

## **3.2 Children and young people with learning difficulties and disabilities**

Services for children and young people with learning difficulties and disabilities (LDD) are changing. Our local offer and a new strategy for SEND has been developed in response to the Children and Families Bill. In addition a financial review, mapping finance against outcomes, is being undertaken the result of which will have significant impact on delivery of support.

Currently there are discrepancies in the statistical profiles of different agencies showing the prevalence of LDD within Barking and Dagenham. The 2011 Census found that nearly 5,000 households in the borough include children and at least one person with a long term condition or disability, but there is no census data on the number of children living with learning difficulties.

Statistics published on the Public Health England Disability Health Profiles show the number of children and young people with Learning Difficulties and Disabilities in Barking and Dagenham is lower than the national average. The schools' SEN twice yearly census data, also show an overall below average percentage of children and young people with SEND, but this masks steeply rising numbers of those with multiple and complex needs. It is the Barking and Dagenham policy, in line with national policy, only to identify those children where there is robust evidence of an SEND need.

Closer investigation into the Public Health England Statistics identified significant gaps in the reporting of figures. For the above reasons this section is a refresh of existing data; a complete rewrite of this section will be available for the next iteration of the JSNA in 2016.

### **3.2.1 Estimated need**

The UK government estimates the percentage of disabled children to be 6%<sup>1</sup>. In Barking and Dagenham this would equate to approximately 3,000 children experiencing some form of disability.

The prevalence of severe disability is increasing, partly due to the increased survival of premature babies. Research<sup>2</sup> suggests that rates of disability are higher in boys than girls and that rates increase with age in both sexes. There is also a marked relationship between disability and socio-economic status with children born into the most disadvantaged group being three and a half times more likely to have a limiting-long term illness or disability than those in the most privileged populations.

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<sup>1</sup> Department for Works and Pensions, Office for Disability Issues; Statistic , Disability Facts and Figures; Jan 2014

<sup>2</sup> Prevalence and patterning of limiting long-term illness/disability in children and young people under the age of 20 years in 2001: UK census-based cross-sectional study  
Spencer J, Blackburn C and Read J (2009) Child Care, Health and Development, 36(4): 566-573

National work<sup>3</sup> has suggested that black African and Pakistani communities have the highest prevalence rates of disability among young people less than 16 years of age, while white and Chinese communities have the lowest prevalence of severe disability. This emphasises the need for culturally relevant and appropriate services for children and young people living with impairments, their families and carers.

Data<sup>4</sup> in Table 3.2.1 gives age specific prevalence estimates: 10,321 local children and young people are estimated to be living with a mild disability, including 46 with a severe disability. This compares with 2,737 school aged children with disabilities leading to special educational need identified in the 2011 school census.

**Table 3.2.1: Estimated prevalence of long standing illness or disability in Barking and Dagenham in 2011<sup>5</sup>**

Age Group		0-4 years	5-9 years	10-14 years	15-19 years	0-19 years
2011 Population	Male	8,972	6,460	5,425	5,779	26,636
	Female	8,979	6,455	5,386	5,589	26,408
Mild disability	Male estimate	1,344	1,875	1,300	1,170	5,689
	Female estimate	1,183	1,260	1,197	992	4,632
Severe disability	Male estimate	14	9	5	2	31
	Female estimate	7	4	3	1	15

Source: CHIMAT Disability Needs Assessment – based on ONS 2011 and calculated prevalence rates ONS 2004 “Disability – the Health of children and young people” based on General Household Survey and Family Fund Trust register  
<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=46&geoTypeId=> (accessed 6 October 2014)

### 3.2.2 Learning difficulties profile

As described in the introduction to 3.2. The Public Health England published statistics on the prevalence of learning disability in the population is problematic and should be treated with caution.

Every term, schools report to the Department for Education about all children who have special educational needs. There are 10 categories of learning difficulties. Public Health England publishes Learning Disabilities Profiles for each local authority<sup>6</sup>, together with regional and national profiles. As the data for Barking and Dagenham is questionable, only three of the categories are detailed below, as an example. Future iterations of the JSNA will include a complete breakdown.

<sup>3</sup> NESSA 2004 as quoted in Key Data on Adolescence 2009 p58

<sup>4</sup> Chapter 10 – disability of The Health of children and young people (ONS 2004)

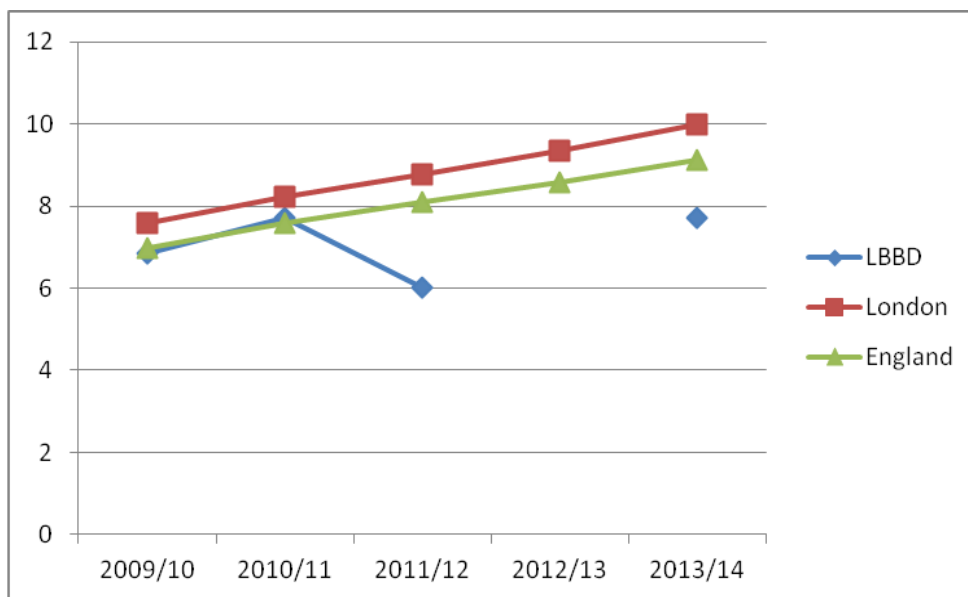
<sup>5</sup> Estimates have been calculated using GLA population projection data and CHIMAT prevalence data.

<sup>6</sup> <http://www.improvinghealthandlives.org.uk/profiles/index.php?view=E09000002> (accessed 6 October 2014)

**Children with autistic spectrum disorder** - children in this group have a combination of difficulties with verbal communication and interacting with other children or adults. The figure (Figure 3.2.1) shows the trend in the borough from 2009-2014 compared to regional and national values. Since 2008, Barking and Dagenham has had an upward trend similar to London and England but during 2012, the borough has seen a significant fall in the overall rates of children with autistic spectrum disorder. In terms of numbers of children, 176 children were recorded with ASD in 2008, increasing to 270 children in 2011 reducing to 219 in 2012. The increasing trend overall is reflective of the increasing children's population in the borough.

**Figure 3.2.1: Children with autistic spectrum, London Borough of Barking and Dagenham, London and England, 2009-2014: PHE Learning Disabilities Profile 1014**

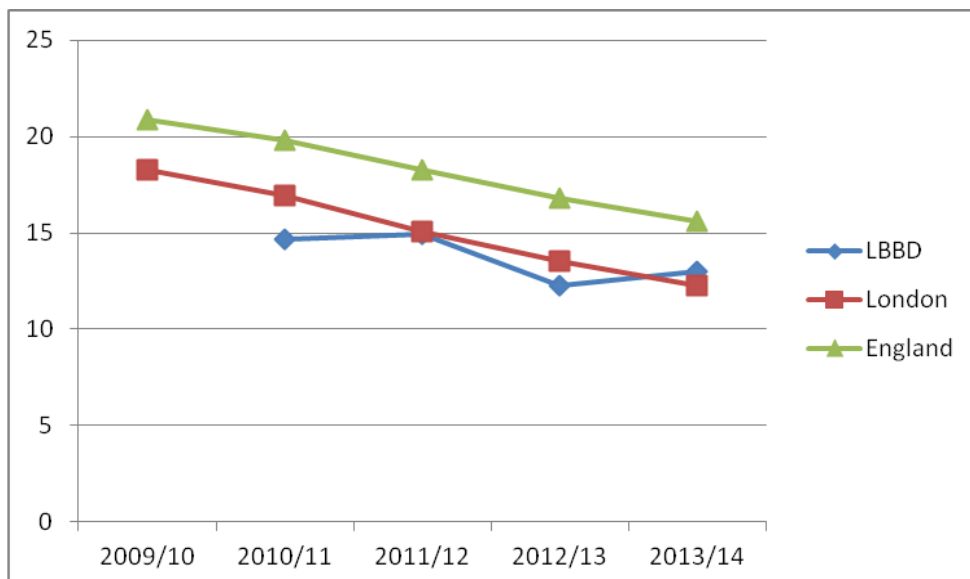
	2009/10	2010/11	2011/12	2012/13	2013/14
LBBB	6.84	7.70	6.00		7.71
London	7.57	8.21	8.76	9.36	9.98
England	6.98	7.58	8.09	8.58	9.12



**Children with moderate learning difficulties** – Children in this group have difficulty in all areas of learning and may have speech and language delay. Barking and Dagenham has always remained below regional and national rates since 2008 as highlighted in the figure below (Figure 3.2.2). Numbers peaked during 2011/12 when 588 children were identified with moderate learning difficulties and by 2012/13 numbers had reduced. It is unclear if the reason the LBB rate is lower than London and England level, is because there are more some have not been identified.

**Figure 3.2.2: Children with moderate learning difficulties, London Borough of Barking and Dagenham, London and England, 2009-2014: PHE Learning Disabilities Profile 1014**

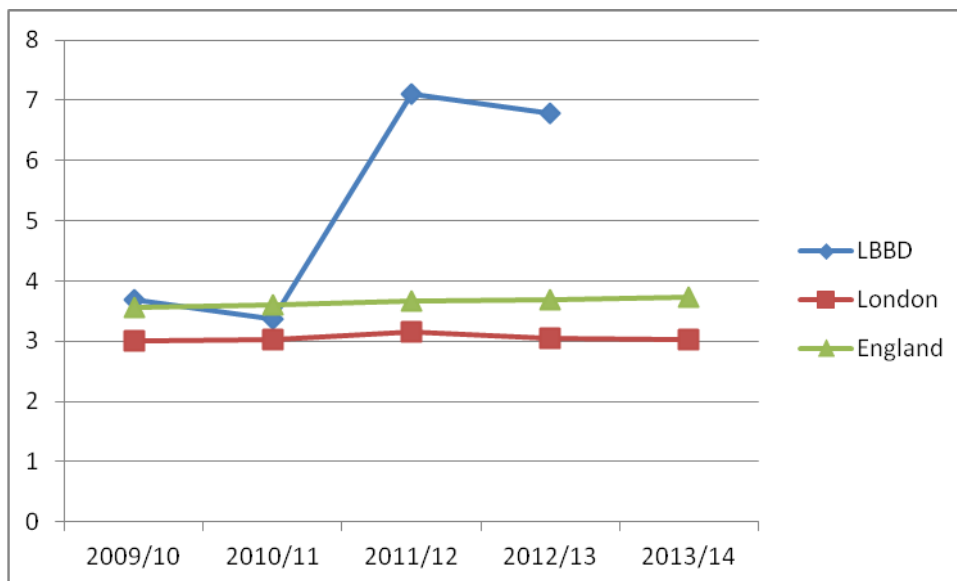
	2009/10	2010/11	2011/12	2012/13	2013/14
LBB		14.65	14.94	12.28	13.02
London	18.26	16.91	15.08	13.54	12.29
England	20.90	19.79	18.28	16.77	15.58



**Children with severe learning difficulties** – children in this category have limited communications and self-help skills. They have serious difficulty in participating in ordinary school programs without support. The figure below (Figure 3.2.3) shows that the rate per 1,000 pupils for Barking and Dagenham has remained similar to regional and national averages, but from 11/12 onwards, local figures were up twice the rates across London and England. . Between 2009/10 and 2010/11, local figures fluctuated between 118 and 124, with numbers up twice the previous values to around 259 by 2012/13. The chart below shows that the rate was similar to London and England until 2011/13 when it was significantly higher.

**Figure 3.2.3: Children with severe learning difficulties, London Borough of Barking and Dagenham, London and England, 2009/10-2013/14**

	2009/10	2010/11	2011/12	2012/13	2013/14
LBBB	3.69	3.36	7.10	6.79	
London	3.01	3.03	3.16	3.04	3.03
England	3.57	3.60	3.66	3.69	3.73



**Children with Profound and Multiple Learning Difficulties** – these children have very severe difficulty in learning combined with physical or sensory disabilities. They require high level of support for both learning and personal care needs. The borough’s rate per 1,000 pupils is well below London and England averages and has remained so between 2008 and 2012 (Figure 3.2.4). The numbers recorded average approximately 32 pupils in Barking and Dagenham.

**Table 3.2.4: Number of children with learning difficulties, Barking and Dagenham**

Year	2008	2009	2010	2011	2012
Number of children	685	701	742	662	836

### 3.2.3a Portage and Inclusion Service

**Contributor:** Rosie Herbert

The Portage and Inclusion service provides a home visiting educational service for very young disabled children and their families. The service is registered with the National Portage Association (NPA) and follows the Portage model. Parents are supported to enhance their child’s learning by breaking down skills into small, achievable steps. Parents are encouraged to recognise and celebrate their child’s achievements, however small.

Multi agency working is a key part of Portage, particularly with a Highly Specialist Speech and Language Therapist as an integral part of the service. Referrals to other agencies are made as needs are identified and joint visits are arranged whenever possible. Families appreciate this joined up response and it also helps professionals to avoid duplication of work and to understand and support each other’s roles.

Two members of the Portage team have received the NPA trainers’ accreditation and deliver the 4 day Portage Basic Workshop once a year to parents and early years practitioners.

#### Recent developments

Over the last year all Portage practitioners have completed accredited Infant Massage training. These skills are being used to train parents of very premature babies and disabled children through infant massage sessions in the home. As well as promoting increased attachment between the child and the parent these sessions also increase communication and build trust between the Portage practitioner and the parent.

The Portage and Inclusion service is currently reviewing the support provided for children with complex social and communication needs and autism. Due to the nature of their difficulties, these children are referred late to Portage, often when rising three. In order to offer Portage input, the service is looking to create a four month programme that can be offered in place of ongoing Portage visits. This will enable more families to receive a service.

Families with children on this programme will still be able to receive additional support through Way2Play, a structured group for children and families and Way2Say, teaching children to communicate using the Picture Exchange Communication System (PECS). Way2Say and Way2Play are multi-agency services provided by the Child Development Centre, Portage and a borough contract with the Sycamore Trust. All members of the Portage team are PECS trained.

### 3.2.3b Portage Caseload

The number of children referred to Portage has continued to rise, with a 23% rise in the first 6 months of this year over the same period last year.

**Table 3.2.5: Children referred to the Portage Service, London Borough of Barking and Dagenham**

	New Referrals						
	Total	Male	Female	0-1yr %	1-2yr %	2-3yr %	3-4yr %
2011/12	57	35	22	16	24	60	0
2012/13	96	67	29	23	27	43	7
2013/14	130	87	43	27	24	48	1
2014/15 (Sep-Feb)	79	55	24	18	27	47	8

An big increase in the number of girls with complex social and communication needs/autism occurred, rising from 10% to 32% of the children in that group (Table 3.6). This trend reflects worldwide statistics.

**Table 3.2.6: New children referred to Portage Service, percentage by primary area of need, London Borough of Barking and Dagenham**

	2013-14	2014-15 (Sep-Feb)
Complex social and comm. needs (inc. Autism)	51	31
Global developmental delay/PMLD	34	25
Down syndrome	8	5
Other diagnosed syndromes	10	6
Extreme prematurity	8	7
Speech, language and communication needs	8	1
Physical	2	0
Visual impairment	3	1
Behaviour, social and emotional needs	1	1
Medical	5	1
Cancer	0	1
<b>Total</b>	<b>130</b>	<b>79</b>

Also of note is the change in the ethnicity of children referred. There was a decrease in Black and White British and an increase in Asian and White Other ethnic groups (Table 3.7).

### Visiting period and frequency of visits

The increase in referrals over the last 2 years has meant that in order for children to be seen without being placed on a waiting list, the Portage service has had to reduce both the visiting period and the frequency of visits offered to families.

- Visits are now only fortnightly
- Referrals for children already attending early years settings are only accepted in exceptional circumstances
- If children start attending an early years setting, home visits stop after a maximum transition period of 6 months

This has enabled us to increase significantly the number of children receiving home visits each year.

**Table 3.2.7: Number of children receiving home-visits each year**

2012-13	2013-14	2014-15 (Sep-Feb)
92	139	154

**Table 3.2.8: Ethnic Origin of Children referred to the Portage Service, London Borough of Barking and Dagenham**

Percentage	2011-12	2012-13	2013-14	2014-15 (Sep-Feb)
Asian	12	16	30	40
Black	28	42	28	18
Mixed	4	2	6	5
White British	39	40	22	23
White other	8	2	12	14
Not given	9	2	2	0

### Support for young deaf children

Children who are aged 0 – 5yrs who are deaf or hearing impaired are supported by the Early Years Teacher of the Deaf, based at Portage. Children receive support visits at home or in their school/early years setting according to their level of need.

**Table 3.2.9 Deaf Caseload Sept 2014 – Feb 2015**

High Priority Visits every 1-4 weeks	Low priority Every 6 weeks	Monitoring Through audiology
Severe/profound/moderate hearing loss, auditory neuropathy	Mild hearing loss	Unilateral hearing loss
<b>15</b>	<b>8</b>	<b>10</b>



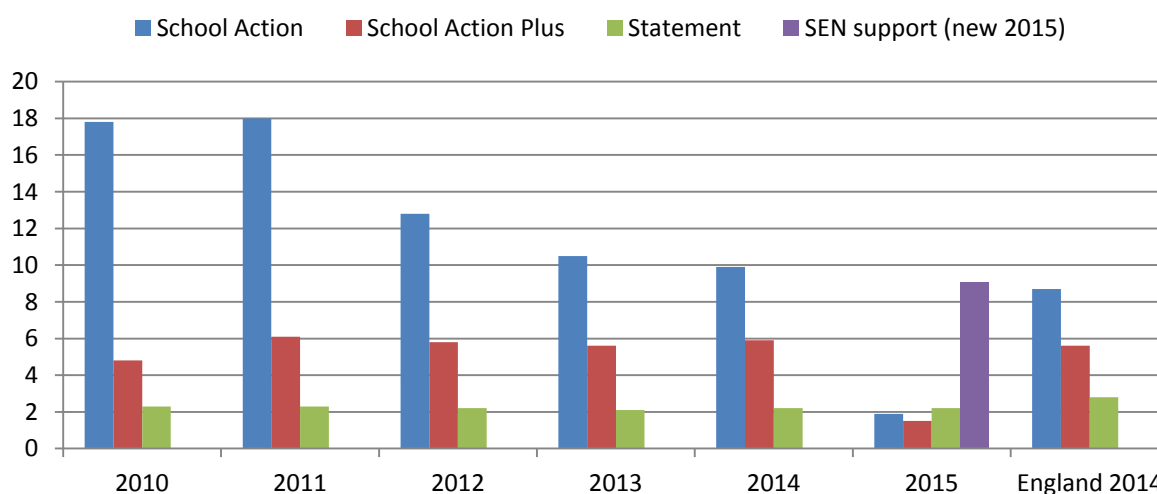
### 3.2.4 School data on special educational need

**Contributor:** Lina Castles

In 2015, 880 (or 2.2%) pupils attending Barking and Dagenham schools had statements of Special Educational Need (SEN) or Education, Health and Care (EHC) plans<sup>7</sup>. Although the actual number of pupils with a statement of SEN or an EHC plan increased, the percentage remains the same due to the overall increase in the school population in the last academic year. The corresponding national figure in 2014 was 2.8%. Nationally, the proportion of pupils with a statement has remained around 2.8% since 2007 (SFR 26/2014).

Overall the proportion of children **identified** with special educational need is slightly lower in Barking and Dagenham than the national picture (Figure 3.2.4). There has been a downward trend in numbers of children with SEN **without statements**, from 24.1% in 2011 to 12.5% in 2015. This reflects the LA's work with schools to ensure inclusive practice, accurate identification and the right help as early as possible to support children's needs. Nationally, the percentage of pupils with SEN **without statements** has also fallen for the fourth year in a row.

**Figure 3.2.4: Percentage of children with special educational needs in Barking and Dagenham 2010-2015, and England 2014**



Source: School Census Data and SFR26/2014

There is some variation in the percentage of children with special educational need between localities (Table 3.2.10), with the largest percentage of pupils with special educational need being in north and south west (last year this was south east) and the lowest being in the east and west locality. The percentage of children with SEN statements is highest in south east at 2.6%, above the borough average and the lowest is in west where 1.6% of children resident in the area have statements (Table 3.2.10). Because there are particular wards with higher numbers of SEND pupils

<sup>7</sup> Education, Health and Care (EHC) plans for children and young people aged up to 25 were introduced on 1 September 2014 as part of the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014. School Action and School Action Plus are gradually replaced with the new SEN support category.

there are resultant disproportionate financial environmental pressures on these schools who are meeting the needs of these pupils.

**Table 3.2.10: Percentage of pupils resident in Barking and Dagenham with special educational needs by locality in 2015**

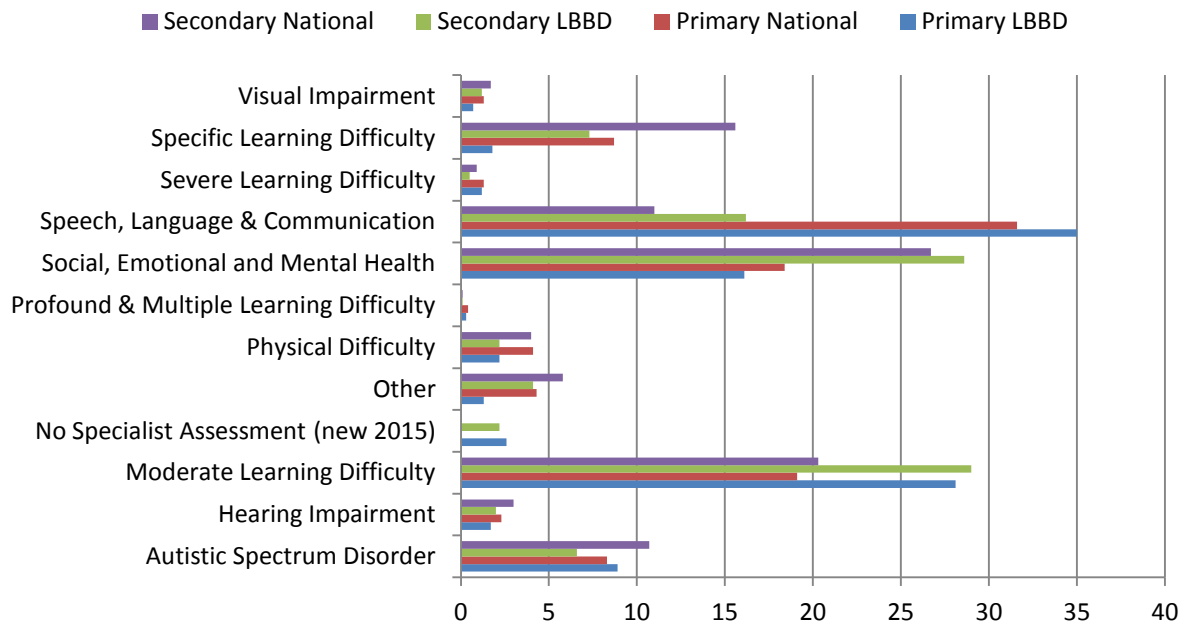
	SEN support (codes A, P and K)	Statement of SEN or EHC plan
Central	12.0	2.2
East	11.9	2.3
North	15.7	2.0
South East	11.9	2.6
South West	13.3	2.2
West	12.5	1.7

Source: School Spring Census Data

Information is collected on the primary special educational need for children who receive enhanced SEND support or through a statutory statement of special educational need, or from September 2014, through an Education, Health and Care Plan. In Barking and Dagenham, speech, language and communication needs(27.6%), moderate learning difficulties (26.9%), and social, emotional and mental health (direct replacement for BESD) (19%) are the highest needs identified by the schools. 35% of children with SEND have speech, language and communication needs, compared to 31.6% nationally and 28% have moderate learning difficulties, almost 10% higher than the national average in 2014 (19%).

There is a much lower proportion of pupils with specific learning difficulties compared with national averages. There is no significant difference in the LBD and national figures for pupils with SEMH.

**Figure 3.2.5: Types of primary need of pupil with statements (or on EHC plans) SEN Support in LBBD schools in 2015 compared with national averages for 2014**



Source: School Spring Census Data and SFR26/2014

### 3.2.5 Preparing for adulthood pathway

**Contributor:** Nick French

For many people with SEND the transition from teenage years into adulthood can be challenging as well as exiting. In March 2014 the Children and Families Bill gained Royal Assent and in May 2014 the Care Act was passed. Over the next few years both these legislative documents will have a great impact on improving outcomes for young people transitioning into adulthood. There are increased duties on Health, Education and Social Care services to work together to draw up joint care plans and jointly commission key services. Adult's and Children's Services have to work together to develop transition plans that involve adult services professionals in young people's lives from a much younger age.

In Barking and Dagenham, young people, parents, and professionals have come together to jointly develop a '**Preparing for Adulthood Pathway**' that lays out, in clear and accessible language, what support, advice and options are available between the ages of 14 and 25 and at what point that support can be accessed.

Based on the experiences of young people and families the pathway aims to raise aspirations and expectations for fulfilling lives for young people as they move into adulthood. This involves making sure that everybody knows how to support all young people to achieve positive life outcomes in the areas of employment, maximising independent living, good health, friends, relationships and community participation.

The support and options available for a young person with SEND changes continually between the ages of 14 and 25. The pathway lists at what stages services such as careers advice are provided. Specialist career advisers will be able to discuss options, including mainstream and special schools, foundation learning, apprenticeships and colleges of further education with the young person and their parents or carers. Financial security is important to all adults and the pathway supports young people to achieve economic well being by exploring employment options and the potential for accessing support from the benefits system such as the Disabled Living Allowance. The pathway also identifies at what age the various Adult Health, Education and Social Care services need to get involved in planning any support needed in adult life.

Preparing for Adulthood Pathway considers more than just the Health, Education, Social Care and economic needs of young people. Through '**person centred planning**' it also supports young people to be actively included in their communities. The Pathway is supported by the Local Offer that provides information to young people and families about local activities and services and how to access them. The Local Offer includes information on how to get an education and health care plan if a young person needs one and also includes information on how to access personal budgets to give more control over the services they receive.

The number of young people turning 18 will increase substantially from around 2020, with rapid acceleration in this trend beyond 2024.

It is more difficult to accurately predict the numbers of young people who are likely to have a significant level of disability and thus fall within the remit of the pathway.

**Table 3.2.10: Disability Prevalence Rates, London Borough of Barking and Dagenham, 2010-2025**

<b>Disability Description</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
All learning disabilities, 18-24 years	467	471	448	479
Severe learning disability, 18-24 years	35	36	34	37
Challenging Behaviour, 18 -24 years	8	8	7	8
Serious Physical Disability, 18-24 years	69	70	66	71

Source: Projecting Adult Social Needs and Service Information System (PANSI), 2010

Not all of these young people will need an Education, Health and Care Plan (EHC), but it is not possible to exactly project the additional number of EHC plans that will be required. However, it is possible to make an estimated projection of 106 by the year 2020 based on the current pattern of Statements per academic year, Career Service Destination information, legislative changes and conversations with Service Heads.

The actual number of disabled young people who have transferred into funded adult social care services over the past three years has averaged at approximately 30 per year and the forecasts for the coming three years initially remain at around the same level for up to 2014/15, from which point a reduction to the lower level of approximately 23 is predicted, reflecting the overall reduction in the number of young people turning 18 from around that time.

**Table 3.2.11: Modelled Trends in Transition Caseload, London Borough of Barking and Dagenham**

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
<b>18 years</b>	25	20	9	17
<b>19 years</b>	18	25	20	9
<b>20 years</b>	19	18	25	20
<b>21 years</b>	23	19	18	25
<b>Total</b>	<b>85</b>	<b>82</b>	<b>72</b>	<b>71</b>

Source: London Borough of Barking and Dagenham