

A young person with short brown hair, wearing a light blue t-shirt and dark jeans, stands with their back to the camera. Their arms are outstretched horizontally to the sides, with their hands clenched into fists. They are standing on a grassy hill, looking out over a vast landscape of rolling hills and fields under a bright blue sky with scattered white clouds. The overall mood is one of triumph, freedom, and achievement.

Surrey's Children and Young People with Additional Needs and Disabilities Joint Strategic Needs Assessment 2022

Time for Kids Surrey

[The Time for Kids Principles](#) were developed in 2019. Time for Kids is about always thinking... what more could I do to help a child or young person to thrive? Themed around five values – connect, trust, hope, belong and believe – they provide a simple framework to guide the work with children and young people in Surrey.



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Introduction

The purpose of a Joint Strategic Needs Assessment (JSNA) is to identify ways to improve the health and wellbeing of the local community and reduce inequalities. The focus of this JSNA is children and young people with additional needs and disabilities aged 0-25 years in Surrey. There will be further JSNAs on learning disabilities and autism across all ages.

The JSNA collects data from a range of sources including national and local datasets and includes information from the last two years from across the Surrey system. A summary and recommendations bringing together this information can be found from slide 120. This JSNA centres the voice of children, young people, and their families at the heart of the insight and experience gathering process. This JSNA should be read alongside the Surrey Additional Needs and Disability Partnership self-evaluation and Children and Young People with Additional Needs & Disabilities: 2022 -2030 Sufficiency Plan

Glossary of terms

EHCNA: Education, health and care needs assessment

EHCP: Education, health and care plan

ASC: Autistic Spectrum Conditions

SLCN: Speech, Language and Communication Needs

MLD: Moderate Learning Difficulties

SEMH: Social, Emotional and Mental Health

SPLD: Specific Learning Difficulties (e.g. Dyslexia, Dyscalculia and Dyspraxia)

SLD: Severe Learning Difficulties

PD: Physical Disabilities

PMLD: Profound & multiple learning difficulty

HI: Hearing Impairment

VI: Visual Impairment

SEN/D: special educational needs and disabilities

MSI: Multi-sensory impairment

OTH: Other difficulty/disability

NSA: SEN support but no specialist assessment of type of need

CAMHs: Child and adolescent mental health services

NEET: Not in education, employment or training

CQC: Care Quality Commission

ICS/ICB: Integrated care system/board

CCG: Clinical commissioning group

SEF: Self Evaluation Framework

JSNA: Joint Strategic Needs Assessment

INCLUSION AND ADDITIONAL NEEDS STRATEGY

The Surrey system is working together effectively to bring the vision for children and young people to life. This partnership approach is evidenced through the Joint Commissioning Strategy, this Joint Strategic Needs Assessment, and the Additional Needs and Disability Transformation Programme. The JSNA is also underpinned by the Children and Young People with Additional Needs & Disabilities: 2022 -2030 Sufficiency Plan and our Emotional Wellbeing and Mental Health Strategy for Children and Young People.



SEND Code of Practice

The SEND Code of Practice highlights the importance of the JSNA in understanding the needs of children and young people and how that should inform the Local Offer and services. The CCG's have now become ICBs – integrated care boards.



What are additional needs and disabilities?

The following are national definitions set out within legislation. Surrey uses the term additional needs and disabilities based on feedback from children and young people.

SEND is a term which encompasses children and young people with **Special Educational Needs** (SEN) and / or a **Disability**.

SEN: The 2015 SEND Code of Practice states that children and young people have Special Educational Needs if they: “*have a learning difficulty or disability which calls for special educational provision to be made for him or her*”

Disability: The 2010 Equality Act defines someone with a disability as having: ‘...*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’ as being ‘more than minor or trivial’. As such, this definition is relatively broad and encompasses a range of conditions including sensory impairments and long-term health conditions such as asthma or epilepsy.

What are additional needs and disabilities? (continued)

The 2015 SEND Code of Practice identifies four broad areas of need and support, however, many children and young people will have needs in more than one area, and the type and degree of need can fluctuate over time.

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs

The 2014 Children and Families Act extended the SEN system from 0 to 25 years – it is this age range which will be the focus of this JSNA.

The role of the Designated Clinical Officer is to take a strategic lead in coordinating and embedding SEND responsibilities for health, supporting joined up working between health services, local authorities, and other SEND partners for health on behalf of Surrey Heartlands ICB. The DCOs lead this process and provides assurance for the ICB in meeting their statutory duties. The role of the Designated Social Care Officers (DCSOs), is to create engagement between children's social care and special educational needs teams.

What categories of support are available to children and young people with additional needs and disabilities?

There are two main categories of support available to children and young people with SEND who are considered to have additional needs and disabilities. **SEN support:** This consists of help given in addition to that provided by a school's usual curriculum. This may involve the class teacher and SEN co-ordinator receiving advice and support from external specialists.

EHC plan : An educational, health and care (EHC) plan is created as part of a formal assessment for children who require further help. This is a legal document which outlines the child's needs and the additional help which is required. EHC plans replaced 'Statements of SEN' in 2014 and all children have now been transferred over to EHC plans.

Many children (over 20%) will need additional support, this can be provided by quality first teaching, differentiation and reasonable adjustments. Additional 'SEN Support' and in a very small percentage of cases, more specialist support is determined via a statutory EHCNA and Plan.

What types of support are available to children and young people with additional needs and disabilities? (continued)

Surrey provides a number of services to support children and young people with additional needs and disabilities/SEND. These services are commissioned and delivered by a large number of organisations. The [Surrey Local Offer](#) website provides an overview of available services for those aged 0 to 25 years, including in relation to:

- Education and learning
- Children's Health service for young people aged 0-25 with SEND
- Leisure activities and short breaks
- Early years advice and support
- Post 16 support and services
- Support around Transitions
- Social Care
- Emotional wellbeing and mental health services

OFSTED and CQC inspection in 2016

In September 2016 there was a joint inspection of SEND services in Surrey by the Care Quality Commission and Ofsted. This team spoke with children and young people with additional needs and disabilities, parents and carers, service providers, Surrey Council and NHS CCG officers.

As a result of the inspection a Written Statement of Action was needed due to significant areas of weakness. Full report can be accessed [here](#). An overview of these in relation to the joint assessment of need is included on the next slide.

Of the five priorities identified in the Written Statement of Action, sufficient progress was noted on four in the revisit in 2019. The fifth area (school attendance and exclusions) needed further work. There was no further planned re-inspection but the DfE continued to monitor progress until the beginning of 2021 when this domain was also sufficiently improved.

OFSTED and CQC inspection in 2016 (continued)

The inspection highlighted key areas for improvement in:

- The timeliness and quality of Education Health and Care Needs Assessments
- The use of data. 'Weaknesses in the area's information management systems restrict the coordination of information, slowing assessment and planning processes. Furthermore, these weaknesses limit leaders' analysis'
- Inconsistencies between the four quadrants - 'varying quality of service'/'unequal health and therapeutic provision'
- Listening to parent voice *'the systematic involvement of parents and carers in planning, monitoring and evaluating services is not well established. In addition, the range of parents whose views are considered by leaders is limited.'*
- The effectiveness of the Designated Medical Officer/Designated Clinical Officer e.g. to co-ordinate support for looked after children
- Increasing awareness of and promotion of the 'local offer'
- Early identification - low numbers of children and young people receiving SEN Support compared to high numbers of EHCPs
- School absence and exclusion rates for those with SEN
- Access to and impact of CAMHs
- Provision at post-16 and post-19/NEET data



**Engagement with children,
young people and their families**

Engagement and co-production

The Surrey Additional Needs and Disabilities Partnership self-evaluation document highlights that Surrey is strongly committed to engagement, participation and coproduction at a strategic, operational, and individual level in all work with children, young people, and their families.

- In 2021 a Coproduction and Engagement Manager was appointed to strengthen local approaches to partnership working
- Family Voice Surrey is the parent carer forum and strategic partner and they have a strong presence on several boards, reference and steering groups and with SEND Advice Surrey our impartial advice service.

[Surrey's User Voice and Participation \(UVP\)](#) team empower children and young people to share their views and opinions about the services they use. The UVP team run several participation groups for children and young people, including ATLAS (Accept, Teach, Listen, Access, Support) for children and young people with additional needs and disabilities and disabilities (AN&D) to access Surrey services.

ATLAS run regular participation sessions where children and young people can feedback on their experiences and get involved with consultation work.

Every two years the Health Related Behaviour Questionnaire is completed by pupils in maintained and specialist education settings.

Research

In July 2022 the Parents Voice Matter (PVM) and Our Voice Matters (OVM) surveys (for children and young people) were launched to gather in and learn from the voices of service users across Surrey. OVM is a user perspective survey codesigned with children and young people.

The PVM survey 2022 requested that parents evaluate their experiences of whether they felt heard by professionals informing them and their child. The survey highlighted that 49% parents felt able to give feedback but of those 37% felt they had not been heard or listened to. The survey also indicated that over 50% of parents felt that disagreements were not resolved as well as they expected.

Research (continued)

Ethnographic research was undertaken to help identify areas of strength and development through listening to the lived experience of children, young people and their families.

In total, 8 case studies were created based on the 16 in depth interviews that took place. Below are three of the areas of strength and development identified.

| Areas of strength | Areas of strength | Areas of strength |
|---|--|--|
| Early Identification works well when the need is obvious, intervention is swift and staff are well-trained to go the extra mile | Families feel well supported when professionals treat them with respect and listen to their needs | Families feel well informed when there is in person, relevant support from health professionals and 3rd sector organisations |
| Areas of development | Areas of development | Areas of development |
| Early Identification works less well when the need is more covert , or staff are lacking in resource or relevant skills | Families feel unsupported when there is poor communication and they feel they have to fight for help from professionals | Information around support and entitlements can be hard to find, leading to families feeling poorly informed |

Lived experience

To complement the evidence from families and young people, a series of 'day in the life' case studies from young people and families living in Surrey have been produced. These seek to give context to some of the feedback that we have received and give readers a deeper understanding of the daily lives of young people with an additional need and/or disability and their families.

Some of the names and details have been edited to protect the identify of families.

Day in the life: Joshua, apprentice in Surrey's User Voice and Participation team

What am I currently doing?

Hi, I'm Joshua and for the past 6 months, I have been a digital marketer apprentice for the User Voice and Participation (UVP) team. I support with ATLAS which is a participation group that is run by the UVP team. ATLAS is a participation group for children and young people aged 10 – 25 with additional needs and disabilities and disabilities. The things I do includes writing blogs for the ATLAS website, assisting with ATLAS both virtually and face to face, as well as taking the minutes for each session. The management team in the UVP team also sends me tasks that relates with social media or video projects. Now, we are currently supporting with a new layout for the social media handle and updating the UVP website as it needs more up to date information for all the young people who wants to know more about the team.

I'm really excited that this year I am going to be helping with the **Recognising You Awards**. The Recognising You Awards is an award ceremony that celebrates the achievements of all children and young people in Surrey. I helped with the Recognising You Awards last year, and I really enjoyed it. The TV presenters, Dick and Dom hosted which was so fun!

As part of my NVQ coursework, I will also be leading on a Recognising You Awards digital campaign.

Day in the life: Joshua, apprentice in Surrey's User Voice and Participation team (continued)

What support do I access?

The support that I get while working in the UVP includes headphones to help with hearing in meetings, regular supervision, and daily catch ups. UVP meetings are also recorded to help with my minute taking. My line manager is also available for support if needed. I am able to work flexibly due to my vision loss, this ensures that I get home safely before sunset and avoid travelling in the dark. I have also completed an Access to Work claim, I'll be getting a support worker to help with my NVQ and technology to help with minute taking.

What helps me succeed?

What helps me succeed with my work includes concentration methods to keep me focused on my work, such as playing music in the background to help me concentrate more on my tasks. If I get stuck on a task or need to talk about something I can talk with my assistant manager or my supervisor.

What are my challenges?

The few challenges that I face at work includes my low confidence, I need to build confidence in myself and leadership skills to lead groups. However, in the last 6 months, my confidence has improved a lot, I am more comfortable with leaving my camera on as I have got to know everyone more. Another challenge that I face is managing time/work balance as I sometimes focus too much on one task, I forget to do something else. Lastly, I need to ensure work is evenly spread out in group work instead of taking on all the work.

What do I enjoy doing in the team?

The things that I enjoy doing in the team are helping with ATLAS and recruitment for the group as well as video projects and social media tasks. I also enjoy working with everyone in the team and becoming friends with them!

Day in the life: Humza, apprentice in Surrey's User Voice and Participation team

Hi, I'm Humza and I've been an apprentice in the User Voice and Participation team for 6 months now, and I'd like to tell you more about what I do in our team on a typical day.

What am I currently doing?

Currently, I am doing a Level 3 Digital Marketing Apprenticeship. In my qualification, I am learning the skills that it takes to be a digital marketer, which includes learning about company business models and organisational structures, researching in depth about business management hierarchy, learning about social media campaigns and digital engagement.

I am completing an apprenticeship whilst also working with the User Voice and Participation (UVP) Team at Surrey County Council. The UVP team ensure children and young people have their voices heard in the services that they access. One way we do this is by running participation groups. I work with a participation group called ATLAS which ensures young people (aged between 10-25) with additional needs and disabilities and disabilities have their voices heard. I help run the group by creating the agenda, recruiting young people, and leading on certain activities in the group itself, this could be a fun quiz or a consultation piece of work. I also support UVP with their digital engagement, this includes photography and social media posts.

What helps me succeed?

What helps me to succeed is when I have clear instructions on what I am told to do. I also like to work independently. I also like to sit in quiet environments with minimal distractions, but I do like to listen to music as this helps me to fully concentrate and get work done. I also like working collaboratively with people, I especially like going into larger offices such as Quadrant Court. I find using fidget toys helps to keep my concentration in meetings too

Day in the life: Humza, apprentice in Surrey's User Voice and Participation team (continued)

What are my challenges?

When I first joined, I found it a challenge to settle into a new team and also starting in a new professional workplace. This is my first job, at first, I found this very difficult, but I now feel settled. I do sometimes struggle with time management, but this is something I am working towards. I also faced some similar challenges at school and college and used similar coping techniques when I was there.

What I enjoy doing?

I enjoy working in a large team and working in a professional workspace and environment. I enjoy:

- Working on out of office projects, like assisting with UVP perspective training courses and supporting on away days.
- Meeting new people, I am a definitely people person!
- Working on creative projects, such as photography projects, digital editing and making social media posts. Photography is my passion, in my spare time I will also be taking photos and editing these.
- Working with ATLAS, I like working with young people and having an important role in the team. I enjoy hearing how passionate ATLAS members are about additional needs and disabilities and how they have overcome their struggles as I too have struggled in the past with my additional needs and disabilities and disabilities.

One of my favourite days in the UVP Team so far was being involved in the recruitment for Surrey's new Assistant Director for Children with Disabilities. This was really fun, and I like that my views were important in deciding who gets the role in a senior position in Surrey County Council.

Day in the life: The Smith family

Sarah lives with her partner and sons Henry and Ben. Henry has autism and goes to a specialist primary school. Henry gets the bus to school, but that can be a challenge because he doesn't like going to school at the moment and has tried running away when getting off the bus.

The family find it difficult to do activities together at the weekends. Things they would like to do include going out for dinner and walks, and Henry would like to ride a bike or go swimming. However, a lack of inclusivity means these can be difficult, and they have to think about the children's behaviour and safety, which can take priority over doing fun things.

“I think fun and that always comes last for us, when really we should just be thinking more about fun and what's going to give them the best life. But for us, we have to be really practical.”

As the children are getting older, Henry notices that he cannot do things that his brother does (who does not have additional needs and disabilities), which upsets him. Sarah feels that specialist schools do not provide the same opportunities or activities for children that mainstream schools do.

“And also in Ben's [primary] mainstream school, they do very different things. So when Henry sees what Ben does compared to him, it really upsets him. Like Ben went to a disco. Henry's never been to a disco, he's never been to a party yet.”

Day in the life: The Smith family (continued)

Short Breaks are a vital part of the family's support. They give Henry the opportunity to have fun, make friends, and most importantly, be a child. The family also get an opportunity to rest and can take Ben out. Sarah wishes that Henry could access Short Breaks more regularly at weekends, including overnight respite.

"I love him going to Short Breaks because I know he's had the best time and I can tell just from the way he comes out... but then also I know on the other hand, he's got 1:1 and his personal care is being taken care of. His medication is being given, he's safe, he can't get out..."

Support with caring for Henry can be difficult. The family receive support from social services including direct payments for a carer, although it took them years to get this. They have a great carer in place now, but it took a while to find someone suitable who could manage Henry's needs.

"Social services have stepped in now and he was given hours to help me. But it shouldn't have to get to breaking point to get to that. I think you really do have to be a breaking point to get any support."

The family asked for support during covid-19, but were not offered anything straight away. Henry was not able to attend Short Breaks or school, and his mental health regressed. While Sarah feels that things are now improving, this will take time, and more practical and financial support is needed to help the family avoid a crisis.

Day in the life: The Wilson family

Gavin and his partner live with their children, including Hayley, who has complex needs. Hayley currently attends a specialist primary school and travels there by school bus. The journey takes a while, which means Hayley needs to leave the house early and return quite late. After getting home from school, it can take around two hours after dinner to get Hayley ready for bedtime.

The family have a social care package, including personal support and direct payments to help them with 1:1 care for Hayley. This includes weekday evenings as well as weekends. Gavin says this support is very important and they are lucky to have it, but unfortunately their support needs cannot always be fulfilled due to difficulties in finding carers.

“That’s why support for all sorts of families is so important. Because at any given point, it’s very finely balanced, at any given point it could go off the rails.”

At weekends, it can be difficult for the family to do things together, and so they miss out on family time. When planning activities, Gavin and his partner have to consider lots of different things, such as whether there are appropriate changing and feeding facilities. One thing that Hayley loves to do is go to the park, but this has become more difficult as she gets older. Gavin said that they sometimes get stared at by other children and parents, which can be off-putting.

“Hayley loves going to parks, she loves swings... although that’s difficult because you can’t guarantee that she is going to hold on. We used to put her in the baby swings, which had a [strap], until she got too heavy and big to lift in and out.”

Day in the life: The Wilson family (continued)

Most of Hayley's interactions are with adults, rather than children her own age. Short Breaks are one of the few opportunities that Hayley has to have fun and play, although accessing these has been more difficult in recent years due to lack of availability and covid-19.

"Hayley doesn't go to any parties or play dates. She goes to school and she comes home. She doesn't have any friends, she doesn't socialise with her peers. She is looked after by carers, adult carers who are paid to look after her, that is the extent of her social activity."

Gavin spends a lot of his time following up and chasing different people about appointments for Hayley, managing carers and other aspects of Hayley's care. This is an "immense" mental load, like a full-time job. Gavin described himself and family as Hayley's carers, not just Hayley's family.

"Daily life for me, I am Hayley's advocate and I am her administrator. And there are always at least 4 things that are on my urgent to do list. There are people I have to chase because I spend most of my life chasing people to get stuff done, to get appointments..."

Plans for the next 12 months – from the Surrey Additional Needs and Disability Partnership self-evaluation

- ATLAS Action Cards will be linked with Surrey's Additional Needs and Disabilities Partnership Board so they can hold professionals to account at a strategic level
- Instigate a children and young people's Autism Participation Group that will feed into Surrey's Children's Autism Partnership Board facilitated by User Voice Participation
- Support ATLAS to recruit new and increasing membership through our User Voice Participation Team
- Identify actions and learning points arising from Parents Voice and Our Voice Matters surveys and take appropriate actions Repeat both surveys within next 12 months to further explore topics or issues of particular interest and measure improvement against 2022 baselines. Undertake further engagement with families around the issue of resolving differences ranging from differences of opinion to statutory appeals
- Utilise the next Parents Voice Matters survey to understand if dissatisfaction with resolving differences is related to the outcome not being what was desired or related to process, practice, and communication
- Continue to work alongside Family Voice Surrey. . Feedback from Family Voice Surrey has told us that while there is still work to do, they can recognise the commitment Surrey has made to restorative relationships and acting on critical feedback.

Aims for the future for participation

- Have the confidence of parents that they are equal partners with us in supporting their child's journey through education
- Parents will feel listened to and valued, leading to reduced stress and isolation. This will be achieved through access to high quality information and support and the building of strong sustainable peer to peer and professional relationships.
- We will empower families through reflective strengths-based practice that acknowledges and builds on the knowledge and expertise of parents and the support networks around them
- We will have a system wide approach to meeting needs that is focussed on delivering positive outcomes and enables children and young people to feel safe, welcome and thrive
- We will develop our systems so that they are responsive to the needs of children and young people and less defined by service led processes where we can do so
- We will deliver more joined up approaches to how we share and deliver information
- We will share collective responsibility for helping children and young people achieve their potential and act as critical friends within an environment of respect and integrity



Understanding additional needs and disabilities in Surrey

The Surrey Population

In 2020 there were 356,755 children and young people aged between 0-24 [JSNA Surrey population published | Tableau Public](#)

Click below to see more information on the data.

References

Current population estimates (2020)



Change the 'Area type' to change the data shown on all visuals, change 'Area name' to change the data shown on the population pyramid. All data shown on this dashboard has been calculated from from LSOA level data aggregated to the relevant area.

The data shown here is based on 2011 Census data. These dashboards will be updated with Census 2021 data once the ONS publishes the small area level datasets. The first of these releases is anticipated to be in Autumn 2022.

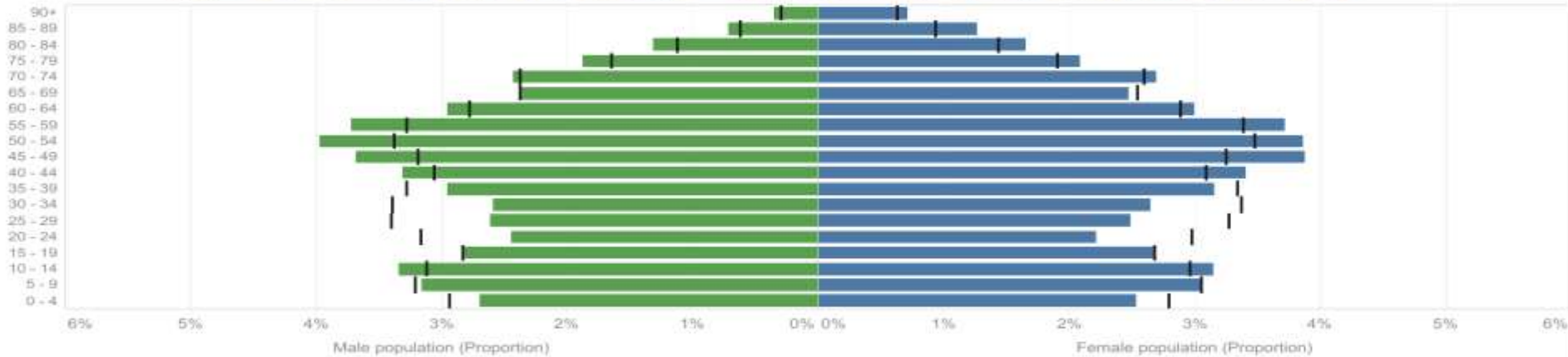
Population pyramid:
The black lines overlaid on the individual bars represent the England proportions for the individual age bands. Each band shows that age & sex as a proportion of the areas total population. Hover for raw numbers.

Area type Local Authority
Where PCN data is displayed, it is aggregated up from LSOA level and is based on GP patient list estimates.

Area name: Surrey Heath

Population breakdown:
0 - 4
5 - 16
17 - 24
25 - 64
65+

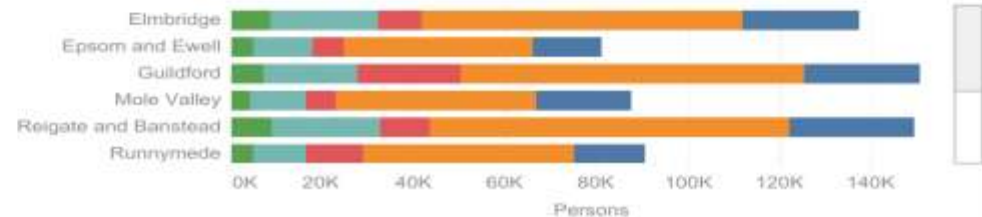
Proportion of residents by 5 year age and sex: Surrey Heath compared to England proportions



Total resident population: All

| | |
|----------------------|-----------|
| Area name | |
| Surrey | 1,199,870 |
| Guildford | 150,352 |
| Reigate and Banstead | 149,243 |
| Elmbridge | 137,215 |
| Waverley | 126,556 |
| Woking | 100,008 |
| Spelthorne | 99,873 |
| Runnymede | |

Population breakdowns: None



The Surrey Population (continued)

Within Surrey's population, people aged 45 to 49 and 50 to 54 years old are the two largest five year cohorts. Surrey's population is broadly similar to England, with a slightly greater proportion of 5 to 19 year olds , a much smaller proportion of 20 to 34 year olds and a greater proportion of the population aged 40 to 59 years old than in England. This results in an older working-age population in Surrey, which has implications for the workforce and for population health and care needs. The lower proportion of 20 to 34 years olds is seen for both males and females and likely reflects a greater proportion of children and parents/ carers in Surrey than other areas in England. Further information can be found within [The Surrey Context: People and Place – Surrey-i \(surreyi.gov.uk\)](https://surreyi.gov.uk/the-surrey-context-people-and-place)

Of Surrey's population:

- 5.7% (67,995) are 0 to 4 year olds, ranging from 4.6% in Mole Valley to 6.4% in Woking
- 15.3% (183,093) are 5 to 16 year olds, ranging from 13% in Runnymede to 17.3% in Elmbridge
- 9.9% (118,912) are 17 to 24 year olds, ranging from 7.5% in Elmbridge to 16.5% in Guildford
- 50% (599,970) are 25 to 64 year olds, ranging from 47.6% in Waverley to 51.7% in Spelthorne
- 19.2% (229,900) are 65 years and over, ranging from 16.7% in Guildford to 23.9% in Mole Valley

What are the primary needs of children and young people with additional needs and disabilities aged 0-5?

Establishing a definitive primary need in very young children is often problematic and therefore those with a diagnosis under the age of 2 years are likely to have complex, sustained and persistent needs. After the age of 2 years (and with a focus on early but safe identification of need) we have identified that the most prevalent Primary needs from age 2 years to 5 years are Autism (ASC) and Speech Language Communication Need (SLCN). It should be noted that many children will be identified as SLCN and will then subsequently receive a diagnosis of Autism. **Our data over the last 2 years has shown that ASD and SLCN have made up over 78% of new EHCPs for children under 5 years.** During and post COVID restrictions we are also aware of an increased occurrence of Speech and Language need in this age group and we are carrying out additional analysis to understand how much of this represents a delay, due to impact of COVID, or is actually an increase in Speech and Language Disorders.



Over the last 2 years, ASD and SLCN have made up over 78% of new EHCPs for children under 5

What are the primary needs of children and young people with additional needs and disabilities aged 0-5? (continued)

Three sets of data are used to track the Profile of Need:

- Children accessing Early Intervention Funding
- Children who have been the subject of a SEND Support Notification
- Children who have been assessed for and/or issued with an EHCP.

Although Early Identification of need is key it is also very important to ensure that identification of additional need is safe and appropriate. Further development of data collection, sharing and analysis with Health teams is in process so that services and sufficiency can be planned and also to measure impact of the intervention activity.

Summary of existing work in the early years (0-5)

- Early Years SEND and Educational Effectiveness Team support settings with children with additional needs and disabilities/barriers to learning
- Early Intervention Funding (EIF) support children to access educational settings where an identified barrier to their learning is acknowledged
- Early Years Inclusion Pathway Planning (EYIPP) meetings provide information and advice around educational pathways for parents when they need it
- SEND Support Notifications (SSN) are now centrally recorded and a key point of contact is identified in timely manner
- Best Start for Surrey Strategy, more detail further on

SEND Support Notifications (SSNs)

SEND Support Notifications (SSNs) Data captured 26.04.22

The current number of SSNs is lower than pre-pandemic. The area of need is provided by the relevant health professional; medical officer, health visitor, therapist. Often children are very young and do not have a diagnosis. Speech Language and Communication Needs are often suggested as autism not yet diagnosed but is not representative as a cohort of children or primary need. The process of receiving and logging SSNs has recently been centralised so one team is now responsible for all of the SSNs across Surrey.

Between September 2020 and April 2022 there were 294 SSNs with the primary need being speech, language and communication needs.

Education Health and Care Plan (EHCP) Data captured 26.04.22

Between September 2020 and April 2022 there were 613 final EHC Plans for -1 and – 2 children with the primary needs being autism spectrum disorder and speech, language and communication needs.

What are the primary needs of children and young people with additional needs and disabilities aged 6-25?

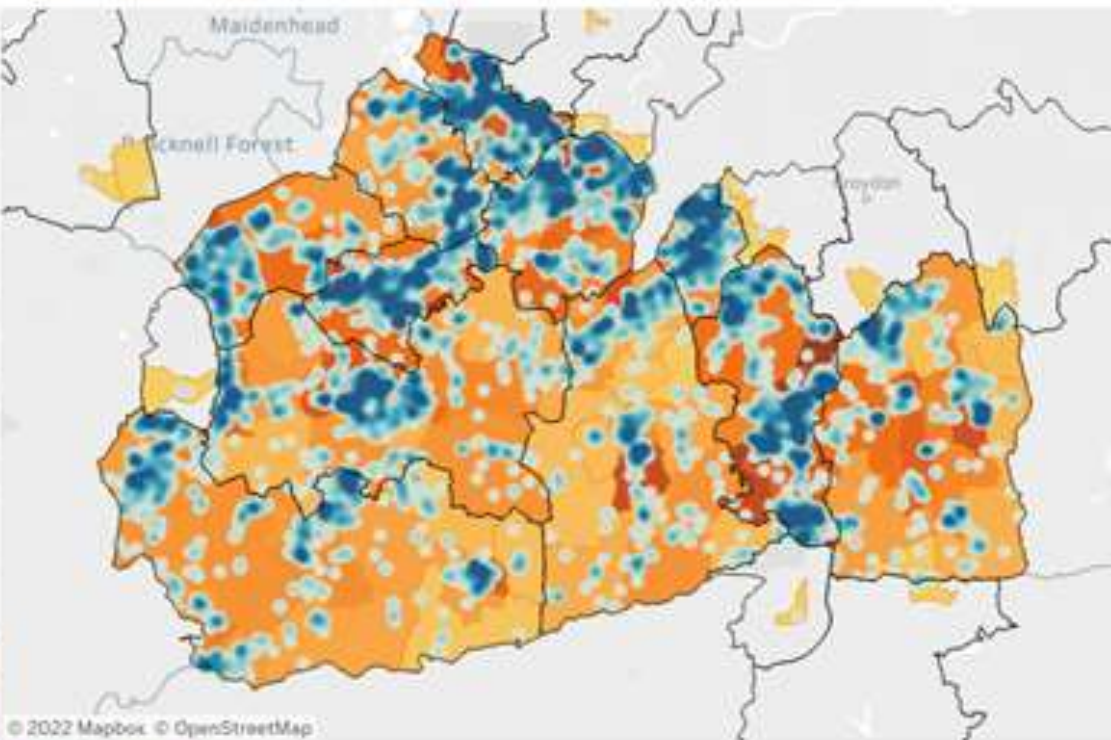
Current Statutory Plans Maintained by Surrey

This dashboard shows the current number of Statutory Plans Maintained by Surrey as of today's date. The data has been drawn from SMS ONS and may therefore be affected by delays in recording. Please bear this in mind when using or quoting any of the figures (and ensure any figures 5 and under are not disclosed). If you have any queries on any of the data shown in this dashboard then please contact the relevant SEN area team(s).

Total CYP

11,479

Density Heat Map | Surrey E-OP CYP Home Addresses (Darker orange wards = higher no. of E-OP CYPs)



*** Disclaimer ***

188 E-OP CYP's primary home address is in Surrey

Age as at 31/03/2023

| | | |
|-------|-------|-----|
| 5-10 | 4,394 | 38% |
| 11-15 | 4,223 | 37% |
| 16-19 | 2,216 | 19% |
| 20-25 | 646 | 6% |

Gender

| |
|---------------------|
| 8,294 72% Male |
| 1 0% Not Recorded |
| 3,184 28% Female |

NCY

| | | |
|----|-----|------|
| 1 | 577 | 5.0% |
| 2 | 612 | 5.3% |
| 3 | 675 | 5.9% |
| 4 | 732 | 6.4% |
| 5 | 900 | 7.8% |
| 6 | 921 | 8.0% |
| 7 | 958 | 8.3% |
| 8 | 869 | 7.6% |
| 9 | 858 | 7.5% |
| 10 | 797 | 6.9% |
| 11 | 738 | 6.4% |
| 12 | 718 | 6.3% |
| 13 | 634 | 5.5% |
| 14 | 485 | 4.2% |
| 15 | 370 | 3.2% |
| 16 | 258 | 2.2% |
| 17 | 185 | 1.6% |
| 18 | 97 | 0.8% |
| 19 | 70 | 0.6% |
| 99 | 25 | 0.2% |

Primary Need

| | | |
|---|-------|-------|
| Autism Spectrum Disorder | 3,915 | 34.1% |
| Speech, Language and Communication Disorder | 2,028 | 17.7% |
| Social Emotional Mental Health Needs | 1,928 | 16.8% |
| Moderate Learning Difficulty | 1,779 | 15.5% |
| Severe Learning Difficulty | 486 | 4.2% |
| Specific Learning Difficulty | 449 | 3.9% |
| Physical Disability | 347 | 3.0% |
| Other Disability/Difficulty | 148 | 1.3% |
| Hearing Impairment | 135 | 1.2% |
| Profound & Multiple Learning Difficulty | 105 | 0.9% |
| Vision Impairment | 105 | 0.9% |
| Multi-Sensory Impairment | 34 | 0.3% |
| Null | 20 | 0.2% |

Early intervention funding (EIF)

Early Intervention Funding (EIF) funds early years providers to enable children to access provision where there is any barrier to learning, including additional needs and disabilities (SEND).

The EIF panel is made of professionals from across health and education, some of whom work with the educational settings and children directly. The discussions regarding the children are holistic and often actions are given to ensure the pathway for the child is improved.

In the academic year of 2021/22, 482 early years settings were funded to enable children to access their provision through additional interventions, practitioner training and additional resources. The targets set by health and educational therapists are often completed in the early years setting as many targets are about social engagement. In the 2022 EIF consultation, 80% of respondents say that the child's targets/outcomes set by professionals have been met due to accessing EIF either partly or completely.

Best Start for Surrey

The Best Start for Surrey provides a holistic view of transformation activity across the 0-5 landscape, to ensure we are focusing resource in the right areas. It enables collaboration between health, education and social care and will ensure we take a child and family-centred approach. The vision is that families will have access to good quality and consistent information to make the best choices for their family, and advice will be readily available when they need it. Every family will be supported to offer their baby or child the very best start. Those who need more help, whether that is health, social care or learning will know what they can access and be guided to the right support. Babies, children and their families will have personalised, local support and guidance that will meet their needs in a timely way. The strategy will seek to build confidence, hope, trust and a sense of belonging in communities, ensuring no one is left behind.

There are also newly established Birth to Five Year Partnership forums, chaired by parents with experience.

National Headlines – Education Health and Care Plans

DfE report Nationally based on the calendar year 2021:

- 473,255 plans at Jan 2022 (9.9% rise over last year)
- Initial requests in 2022 at 93,302 (23% increase on previous year)
- New plans issued 62,180 (3.5% increase from last year)
- Timeliness was 59.9% (slight increase from 58% in previous year)

| Indicator | National Number | National % change from 2020 | Surrey Number | Surrey % change from 2020 | Comparison | RAG |
|-------------------------------|-----------------|-----------------------------|---------------|---------------------------|----------------------|-------|
| EHC Plans maintained | 473,255 | 9.90% | 11,747 | 9.0% | Lower than National | Green |
| Requests to Assess | 93,302 | 23.0% | 1,908 | 8.0% | Lower than National | Green |
| New Plans Issued | 62,180 | 3.5% | 1,415 | -2.0% | Lower than National | Green |
| Rate EHCP issued within 20wks | 59.9% | 3.0% | 65.3% | 7.6% | Higher than National | Green |

Key: Green = better position than National, Amber = on par with National, Red - worse position than National

Number of children and young people (CYP)with an Education Health Care Plan (EHCP) by each Local Authority

| Local Authority | Jan -20 | Jan -21 | Jan-22 | %Increase Jan 2020to Jan 2021 | % Increase Jan 2021to Jan 2022 | Rate per 10,000 aged 0-25 years 2021 | Rate per 10,000 aged 0-25 years 2022 | Direction of travel since Jan 2020 |
|-----------------|---------|---------|---------|-------------------------------|--------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| East Sussex | 3,510 | 3,640 | 3,913 | 3.7% | 7.5% | 246 | 265 | ↑ |
| Hampshire | 9,094 | 10,507 | 12,750 | 15.5% | 21.3% | 266 | 323 | ↑ |
| Kent | 13,499 | 15,281 | 17,733 | 13.2% | 16.0% | 316 | 367 | ↑ |
| Windsor & M'hd | 970 | 1,000 | 1,044 | 3.1% | 4.4% | 219 | 229 | ↑ |
| Surrey | 9,783 | 10,757 | 11,747 | 10.0% | 9.2% | 291 | 318 | ↑ |
| Wokingham | 1,078 | 1,270 | 1,488 | 17.8% | 17.2% | 233 | 273 | ↑ |
| South East | 67,602 | 74,438 | 83,306 | 10.1% | 11.9% | 317 | 264 | ↓ |
| National | 390,109 | 430,697 | 473,255 | 10.4% | 9.9% | 246 | n/a | n/a |

Essex (11,092) & Birmingham (10,489).

The latest census states Kent LA has the highest number of EHCPs, 2nd Hampshire, 3rd Surrey followed by Essex (11,092) & Birmingham (10,489).

During Jan 21–Jan 22 Surrey's EHCP rate of increase was 9.2% , just below the national level of 9.9% and below the SE rate of 11.9%.

Surrey's rate of EHCP students per 10,000 of the population is below its statistical neighbour Hampshire & Kent but higher than the remainder, as well as the regional average. We are awaiting the SE benchmarking refresh, available in the next month, to compare against the national rate.

Requests to Assess

Number of Requests to Assess received between 2016 - 2021

| Local Authority | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|-----------------|--------|--------|--------|--------|--------|--------|
| East Sussex | 393 | 375 | 500 | 592 | 577 | 698 |
| Hants | 1,406 | 1,400 | 1,791 | 2,038 | 1,956 | 2,379 |
| Kent | 1,634 | 3,251 | 2,868 | 2,992 | 3,255 | 4,047 |
| Windsor & M'hd | 159 | 180 | 131 | 233 | 136 | 212 |
| Surrey | 1,403 | 1,959 | 2,033 | 2,213 | 1,761 | 1,908 |
| Wokingham | 108 | 157 | 176 | 213 | 266 | 322 |
| South East | 9,628 | 12,304 | 12,860 | 14,265 | 13,869 | 16,867 |
| England | 55,235 | 64,555 | 72,423 | 82,329 | 75,951 | 93,302 |

- This shows the differences in the number of requests to assess which have been received across the neighbouring LA's and the impact of the pandemic together with the rate of refusal to assess below:

% of Initial Requests to Assess that were refused during the calendar year

| Local Authority | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|-----------------|-------|-------|-------|-------|-------|-------|
| Surrey | 19.7% | 17.1% | 23.2% | 22.4% | 23.4% | 21.0% |
| South East | 28.4% | 23.0% | 29.1% | 26.8% | 25.6% | 25.7% |
| England | 26.8% | 22.6% | 24.7% | 22.8% | 21.6% | 22.3% |

Rate of Increase of New EHCP's Issued

Rate of Increase of New EHCP's Issued (incl. exceptions) between 2015 – 2021

| Local Authority | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Increase from 2015 - 2021 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|---------------------------|
| East Sussex | 248 | 247 | 229 | 356 | 338 | 361 | 430 | 73% |
| Hants | 534 | 954 | 996 | 1,125 | 993 | 1,577 | 2,330 | 336% |
| Kent | 517 | 1,004 | 1,472 | 1,787 | 2,141 | 2,048 | 2,910 | 463% |
| Windsor & M'hd | 37 | 64 | 74 | 116 | 152 | 95 | 116 | 214% |
| Surrey | 332 | 964 | 1,208 | 1,382 | 1,471 | 1,447 | 1,415 | 326% |
| Wokingham | 64 | 70 | 103 | 107 | 161 | 206 | 255 | 298% |
| South East | 3,801 | 6,209 | 7,084 | 8,530 | 9,511 | 9,921 | 11,768 | 210% |
| England | 24,654 | 36,094 | 42,162 | 48,907 | 53,899 | 60,097 | 62,180 | 152% |

- Surrey had experienced a similar increase in requests from 2015 to date at 326% similar to Hampshire at 336% but less than Kent at 463%.
- All 3 LAs exceed the Regional and National rate of increase over this 6 year period.

School placement type - % of CYP with an EHCP at January 2022 by placement type

| Local Authority | Non maintained Early Years setting | Mainstream (LA, Academies and Independents) | LA maintained & Academy units & Resourced Provision | Special Schools (LA maintained & academies) | Independent and Non maintained special schools | Pupil Referral Unit /Alternative Provision | Post 16(FE college ,6thform ,specialist and other) | Other (other school arrangements place by parents /LA) | NO school place (NEET & CME) |
|-----------------|------------------------------------|--|---|--|--|--|---|---|-------------------------------|
| East Sussex | 0.4% | 25.2% | 5.1% | 32.1% | 8.6% | 0.1% | 24.4% | 2.5% | 1.6% |
| Hampshire | 0.4% | 34.5% | 4.0% | 26.1% | 5.6% | 0.3% | 20.9% | 3.3% | 5.2% |
| Kent | 0.3% | 26.2% | 7.3% | 31.2% | 8.5% | 0.0% | 18.7% | 4.4% | 3.4% |
| Windsor & M'hd | 1.0% | 40.8% | 4.1% | 24.2% | 10.4% | 1.1% | 13.6% | 2.9% | 2.0% |
| Surrey | 0.5% | 35.1% | 5.7% | 25.3% | 11.2% | 0.1% | 15.2% | 3.5% | 3.6% |
| Wokingham | 0.7% | 43.2% | 4.3% | 21.9% | 5.8% | 0.5% | 15.8% | 2.0% | 6.1% |
| South East | 0.4% | 33.4% | 5.8% | 28.8% | 7.2% | 0.4% | 17.7% | 3.0% | 3.5% |
| National | 0.5% | 36.0% | 4.5% | 29.6% | 5.2% | 0.8% | 16.6% | 3.0% | 4.0% |

- The majority of Surrey's EHCP cohort remains within the mainstream sector at just over a 3rd of students (35.1%). The next highest group is maintained specialist provision with a quarter (25.3%). This is lower than regional and national figures. However Surrey has the highest (11.2%) over all its neighbours and double the % of students in NMI special compared to national figures.
- Surrey has a lower % in post 16 provision 15.2% compared to regional neighbours excluding Windsor compared to 17.7% regional and national 16.6% average
- 3.6% of students had no school placement on census day, broadly in line with regional and below national average, the majority of this cohort in Surrey were NEET students above statutory school age.

Number & Percentage of NEET Students

| Measurement | Local Authority | 2019 | 2020 | 2021 | 2022 |
|--------------|-----------------|------|-------|--------|--------|
| Policy Count | East Sussex | 69 | 79 | 52 | 39 |
| % | East Sussex | 2.0% | 2.3% | 1.4% | 1% |
| Policy Count | Hants | 164 | 204 | 237 | 359 |
| % | Hants | 2.0% | 2.2% | 2.3% | 2.8% |
| Policy Count | Kent | 65 | 59 | 86 | 285 |
| % | Kent | 0.6% | 0.4% | 0.6% | 1.6% |
| Policy Count | Windsor & M'hd | 11 | 28 | 17 | 15 |
| % | Windsor & M'hd | 1.2% | 2.9% | 1.7% | 1.4% |
| Policy Count | Surrey | 155 | 188 | 232 | 299 |
| % | Surrey | 1.8% | 1.9% | 2.2% | 2.5% |
| Policy Count | Wokingham | 40 | 33 | 83 | 65 |
| % | Wokingham | 4.3% | 3.1% | 6.5% | 4.4% |
| Policy Count | South East | 878 | 1,155 | 1,260 | 1,589 |
| % | South East | 1.4% | 1.7% | 1.7% | 1.9% |
| Policy Count | England | 5876 | 8,108 | 10,794 | 12,497 |
| % | England | 1.7% | 2.1% | 2.5% | 2.6% |

- Surrey's NEET (Not in Education, Employment or Training) students increased over the last year from 2.2% to 2.5% increasing from 232 to 299 students.
- This is below the National figure of 2.6% although higher than the regional of 1.9%.

% of students with an EHCP in Independent/ Non-Maintained mainstream and Special Placements including Specialist Post 16 Institutions

| Local Authority | January 2019 | January 2020 | January 2021 | January 2022 | Direction of travel since 2021 |
|------------------|--------------|--------------|--------------|--------------|--------------------------------|
| East Sussex | 7.1% | 7.6% | 9.0% | 10.0% | ↑ |
| Hampshire | 6.4% | 6.6% | 6.8% | 7.5% | ↑ |
| Kent | 10.0% | 12.6% | 13.3% | 13.7% | ↑ |
| Windsor & M'head | 11.8% | 10.7% | 12.5% | 13.2% | ↑ |
| Surrey | 13.7% | 15.1% | 14.7% | 14.4% | ↓ |
| Wokingham | 10.2% | 10.2% | 9.8% | 9.5% | ↓ |
| South East | 8.8% | 9.5% | 9.9% | 10.2% | ↑ |
| England | 7.4% | 7.4% | 7.7% | 8.0% | ↑ |

- Surrey's % of EHCP students in independent mainstream & special, NMI and specialised post 16 settings has fallen very slightly from 14.7% to 14.4%. Wokingham is the only other LA to see a small reduction, whereas the remainder including regional and national figures have seen a small rise.
- Surrey continues to have the highest % of EHCP students in independent schools in the SE region and exceeds the regional (10.2%) and national figures (8%).

Movement of % of students with EHCP into separate Independent: mainstream & special, NMI special & Post 16 Institutions

| Surrey | 2018 | 2019 | Change | 2020 | Change | 2021 | Change | 2022 | Change |
|--------------------------------|--------------|--------------|----------|--------------|----------|--------------|----------|--------------|----------|
| Independent Mainstream | 2.3% | 2.1% | ↓ | 1.9% | ↓ | 2.3% | ↑ | 2.4% | ↑ |
| NMI Special | 4.2% | 3.2% | ↓ | 3.0% | ↓ | 3.0% | → | 2.7% | ↓ |
| Independent Special | 7.1% | 7.5% | ↑ | 8.8% | ↑ | 8.7% | ↓ | 8.5% | ↓ |
| Specialist Post 16 Institution | 1.1% | 0.9% | ↓ | 0.9% | → | 0.7% | ↓ | 0.8% | ↑ |
| Total | 14.7% | 13.7% | ↓ | 14.6% | ↑ | 14.7% | ↑ | 14.4% | ↓ |
| National | 2018 | 2019 | Change | 2020 | Change | 2021 | Change | 2022 | Change |
| Independent Mainstream | 1.0% | 1.0% | → | 1.0% | → | 1.1% | ↑ | 1.1% | → |
| NMI Special | 1.2% | 1.1% | ↓ | 1.0% | ↓ | 0.9% | ↓ | 0.9% | → |
| Independent Special | 3.8% | 3.9% | ↑ | 4.1% | ↑ | 4.1% | → | 4.3% | ↑ |
| Specialist Post 16 Institution | 1.4% | 1.4% | → | 1.6% | ↑ | 1.6% | → | 1.7% | ↑ |
| Total | 7.4% | 7.4% | → | 7.7% | ↑ | 7.7% | → | 8.0% | ↑ |

- This is a breakdown of the previous slide into their specific categories compared to the National picture.
- Nationally independent specials & specialist Post 16 placements have increased whereas Surrey's Independent specials has decreased over the 2 years.

Timeliness - New EHCP issued within 20 weeks within calendar year

| Local Authority | No. plans issued 2019 calendar year | No. plans issued 2021 calendar year | % Increase in plans issued 2020-2021 | Direction of travel since 2020 (plans issued) | % issued within 20 weeks 2020 | % issued within 20 weeks 2021 | Direction of travel since 2020 (issued within 20 weeks) |
|------------------|-------------------------------------|-------------------------------------|--------------------------------------|---|-------------------------------|-------------------------------|---|
| East Sussex | 262 | 334 | 27.5% | ↑ | 82.4% | 87.1% | ↑ |
| Hampshire | 1,543 | 2,302 | 49.2% | ↑ | 1.6% | 15.9% | ↑ |
| Kent | 1,976 | 2,882 | 45.9% | ↑ | 31.1% | 41.3% | ↑ |
| Windsor & M'head | 95 | 116 | 22.1% | ↑ | 94.7% | 90.5% | ↓ |
| Surrey | 1,447 | 1,415 | -2.2% | ↓ | 60.7% | 65.1% | ↑ |
| Wokingham | 204 | 236 | 15.7% | ↑ | 59.9% | 80.9% | ↑ |
| South East | 9,614 | 11,573 | 20.4% | ↑ | 47.8% | 48.8% | ↑ |
| National | 59,097 | 61,269 | 3.7% | ↑ | 55.6% | 57.9% | ↑ |

- Surrey has seen a rise in statutory timeliness with the average for the year increasing from 60.7% to 65.1%. This is above the regional average of 48.8%, and national average of 57.9%
- Surrey's current average timeliness for the first four months of 2022 is 43%.
- Surrey saw a 2.2% reduction in plans issued in 2021. This is in contrast to its neighbours, regional and national figures who all had increases in the number of plans issued.

Speech, language and communication needs

Speech, Language and Communication Needs (SLCN) is a blanket term used within Special Educational Needs (SEND) to define several developmental conditions, including:

- Speech and/or Language Delay (under 5 years only)
- Disorders of voice, fluency or social interaction
- Speech and or Language Disorder (Incidence of 9.92% in population)
- Developmental Language Disorder (DLD- making up 7.7% of Speech and Language Disorder incidence)
- Language Disorder associated with another biomedical condition (making up remaining 2.3% of Speech and Language Disorder)
- Some children may have more generalised communication needs that can be resolved with minimal intervention

Speech, language and communication needs (continued)

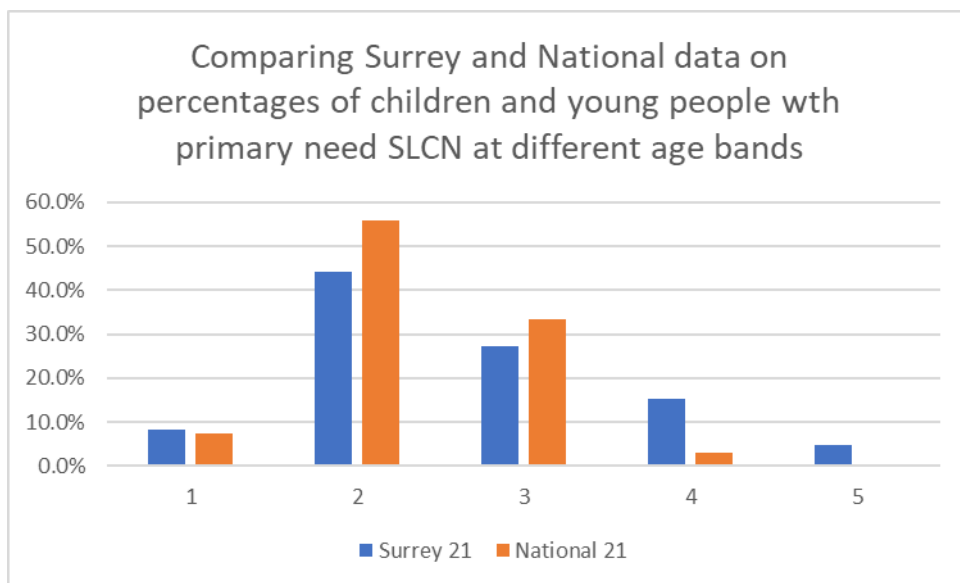
SLCN prevalence is strongly linked with deprivation, and this may be as high as 50% in areas in which no interventions are delivered.

Children are assessed and supported in the Early Years by Early Years Teams in Surrey County Council following a [Graduated response early years | Surrey Local Offer](#) and by the Universal 0-19 service and Speech and Language Therapy service provided by Children and Family Health Surrey. [Home :: Children and Family Health Surrey \(childrenshealthsurrey.nhs.uk\)](#)

Surrey County Councils Graduated response document states how assessment is carried out in schools [Graduated response in schools | Surrey Local Offer](#) and the following document sets out how support is provided: [Surrey inclusion and additional needs and disabilities service offer | Surrey Local Offer](#). Support is provided at universal and targeted levels from a range of teams within Surrey County Councils Inclusion & additional needs and disabilities teams including Specialist teachers and Educational Psychologists. A specialist service is provided by Surrey County Council's Speech and Language Therapy Team for those with complex and enduring needs.

Speech, language and communication needs (continued)

There has been a national and local increase in the number of young people with an EHCP (Education Health and Care Plans) with primary need as SLCN but the percentage of all EHCPs (Education Health and Care Plans) remains at a comparable level to when measured in 2016.



Compared to the National data there are significantly more children and young people with an EHCP with primary need of SLCN in the 16-19 and 20-25 age groups in Surrey. Surrey has slightly higher than national in under 5s but less with age groups 5-10 and 11-15.

Speech, language and communication needs (continued)

Gender:

The gender difference has remained the same from 2016 to 2021 with 72% of the children and young people with an EHCP with primary need of SLCN male and 28% female.

Education Placement:

The table below shows where children and young people with a primary need of SLCN are educated.

| Location | Number (2021) | % (2021) | Number (2016) | % (2016) |
|------------------------|---------------|----------|---------------|----------|
| Centres | 208 | 9.8% | 152 | 11.3% |
| Mainstream | 1,306 | 61.7% | 797 | 59.3% |
| Maintained Specialists | 427 | 20.2% | 264 | 19.7% |
| NMI/Independent | 175 | 8.3% | 130 | 9.7% |
| Total | 2,116 | 100.0% | 1,343 | 100.0% |

Cognition and learning

Children who have cognition and learning needs are defined below:

| Need Type | How might these needs present? | What are the implications for learning? |
|---|--|--|
| <p>Specific Learning Difficulty (SpLD)</p> <p>For this Census category to be used there should be evidence of a diagnosis from a recognised professional.</p> <p>Schools can use the Census category of 'SpLD' if it is felt the difficulties are specific in nature and differences across an individual's learning and development can be evidenced.</p> | <p>Learners with SpLD are seen to have difficulties in one or more specific aspect of their learning, but not all of them.</p> <p>Dyslexia:</p> <ul style="list-style-type: none">• Learners with Dyslexia show marked and persistent difficulties in acquiring the skills for accurate and fluent reading.• Learners may have significant difficulties in learning to spell, and may have poor comprehension, handwriting and punctuation. Their performance in these areas is likely to be below their performance in other areas. <p>Dyscalculia:</p> <ul style="list-style-type: none">• Learners show marked and persistent difficulties in grasping basic number concepts, number facts and calculation processes.• Their performance in these areas is likely to be below their performance in other areas. <p>Dyspraxia:</p> <ul style="list-style-type: none">• Learners show marked and persistent difficulties in their organisation of movement and may appear clumsy.• They may have poor balance and/ or coordination and may be late to develop language.• Performance in these areas is likely to be below their performance in other areas. | <ul style="list-style-type: none">• Learners may have memory and processing difficulties, as well as difficulties with organisational skills.• They may also have coordination difficulties.• Learners may quickly gain skills in some subjects and not in others.• They may have significant difficulties in gross and fine motor skill development, and may appear reluctant to engage in actions needing motor planning – skipping, hopping, catching a ball, handwriting etc.• Need for multi-sensory teaching.• Issues with the organisation of work, for example of revision. |

Cognition and learning (continued)

Children who have cognition and learning needs are defined below:

| Need Type | How might these needs present? | What are the implications for learning? |
|---|--|---|
| Moderate Learning Difficulty (MLD) This Census category should be used when a learner's difficulties are seen and evidenced as being wide ranging and with a significant impact on attainment. | <ul style="list-style-type: none">• Learners with MLD have difficulties in learning across the curriculum, requiring differentiation and adjustments in all or most subject areas.• Learning is significantly more difficult and learners experience difficulties in acquiring skills and making progress in basic literacy and numeracy. They will also frequently experience difficulties in learning in other areas of the curriculum.• Learners are likely to have additional difficulties in speech and language development, this can be in expressive and/or receptive language and will be apparent in spoken and written communication. | <ul style="list-style-type: none">• Attainment for these learners is well below that expected of their peers by a minimum of 2-3 years in all or most areas of the curriculum, despite appropriate differentiation and intervention.• They are also more likely to have immature social skills, memory and/or processing difficulties, with limited concentration and attention. |

Cognition and learning (continued)

Children who have cognition and learning needs are defined below:

| Need Type | How might these needs present? | What are the implications for learning? |
|---|---|--|
| Severe Learning Difficulty (SLD) This category should be used when a learner's difficulties are seen and evidenced as being wide ranging, complex, and with a very significant impact on attainment. | <ul style="list-style-type: none">• Learners with SLD have significant and severe difficulties in learning across the curriculum, requiring support in all areas of the curriculum.• The wider difficulties usually include weaknesses in the development of mobility and coordination, the perception and development of self-help skills, and the development of communication.• Most learners with SLD will use sign or symbol to communicate but may also be able to verbalise. | <ul style="list-style-type: none">• Attainment for these learners is likely to be below national curriculum assessment standards (equivalent to P4-P8) <u>throughout their school career</u>.• Most of these learners will require direct and intensive intervention to enable progress and development in relation to enable learning, developing and maintaining motor skills, self-help skills and independence. They are also likely to require specialist support in the use of sign or symbols or other augmented forms and means of communication. |

Cognition and learning (continued)

Children who have cognition and learning needs are defined below:

| Need Type | How might these needs present? | What are the implications for learning? |
|---|--|--|
| Profound and Multiple Learning Difficulty (PMLD) This Census category should be used when a learner's cognitive difficulties and physical disabilities are seen and evidenced as being wide ranging, very complex, and with a very significant impact on attainment. | <ul style="list-style-type: none">• Learners with PMLD have severe and complex difficulties in learning and development.• They are likely to have additional significant challenges in relation to communication, sensory impairment and/or physical difficulties.• Learners are likely to communicate non-verbally using gesture, eye pointing, symbols or very simple language.• Learning and development is significantly more difficult due to the severity and complexity of individuals' needs. | <ul style="list-style-type: none">• Attainment for these learners is likely to be below national curriculum assessment standards (equivalent to P1-P3) <u>throughout their school career</u>.• Learners will have difficulties in developing and maintaining mobility and are likely to experience significant intervention in all areas of development.• Learners must have a Personal Risk Assessment and a Personal Emergency Evacuation Plan, and these must be reviewed regularly by key staff, young people and families.• Most learners with PMLD will have been identified before they start school and will be known to a range of Local Area professionals. |

Cognition and learning (continued)

The table to the right shows the number and percentage of children with difficulties in the area of cognition and learning with education health and care plans (snapshot 11,747 plans)

| Area of Cognition and Learning | Number with EHCPs | % with EHCPs |
|--------------------------------|-------------------|--------------|
| MLD | 1,785 | 15% |
| PMLD | 111 | 1% |
| SLD | 541 | 5% |
| SPLD | 441 | 4% |
| Total | 2,878 | 24% |

The data to the right shows the break down by social care status

| Primary Need | Child Looked After | Child Protection | Child in Need |
|--------------|--------------------|------------------|---------------|
| MLD | 11 | 15 | 34 |
| PMLD | 2 | 0 | 4 |
| SLD | 9 | 6 | 16 |
| Spld | 1 | 3 | 1 |

Social, emotional and mental health - SEMH

Comparing placement settings for Surrey CYP with EHCP's with different primary needs, children with SEMH as a primary need are more likely to be placed in an Independent Specialist School and Specialist Academy or Free school and less likely to be in a mainstream LA school than children with SLCN or MLD as a primary need.

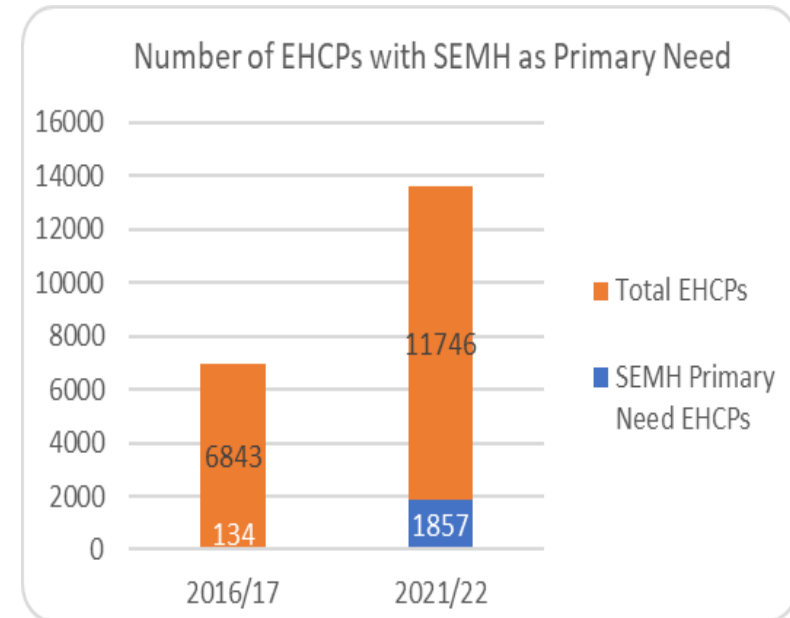
Placement breakdown remains a challenge, with 402 open cases for school aged children in 21/22. 143 learners have been placed since Sept 21, 33 of these have SEMH as a primary need.

It is important to note these figures do not include children and young people that are subject to SEND support with SEMH challenged and presentation.

There are also children and young people who experience acute mental health difficulties that do not have a statutory EHCP or SEND support.

Social, emotional and mental health – SEMH (continued)

Surrey now has 1,857 children and young people (CYP) with recognised SEMH difficulties subject to an EHCP, an over 10-fold increase from the 134 in 2016/17. SEMH as the primary need represents 16% of the current EHCPs in Surrey, which compares to 14.9% nationally and 18.8% in the Southeast. The total EHCP number in 2021/22 shows there is significant increase comparatively in the growth of CYP with SEMH needs.

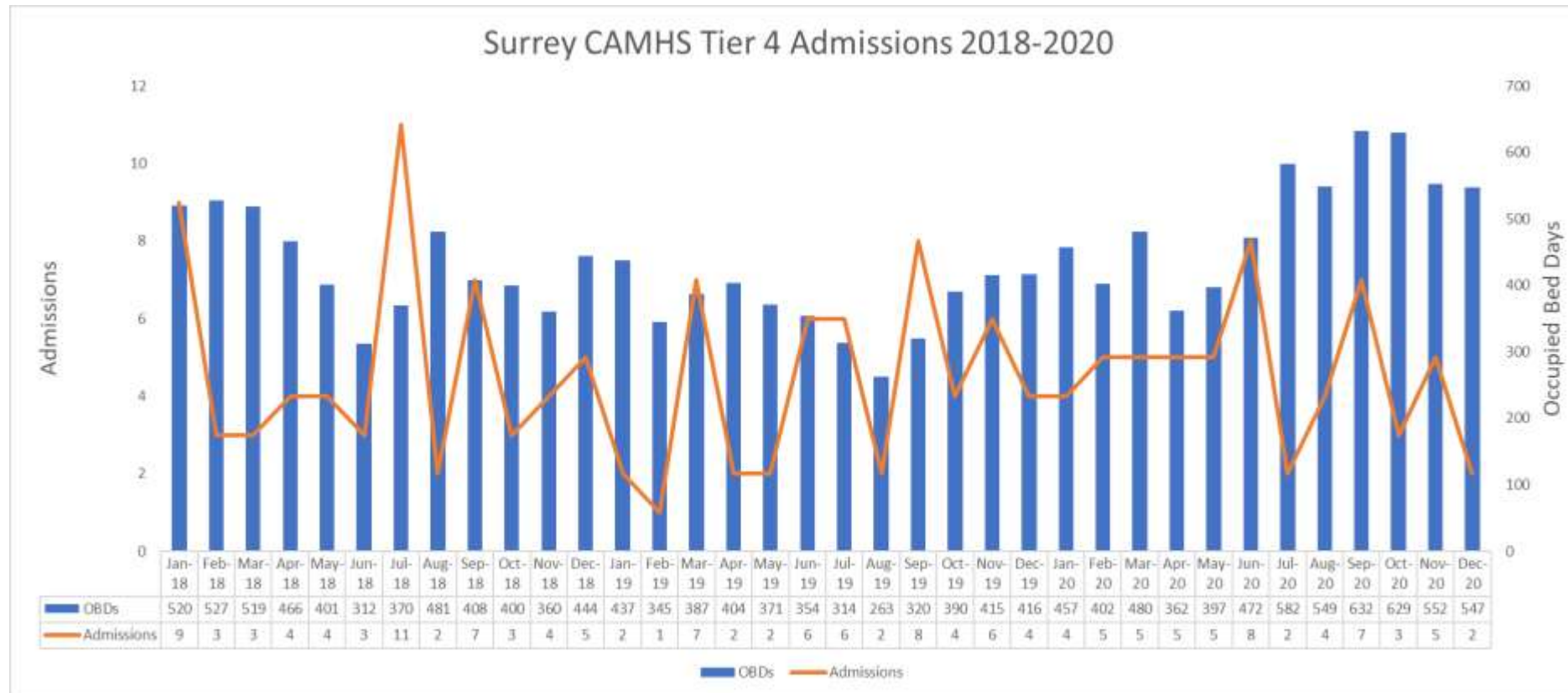


Social, emotional and mental health - SEMH (continued)

547 children and young people now require specialist school SEMH placements, with 157 attending an NMI school out of county (which is more costly) and 143 attending an NMI school in Surrey. The projected 2021/22 total annual cost of the SEMH specialist school placements is £21.6m with the projected annual costs for Non-Maintained schools at £14.4m within that.

Social, emotional and mental health - SEMH (continued)

Despite the growth in demand for mental health services in Surrey, admissions rates to Tier 4 beds have been relatively low. The graph below illustrates Surrey's monthly admission and Occupied Bed Day rates.



Social, emotional and mental health - SEMH (continued)

Both admission and Occupied Bed Day rates for Surrey are below the regional average. It is understood that this relates to the positive impact of rapid responses to those who present in a Crisis. Intensive community mental health and educational support is also offered to children and young people (CYP) and their families where needs are complex and likely to result in a Tier 4 admission. This innovation in Surrey was a response to not having had access to County CAMHS beds for over 10 years. We have a relatively higher threshold for admitting children as we manage a higher level of risk in the community. Work has been underway to reduce admissions for a longer period than in other regions and therefore it is unlikely that admissions will be significantly reduced further. These outcomes have been achieved through use and development of the Surrey Care Model

Surrey's core offer to promote children and young people's emotional wellbeing and mental health has children's services and schools working alongside a new alliance of ICB and national and local voluntary sector organisations to provide an improved and broader range of services for children and families. The data and analysis in this chapter will help to develop and adjust our approach across the partnership.

Since 2021, the children's Emotional Wellbeing and Mental Health service delivered by MindWorks Surrey has a stronger focus on prevention as well as having longer established services like the Crisis and Avoidable Admission Avoidance services.

Physical and sensory support - PSS

The purpose of Physical and Sensory Support

The role of Physical and Sensory Support is to facilitate access to communication, access to learning and access to the physical environment for a cohort of children and students with low-incidence disability.

To this end, PSS works to meet this outcome:

Children and students with a diagnosis of hearing impairment, multisensory impairment, physical disability or vision impairment, and who require access to communication and learning through assistive technology / Augmented and Alternative Communication are fully included and participate in all learning experiences (evidenced by improved progress and attainment) so that each becomes a thriving, emotionally resilient, economically active member of the community.

| Access to Communication and Learning | Further and Higher Education and post 16 | Home and School, 0 to 19 |
|---|---|--|
| Managed by the professional lead for Augmented and Alternative Communication and Assistive Technology | Managed by the professional lead for F/HE 16+ | Managed by the professional lead for physical disability; the professional lead for sensory impairment |

Physical and sensory support - PSS (continued)

Referring to PSS

Children and young people between 0 and 19 with a diagnosis of hearing impairment, multisensory impairment, physical disability or vision impairment, and who require access to communication and learning through assistive technology / AAC are referred to PSS Home and School for the involvement of a team specialising in these areas (centrally-funded provision).

Young people in further or higher education with the same diagnoses and who require access to communication and learning through assistive technology / AAC are referred to PSS F/HE 16+ (traded provision).

PSS (and therefore SCC) adheres to the Newborn Hearing Screening Protocols; two being that an advisory teacher of the deaf contacts the family within 2 working days of notification from the hospital and that an initial visit takes place within 10 working days of receipt of signed parental consent from the hospital.

Physical and sensory support - PSS (continued)

Requests for involvement (and the work that is done around these) are always informed by information from health (e.g., audiology, occupational therapy, ophthalmology). Therefore, so that a request for involvement is actioned as soon as possible, it needs to come with this information. (We do not diagnose.) The reason for this is that the advice and support that is given to the setting and family of a child or young person with vision impairment, for example, is in accordance with their eye condition: advice on how to maximise visual access to a child or young person with no central vision would be different to the advice that would be given on how to do this if they had no peripheral vision. Background clinical information therefore is of vital importance. The same goes for a communication need, hearing impairment, and physical disability.

Number of open referrals

PSS - Home and School (0 to 19)

| Category | Number |
|--|--------|
| Augmentative and Alternative Communication | 227 |
| Assistive Technology | 185 |
| Deaf and Hearing Impaired | 737 |
| Multi-Sensory Impairment | 39 |
| Physical Disability | 439 |
| Visually Impaired | 423 |

PSS - F/HE 16+ (post 16) (includes full in-class traded support & monitoring)

| Category | Number |
|--|--------|
| Augmentative and Alternative Communication | 0 |
| Assistive Technology | 0 |
| Deaf and Hearing Impaired | 45 |
| Multi-Sensory Impairment | 3 |
| Physical Disability | 4 |
| Visually Impaired | 18 |

Physical and sensory support - PSS (continued)

Joint work with Health

PSS/SCC sits on the east and west [Children's Hearing Services Working Group](#). These are multi-disciplinary, multi-agency groups, including the parents/carers of deaf children, that work together to ensure local services across health, education, social care and the voluntary sector are of a good standard and meet the needs of local families. This includes joint working across the equipment teams in SCC with support from Children and Family Health Surrey. Children and Family Health Surrey also provide audiology services.

Liaison with Parents/Carers

As part of Surrey's Early Intervention protocol, we run monthly sessions where the parents/carers of deaf children come together, with their preschool children (including infants and toddlers) to share their ideas and experiences centred on raising and educating a deaf child. These are structured sessions comprising activities led by advisory teachers of the deaf and specialist teaching assistants in which early listening and the development of spoken or signed language is promoted. We have recently introduced the same for the parents/carers of preschool children with vision impairment in which activities take place led by advisory teachers for vision impairment and specialist teaching assistants in which early listening, and the development of language and tactile exploration are promoted.

Physical and sensory support - PSS (continued)

Liaison with the voluntary sector

PSS works very closely with Sight For Surrey. They are commissioned by SCC to deliver habilitation to children and young people between 0 and 19 with vision impairment or multisensory impairment. Habilitation is training centred on mobility and independent living skills. The current contract commenced in April 2022 and runs up to March 2025.



Health and additional needs and disabilities

What are the most common health problems for children and young people with additional needs and disabilities?

From insight gathered from service providers the most common health problems for children and young people with additional needs and disabilities are:

- Anxiety
- Moderate/severe learning difficulties
- Behaviour that challenges
- Eating disorders
- Neurodevelopmental conditions – autism, ADHD
- Respiratory disease (including asthma)
- Diabetes
- Epilepsy
- Cerebral Palsy
- Chromosomal abnormalities
- End of life terminal illness

What health services support children and young people with additional needs and disabilities?

There are a number of local services that provide support for the health of children and young people with additional needs and disabilities these include:

- Safeguarding / Looked After Children
- 0-19 Health visiting/School nursing/ EWBSN /Advice Line /Infant feeding support
- Family nurse partnership
- Youth offending nurse
- Immunisations Team
- Tongue Tie
- Therapies - Early Years SLT, Occupational health, physiotherapy
- Acquired brain injuries and stammering
- Parent Infant Mental Health Service
- Inclusion Health (Asylum/Homeless/GRT)
- Audiology
- Community Children's Nursing Team

What health services support children and young people with additional needs and disabilities? (continued)

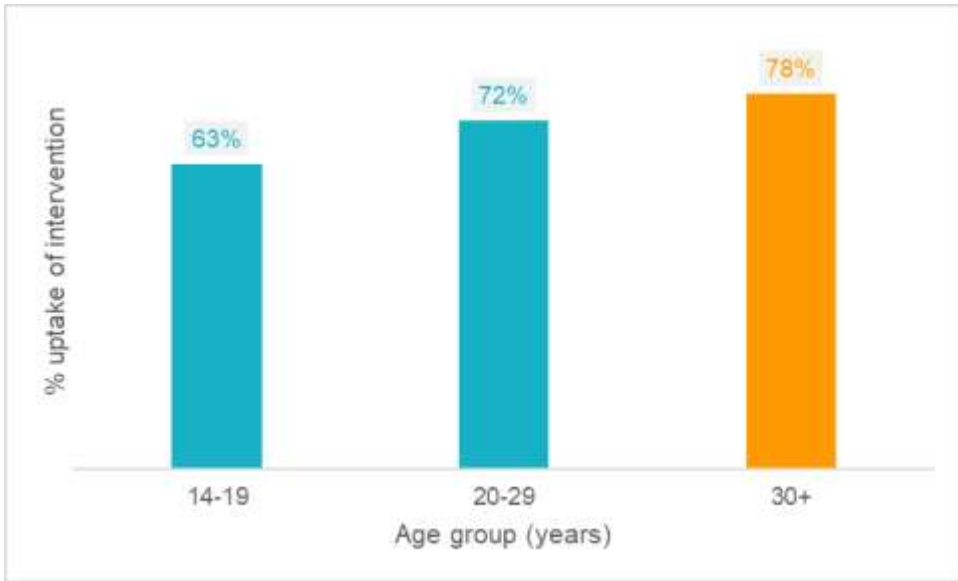
There are a number of local services that provide support for the health of children and young people with additional needs and disabilities these include:

- Children's Continuing Care
- Continence
- Specialist School Nursing
- Child Health Information Service

Not countywide:

- Orthotics and Dietetics
- Developmental Paediatrics (excluding Guildford and Epsom areas)
- CHES Community Health Early Years Support (pilot areas)
- One Stop

What is the uptake for over 14's annual health checks?



This is monitored through general practice and supported by the specialist school nurses

Source: EMIS Search from Surrey GP Practice data, 2021-2022

Children with SEND and additional medical needs

Children and young people with additional medical needs are children that may require technology to support them day to day, including where a child or young person has a diagnosis of a condition and there are interventions that the child or young person may require to maintain their health. Some of these conditions include:

- Neurodisability
- Genetic conditions
- Cystic fibrosis
- Acquired brain injury
- Downs syndrome
- Cerebral palsy
- Spina bifida
- Diabetes
- Foetal alcohol spectrum disorders

Children with SEND and additional medical needs – developmental paediatrics

The Developmental Paediatric Service is a family-centred service dedicated to helping children and young people to manage health problems that may be affecting their developmental progress. The Surrey-wide service is led by consultants and assesses children and young people experiencing a wide range of developmental difficulties related to:

- Developmental delay or disorder
- Neurological disability
- Autism spectrum disorder (ASD) - under 6 years old (up to 8 in some areas)
- Attention deficit hyperactivity disorder (ADHD) - under 6 years old (up to 8 in some areas)
- Cerebral palsy
- Severe learning difficulties (SLD) and/or complex needs

Assessments focus on physical, sensory, social and emotional development and any recommended interventions are discussed and agreed with the family.

The Developmental Paediatric Service works closely with other professionals, such as therapists, nurses, teachers and social workers to ensure a cohesive and joined-up approach is in place for the child/young person. A deep dive into developmental paediatrics is due to take place in Dec 2022.

Children with SEND and additional medical needs – therapies

Referrals to Paediatric Speech and Language Therapies have fluctuated in the period since Sept 2021 between 298 (Aug 2022) and 418 (May 2022) per month, with no clear trend in either direction. Caseload has increased by 23.5% in the same period (3,375 in Dec 2021, 4,213 in Jun 2022), after which it decreased by 7.4% in Aug 2022.

The service has focused on seeing patients who have waited for a long time throughout the last 12 months, with long waiters often representing more than half of the patients seen in a month.

In the last FY, the waiting list for paediatric SLT for those waiting 18+ weeks has progressively increased, from 309 Sept 2021 in to 534 in Aug 2022, showing a spike in Apr 2022.

Next steps/service improvement

Joint Speech Language and Communication Pathway between CFHS and Surrey County Council underway.

Further understanding of support needs for children with neurodiversity and SLCN. May lead to bespoke service development within the Early Years.

Deep Dive into therapy progress against waiting times and delivery model is due to take place Dec 2022.

Children with SEND and additional medical needs – therapies (continued)

Referrals to Paediatric Occupational Therapy have decreased progressively since Nov 2021 (323) to Aug 2021 (251), however the trend has largely remained unchanged since Jan 2022.

Caseload has also reduced by 8.9% in the same period (4,505 in Sep 2021, 4,103 in Mar 2022)

The service has focused on seeing patients who have waited for a long time throughout the FY, with long waiters often representing more than half of the patients seen in the majority of months

Next steps/service improvement

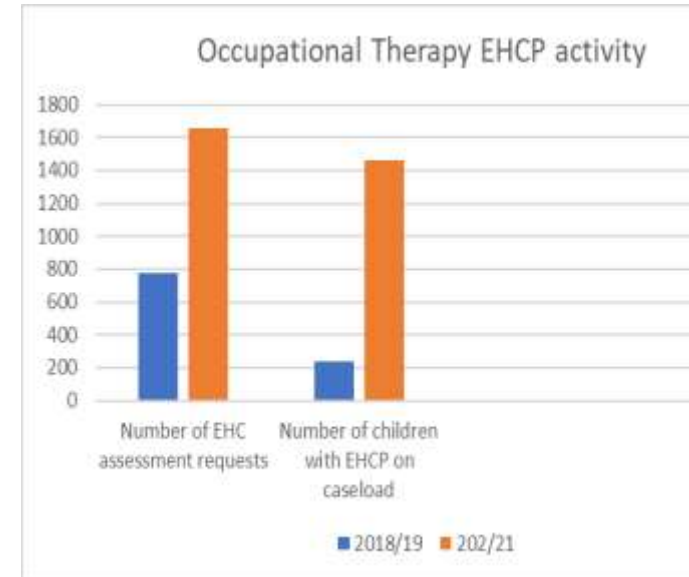
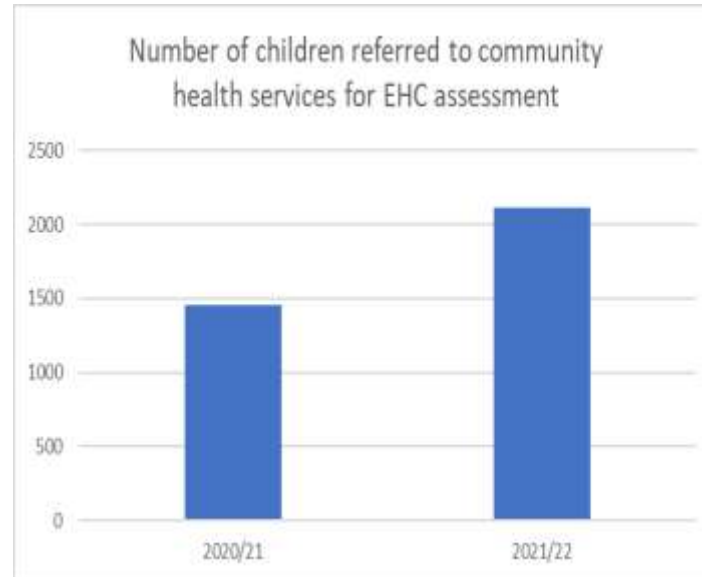
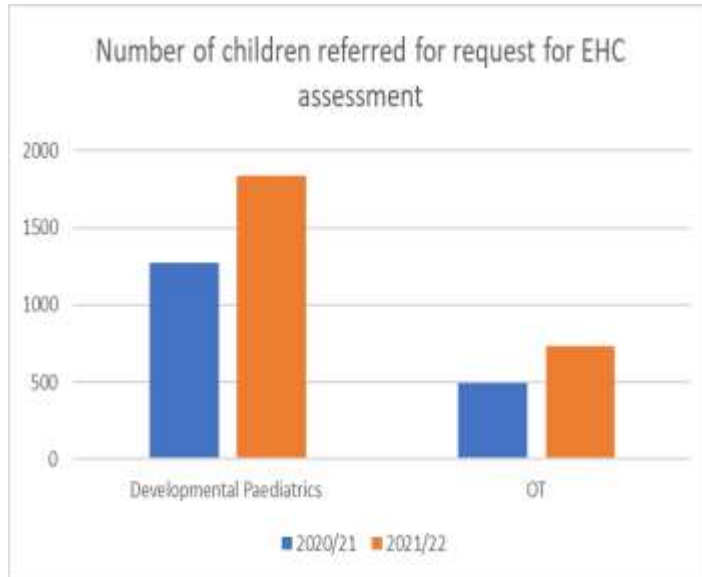
The system has provided additional investment to support recruitment of Occupational Therapists. This is non recurrent funding to support reducing ongoing backlog and also to meet the needs of additional CYP who have a place at one of the new or expanded schools as part of the capital programme.

Monthly oversight of additional spend, waiting lists and times and relationships with the system partners including schools

Health's education health and care assessment contribution

EHC Assessment contribution

Community health services contribute to an EHC assessment if child is known to service, or a request is made. Developmental Paediatrics and Occupational Therapy services receive most EHC assessment requests. Below is a chart which compares DPS and OT assessment number over time



Health's education health and care assessment contribution (continued)

The DCOs work with providers around the quality of their EHCPs and have established training to support these improvements across the health workforce.

- Monthly programme of training for Health Staff continues and is facilitated by DCO including guidance around new EHCP and Health Advice Template. Council for Disabled Children (CDC) e-learning launched - [E-Learning \(councilfordisabledchildren.org.uk\)](https://councilfordisabledchildren.org.uk)
- DCO's recommend that SEND e-learning training for all NHS staff becomes mandatory within Surrey. Recommending for Commissioners to include in NHS Contracts.

There are improvements to be made in:

- Referral rates into health services for support for Educational Health and Care Plans (EHCP)s.
- 6 week timeliness of health providers
- Quality of EHCPs (what do providers do well and where are the improvements)

Children with SEND and additional medical needs – specialist school nursing

The Specialist School Nursing Teams are based in the eight Severe Learning Disability (SLD) Specialist Schools across Surrey, covering nursery to 19 years.

The Registered Nurses and Assistant Practitioners in the school teams work closely with pupils, parents, carers, teaching staff and a wide range of other professionals to identify the pupils' health needs and provide agreed care plans.

The teams are an integral part of the school community and provide training and support for the school staff to meet the individual health needs of the children and young people. This enables all students to fully access their education and reach their potential, regardless of the complexity of their health needs.

Children with SEND and additional medical needs – specialist school nursing (continued)

The specialist school nursing team with Children and Family Health Surrey works in partnership with other agencies including General Practitioners, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Learning Disability Nurses, Hospital and Community Consultants, Community Children's Nurses, Complex Health Needs Team, Specialist Nurses, Respite Facilities, Dieticians and Social Care to:

- Provide individual assessment and care planning to meet each child's needs
- Train support staff in specific care procedures including Enteral Feeding, Tracheostomy Care, Mechanical Ventilation, Epilepsy Awareness, Medicine Administration, Anaphylaxis, Oxygen Administration, Asthma Care
- Manage medicine storage and administration in school
- Enable children and young people with severe learning and physical disabilities and / or life limiting conditions, to attend a locally maintained school
- Health promotion and promoting positive health choices
- Act as an advocate for the child and family

Children with SEND and additional medical needs – specialist school nursing (continued)

- Providing support and advice for parents (open access)
- Provide nurse-led Down Syndrome clinics in schools
- Sign-post and refer to appropriate services
- Act as the lead health professional for the child by attending and contributing to a range of meetings including; Safeguarding, Child in Need, Looked After Child, Team Around a Child, Annual Educational Reviews, contributing to EHCP's and supporting Transition to post-19 services
- Manage medical emergencies (over and above first aid) occurring at school
- Providing continence advice and assessment

Children with SEND and additional medical needs – recommendations

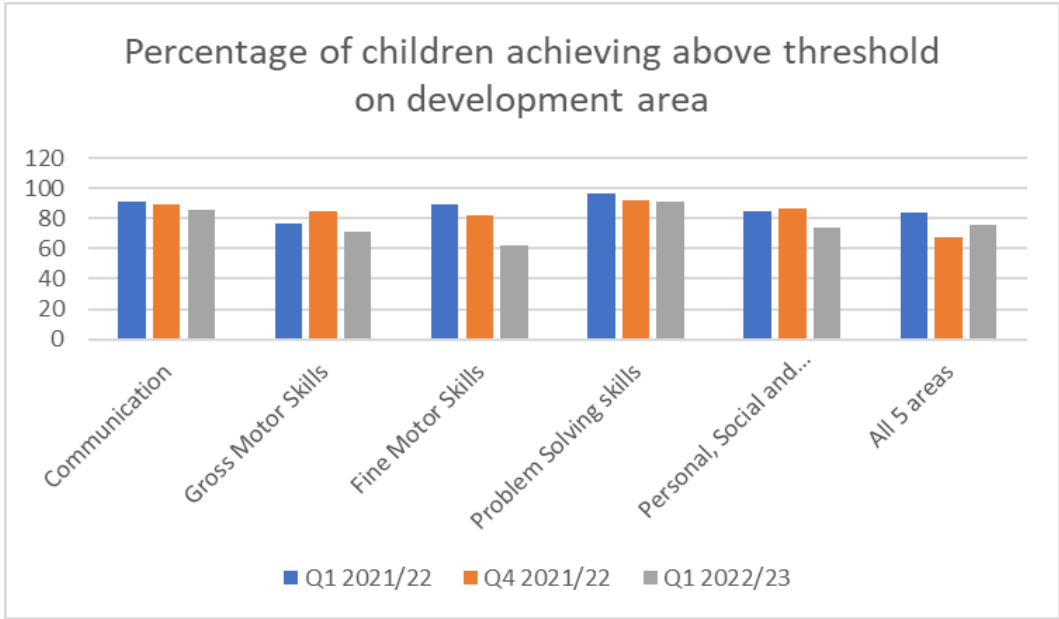
- Specialist Schools Nurses – train and support the needs in SLD schools with more training being offered to MLD schools. There is limited availability of appropriate training for mainstream settings.
- There has been an increase in prescribed melatonin and ADHD medication within EHCPs, a sleep pathway could help to reduce the amount of melatonin prescribed and save money
- Specialist school nurses have implemented a sleep study pilot to support children and young people with severe LD. This is beginning to have some positive impact on families.
- The Surrey system need to ensure sufficiency of workforce based on increasing complexity and school growth

Health Visiting – 27-month development review

The 27-month review is offered by Health Visiting services to 100% of families in Surrey, the graph below shows the variation in uptake across Surrey, with uptake in Mole Valley at 95% and uptake in Guildford at 53%.



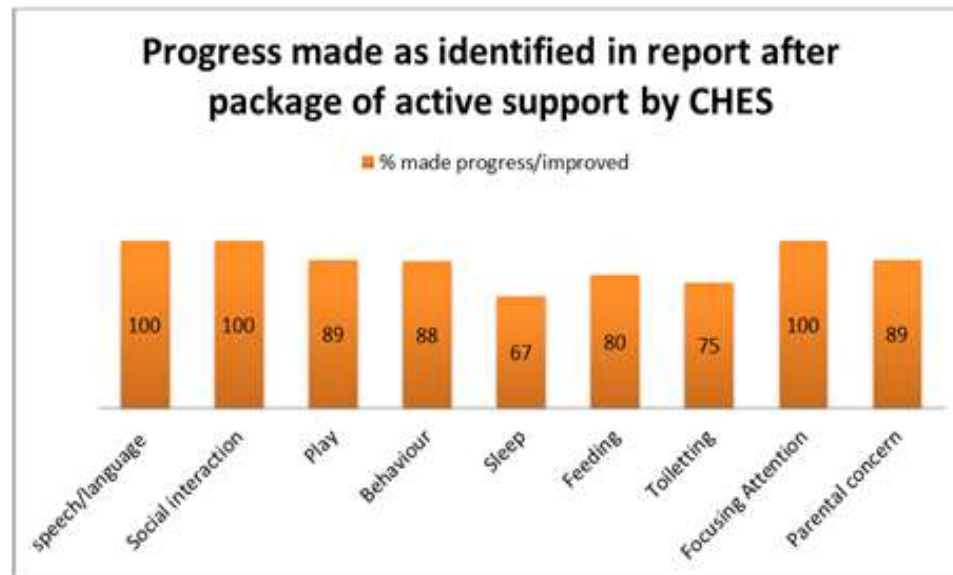
The graph below indicates the percentage of children achieving good levels of development per developmental area over time.



Community Health Early Support - CHES

A new team being piloted in 3 boroughs in Surrey with discussion regarding wider roll out. A team of Early Years Health Practitioner offering multi-disciplinary support to families. The team support families on a range of developmental areas.

Pro-actively contacting families who hadn't engaged with 12-month review, found 10% of parents were concerned about development and following CHES active support, face to face in home/ early years setting, 83% of parents report increased confidence in supporting their child and 72% report less concern about their child





Education and additional needs and disabilities

Students in SEN settings receiving support

The data below from the latest published DFE school census (2021) shows that in comparison to both Regional and National Figures, Surrey has a lower number of students attending State funded Mainstream Schools and a higher number of SEN Support students attending Independent Mainstream Schools. This could be attributed to Surreys comparatively low level of deprivation with the majority of Lower Super Output Areas (LSOA) scoring within the least deprived deciles. There are also a higher number of Independent schools within Surrey borders numbering 22% of all Surrey schools in January 2021.

| Establishment | Surrey | Regional (SE) | National |
|--|--------|---------------|----------|
| State funded mainstream schools PRUs and Nurseries | 73.12% | 85.79% | 92.42% |
| Independent mainstream school | 26.68% | 14.01% | 7.42% |
| Sate funded special school | 0.20% | 0.20% | 0.15% |
| Non-maintained special school | 0.01% | 0.005% | 0.01% |



38.7% of students receiving SEN support who attend State funded mainstream schools attend Academy Converters

Students with EHCPs

The most recent published Special Educational Needs Survey (SEN2) data from the DFE shows the placement type of students with an EHCP as at January 2021 in the charts below.

| Local Authority | Non-maintained Early Years Setting | Mainstream (LA, Academies and independent s) | LA maintained & Academy units & Resourced Provision | Special Schools (LA maintained & academies) | Independent and Non-maintained Special Schools | Pupil Referral Unit (PRU) / Alternative Provision (AP) | Post 16 (FE College, 6th form, Specialist and other) | Other (EOTAS) | EHE | No School place (NEET & CME) |
|-----------------|------------------------------------|--|---|---|--|--|--|---------------|------|------------------------------|
| Surrey | 0.4% | 32.5% | 6.3% | 25.0% | 11.7% | 0.2% | 14.9% | 1.5% | 0.9% | 3.8% |
| South East | 0.4% | 31.8% | 6.2% | 30.0% | 7.1% | 0.4% | 17.8% | 1.6% | 0.9% | 3.0% |
| England | 0.5% | 35.2% | 4.8% | 35.8% | 5.0% | 0.8% | 16.7% | 1.2% | 0.8% | 3.5% |

Students with EHCPs (continued)

Surrey has fewer students in Local Authority maintained Specialist settings at 25% of the total EHCP cohort, compared to the regional figure of 30% and the National figures of 35.8%. In turn, Surrey has a higher percentage of students accessing Non-Maintained Independent (NMI) specialist schools at 11.7%, over double the National figure of 5%. Many of these placements are secured through tribunal appeals. In 2020, 3.5% of all appealable decisions in Surrey were appealed to tribunal, compared to a national figure of only 1.7%.

Surrey has more NMI specialist settings within its borders than any other LA in England at 112 in January 2021, significantly higher than the next highest LA's which were Kent at 91 and Lancashire at 58.

| LA | Total NMI settings in LA | NMI settings as % of LA provision | Students in NMI | % of students in LA in NMI |
|---------------|--------------------------|-----------------------------------|-----------------|----------------------------|
| Surrey | 112 | 22% | 39,796 | 20% |
| Kent | 91 | 13% | 18,767 | 7% |
| Lancashire | 58 | 9% | 7,394 | 4% |
| Hampshire | 58 | 10% | 14,531 | 7% |
| Birmingham | 54 | 11% | 7,815 | 4% |
| Hertfordshire | 54 | 9% | 23,544 | 11% |
| Oxfordshire | 54 | 15% | 17,006 | 15% |
| West Sussex | 44 | 13% | 11,545 | 9% |
| Essex | 43 | 7% | 11,390 | 5% |
| South East | 538 | 14% | 147,150 | 10% |
| National | 2,423 | 10% | 573,290 | 6% |

Students with EHCPs aged 16-25 in work-based education and training placements

The below chart shows the % of EHCP students in different types of work-based training placements in January 2021 as a percentage of the 16-25 population with an EHCP. Surrey had over double the percentage of students in apprenticeships than the National EHCP 16-25 aged cohort but less students in Traineeships and Supported Internships than the National 16-25 aged EHCP cohort.

| Local Authority | Apprenticeships | Traineeships | Supported Internships | Total |
|-----------------|-----------------|--------------|-----------------------|-------|
| Surrey | 2.1% | 0.1% | 1.4% | 3.6% |
| South East | 1.2% | 0.4% | 1.1% | 2.8% |
| England | 0.8% | 0.6% | 1.9% | 3.2% |

Students with EHCPs aged 16-25 in work based education and training placements (continued)

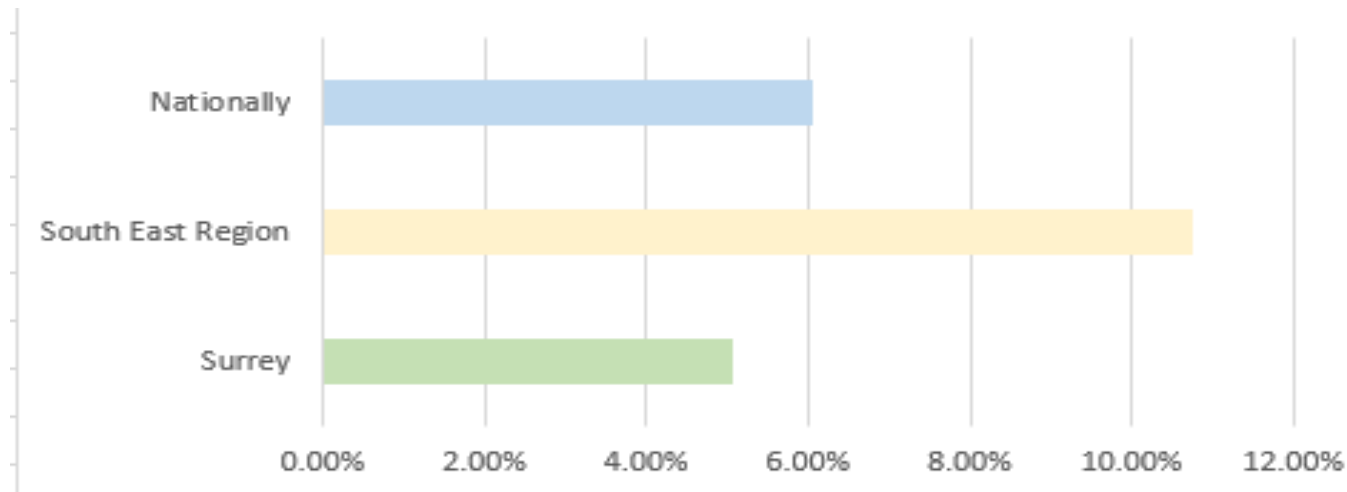
In January 2021, 1.3% of the Surrey EHCP cohort were placed in a residential setting. This was slightly higher than the Regional percentage and higher than the National percentage reported in the DFE SEN2 census for 2021.

| Local Authority | % of EHCP cohort in 38-51 weeks a year | % of EHCP cohort in 52 weeks a year | Total |
|-----------------|--|-------------------------------------|-------|
| Surrey | 1.0% | 0.3% | 1.3% |
| South East | 0.8% | 0.4% | 1.2% |
| England | 0.5% | 0.3% | 0.8% |

Children educated outside of Surrey's borders – all students

The 2021 DFE School census provides data about the school location of students with identified SEND (SEN support and EHCP students) who live in each LA and attend State funded Primary, Secondary and Specialist Schools. The data table and chart below shows that Surrey has a lower percentage of students who attend maintained mainstream and specialist setting outside of the Surrey borders than the Regional and National averages.

% of Students with SEND in state funded Primary, Secondary, and Specialist schools outside of their home LA border



Students with EHCPs placed outside of the local authority borders

The 2021 SEN2 census and January 2021 South East Benchmarking data shown below shows that Surrey had a slightly higher percentage of its EHCP cohort placed in settings outside of the Surrey border than other LAs in the Southeast Region.

Broken down into the types of provision those students placed outside of their home LA attend, you can see that for Surrey students in schools outside of Surrey the majority attend NMI specialist settings (34.3%), followed by FE setting which includes colleges, 6th forms, and post 16 specialist settings at (24.2 %) and other LA maintained special schools at (17.6%). These are also the top 3 types of provision attended Regionally in the South East by students who are placed outside of their home County. However, Surrey has more students in NMI settings at 34.3% compared to 25.2% regionally and less placed in post 16 provision at 24.2% compared to 31.1% regionally. National data is not available at this time.

% of EHCP cohort as January 2021 placed outside of the LAs borders

| Local Authority | Surrey | South East |
|---|--------|------------|
| % of EHCP students placed in provision outside of home LA | 13.8% | 12.1% |

Of the EHCP students placed outside of the LA, % in each placement type

| | | |
|--|-------|-------|
| Non- maintained Early Years setting | 2.8% | 0.8% |
| LA maintained, Academies & free schools | 12.6% | 11.1% |
| LA maintained & Academy units & Resourced Provision | 0.0% | 1.1% |
| Independent School (mainstream) | 6.3% | 4.8% |
| Special Schools (LA maintained & academies) | 17.6% | 16.4% |
| Independent and Non maintained special schools | 34.3% | 25.2% |
| Pupil Referral Unit/ Alternative Provision | 0.1% | 0.4% |
| Post 16 (FE college, 6th form, specialist and other) | 24.2% | 31.1% |
| Other (other arrangements by parents/ LA) | 1.3% | 1.5% |

Students with EHCPs placed outside of the local authority borders

The Surrey January 2022 SEN2 data shows us that the majority of Surrey EHCP students are placed within Surrey with 13% placed outside of the LA (1541 students). Of those students, 78.5% (1210 students) are placed in Local Authorities which border Surrey and 21.5% (331 students) are placed in LA's which do not border Surrey. Half of students (51%), who are placed in LA's which do not border Surrey have a current or former social care Looked After (LAC) status and had been placed in education setting further afield due to the location of their social care provision.

How does the provision of SEND education compare with other areas

Surrey has a large population, (38.7 per 1000) of children and young people with SEN statement or EHCP compared to our statistical neighbours, the South East and nationally. The detail on this can be found here: [High needs benchmarking tool - GOV.UK \(www.gov.uk\)](https://www.gov.uk/high-needs-benchmarking-tool)

To compliment this, Surrey also has a relatively large number of state special schools compared with statistical neighbours, with over 1,600 places per 100,000 pupils.

Pupil numbers and place numbers in state funded special schools Jan 2021 (est)

| LA | Full Time Equivalent pupils special schools | Full Time Equivalent pupils all state schools | % of pupils who are in special schools | Pupils in special schools per 100000 pupils | Places state special schools | Places per 100,000 pupils |
|-------------|---|---|--|---|------------------------------|---------------------------|
| Kent | 5,175.5 | 241,133 | 2.2% | 2,146 | 4,947 | 2,052 |
| Surrey | 2,667 | 159,156.5 | 1.7% | 1,676 | 2,682 | 1,685 |
| Hampshire | 3,033.5 | 180,916.5 | 1.7% | 1,677 | 2,929 | 1,619 |
| East Sussex | 1,097.5 | 67,175.5 | 1.6% | 1,634 | 1,006 | 1,498 |
| Oxfordshire | 1,269.5 | 96,451.5 | 1.3% | 1,316 | 1,265 | 1,312 |
| Wokingham | 278 | 27,898.5 | 1.0% | 996 | 309 | 1,108 |

How does the provision of SEND education compare with other areas (continued)

Surrey County Council and Schools work hard to include children with an EHCP in mainstream settings wherever possible. Surrey also has the HOPE day programme provision that supports children in county. In January 2022, 35% of children and young people with an EHCP were educated in mainstream school, which is one of the highest in our benchmark group and higher than the South East average of 32%. It is a very similar proportion to the nationwide figure (only 2021 data available at present).

| Local Authority | Jan 2022 census – pupils with and EHCP in mainstream settings | Jan 2021 census - pupils with and EHCP in mainstream settings |
|-----------------|---|---|
| East Sussex | 25.2% | 25.9% |
| Hampshire | 34.5% | 31.8% |
| Kent | 26.2% | 23.3% |
| Oxfordshire | n/a | 38.4% |
| Surrey | 35.1% | 35.2% |
| Wokingham | 43.4% | 21.7% |
| South East | 31.5% | 31.8% |
| England | n/a | 35.2% |

How does the provision of SEND education compare with other areas (continued)

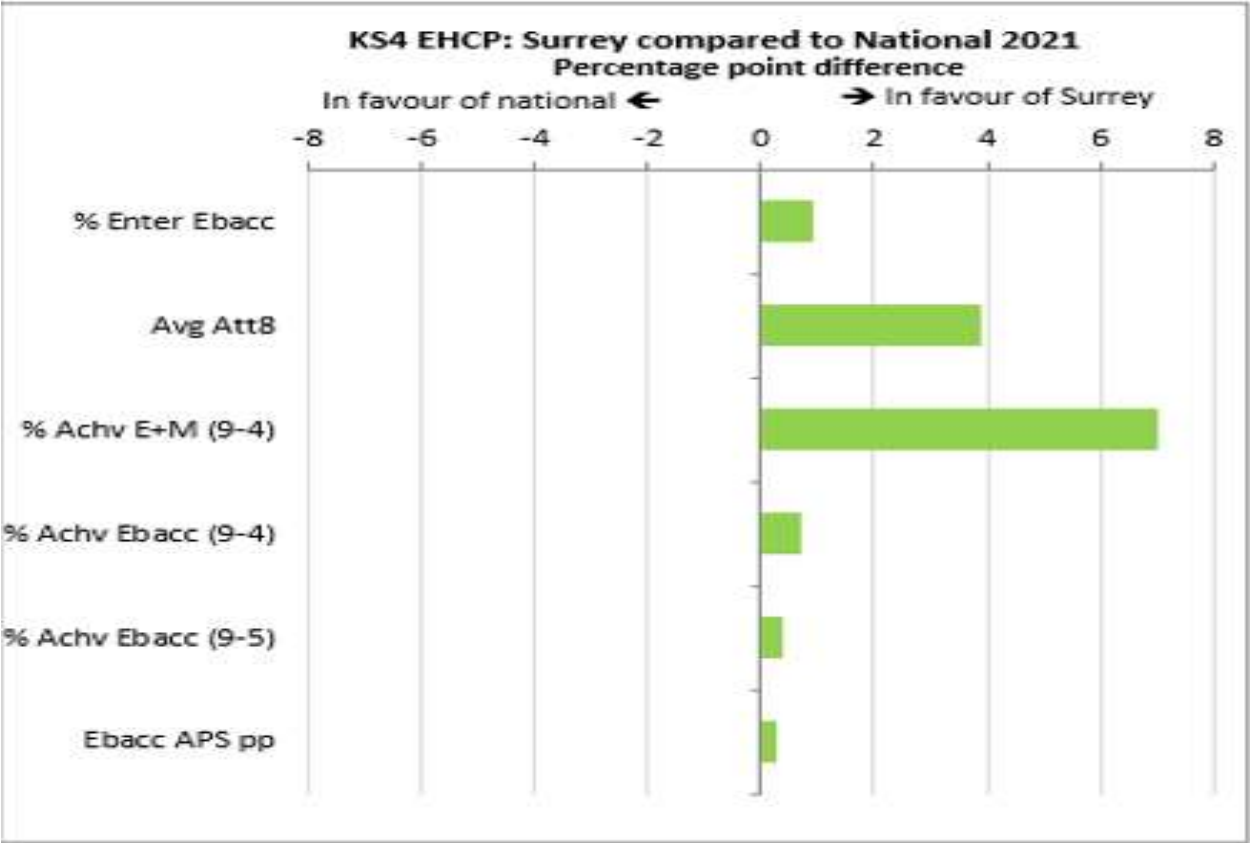
Surrey has 25 special school establishments within the county. Of these, 18 (75%) have been rated good or outstanding by Ofsted, compared to 90% nationwide. 12% of Surrey’s special schools are rated as inadequate compared to 5% nationwide.

The table below shows the rates of early years pupils who receive Special Educational Needs support, both county-wide and in England. This shows increased SEN provision nationally, with Surrey sitting higher than the national average with 3.9% (national is 3.3%).

| Category | Indicator | Surrey number | Surrey % | South East % | England % | Comments |
|---|--|---------------|----------|--------------|-----------|--|
| Total | Total number of children under 5 with EHCP number and percentage of population | 494 | 0.7% | 0.5% | 0.5% | Increasing numbers of children being diagnosed with ASD |
| Children taking up FE with an EHC Plan | Number and percentage of 2 year olds with EHC | 16 | 1.1% | 0.6% | 0.6% | N/A |
| Children taking up FE with an EHC Plan | Number and percentage of 3 and 4 year olds with EHC | 417 | 1.5% | 1.0% | 0.9% | N/A |
| Children taking up FE with SEN Support | Number and percentage of 2 year olds with SEN | 151 | 10.1% | 4.0% | 2.9% | N/A |
| Children taking up FE with SEN Support | Number and percentage of 3 and 4 year olds with SEN support | 1,793 | 6.6% | 5.3% | 5.7% | N/A |
| Children accessing FE in Special School Provision | 2 year olds -number and percentage | 9 | 0.6% | 0.2% | 0.1% | This % has decreased in 2021in Surrey following the intro of EYIP (Early Years Inclusion Pathway) planning |
| Children accessing FE in Special School Provision | 3 year olds- number and percentage | 119 | 0.9% | 0.2% | 0.1% | This % has decreased in 2021in Surrey following the intro of EYIP (Early Years Inclusion Pathway) planning |
| Children accessing FE in Special School Provision | 4 year olds -number and percentage | 106 | 0.8% | 0.7% | 0.1% | N/A |

What are the educational/employment outcomes for children and young people with additional needs and disabilities?

The Attainment 8 score for Surrey children and young people with additional needs and disabilities with an EHC Plan is 19.6, higher than the national figure of 15.7. The Surrey EHCP English Baccalaureate (Ebacc) achieved 1.51 average point score per pupil, 0.28 higher when compared to the England EHCP Ebacc average point score per pupil of (1.23).



What are the educational/employment outcomes for children and young people with additional needs and disabilities? (continued)

The table below shows that in Surrey, 26% of young people with an EHCP, and 48% of young people with any identified SEN went on to further education in 2019/20.

The percentage of young people with identified SEN that went on the further education in 2019/20

| Category | National | South East | Surrey | Hants | Kent | East Sussex | Oxford | Windsor | Wokingham |
|-----------------------------|----------|------------|--------|-------|-------|-------------|--------|---------|-----------|
| Identified SEN | 52.9% | 48.2% | 48.2% | 57.6% | 42.2% | 54.2% | 50.7% | 38.5% | 49.6% |
| No identified SEN | 43.8% | 43.6% | 46.4% | 52.0% | 35.3% | 57.7% | 49.8% | 40.7% | 51.3% |
| School Action / SEN support | 50.4% | 46.9% | 47.6% | 56.0% | 39.9% | 55.7% | 50.5% | 39.0% | 50.2% |
| EHCP | 33.6% | 29.0% | 26.6% | 37.8% | 25.9% | 38.7% | 27.5% | 23.0% | 20.9% |

What are the educational/employment outcomes for children and young people with additional needs and disabilities? (continued)

2.1% of Surrey's young people with an EHCP were in apprenticeships at Jan 2021 – a figure which is much higher than our statistical neighbours, the South East and nationwide. Similarly, there is a relatively high proportion of young people in Supported Internships compared to our statistical neighbours. Overall, 3.6% of Surrey's young people with an EHCP are in work-based training placements and this is figure higher than the national average at 3.2%.

Young people aged 16 - 25 years with an EHCP undertaking work based training at January 2021 as a % of the 16-25 population with EHCP's

| Local Authority | Apprenticeships | Traineeships | Supported internships | Total |
|------------------------|-----------------|--------------|-----------------------|-------------|
| East Sussex | 0.8% | 1.3% | 0.4% | 2.5% |
| Hampshire | 0.1% | 0.2% | 1.4% | 1.7% |
| Kent | 1.8% | 0.2% | 0.2% | 2.3% |
| Oxfordshire | 0.2% | 1.0% | 3.8% | 5.0% |
| Surrey | 2.1% | 0.1% | 1.4% | 3.6% |
| Wokingham | 0.5% | 0.3% | 0.0% | 0.8% |
| South East | 1.2% | 0.4% | 1.1% | 2.8% |
| England (January 2019) | 0.8% | 0.6% | 1.9% | 3.2% |

What are the educational/employment outcomes for children and young people with additional needs and disabilities? (continued)

At March 2022 there were 1,173 16/17 year olds with SEND in Surrey. Of these, 6.3% were Not in Education, Employment or Training (NEET) (or their status was unknown) compared with 5.9% of all young people in that age group, regardless of their SEND status. This difference for young people with SEND and all young people in Surrey is far less pronounced than elsewhere in the country – nationwide young people with SEND are far more likely (almost twice as likely) to be NEET compared with their peers than they are in Surrey (nationwide, 8.6% young people with SEND are NEET (& not known) compared with 4.5% for their peers).

| Area Name | NEET % (with SEND) | % not known (with SEND) | % NEET & Not Known (with SEND) | % In Learning (all 16-17) | NEET (all 16-17) | % not known (all 16-17) | NEET and Not Known % (all 16-17) |
|------------------------|--------------------|-------------------------|--------------------------------|---------------------------|------------------|-------------------------|----------------------------------|
| ENGLAND | 7.2% | 1.4% | 8.6% | 92.9% | 2.7% | 1.8% | 4.5% |
| SOUTH EAST | 6.1% | 1.4% | 7.5% | 92.0% | 2.4% | 2.6% | 5.0% |
| Bracknell Forest | 7.0% | 2.3% | 9.3% | 94.5% | 1.5% | 1.8% | 3.3% |
| Buckinghamshire | 5.1% | 4.5% | 9.6% | 92.7% | 1.3% | 5.0% | 6.3% |
| Hampshire | 5.4% | 0.6% | 6.1% | 91.9% | 2.4% | 1.2% | 3.6% |
| Oxfordshire | 5.1% | 0.4% | 5.5% | 94.2% | 1.7% | 2.1% | 3.9% |
| Surrey | 5.2% | 1.1% | 6.3% | 92.5% | 1.2% | 4.8% | 5.9% |
| West Berkshire | 8.6% | 0.0% | 8.6% | 93.5% | 1.7% | 0.3% | 2.0% |
| Windsor and Maidenhead | 1.6% | 14.3% | 15.9% | 90.7% | 0.7% | 8.4% | 9.1% |
| Wokingham | 6.5% | 0.0% | 6.5% | 96.3% | 1.8% | 0.5% | 2.3% |

What are the absence and exclusion rates for children and young people with additional needs and disabilities?

Surrey schools, in line with those across England and the South East, permanently exclude more children and young people with SEN than those without a SEN identified. Surrey's rates of permanent exclusion are similar to those in England and the South East. The formula for calculating exclusion rates can be found here [A guide to exclusion statistics \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/understanding-permanent-exclusion)

| Category | National | South East | Surrey | East Sussex | Hants | Kent | Oxfordshire | Windsor & M'head | Wokingham |
|---|----------|------------|--------|-------------|-------|------|-------------|------------------|-----------|
| SEN provision - No SEN | 0.04 | 0.02 | 0.01 | 0.02 | 0.01 | 0.00 | 0.02 | 0.05 | 0.04 |
| SEN provision - SEN with statement or EHC | 0.10 | 0.07 | 0.06 | 0.22 | 0.07 | 0.02 | 0.00 | 0.12 | 0.24 |
| SEN provision - SEN without statement | 0.20 | 0.13 | 0.16 | 0.24 | 0.06 | 0.04 | 0.21 | 0.41 | 0.04 |

What are the absence and exclusion rates for children and young people with additional needs and disabilities?

Children and young people in Surrey with SEN are significantly more likely to be temporarily excluded than those without SEN – and this is particularly the case for children and young people with an EHCP or statement. This position is echoed nationally and across the South East, although Surrey temporarily exclude less children with SEN but without a statement than nationally.

| Provision | National | South East | Surrey | East Sussex | Hants | Kent | Oxfordshire | Windsor & M'head | Wokingham |
|---|----------|------------|--------|-------------|-------|-------|-------------|------------------|-----------|
| SEN provision - No SEN | 2.44 | 1.91 | 1.40 | 2.74 | 1.85 | 2.10 | 2.23 | 1.53 | 0.53 |
| SEN provision - SEN with statement or EHC | 11.71 | 12.55 | 12.79 | 17.40 | 16.59 | 10.03 | 15.06 | 6.78 | 11.52 |
| SEN provision - SEN without statement | 11.01 | 10.95 | 8.71 | 15.80 | 10.71 | 9.96 | 17.42 | 9.49 | 3.26 |

What are the absence and exclusion rates for children and young people with additional needs and disabilities?

In Surrey, approx. 2.2% of children and young people with additional needs and disabilities are in alternative education, which is slightly higher than the South East and National average. The majority of Surrey's children with SEND in Alternative Provision are in AP that is not a Pupil Referral Unit or arranged by the parent, but is provision arranged by the Local Authority.

The percentage of children and young people in alternative provision.

| Area Name | AP/PRU -Academy | AP/PRU -Free School | AP/PRU – LA Maintained | Other arrangements by local authority | Other arrangements by Parent | Total |
|----------------|-----------------|---------------------|------------------------|---------------------------------------|------------------------------|-------|
| East Sussex | 0.1% | 0.0% | 0.0% | 1.2% | 0.0% | 1.3% |
| Hampshire | 0.0% | 0.1% | 0.1% | 2.0% | 0.2% | 2.4% |
| Kent | 0.0% | 0.0% | 0.0% | 2.3% | 0.1% | 2.4% |
| Oxfordshire | 0.1% | 0.0% | 0.0% | 0.5% | 0.0% | 0.6% |
| Surrey | 0.0% | 0.0% | 0.1% | 2.0% | 0.1% | 2.2% |
| Windsor & M'hd | 1.0% | 0.1% | 0.0% | 1.8% | 0.0% | 2.9% |
| Wokingham | 0.0% | 0.0% | 0.5% | 0.3% | 0.3% | 1.1% |
| South East | 0.2% | 0.0% | 0.2% | 1.5% | 0.2% | 2.1% |
| National | 0.2% | 0.1% | 0.4% | 1.1% | 0.2% | 2.0% |

What are the absence and exclusion rates for children and young people with additional needs and disabilities?

In Surrey schools, relatively fewer children are absent than our statistical neighbours and regional and national comparisons. Fewer children both with SEN and without SEN are absent for 10% and more and 50% or more of schooling overall when compared to England and the South East.

Percentage absence over 3 half terms 2020/21 - Enrolments of pupils missing 10% or more of schooling

| Provision | National | South East | Surrey | East Sussex | Hants | Kent | Oxford | Windsor | Wokingham |
|---------------------------------|----------|------------|--------|-------------|-------|-------|--------|---------|-----------|
| SEN provision SEN Support | 18.89 | 18.91 | 16.44 | 21.86 | 17.51 | 21.52 | 18.58 | 10.34 | 9.17 |
| SEN provision Statement or EHCP | 42.31 | 42.48 | 42.71 | 48.4 | 41.27 | 46.81 | 43.11 | 38.53 | 48.07 |
| SEN provision No identified SEN | 9.33 | 8.45 | 6.58 | 9.7 | 7.15 | 10.11 | 7.25 | 7.48 | 6.8 |

What are the absence and exclusion rates for children and young people with additional needs and disabilities?

Percentage absence over 3 half terms 2020/21 - Enrolments of pupils missing 50% or more of schooling

| Provision | National | South East | Surrey | East Sussex | Hants | Kent | Oxford | Windsor | Wokingham |
|---------------------------------|----------|------------|--------|-------------|-------|------|--------|---------|-----------|
| SEN provision SEN Support | 1.72 | 1.82 | 1.48 | 2.41 | 1.74 | 1.89 | 1.86 | 1.08 | 1.26 |
| SEN provision Statement or EHCP | 4.52 | 4.46 | 4.25 | 6.76 | 3.55 | 5.27 | 5.77 | 3.57 | 3.21 |
| SEN provision No identified SEN | 0.59 | 0.49 | 0.4 | 0.65 | 0.43 | 0.53 | 0.43 | 0.41 | 0.35 |

Children and Young People with Additional Needs & Disabilities : 2022 -2030 Sufficiency Plan - school age findings and actions

- ASC is the most prevalent primary need across of all year groups
- Higher prevalence is found in Years 3,4,5 and 6, indicating increased demand for secondary-phase ASC provision in the next 4 years
- In addition, high numbers of SLCN needs in primary require further understanding, so that a bespoke response can be developed.
- A high prevalence of emerging SEMH demand is evident pre and post transition to secondary school.

Sufficiency Statement 7: In light of the emerging ASC demand in pre-reception and Years 3, 4, 5 and 6, SCC will review its capital development strategy to ensure alignment with this growth. In addition, SCC will continue to review its all-age autism strategy to ensure impact across this age range.

Sufficiency Statement 8: A high proportion of primary-phase pupils have SLCN. Additional work is being developed to understand this cohort in greater detail so that appropriate support can be provided



**Joint working between health
and education**

Examples of where do health and education work together?

Children's community health services work in partnership with the Local Authority on the additional needs and disabilities strategic, operational and transformational agenda. This is done through:

Early identification and support in a child's early years.

Pre-School Statutory Notification

Graduated response/ Universal Offer.

Learners Single Point of Access – decision making to assess

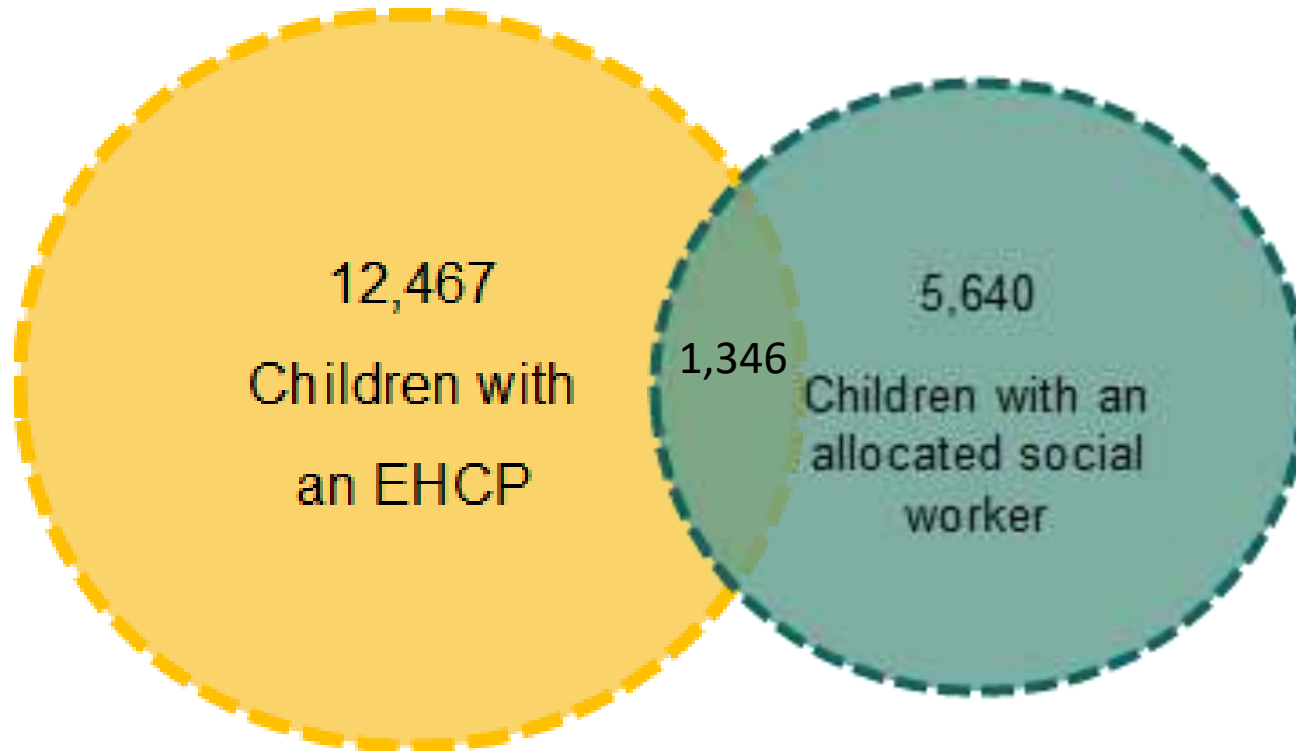
Joint work on relevant strategies



Social care and additional needs and disabilities

How many children and young people with additional needs and disabilities/SEND have social care involvement?

In Surrey, there are currently 12,467 children and young people with an EHCP, 5,640 with an allocated social worker and of those 1,346 who have both.

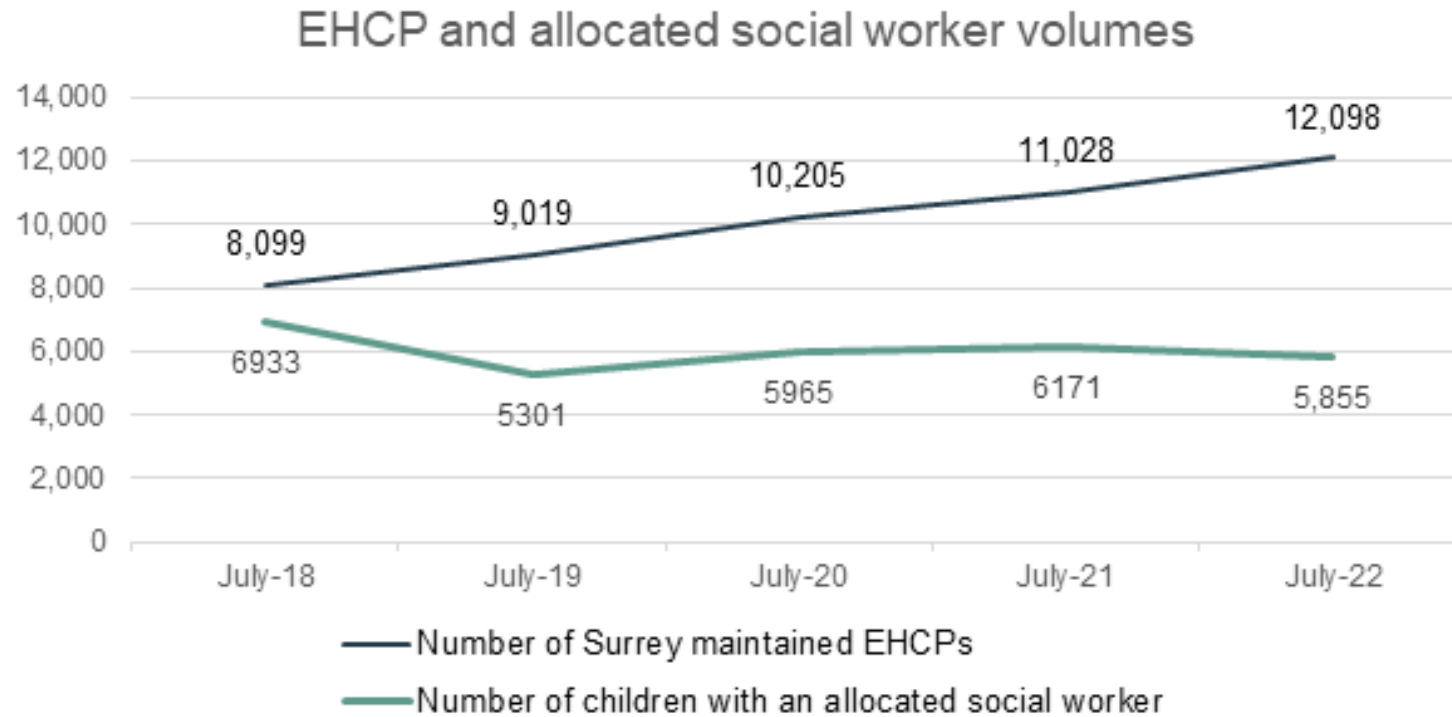


How many children and young people with additional needs and disabilities/SEND have social care involvement? (continued)

Of the 1,346 children and young people who have both an allocated social worker and an EHCP, most are on Child in Need plans (55%). Looked After Children make up the second largest group (16%), followed by those on Child Protection plans (10%), and then Care Leavers (7%). Other refers mainly to those who are in the process of being assessed or are cases to be closed.

Of the children with an allocated social worker, 781 children are allocated to the Children with Disabilities service. Of these, 693 children (or 89%) have an EHCP.

How many children and young people with additional needs and disabilities/SEND have social care involvement? (continued)



Please note, the figure for 'Number of Children with an allocated social worker' includes those who are undergoing assessment.

Over the last five years, there has been a year-on-year increase in the number of Surrey maintained EHCP plans, from 8,099 in July 2018 to 12,098 in July 2022. The number of children with an allocated social worker has remained relatively stable, fluctuating around 6,000.

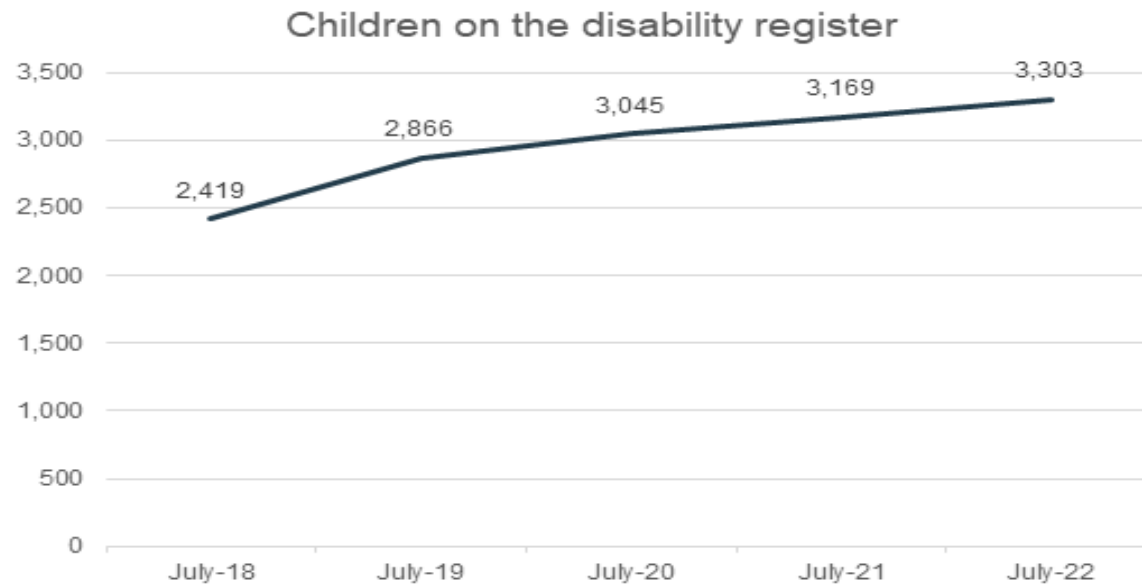
How many children and young people with additional needs and disabilities/SEND have social care involvement? (continued)

Of the 135 children and young people currently open to the youth offending team, over a quarter have an active EHCP. This information is as at the 22nd July 2022.

How many children and young people have a disability in Surrey?

The Surrey Children's Disability Register (SCDR) is a voluntary register for children and young people, from birth to 18 years old who have a disability. It is the parent or guardian's choice to place their child on the register. Children can be on the disability register irrespective of whether they are receiving a social care service or not.

At the end of July 2022, there were 3,303 children aged 0-17 on the disability register. Since July 2018, this has been a year-on-year increase. The three most common disabilities for all five years have been: Diagnosed with Autism or Asperger's syndrome, Behaviour, and Communication.



How many children and young people have a disability in Surrey?

| Disability type | July-18 | July-19 | July-20 | July-21 | July-22 |
|--|---------|---------|---------|---------|---------|
| Behaviour | 1,107 | 1,379 | 1,562 | 1,691 | 1,768 |
| Communication | 1,238 | 1,441 | 1,554 | 1,643 | 1,710 |
| Consciousness | 21 | 22 | 21 | 22 | 22 |
| Diagnosed with Autism or Asperger's syndrome | 1,257 | 1,555 | 1,710 | 1,808 | 1,935 |
| Disabled under DDA but not in the other categories | 187 | 332 | 507 | 685 | 775 |
| Hand function | 13 | 14 | 16 | 17 | 19 |
| Hearing | 159 | 190 | 197 | 191 | 194 |
| Incontinence | 25 | 24 | 27 | 27 | 37 |
| Learning | 1,097 | 1,273 | 1,340 | 1,403 | 1,411 |
| Mobility | 377 | 526 | 597 | 648 | 703 |
| Personal care | 35 | 33 | 36 | 35 | 52 |
| Vision | 219 | 243 | 252 | 251 | 247 |

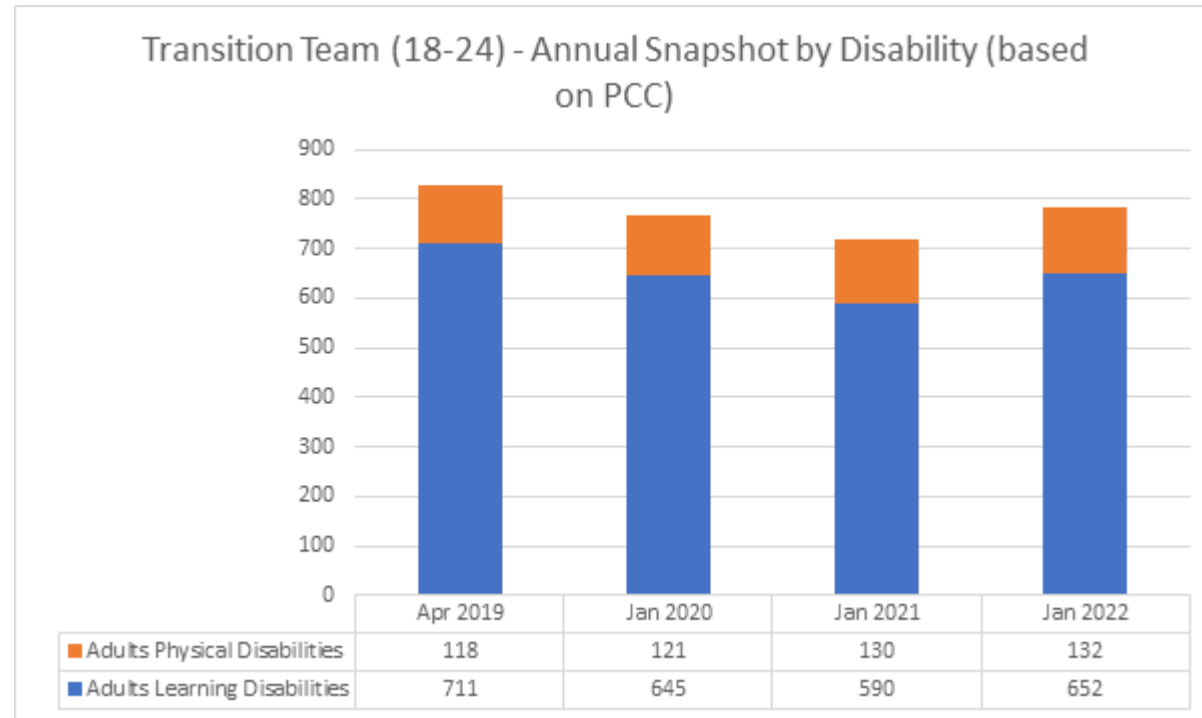


Preparation for adulthood

Young people aged 18-24

Looking at people open to Surrey's Adult Social Care Transition team over the last three years shows, based on Primary Client Category (PCC), approximately 80+% have a Learning Disability, while the remaining 15+% have a Physical Disability. Over the last three years Physical Disability has shown a slight increase (118 to 132) with year-on-year increases, while Learning Disability has shown a decrease, although this year has shown an increase from the previous year.

There are currently 1,063 children and young people open to social care who are recorded as disabled. Of these 1,063 children and young people, 713 (67%) are supported by the Children with Disabilities service and 350 are supported by other social care teams. In addition to the 713 disabled children and young people open to the Children with Disabilities service, there are 68 children who are not recorded as disabled and likely to be siblings of disabled children. This is because the Children with Disabilities services work with the whole family. This makes 781 children open to the Children with Disabilities service in total.



Young people aged 18-24 (continued)

Looking at predicted trends in Surrey up to 2040, as provided by Projecting Adult Needs and Service Information ([PANSI webpage](#)), the prediction is:

For people aged 18-24 predicted to have a moderate or severe learning disability, the number is expected to increase from 2020 to 2035 before decreasing in 2040.

For people aged 18-24 predicted to have impaired mobility, the number is expected to show a very slight decrease up to 2025 before increasing over the following 10 years, up to 2035, before decreasing in 2040.

| Indicator | 2020 | 2025 | 2030 | 2035 | 2040 |
|--|------|------|------|------|------|
| People aged 18-24 predicted to have a moderate or severe learning disability in Surrey | 558 | 563 | 632 | 640 | 600 |

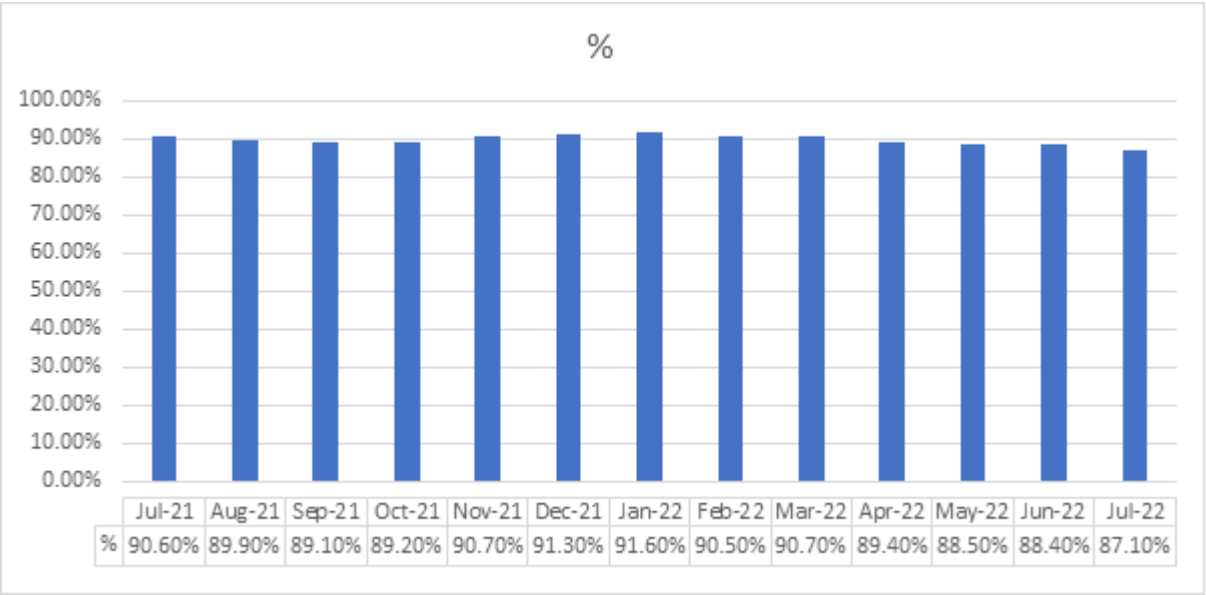
| Indicator | 2020 | 2025 | 2030 | 2035 | 2040 |
|---|------|------|------|-------|------|
| People aged 18-24 predicted to have impaired mobility in Surrey | 888 | 886 | 990 | 1,000 | 933 |

What type of housing do 18-24 year olds with disabilities in Surrey live in?

Adult Social Care at Surrey County Council has 'Percentage of Adults with a Learning Disability with an Independent Living Status' as a Key Performance Indicator (KPI), which is linked to the ASCOF measure 'The proportion of adults with a learning disability who live in their own home or with family' (1G), which is collected nationally.

For the Transition team, who support people up to the age of 24, this figure has been fairly level over the last 12 months with approximately 90% of people in independent living. This well exceeds the ASC target of 75% and exceeds the results achieved by other ASC teams.

The proportion of adults with a learning disability who live in their own home or with family



What type of housing do 18-24 year olds with disabilities in Surrey live in? (continued)

Using snapshot data for July 2022, this data can be broken down by accommodation type and at over 70%, most people's accommodation can be classified as 'Settled mainstream housing with family/friends'

| Accommodation Status | Percentage |
|---|------------|
| Settled mainstream housing with family/friends | 71.4% |
| Supported accommodation / Supported lodgings / Supported group home | 13.2% |
| Residential care | 1.6% |
| Shared Lives scheme | 0.9% |
| Tenant - Local Authority / Arms Length Management Organisation / Registered Social Landlord / Housing Association | 0.9% |
| Other Non-Settled Accommodated | 0.9% |
| Other Settled Accommodated | 0.7% |
| Not Known | 10.4% |
| Total | 100.0% |

Preparation for adulthood

The Preparation for Adulthood programme has commissioned alternative pathways and support young people with an EHCP to transition out of Children's Services to one of three pathways of which the Employment Pathway will meet the needs of the majority (84%). Increased numbers of Supported Internships and Apprenticeships available across Surrey with the County Council proactively offer apprenticeships to young people who have additional needs or are care experienced Implementation of a dedicated 16-25 Speech and Language Therapy Service has addressed a previous gap in service continuity ensuring that assessed support needs are not limited by attendance at a registered school Initial approaches to joint working across Children with Disabilities and Adult Social Care has focussed on 'working younger' Development of the All-Age Autism strategy

SEND teams have accessed additional training related to Preparation for Adulthood, and creating realistic and appropriate outcomes for young people who are transitioning into the next stage of their life in line with the NDTi Preparation for Adulthood principles .

There is also transition support such as National Autistic Society within Mindworks. This is specific support for young people with autism, CAMHS LD have a thorough handover process and Reaching Out has a transition pathway.



**Summary, ambitions, next
steps, and recommendations**

Summary

The work to support children and young people with additional needs and disabilities and their families has improved since the joint CQC and Ofsted inspection in 2016. There is still more to be done. This JSNA evidences stronger working relationships across Surrey County Council and the Surrey health system since the last publication of the last JSNA in 2016. This work is further supported by the integration of commissioning for children and young people. Alongside the recommendations set out within the Children and Young People with additional needs and disabilities Transformation and Children and Young People with Additional Needs & Disabilities: 2022 -2030 Sufficiency Plan a Joint Commissioning Strategy for Children and Young People is in development, this work is then further aligned with the ambitions set out within [Surrey's Community Vision](#) and [Health and Wellbeing Strategy](#).

The ambitions and recommendations from this JSNA should be owned and developed by the Children and Young People with Additional Needs and Disabilities Partnership Board with ongoing engagement with children, young people and their families.

Whilst the JSNA has been developed in 2022, there has been a significant co-production approach to develop a refreshed Surrey Inclusion and Additional Needs Partnership Strategy for 2023-26. The JSNA and these Recommendations have been used to inform the development of the refreshed strategy, and once the strategy is signed off in January 2023 implementation will be overseen by the Additional Needs and Disabilities Partnership Board.

Ambitions for engagement

- Have the confidence of parents that they are equal partners with us in supporting their child's journey through education
- Parents will feel listened to and valued, leading to reduced stress and isolation. This will be achieved through access to high quality information and support and the building of strong sustainable peer to peer and professional relationships.
- We will empower families through reflective strengths-based practice that acknowledges and builds on the knowledge and expertise of parents and the support networks around them,
- We will have a system wide approach to meeting needs that is focussed on delivering positive outcomes and enables children and young people to feel safe, welcome and thrive
- We will develop our systems so that they are responsive to the needs of children and young people and less defined by service led processes where we can do so
- We will deliver more joined up approaches to how we share and deliver information
- We will share collective responsibility for helping children and young people achieve their potential and act as critical friends within an environment of respect and integrity

Next steps

The Surrey Self Evaluation Framework details key actions for the next months for :

- Children and young people's needs are identified accurately and assessed in a timely and effective way
- Children, young people, and their families participate in decision-making about their individual plans and support
- Children and young people receive the right help at the right time
- Children and young people are well prepared for their next steps, and achieve strong outcomes
- Children and young people are valued, visible and included in their communities.
- Leaders are ambitious for children and young people with SEND 18. leaders actively engage and work with children, young people, and families
- Leaders have an accurate, shared understanding of the needs of children and young people in their local area
- Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for children and young people in alternative provision
- Leaders evaluate services and make improvements
- Leaders create an environment in which effective practice and multi-agency working can flourish

Recommendations

The JSNA has identified the following actions recommendations. Through continued co-design and engagement the Surrey system should:

- Further support and develop trusted relationships with professionals for children and young people with additional needs and disabilities
- Aim to reduce dependence on highly specialist assessments such as EHCP and look for opportunities to meet needs earlier within mainstream education where appropriate
- Embed co-production and feedback from existing and emerging forums such as Birth to School and Family Voice Surrey
- Further understand the opportunities to support children and young people with social, emotional and mental health needs
- Ensure children and young people with additional needs and disabilities and their families are well supported in early years, through improved early identification and partnership working with health, including more development of an integrated 2 ½ year check
- Develop and embed a sleep pathway for children and young people with additional needs and disabilities, especially those prescribed melatonin
- Ensure sufficiency of workforce based on levels of need and growing numbers of specialist school places
- Ensure 6 week timeliness of health providers input into the EHCP process and further understand what is impacting this (workforce/capacity/demand)
- Improve consistency in quality of EHCPs (what do providers to well and where are the improvements)

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Appendices

1. Children and Young People with Additional Needs & Disabilities :
2022 -2030 Sufficiency Plan
2. Additional needs and disabilities transformation

1. Children and Young People with Additional Needs & Disabilities 2022-2030 sufficiency plan

Surrey County Council's (SCC) Sufficiency Strategy provides an important overview as to how the council intends to respond to increasing demand for services and provision for children and young people with additional needs and disabilities. The document outlines:

- The vision for achieving sufficiency within Surrey, and the outcomes SCC wishes to see being achieved.
- The context within Surrey in relation to children and young people with additional needs and disabilities
- The context across early years, school-aged and post-16
- Changes to provision sufficiency.
 - Services to support children and young people with additional needs and disabilities o Additional school places for mainstream, centres and special schools
 - Use of the of Non-Maintained Independent Sector (NMI) and Specialist Post-16 (SPI)
- The views of children and young people with additional needs in Surrey In addition, the sufficiency strategy builds and draws on various existing documentation, such as the Surrey County Council's School Organisation Plan (SOP), Surrey 2030 vision, Children in care and care leavers Sufficiency plan and strategies as laid out in the "vision and strategies" of this document.

2. Additional needs and disabilities/SEND Transformation

The SEND Transformation Programme was established as a means to achieve the strategic aims outlined in [Surrey's SEND Partnership Strategy 2019-2022](#).

The Surrey SEND Systems Partnership works together to enable all children with Special Educational Needs and Disabilities (SEND) in Surrey to thrive and achieve their full potential. The Partnership comprises:

- Surrey County Council
- Health Providers, Commissioners and the Integrated Care System
- Early years settings, schools and colleges
- Services in the private, voluntary and independent sector
- Parents and carers represented by Family Voice Surrey (Parent/Carer forum)

Additional needs and disabilities/SEND Transformation (continued)

Our shared vision for all children and young people with additional needs and disabilities and their families is that;

- Children and young people are at the center of our thinking, and we work with families as partners in meeting their children's needs and planning how we will deliver support in the future.
- Health, Education and the Local Authority share responsibility for making sure that high quality support is in place for children and families when and where they need it.
- All places, settings and organisations that provide education and/or support to children and their families are welcoming of children with SEND and have a better understanding of their needs.
- Children with SEND can access the help and support they need to thrive and achieve within their local communities. They can go to a school that meets their needs, access services and play an active role in the community close to where they live.
- Families have easy access to information which helps them understand how best to meet their child's needs and access the help that is offered. They can easily find out about activities and support available to them in their local communities. They help us identify gaps in services and areas for improvement.

Additional needs and disabilities/SEND Transformation (continued)

- Children's additional needs and disabilities are identified as soon as possible and there is a quick response. Decisions about support are based on achieving the best outcomes for the child, including helping them develop more resilience and independence as they move towards adulthood.
- Children and families have access to the same level of high-quality support wherever they live in Surrey. We have a good shared understanding of our children with additional needs and disabilities in Surrey and our support offer matches their needs.
- Children, and families are supported and enabled to achieve healthier lives.

Additional needs and disabilities/SEND Transformation (continued)

The Additional Needs and Disabilities (AND) transformation programme is aligned with Surrey's Community Vision 2030, which seeks to realise the Council's ambition that everyone benefits from education, skills and employment opportunities that help them to succeed in life.

The AND Transformation Programme is underpinned by the additional needs and disabilities/SEND Partnership Strategy 2019-2022 which sets out the ambition to improve long-term outcomes for children and young people through education closer to home and the right support at the right time so that children and young people who have additional needs and disabilities can live, learn, and grow up locally and achieve their full potential. The wider strategy ambitions are set out as follows:

Early joined up identification, response, and provision:

As children's needs are identified and met at the earliest possible stage, children should have access to the right provision to reach their potential and demand for long term statutory support reduces.

Additional needs and disabilities/SEND Transformation (continued)

Children thriving in their local communities

With most children attending their local mainstream school with the right help and support and enough special maintained provision for those who need it, children should be able to live at home with their family.

Better experiences for children and families

By providing children and families with the right information and advice and making the system easier for them, children and families should receive a consistently good quality service.

Financial sustainability and better use of resources

Based on current assumptions, our focus on improving outcomes and value for money, joint commissioning and decision-making should ensure that the high needs grant funding available will be sufficient to meet children's needs within 5 years. These assumptions are reviewed regularly and will also be reviewed and revised as necessary following the outcome of the SEND Review.