28%	503	21%	43	2%	2416
	'16-17	1	0.3%	135	34%	49	12%	62	16%	146	37%	393
	'18+	0	0.0%	19	12%	7	4%	19	12%	111	71%	156
	Total	15	0.2%	2991	48%	1596	26%	1101	18%	498	8%	6201
Non-Camden resident CYP	No info	0	0.0%	0	0%	0	0%	0	0%	2	100%	2
	'0-3	0	0.0%	2	3%	3	5%	1	2%	57	90%	63
	'4-10	0	0.0%	124	42%	82	28%	51	17%	38	13%	295
	'11-15	2	0.3%	388	58%	155	23%	101	15%	27	4%	673
	'16-17	0	0.0%	90	49%	12	7%	10	5%	71	39%	183
	'18+	0	0.0%	2	3%	4	7%	4	7%	49	83%	59
	Total	2	0.2%	606	48%	256	20%	167	13%	244	19%	1275

4.6.5. Table 10b gives a breakdown of primary need for Camden resident children and children from other boroughs attending Camden schools. Primary needs have been identified through school data, the Mosaic service and the SEN team. Over

half of CYP have a SEND where the type of need has not been clearly identified or recorded. This is largely because the majority of this group is on the SEN register at 'School action' for which collecting primary SEN type is not a statutory requirement through the January school census.

Table 10b Primary need by Camden/non-Camden residents

Primary SEND need	Camden	Non-Camden	Total
ASD	130	17	147
BESD	731	126	857
SLCN	650	72	722
LD	750	129	879
HI	105	36	141
VI	45	4	49
MSI	6	1	7
PD/Medical	135	29	164
Unrecorded	174	26	200
type of need N/K	3475	835	4310
Total	6201	1275	7476

4.6.6. Table 12 shows children on the SEND register broken down by age and need. This includes all children identified with a need at any level. Overall the split between primary and secondary school ages is relatively equal however this is not uniform by need type. For autism spectrum disorders; speech, language and communication needs; physical disabilities and sensory impairment the majority of children are aged 10 years of age and under. In contrast more children with behavioural, emotional and social disorder and learning difficulties are primary children aged 11 years and over though this does not necessarily represent the age of children when these needs are identified.

Table 12 children on the SEND register by age and SEND need

SEND need	Age bands				
	0-3	4-10	11-15	16-17	18+
ASD	6%	52%	34%	6%	1%
BESD	0%	32%	63%	4%	1%
SLCN	3%	63%	32%	2%	0%
LD	2%	43%	48%	5%	%
HI	12%	52%	28%	6%	1%
VI	14%	37%	37%	4%	2%
MSI	14%	71%	14%	0%	0%
PD/Medical	13%	48%	20%	11%	9%
Other	4%	41%	33%	11%	12%
no data	5%	42%	39%	10%	4%
Total	**4%**	**44%**	**41%**	**8%**	**3%**

4.7. SEND in households

4.7.1. Children live in households that can vary in size, structure, social class and economic wellbeing. Although this information is not readily available it has been possible to identify siblings on the SEND register living within the same household. The analysis showed that the majority of the 7,476 CYP identified with SEND live in households where they are the only child with a disability. However, 878 households (13.7%) comprise 2 or more children identified on the SEND register. This accounts for 1 in 4 of all children on the SEND register. Of particular note are the 17 households with four or five children with a SEND.

Table 13 – Number of children with SEND and size of household

household size (number of CYP with SEND in the household)	no. of households	percent of SEND households	percent of SEND children
1	5551	86.3	4.3
2	727	11.3	19.4
3	134	2.1	5.4
4 or 5	17	0.3	1.0
Total households	6429	00.0	-
Total children	7476	-	100.0

4.7.2. Although this needs analysis does not attempt to explore the impact of multiple children with SEND in households, it is reasonable to assume that such family units may experience high levels of stress and deprivation. This in turn increases the likelihood that the family will require additional support such as housing, social work or health services. There is also the potential impact for other siblings in the family who may not have SEND.

4.8. Where children with SEND go to school

4.8.1. Table 14 below shows the cross-border movement occurring for Camden resident children and non-Camden resident children who appear on the SEND virtual register. Of the 6,201 CYP living in Camden, 4,775 (77%) go to Camden schools and 1,118 attend schools outside the borough. As 1,275 CYP with SEND live in other boroughs Camden is therefore a net importer of pupils with SEND. This trend is true when examining neighbouring boroughs with the exception of Westminster who educate 462 of Camden's resident pupils with SEND while Camden receives just 71 from Westminster in return.

Table 14 Where children on the SEND register live and go to school

Borough	Where Camden resident children go to school	Where children in Camden not resident to Camden schools travel from	Net difference
Camden	4775	-	-
City of Westminster	462	71	-391
Islington	261	483	222
Brent	111	193	82
Barnet	83	207	124
Haringey	39	83	44
Hackney	12	66	54
Other London Boroughs	80	139	59
Borough outside London	66	33	-33
at home	4	-	-
no data	*298*	*1*	-
Total	**6201**	**1275**	-

Source: SEND register 2009

4.8.2. Table 15 shows where Camden children of school age attend school. The majority attend mainstream schools with 4,291 (79%) of 5,453 children in total attending mainstream schools in Camden. There are 260 (5) Camden resident children and young people attending maintained special schools with a further 101 (2%) children attending independent schools including independent special schools.

Table 15 School type by age bands

age band	Type of school						Total
	Maintained Mainstream		Maintained Special		PVI/Special		
	Camden	non Camden	Camden	non Camden	Camden	non Camden	
'4-10	2410	359	94	20	6	21	2910
'11-15	1709	442	105	27	2	55	2340
'16-17	172	0	7	7	2	15	203
Total	4291	801	206	54	10	91	5453

4.8.3. It is worth noting that the vast majority of Camden resident children with SEND attending schools in other boroughs will do so because of parental choice. Only a relatively small number, who have statements of SEN maintained by Camden, are placed in out of borough special provision in order to meet individual learning needs.

4.9. Statemented children

4.9.1. As at May 2009 Camden's SEN team managed 1071 statements of special educational needs

4.9.2. The breakdown of primary need as recorded on the statement is seen in table 13. Speech, language and communication needs account for a quarter of all

Camden maintained statements of SEN, followed by moderate learning difficulties (20%) and BESD (18%). Children with ASD represent 12% of all statements managed by Camden. The ASD figure of 12% is three times higher than the overall 4% prevalence of ASD on the SEN register seen in Camden schools though this is largely due to virtually all children recorded with ASD as a primary need also having a 'statement of SEN'.

Table 16 Camden maintained statemented children by primary SEN need

SEN Group	Specific SEN type	Number with SEN type as primary need	Percentage with SEN type as primary need
A - Cognition and learning needs	SPLD	74	6.9
	MLD	214	20.0
	SLD	41	3.8
	PMLD	25	2.3
B - Behaviour, Emotional & Social Devpt	BESD	188	17.6
C - Comm & Interaction	SLCN	276	25.8
	ASD	127	11.9
D - Sensory/Physical Needs	VI	12	1.1
	HI	45	4.2
	MSI	1	0.1
	PD	41	3.8
E - Medical	M	15	1.4
Unrecorded	U/K	12	1.1
Total	Tot	1071	100.0

4.9.3. Table 17 below examines the profile of breakdown of SEN primary needs by the stage on the SEN register. This includes all CYP with an identified need and is not limited to Camden residents. There is wide variance by group with 99% with ASD as a primary need having a statement of SEN. In contrast the proportion for BESD is lower at 1 in 4. Ten percent of children with a hearing impairment are in school but not on the SEN register. This would suggest that the need is at a level low enough to be met within the school.

Table 17 SEN Stage by primary need

Primary need	SEN Stage			
	Not on SEN register (%)	School Action (%)	School Action Plus (%)	Statemented (%)
ASD	0	0	1	99
BESD	0	0	73	27
SLCN	0	0	57	43
LD	0	0	53	47
HI	10	4	20	49
VI	2	2	35	33
MSI	0	0	86	14
PD/Medical	1	2	29	39
Other	0	4	48	12
no data	0	83	3	0
All SEND	**0**	**48**	**25**	**17**

4.10. Children in Need

4.10.1. Of 2,707 children included in the 2008-09 Children in Need Census, 1034 (38%) were matched against children on the virtual register of SEND. There were 31 children who had disability recorded as a primary need but who have not been included in the virtual register. These were due to either; the child leaving the borough; a lack of detail as to what the disability was or the condition being too minor to include the child without additional needs being identified. Therefore 245 out of 276 (89%) with Disability as a primary need were brought into the virtual register.

Table 18 Camden children with SEND on the CiN Census compared to all children on the CiN Census

Primary need	ALL CIN		ALL SEND	
	Number	Percentage	Number	Percentage
N1 - Abuse or Neglect	1099	41	365	35
N4 - Family in Acute Stress	435	16	157	15
N5 - Family Dysfunction	363	13	146	14
N2 - Child's Disability/Illness	276	10	245	24
N3 - Parental Disability/Illness	29	8	58	6
N8 - Absent Parenting	202	7	18	2
N6 - Socially Unacceptable Behaviour	69	3	29	3
N7 - Low Income	33	1	14	1
N9 - Cases Other Than Children In Need	x	x	x	x
Total	2707		1034	

x = data suppressed due to low numbers

4.10.2. The primary need for children with SEND is 'Abuse or Neglect' mirroring the profile seen for all children in need. The two noticeable differences between the two profiles is the greater proportion with disability as the primary reason for children on the virtual register and the lower proportion with 'Absent Parenting' as a need. The former should be expected in that an identified disability is required for children to appear on the virtual register. There is a difference when comparing statemented children against other children on the SEND register. While 48% of statemented children have disability as a primary need in the CiN census just 5% of non-statemented children have the same need type. 'Abuse or neglect', 'Family dysfunction' and 'Family in acute stress' account for 80% of the 594 SEND children who do not have a statement of SEN.

Table 19 Camden children with SEND on the CiN Census by whether the child has a statement managed by Camden

CiN Primary need	Statement Managed by Camden		SEND but not Statemented		All CYP matched to the CiN Census	
	Number	%	Number	%	Number	%
Disability	199	48.00%	32	5.40%	234	23.00%
Parental Illness or Disability	17	4.10%	38	6.40%	55	5.40%
Absent Parenting	x	0.20%	17	2.90%	18	1.80%
Abuse or Neglect	104	25.10%	257	43.30%	362	35.60%
Family Dysfunction	41	9.90%	104	17.50%	146	14.40%
Family in Acute Stress	40	9.60%	115	19.40%	157	15.40%
Low Income	x	x%	12	2.00%	14	1.40%
Socially Unacceptable Behaviour	10	2.40%	18	3.00%	29	2.90%
Cases other than CiN	1	x%	x	x%	x	x%
Total	415	100.00%	594	100.00%	1017	100.00%

x = data suppressed due to low numbers

4.10.3. Table 20 gives a profile of children on the CiN and SEND registers broken down by primary SEND need and the primary need submitted in the CiN Census. There are some notable trends within each CiN primary need. For 'Abuse or neglect', 'Family dysfunction' or 'Family in acute stress' BESD is the most commonly associated SEND type but these are also associated with SLCN. For disability, children with ASD and learning difficulties/disabilities are the most commonly associated. Although relatively small in number there are 58 children with an SEND who appear on the CiN census due to a parental illness or disability. This is an important group as these children could potentially be young carers. The most common primary SEND need for these children is BESD (16 CYP or 28%).

4.10.4. Of particular note are the 273 children and young people on the virtual register without data on their SEND need who were matched against the CiN census which accounts for 26% of all matched CiN cases. The lack of need data is due in large part to the fact that the vast majority are on the register due to being on school action. The distribution of CiN primary needs for this group is very similar to that for children with an identified BESD which could suggest that children in this group could be on school action with underlying behavioural, emotional or social disorders.

Table 20 CiN Primary need by Primary SEND need (numbers) for Camden children

CiN Primary need	ASD	BESD	SLCN	LD	HI	VI	MSI	PD/ Medical	Other	no data on need	Total
Absent Parenting	0	5	0	x	0	0	0	x	x	7	18
Abuse or Neglect	5	110	33	60	0	x	0	23	20	113	365
Cases other than CIN	0	0	0	x	0	0	0	0	0	x	x
Disability	62	x	18	82	10	6	x	35	20	9	245
Family Dysfunction	x	45	17	20	x	x	0	x	7	49	146
Family In Acute Stress	8	41	14	21	0	x	x	2	7	62	157
Low Income	0	x	0	x	x	0	0	0	x	5	14
Parental Illness or Disability	0	16	9	x	0	x	0	7	x	17	58
Socially Unacceptable Behav	0	15	x	x	0	0	0	0	0	10	29
Total in CiN Census	*77*	*238*	*93*	*194*	*12*	*10*	*2*	*75*	*60*	*273*	*1034*
Total in LDD/SEN Strand	*147*	*857*	*722*	*879*	*141*	*49*	*7*	*164*	*200*	*4310*	*7476*

x = data suppressed due to low numbers

4.10.5. Table 21 shows where children on both the CiN census and the SEND register appear on the SEN register in schools. Out of 1,034 matches 423 (41%) are statemented, 266 (26%) are on school action plus and 224 (22%) on school action. The statemented figure of 41% is inflated slightly due to disability being a CiN need category in itself, however, the difference between this figure and the proportion of statemented children on the SEN register in Camden schools generally (16%) suggests there is a close link between being 'In need' and special educational needs.

Table 21 CiN Primary need by SEN Stage

CiN Primary need	Not in school		Not on SEN		School Action		School Action		Statemented		Total	
	no's	%	no's	%	no's	%	no's	%	no's	%	no's	%
Absent Parenting	5	28	0	0	6	33	6	33	x	x	18	100
Abuse or Neglect	41	11	x	x	98	27	120	33	105	29	365	100
Cases other than CIN	0	0	0	0	x	x	0	0	x	x	x	x
Disability	41	17	0	0	x	x	0	0	202	82	245	100
Family Dysfunction	10	7	0	0	42	29	52	36	42	29	146	100
Family In Acute Stress	9	6	0	0	52	33	54	34	42	27	157	100
Low Income	x	x	0	0	x	x	6	43	x	x	14	100
Parental Illness or Disability	10	17	0	0	12	21	19	33	17	29	58	100
Socially Unacceptable Behaviour	x	x	0	0	7	24	9	31	11	38	29	100
Total	116	11	0	0	217	21	266	26	419	41	1032	100

x = data suppressed due to low numbers
Source: SEND register 2009 and CiN Census 2008-09

4.11. Children looked after

4.11.1. From 279 children and young people aged 0-17 being looked after by Camden as at July 2009, 110 (39%) were matched against the SEND register. There range of primary needs of this group can be seen in detail in table 22.

4.11.2. Almost half of looked after children matched against the virtual register have BESD as their primary need. Of the remainder, 18% have a learning disability or difficulty and 9% have a ASD as a primary need. Despite SLCN accounting for 21% of CYP on the SEND register with a diagnosis need type, just 1% of looked after children have this as a primary need.

Table 22 Primary need of Camden children looked after

SEND Primary need	Number of LAC children	% of LAC children
BESD	53	48
LD	20	18
Other/undefined	11	10
ASD	10	9
no data	9	8
PD/Medical	6	6
SLCN	1	1
Total	110	100

4.11.3. In total, 68 (62%) looked after children have statements of special educational need, 23 (21%) are on school action plus and just 8 (7%) are on school action. This is completely different to profile of SEN stages seen generally. Of the

68 with statements, 39 (57%) are in place with BESD as the primary need, 14 (21%) have statements for learning difficulties and 10 (15%) for ASD. The BESD figure is of particular interest. It would be interesting to analyse the relationship between the date of the statement being issued and the child being taken into care. The latter data was not collected as part of the SEND register but can be extracted for future updates.

4.12. Services children with SEND are known to

4.12.1.   The SEND virtual register holds extracts taken from a number of different CSF services and IT systems so it was possible to measure the extent which services children on the register were known to different services. The rationale behind this is using this as a proxy indicator of the level of need with the assumption that a child known to many services is more likely to have higher level needs than a child known to one or two services. However, the assumption is based on identification and access to services being consistent across the board which is unlikely to happen for all cases.

4.12.2.   Table 23 shows the numbers of services Camden resident children are known to by age band. As some services are age and need specific (e.g. the early intervention team only works with 0-5 year olds and pupils with sensory impairments can be known to SEN and teaching advisors) services have been consolidated into 3 areas:
  o Known to safeguarding and social care (but not Mosaic)
  o Known to Mosaic
  o Known to special educational support services (includes SEN, teaching advisors for the sensory impaired and early years intervention team)

Table 23 Number of services Camden children are known to

age band	total number of services known to (numbers)				Total
	0	1	2	3	
0-3	139	77	26	12	254
4-10	2163	565	136	115	2979
11-15	1674	525	157	60	2416
16-17	294	64	16	19	393
18+	105	45	4	2	156
Total	4375	1276	339	208	6198

percentage breakdown

age band	total number of services known to (percentages by age)				Total
	0	1	2	3	
0-3	55%	30%	10%	5%	100%
4-10	73%	19%	5%	4%	100%
11-15	69%	22%	6%	2%	100%
16-17	75%	16%	4%	5%	100%
18+	67%	29%	3%	1%	100%
Total	71%	21%	5%	3%	100%

Source: SEND register

4.12.3. The data shows that, proportionally, children under 4 years of age are proportionally more likely to be known to one or more services – 45% for 0-3 year olds compared to 73% of 4-10 year olds – and are also more likely to be known to all three service areas. This could be expected in that children identified with SEND in this age group are more likely to have more severe disabilities particularly from birth. This is reflected in the relatively small size of the group.

4.12.4. It is reasonable to assume that children known to all three services areas (Mosaic, Safeguarding and Special Educational Support Services are children with the highest levels of need. Work is currently underway that expands this approach further by examining thresholds for targeted services across all areas of need, not just disability. As this work progresses the analysis presented here will be built upon also.

4.12.5. Table 24 shows the relationship between the different caseloads for the SEN and the Mosaic Integrated Service for Disabled Children. Out of 1071 children with statements and 409 children known to Mosaic, 294 are known to both services. This equates to 27% of all statemented children and 73% of children known to Mosaic.

Table 24 Relationship between SEN Team, Mosaic and teaching advisors for the sensory impaired for Camden children

Services CYP known to	Number	% of children known to SEN Team	% of children known to Mosaic
Known to SEN & Mosaic services	294	27%	73%
Known to SEN but NOT Mosaic service	777	73%	0%
Known to Mosaic but NOT SEN service	109	0%	27%

4.12.6. 'Chart A' below shows graphically how the overlaps occurs for these groups of children. If there was no overlap between any of the services the combined caseloads could total 1,480 children. However after taking the overlaps into consideration the total number of children involved is only to any or all of the services here is 1,180.

Chart A – Venn diagram showing relationship between SEN Team & Mosaic
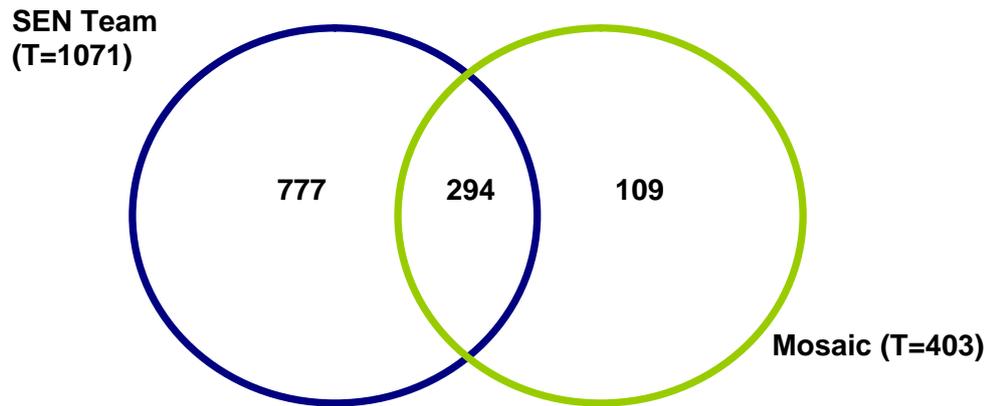
4.12.7. Of the 109 children and young people known to Mosaic but without 'statements of SEN', 26 are known to the Disabled Childrens Team (DCT) and 83 to Mosaic CAMHS. The factors that contributed to this group not having a statement include:

- o Being on the SEN register at 'school action plus' or 'school action'
- o Being outside the eligible age range for being in receipt of a statement – for older young people some of those identified may have had a statement managed by Camden but which ceased at the time data extracts were taken.

4.13. SEN support for statemented children

4.13.1. There are a number of support options available to enable SEN statemented children to access the national curriculum. Many are designed for children with particular needs, for example speech and language therapy for children with communication difficulties or occupational therapists for children with physical disabilities. Learning support teachers (LSTs) giving 1:1 support and learning support assistants (LSAs) who give support to groups of children with special educational needs are two provisions that can be used to support children with a wide range of needs and are the two most commonly used in Camden[6].

4.13.2. Table 25 below shows numbers of children by with 'statements of SEN' maintained by Camden in mainstream schools (inside or outside of the borough) who are receiving support from LSA/LSTs. Figures are broken down by the number of provisions in place their primary need. The rationale behind this analysis is based on the assumption that the number of provisions a child receives will be consistent with the level of need. The provisions included were; LSA; LST; speech and language therapy (SALT) occupational therapy (OT) and physiotherapy, therefore the maximum achievable number is five provisions. Special schools are excluded. Children attending special schools are recorded on Impulse, but

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[6] Taken from SEN Impulse database

separate information on provisions is not completed as it is expected that most support is provided as part of the special school remit. Therefore presenting the data on pupils in special schools could make it seem that this group of children were receiving less specialist support when this is clearly not the case.

4.13.3. As Tables 25 a) and b) show, there is large variance in the number of provisions being delivered to individual children. There are 271 (42.7%) in mainstream schools receiving just one of the provisions mentioned above while 92 children (14.5%) are receiving 3 or more provisions. There are also differences by primary need with proportionally more children with SLCN receiving 2 or more provisions than children with other needs, in particular those with hearing impairments. No provisions were identified for children with Multi-Sensory Impairment (MSI) as all pupils with this type of need are enrolled at special schools in or out of Camden.

Table 25 – Number of SEN provisions by primary need
a) Numbers of children with Camden maintained statements in mainstream schools (in Camden and OLA)

Primary need	Number of SEN provisions in place						Total
	0	1	2	3	4	5	
ASD	7	20	16	4	2	0	49
SLCN	21	79	87	33	13	2	235
BESD	11	54	32	7	1	0	105
LD	8	83	64	16	5	2	178
HI	6	12	4	1	0	0	23
VI	0	3	4	0	0	0	7
MSI	0	0	0	0	0	0	0
PD/Medical	2	18	6	5	1	0	32
Other/undefined	3	2	0	0	0	0	5
Total	58	271	213	66	22	4	634

b) Percentages with each primary need group (from table a)

Primary need	Number of SEN provisions in place						Total
	0	1	2	3	4	5	
ASD	14.3%	40.8%	32.7%	8.2%	4.1%	0.0%	100%
SLCN	8.9%	33.6%	37.0%	14.0%	5.5%	0.9%	100%
SEBD	10.5%	51.4%	30.5%	6.7%	1.0%	0.0%	100%
LD	4.5%	46.6%	36.0%	9.0%	2.8%	1.1%	100%
HI	26.1%	52.2%	17.4%	4.3%	0.0%	0.0%	100%
VI	0.0%	42.9%	57.1%	0.0%	0.0%	0.0%	100%
MSI	-	-	-	-	-	-	-
PD/Medical	6.3%	56.3%	18.8%	15.6%	3.1%	0.0%	100%
Other/undefined	60.0%	40.0%	0.0%	0.0%	0.0%	0.0%	100%
Total	9.1%	42.7%	33.6%	10.4%	3.5%	0.6%	100%

4.13.4. Of the 634 children with Camden maintained statements in mainstream schools, 9.1% are not recorded on Impulse as receiving any of the 5 provisions used in this analysis. Although there has been great strides in improving the accuracy of provision data held on Impulse in the last couple of years it is possible some inaccurate data remains particularly around the smaller, less used provisions, so some care is needed when interpreting these results.

4.13.5.   Table 26 below shows the breakdown of children with Camden maintained statements receiving support from Learning Support Teachers (LST), Learning Support Assistants (LSA) or both. Figures are presented by primary need and the average number of hours received per week. Overall, 240 (38%) statemented pupils in mainstream schools receive LST support, 494 (78%) receive support from Learning Support Assistants and 191 (30%) receive support from both. As well as being used more frequently than LST, Learning Support Teachers also provide the highest volume of support. Whereas the average number of hours a week for LST is 1.8 hours for LSAs the figure is much higher at 16.9 hours. Again, pupils in special schools have been omitted for reasons given in 4.13.2 so again no provisions are listed for MSI pupils.

4.13.6.   Access to LSA and LST support varies by primary need type. Nearly half of pupils with learning difficulties receive LST support[7] compared to those with SEBD (37%) and SLCN (38%) while the average number of hours is also greater. There is little difference between the three types of primary need when analysing the proportion of pupils receiving LSA support (around 80%).

Table 26 Proportion of statemented children receiving LST and LSA support by strand and average number of hours

Primary need	Learning Support Teacher support (LST)			Learning Support Assistant support (LSA)			Learning Support Teacher & Assistant support (LST & LSA)		
	No. in receipt	% in receipt	Average hours of support	No. in receipt	% in receipt	Average hours of support	No. in receipt	% in receipt	Average hours of support
ASD	12	24%	1.1	35	71%	22.9	11	22%	23.9
SLCN	89	38%	1.9	189	80%	18.2	75	32%	15.2
SEBD	39	37%	1.4	86	82%	15.2	32	30%	18.6
LD	87	49%	2.0	142	80%	16.1	61	34%	14.9
HI	3	13%	1.3	13	57%	15.5	3	13%	13.3
VI	4	57%	2.8	7	100%	20.7	4	57%	23.3
MSI	0	0%	-	0	0%	-	0	0%	-
PD/Medical	6	19%	2.6	20	63%	22.4	5	16%	23.6
Other/undefined	0	0%	-	2	40%	15.0	0	0%	-
Totals	**240**	**38%**	**1.8**	**494**	**78%**	**16.9**	**191**	**30%**	**16.5**

4.13.7.   Although proportionally fewer pupils with ASD as their primary need receive support from Learning Support Teachers or Assistants they do receive the highest number of hours per week of LSA provision at 22.9 hours.

4.13.8.   A higher proportion of children with SLCN (74%) receive LSA support than any other strand though, similar to the results seen for LSTs, the average number of hours is amongst the lowest at 15.6 hours. Children with ASD are supported by the most hours on average with 23.6 hours per week.

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[7] When comparing primary need types with sufficient observed numbers to make a relative judgement

5. PROJECTIONS OF FUTURE NEED

5.1.   Trends outlined in section 2 earlier in this document show how numbers of children and young people identified with special educational needs and disabilities has increased in Camden in the past few years. If the trend continues it will have considerable impact on resources for schools and support services. Data used within this needs analysis was used to build projection models based on the SEN categories of need. These models aim to predict future numbers of children with SEN in the next 5 years.

5.2.   The factors that can influence future numbers of SEN are the same as those that can explain recent trends. These include:
- Changes in local population of children and young people and local deprivation;
- Changes in survival rates at birth (and for those children with severe disabilities who have below average life expectancy;
- Improvements in how SEN is identified and recorded by Health and children's services. This is an important factor when explaining the growth we have seen recently. It is reasonable to suggest that recent increases in children identified with SEN are a result in improved and wider understanding in this area.
- In addition, it is important to take into account national and local policy changes as well as benchmarking information for setting Camden's position in context.

5.3.   It is not possible to introduce all these factors into the projections as models require definitive data whereas some of the factors outlined above are unquantifiable.

5.4.   Utilising findings from independent research can help improve projection model by provided prevalence rates in which to put Camden's observed figures into context. However, research around children with SEND is scarce and uneven by primary need. Research by Emerson and Hatton from the Centre for Disability Research (CEDR) has produced estimates of future demand of social care services based on national prevalence of children and young people with learning disabilities. In contrast, for children with behavioural, emotional and social difficulties no research exists beyond DCSF benchmarking information which is based on school census data.

5.5.   Work is underway to use data held in the Virtual register of SEND alongside trend data captured through the school census to create projection models which will predict future numbers in the short and medium term, by type of need, within Camden's CYP population. The results will then be used to assess the potential impact on Camden schools.   The expected inputs and outputs of each model are shown in Figure a.

5.6.   Results from the projection models will be presented when this needs analysis is refreshed in the Autumn of 2010 at which stage data from a refreshed Virtual Register containing 2009-10 data will also be included.

Figure a) Projection modelling inputs and outputs
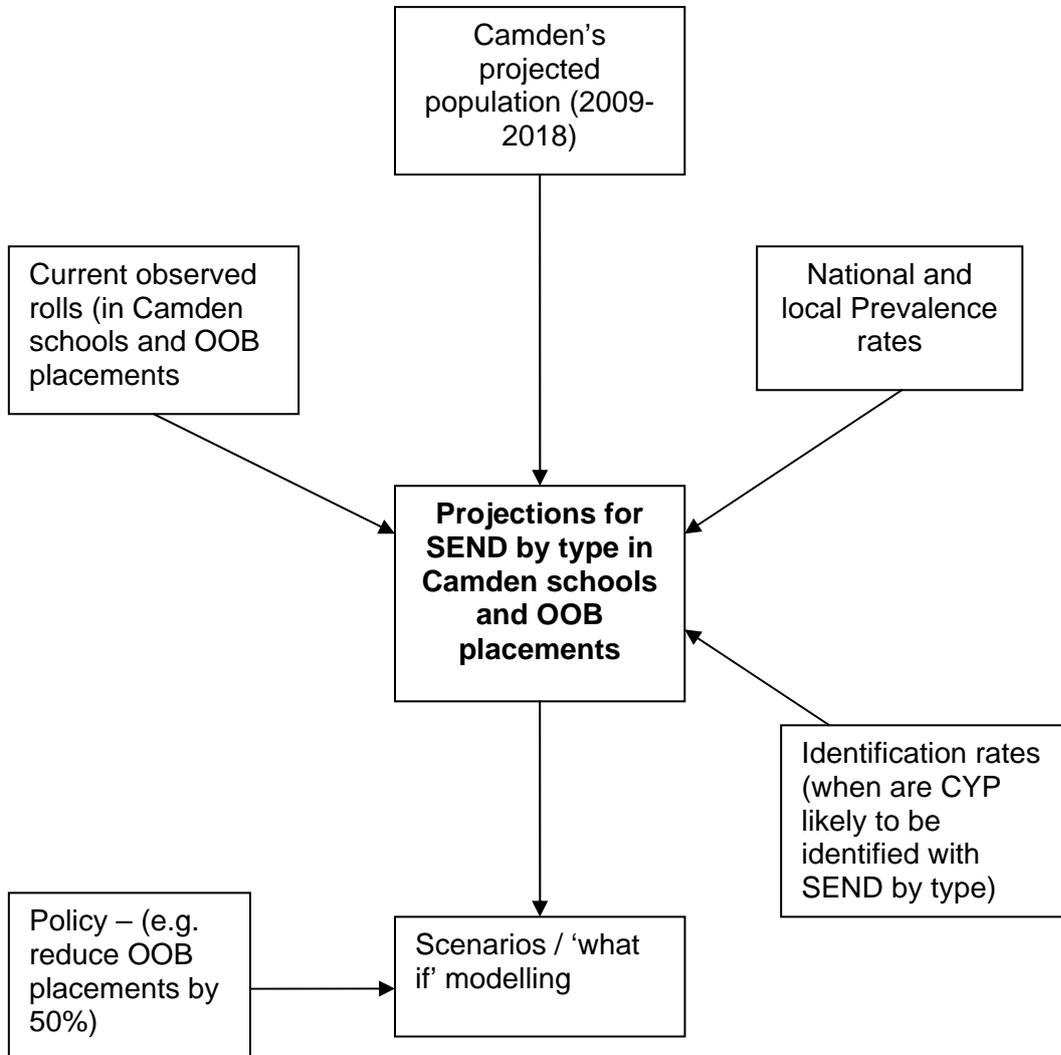
Appendices

Data Sources used in this needs analysis

The virtual register of SEND was created using a number of different extracts taken from Children, Schools and Families information systems. A description of each of these is outlined below:

School census
The school census is conducted each term by Camden's mainstream primary, secondary and special schools as part of a statutory return to DCSF. It collects individual records on all pupils registered at the school. This includes whether a pupil is on the SEN register and if so, at what level. The spring census, conducted in January, is the only census that collects detail on the type of special educational need for pupils on school action plus or with statements. For this reason the January extract was used to help build the virtual register.

Historically the school census has been used for the majority of analysis performed within CSF concerning children with special educational needs. This includes benchmarking attainment and attendance performance against non-SEN pupils; analysing trends of SEN in our schools; and to help with budget planning. As the data is used so widely it is important that the quality of the information is of the highest standard.

SEN Team records for statemented pupils (impulse)
Details of all children with statements of special educational need for which Camden maintains are kept on the Impulse information system. Information held covers the outcomes from the statutory assessment and includes the primary SEN identified for each pupil. The database holds information on statemented pupils that attend schools outside of Camden, in independent schools or those in alternative educational settings. School data collected through the census is used to check basic data of pupils held on Impulse for accuracy, e.g. address.

Early Years MIS – Synergy Connect
This information system holds records on all children attending Camden's children centres. It differs from other CSF information systems in that data is organised around the family unit rather than the child though individual child records can be accessed. Information on disability is provided by the parents rather than through professional assessment so there is an issue as to data integrity. In addition, the information is limited to a Yes/No flag. Details on the nature of the disability are held in free text boxes.

For the purposes of the virtual register only children who were recorded as having a disability were extracted from the information system.

Children in Need Census (2008-09 - 6 months)

Between October 2008 and March 2009 all children who were identified as being 'in need' at some point during the period were included in the Children in Need Census. This is a statutory government return that collects a wide range of information on children accessing social care support from the local authority. This includes basic personal details, what services the child is accessing and what disabilities/conditions are present. Subsequent CiN censuses will cover full financial years.

Early Years Intervention Team (EYIT)

The Early Years Intervention Team work with children under 5 years of age who require additional support due to the child having a special educational need concerning behaviour and interaction. The team does not have access to a main CSF information system so until recently records were held in paper format only. In order that these records could contribute to the virtual register an Excel spreadsheet was created that could be used operationally by the team to maintain caseload information.

Teaching Advisor for the Deaf/Hearing Impaired caseload

Camden resident children who are deaf or have hearing impairments are eligible for support from the specialist teaching advisor based within the SEN Team. Children on the caseload of teaching advisors span all ages from birth to 19 and are not restricted to children with statements of SEN.

Prior to the creation of the SEND virtual register caseload information was held in paper records only. An Excel spreadsheet was created to transfer existing case records into electronic format. As well as basic personal information the spreadsheet holds specific details of the type and severity of the hearing impairment and the communication aids used.

Teaching Advisor for the Visual Impairment caseload

Information on children receiving support from the teaching advisor for children with visual impairment is held on an access database maintained in the Primary Learning Support Service (PLSS). Detailed descriptions of the type and severity of the visual impairment is kept within free text fields. Only active cases are available through reports. Like the TA caseload for deaf/hearing impaired children this caseload covers all ages and SEN stages. Closed or inactive cases were previously deleted by the teaching advisor.

Disabled Children's Social Care Team (DCT - Mosaic)

Records of children accessing support from the Disabled Children's Team are held in the Framework-I information system (see section on Framework-i). Headline information on the type of disability/conditions a child has is maintained in structured management

information form. The range of disability types includes SEN categories but includes additional, more specific medical conditions. Unlike SEN records more than 2 conditions can be recorded. Despite this, most detail on disability is still held in word documents, such as care plans.

Child and Adolescent Mental Health Service – Special Needs (CAMHS - Mosaic)
Children and young people with emotional and behavioural needs where disability is the primary factor receive support from the CAMHS service within Mosaic Integrated Service for Disabled Children. At the time of the register was created details of young people accessing the service were held in the Carenotes information system. Carenotes's core purpose was to record appointment details of interventions therefore details of type of need, services accessed and outcomes of interventions were not available. Due to issues around reporting from Carenotes, open cases were held in a simple Excel spreadsheet.

Use of Carenotes by CAMHS Mosaic ceased with the introduction of the RiO community information system.

Additional detail on key information systems

Framework-i
Framework-I is a workflow based case management system used by Camden Safeguarding which holds details of all Camden children who are looked after; in need; have a protection plan or receiving support from the disabled children's social care services. Information focussed around managing workflow and interventions is primarily stored in electronic forms that are saved as MS Word documents. These cannot be used for analysis without extensive resources being used to convert the information into appropriate formats.

Community RiO

RiO is the new clinical information system used by Camden PCT community staff for recording and holding details relating to all Camden children and young people and any interventions made by community health services. Rio was not live when the virtual register of SEND was initially created. Its creation is an important development as it consolidates and replaces many of the small standalone information systems previously used. Teams using include: the Children Development Team and CAMHS services with Mosaic Integrated Service for Disabled Children; School Nursing and Health Visiting services.

e-CAF
e-CAF is the electronic system used by practitioners for recording, storing and sharing information on children collected through the Common Assessment Framework. Although the CAF's primary role is as a tool for identifying children with additional needs early and then bringing together key services to assess and plan support, there is potential to analyse this data for planning purposes. In particular it could help fill current

gaps in our management information data for those children with special educational needs and disabilities aged 5 and under.

Maintaining data quality and recommendations

Inconsistencies in SEN recording
Through the process of building the virtual register data inconsistencies concerning data held on different systems relating to the same child were identified. The most significant of these involved details of primary SEN type held by Camden mainstream schools and the SEN team for statemented pupils. Children with statements often have more than one type of SEN but for the purposes of the needs analysis it was necessary to select just one primary need type to make analysis manageable. A hierarchy was therefore introduced to resolve these inconsistencies temporarily whereby for pupils with statements the primary need held by the SEN Team on Impulse was used. The assumption was that records held by the SEN Team would be more accurate. However, as part of an exercise to resolve this issue it has come to light that this is not always the case.

One possible reason for the discrepancies concerns how needs are recorded on the statement document. Detail is contained in free text notes rather than in a structured format. Although schools should refer to the primary need recorded in the statement when submitting SEN data through the school census this may not always happen. Instead the schools view of what the primary need is then submitted. In contrast, there are cases where the data on Impulse is incorrect. These often affect children who have had a statement for a more than 5 years. It should be noted that this issue only concerns those statemented pupils in Camden mainstream schools and not pupils placed elsewhere.

In recognition of this, care is needed when interpreting the more detailed analysis based on SEN types and certain steps are needed to ensure current data is consistent and retains a high level of accuracy over time.

Recommendations for improving and sustaining data quality for school and SEN records
1) Identify individual pupils where records held by the SEN Team and those submitted by schools through the January school census differ. Then, the SEN Team to follow up and identify which record is correct and either; amend records held on Impulse; or inform the school to correct their records.
2) To remove potential ambiguity, amend the Statement document so that primary and secondary needs can be recorded in a structured format at the time the statement is produced. This can be achieved by using tick boxes using the restricted SEN code of practice categories.
3) At each statement review extract details of SEN primary and additional needs from Impulse and the latest January School Census to refer to at the review meeting. Check that the information is still consistent and accurate and agree

amendments to the statement document (using the new amended form) and information systems if required

4) Implement a school level moderation process for assessing the appropriateness of SEN registers held by schools in relation to Camden's SEN guidance and criteria.

Make wider use of information held in CSF and the PCT

eCAF
Information collected through eCAF was not introduced into the virtual register as detail relating to type and level of need was held in free text form. Also, although eCAF is now widely used within CSF, schools and Health not all organisations, particularly those in the private and voluntary sector, are able to access the system, instead relying on paper based CAFs. In order to make better use of data collected through CAF it is recommended that:

1) eCAF is amended so that information on type and level of SEND is collected as management information in addition to detail collected as free text
2) Paper CAFs are systematically transferred into electronic format so that to enable analysis
3) Regular extracts are taken and analysed

Information held by the PCT
Acquiring health information on a regular basis would help CSF complete data gaps that currently exist and which have been highlighted through this needs analysis, particular with regards children under 5 with less severe disabilities, who have not accessed school and are not eligible for support from social care. Increasing our evidence base in this way will improve our planning processes. The introduction of Community RiO increases the possibility for regular information sharing between the PCT and Camden Children, Schools and Families. To facilitate this, it is proposed that;

1) specific information sharing agreements are set up with the PCT
2) Arrangements are made for transferring information securely (e.g. CJSM email)

Sustaining accurate records held in standalone spreadsheets
As already stated, it was necessary to transfer details of children being supported by the Deaf/Hearing Impaired Teaching Advisors and the Early Years Intervention Team from paper files into electronic format so records could be added to the virtual register of SEND. Sustaining this process, so that regular extracts can be provided in future, will give additional information to supplement data collected from schools and the SEN Team. It will also provide the teams using a more robust reliable system for maintaining details of active caseloads and for evidencing work they do However, it is important that the spreadsheets are properly maintained with accurate timely information for this to be worthwhile. Therefore it is recommended that the following measures are taken:

1) Person(s) responsible for maintaining records on their respective Excel spreadsheets are given support when required. This includes fixing any technical problems, modifying the structure based on feedback on ease of use, and providing protocol and guidance for maintaining the spreadsheet and data quality.

2) Unique identifiers are shared where a child is identified across more than one information system. In doing so, it will make it easier to cross-reference records when performing joint analysis work involving matching records (such as rebuilding the virtual register of SEND) or sharing information directly between services.

3) Take regular extracts from teams as part of standard quality assurance. In exchange for teams supplying the data RMIT to conduct an analysis and feed back key results to the team supplying the data.

Glossary

ASD   – Autistic Spectrum Disorder
BESD   – Behavioural, Emotional and Social Disorder
CAMHS   – Child and Adolescent Mental Health Service (part of Mosaic)
CDT   – Child Development Team (part of Mosaic)
CYP   – Children and Young People
CiN   – Children in Need
CSF   – Children, Schools and Families
DCT   – Disabled Children's Team (part of Mosaic)
FSM   – Free School Meals
HI   – Hearing impairment
IMD   – Index of Multiple Deprivation
LDD   – Learning Difficulties and Disabilities
LLTI   – Limiting Long-Term Illness
LSA   – Learning Support Assistant
LST   – Learning Support Teacher
MIS   – Management Information System
MLD   – Moderate Learning Difficulty
MSI   – Multi-Sensory Impairment
NEET   – Not in Education, Employment or Training
PMLD   – Profound and Multiple Learning Difficulty
SALT   – Speech and Language Therapist
SEN   – Special Educational Needs
SEND   – Special Educational Needs and Disabilities
SLCN   – Speech, Language and Communication Need
SLD   – Severe Learning Difficulty
SpLD   – Specific Learning Difficulty
TA   – Teaching Advisor
VI   – Visual Impairment