

SEND Joint Strategic Needs Assessment- BURY

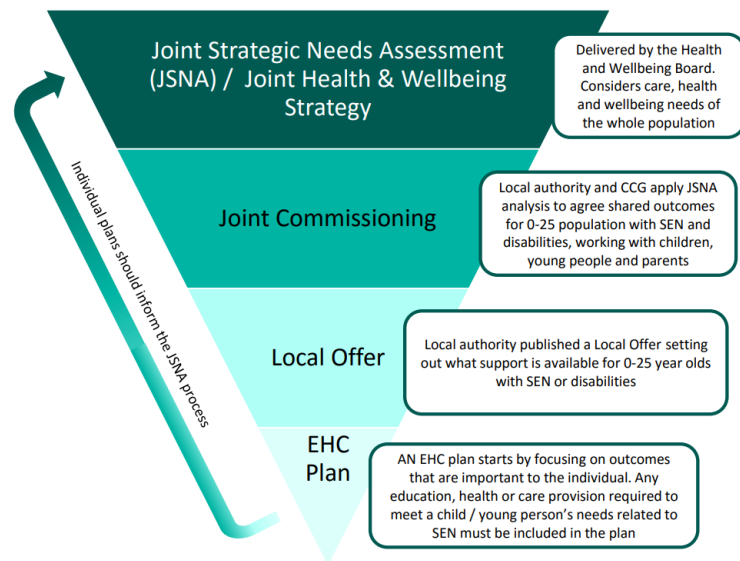


1. Introduction

Bury is committed to improving education, health and care services with strategic partners, parent carers and our children and young people. We have worked collaboratively with key local stakeholders to create our Joint Strategic Needs Assessment (JSNA) for Special Educational Needs and Disabilities (SEND). The SEND JSNA contains a wide range of information to build an accurate understanding of the needs of children and young people who have SEND in Bury. This will provide actionable intelligence about the current and future health, wellbeing and social care needs. By understanding these needs, we can direct partnership work in a joined-up manner that makes the best use of our resources to make a difference to children and young people.

Figure 1 below presents how this JSNA aims to influence commissioning decisions, SEND service provision and, in time, Education and Health Care (EHC) Plans themselves. We intend to develop this JSNA further through an iterative process, helping to improve the way in which evidence on SEND activity and outcomes becomes further integrated within planning and service delivery.

Figure 1: The role of a JSNA in influencing SEND planning and service delivery



The provision of SEND services sits in a complex legislative framework:

- Part 3 of the **Children and Families Act 2014** put in place significant reforms regarding how the needs of children and young people with SEND are identified, assessed and supported. A child or young person has special educational needs if they have a learning difficulty or disability that calls for special educational provision to be made for him or her. The act places children and young people with SEND and their families at the heart of assessment, planning and decisions about their future outcomes and provision.
- The Act also mandates that local authorities publish a local offer highlighting all the services and support that the local area expects to be available to children and young people with SEND and their parents or carers, as well as how to access the provision, report gaps and provide feedback.
- In terms of medical conditions Section 100 of the Act places a statutory duty on schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported, can play a full and active role in all aspects of school life, remain healthy, and achieve their academic potential. This is supported by a robust and integrated working arrangement with Education and Children's Community Health Services.
- The **SEND Code of Practice 2015** which describes four broad areas of special education need / disability: cognition and learning, communication and interaction, social emotional and mental health difficulties and sensory and/or physical needs.
- The **Care Act 2014** emphasises well-being and the importance of preventing and reducing needs. It puts individuals in control of their care and support. Local authorities are required to carry out transition assessments for children receiving care and support who are approaching the age of 18 years and their carers 'when there is significant benefit' to the young person or carer. Local authorities and partner agencies should consider both Acts together and should ensure a smooth transition from children's to adults' services.
- The **Equality Act 2010** protects people from being discriminated against and requires employers and services to make reasonable adjustments so disabled people can access them. Many children and young people who have SEND may have a disability under the Equality Act 2010 – that is '...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'- 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer.
- The **Children Act 1989** puts a duty on local authorities to safeguard and protect the welfare of children within their area who are in need. A child in need is defined as one who 'is unlikely to achieve or maintain or have the opportunity of achieving a reasonable standard of health or development without the provision of services by a local authority and one whose health or development is likely to be significantly impaired or further impaired without the provision of such services, or who is disabled.'
- The **Chronically Sick and Disabled Persons Act** was extended to cover disabled children when the Children Act was passed in 1989. It creates an individual right to specify services for disabled children where the local authority agrees it is necessary for it to provide services to meet the child's needs. If the child is assessed as eligible, they are entitled to receive either a service or direct payment that is sufficient to meet their needs.

- **Continuing care** for children and young people (CCC) is needed where a child or young person (under 18) has complex needs that cannot be met from health services routinely commissioned by the local Clinical Commissioning organisation (i.e. hospital paediatric care and community nursing) or NHS England (i.e. primary care and specialist services). In particular, where the child has special educational needs or disability (SEND) a coordinated approach by the CCG and LA to these packages of care where the agreement for children's continuing care should be part of the process in developing the child's education health and care plan (EHCP).
- In 2022, the **SEND Green paper** was published which provided new national standards for SEND provision, EHC Plans and budgets for alternative providers.

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1.1 Key Findings from the JSNA

- Our 0-25 population between 2011 and 2021 census has changed very little.
- Bury has a higher percentage of both males and females aged 0 to 14 but a smaller percentage aged 20-24 compared to England.
- It is predicted by 2033 that our 0-19 population will decrease by 1.6%, however overall, for 0-25 we predict a 1.1% increase which is driven by an increase in our 20-25 year olds who typically may be of less demand in our SEND cohort.
- For the ages 0-25 years (age range of the SEN system), the population is expected to increase by 1.4% between the years 2023 and 2033 compared with a slightly higher increase of 1.5% across England. The increase will be greatest in the 20-25 years age groups, which will rise by 13.7% in this period.
- We have seen an increase in the production of EHC Plans in Bury from 2019-2022 of 22.5% compared to 25.2% nationally. However, this needs to be viewed in the context of the higher starting position in Bury in 2019. When we scale the number of EHCPs per head of population, Bury has 20% more EHCPs than the national average. There is no evident demographic reason for this difference and it places the local SEND system under considerable strain.
- The area of greatest growth in EHCPs in recent years, relative to the prevailing national trend is in pre-school EHCPs.
- The most common types of need for EHC Plans were speech language and communication need (SCLN), which accounted for 24.3% of all EHC plans, followed by social, emotional, mental health (SEMH) and autistic spectrum disorder (ASD) (22.7%) and moderate learning difficulty (MLD) (16.2%). These four needs account for 85.9% of children and young people.
- This pattern is similar SEN support – however a much smaller proportion of those with ASD are in receipt of SEN support can most likely be attributed to the fact that diagnosis of ASD is leading to formulation of EHCP plans or it may be that conditions such as ASD are not recognised immediately or recorded differently at SEN support level
- Comparing the local to the national pattern, it is very apparent that Bury has a significantly higher identification of SEMH as the primary special educational need. Bury is comparatively low identifying for Autism at SEN support, but high at EHCP. Furthermore, Bury's secondary schools support fewer children at SEN support than their national peers and Bury's Primary schools identify significantly more children as requiring SEN support, but without specifying a primary need than is typical elsewhere in the country.
- In terms of local capacity to meet local need there is a clear deficit between the demand for specialist school places and local maintained special school capacity. This is leading to much higher-than-average numbers of children being placed in non-maintained independent special schools. This has substantial cost implications for the local SEND system. It also means that children are often travelling outside of Bury for their education.
- Outcomes achieved for children with SEND are generally positive, particularly for children with EHCPs. Areas for improvement are generally focused around children supported at SEN support in secondary schools, where achievement is weaker; and absence and suspension is higher.
- Approximately one fifth of children with an EHCP also are involved with Children's Social Care or Early Help services, with a small but significant number in receipt of intensive support.

1.2 Scope of SEND JSNA

This JSNA will look at data for the two cohorts of children and young people with SEND (listed below) that Bury is responsible for as a local authority:

1. **Children and young people who live in Bury with SEND, who are in receipt of an EHC Plan. They can be aged from 0-25 and can receive support outside of the borough, which is sourced through Bury council systems.**
2. **Children and young people who attend school in Bury who receive SEN Support as reported through the national school census and can be aged from 0-18.**

The evidence base for this JSNA looks at current information and statistics about the prevalence and trends in special educational needs and disabilities, and considers the health and social care needs of children and young people with:

- Physical disabilities;
- Profound and multiple disabilities;
- Complex health needs;
- Special Educational Needs;
- Severe Learning Disabilities;
- Mild & moderate learning disabilities;
- Autistic spectrum disorder Learning Difficulties and Specific Learning Difficulties.

Data and information have been sourced from a wide range of sources including publicly available data and through local partners,

1.3 What is the national context of SEND for England?

England has 1.49 million pupils with special educational needs and disabilities (SEND), which constitutes 16.5% of all pupils. 1.13 million (12.6% of all pupils) require special educational needs (SEN support), and 355,600 (4% of all pupils) have an Education, Health and Care (EHC) plan. The proportion of pupils in England with SEND had been increasing over the last 5 years.

Factors that are likely to influence a change in prevalence of SEND and learning disabilities:

- Changes in child poverty rates;
- The increasing availability of pre-natal screening;
- Reducing the number of preterm births;
- Improving health care and support resulting in fewer 'at risk' infants developing learning disabilities; and
- Improvements in early years' services.

2. Bury Population and Demographics

This chapter describes the basic demographic structure of Bury's population with a focus on the 0-25 age group, including population projections for 2023.

2.1 What is the population size of Bury?

Based on the 2021 Census, Bury has a resident population of **193,851**. This is made up of **45,977** individuals aged 0-19 years (24.6%), **110,673** individuals aged 20-64 years (57%) and **35,447** individuals aged over 65 years (18.3%). Bury is similar to England when compared across these age groups.

Around 57,278 residents (29.5%) are between the ages 0-25 years (age range of the SEN system) which is slightly lower than England (30.3%).

Table 1: Resident population by broad age group for Bury and England (Census, 2021)

Age Groups	Bury		England
	Number (n)	%	%
0-19 years	47,731	24.6	23.1
20-64 years	11,0673	57.1	58.4
65+ years	35,447	18.3	18.6
0-25 years	57,278	29.5	30.3
Total Ages	193,851		

Table 2 below presents a detailed breakdown of Bury's resident population by gender and five-year age group using Census 2021 data. The most common 5-year age categories in Bury are 30-34 age band for all population (7%), 55-59 age band for males (7% of total male population) and 30-34 age bands for females (7.2% of total female population).

Within the age range of the SEN system, 5-9 years (6.4%) and 10-14 years (6.6%) are the most common 5-year age categories.

Table 2: Resident population of Bury by gender and 5-year age group (Census, 2021)

Age (5 year age band)	Male		Female		All	
	Number (n)	% of total	Number (n)	% of total	Number (n)	% of total
0 – 4	5,775	6.1	5,382	5.5	11,157	5.8
5 – 9	6,436	6.8	6,055	6.1	12,491	6.4
10 – 14	6,551	6.9	6,298	6.4	12,849	6.6
15 – 19	5,938	6.2	5,294	5.4	11,232	5.8
20 – 24	4,847	5.1	4,702	4.8	9,549	4.9
25 – 29	5,592	5.9	5,942	6.0	11,534	5.9
30 – 34	6,413	6.7	7,064	7.2	13,477	7.0
35 – 39	6,437	6.8	6,922	7.0	13,359	6.9
40 – 44	5,908	6.2	6,169	6.2	12,077	6.2
45 – 49	6,195	6.5	6,292	6.4	12,487	6.4
50 – 54	6,571	6.9	6,873	7.0	13,444	6.9
55 – 59	6,685	7.0	6,775	6.9	13,460	6.9
60 – 64	5,660	6.0	5,627	5.7	11,287	5.8
65 – 69	4,534	4.8	4,894	5.0	9,428	4.9
70 – 74	4,776	5.0	5,197	5.3	9,973	5.1
75 – 79	3,203	3.4	3,808	3.9	7,011	3.6
80 – 84	2,103	2.2	2,711	2.7	4,814	2.5
85 – 89	1,044	1.1	1,737	1.8	2,781	1.4
90 and over	439	0.5	1,006	1.0	1,445	0.7
Total	95,107	49.1	98,748	50.9	193,855	

Population aged 0-25 years

The blue cells highlight the highest proportion of 5 year age bands in the population aged 0-25

The population structure for both England and Bury has changed between the 2011 and 2021 census:

- The number of residents under 5 years of age in Bury decreased by 1,078 (8%).
- The number aged 15 to 19 fell by 3% and the number aged 20 to 24 fell by 10%.

- However, the numbers aged 5 to 14 grew by 13%.
- Overall, the total population in the 0-25 years age group (age range of the SEND system) remained stable, increasing by 341 (0.6%).

Although SEND cohort's population numbers have not changed significantly over the past ten years, we can still see that a significant portion of this cohort is currently navigating the educational system. It seems this may decline once the 0-5 years cohort enter the school system.

ONS estimated population projections for Bury using mid-year population estimates shows that we are expecting a decrease in the 0-19 cohort by 1.6% over the next 10 years, in the context of overall population growth.

Table 3: Estimated population projections for Bury (Mid-Year Estimates, 2018)

Age Group			Growth 2023-2033	
	2023	2033	Number	Percentage (%)
0-19	47,825	47,063	-762	-1.6
20-39	48,114	48,791	677	1.4
40-64	61,824	62,089	265	0.4
65-79	26,647	29,134	2,487	9.3
80 and over	9,737	12,867	3,130	32.1
All Years	194,148	199,946	5,798	3.0

2.3 School age population for Bury (5-16 years of age)

Based on the Oct 2022 school census, Bury's school age population in Bury Schools stands at 27,928 pupils, of which 16,190 (57.9%) are in primary phase and 11,738 (42.1%) in secondary phase. Bury's school population is decreasing in the primary phase, but steady in the secondary phase. However, secondary population will begin to reduce by 2023.

Table 4: School Age Population, split by phase 2019 to 2021

Phase	Year		
	2019	2020	2021
Primary	16,741	16,529	16,317
Secondary	11,570	11,603	11,686
All	28,311	28,132	28,003

2.4. Predicted Future Trends

What can we predict about the size and needs of the SEND population in the future?

To commission and create effective and appropriate services for this group, it is essential to know future changes in the size and composition of the SEND population in Bury. We must therefore consider the predicted overall population change for the 0-25 years age group when predicting future trends for the SEND population in Bury.

Table 5 below presents data on the population projections for the 0-25 years age group (SEND and non-SEND) for Bury. For the ages 0-25 years (age range of the SEN system), the population is expected to increase by 1.4% between the years 2023 and 2033 compared with a slightly higher increase of 1.5% across England. However, as described above our census data has shown a stability in the 0-25 population over the past 10 years.

Table 5: Population projections for Bury for the 0-25 years age group

Age	2023	2033	Number	%age change
0-4 years	11,242	11,646	404	3.6
5-9 years	12,335	11,801	-534	-4.3
10-14 years	13,018	11,885	-1133	-8.7
15-19 years	11,230	11,731	501	4.5
20-25 years	11,713	13,322	1609	13.7
0-25 years	59,538	60,385	847	1.4

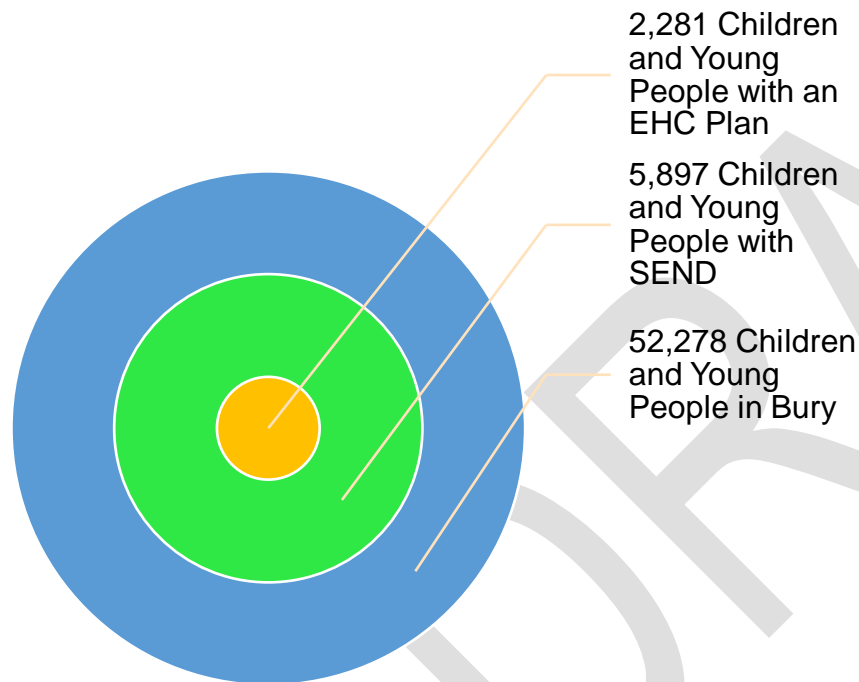
Based on ONS-2018 estimates, there will be 59,538 children and young people aged 0- 25 living in Bury in 2023. Over the next 10 years this population is expected to increase to 60,385 (1.4%), a difference of 847 additional CYP aged 0-25 years. However, we know that most new EHCPs are for school-age children, so it is possible that the projected fall in the overall number of children over the next decade may offset greater identification of need

3. SEND Population in Bury

As described earlier, Bury is responsible for both Bury resident children and young people who have an EHC Plan, and children in Bury schools who receive SEN Support.

From this chapter forwards when looking at our SEND population, this JSNA will look at data specifically for these two cohorts. The key considerations are the size of the SEND population and different needs of children and young people with SEND.

Figure 2: How large is the SEND Population aged 0-25 years (covered by SEN system) in Bury?



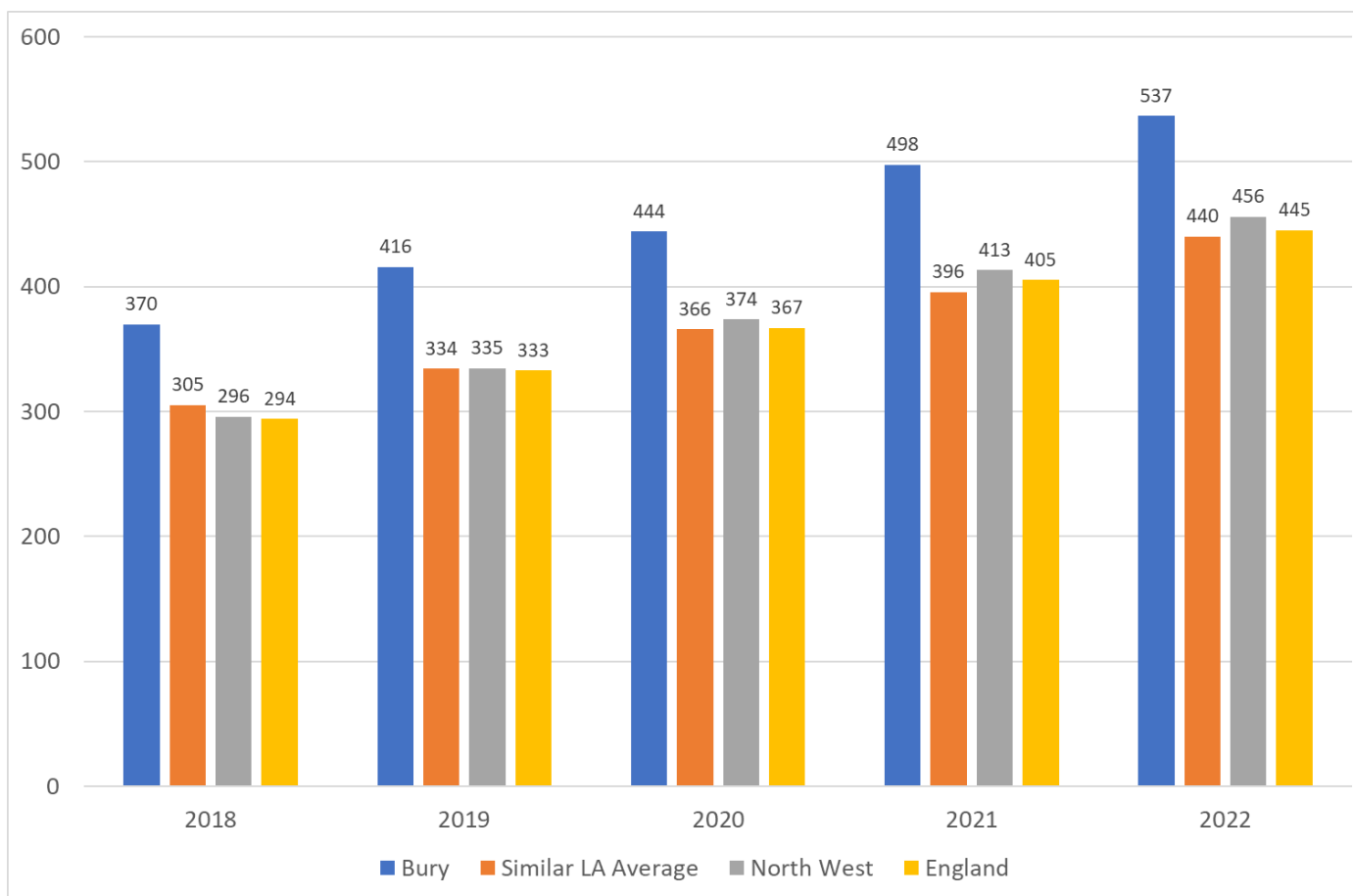
According to the latest school census data, 12.3% of the school population were in receipt of SEN support. This is just slightly lower than the national figure (12.6%), although this headline figure disguises a disparity between Primary and Secondary school age children.

More children are identified as needing SEN support in Bury Primary schools than in similar local authorities (3.4% more), while SEN support in Secondary schools is at levels 15% less than in similar authorities.

4.4% of Bury's school population had an EHCP, compared to 4% nationally.

It is important to note that not all the children resident in Bury with an EHCP will be attending Bury schools. To gain a full understanding of the relative size of the cohort of children and young people with an EHCP it is necessary to scale it against the local child population (see overleaf).

Chart 1: The Number of EHCPs per 10,000 4 to 19 year olds between 2018 and 2022

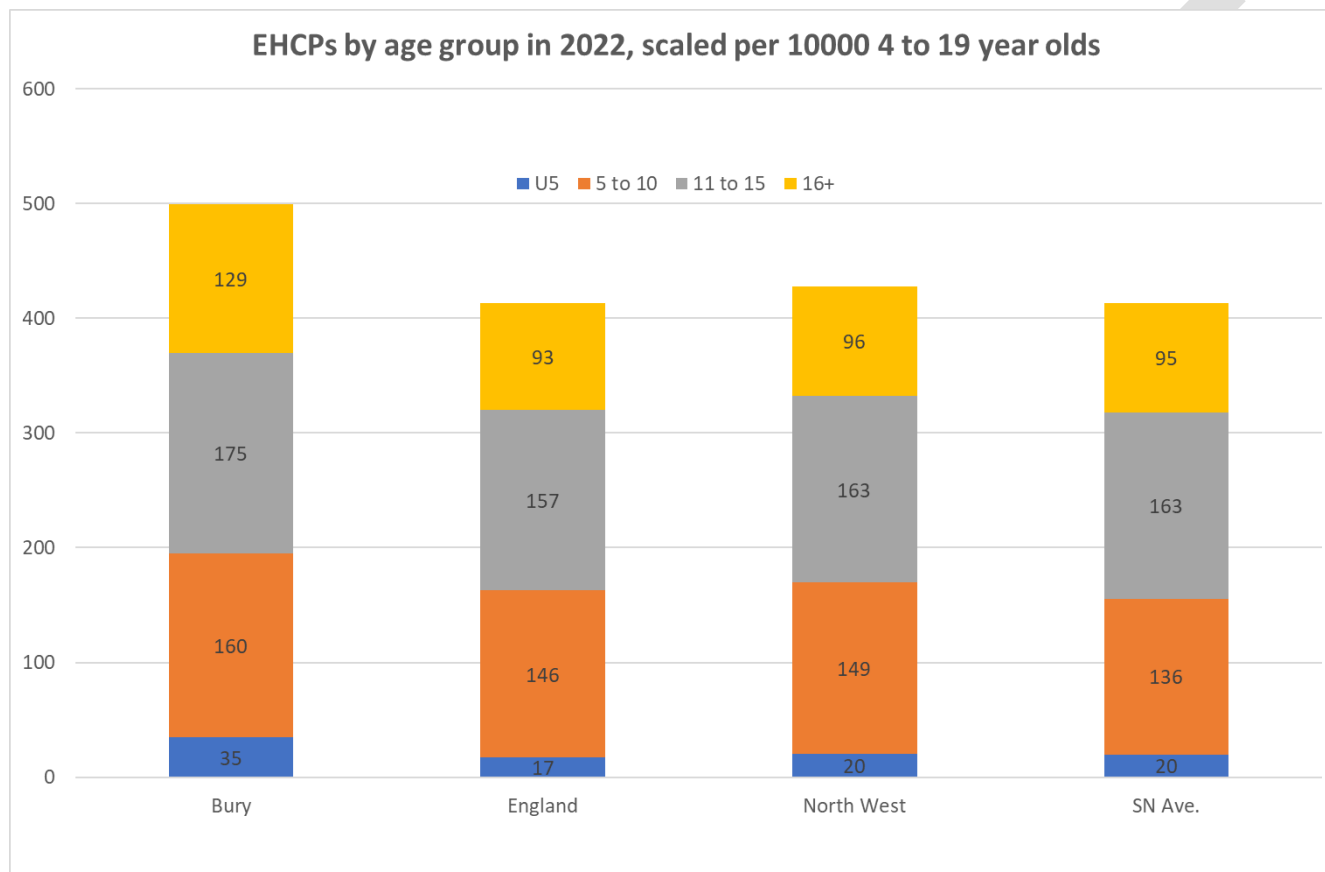


The number of EHCPs for Bury children, when scaled per head of population is substantially higher than national, regional or similar authority averages – typically between 20 and 25% in each of the last 5 years of nationally published data, with a slight narrowing of the gap over the five-year period.

There is no population-based reason for this pattern. Typically, more deprived areas will have higher levels of identified SEND, but Bury’s level of deprivation is only slightly higher than the national average.

3.2 What is the age profile of SEND population in Bury

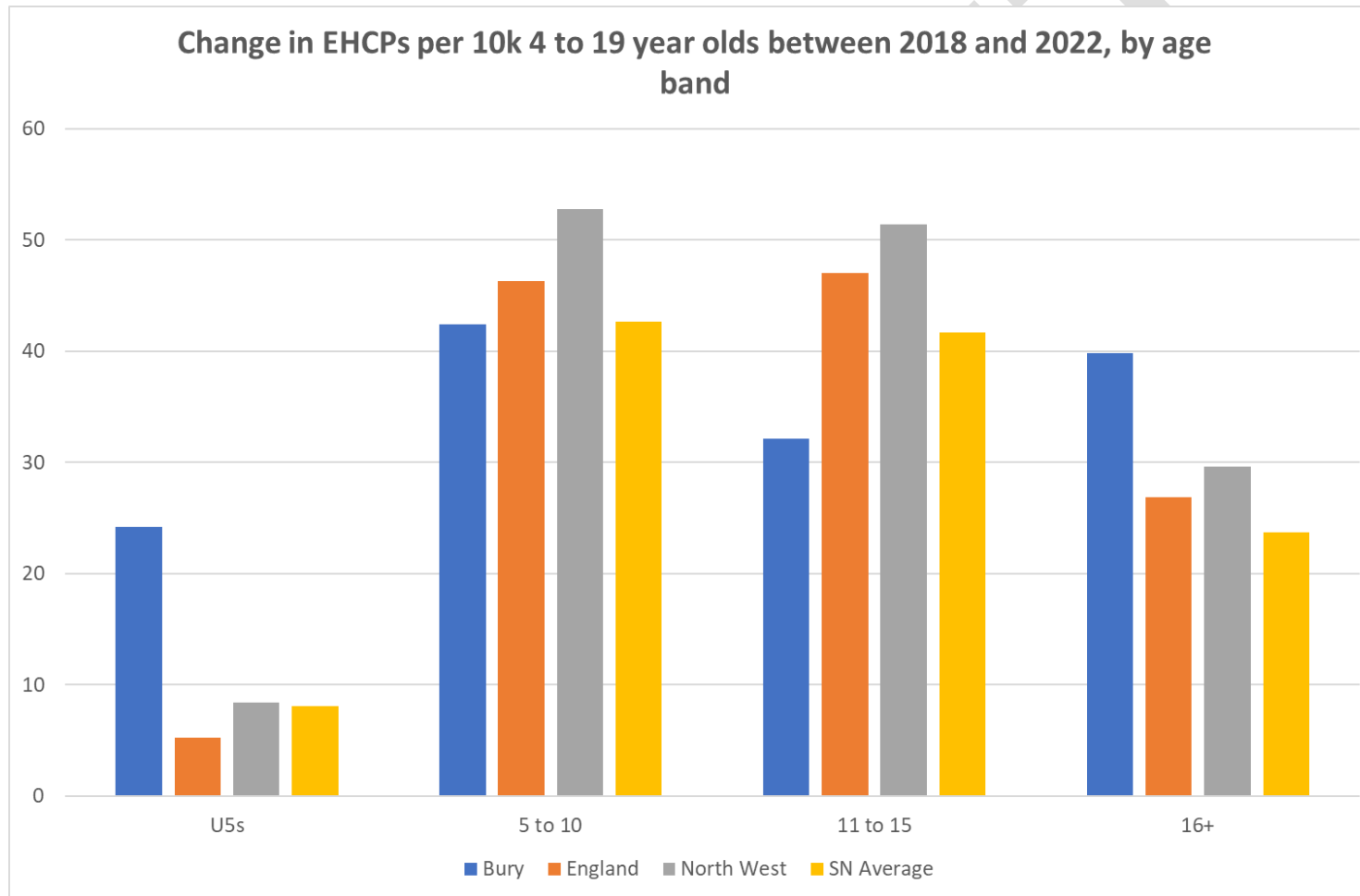
Chart 2: Children and young people with an EHC plan in 2022 – Bury compared with England, North West & Similar LAs



Bury's age distribution for EHCPs is interesting, with a higher rate than comparators for all age bands, but particularly marked in the under 5s (double the national rate). Primary school age children are 10% higher than the rate for England, while Secondary school age children are 10% and post 16 are almost 40% more numerous.

The change over time since 2018 is instructive (see chart below)– Bury and all its comparators have seen significant growth in the number of EHCPs per head of population, but the pattern of this growth is for lower rises in school-age bands in Bury than is typical elsewhere, combined with very fast growth in the under 5s, especially in the 2020 and 2021 calendar years; and greater than average growth post-16 as well. It is likely that this under 5 growth will feed into Primary school age band shortly.

Chart 3: Change in the number of children with an EHCP, scaled per 10,000 4- to 19-year-olds between 2018 and 2022, by age band



3.3 Characteristics of Children with SEND in Bury

Analysis of the characteristics of children with SEND rests on the school census collected by the DfE and the children and schools covered by the census. Unfortunately the SEN 2 return has not included ethnicity or sex or any other characteristic beyond age. Since SEN Support is mainly used by mainstream Primary and Secondary schools to identify children in need of further support, the coverage for these children is good. However, coverage in the school census for children and young people with EHCPs is not as comprehensive. For example, the school census in 2022 included 1,313 children in Bury schools with an EHCP, 63% of all the children for whom Bury holds an EHCP (2,087), according to the SEN 2 data return. Similarly, nationally, the school census covers 70% of all the children and young people with an EHCP. This is because the school census does not include children with EHCPs who are not in schools. It is also worth noting that the school census covers children in Bury schools, not Bury children. So, for EHCPs, the analysis needs to be regarded as indicative not definitive.

% Boys	SEN Support		EHCP	
	Bury	England	Bury	England
2021/22	61	64	73	73
2020/21	61	64	74	73
2019/20	62	65	74	73
2018/19	63	65	73	73
2017/18	64	65	72	73

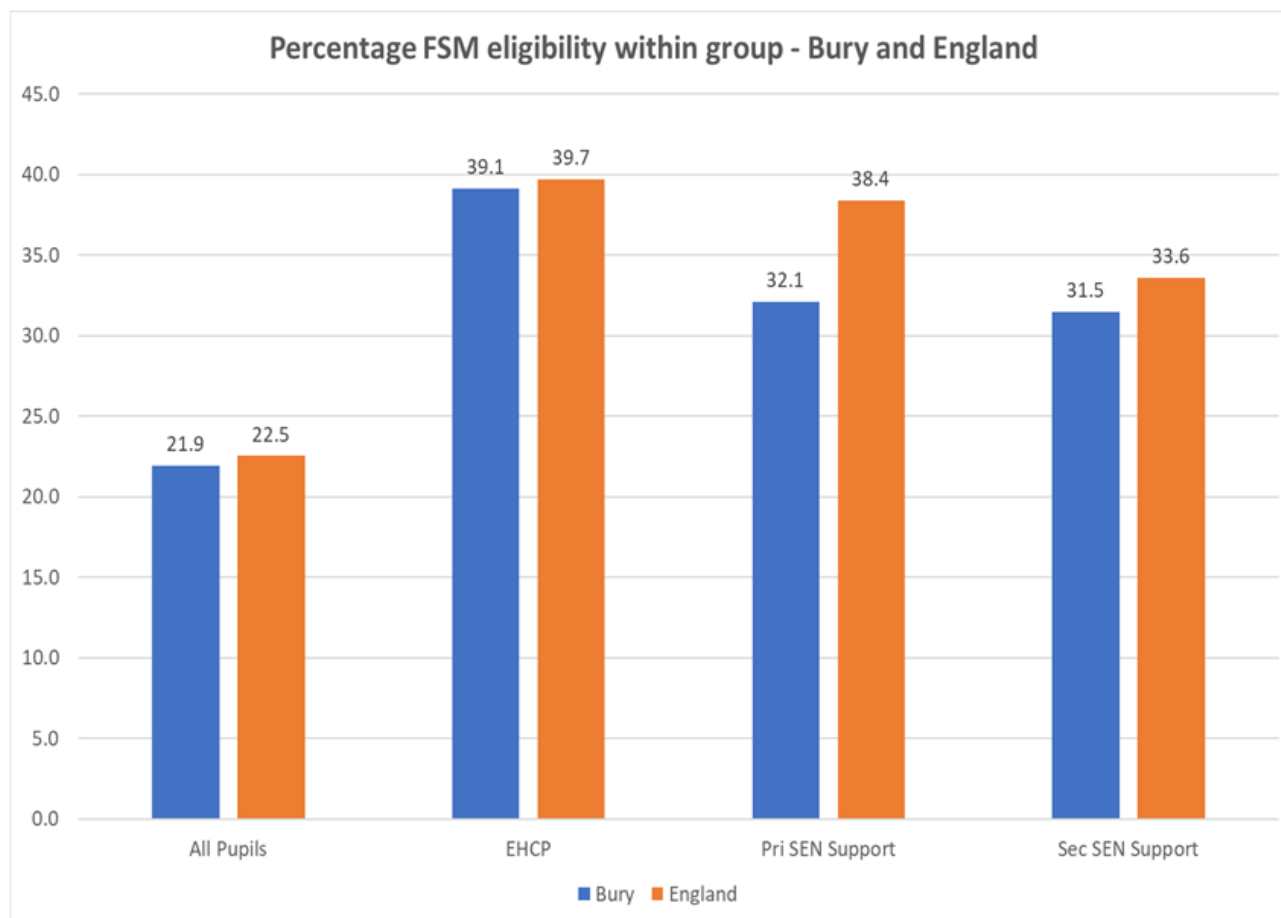
Table 6: Comparative Prevalence of Boys in SEND cohorts Analysis by sex shows the prevalence of boys in the SEN cohort at both SEN Support and for children with EHCPs. This is a consistent pattern, both within Bury and in England as a whole. It is noticeable that the boys make up nearly two thirds of the SEN support cohort: and nearly three quarters of the EHCP cohort. The steadily falling proportion of boys in SEN support runs counter to national stability.

Table 7: Ethnicity Analysis of SEND children in Bury, compared to prevalence within pupil population. Analysis of the ethnicity of children in Bury's schools overall, compared with children with identified SEND reveals a pattern of slight over-representation of White British pupils in the EHCP cohort; and slight under representation of most other groups, esp. children of Pakistani heritage.

This pattern increases for children supported at SEN support. This is the area of SEND with greater discretion at school level. It is particularly marked at Secondary school, although some caution needs to be exercised in arriving at general conclusions, as it could reflect individual school practice.

Ethnicity of Bury pupils	% of all pupils	Diff in % within group from all pupil %		
		EHCP	Pri SEN Supp	Sec SEN Supp
White British	69.1	1.9	5.1	9.4
Any other white background	3.1	-1.7	-0.7	-0.8
Gypsy Roma	0.2	0.1	0.1	-0.2
White and Black Caribbean	1.3	-0.1	-0.1	0.4
White and Black African	0.8	0.1	-0.1	-0.1
White and Asian	1.8	-0.5	-0.8	-0.1
Any other mixed background	1.8	0.2	0.1	-0.1
Indian	0.8	-0.6	-0.4	-0.6
Pakistani	12.0	-2.0	-2.2	-4.3
Any other Asian background	2.5	-0.1	0.2	-1.9
Black African	2.4	-0.1	-0.8	-0.2
Any other ethnic group	1.6	-0.3	-0.1	-0.7

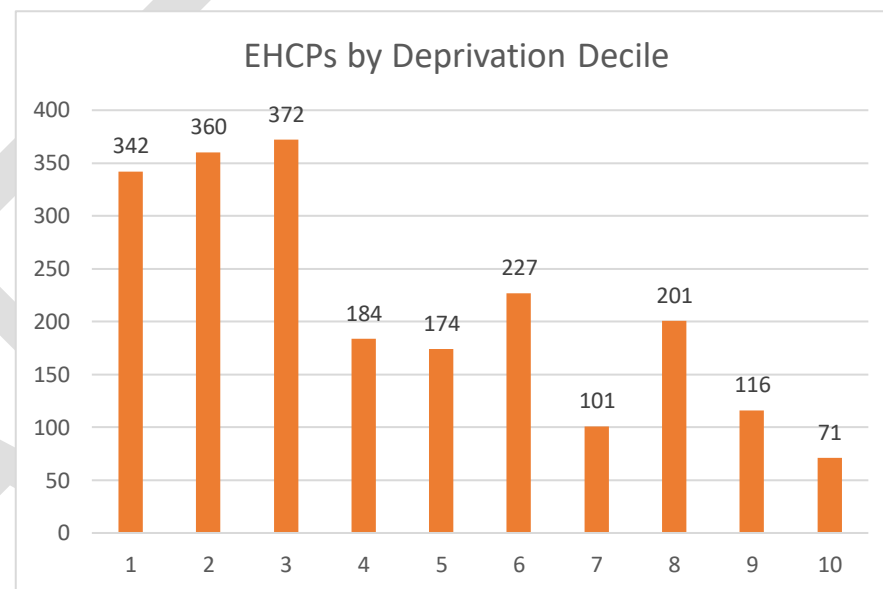
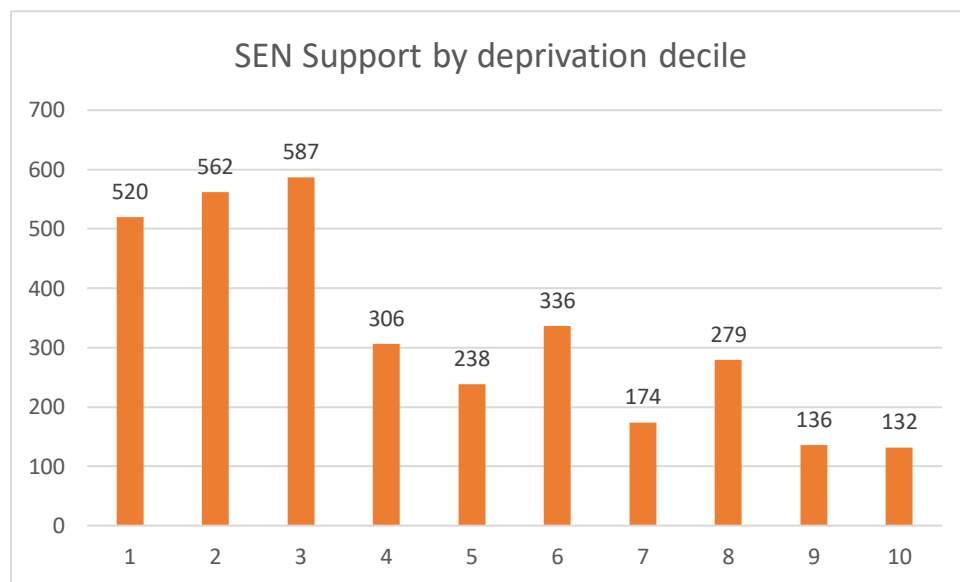
Chart 4: Free School Meal Eligibility of children with and without identified SEND in bury and England.



As noted earlier, deprivation and poverty tend to positively correlate with increased levels of SEND. Analysis of Free School meal eligibility – the best proxy for deprivation at an individual child level in schools – confirms this pattern, both locally in Bury and nationally, with children with an EHCP almost twice as likely to be eligible for free school meals and children supported at SEN support 1.5 times as likely to be in receipt of free school meals. Comparing Bury’s eligibility to the national figures shows similarity at EHCP, but lower levels of eligibility at SEN support, especially in primary schools. This suggests that SEN support is less strongly associated with children from deprived backgrounds in Bury than is typical elsewhere.

Deprivation

Charts 5 and 6: Count of SEN Support by Deprivation decile, and count of SEN Support by Deprivation decile, 2020

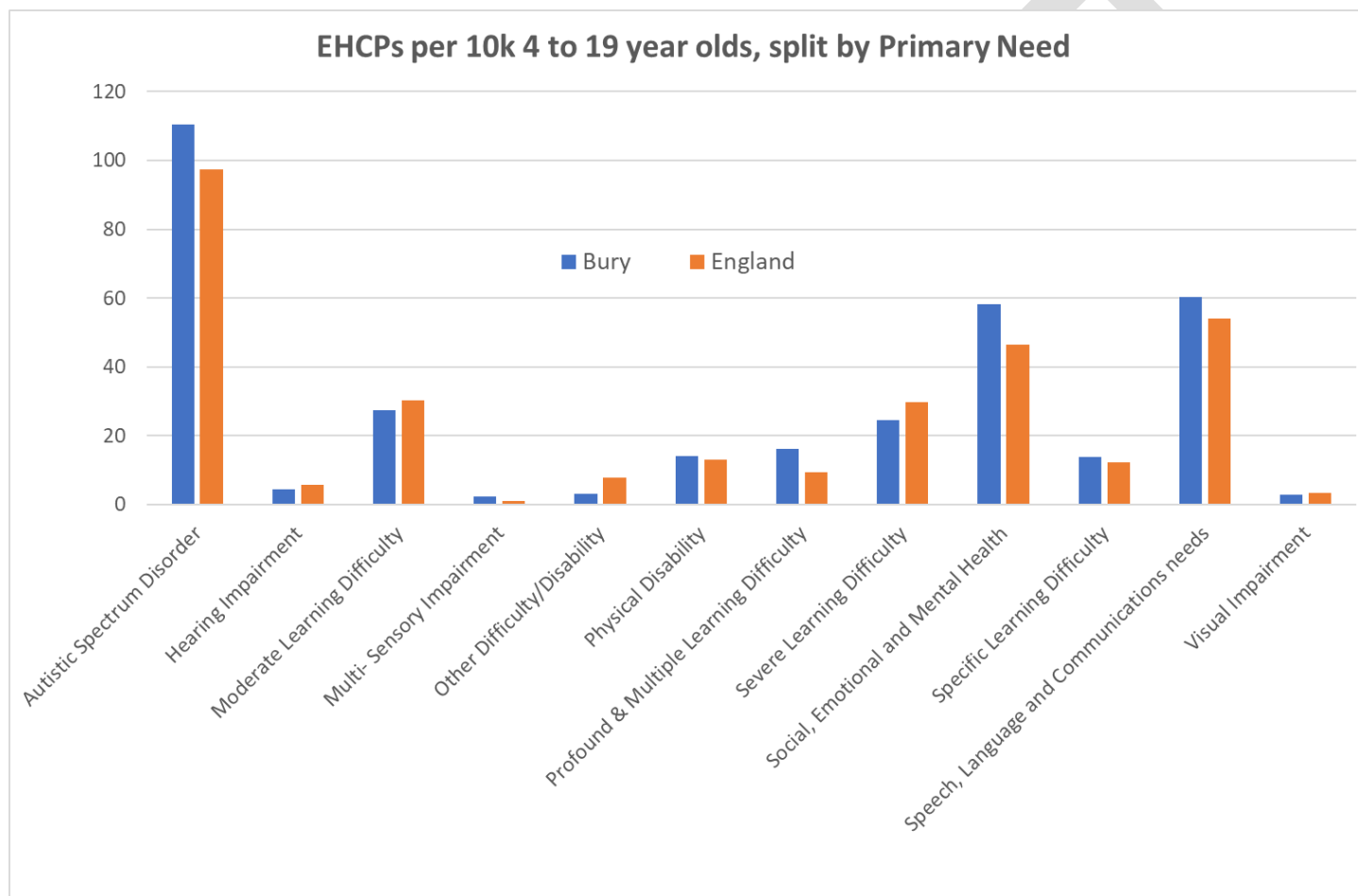


The above analysis confirms the free school meal eligibility. Children with identified SEND are more likely to live in the most deprived areas of Bury. Research has shown that poverty is both a cause and an effect of SEND (Bart et al, 2016). Data on SEND population in Bury suggests that as the levels of deprivation increases, the rates of SEN diagnosis increases (figures 13 and 14). In terms of provision of care to these needs, as the level of deprivation increases in Bury, the number of EHCPs and SEN support increases. This may suggest that Bury is addressing the needs of our population in an equitable manner.

3.4 What are the primary needs of SEND Population aged 0-25 years in Bury?

Similarly, to the analysis of the characteristics of children with SEND, the school census is the source for the primary needs of children with identified SEND. Therefore, the same caveats mentioned above around the coverage of the EHCP cohort apply to the analysis of primary type of need.

Chart 7: EHCPs analysed by type of Primary Need in Bury and in England



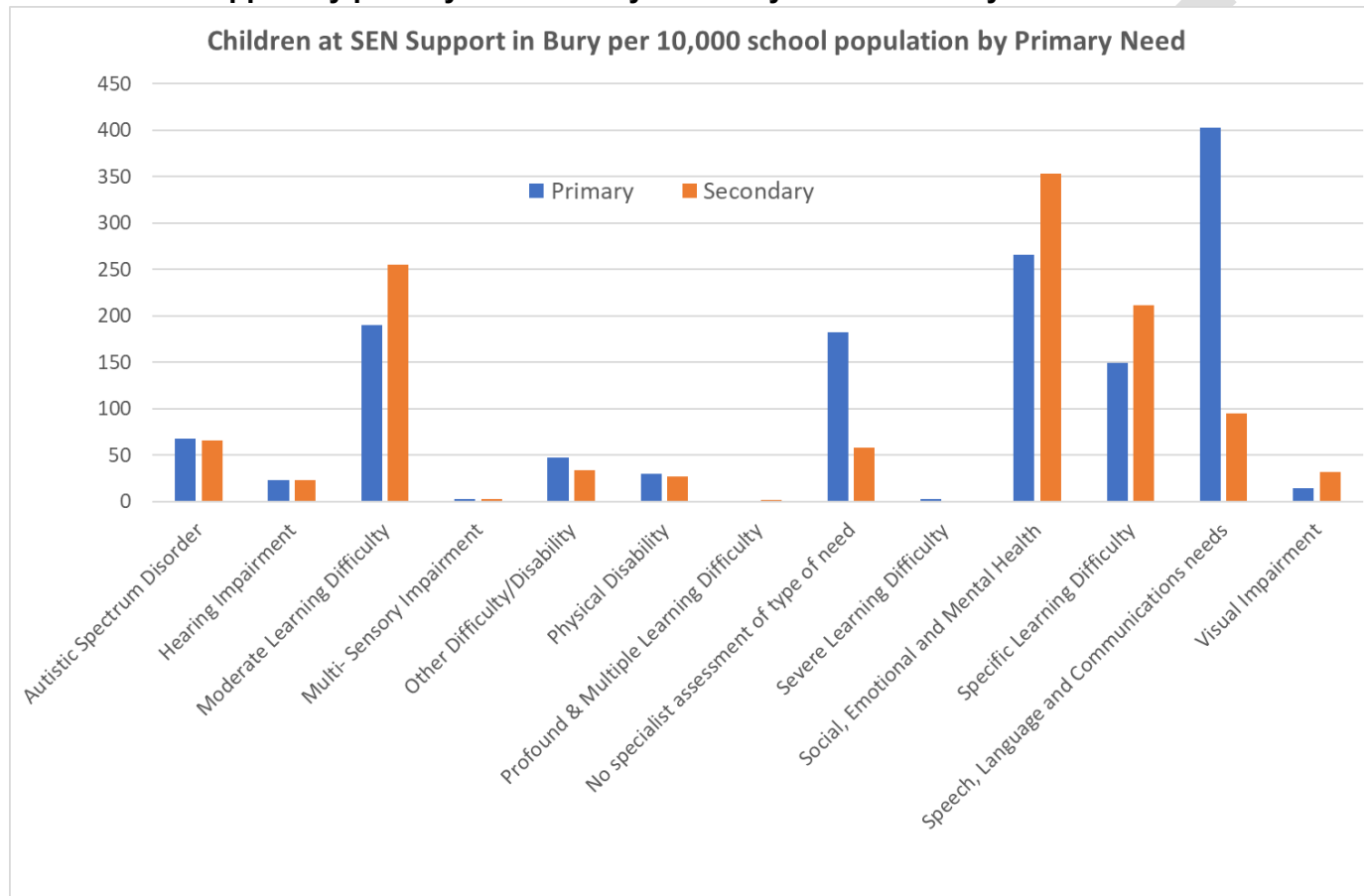
This analysis shows the preponderance of children with EHCPs for Autism, Social Emotional and Mental Health (SEMH) and Speech Language and Communication both nationally and in Bury.

The analysis also confirms that when scaled per head of population Bury has more EHCPs for each of these three categories than the national average.

Within this headline picture there are variations by age group. For example, while there are 24% more primary school age children with an EHCP for autism, there are 11% fewer of secondary school age. This offsets somewhat in the chart opposite. SEMH is 40% higher at primary school age and 11% higher at secondary.

Analysis at SEN Support is more comprehensive and instructive, giving a clear idea of the local school system’s view of the nature of SEND need.

Chart 8: SEN support by primary need in Bury’s Primary and Secondary schools



The analysis shows that Speech, Language and Communication needs predominate in Primary schools along with Social, Emotional and Mental Health. For Secondary schools it is students with a need of Social, Emotional and Mental Health, Moderate Learning difficulty or Specific Learning difficulty. Given the prevalence of Autism amongst those with EHCPs, relatively few children are at SEN support with that primary need. The number of children supported in Primary school with no specific identified type of need is also notable.

It is instructive to compare the rates of pupils at SEN Support by primary need, per 10,000 resident population in Bury, with England as a whole – see table below

Table 8: Children supported at SEN Support, by Primary need, scaled per 10,000 resident population in Bury and England

	Primary			Secondary		
	Bury	England	Diff	Bury	England	Diff
Autistic Spectrum Disorder	67	82	-15	66	121	-55
Hearing Impairment	23	18	5	23	24	-1
Moderate Learning Difficulty	190	254	-64	255	262	-7
Multi- Sensory Impairment	2	4	-2	3	3	-1
Other Difficulty/Disability	47	45	2	34	71	-38
Physical Disability	30	28	2	27	28	-1
Profound & Multiple Learning Difficulty	0	1	-1	2	0	1
No specialist assessment of type of need	182	71	112	58	43	14
Severe Learning Difficulty	2	3	-1	0	2	-2
Social, Emotional and Mental Health	266	237	29	353	299	54
Specific Learning Difficulty	149	137	12	212	265	-53
Speech, Language and Communications needs	403	452	-49	95	141	-46
Visual Impairment	14	11	3	32	14	18
Total	1377	1343	34	1157	1274	-117

Looking at the table above, the overall level of identified SEND at SEN Support in Primary school is in line with the national rate. Furthermore, one could surmise that many of those with no specialist assessment of type of need might be categorised elsewhere in the country as either having a Moderate Learning difficulty or to have Speech, Language and Communication needs. While the rates are a little lower for Autism and a little higher for SEMH, it is overall in line with the national figures.

Considering the pattern in secondary schools, the striking point is the lower identification of need. This is partly explained by the strength of the mainstream independent sector – meaning that there are somewhat lower proportion of children in the resident population in Bury maintained secondary schools than would be nationally typical, but the scale of difference (-18%) cannot be explained on this basis. Within this pattern, children at SEN support for Autism, Specific Learning Difficulty and, Speech, Language and Communication are notably low in numbers identified. Only Social, Emotional and Mental Health (SEMH) and Visual impairment buck this general trend to any degree. Consistently higher than average identification of SEMH is a feature of the local system.

Analysis by Primary need and Ethnicity, comparing the prevalence of the larger ethnic groups locally in the whole pupil population, with their prevalence in SEND groups shows:

- White British children proportionately over-represented in:
 - EHCPs for Moderate Learning Difficulty, Social Emotional and Mental Health and Specific Learning Difficulty
 - SEN Support for SEMH (both phases), Specific Learning Difficulty (Primary) and Autism (secondary)

White British children are less likely to be in receipt of SEN support but without a specialist assessment to identify a primary need in secondary school. Children from Black and Minority Ethnic (BAME) are more likely to be categorised as such

- Pakistani heritage and other BAME groups are less prevalent in most SEND primary need categories, but particularly consistently in Social, Emotional and Mental Health across both Primary and Secondary phases and for both EHCPs and at SEN Support.

Table 9: Comparative Growth in identified SEND over the last 5 years – SEN Support rate per 10,000, split by Primary Need change since 2018

	Primary		Secondary	
	Bury	England	Bury	England
Autistic Spectrum Disorder	43	27	21	51
Hearing Impairment	5	1	8	4
Moderate Learning Difficulty	-75	-27	42	11
Multi- Sensory Impairment	-4	1	2	2
Other Difficulty/Disability	17	-2	-13	6
Physical Disability	-3	1	3	6
Profound & Multiple Learning Difficulty	0	0	2	0
No specialist assessment of type of need	45	13	-30	14
Severe Learning Difficulty	-9	0	-4	-1
Social, Emotional and Mental Health	90	45	109	104
Specific Learning Difficulty	-66	16	-82	38
Speech, Language and Communications needs	100	112	27	43
Visual Impairment	6	1	15	3
Total	149	186	99	281

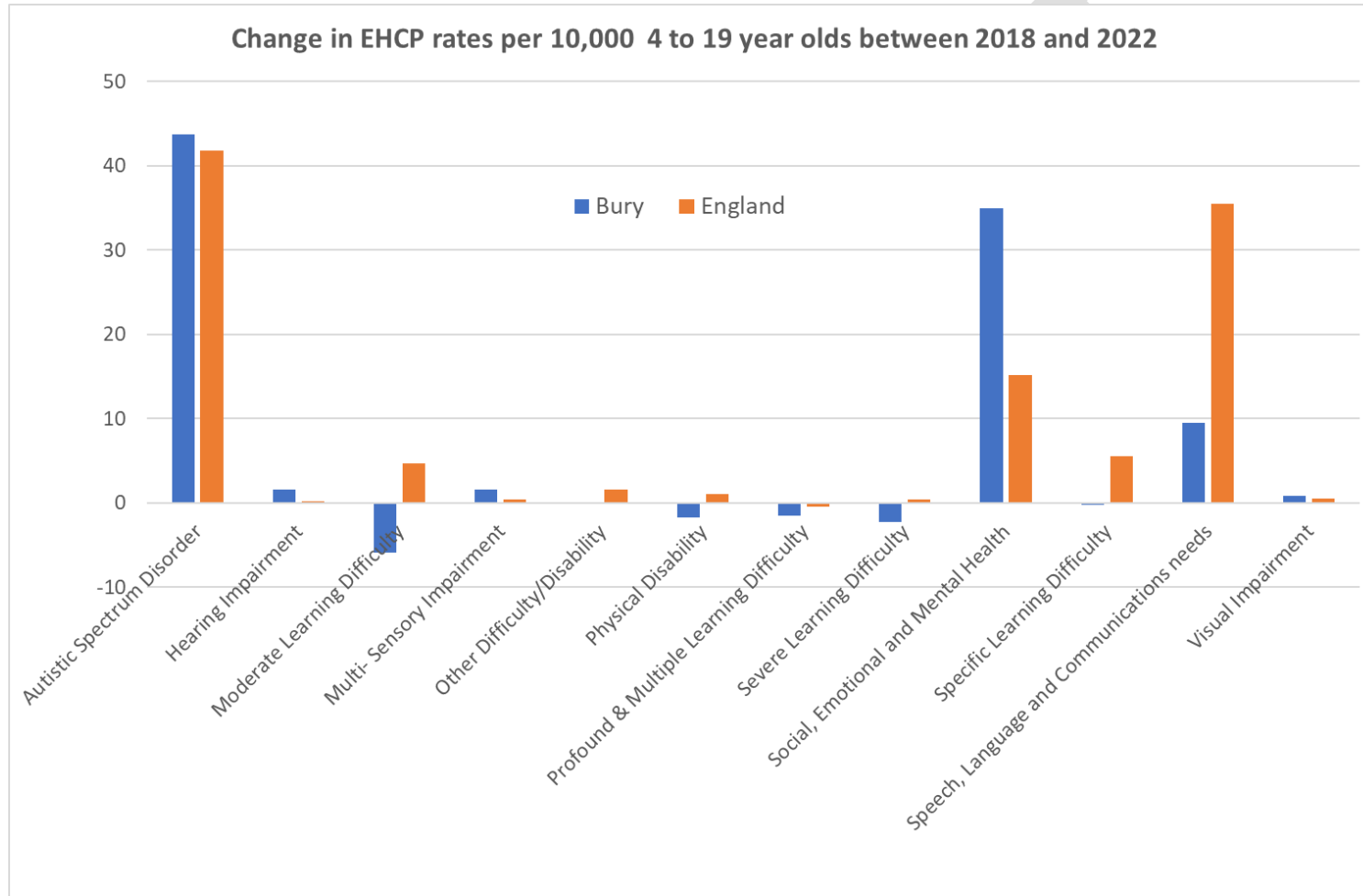
The relative number of children supported at SEN support in schools has risen, particularly in secondary schools nationally.

In Primary there has been a shift away from the primary need of Moderate Learning Difficulty, towards Speech, Language and Communication and this is a national feature. Locally, we have seen a shift away from Specific Learning Difficult as well. We have seen significant growth in SEMH – greater than national, especially in Primary schools.

In Secondary, Bury has seen nothing like the expansion in SEN support, with only support for SEMH keeping pace with the national increase. The difference between the national pattern and that evident in aggregate in Bury’s schools is apparent across most other primary needs.

A similar pattern is evident in EHCPs, with significant growth in EHCPs for Autism, Social Emotional and Mental Health needs (SEMH) and in Speech, Language and Communication (SLCN). Note the substantial growth in EHCPs for SEMH in Bury, compared to England as a whole; and the opposite for SLCN.

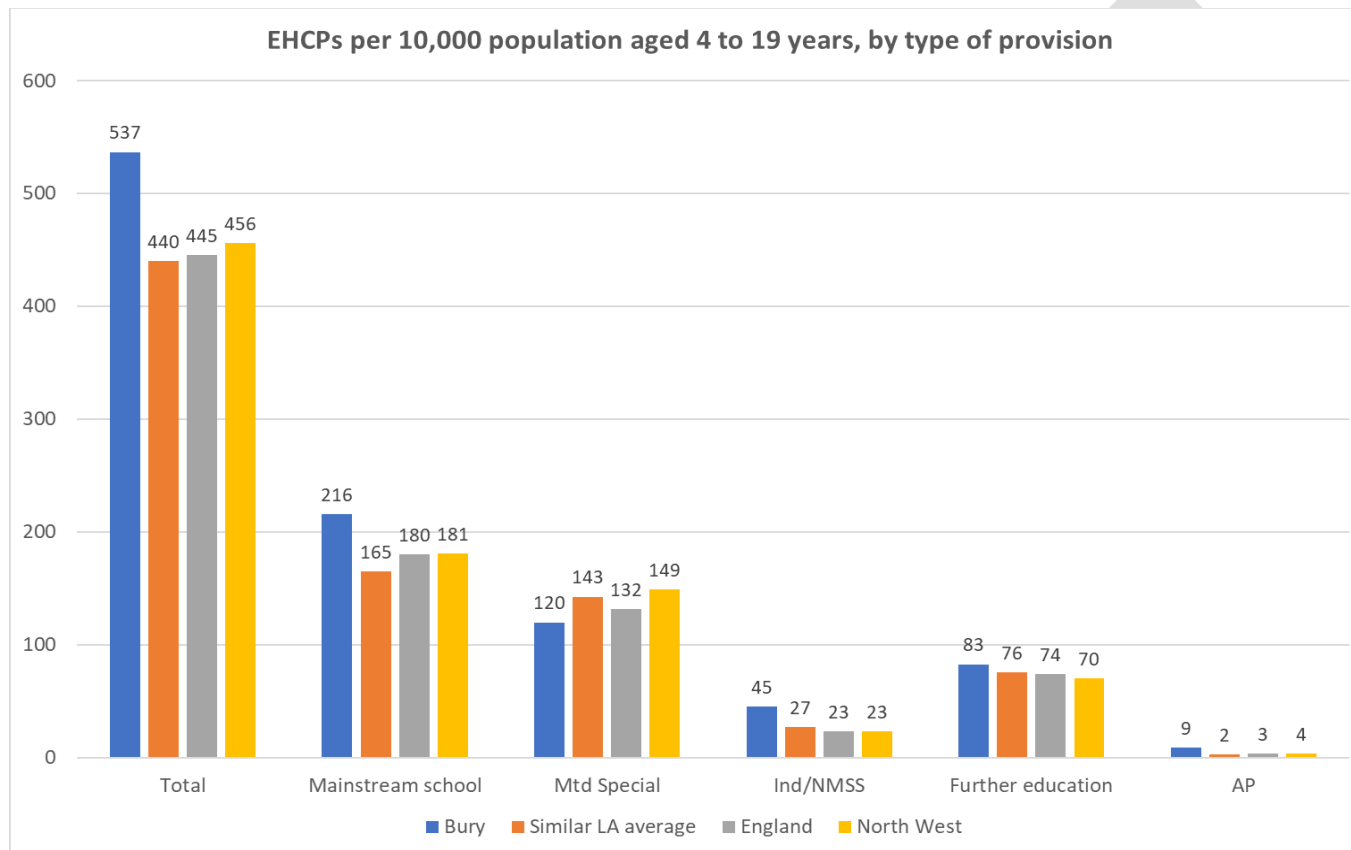
Chart 9: Change in EHCP rates since 2018 by Primary Need in Bury and England



4. Where are Children with SEND educated?

Analysis of where children with EHCPs are educated is instructive and points to several critical issues for the local area.

Chart 10: Analysis of the type of educational setting which Bury's children with EHCPs attend



Firstly, the high number of EHCPs relative to local population is leading to a higher rate of children with EHCPs in mainstream primary and secondary schools and a higher rate of local young people in Further Education.

Secondly, one can see that the balance of provision for children who need specialist provision is weighted away from maintained special schools and towards independent non-maintained special schools. This reflects a lower-than-average local capacity in maintained special schools.

Thirdly, one can see that more children in Bury are placed in alternative provision than is typical elsewhere.

The pattern described above is important, as it points to the constraints that exist to meeting need within the local education system – principally the capacity of local special schools, which is smaller than the regional, national, or similar local authority average – and the impact this has on the number of children and young people for whom places are sought in non-maintained special schools. This need is made more acute by the higher-than-average number of EHCPs in total in Bury, pre head of local population referenced earlier.

4.1 Early Years Bury

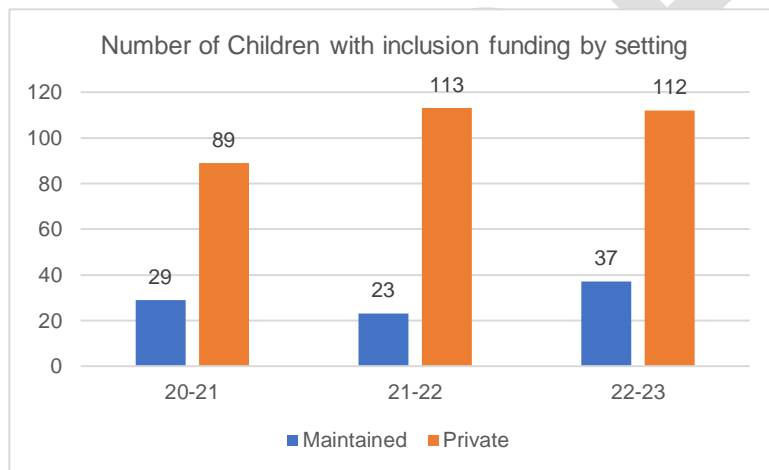
Table 10: Number of Children with SEN Support and EHC Plan by type of setting (latest available local data (Dec 22))

Type	SEN Support (n)	SEN Support (%)	EHC Plan (n)	EHC Plan (%)
Nursery- School	15	12%	19	16%
Reception – School	22	18%	79	65%
Private, Voluntary or Independent Nursery (PVI)	88	70%	23	19%
Total	125		121	

Most children with emerging SEN will have their needs met by the funding ordinarily available in settings. Early years providers will be expected to show and evidence inclusive practice as part of their universal offer (ordinarily available provision) for all children (including those with SEND) and use the full range of existing resources in their support arrangements. All settings are expected to make provision for children with SEN from core funding received for 2-3- and 4-year-olds.

Early Years Inclusion Support Funding is additional funding that supports the access and inclusion of children with SEND in Bury, whether a diagnosis has been made or not. Figure 25 below shows the types of early years settings of children receiving inclusion support funding over the last three years. The number of inclusion support funding remains highest in private, voluntary and independent (PVI) settings over the 3 year period, increasing by 24 from 2020/2021 to 2021/2022 and then stabilising. For children in maintained settings, there is a decline of 6 from 2020/21, followed by an increase of 14 children with inclusion funding between the years 2021/22 to 2022/23. Maintained settings seem to have picked this increase observed in 2021/2022 for inclusion fundings in private settings but a year later.

Chart 11: Number of children with inclusion funding by setting

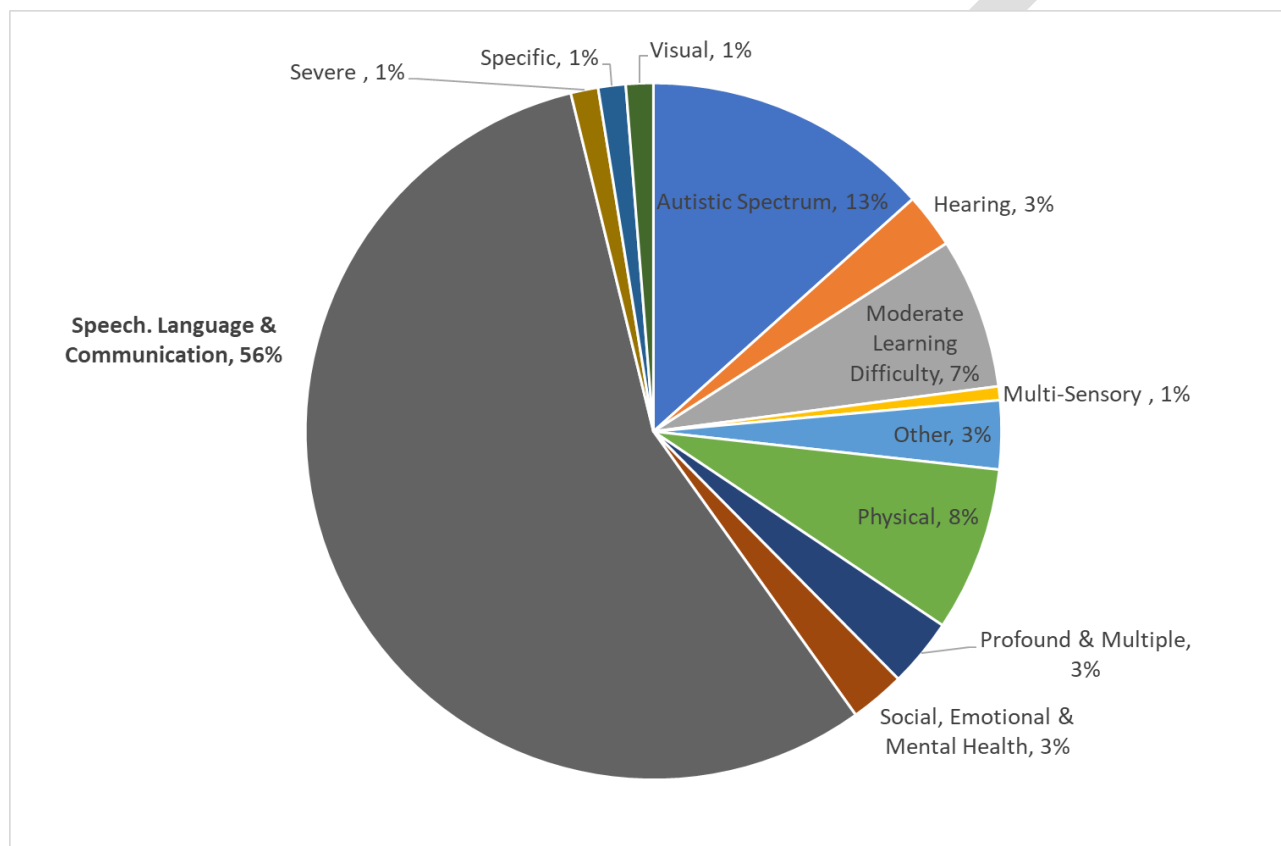


Age	Number	% of Early Years
N0	43	28.9%
N1	74	49.7%
N2	32	21.5%

N2 refers to those in the year group before reception class, N1 to those in the year group before N2, and N0 to those in the year group before N1. N1 has the most recipients of inclusion support funding.

The types of need identified in younger children are most commonly Speech Language and Communication (SLCN)– over half of all EHCPs for children in Reception year in school, or younger are for SLCN (56%). Some of the children identified earliest as requiring additional support because of special education need or disability are clearly medical diagnosis driven, but most are identified through comparative delays in development. This is important, as appropriate support and therapy can potentially remove the need for ongoing support throughout their childhood. Moreover, as noted earlier, in recent years there has been a substantial growth in the number of EHCPs issued for very young children. This raises questions about how well the local area can meet the needs of younger children earlier through universal and targeted services, rather than through the comparatively lengthy, statutory process of an EHCP.

Chart 12: Primary Need of Children with an EHCP aged 4 and younger



4.2 What are the outcomes for children with SEND needs?

Analysis of the outcomes achieved for children with SEND is an area for national and local development. As the needs and plans for individual children vary and cover every area of development and achievement, it can be hard to capture the progress and outcomes of children with SEND in aggregate. The local area plans to work with the Council for Disabled Children during 2023 to develop an outcomes framework for Bury that will supplement and supersede the national data that is available and serve to focus local strategy and improvement activity. The majority of nationally available comparative data for children with SEND is educationally derived and focused. Composite analysis of that data is provided below in **Table 11 – Composite relative Educational Outcomes**

Children with SEND				
	Indicator description	National Quartile	National Rank	Note
KS2	KS2 Attainment of SEN SEN Support Children - RWM	C	82	2022 Data
	KS2 Attainment of EHCP Children - RWM	B	29	2022 Data
	Progress scores - Key stage 2 by SEN pupils -Maths	B	62	2022 Data
	Progress scores - Key stage 2 by SEN pupils -Reading	B	56	2022 Data
	Progress scores - Key stage 2 by SEN pupils -Writing	C	102	2022 Data
	Progress scores - Key stage 2 by SEN Support pupils -Maths	B	58	2022 Data
	Progress scores - Key stage 2 by SEN Support pupils -Reading	B	30	2022 Data
	Progress scores - Key stage 2 by SEN Support pupils -Writing	C	74	2022 Data
GCSE	Average Attainment 8 score per pupil at end of Key Stage 4 for pupils with an EHCP	A	28	2022 Data
	Average Attainment 8 score per pupil at end of Key Stage 4 for pupils with SEN Support	C	97	2022 Data
	Average Progress 8 score per pupil at end of Key Stage 4 for pupils with an EHCP	A	14	2022 Data
	Average Progress 8 score per pupil at end of Key Stage 4 for pupils with SEN Support	D	124	2022 Data
Dest.	% KS4 SEN Pupils With EHCP going to, or remaining in education & employment/training overall (inc special schools)	B	37	2021 Data
	% KS4 SEN Pupils With SEN Support going to, or remaining in education & employment/training overall (inc special schools)	D	127	2021 Data
	16-17 yr olds with SEN in education & training, as at 31 December	C	101	2021 Data
	Percentage of KS4 SEN cohort in Education, Employment or Training at 17 (inc special schools)	C	99	2021 Data
at 19	%19 year olds qualified to Level 2 - with an EHCP	A	18	2021 Data
	%19 year olds qualified to Level 2 - SEN Support	C	96	2021 Data
	%19 year olds qualified to Level 2, inc English & Maths - with an EHCP	B	64	2021 Data
	%19 year olds qualified to Level 2, inc English & Maths - SEN Support	C	107	2021 Data
	%19 year olds qualified to Level 3 - with an EHCP	A	28	2021 Data
	%19 year olds qualified to Level 3 - SEN Support	C	87	2021 Data

The analysis builds on the most current nationally available data. It looks at the key performance measures and compares Bury's performance within the overall distribution of national performance. For reference, Bury is roughly average, comparatively nationally, so one would expect Bury to rank between 65 and 85 out of the 150 local authorities.

One can see that children with EHCPs typically do well across most measures. Children supported at SEN Support do less well, especially at GCSE. One hypothesis for this pattern could be that there is over-provision of EHCPs and that children who would be supported elsewhere at SEN Support have an EHCP in Bury. It is also likely that performance of children at SEN support broadly tracks overall performance in schools

In addition to academic progress and outcome measures, there are other key measures looking at access to education – chiefly attendance at school and exclusion from school. Caution needs to be exercised in reviewing comparative attendance and exclusion data currently because of the impact of COVID across the country and because there is a lag in the DfE providing detailed comparative data, split by child characteristics. So, the attendance data is for the autumn term of 2021 and spring term of 2022; and the exclusion data is for the autumn term of the 2021/22 school year.

However, even within this context, it is possible to draw broad conclusions – children with SEND in Bury have lower absence levels than their national peers. The only areas where attendance is lower than the national average is for children with EHCPs educated in secondary schools (below) and for children with SEN support in Secondary schools

Chart 13: Absence from School by SEND category

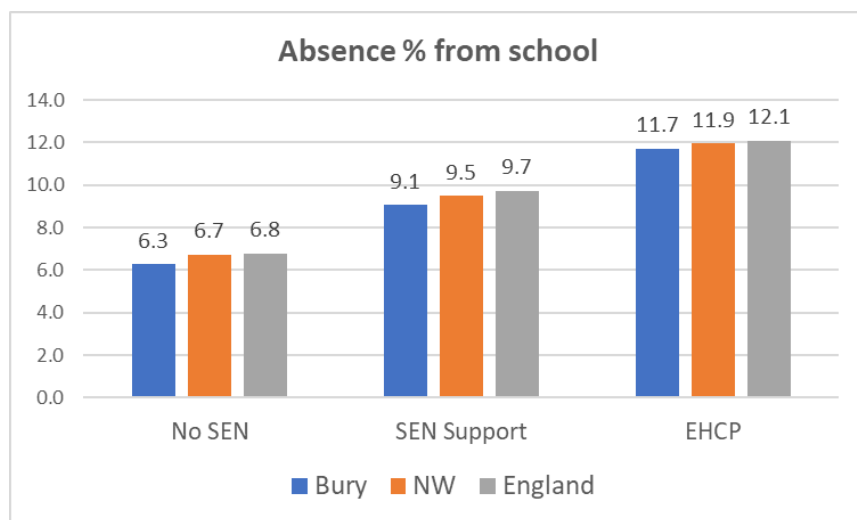
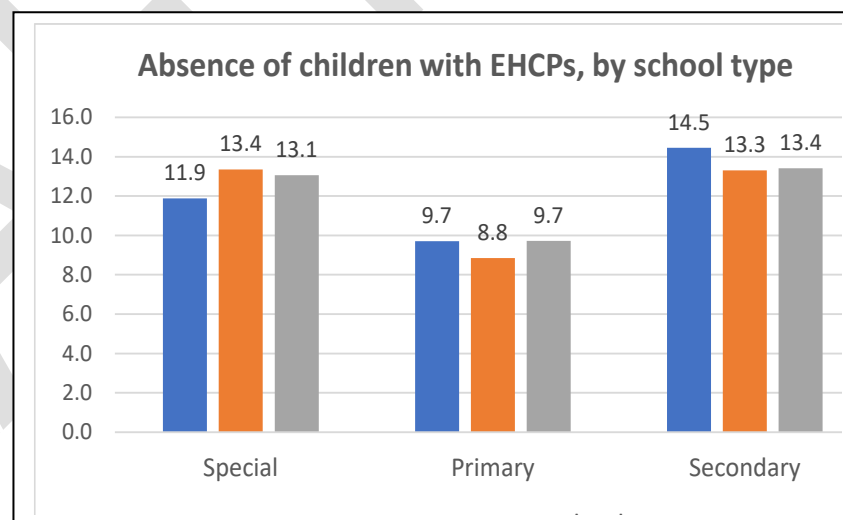


Chart 14: Absence from school by school type for EHCPs



Recently published school exclusion data for the autumn term of 2021, shows that permanent exclusions from Bury schools for children at SEN support was below the national rate (0.05 of the school population, compared to 0.08 of the school population) and that no child with an EHCP was permanently excluded. The suspension rate for children with an EHCP was also below the national average (5.29, compared to 6.27). The suspension rate for children at SEN Support was higher, however (6.66, compared to 6.31). These overall figures mask higher rates of suspension in secondary schools for both children at SEN Support (15.4, compared to a national average of 11.8); and for students with an EHCP (16.2, compared to 13.4).

Overall, access to education seems to be a strength for the local area, but with lower attendance and higher suspension rates for children with identified SEND in mainstream secondary schools.

5. Health

5.1 How is the overall Health and Wellbeing for Bury population aged 0-25?

Most recent publicly available data are presented below for indicators relevant to all children and young people in the 0-25 age group in Bury. As the indicators cover different ages, where relevant these age groups will be mentioned.

Premature Mortality: For the period 2018-2020, the infant mortality rate (4.1 per 1,000 live births) is similar to England average (3.9 per 1,000 live births) with an average of 9 infants dying before age 1 each year. Recently there have been 4 child deaths (1-17 year olds) each year on average and child mortality rate for Bury (12.4 per 100,000 population) is similar to England average (10.3 per 100,000 population).

Health Protection: MMR immunisation level in Bury does not meet recommended coverage (95%). By age 2, 94.4% of children have had one dose similar to England average of 89.2%. By the age of five, only 88.6% of children have received their second dose of MMR immunisation. By age two, 93.9% of children have had Dtap/IPV/Hib immunisation, approaching minimum recommended coverage (95%) (Child and Maternal Health, 2022). 100.0% of children in care are up to date with their immunisations, which is better than England average of 86% (Child and Maternal Health, 2021).

Wider Determinants of Health: Bury has a significantly higher proportion (17%) of children in absolute low-income families (under 16s) compared with England (15.1%). However, recent trends suggest a decline (Child and Maternal Health, 2021). The rate of children in care (80 per 100,000 children under 18 years) is higher than England average (67.1 per 100,000 children under 18 years) (Child and Maternal Health, 2021).

Health Improvement: The teenage pregnancy rate in Bury (13.5 per 1,000 females aged 15-17 years) is statistically similar to England average (13 per 1,000 females aged 15-17 years), with 44 girls becoming pregnant in a year. Data on obesity in reception and year 6 are not available for Bury. 8.8% of women smoke while pregnant which is similar to England average of 9.1%. Most recent trend suggests a decline in women smoking while pregnant. Around 2.5% of term babies had a low birth weight (statistically similar to England average of 2.9%) (Child and Maternal Health, 2020). Dental health in Bury is worse than England, where 35.2% of 5 year olds have experience of dental decay (Child and Maternal Health, 2020).

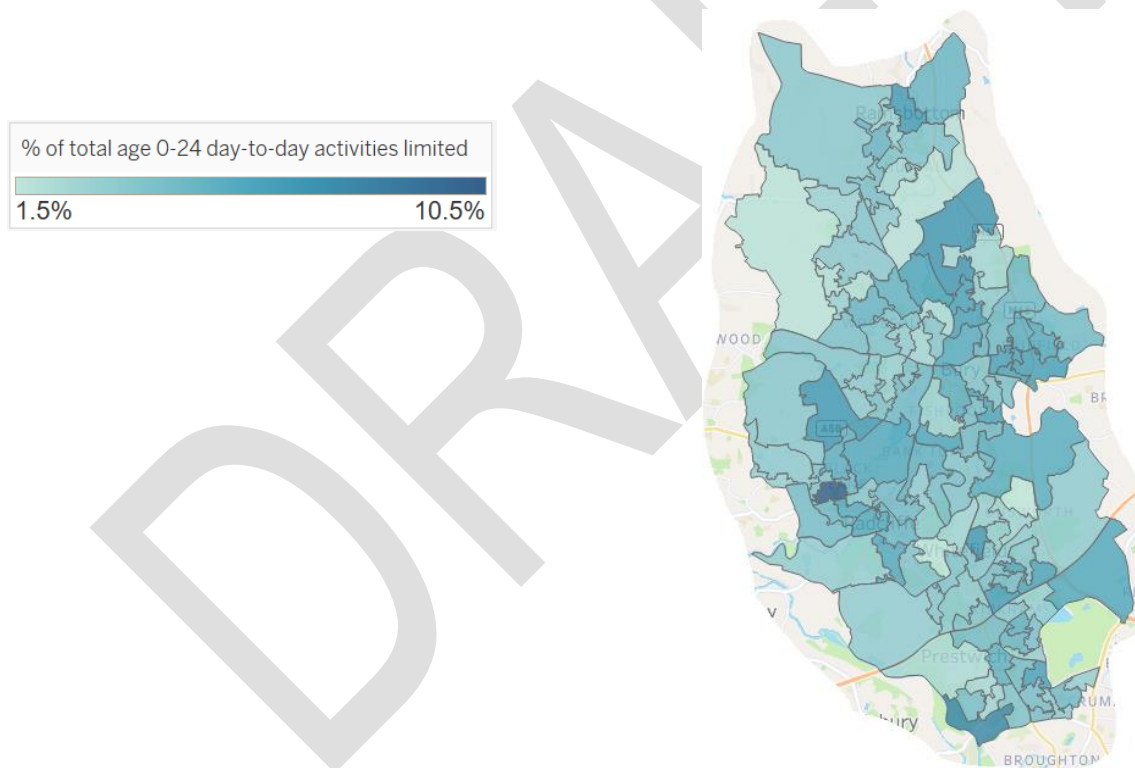
Prevention of ill-health: The rate of child inpatient admissions for mental health conditions at 81.1 per 100,000 children under 18 years of age is similar to England (Child and Maternal Health, 2021). The rate of hospital admissions for self-harm in children aged 10-14 years and young people aged 20-24 years are statistically similar to England average with no significant changes in trend, however hospital admissions for self-harm in children aged 15-19 years are rising (989 per 100,000 population) and are above England average (Child and Maternal Health, 2020). The hospital admission rate for injury in children (aged 0-14) at 100.4 per 10,000 is worse than England, and for young people (aged 15-24) at 142.3 per 10,000 is worse than England. Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing. This is not the case in Bury, where there is no significant trend (Child and Maternal Health, 2021).

5.2 What do we know about our children and young people with long term illnesses or disabilities that limit daily activities?

The census question regarding disability changed in 2021 to collect data that aligns more closely with the definition of disability in the [Equality Act \(2010\)](#). The Equality Act defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities. This change in definition between the years 2011 and 2021, may have had an impact on the number of people identified as disabled in Census 2021.

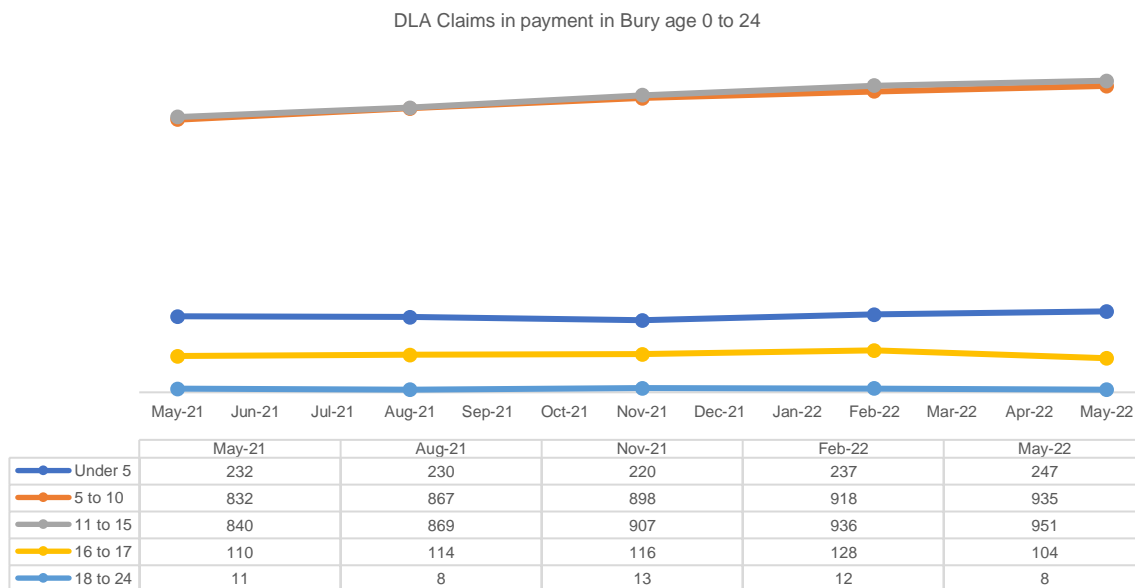
The prevalence of LLTI in 0 to 25 year olds in Bury ranges by Layer Super Output Areas (LSOA) from 1.5% to 10.5%. Whilst there are some areas of correlation with our deprived areas there is still evidence of higher concentrations of LLTI prevalence across most LSOAs.

Figure 3: The percentage of 0-24s with a long-term health problem or disability that limits day-to-day activities by LSOA (Census 2011) (Census 2021 data due out February 2023)



Disability Living Allowance (DLA) claims in payment in Bury age 0 to 24

Chart 13: DLA Claims for people aged 0-24 years over time



The number of DLA claims for ages 0-24 contributes to building up the picture of prevalence of disability in Bury to inform service planning. Most recent data from May 2022 suggests that the highest number of DLA claims in payment are for the 11-15 years age band (951), followed by 5-10 years (935) in Bury. The lowest number (8) are for 18-24-year-olds.

Examining the trend in DLA claims in payment from May 2021- May 2022, there has been a steady increase in DLA claims for 5-10 years and 11-15 years age group. For all other age groups, it has remained relatively stable apart from a slight increase in May 2022 for the under 5's.

5.3 Current and predicted mental health needs of Bury SEND Population

Children and Young People with special educational needs (SEN) may have a range of issues that affect their ability to learn. Research has shown that a child with SEN is six times more likely to develop a mental health issue during their lifetime, than a child without one (Emerson and Hatton, 2007). There are good reasons to believe that the COVID-19 pandemic and subsequent lockdowns where children could not attend school (with the exception of keyworkers children and vulnerable groups) may have affected children with SENDs and their families disproportionately. This may have negative implications for both the children and their carers' mental health including exacerbate existing mental health problems and triggering new ones.

A survey conducted by NHS digital in September 2021 estimates 1 in 6 school aged children or 17.1% to have a probable mental health condition, an increase from 1 in 9 (11.6%) in 2017.

5.4 Health Services and Waiting lists

Analysis undertaken in April 2023 showed that progress was being made in reducing waiting lists for children with additional needs in key therapeutic and diagnostic pathways. However, parents and carers and their children still wait too long for many services and further improvement need to take place, particularly with regard to earlier access to services for those with a need, but without an EHCP or a diagnosis.

In summary, in April, the situation for key services and therapies was as follows

- CAMHS – 16-week wait for initial assessment (down from 6 months in January 2023). 12-month wait for a Psychological Wellbeing Practitioner & Cognitive Behavioural Therapy
- Neuro-Diversity – 31-week for initial assessment, wait of 94 weeks for further service.
- Community Paediatric Services for Under 5s – Longest Wait for those booked for an initial assessment 53 weeks. Typically a 3 month wait following initial assessment for services. 464 on the waiting list
- Speech, Language and Communication – Prioritised waiting list for initial assessment – Top priority (Dysphagia) – 2 weeks; Urgent – 4 weeks; Routine – 50 weeks. Over 1,200 children on the waiting list.
- Occupational Therapy – Prioritised waiting list: Top priority – children with SEND or complex needs: 2 weeks; Urgent: 4 weeks; Routine: 35 weeks. 190 children on the waiting list.
- Physiotherapy – Prioritised waiting list. Top priority 2 weeks, Urgent: 12 weeks; Routine: 30 weeks. 660 children on the waiting list.

Taking an overview across the services, several key themes emerge –

1. Vacancies and the difficulties of recruiting the necessary professionals;
2. The focus and range of activity seeking to reduce waiting times;
3. The number of children on waiting lists for service
4. Success in most services in reducing waiting times from the position at the end of 2022.
5. The use of need stratification and waiting list management as key tools to manage waiting lists
6. The length of time that ‘routine’ referrals for service wait for either an initial assessment and/or for service – those classified as routine wait 50 weeks for Speech, Language and Communication assessment, 35 weeks for Occupational Therapy, 30 weeks for Physiotherapy. These timescales are long, especially when viewed as a proportion of a young child’s life.
7. The potential reinforcing impact of both stratification of presenting need (‘Priority 1’, ‘Urgent’ and ‘Routine’) on pre-existing systemic tendencies in Bury, for example the difficulty in accessing services early when need arises and the drive for a label or a diagnosis to ease and quicken access to service.

Of course, Bury is not unique amongst local areas in facing these challenges, but all the above issues around service capacity and service access make it more difficult to effectively address the needs of local children.

6. Social care and Early Help

6.1 How many children and young people aged 0-25 with SEND have social care involvement?

We also know that children with SEND can also have other needs and vulnerabilities that require social care involvement. Looking at the children and young people with an EHCP as at early March 2023 and considering the involvement of Children’s Services with those children, slightly less than a fifth of the EHCP have a current involvement with children’s social care (11%) or early help services (7%)

Table 12: Children with an EHCP and another involvement with Children’s Services

Of the	2453	Children with an EHCP
3.7%	90	Have a Child in Need Plan
0.8%	19	Have a Child Protection Plan
3.3%	82	Are in public care
1.9%	46	Are or will be Care Leavers
11%	260	Are open to Children's Social Care Services
3%	70	Are currently open to the Children's Disability team
8%	192	Are open to Early Help Services
18%	435	Are Open to Children's Services
0.4%	11	Are Electively Home Educated

This is just a snapshot though. Children and families will have had past involvements and will also have future involvements. The table below looks at the involvement of Children’s Services with the current EHCP cohort over recent years.

Table 13: Children with an EHCP and involvement with Children’s Services in recent years

6%	142	Have had a CP Plan in past 5 years
7%	179	Have been subject to S47 enquiries in the past 2 years
21%	519	Have had an assessment in past 2 years
22%	537	Have had a referral in past 2 years
0.8%	20	Have had a CME episode in the past 2 years
0.6%	14	Have begun EHE in the past 2 years
3.1%	77	Have a missing episode in the past year
1.1%	28	Have been open to Complex Safeguarding in the past year

While only 0.8% of children with an EHCP have a current child protection plan, this rises to 6% who have had a plan in the last 5 years. Similarly, the figures show that a fifth of the whole EHCP cohort have been the subject of a referral to Children’s Social Care in the past 2 years – so this is not a small number of children.

It is particularly important to consider the children and young people who are vulnerable because of missing from home episodes (77, 3.1% of all children with an EHCP), or are known to be vulnerable to exploitation (28, 1.1% of the total).

11. Conclusions

Bury is committed to building a safe, happy, healthy and successful future for all our children, none more so than those with a disability and learning need. This JSNA focusses on services that are delivered to children with Special Educational Needs and Disability (SEND), a profile/demography of need in Bury.

Bury was late to adopt to the Special Educational Needs and Disability (SEND) reforms introduced in September 2014 and the consequences of this are still evident today. Bury is still working to embed a vision around the Social Model of disability with a focus on removing barriers. Recent patterns around the number of new EHCPs being issued indicate that there are still partners within the local area community who due to low historic trust would prefer a diagnosis led system – with diagnosis seen as guaranteeing funding and access to services. Bury is still working to embed multi-agency working and a true partnership approach with Bury ICB, parents/carers, young people, schools, colleges, and settings. More recently there is growing strategic leadership and strengthening governance through the SEND Board, which has senior representation from a range of partners and services including the Designated Clinical Officer for health; strategic lead for Children’s social care; a headteacher and parent representatives. Bury’s parents are a key partner. There have been further developments to the parent carer network and we are currently developing a SEND navigator model which uses parent champions as volunteers. In addition, there has been a much stronger influence of children and young people’s ‘voice’ across the local area, via the SEND Ambassador and through improved Education Health and Care plans. Families have repeatedly told us that pathways into services are too complicated, and that services need to be more joined up. In response to this Local Authority and health teams have worked together with parents to improve ease and timeliness of access to services and support. This is still a work in progress and timely access to CAHMs and SALT continue to be challenging for our parents.

Main Conclusions from data.

- Bury has a 20% higher than average number of EHCPs and this is not a recent development. This gap existed in 2018 narrowed slightly up to 2021, before beginning to widen again.
- More recently, we have seen a substantial increase in the number of new EHCPs being issued – Bury issued the fifth highest number of new EHCPs per head of population amongst English local authorities in 2022.
- Since 2017, an unusually high proportion of new EHCPs have been issued for children aged under 5 years of age. While this has moderated recently, the pattern clearly raises questions around the nature and adequacy of support for the youngest children with additional needs.
- The number of existing and new EHCPs raises clear issues around both the early identification and support for identified needs, especially in universal services.
- The growth in EHCPs since 2018 has broadly focused on three primary needs: autism, speech language and communication and social, emotional, and mental health.
- The make-up of the children supported with special educational needs in Bury is similar to the national pattern, leaning towards boys rather than girls, white/uk heritage rather than BAME; and being predominantly drawn from the more deprived parts of the borough.

- Scaled per head of population, there are more children and young people in Bury's mainstream primary and secondary schools with EHCPs than is typical nationally or in similar authorities.
- Over the past 4 years, the proportion of children supported at SEN support in Bury Primary and Secondary schools has not followed the national pattern of growth. Instead, while the total proportion of children with identified SEND within mainstream schools has remained level, the underlying split of children between SEN support and EHCPs has shifted, with growth in the proportion of children with EHCPs offsetting a decline in the proportion supported at SEN support.
- The number of children and young people in local maintained special schools, scaled per head of population, is lower than the national average or the average for similar authorities. This reflects the capacity of those schools. This has resulted in a greater than average dependence on Independent Non-Maintained Special Schools, which has increased significantly in the past 18 months with the growth in new EHCPs.
- Capacity of local health services for children with SEND in need of health support has been a consistent issue over recent years – a situation made worse by the impact of COVID, both on the local population and health services. Substantial waiting lists exist for key health services, such as speech and language, neuro-diversity and community paediatrics. While progress is being made in reducing waiting times, they remain too long and they make it difficult to address needs early and as they arise.

Next Steps and Recommendations

Overall, it is clear that Bury must focus on identifying needs earlier and intervening earlier, with a focus on Early Years and SEN support throughout the school system. In addition, there has been limited success in improving educational outcomes for children and young people with SEND. We still have more work to do to achieve our ambition of improved outcomes for children and young people with SEND and improved young people's and parental experience.

The 20 recommendations below have been used to inform the Local Area SEND Action Plan:

- 1) Review and redesign the Statutory Assessment and Review Process, including SEND pathways, to ensure children and families have an improved experience.
- 2) To continue to work as a partnership to improve the quality of Education Health and Care plans ensuring they are outcome-focussed, with a greater link to commissioning and through embedding the EHCP Quality Assurance framework.
- 3) Review current SEN strategy considering the findings of the JSNA and the ongoing co-production work with Council for Disabled Children developing an outcome framework for SEND.
- 4) Review Early Years support and provision to address the high number of EHCPs in the age group and to meet and identify need earlier through the embedding of the ordinarily available provision.
- 5) Revise the Local Offer through co-production to support better access to the universal offer.
- 6) Remodel services to ensure that Bury has an enhanced offer around SEN Support in mainstream primary and secondary schools.

- 7) Improve Inclusion throughout Bury's education system, including the reduction of exclusions through the implementation of the Bury's Graduated Approach and exclusions protocols.
- 8) When designing, commissioning and delivering services for SEND there is a need to;
 - a.) ensure they meet the needs of all children and young people irrespective of cultural or ethnic background; and
 - b.) ensure that the higher proportion of males to females is considered; and
 - c.) ensure demographics of the population are considered.
- 9) Address the longstanding SEN sufficiency issues within Bury by reviewing the continuum of provision and implementing the SEN Sufficiency plan with a focus on ASC and SEMH provision through the increase in Resource Provision and special school places.
- 10) Alongside reviewing educational SEN sufficiency there is a need to review Health, CAHMS, social care and the voluntary sector to promote the universal offer for children with additional needs and to reduce the escalation of need.
- 11) Ensure the voices of the child and parents and carers are central to everything we do.
- 12) Improve the short break offer, identifying the gaps including for those children at the edge of public care and enhancing the universal and targeted offer to ensure a greater number of families benefit.
- 13) The significant numbers of children and young people with a speech, language or communication need mean that all staff need a good understanding of how to meet their needs and ensure identification and pathways are robust and easy to use.
- 14) Improve educational outcomes of children and young people with SEND at every key stage through a targeted intervention strategy and with a renewed focus on Key Stage 4 outcomes.
- 15) Improve the attendance of children and young people with SEND, through targeted work with identified schools and by further focussed workshops and conferences.
- 16) Improve Transition to adult health and care services through the work of the Transition Board and by improving the clarity of information provided to young people and parents on services and support for 14–25-year-olds and beyond.
- 17) Further increase the proportion of 16–25-year-olds with identified SEND in education, employment and training through the implementation of the NEET reduction plan.
- 18) Further embed co-production through work with Bury2gether and continue to work with all of our parents to improve parent/carer experiences across the Local Area, including support in effectively navigating and understanding the systems and pathways to accessing services
- 19) Ensure sufficiency across services, reduce pressure on special school places and reduce waiting times for specialised health services through the implementation of the special school places plan and the further development of the neuro development pathway.
- 20) Develop a fully cohesive mental health and wellbeing offer for Bury's children and young people.

We will update the JSNA periodically, as new data and information becomes available.