Joint Strategic Needs Assessment for Tameside 2024-27

Special Educational Needs and Disability (SEND) 0 to 25 years

Children at the heart of Tameside

Tameside Metropolitan Borough

Contents

1. Executive Summary

Tameside has high ambitions for all children and young people (CYP) to have a good start in life, including those with special educational needs and disabilities (SEND). SEND is a term which encompasses CYP with Special Educational Needs (SEN) and / or a Disability.

The SEND Code of Practice 2015 provides the following definitions:

'A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.'

and that a Disability is when someone has:

'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.'

This SEND Joint Strategic Needs Assessment (JSNA) is a systematic way of assessing the health and social needs of the 0-25 SEND population. It identifies 'the big picture', in terms of the health and wellbeing needs and inequalities of a local population.

In 2024 there were 7,660 CYP aged 3-19 with a SEND in Tameside, this rises to 8,824 when you include CYP aged 0-25. Recent trends from local data and additionally observed nationally, (Department for Education, 2023) indicate that demand is increasing therefore in the future there is anticipated to be a further increase in this number.

The number of children with EHC plans locally is third highest amongst Tameside's children's statistical neighbours (see appendix 2) and high as a proportion of the SEND population when compared to the England average.

The primary needs of CYP with SEND vary. For children with EHC plans in place, over a quarter are related to an Autistic Spectrum Condition, with another quarter related to speech, language, and communication needs. A fifth of CYP had an EHC plan relating to social, emotional, or mental health issues.

Over half of all CYP with SEN support and nearly 60% with EHC plans live in the two most deprived deciles in Tameside.

A high proportion (almost half) of CYP with SEND are eligible for and take up free school meals, which is a proxy for households in receipt of income related benefits.

Exclusion rates for CYP (CYP) with SEND are higher than the same rates for all children. Over a third of all suspensions (fixed term

exclusions) are CYP with SEND. Those receiving SEN support are more likely to be excluded than those with an EHC plan.

Educational outcomes for CYP with SEND in Tameside are considerably worse than their peers of the same age. CYP's attainment levels are significantly lower across all key stages when compared to CYP with no SEND, although outcomes for CYP with SEND in Tameside are significantly better than the England average.

CYP with SEND are far more disadvantaged than CYP with no SEND and face more barriers and inequalities. This relates to economic disadvantage as they are more likely to live in deprived areas and be in receipt of income related benefits; as well as wider disadvantage and inequalities such as being more likely to be excluded from school and have lower attainment, than young people with no SEND. Socio-economic circumstances in childhood which result in low qualifications in adulthood help transmit poverty across generations.

The quality of education across Tameside is good according to Ofsted and Tameside does have more schools and further educational establishments rated as 'Good' compared to the England and the closest statistical neighbours. However, there is a lower proportion of schools and further educational establishments rated as 'Outstanding' in Tameside, compared to the national average. Outstanding schools generally have less absenteeism, exclusions, and higher levels of attainment in key subject areas.

There are low numbers of CYP with SEND using personal budgets across health, social care, and education. Personal budgets can offer more control, flexibility, and choice over how care and support needs are met. This is of particular importance for young people in transition when there is a shift in focus towards help and support needs required in adulthood.

The SEND system across education, health and social care faces a number of challenges and a key ambition should be to work towards a more integrated approach. Further work to improve this approach will increase the proportion of young people with SEND receiving joined up, integrated care and support across the various SEND service areas.

One example of where some of these improvements can be made is in the enabling systems around SEND provision, particularly in terms of data collection and analysis. Moving towards more standard data sets, data sharing mechanisms, and monitoring of outcomes can provide more consistent intelligence on needs and the interventions required to support CYP with SEND and their families in Tameside.

For services to meet the needs of the growing SEND population across Tameside a balance of provision is required at a:

- universal level (services provided to all children, young people, and their families).
- targeted level (services for children who are at risk of, or already experiencing difficulties);
- specialist level (children with complex needs requiring an individual approach)

The recommendations in this needs assessment are set out across five key themes: Governance; Quality Improvement; Inclusion and Meeting Need; Data; and Communication. Many of the findings in this needs assessment have confirmed areas which the system is already aware of and there is work towards improving, however these recommendations are the key areas for further work and improvement, as identified by the key data and findings throughout this report. Under each of the five themes are a series of specific actions for the SEND system. It is important to note that there are areas of good practice highlighted within this report and for several of the recommendations and actions, progress is already being made via the SEND Improvement Plan.

The focus should remain on improving outcomes for CYP with SEND needs, including addressing the additional barriers and inequalities which these groups face. CYP with SEND should have access to the same opportunities and experiences as their peers as embedded in the Children and Families Act 2014 and further highlighted in the Right Support, Right Place, Right Time green paper and improvement plan 2023.

2. National and Local Policy Context

The provision of adequate support services for young people living with SEND is driven by the following policies and guidance.

2.1 National Policy

- The Equality Act 2010
- The Special Educational Needs and Disability Regulations 2014
- The Special Educational Needs (Personal Budgets) Regulations 2014
- The Special Educational Needs and Disability (Detained Persons) Regulations 2015
- The Children and Families Act 2014 (Transitional and Saving Provisions) (No 2) Order 2014
- The Care Act 2014
- Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan - Right Support, Right Place, Right Time.
- Special educational needs and disability code of practice: 0 to 25 years statutory guidance for organisations which work with and support CYP who have special educational needs or disabilities.

There are duties on local authorities and NHS bodies to act under the statutory guidance produced by the Government to accompany each of the above policies.

2.2 National SEND Reforms

The (Children and Families Act, 2014) reformed the SEND system, with implementation of reforms supported by guidance detailed in the special educational needs and disability code of practice: 0-25 years. The reforms placed a greater emphasis on participation of CYP and parents in decision making, improving outcomes and support to enable those with SEN to succeed and prepare for adulthood. In addition, the reforms place responsibilities on SEND leaders for duties including joint planning and commissioning, SEN support and EHCP's and publishing a 'local offer' of support (Department for Education, 2015).

Local area SEND leaders are required to be monitored and evaluated on their effectiveness on discharging their duties and meeting the needs of CYP with SEND. This is undertaken jointly by Ofsted and Care Quality Commission (CQC) inspectors.

Most recently, the national England SEND review 'right support, right place, right time' was published in March 2022 alongside Opportunity for all: strong schools with great teachers for your child and the SEND and alternative provision improvement plan.

The review by the Department for Education (DfE) identified 3 key challenges facing the SEND system: outcomes for CYP with SEN or alternative provision are poor; navigating the SEND system and alternative provision is not a positive experience for children, young people, and their families; and despite unprecedented investment, the system is not delivering value for money for children, young people, and families (DfE, 2023).

The key highlights of the review include measures to provide:

- Introducing a single national SEND and AP system.
- Successful transitions and preparation for adulthood.
- A skilled workforce and excellent leadership.
- Strengthened accountabilities and clear routes of redress.
- A financially sustainable system delivering improved outcomes.

Detailed further within the report are the approaches to delivery which include:

- Creation of a leadership level Special Educational Needs Co-ordinator ("SENDCo") qualification.
- Increasing the number of supported internship places to 5,000 by 2025 to assist young people transitioning into adulthood.
- Developing new approaches for short breaks for children, young people and their families, in order to provide respite for families of children with complex needs.

These reforms are underway with the national standards due to be published by the end of 2025.

2.3 Local

Within Tameside, the following documents, needs assessments and strategies have been consulted and considered within this needs assessment:

- Tameside Joint Strategic Needs Assessment
- A place where everyone can achieve their hopes and ambitions – Corporate Plan for Tameside 2024-2027
- Joint Health & Wellbeing Strategy and Locality Plan
- Tameside Children and Young Persons Joint Strategic Needs Assessment 2021/22
- Tameside CYP Plan 2023-2026

3. Introduction

The Tameside community is diverse and vibrant, encompassing a wide range of individuals with unique needs and abilities. Within this community, individuals with SEND require tailored support and resources to thrive and achieve their full potential.

A Joint Strategic Needs Assessment (JSNA) is designed to pull together national and local data on a topic area to provide a picture and analysis of needs that can then be used when developing strategy, planning, and commissioning or providing services.

The purpose of this JSNA is to assess the current and future health and social care needs of CYP in Tameside, living with a special educational need including a learning difficulty and/or disability and identifying areas for improvement and development in the current service offer. This identifies ways to improve the health and wellbeing of the local population and reduce inequalities. This SEND JSNA focuses on young people aged 0-25 years.

The aims of this SEND JSNA are:

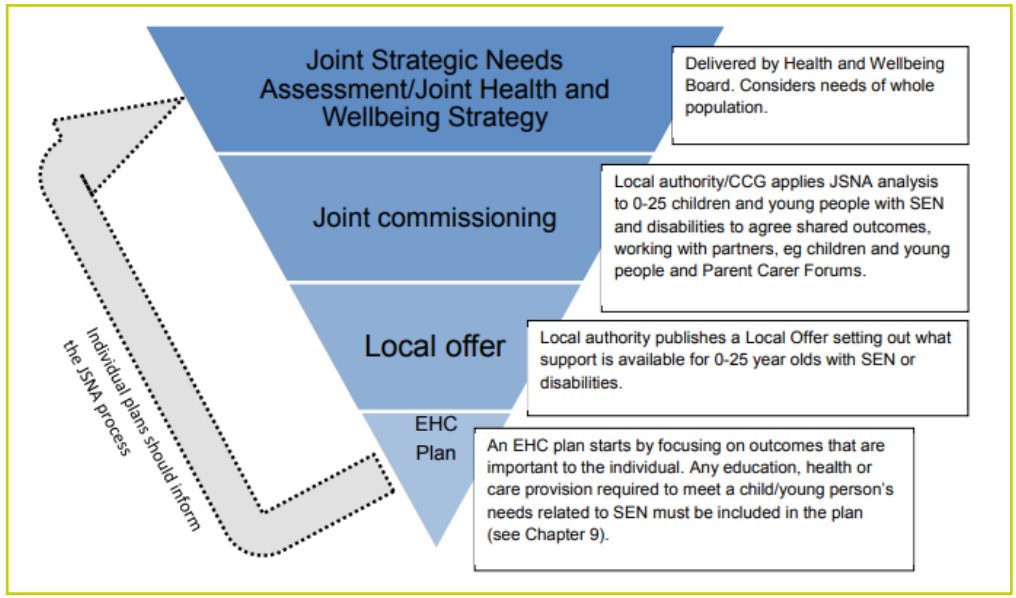
1. Evaluating the existing provision of SEND services and support in Tameside.
2. Identifying gaps and challenges in meeting the needs of individuals with SEND.
3. Assess the effectiveness of current strategies and interventions.
4. Provide a baseline to gather ongoing insights from stakeholders, including individuals with SEND, their families, educators, healthcare professionals, and community organisations.
5. Inform the development of targeted interventions, policies, and initiatives to enhance SEND provision in Tameside.
6. Inform the commissioning and provision of SEND services within Tameside including the SEND Strategy and the SEND Commissioning Strategy.

This JSNA has collected data and information from a range of sources including national and local datasets and from a range of time periods taken from the most recent data available.

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

Taken from the Department for Education (DfE) SEND code of practice, the below diagram illustrates how a Tameside SEND JSNA relates to the whole SEND system, and how the process informs services and support in relation to SEND.

Figure 1: *DfE, Special educational needs and disability code of practice: 0 to 25 years, January 2015*



The information and data in this JSNA includes Tameside council data for CYP who live in Tameside, which will include those who are educated in and out of the borough. Health care data for the 0-25 population will be for residents and patients within the Tameside Sub Integrated Care Board boundaries.

Throughout the document various terms and abbreviations are used and a full detailed list of these can be found in appendix 1.

3.1 What are Special Educational Needs and Disabilities (SEND)?

SEND is a term which encompasses CYP with Special Educational Needs (SEN) and / or a Disability.

SEN: The 2015 SEND Code of Practice states that CYP have Special Educational Needs if they: "have a learning difficulty or disability which calls for special educational provision to be made for them"

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.

SEN and disability are concepts which overlap in many, but not all, children, and young people. The 2015 SEND Code of Practice identifies four broad areas of need and support, however, many CYP

will have needs in more than one area, and the type and degree of need can fluctuate over time.

Cognition and Learning Needs

This includes children who have difficulty with learning, thinking, and understanding or who have developmental delay. They may have features of moderate, severe, or profound learning difficulties or specific learning difficulties (dyslexia and dyspraxia).

Communication and Interaction Needs

This includes children with speech and language difficulties and disorders and autistic spectrum disorders including Asperger's Syndrome.

Social, Emotional and Behavioural Needs

Pupils with social, emotional, and behavioural needs cover the full range of ability and severity. Their behaviours present a barrier to learning and persist despite the implementation of an effective school behaviour policy and personal/social curriculum. They may be withdrawn or isolated, disruptive, and disturbing, have immature social skills or present challenging behaviours.

Sensory and/or Physical Needs

This includes children with a range of significant visual or hearing difficulties and children with physical disabilities which impede their learning in school and their ability to take part in the curriculum.

When a child has very significant difficulties falling into a number of these areas, then this child may be described as having complex needs.

3.2 What is the national picture of Special Educational Needs (SEN)?

In England, the number of pupils with SEN in 2023 was 1.6 million pupils or 17% of all pupils in an educational setting (House of Commons Library, 2024). Since 2010 there has been an overall decline in the number of pupils with SEN (from a peak of 21.1%), which may have been due to more accurate identification of children with SEN following the 2010 Ofsted SEND review and the 2014 SEN reforms (Department for Education, 2023). However, over time, from 2015/16 to 2022/23, the proportion of children with SEN has increased from 14.4% to 17.3%, and the proportion of pupils with an Educational Health and Care Plan (EHCP) has also increased from 2.8% in 2015/16 to 4.3% in 2022/23.

For pupils with SEN Support, the most common primary need reported is speech, language, and communication needs (25.5%). However, for pupils with an Education, Health, and Care Plan (EHCP), autistic spectrum disorder is the most common primary need (32.2%) (Department for Education, 2023).

3.3 How is SEND Identified?

Disabilities are identified usually by medical professionals and typically involve a physical or mental impairment which has a substantial and long-term adverse effect on ability to carry out normal day-today activities. On the contrary special educational needs (SEN) are likely to be identified in a school or nursery setting and children may move in an out of different categories of SEN during their school education or come off the register altogether (Menzies et al, 2016). Local authorities must identify all CYP who may have SEN or a disability. Anyone, including parents and carers, early year providers, schools and colleges can bring a child or young person who they believe may have SEN or a disability to the attention of a local authority. Health professionals working in Integrated Care Boards (ICBs), NHS Trusts and NHS Foundation Trusts have a duty under Section 23 of the (Children and Families Act, 2014), to inform the appropriate local authority if they identify a child under compulsory school age as having, or probably having, a SEN or a disability.

Early identification of SEND and making effective provision improves long-term outcomes for children (Department for Education, 2015). However, some CYP's difficulties may only become evident at a later age as they develop. It is important that parental concerns are listened to and those who work with CYP are alert to emerging difficulties. In the early years, SEN may be identified by parental observation, health services and during the progress check at age two. A delay in learning and development may indicate a child has SEN. In school years, teachers should make regular assessments of progress for all pupils which aims to identify pupils who are not making expected progress for their age and circumstances which may indicate SEN. In further education and sixth form colleges, needs may be identified, and teaching staff should work with specialist support to identify potential SEN.

3.4 What are the types of SEND Support?

There are two types of support available to CYP with SEND, Special Educational Need Support (SEN Support) and Education, Health and Care Plan (EHCP). To support the types of SEND support available, alternative provision and the local offer are provided. Definitions of the types of support are listed below:

Special Educational Need (SEN) support:

Where a young person is identified as having special educational needs, school should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined, and revised with a growing understanding of the young person's needs and of what supports the young person in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review, and more specialist expertise in successive cycles in order to match interventions to the SEN of CYP.

Where a child or young person continues to make less than expected progress, despite evidence-based support and interventions that are matched to the child or young person's area of need, the school should consider involving specialists, including those secured by the school itself or from outside agencies. Schools may involve specialists at any point to advise on early identification of SEN and effective support and interventions. A school should always involve a specialist where a child or young person continues to make little or no progress or where they continue to work at levels substantially below those expected of CYP of a similar age despite evidence-based SEN support.

The Special Educational Needs Coordinator (SENCo) and class teacher, together with the specialists, and involving the child or young person's parents/carers, should consider a range of evidence-based and effective teaching approaches, appropriate equipment, strategies, and interventions in order to support the child's progress. They should agree the outcomes to be achieved through the support, including a date by which progress will be reviewed.

All mainstream schools, including local academies, are provided with resources to support those with additional needs, including young people with SEN and disabilities. Schools have an amount identified within their overall budget, called the notional SEN budget. This is not a ring-fenced amount, and it is for the school to provide high quality appropriate support from the whole of its budget. This will enable schools to provide a clear description of the types of special educational provision they normally provide and will help parents and others to understand what they can normally expect the school to provide for CYP with SEN.

Education, Health, and Care Plan (EHCP):

An EHCP is created following a formal assessment for CYP who require specialist provision to be made in accordance with an EHCP.

This is a legal document which specifies outcomes sought for the child or young person in line with them outlining the specialist provision which is required. EHC plans replaced 'Statements of SEN' in 2014 and most children have now been transferred over to EHCP's. (All young people in Tameside have transferred).

Alternative Provision:

Alternative provision (AP) refers to education that a child or young person receives away from their school, arranged by local authorities or by the schools themselves. As detailed within (DfE, 2013) it is education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour.

AP settings and offers, comprise of a curriculum and approaches that re-engage learners with education, and which meet their needs, as well as helping them to prepare to go back to school or prepare them for adulthood. For young people who also have an EHCP, a permanent move to AP should be done with a review of the EHCP to name the new provision.

There are two main types of AP in relation to CYP with identified SEND needs:

Targeted provision – is provision that is more specialist than mainstream schools, providing a higher level of support for CYP with SEND, but not a special school. This may be shorter term provision to support a child into the most appropriate provision, or a longer-term placement attached to a mainstream school.

Specialist provision – is provision which is specifically organised to make special educational provision for pupils with SEN. Special schools are specialist provision.

Tameside Local Offer:

Tameside provides a number of services to support CYP with SEND. These services are commissioned and delivered by a large number of organisations. The Tameside Local Offer website provides an overview of available information, services, and support for those aged 0 to 25 years, including in relation to:

- Information and support for families
- Children's Health service for young people aged 0-25 with
- Leisure activities

- School local offer
- Learning and employment
- Transition
- Professionals
- Social Care

3.5 Local Area SEND Inspection October 2021

The Tameside Local Area SEND inspection took place in October 2021. Inspectors from the Care and Quality Commission (CQC) and the Office for Standards in Education, Children's Services and Skills (OfSTED) identified a number of areas for development which must be addressed to secure necessary improvements, which will lead to better outcomes for Tameside CYP with SEND.

The outcome of the inspection was that the Tameside local area was requested to produce a Written Statement of Action (WSoA) (Tameside MBC and Tameside Sub ICB, 2022). Tameside Council and Tameside Sub Integrated Care Board were jointly responsible for submitting the WSoA.

The WSoA identifies the actions that the partnership needs to take to secure improvements, how success will be measured and what difference the actions will make to the Tameside SEND community.

More information on the WSoA can be found here: Tameside Written Statement of Action.

4. Implications for the population's health and well-being

Issues relating to the SEND population are wide ranging and relate to the educational, health and care needs of the child or young person. CYP with SEND have worse educational outcomes and more complex health needs than their peers with no SEND. Those with Special Educational Needs (SEN) may have learning difficulties or disabilities that make it harder for them to learn than most CYP of the same age.

Many CYP who have SEN may also have a disability. A disability is described in law (The Equality Act, 2010) as 'a physical or mental impairment which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.' This includes, for example, sensory impairments such as those that affect sight and hearing, and long-term health conditions such as asthma, diabetes, or epilepsy (DfE, 2014).

However not all CYP with SEN have a learning disability." In 2019/20, 80,135 children in England with a statement of SEN or an Education, Health, and Care (EHC) plan had a primary SEN associated with learning disability or difficulty. This is only 29% of all children with a statement of SEN or an EHC plan. However, at the broader level of SEN support in 2018, 228,315 children had a primary SEN associated with learning disability." (MENCAP, 2024).

4.1 Impact of COVID-19 on SEND

The impact of COVID-19 on CYP with Special Educational Needs and Disabilities (SEND) has been significant, affecting various aspects of their lives. The following section outlines some of the national issues highlighted in wider literature and evidence relating to this impact. The local impact of some of these themes can be seen in the local data, which is detailed in the next section of this report:

Disruption to Education: Many CYP with SEND have faced significant disruptions to their education due to school closures, remote learning challenges, and changes in support services. For some, the transition to online learning may have been particularly challenging due to the need for specialised support and resources. This was highlighted in the Ask, Listen, Act study by (University of Liverpool, Liverpool John Moores University and Edge Hill University, 2022)

Reduced Access to Support Services: The closure of schools and support services, or an online-only presence limited access to essential support services such as speech therapy, occupational therapy, counselling, and other interventions crucial for the development and well-being of children with SEND. (Paterson et al, 2024) This disruption can lead to regression in skills and increased

behavioural challenges, and as discussed within local data can be observed by the increased numbers of children requiring SEN support.

Social Isolation: CYP with SEND may already experience social isolation and difficulties in building relationships. The pandemic exacerbated these challenges due to restrictions on social gatherings and limited opportunities for socialisation, leading to feelings of loneliness and anxiety (Paterson et al, 2024). However, there were also positive consequences noted with feelings of reduced social pressure and less worry about being bullied (Ludgate et al, 2022).

Increased Vulnerability: Some children with SEND were more vulnerable to the virus due to underlying health conditions. Concerns about their health and safety, as well as the health of family members, added stress and anxiety to an already challenging situation. (Skipp, Smith & Wall, 2021).

Disruption to Routine and Structure: Many children with SEND thrive on routine and predictability. The disruption caused by the pandemic, including changes to daily routines, school closures, and cancelled activities, was particularly distressing for some, leading to increased anxiety and behavioural difficulties (Paterson et al, 2024).

Parental Stress: Families of children with SEND experienced increased stress and pressure due to the additional responsibilities of caregiving, managing educational support at home, work and navigating changes in support services. Financial strains and concerns about the future may further exacerbate stress levels, which has become more so as the UK entered a cost-of-living crisis (Paterson et al, 2024).

Inequities in Access to Resources: The shift to remote learning during the pandemic highlighted existing inequities in access to technology and resources among children with SEND. Not all families have access to the necessary devices, internet connectivity, or support to facilitate remote learning, widening the gap in educational attainment (House of Commons Education Committee, 2020).

Transition Challenges: COVID-19 disrupted transition periods for many SEND young people, such as transitioning from nursery to school and high school then to further education, employment, or independent living. The lack of in-person support and guidance during these transitions can increase uncertainty and anxiety about the future (Wythe, 2022). As discussed within local data later in this document, the numbers of CYP with SEND who are not in education, employment, or training (NEET) has increased post the pandemic within Tameside.

4.2 Inequalities

Children with disabilities face a range of inequalities, including accessing services, health outcomes, and educational attainment (UNICEF, 2022). Additionally, they are more likely to live in poverty than those without a disability (Bart Shaw, 2016) and those with SEND are more likely to be eligible for free school meals than CYP without SEND (MENCAP, 2024). Within Tameside for the 2022/23 school year, of those who were identified as receiving SEND support or have an EHCP 45.4% were additionally in receipt of free school meals (this excludes universal free school meals given to reception, year 1 and 2 of primary school).

Children with special educational needs and disabilities are a diverse group, who may require extra help or support across health, social services, and education for highly complex needs, while others require much less support.

Raising a child with a disability involves extra costs, with 33% of families facing extra costs of over £300 per month for their disabled child or £64,800 from birth to 18 years. Over half (56%) of families say that these extra costs are only partly covered by their disability benefits (MENCAP, 2024).

4.3 Risk and Vulnerability

CYP with Special Educational Needs (SEN) may have learning difficulties or disabilities that make it harder for them to learn than most CYP of the same age. These CYP may need extra or different help to others (Family Lives, 2024). This could include:

Communicating and interacting - CYP have speech, language and communications difficulties which make it difficult for them to make sense of language or to understand how to communicate effectively and appropriately with others.

Cognition and learning – CYP learn at a slower pace than others their age, have difficulty in understanding parts of the curriculum, have difficulties with organisation and memory skills, or have a specific difficulty affecting one particular part of their learning performance such as in literacy or numeracy.

Social, emotional, and mental health difficulties – CYP have difficulty in managing their relationships with other people, are withdrawn, or they behave in ways that may hinder their and other children's learning or have an impact on their health and wellbeing.

Sensory and/or physical needs – CYP with visual and/or hearing impairments, or a physical need that means they must have additional ongoing support and equipment.

Some CYP may have SEN that covers more than one of these areas. The code of practice sets out a more individualised response to support children with special educational needs and disabilities.

Because of the extra support and challenges faced by CYP with SEND, broadly there are more risk and vulnerabilities that can be observed than within the non-SEND population (NSPCC, 2024). These risks and vulnerabilities can be summarised within the following areas:

Educational Challenges: Children and young adults with SEND may face barriers to accessing education, including difficulty in understanding, or following the curriculum, communication challenges, or physical limitations. These difficulties can impact their academic progress and future opportunities. Additionally, consistency in education can be a challenge with the majority of permanent exclusions and suspensions of CYP, being to CYP with SEND (Office for National Statistics (ONS), 2022).

Financial Hardship: Families of children and young adults with SEND may face financial hardship due to additional expenses related to healthcare, therapy, assistive technology, and specialised education services. Limited financial resources can further exacerbate their vulnerability. (MENCAP, 2024). The cost of bringing up a disabled child is 3 times higher than a non-disabled child, and 2 in 5 disabled children in the UK live in poverty (House of Commons Library, 2024)

Social and Emotional Wellbeing: Many individuals with SEND may experience social isolation, bullying, and discrimination, which can negatively affect their mental health and emotional wellbeing. 4 out of 5 children with a learning disability experience bullying from their peers (MENCAP, 2007). Limited access to support services and interventions can exacerbate these challenges (Anti-Bullying Alliance, 2024).

Healthcare Needs: Individuals with SEND often have complex healthcare needs requiring specialised support and services. They may be more susceptible to certain health conditions and disabilities, requiring ongoing medical care and monitoring (Council For Disabled Children and The True Colours Trust, 2017).

Transition to Adulthood: The transition from childhood to adulthood can be particularly challenging for individuals with SEND. They may face difficulties in accessing employment, independent living arrangements, and continued support services as they age out of the education system (Dunsmuir, 2020).

Dependency on Caregivers: Many individuals with severe disabilities and complex needs are highly dependent on caregivers for daily activities and support. Changes in caregiver circumstances or disruptions in caregiving arrangements can significantly impact their stability and wellbeing (The Challenging Behaviour Foundation, 2024). Families with disabled children are more likely to be on lower incomes due to the complexities of combining working and caring (All-Party Parliamentary Group for Special Educational Needs and Disabilites (SEND), 2021).

Legal and Human Rights Issues: People with SEND are entitled to certain legal protections and human rights, including access to education, healthcare, and social services. However, they may face challenges in asserting these rights and accessing appropriate support due to systemic barriers and discrimination (Equality and Human Rights Commission, 2017).

Risk of Exploitation and Abuse: Individuals with SEND are at higher risk of exploitation, abuse, and neglect due to their vulnerabilities and dependency on others for support. Safeguarding measures are essential to protect their rights and ensure their safety and wellbeing (NSPCC, 2024).

5. Understanding Needs and Outcomes

5.1 How does the SEND assessment process work?

The SEND assessment process is designed to identify and address the specific needs of CYP who may require additional support in their education or employment due to a wide range of learning difficulties or disabilities. Here is an overview of how the SEND assessment process typically works for CYP within an education setting:

Identification of Needs: The process often begins with the identification of a child or young person who may be struggling in their education or development. This identification can come from various sources, including teachers, parents, healthcare professionals, or the child themselves. Schools may use various screening tools and assessments to identify students who may have special educational needs or disabilities.

Initial Assessment: Once concerns are raised, the school's Special Educational Needs Coordinator (SENCo) or a designated person will carry out an initial assessment to gather information about the child's strengths, needs, and any areas where they may require additional support. This assessment may involve discussions with teachers, parents, and the child, as well as reviewing academic progress, behaviour, and any existing support interventions.

Consultation and Collaboration: During the assessment process, collaboration between key stakeholders is crucial. This includes involving parents or caregivers, the child or young person themselves, teachers, educational psychologists, and any relevant specialists such as speech therapists or occupational therapists. The views and input of parents and the child should be central to the assessment process, ensuring their voices are heard and their perspectives considered.

Formal Assessment: If the initial assessment indicates that a child may have significant special educational needs or disabilities that require additional support, the school or local authority may initiate a formal assessment process. This formal assessment may involve more in-depth evaluations conducted by educational psychologists, speech and language therapists, or other specialists, depending on the nature of the child's needs.

Education, Health, and Care (EHC) Needs Assessment: In some cases, if a child's needs are complex and cannot be adequately met through the resources available within the school, the local authority may conduct an Education, Health, and Care (EHC) Needs Assessment. This assessment aims to gather comprehensive information about the child's needs across education, health, and social care domains to determine whether an Education, Health, and

Care Plan (EHCP) is necessary.

Plan Development and Review: If the assessment results in the identification of special educational needs or disabilities, an individualised support plan will be developed, outlining the specific interventions, accommodations, and support services required to meet the child's needs. The plan will be regularly reviewed and updated to ensure it remains relevant and effective in supporting the child's progress and well-being.

Throughout the assessment process, the focus is on ensuring that the child's needs are accurately identified and that appropriate support strategies are implemented to enable them to reach their full potential in education and beyond. Collaboration, communication, and a child-centred approach are essential principles guiding the SEND assessment process.

5.2 How are the demands on SEND services changing over time?

The demands on SEND (Special Educational Needs and Disabilities) services in England and locally with Tameside have been changing over time due to various factors:

Increasing Diagnoses: There has been a rise in the number of children diagnosed with special educational needs and disabilities. This could be due to better awareness, early identification, and changing diagnostic criteria (University College London Institute of Education, 2022).

Changes in Diagnostic Criteria: Changes in diagnostic criteria for identifying SEND may affect the number of children identified as needing support (University College London Institute of Education, 2022).

Complexity of Needs: Children with SEND are presenting with increasingly complex needs. This may include a combination of physical, intellectual, sensory, and behavioural challenges, requiring more specialised support (DfE, 2023). It has been seen within the data outlined below that post COVID-19 the demands on services locally have exponentially grown.

Inclusive Education Policies: There is a growing emphasis on inclusive education, aiming to integrate children with SEND into mainstream schools. This means that more resources and support are required within mainstream schools to accommodate diverse learning needs (DfE, 2023).

Legislative Changes: Changes in national or local educational policies and legislation, such as the implementation of the SEND Code of Practice and the right place, right care, right time green paper or changes in funding allocations (Department for Education, 2023), can impact the demand for SEND services. These changes may impact demand by altering eligibility criteria or expanding the types of support available.

Parental Advocacy: Parents and advocacy groups are becoming increasingly vocal in demanding appropriate support and resources for children with SEND (Children's Commissioner, 2023). Because of the increase in advocacy from parents and greater awareness of SEND issues, this may lead to more children being identified and accessing support services in Tameside.

Technological Advances: Advancements in technology have opened up new possibilities for supporting children with SEND, such as assistive technology and personalised learning platforms. However, these technologies may also require additional resources and training for implementation and also have a large financial cost (Winchester, 2023).

Budgetary Constraints: Despite increasing demand, SEND services often face budgetary constraints. This can result in challenges in meeting the needs of all children requiring support, leading to waiting lists, reduced services, or increased pressure on existing resources (Ofsted, 2023).

6. Latest Local Data and Intelligence

6.1 How large is the population with SEND in Tameside?

In 2024 there were 7,660 CYP aged 3 to 16 years with SEND in Tameside, according to the school census in spring 2024, or 20.3% of the total school population. This compares to 17.3% of the school-aged population across England and 17.9% of the school-aged population in North West England. Of the number with SEND in Tameside, 74% (5,683) are in receipt of SEN support and 26% (1,997) have an EHC plan (see figure 2 below).

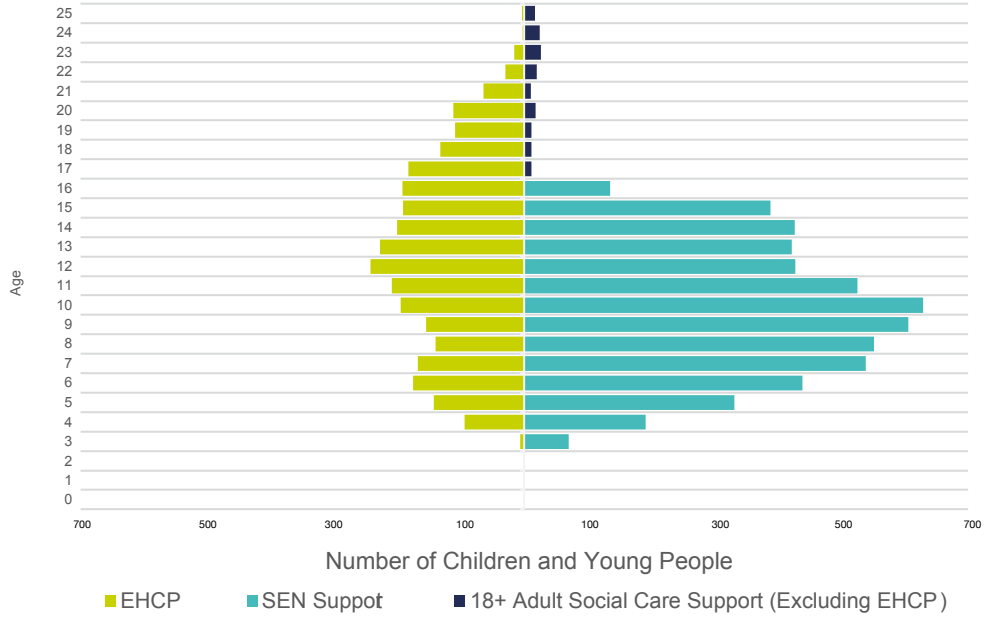
Figure 2: *Number of CYP with SEND – Source: School Census, 2024*

2024	Males	Females	Total
EHC Plan	1461	516	1977
	74%	26%	
SEN Support	3479	2204	5683
	61%	39%	
Total	4940	2720	7660
	64%	36%	

64% of the total SEND population is male. The majority of those with EHC plans are also male (74%); the highest proportion of those receiving SEN support are also male (61%).

Tameside's SEND team, who are responsible for EHC Plans for all aged between 0 and 25 years within Tameside, identified as of 8th February 2024 a total of 3,124 EHCP in place for CYP resident, looked after by or educated within Tameside. Of these 2,961 are funded by Tameside (Tameside SEND Team February 2024).

Figure 3: *Age Profile of CYP with SEND – Source School Census 2024, SEND Team February 2024 data and Adult Social Care Data 2023*



From school census data and adult social care data the population pyramid (age profile) above outlines the current children and young person population (0-25 years) in regard to EHCP and support needs. It highlights that the age at which most SEN support packages are put in place is 10 years old and the age at which most EHCPs are put in place is 12 years old.

6.2 How is the SEND population changing over time?

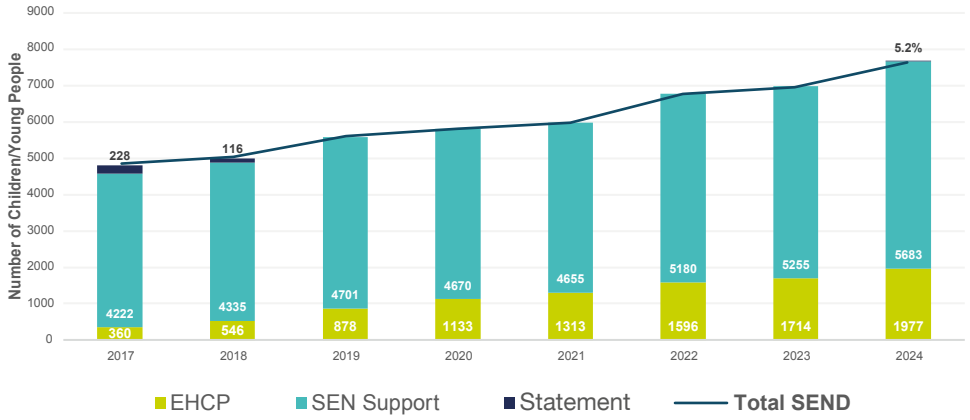
The numbers of school aged CYP with either an EHCP (and former statements) or who receive SEN support have increased year on year. From 2017 to 2024 there has been a 236% increase (over three times the amount) in the number of children with a statement or EHC plan. For SEN support this has seen an increase of 35% over the same time period.

The amount of increase overall for the whole SEND population has been 59%.

Nationally, as well as observed locally there continues to be an increasing trend of those both with an EHCP or SEN support.

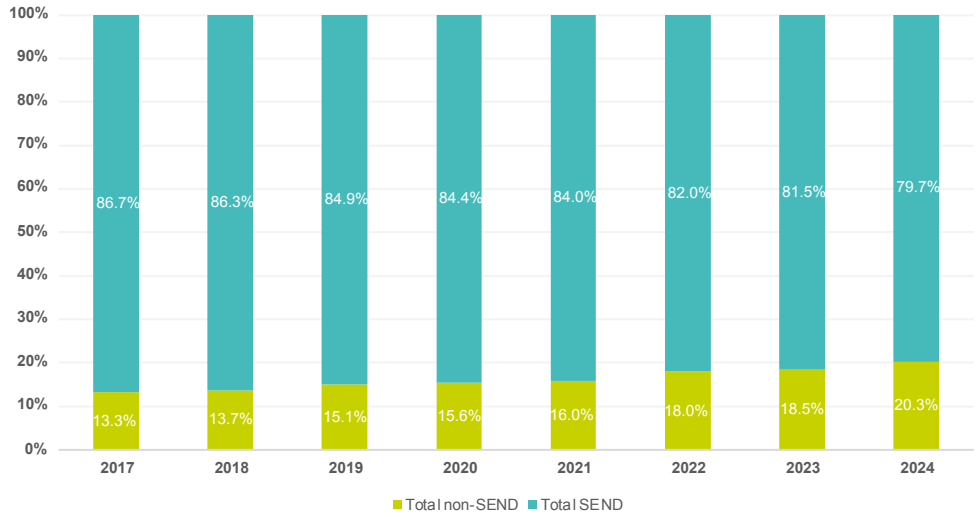
According to research by the Nuffield Foundation, more CYP are being identified with SEND and in turn this is increasing pressure on existing provisions (Nuffield Foundation, 2023). The below graph highlights the trend over time of identified SEND in Tameside.

Figure 4: *Numbers of EHCP, Statements and SEN Support by Year – Source: School Census, 2017-2024*



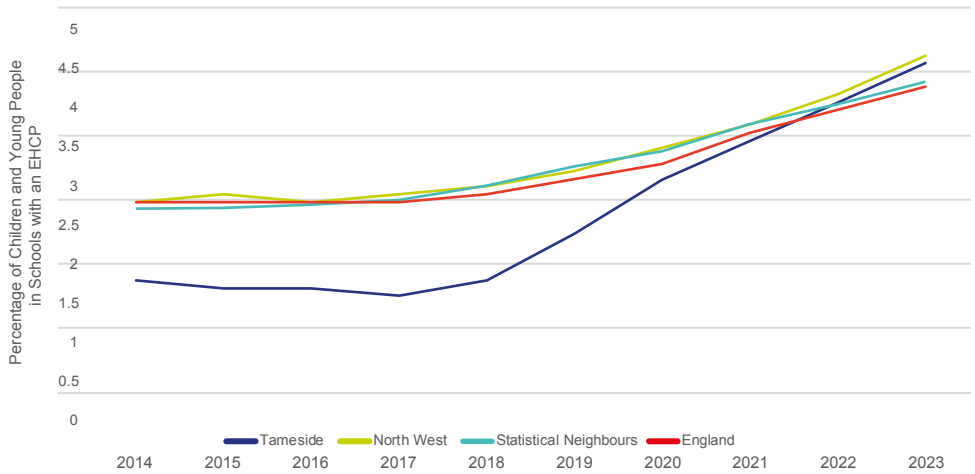
Therefore, as a proportion of the total school population, the numbers of CYP with SEND have been increasing over time.

Figure 5: *SEND and non-SEND population in Tameside schools over time.*



If the current trends in the Tameside data continue, by 2027 there will be over 8,790 children aged 0-19 with an EHCP or SEND support which will be approximately 22.8% of the total 3-16 school population.

Figure 6: *Percentage of CYP in the total school population with an EHCP compared to Statistical Neighbours, North-West and England over time - Source: LAIT (DfE, 2024)*

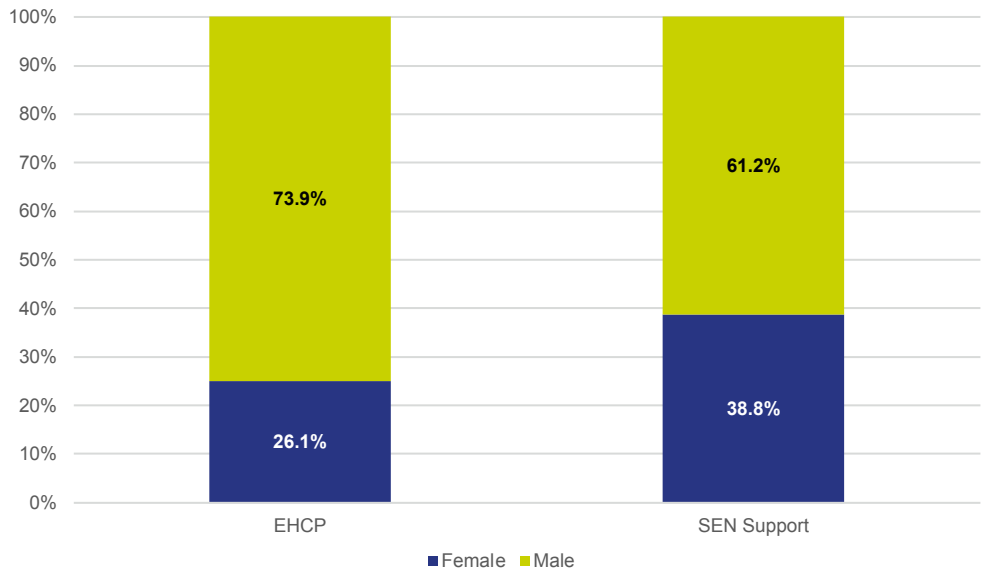


When compared to Statistical Neighbours and England over time, Tameside has previously had significantly less CYP with EHC plans, however in recent years Tameside is now above the England and Statistical Neighbour Averages as highlighted in the figure above. This indicates that there may have been a degree of unmet need in previous periods, which has been better identified in Tameside in the period since 2018.

6.3 What are the characteristics of Tameside's SEND population?

Gender

Figure 7: *Proportion of EHC Plan and SEN Support by Gender – Source: School Census 2024*



For both SEN Support and EHCP, males are over-represented in both categories, which is observed both locally and nationally. When looking at this over time, a higher proportion of females have both SEN support and EHC Plans compared to 2017 when females accounted for 32.7% (SEN Support) and 25% (EHCP).

Age Bands

Figure 8: *Number of CYP with an EHCP by Age Band and Gender – Source: SEND Team Data – 08/02/2024*

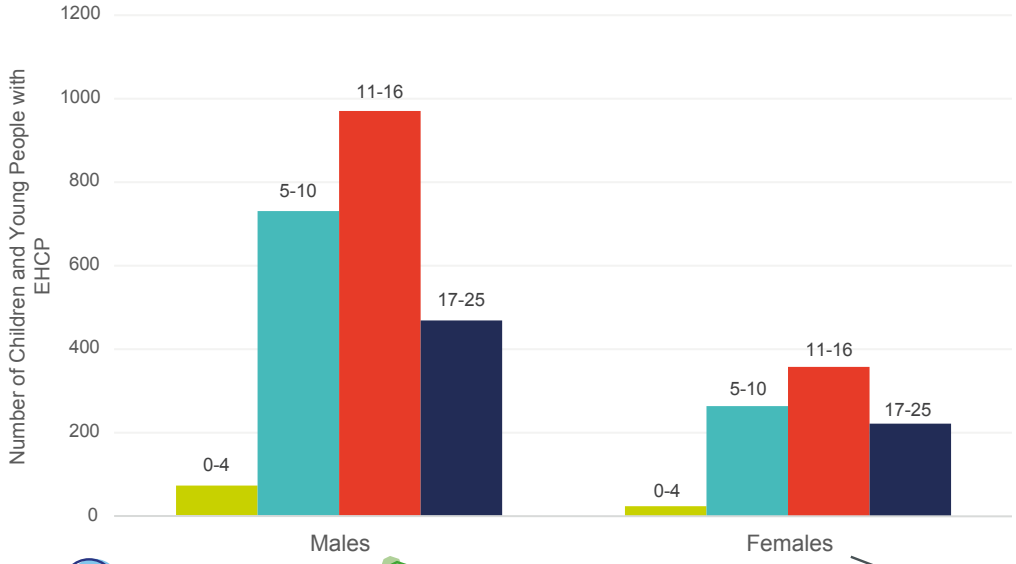


Figure 8 illustrates the breakdown of EHC plans by age bands and gender in 2024. It shows that numbers and gender across all four age bands. The lowest EHC plans can be seen in the 0-4 year's age group and for every age band the numbers of females are significantly lower than males.

All early years and childcare providers have a responsibility to identify children with special educational needs (SEN) and make sure they put in place support as early as possible to help them learn and progress.

The Early Years Foundation Stage (EYFS) (DfE, 2024) is the national framework for learning, development and care for children from birth to the end of Reception year. All registered early years and childcare providers (nurseries, pre-schools, and child minders) must follow this framework. The identification of SEND is built into the overall approach to monitoring the progress and development of all children.

In Tameside when compared against statistical neighbours and England, has a higher rate of those with an identified SEND in an early years' educational setting (9% of all children in an early years setting). This is compared to 8.6% amongst statistical neighbours and 6.9% in England.

Locally, work should continue to aim to identify all CYP who would benefit from SEND support as early as possible.

Deprivation

Figure 9: *SEND EHCP / SEN Support and Deprivation Decile of Residence - Source: School Census 2024 and Index of Multiple Deprivation 2019*

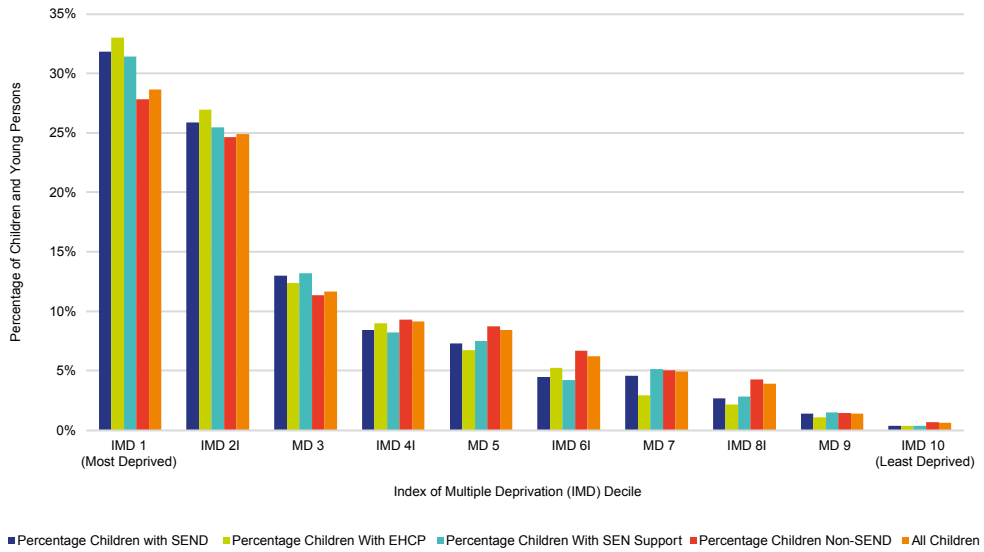


Figure 9 allows comparisons between the proportion of SEN Support, EHCP, Total SEND, total Non-SEND and all CYP populations by the Index of Multiple Deprivation 2019 decile of residence. The Index provides a set of relative measures of deprivation for small areas across England, based on seven different domains of deprivation:

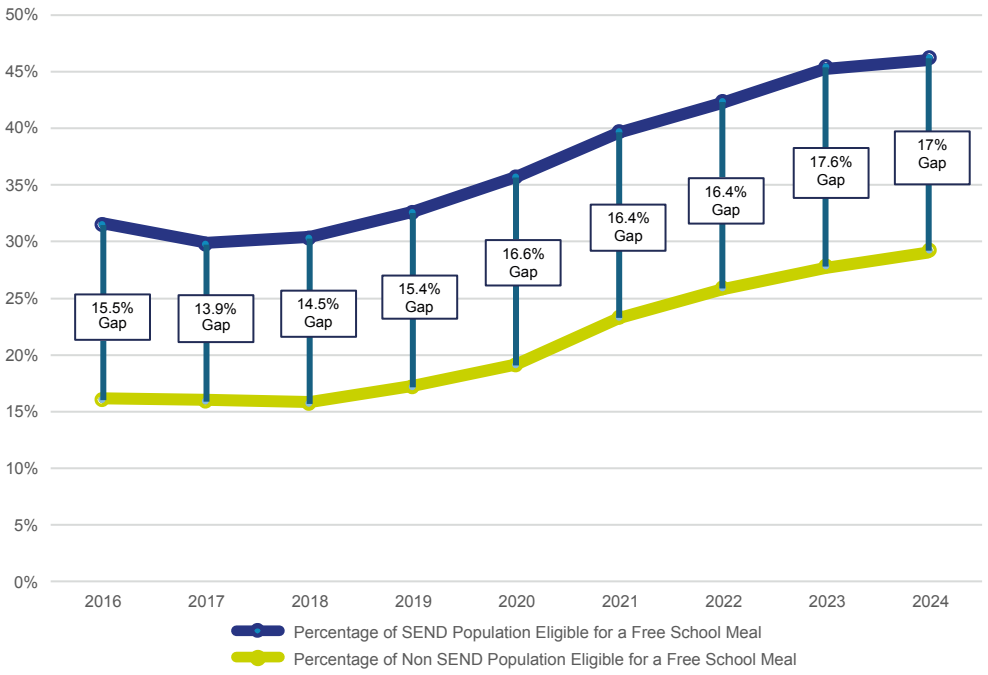
- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

The chart illustrates the proportion of children living in each IMD decile. This shows that in Tameside, there are more children living in the more deprived deciles, but also that CYP with SEND are more likely to come from a home that resides in the highest deprivation deciles, 1 to 3 (10% to the 30% most deprived areas in England).

This is represented by the larger gap between the size of the SEND population columns and the non-SEND/All children columns in the more deprived deciles. Additionally, when looking at the least deprived deciles 10-4, CYP with SEND are under-represented compared to non-SEND.

Free School Meals

Figure 10: *Percentage Eligible for Free School Meals (excluding universal free school meals) by SEND or non-SEND Pupils, Trend Over Time - Source: School Census 2016-2024*



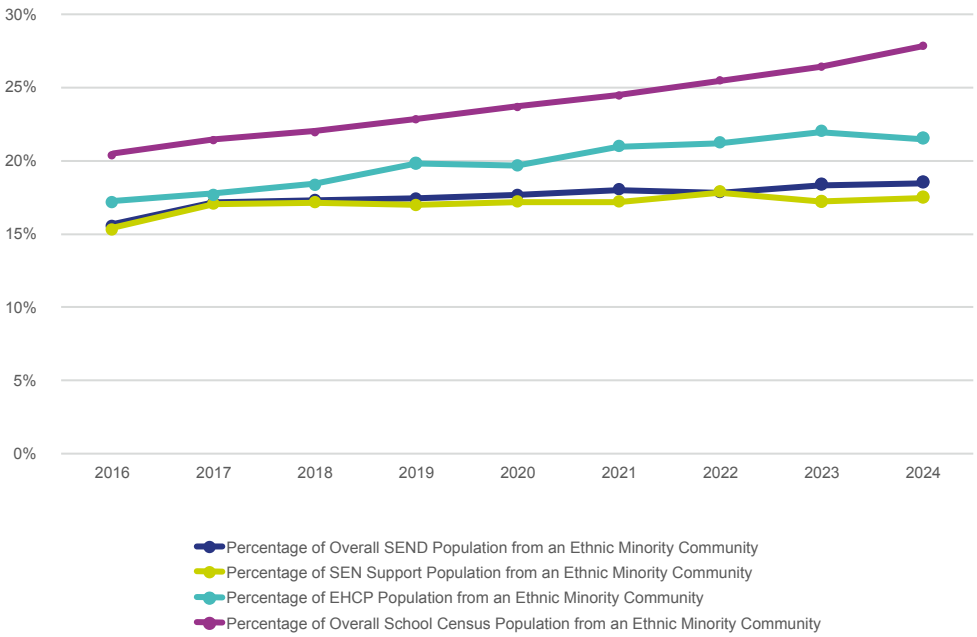
The percentage of CYP who have accessed free school meals has increased over time, however a child or young person with SEND is also more likely to access a free school meal than children and young person without SEND.

Over time the gap has increased with 46.2% of the current school SEND population in 2024 in receipt of a free school meal compared with 29.2% of the non-SEND population. Therefore, there is currently a 17% gap between the SEND and non-SEND populations in receipt of free school meals. Given that free school meal eligibility is predominantly related to being in receipt of income related benefits, this gap indicates that families with children living with SEND are more likely to be on lower incomes than those who do not have SEND.

Ethnicity

When looking at the SEND population by ethnicity according to the spring school census 2024, the numbers show that 6152 CYP with SEND come from a White British background with 1401 being from Ethnic Minority Community background (EMC) (81.5% v 18.5% respectively).

Figure 11: *Percentage of all School-Aged Children from an Ethnic Minority Community compared with the Percentage of children with SEND from an Ethnic Minority Community Over Time - Source: School Census 2016-2024*



As highlighted in figure 11, over time, the EMC population has been underrepresented in the SEND population. With the 2024 spring school census Ethnic Minority Communities account for 27.9% of the total school population with ethnicities recorded. Additionally, the gap over time between the SEND EMC population and the overall EMC population has been getting wider, with a 4.8% gap in 2016 to a 9.3% gap in 2024. The widening of this gap indicates that the EMC SEND population has not increased in line with the overall EMC population of school age. This could indicate that the degree of unmet need of SEND among this group has increased.

Figure 12 illustrates the proportion of primary need by gender and ethnicity. For example, of the 470 females from an EMC, 172 (36.5%) have a primary need of Speech, Language and Communication Needs and 93 (19.8%) have a Moderate Learning Difficulty.

Key

EMC Over Represented in Primary SEND Need when compared with White British Ethnicities.

EMC Under Represented in Primary SEND Need when compared with White British Ethnicities.

Figure 12: *Percentage of primary SEND need by gender and ethnicity - Source: School Census 2024*

	Ethnic Minority Community (EMC)		"White British (English/Irish/Scottish/ Welsh) Ethnicity"	
SEND Primary Need	**Females**	**Males**	**Females**	**Males**
Autistic Spectrum Condition (ASC)	5.7%	13.6%	5.2%	10.1%
Hearing Impairment (HI)	3.0%	0.9%	1.3%	0.9%
Moderate Learning Difficulty (MLD)	19.8%	15.1%	19.1%	13.8%
Multi-sensory impairment (MSI)	0.2%	0.2%	0.7%	0.4%
SEN support but no specialist assessment of type of need (NSA)	6.4%	5.7%	7.1%	5.5%
Other (OTH)	3.6%	3.2%	3.8%	3.1%
Physical Disability (PD)	2.8%	1.3%	2.8%	1.9%
Profound and Multiple Learning Difficulties (PMLD)	1.5%	1.2%	0.7%	0.5%
Social, Emotional and Mental Health (SEMH)	10.0%	12.7%	22.9%	26.4%
Speech, Language and Communication Needs (SLCN)	36.6%	37.6%	22.7%	26.4%
Severe Learning Difficulty (SLD)	3.6%	3.2%	1.1%	1.2%
Specific Learning Difficulty (SPLD)	6.0%	4.3%	11.6%	9.0%
Visual Impairment (VI)	0.9%	1.0%	1.0%	0.6%
	100.0%	**100.0%**	**100.0%**	**100.0%**

The table allows for comparisons on both gender and ethnicity, and highlighted in blue are areas of over representation of need for EMC by gender when compared against the same White British gender.

The table overall highlights that there is an over-representation for all genders from an EMC for Speech, Language and Communication Needs, Profound and Multiple Learning Difficulties, Severe Learning Difficulty, Moderate Learning Difficulty and Autistic Spectrum Condition when compared against White British ethnicities by gender. It also indicates an under-representation for all genders from an EMC for Social, Emotional and Mental Health, which could highlight some of the need in this group is not being identified.

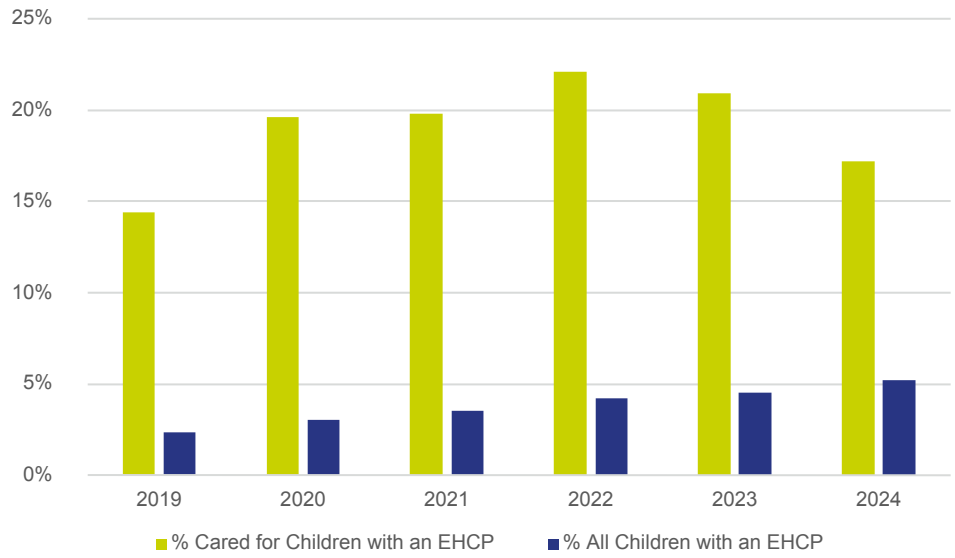
Child Looked After and EHCP

There has been research into the links between those CYP who are looked after (CLA) and EHC plans. Research in this area has found amongst CLA populations the rates of SEN Support and EHC plans are very disproportionately high (Jay & Gilbert, 2021).

Whilst not to the same percentages as observed in the study, amongst the CLA population in Tameside, there is a disproportionate number of CYP looked after who have an EHCP.

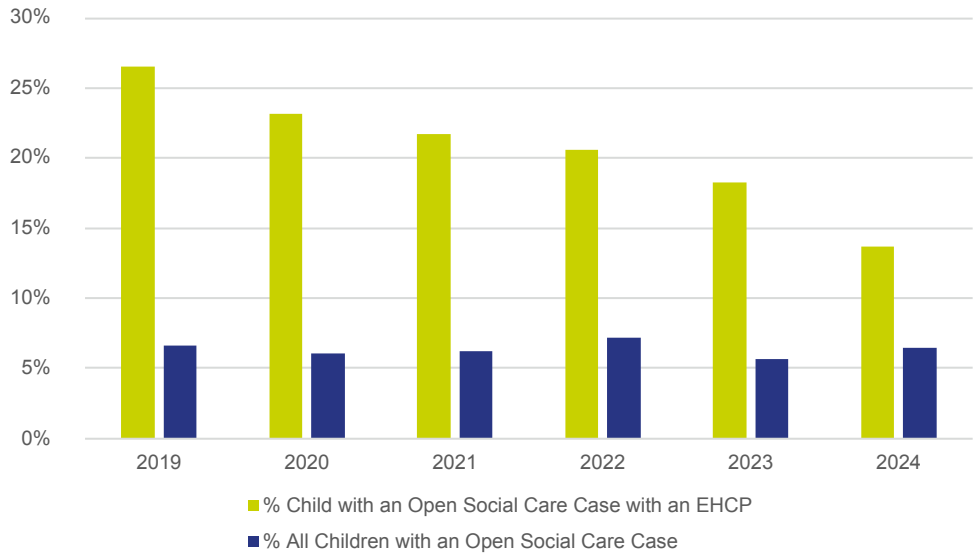
Whist over time the gap has been reducing, there is still a gap of 11.9% in 2024 between all children with an EHCP and those who are additionally a CLA.

Figure 13: *Percentage of Children Looked After with an EHCP compared with the percentage of all children with an EHCP over Time - Source: SEND Team Data and Children's Social Care Liquid Logic 2019-2024*



Children's Social Care and EHCP

Figure 14: *Percentage of CYP with an open Children's Social Care Case and an EHCP compared against all children with an Open Children's Social Care Case - Source: SEND Team Data and Children's Social Care Liquid logic.*



While section 17 of the Children's act 1989 could indicate that any disabled young person is a Child in Need, case law dictates that, "There is no requirement for local authorities to carry out social work assessments of every disabled child. Local authorities can instead offer a Common Assessment Framework assessment or other 'Early Help' assessment in some cases" (R (L and P) v Warwickshire County Council [2015] EWHC 203, 2015).

This legislation and case law may therefore explain why there is a higher rate of EHCPs in place for children with an open social care case. However there has been a significant reduction in Tameside since 2019, which is observed in the figure 14.

6.4 What are the primary needs of the population with SEND?

The types of primary need within Tameside as listed within the School Census, come under thirteen categories.

These categories are nationally recognised SEND codes and all SEN Support and EHCP's have a primary need of the child or young person outlined. Within Tameside since 2016 the below figures outline EHCP's and SEN support by primary need, for the population recorded in the school census.

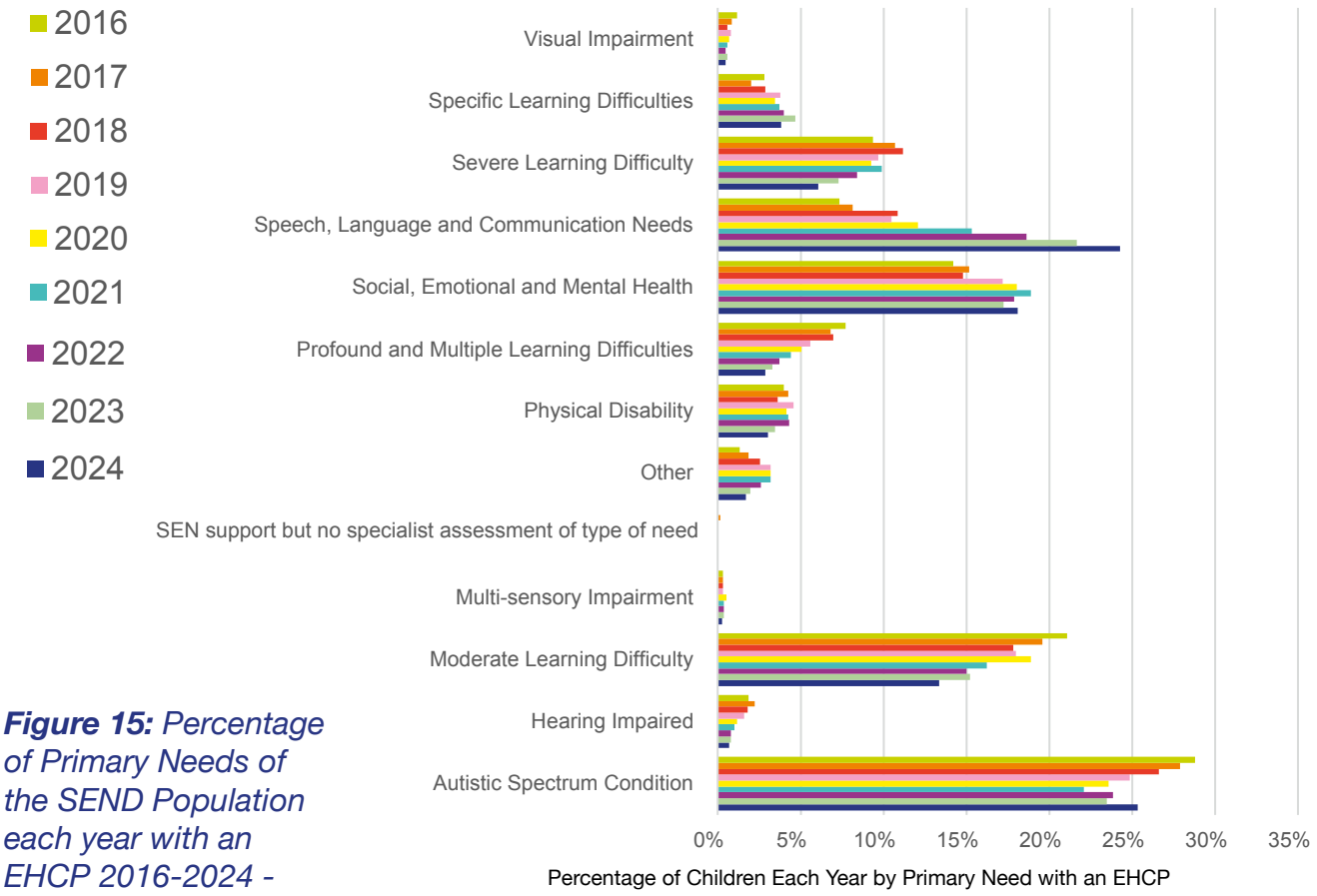


Figure 15: *Percentage of Primary Needs of the SEND Population each year with an EHCP 2016-2024 - Source: School Census*

The trends over time in relation to EHCP by SEND code categories indicate that Autistic Spectrum Condition is the highest primary need with 25.3% of the school census EHCP's relating to this. However, over time there has been a sharp increase in the proportion of CYP with an EHCP with primary need of Speech, Language and Communication Needs, especially during and after the COVID-19 pandemic with 24.2% of the current EHCP's relating to this as the primary need.

However, this is not the full picture when looking at EHC Plans as they can be maintained without a child or young person attending a school or being a part of the school census. The below table highlights the breakdown percentage of primary needs for all EHCPs in Tameside (3,124), for the whole SEND population, not just of those that are included in the school census.

Figure 16: *Percentage of Primary Needs of the total SEND Population in 2024 with an EHCP - Source: Tameside SEND Team as at 08/02/2024.*

Primary Need	%
Austic Spectrum Condition	12.64%
Hearing Impairment	0.83%
Medical Needs	1.31%
Moderate Learning Difficulty	15.33%
Multie-Sensory Impairment	0.13%
Other	2.98%
Physical Disability	2.02%
Profound and Multiple Learning Difficulty	1.47%
Severe Learning Difficulty	3.39%
Social, Emotional And Mental Health	26.31%
Specific Learning Difficulty	2.66%
Speech, Language or Communication Difficulty	26.06%
Vision Impairment	0.38%
Under Assessment	0.03%
Not Recorded	4.45%

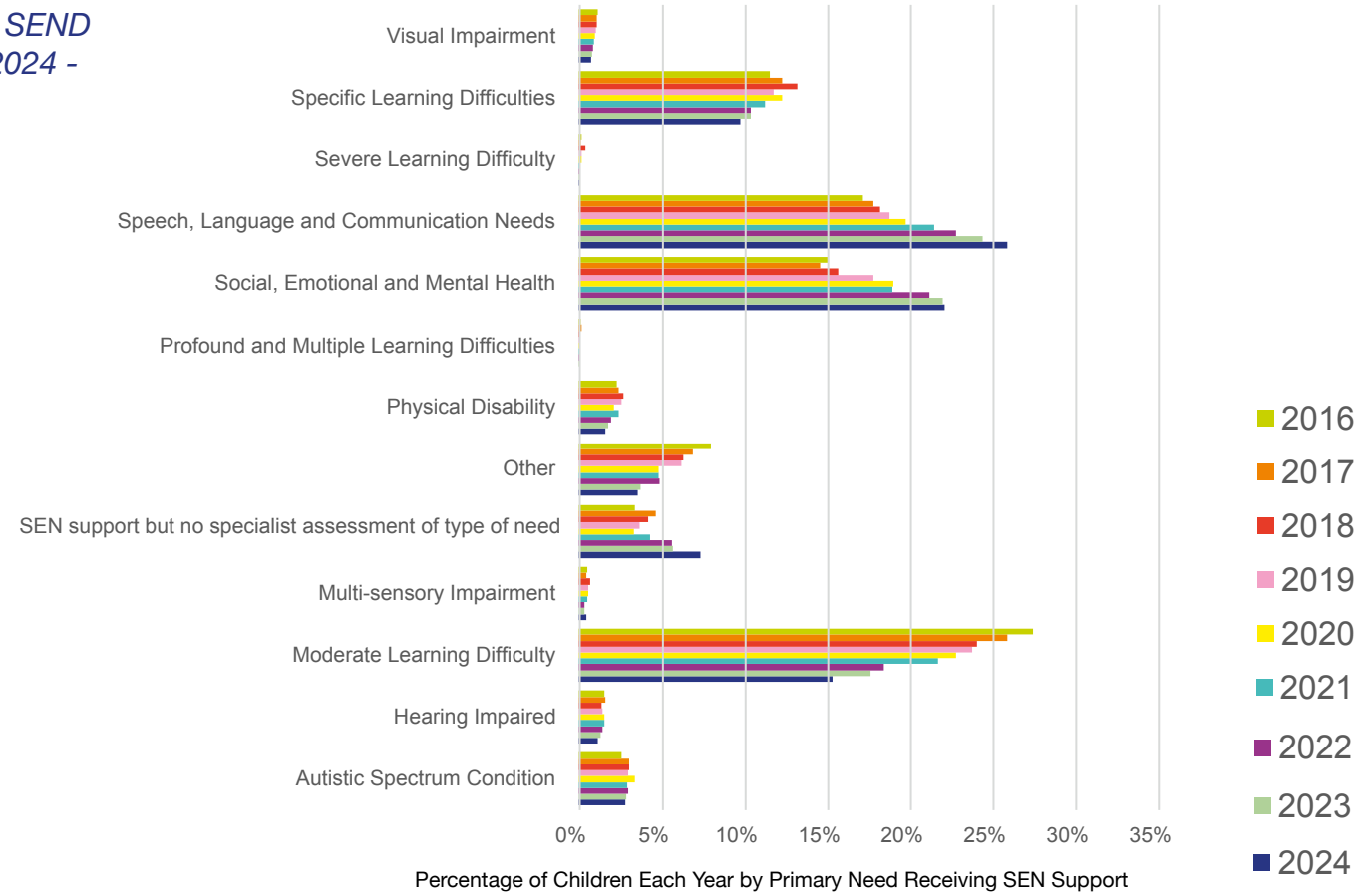
When looking at the EHCP 0-25 population the primary need identified is for Social, Emotional and Mental Health followed by Speech, Language and Communication Needs.

Whilst this is different than the school census data, it should also be noted that this reflects all young people aged 0-25 where there may be different profiles of primary need, particularly among older young people aged 17-25.

Figure 17: *Percentage of Primary Needs of the SEND Population each year with SEN Support 2016-2024 - Source: School Census*

SEN Support is only highlighted within the School Census and as identified in figure 17 the highest primary need is around Speech, Language and Communication needs followed by Social, Emotional and Mental Health.

Additionally, over time these two areas have increased as a percentage, with moderate learning difficulty reducing over time. Similarly to the growth of the proportion of EHCPs, it should be noted that there has been a sharp growth in the proportion of SEN Support for Speech, Language and Communication Needs.



6.5 Where do CYP with SEND live?

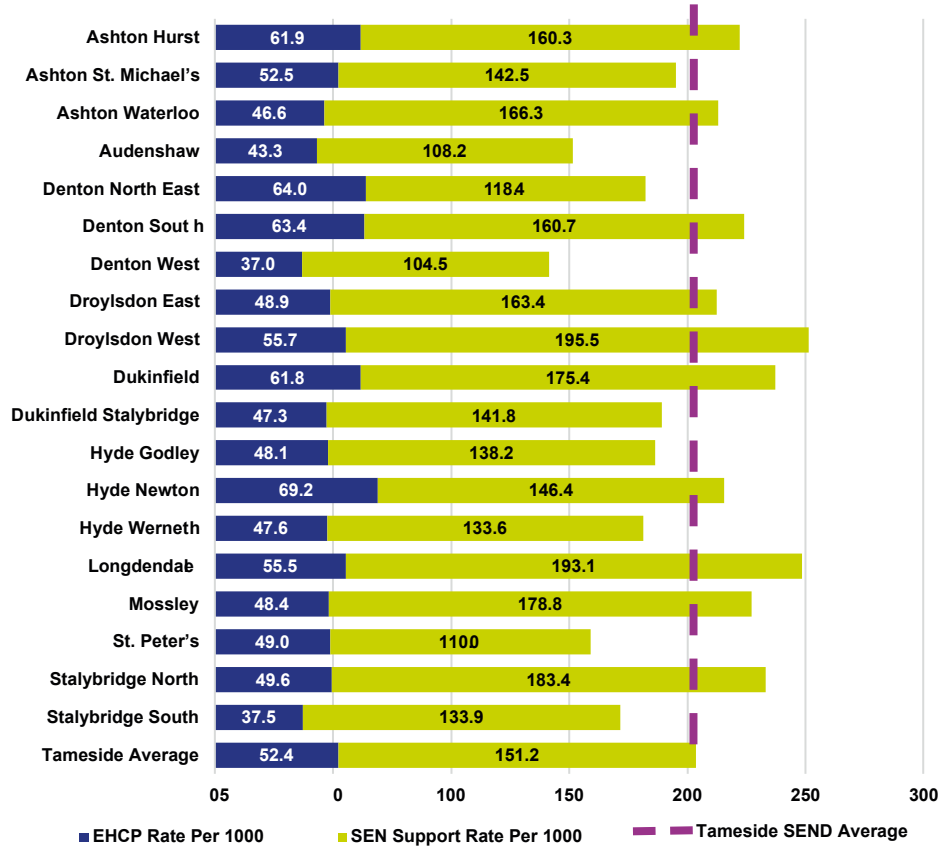
Tameside is made up of four neighbourhoods, 19 electoral wards and 141 Lower Super Output Areas (LSOA). The chart below illustrates the rate per 1000 school aged children who have A EHC plan or SEN support by ward.

Figure 17 highlights the rate per 1,000 of children with an EHCP, SEN Support and by the scale overall total SEND by the school census. The wards with the highest rate of CYP with SEN support in place in 2024 was Droylsden West, followed by Longdendale. The wards with the lowest rate of SEN support plans were Denton West and Audenshaw.

The wards with the highest rate of EHC plans were Hyde Newton and Denton North East, the lowest rate was found in the ward of Denton West.

However, the figure 19 highlights the view overall for SEND from the school census data.

Figure 18: *Rate per 1000 School Aged Children (3-19) with SEND by Ward 2024 - Source: School Census*



Ward	"Ward IMD 2019 Score (Higher is Most Deprived)"	Overall SEND Rate Per 1000
Droylsden West	28.3	251.2
Longdendale	34.3	248.6
Dukinfield	34.7	237.2
Stalybridge North	32.5	233.1
Mossley	23.3	227.2
Denton South	34.1	224.1
Ashton Hurst	31.4	222.2
Hyde Newton	32.9	215.5
Ashton Waterloo	31.6	212.9
Droylsden East	30.3	212.3
Ashton St. Michael's	33.5	195.0
Dukinfield Stalybridge	27.5	189.1
Hyde Godley	40.8	186.3
Denton North East	28.3	182.4
Hyde Werneth	26.4	181.2
Stalybridge South	22.5	171.5
St. Peter's	50.3	159.1
Audenshaw	23.5	151.4
Denton West	20.1	141.5
Tameside Average	**31.4**	**203.6**

Figure 19: *Ward IMD 2019, Score and Rate per 1000 School Age Children with SEND (EHCP and SEN Support) by Ward Table 2024 (Sorted by Highest rate first) - Source: School Census and Index of Multiple Deprivation 2019*

Figure 18 illustrates that the wards of Droylsden West and Longdendale have the highest rate of CYP with SEND. (251.2 and 248.6 respectively) The lowest rate can be found in the ward of Denton West (141.5).

433 children who receive school support or have an EHCP live out of area but are educated within Tameside. For the purposes of the graph and tables these children have been excluded from the data.

In 2024 there were 97 CYP who live in Tameside but were educated outside of Tameside and 143 children who live outside of Tameside educated in Tameside with an EHC plan in place (taken from the SEND Team data 08/02/2024).

The following maps illustrate the distribution of all children within the school census years with SEND, EHC plans and SEN Support in 2024.

The maps are also split into four neighbourhoods North, South, East and West. The following key identifies the geographic wards each neighbourhood represents:

North: Ashton St. Peters, Ashton St. Michaels, Ashton Hurst, and Ashton Waterloo

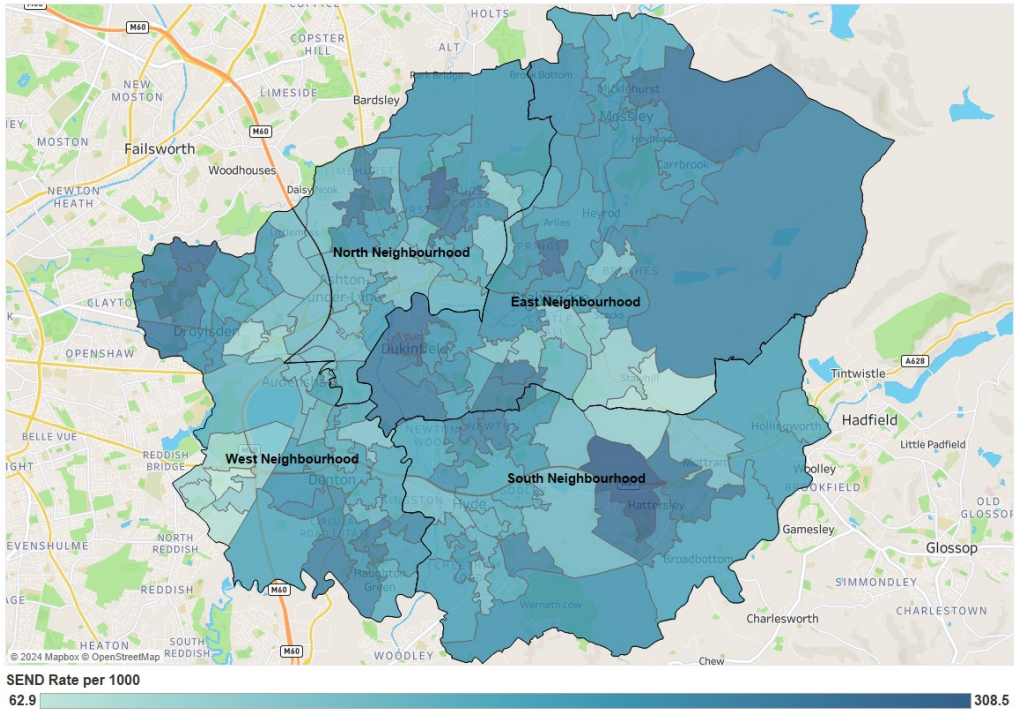
South: Hyde Newton, Hyde Godley, Hyde Werneth and Longdendale

East: Mossley, Dukinfield, Dukinfield/Stalybridge, Stalybridge North, Stalybridge South

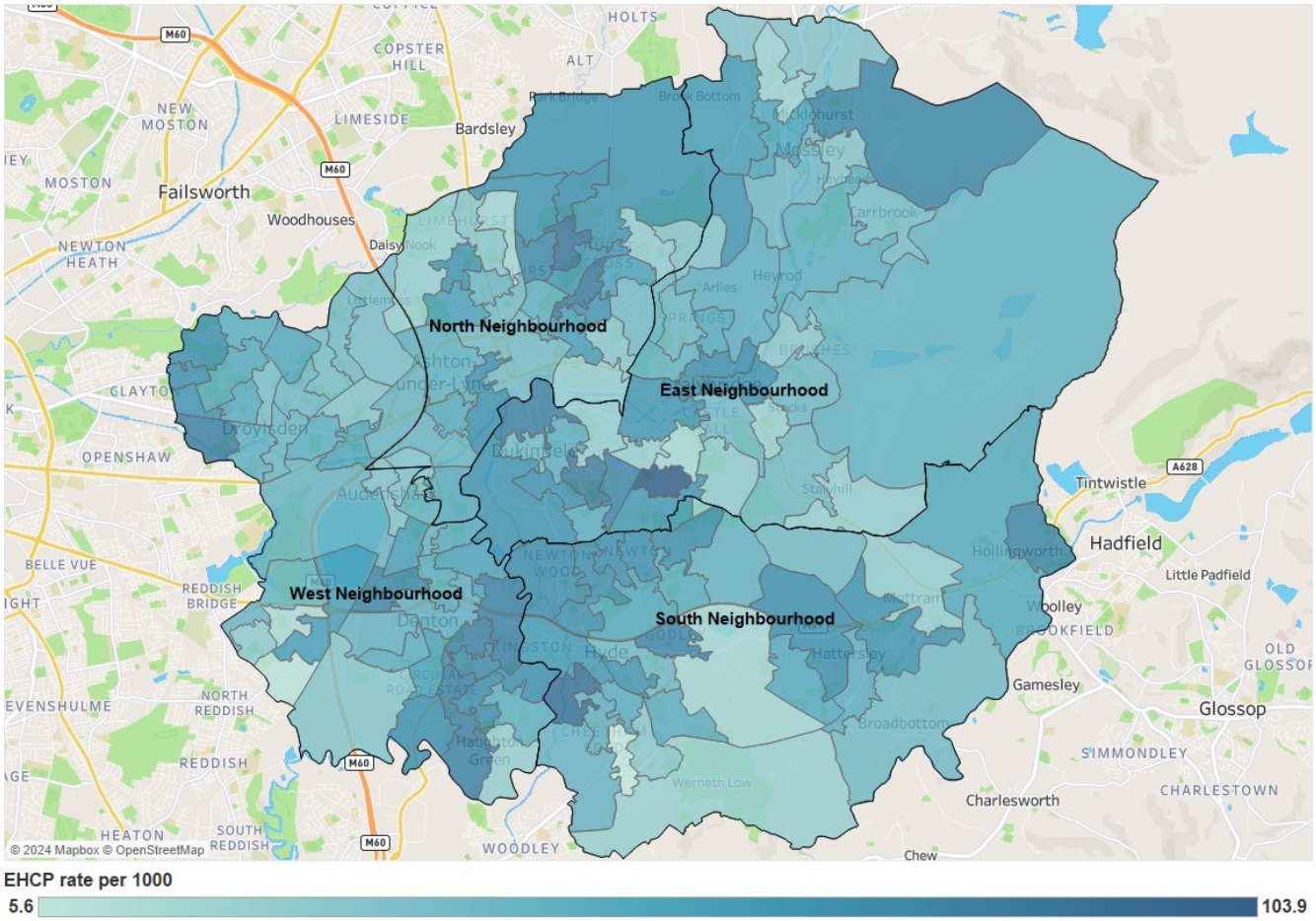
West: Audenshaw, Denton North East, Denton West, Denton South, Droylsden East and Droylsden West.

The darker the area the higher the population of SEND, EHCP or SEN Support.

Figure 20: *Rate of CYP with Special Educational Needs and Disabilities (SEND) by Lower Super Output Area (LSOA) of Residence with Neighbourhood Boundaries Displayed - Source: School Census 2024*



For SEND overall from the school census, the North West of Hattersley has the highest rate of SEND, however the most concentrated of LSOA's with the highest rates per 1,000 with SEND next to one another is in Droylsden.



EHCP rate per 1000

5.6 — 103.9

Figure 21: *Rate of CYP with an EHCP by Lower Super Output Area (LSOA) of Residence with Neighbourhood Boundaries Displayed - Source: School Census 2024*

For EHC plans overall from the school census, the area around Oak Tree Drive and Gorse Hall Road in Stalybridge has the highest rate of EHC plans per 1,000 of the school census population, however the most concentrated LSOA's with the highest rates per 1,000 of EHC plans next to one another is in South Denton and West Hyde.

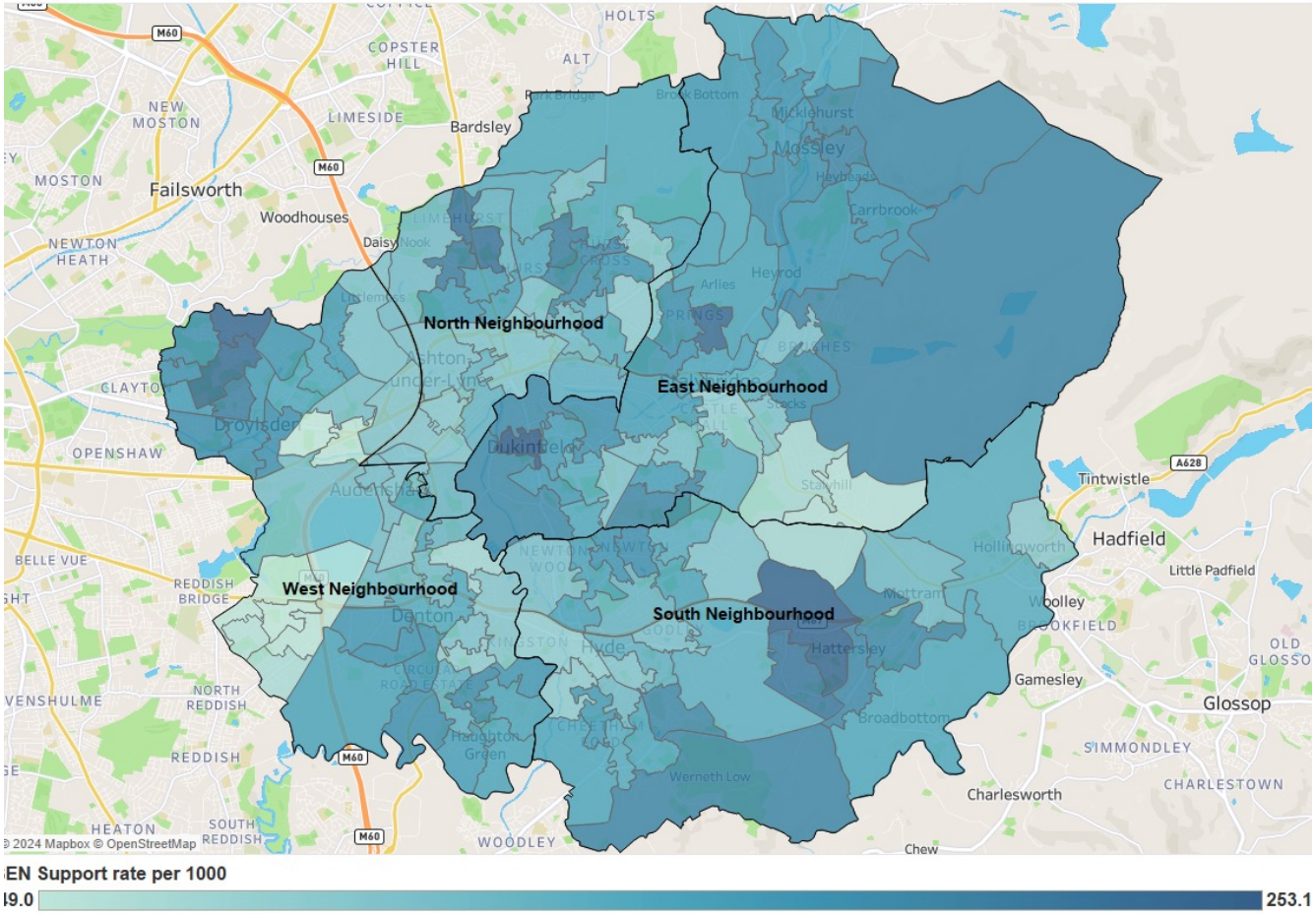


Figure 22: *Rate of CYP with SEN Support by Lower Super Output Area (LSOA) of Residence with Neighbourhood Boundaries Displayed - Source: School Census 2024*

For SEN Support overall from the school census, the Chapel Street area of Dukinfield has the highest rate of SEN Support, however the most concentrated LSOA's with the highest rates per 1,000 of SEND next to one another is in North Droylsden.

Highlighted in the deprivation section above, there are more CYP with SEND in more deprived areas. Overall, from the ward table and all of the above maps, there is a highlighted link between higher rates of SEND in LSOA's of higher deprivation according to the Index of Multiple Deprivation 2019 (see figure 22).

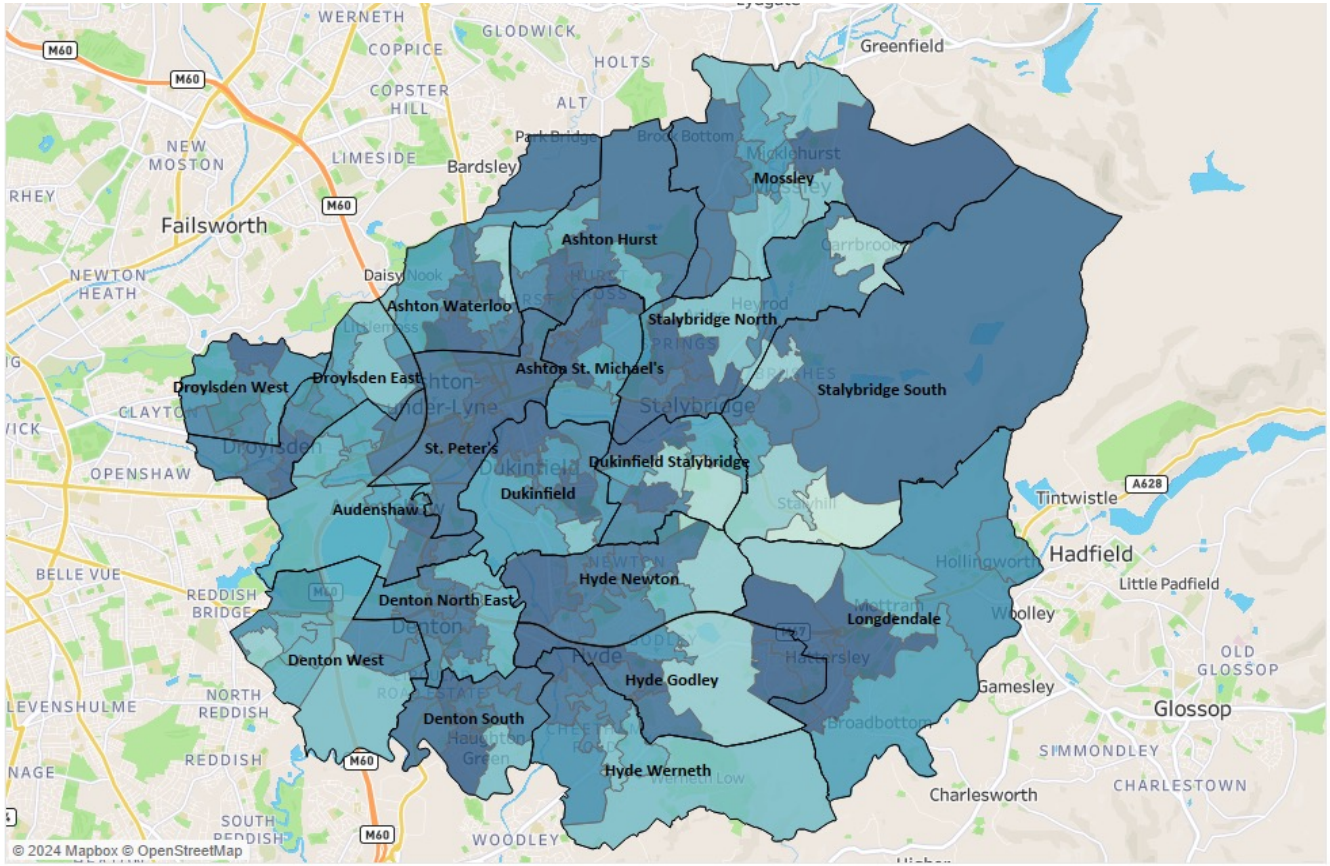


Figure 23: *Index of Multiple Deprivation 2019*

However, in areas with higher levels of Ethnic Minority Communities the opposite is found. For example, in St. Peter's Ward, there is a high EMC population (47.9% from the Census 2021) and it is Tameside's most deprived ward with a IMD 2019 Score of 50.3 but the rate of identified send is the third lowest in Tameside with a rate of 159.1.

This could indicate as shown above in the ethnicity section, that children with SEND are not being identified, and therefore under-represented in the known data. There is therefore a recommendation for further research into how SEND is being identified in areas and settings with lower representation than would be expected.

6.6 Where are pupils with SEND educated?

CYP with SEND are educated in a variety of settings. Figure 24 illustrates this and shows that the highest proportion of CYP were educated in LA maintained special schools, although this has significantly reduced over time, with more pupils being educated in mainstream schools.

There were a small number of children with a EHC plan educated in early year's settings who were under 5 years, although this has decreased over time. 2.1% of school aged children were educated at home.

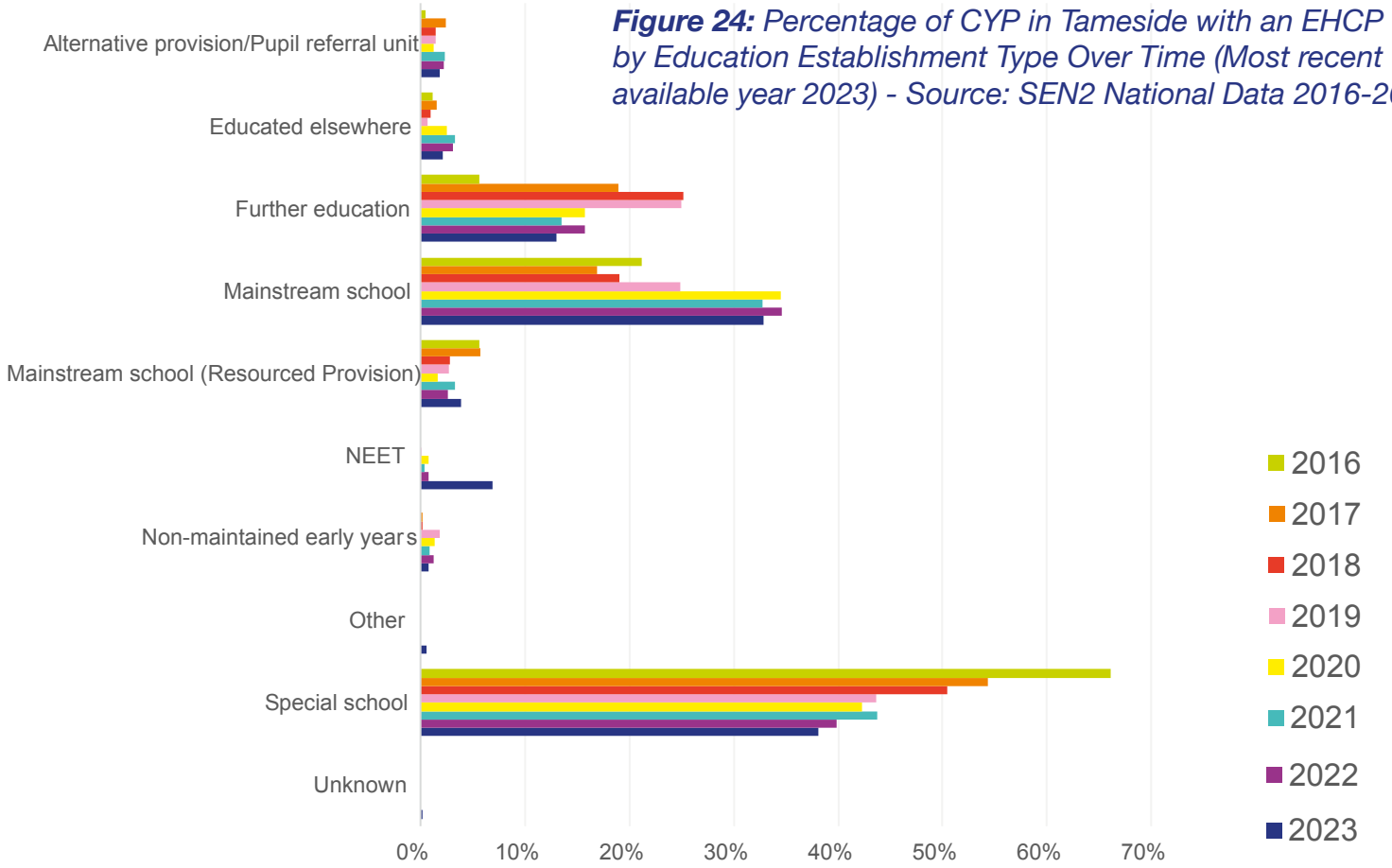


Figure 24: *Percentage of CYP in Tameside with an EHCP by Education Establishment Type Over Time (Most recent available year 2023) - Source: SEN2 National Data 2016-2023*

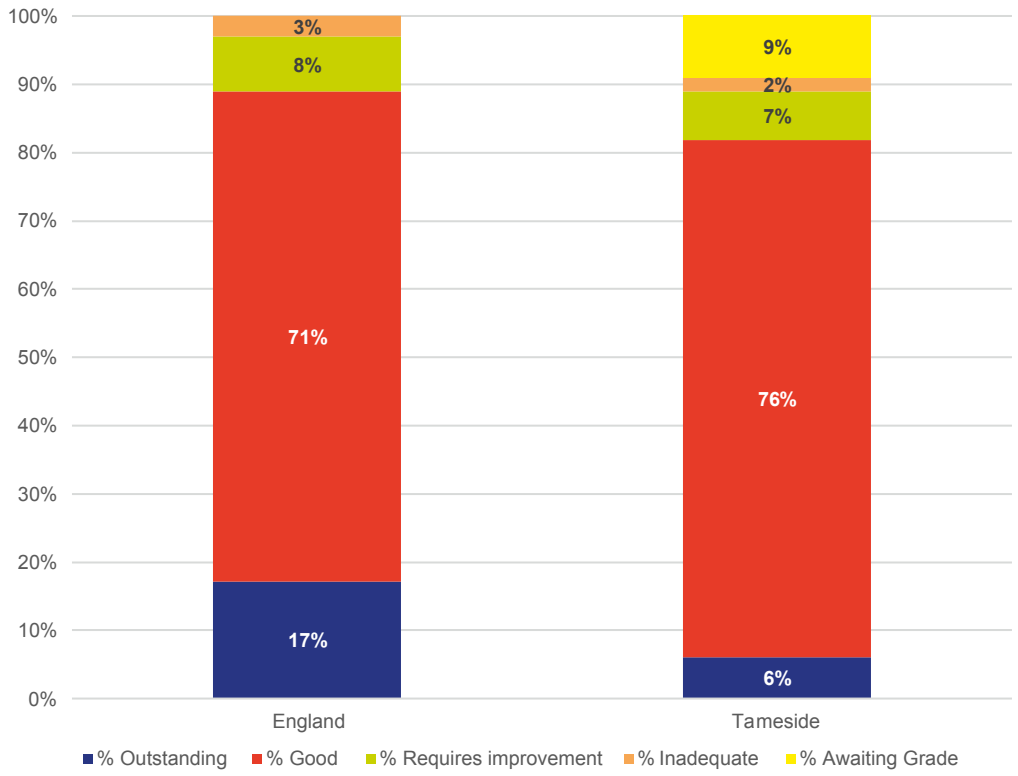
6.7 What is the Quality of Education Like for SEND Pupils?

The OfSTED framework (OfSTED, 2019) is interested in the rounded quality of education. This would enable schools to capture the whole range of their provision. The education inspection framework sets out the principles that apply to inspection, and the main judgements that inspectors make when carrying out inspections of maintained schools, academies, non-association independent schools, further education and skills providers and registered early years settings in England.

Figure 25 highlights the inspection results across all schools in Tameside. It shows that 76% of schools are rated 'GOOD', this is higher than the England average.

Tameside has a lower proportion of schools that are outstanding than the England average, however Tameside also has less schools that are rated inadequate or requiring improvement than the England average.

Figure 25: *Proportions of All Schools OfSTED Ratings at the end of 2022 - Source: OfSTED and Locally Held Schools Data*



The schools that were rated inadequate or needs improvement at their last inspection had similar outcomes for their students, for example:

- Progress of CYP was below expectations, in particular for disadvantaged children and children with SEND.
- Weak leadership.
- Poor attendance rates.
- Poor preparation of student's attainment progress.
- CYP not engaged in their learning.
- Curriculum not meeting the needs of students.
- Inconsistencies in teaching quality.

The schools that were rated outstanding at their last inspection had common themes across their reports, for example:

- Strong leadership.
- Students well supported.
- Attainment and progress in key subject areas is high.
- Very effective teaching.
- Detailed policies for example, behaviour policies.
- Very safe place for students and staff.
- Achievement of student outstanding.
- School provides very well for those with additional needs.
- Low exclusions and absence.
- School has a positive atmosphere.

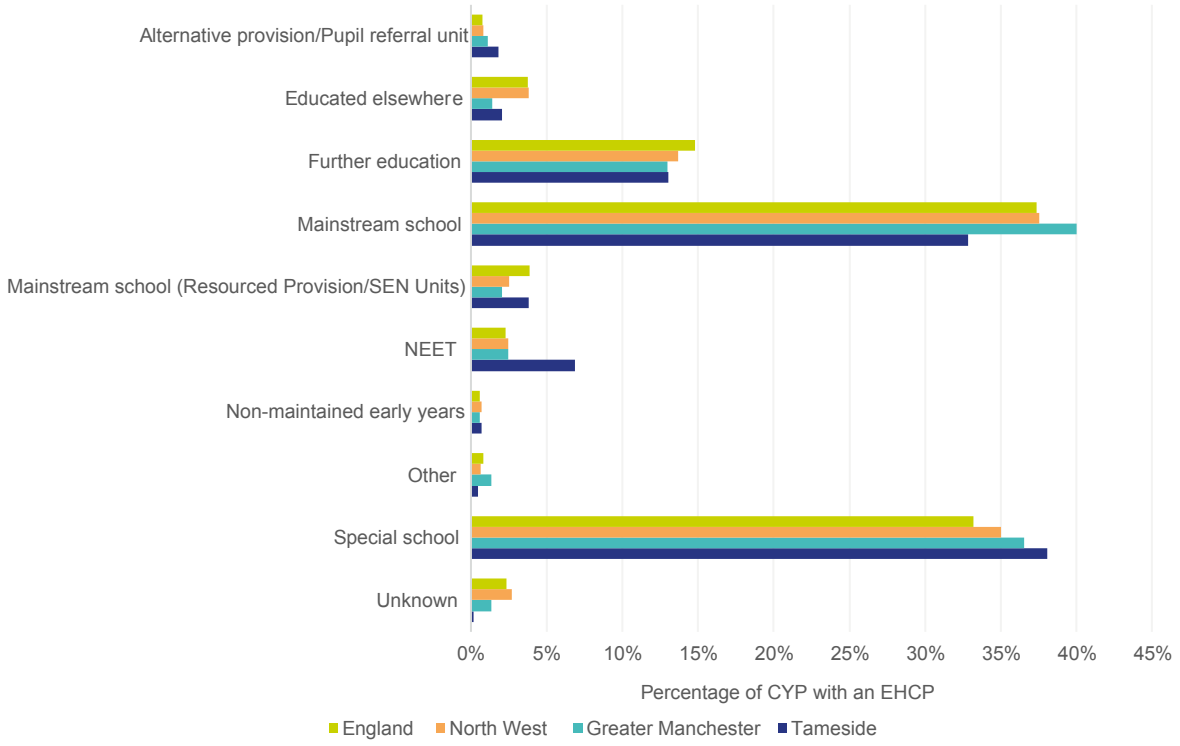
6.8 How does provision of SEND education compare with other areas?

Figure 26 compares the proportion of the SEND school-age cohort being educated in different educational settings in Tameside with other areas.

32.9% of CYP with SEND in Tameside are educated in mainstream schools. This is lower than the England, North West, and Greater Manchester averages. The highest proportion of CYP with EHC plans are educated in special schools in Tameside (38.1%), this is higher than the England, North West, and Greater Manchester averages. However, the previous section has highlighted that over time the proportion of young people with SEND attending special schools is reducing and the proportion attending mainstream school is increasing.

Tameside has the highest proportion of post 16 young people with EHC plans not in education, employment, or training (NEET), when compared to the average of Statistical Neighbours, regionally in the north west and England; which has seen a significant increase post COVID-19 and makes Tameside a particular outlier for this measure.

Figure 26: *Percentage of CYP with an EHCP by Education establishment Type and Area in 2023 (Most recent available year) - Source: SEN2 Data 2023*



6.9 What is the suspension, exclusion, and absence rates for pupils with SEND?

Suspensions and Permanent Exclusions

Every school has a behaviour policy, which lists the rules of conduct for CYP before and after school as well as during the school day.

Only the head teacher of a school can exclude a child or young person and this must be on disciplinary grounds. A child or young person may be excluded for one or more suspensions or fixed periods (up to a maximum of 45 school days in a single academic year), or permanently. A suspension does not have to be for a continuous period.

Figures 27/28 illustrate the proportion of fixed and permanent exclusions. It shows that for spring 2024 38% of all CYP who were given fixed term exclusion were CYP with SEND and of the permanent exclusions 34% were SEND. Compared to the proportion of CYP in school with SEND overall (as in figure 5), this demonstrates that children with SEND are overrepresented in numbers of fixed-term and permanent exclusions, so children with SEND are more likely to receive fixed-term and permanent exclusions.

This is to a lesser extent for permanent, compared to fixed term exclusions. It should be noted however in the case of permanent exclusion no child or young person with an EHCP was permanently excluded.

Figure 27: *Percentage of Spring Term Fixed Term Exclusions / Suspensions for SEND and non-SEND Pupils by Year – Source: School Census Spring Term 2016-2024*

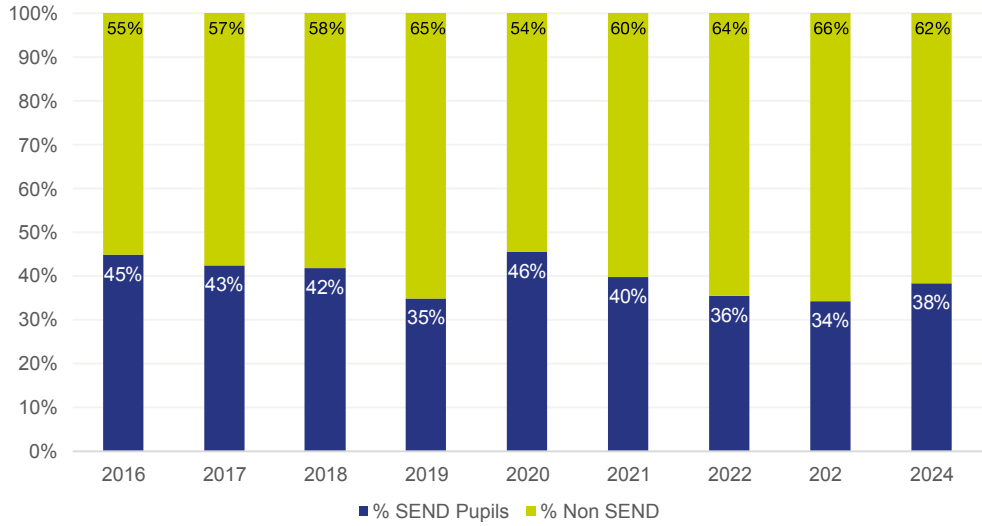
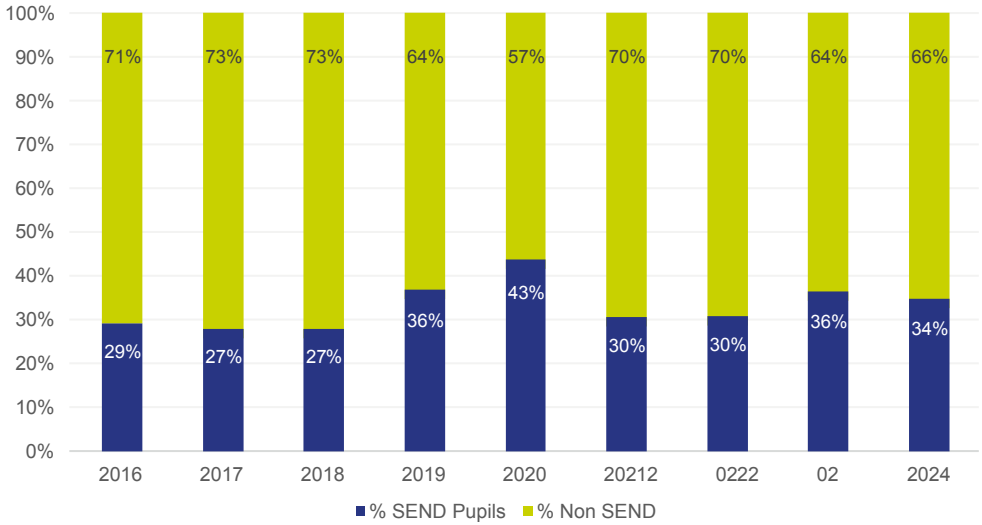


Figure 28: *Percentage of Spring Term Permanent Exclusions for SEND and non-SEND Pupils by Year – Source: School Census Spring Term 2016-2024*

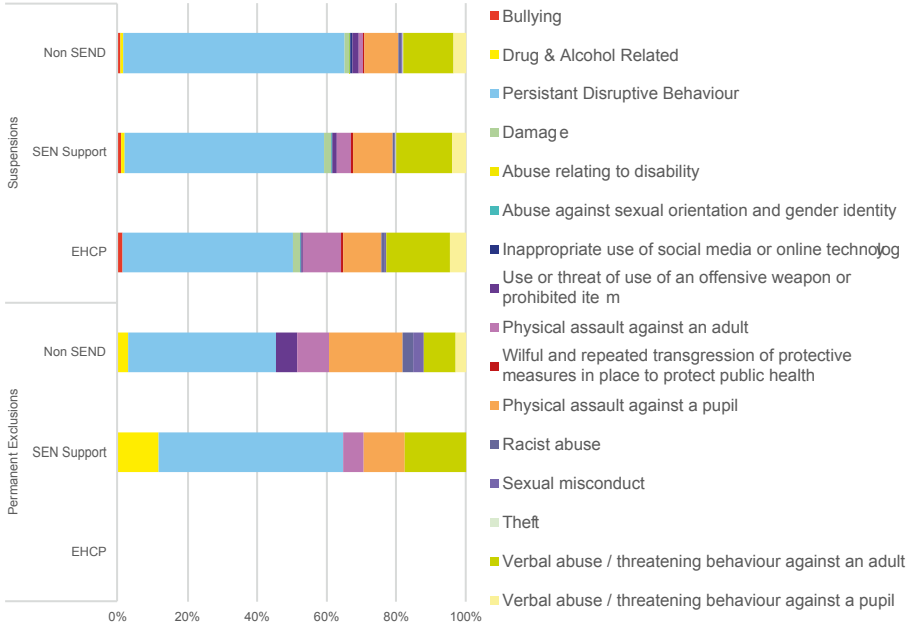


Reasons for Suspensions and Permanent Exclusions

There are many reasons why CYP with or without SEND get excluded from school. The graph below illustrates this. For children with SEN support and children with an EHCP the highest proportion of suspensions/fixed term exclusions was for persistent disruptive behaviour (57% and 49% respectively).

For those CYP permanently excluded the main reason for those with SEN support was persistent disruptive behaviour (53%).

Figure 29: *Permanent and Fixed Term Exclusions of non-SEND EHCP and SEN Support Pupils by Reason Source: School Census Spring Term 2024*



Suspensions and Permanent Exclusions Comparisons

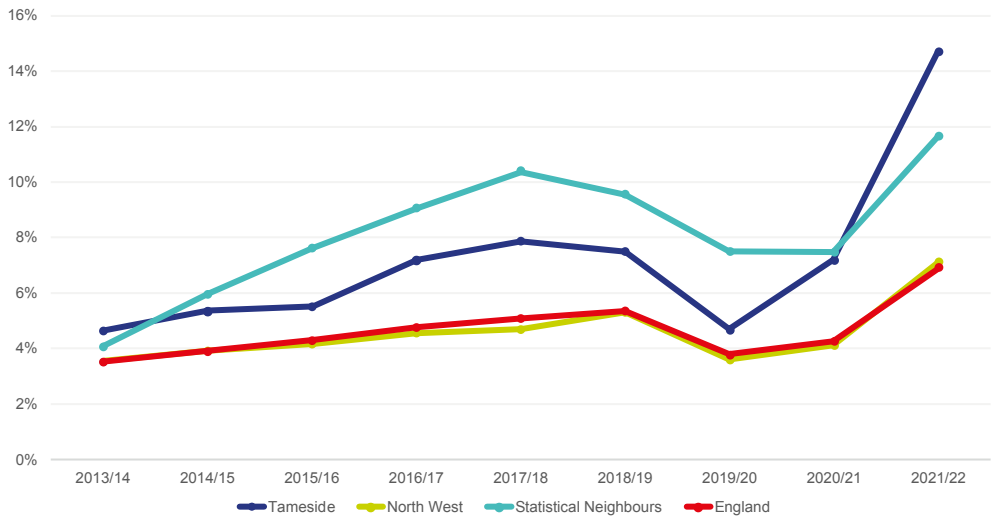
There is no data on local authority exclusions available at a national, regional, or statistical neighbour level for CYP with special educational needs, so the only comparisons that can be made are suspensions/fixed term exclusions is for all children with and without SEND.

The number of fixed term exclusions being issued has been increasing since 2013/14, which is a trend seen nationally, regionally, among statistical neighbours and within Tameside. During 2020 there was a reduction, which has been linked to disruption caused by the Covid-19 pandemic, followed by a large increase from 2021.

While this increase in fixed-term suspensions was seen nationally, regionally and among statistical neighbours, the increase in Tameside was steeper and there is currently a higher level of fixed-term exclusions among all children than our statistical neighbour average.

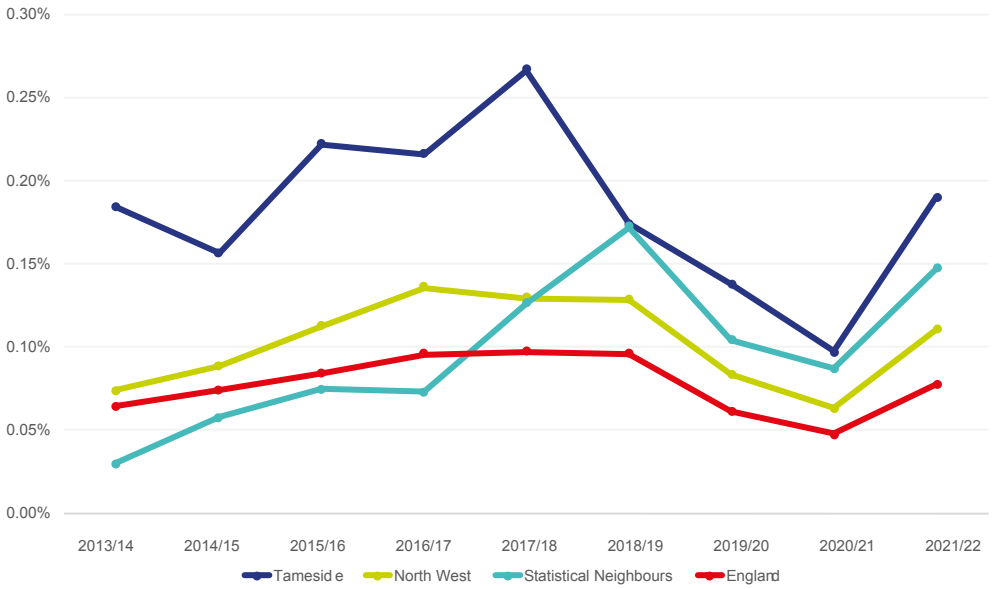
Permanent exclusions follow a similar pattern with Tameside having higher levels of permanent exclusions when compared to England, the North West, and our closest statistical neighbours.

Figure 30: *Suspensions (All Children) by Area Over Time as a Percentage of the Total School Population – Source: LAIT March 2024 Edition*



However, it should be noted that the level of permanent exclusions was already reducing before the Covid-19 pandemic, and despite the more recent increase, has not returned to the high rates seen in Tameside in 2017/18.

Figure 31: *Permanent Exclusions (All Children) by Area Over Time as a Percentage of the Total School Population – Source: LAIT March 2024 Edition*



Absences

Being in school is important to CYP's achievement, wellbeing, and wider development. Evidence shows that pupils who performed better both at the end of primary and secondary school missed fewer days than those who did not perform as well (Department for Education, 2023).

Pupils with Special Educational Needs and Disabilities (SEND) have significantly higher rates of absence than their peers, and the rate of absence in special schools is also higher than mainstream schools (House of Commons Education Committee, 2023).

Looking at school absence, for 2022/23 data shows that the proportion of sessions missed across the school term is higher in children with SEND. Figure 32 looks more in depth at Tameside's absenteeism.

Figure 32: *Percentage of Absenteeism in Tameside by SEN Support, EHCP and non-SEND Over Time - Source: Pupil absence in schools in England DfE Data March 2024*

	2017/18	2018/19	2020/21	2021/22	2022/23
Percentage overall absence for SEN support pupils	6.5%	6.0%	5.5%	9.0%	8.9%
Percentage overall absence for pupils with an EHCP	8.0%	9.0%	13.0%	10.3%	10.6%
Percentage overall absence for NON SEND pupils	4.4%	4.2%	3.6%	6.8%	6.3%

Of the pupils who have been absent:

	2017/18	2018/19	2020/21	2021/22	2022/23
"Percentage of Children who are persistent absentees (below 90% attendance) - SEN Support"	18.0%	15.7%	15.4%	27.4%	24.6%
"Percentage of Children who are persistent absentees (below 90% attendance) - EHCP"	24.1%	26.1%	41.6%	32.0%	31.2%
"Percentage of Children who are persistent absentees (below 90% attendance) - NON SEND"	9.2%	8.4%	7.9%	18.0%	16.1%
"Percentage of Children who are severe absentees (below 50% attendance) - SEN Support"	1.1%	1.2%	0.9%	2.3%	3.5%
"Percentage of Children who are severe absentees (below 50% attendance) - EHCP"	2.0%	2.9%	4.8%	3.0%	4.6%
"Percentage of Children who are severe absentees (below 50% attendance) - NON SEND"	0.5%	0.6%	0.5%	1.2%	1.4%

This shows over time that CYP with an EHC plan in Tameside have an overall absence rate that is nearly twice as high as CYP with no SEND. With both SEN support or an EHCP pupils are more likely also to be either persistent or severe absentees from school. This data also shows that over the most recent 5 years, absence rates in all groups have increased, particularly since 2021, which has been linked to the impact of disruption from the Covid-19 pandemic.

This increase has been seen in both SEND and non-SEND pupils and for 'persistent absentees,' the gap between children with SEND and those who are non-SEND has remained similar. However, the gap between children with SEND and those who are non-SEND for 'severe absentees' has increased over time, with a growing proportion of children with SEND having below 50% attendance compared to non-SEND.

Figure 33: *Percentage of Absenteeism by SEN Support, EHCP and non-SEND by Area in 2022/23 - Source: Pupil absence in schools in England DfE Data March 2024*

	Tameside	Greater Manchester	North West	England
Percentage overall absence for SEN support pupils	8.9%	9.7%	10.0%	10.2%
Percentage overall absence for pupils with an EHCP	10.6%	12.0%	12.1%	12.3%
Percentage overall absence for NON SEND pupils	6.3%	6.5%	6.6%	6.6%

When compared to the Greater Manchester, North West, and England averages in 2022/23, Tameside has lower rates of absence overall as highlighted in figure 33.

Additionally, when compared to the Greater Manchester, North West, and England averages in 2022/23, Tameside has lower rates of absences for both persistent and severe absentees as highlighted in figure 34.

Figure 34: *Percentage of Absenteeism by SEN Support, EHCP and non-SEND by Area for Persistent and Severe Absentees in 2022/23 - Source: Pupil absence in schools in England DfE Data March 2024*

	Tameside	Greater Manchester	North West	England
"Percentage of Children who are persistent absentees (below 90% attendance) - SEN Support"	24.6%	29.6%	30.6%	31.1%
"Percentage of Children who are persistent absentees (below 90% attendance) - EHCP"	31.2%	35.2%	34.8%	36.0%
"Percentage of Children who are persistent absentees (below 90% attendance) - NON SEND"	16.1%	18.0%	18.6%	18.4%

"Percentage of Children who are severe absentees (below 50% attendance) - SEN Support"	3.5%	3.5%	3.6%	3.8%
"Percentage of Children who are severe absentees (below 50% attendance) - EHCP"	4.6%	5.8%	5.8%	5.9%
"Percentage of Children who are severe absentees (below 50% attendance) - NON SEND"	1.4%	1.1%	1.2%	1.2%

6.10 What are the educational and employment outcomes for pupils with SEND?

The school system provides additional help because not all CYP learn at the same rate and some need additional support. The national curriculum is organised into blocks of years called 'key stages' (KS). At the end of each key stage, CYP will formally be assessed.

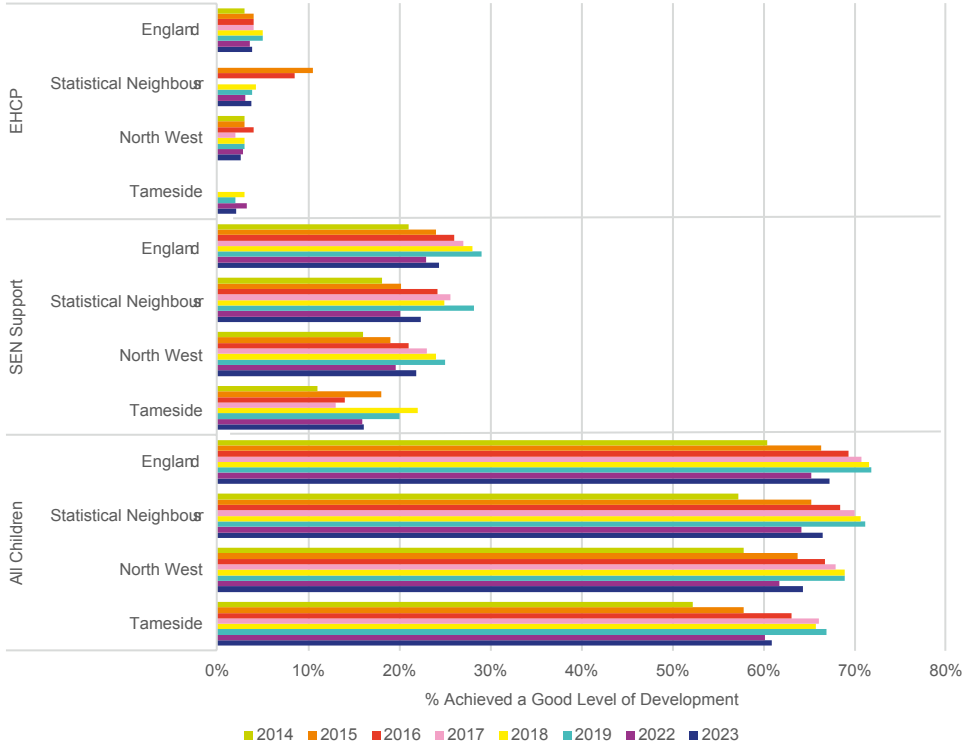
Statistics show that young people with SEND are significantly less likely to be in work and, on average, have much lower earnings 15 years after Key Stage 4 (GCSE's stage) (Department for Education, 2021). Below is a summary of the current educational outcomes for Tameside children with SEND at key testing/transition points.

Reception Foundation Stage - Good Level of Development

The first key assessment stage is the 'Early Years Foundation Stage' or school readiness.

There is a large gap in the proportion of children with SEND achieving a good level of development and all children. This is seen nationally.

Figure 35: *Percentage Achieving a Good Level of Development by SEN cohort 2014-2023 (gap for 2020 and 2021 owing to COVID-19) - Source: LAIT March 2024 Edition*



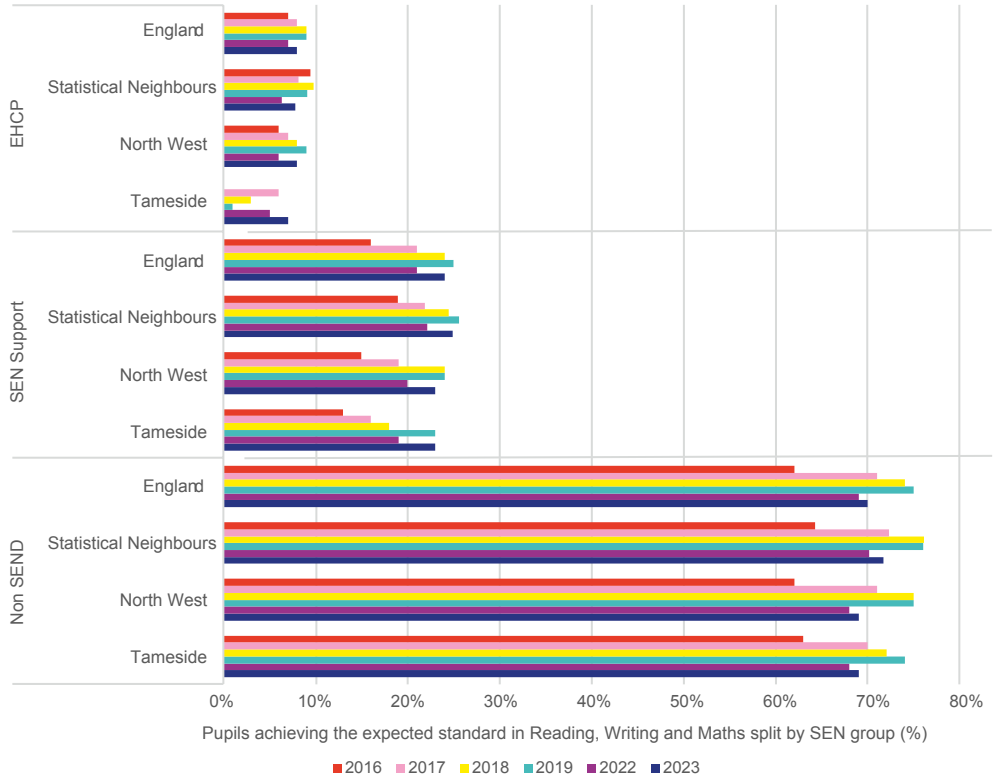
Over time, for both SEN support and all children, the proportion was increasing until this was disrupted during the COVID-19 pandemic, following which there was a big drop nationally – although there have been changes nationally to how this measure is calculated.

The longer term trend is less clear for ECHP. School readiness for children across Tameside as of 2023 was 60.9%, this is a slight increase from 2022 but still lower than the England, North West, and statistical neighbour averages (comparisons prior to 2022 cannot be made as there were changes to how the measure is calculated). For children with SEN support 16.1% of children were ready for school compared to 22% in the North West and 24% in England; and for children with an EHCP 2.1% were ready for school in 2023 compared to 4% of statistical neighbours and 4% in England.

Key Stage 2 – End of Primary School

Key stage 2 is an assessment stage completed at ages 7 to 11 years. It includes assessment around English reading, English grammar, punctuation and spelling and maths.

Figure 36: *Percentage Achieving the Expected Standard at Key Stage 2 in English, Writing and Mathematics by SEN cohort 2016-2023 (gap for 2020 and 2021 owing to COVID-19) - Source: LAIT March 2024 Edition*



Comparing outcomes at key stage 2 for children with SEND, the chart above illustrates the disparity in outcomes between children with SEND and children with no identified SEN need.

In Tameside only 7% of children at key stage two with an EHC plan achieved the expected standards in reading, writing and maths. This is significantly lower than our statistical neighbours, the north west and England, however over time significant progress has been made to close the gap, from 2019 where only 1% achieved the expected standard. For Children with SEN support 23% achieved the expected standard, similar to the North West average but significantly lower than Tameside's statistical neighbours and England averages, however this has recovered to pre COVID-19 levels in Tameside.

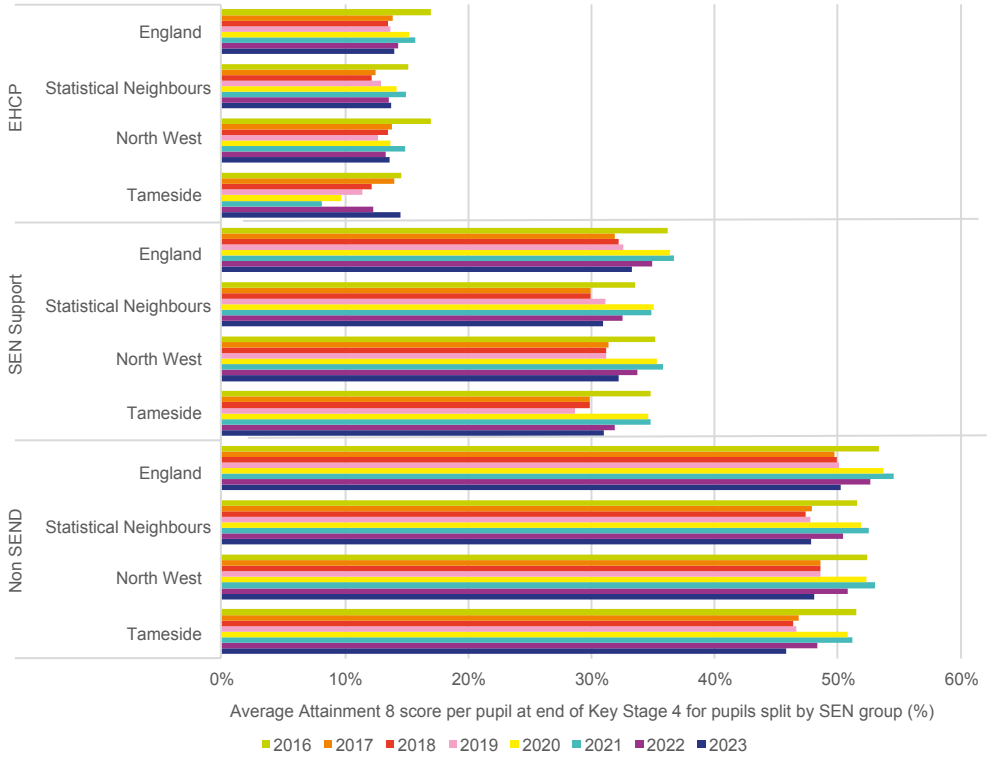
The proportions and trends achieving the expected standards in Tameside at Key Stage 2 are similar to the Early Years Foundation Stage, however it should be noted that the proportion achieving this in the EHCP cohort is higher at Key Stage 2.

Attainment 8 – GCSE/Key Stage 4 Attainment – End of High School

Attainment 8 measures the average achievement of pupils in up to 8 qualifications including English, Maths, three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications or any other non-GCSE qualifications on the DfE approved list. Comparing outcomes at key stage 4 for children with SEND, the chart below illustrates the disparity in outcomes between children with SEND and children with no identified SEN need.

In regard to CYP with SEND with and ECHP Tameside has a higher percentage who achieve attainment 8 at key stage 4 when compared to the North West, Statistical Neighbour and England averages, however for SEN support the average percentage achieving is less than the north west and England average. For non-SEND pupils the percentage is lower than the north west, statistical neighbour, and England averages. In all areas, including Tameside, the performance among children with SEN support and non-SEND has declined in recent years and overall, the gap is smaller between non-SEND and children with SEND, compared to the previous attainment measures at early years and Key Stage 2. However, it should be noted that this trend differs among the EHCP cohort, with substantial increases in attainment in recent years in Tameside.

Figure 37: *Percentage Achieving Attainment 8 by SEN cohort 2016-2023 - Source: LAIT March 2024 Edition*



Progress 8 – Progress Made Between Key Stage 2 and Key Stage 4 (GCSE's) – End of High School

Progress 8 aims to capture the progress a pupil makes from the end of key stage 2 (end of primary school) to the end of key stage 4 (end of secondary/high school). It compares pupils' achievement – their Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school.

Progress 8 is a relative measure, therefore the national average Progress 8 score for mainstream schools is very close to zero. When including pupils at special schools the national average is not zero as Progress 8 scores for special schools are calculated using Attainment 8 estimates based on pupils in mainstream schools.

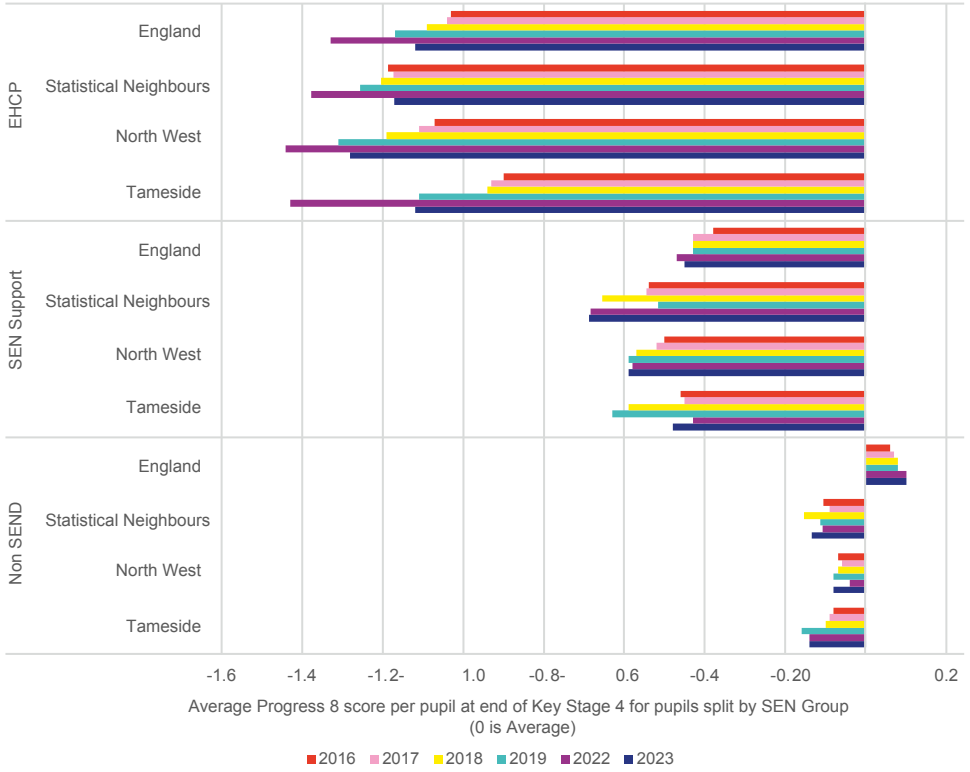
Comparing progress at key stage 4 for children with SEND, the chart below illustrates the disparity in outcomes between children with SEND and children with no identified SEN need.

It highlights that in Tameside, negative scores are seen for both the group with EHC plans (-1.12) and those receiving SEN support (-0.48). This compares to an average score of -0.14 for those with no identified SEND. However, for young people with EHC plans, Tameside performs better than the north west and statistical neighbours and is comparable to the England average in 2023.

For CYP with SEN support, Tameside performs similar to England but is better than the north west and statistical neighbour average. For CYP with no SEND identified, Tameside performs worse than the north west, statistical neighbours, and the England averages.

Trends over time show that since 2016 average Progress 8 scores for key stage four young people with SEN support and ECH plans has decreased year on year, with 2022 achievement being the lowest over the years (excluding COVID-19 years). In 2023 there was improvement but overall, this has been a declining trend.

Figure 38: *Progress 8 score by SEN cohort 2016-2023 (nationally for all pupils will be near 0) (gap for 2020 and 2021 owing to COVID-19) - Source: LAIT March 2024 Edition*



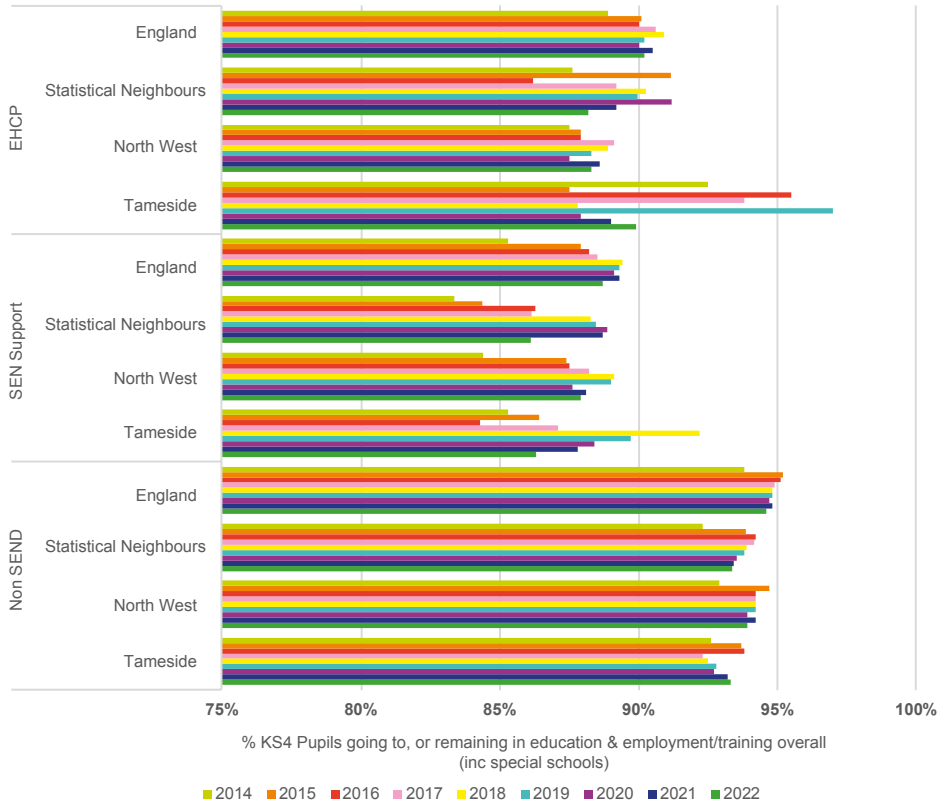
High School Leavers – Remaining in Education or Moving to Employment or Training

The law requires all young people in England to continue in education or training until at least their 18th birthday and Local authorities have broad duties to encourage, enable and assist young people to participate in education or training (Public Services Committee, 2023).

Improving education attainment and raising employment rates among disadvantaged groups are key targets for the current government. This measure reports on all SEN young people in Key Stage 4 (KS4) in a specified academic year and identifies who has stayed in an Education, Employment or Training setting.

Figure 39 illustrates that in 2018, 86% of young people with SEN support and 90% of young people with EHC plans were in education, training, or employment (EET) after leaving school in year 11 in 2022. For EHCP this is higher than the north west and statistical neighbour averages and similar to the England average, however for those with SEN support the percentage is lower than the England and north west average.

Figure 39: *KS4 Leavers Remaining in Education, Employment or Training by SEN cohort 2014-2023 - Source: LAIT March 2024 Edition*



Overall Tameside has had a decreasing trend for both those with an EHCP and SEN support remaining in EET over time. Additionally, 14% of young people with an EHC plan and 10% with SEN support were not in education, employment of training (NEET) or their status was unknown. For young people with an EHCP, there has been large variation year on year, with some previous years having a particularly high rate, which has since reduced. Some of this variation may be due to chance and normal fluctuations due to the smaller numbers of young people in this EHCP group.

The transition from secondary school to further education or employment can be challenging for many young people with SEND and their parents/carers. The standard 0 to 25 year offer is intended to help address some of these challenges allowing young people to transition more smoothly with support for longer.

Qualifications

Good qualifications and skills will increase earnings and directly links higher qualification/skill levels to higher productivity and hence a greater probability of employment and higher earnings and income, and a lower risk of poverty (House of Lords, 2024). CYP from a disadvantaged background are less likely to get good GCSEs and go on to higher education.

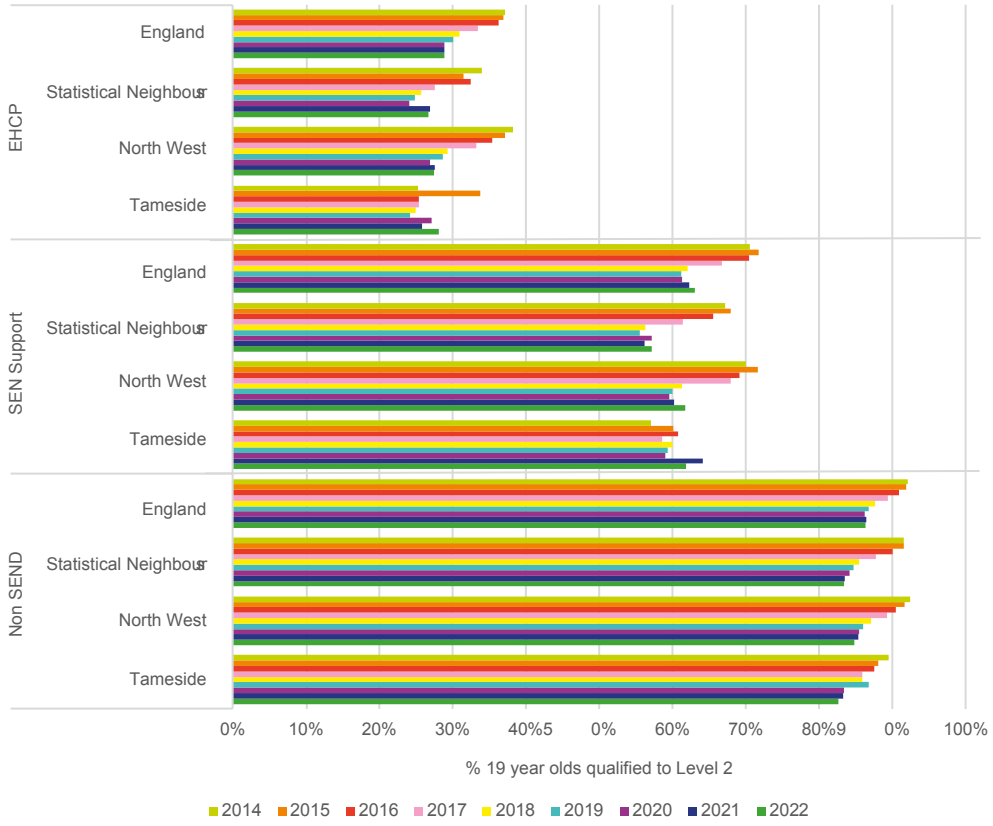
The effects of this slow start can last a lifetime, widening social inequality. CYP with SEND might face significantly greater challenges in learning than the majority of their peers or have a disability which hinders their access to the teaching and facilities typically found in mainstream educational settings.

19 Year Olds Qualified to Level 2 (GCSE)

Attainment of Level 2 equates to achievement of 5 or more GCSEs at grades 9-4 (former A*-C) or an equivalent Level 2 vocational qualification by the time a young person is 19 years of age. Figure 40 illustrates the differences between young people with SEND and their peers when it comes to qualification attainment at age 19 years.

Young people receiving SEN support are 20% less likely to gain level 2 qualifications and young people with an EHC plan 55% less likely to gain level 2 qualifications. Over time Tameside has managed to close the gap somewhat but there are still the highlighted disparities between SEND and non-SEND pupils.

Figure 40: *19 Year Olds achieving Level 2 Qualifications by SEN cohort Over Time 2014-2022 - Source: LAIT March 2024 Edition*

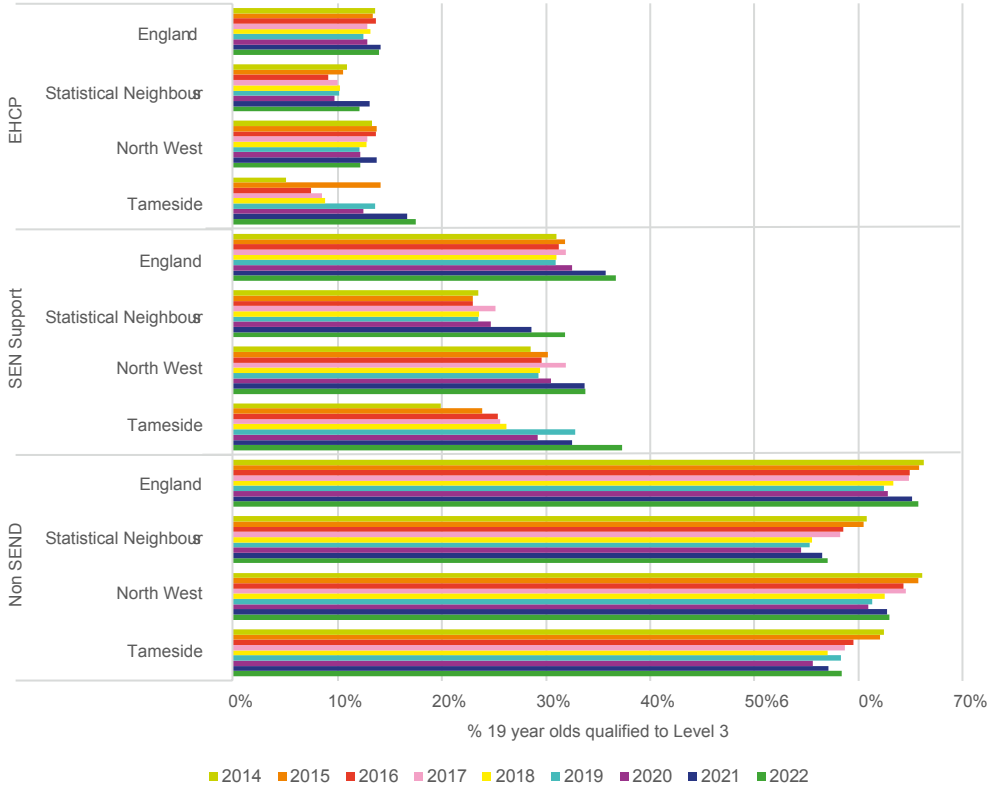


19 Year Olds Qualified to Level 3 (Vocational or A-Level)

Attainment at Level 3 equates to achievement of 2 or more A-levels or equivalent vocational qualifications by the time a young person is 19 years of age. The chart below illustrates the differences between young people with SEND and their peers when it comes to qualification attainment at age 19 years to Level 3. Young people receiving SEN support are 21.1% less likely to gain level 3 qualifications and young people with an EHC plan 40.9% less likely to gain level 3 qualifications.

Over time Tameside has managed to close the gap somewhat, with particular increases in the last two years for EHCP and SEN support groups and is higher for attainment of these qualifications compared to the north west, statistical neighbour and England averages, but there are still the highlighted disparities between SEND and non-SEND pupils.

Figure 41: *19 Year Olds achieving Level 3 Qualifications by SEN cohort Over Time 2014-2022 - Source: LAIT March 2024 Edition*



Employment and SEND

Research consistently demonstrates lower employment rates among individuals with SEND compared to their non-SEND peers. According to the Office for National Statistics (ONS), in 2023, the employment rate for disabled people of working age (16-64 years) was 53.6%, compared with 82.5% for non-disabled people (Department for Work & Pensions, 2023). Individuals with SEND often encounter various barriers to employment, including discrimination, lack of reasonable adjustments, inaccessible workplaces, and limited opportunities for skills development and training (Baines, 2011).

Additionally, many individuals with SEND experience unemployment or underemployment, often due to a mismatch between their skills and abilities and the demands of available jobs. This can contribute to social exclusion, poverty, and reduced quality of life.

Figure 42 is a summary of data for Tameside, specifically related to Learning Disabilities and employment.

Figure 42: *Employment with a Learning Disability Summary Data - Source: OHID Fingertips*

Indicator	Period	Tameside			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	2021/22	–	-	72.4	70.6	80.9		46.4
Proportion of supported working age adults with learning disability in paid employment (%)	2019/20	↑	50	8.1%	5.6%	0.4%		27.8%
The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	2021/22	→	17	3.4%	4.8%	0.3%		21.8%

The above data highlights that there are similar levels of support for learning disabilities in employment and gap in employment for those with a learning disability in Tameside as the England average. However, Tameside has slightly higher proportion of those with a learning disability in paid employment although this data has a time-lag and is before COVID-19 which could have affected this.

6.11 Youth Offending and SEND

Research consistently highlights a disproportionately high prevalence of SEND among youth offenders.

For example, (Ministry of Justice & Department for Education, 2016) found that over 76% of young offenders had behavioural, emotional, and social difficulties. There is growing recognition of the link between certain types of SEND and offending behaviour. For instance, communication difficulties or social, emotional, and mental health needs can increase vulnerability to involvement in criminal activities. Identifying and addressing the SEND needs of young offenders within the justice system poses significant challenges.

Often, these individuals may have complex needs that require specialised support, which may not be readily available within the criminal justice system. Young offenders with SEND often face barriers to accessing appropriate support and services both within and outside of the justice system. This can exacerbate their vulnerabilities and increase the risk of reoffending (Ministry of Justice (Charlie Taylor), 2016).

Within Tameside, as highlighted in figure 43, CYP with an EHCP are disproportionately over-represented in Tameside's youth justice system. Additionally for the statutory caseload, which is mandated via the courts, the EHCP cohort makes up just over a quarter of all young people.

Figure 43: *Tameside Youth Justice Caseload – Percentage with and EHCP – Source: Tameside Youth Justice Service*

Year	% with EHCP		
	Whole Caseload	Statutory Caseload	Assessment/ Prevention/Diversion
2020/21	22%	27%	22%
2021/22	27%	33%	25%
2022/23	24%	26%	24%
2023/24	22%	28%	24%

Within Tameside the Youth Justice service work with young offenders in a preventative as well as statutory capacity in order to reduce reoffending and prevent offending behaviour. The trend over time in the above data highlights a relatively stable trend of young people with an EHCP as a percentage of the youth justice caseload in the different categories. Owing to restrictions on reporting data, no nationally published data is available in this area to allow for national comparisons.

7. Health and Wellbeing of CYP aged 0-25 Years

Health and wellbeing outcomes for CYP in Tameside are generally worse than the England average. This section of the JSNA will explore this in more detail and will look at the main health and wellbeing outcomes for our CYP.

It is currently not possible to link educational and health records of CYP with SEND and so the health data presented here is for the entire 0 to 25 population in Tameside.

Long term trends in child health have seen broad improvements, particularly in relation to infectious disease and children living with serious illness and disability. However, there is still room for improvement as CYP in Tameside have relatively poorer health outcomes compared to other areas and England.

For example:

- Child mortality rates are significantly higher than the England average.
- Under 18 conception rates are significantly higher than the England average.
- Very low levels of breast feeding compared to England.
- One of the highest rates of hospital admissions for Asthma (for under 19s) in the country.
- Only 51.1% of CYP are physically active.
- Nearly a quarter or reception aged children and more than a third of year 6 children are overweight or obese.

More information on Tameside's current health picture for CYP can be found on the Office of Health Improvement and Disparities Fingertips tool.

7.1 Primary Care

There were 67,580 CYP aged 0-25 years registered with a GP in Tameside in April 2024. The 0-25 year's age group are 29.9% of the total registered GP population with a practice in Tameside which is slightly higher than the England average of 29.4%.

The 0-25 population registered at a practice in Tameside account for approximately:

- 28% of all A&E attendances
- 15% of all urgent care admissions
- 10% of planned care outpatient appointments.

(Source GM Tableau Dashboards – Emergency Care, Inpatient Attendance and Outpatients, May 2024)

Figure 44: *0-25 Year Olds Registered with a GP Population by Primary Care Network / Neighbourhood - Source: NHS Digital GP Practice Registers April 2024*

Primary Care Network	Neighbourhood	Total 0-25 Population	"Males 0-25"	"Females 0-25"
Ashton	North	18,324	9,513	8,811
Denton	West	15,022	7,627	7,395
Hyde	South	21,819	11,094	10,725
Stalybridge	East	12,415	6,458	5,957
	Total	67,580	34,692	32,888

The concept of disability is less clearly defined than that of SEN. Some forms of physical impairment are short-lived, while the functional impact of a given diagnosis is highly variable.
Usually, Primary Care is one of the first points of contact for CYP with SEND and plays a key role in managing conditions relating to SEND. Owing to changes in the collation of data, it is not currently possible to obtain a breakdown of CYP's usage of GP appointments, with a key recommendation to work with the Greater Manchester Integrated Care Board to obtain access to data through the secure data environment.

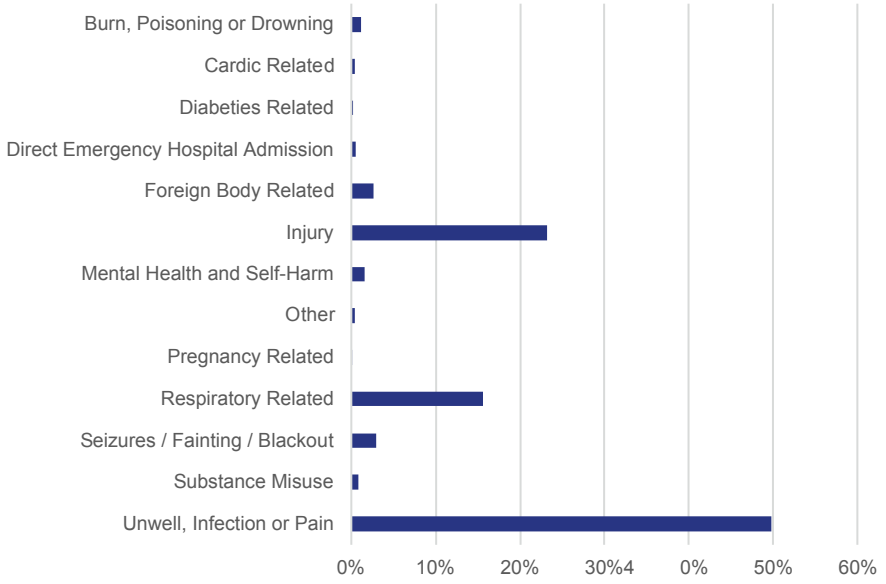
However, within primary care annual health checks for individuals with learning disabilities are crucial for early detection and management of health issues. These checks help to identify any potential health problems before they become serious, ensuring timely and appropriate intervention. Annual learning disability health checks begin at age 14 for those patients who are held on the learning disabilities register. Within Tameside for 2023/2024 75.4% of all those on the learning disabilities register received an annual health check and is around the England average. *(Source GM Tableau Dashboards-SEND Performance)*

7.2 Secondary Care - A&E attendances

In 2023 there were 32,445 A&E attendances for CYP aged 0-25 years. The main reasons for attendance (excluding blanks – or non-coded attendances) are illustrated in figure 45.

It can be seen that the highest proportion of attendances were for general illness and injuries. There were however attendances for mental health and self-harm (1.6%) and alcohol and drug misuse (1%). It should also be noted just over 15% of attendances related to respiratory causes – inclusive of coughs, Asthma and breathing difficulties, and Tameside has the highest hospital admission rates for Asthma for under 19's in England.

Figure 45: *Percentage of A&E Attendances by Main Presenting Problem in 2023 - Source: Tameside Sub Integrated Care Partnership A&E SNOMED Code Data 2023*



A caveat with this data is that these categories are broad and there are recognised coding quality challenges in acute environments such as A&E, therefore there is limited analysis to draw from this data.

7.3 Secondary Care – Hospital Admissions

In 2022/23 there were 4,625 emergency admissions for CYP aged 0-18 years from Tameside. This is a decrease on 2019/20 (pre COVID-19) where there were 5,750 emergency admissions (Office for Health Improvemnet & Disparities, 2024). Figure 46 highlights the top ten main reasons why CYP aged 0-25 years are admitted to hospital as an emergency, taken from local data (Hospital Episode Statistics) for 2023.

Figure 46: *Top Ten Reasons for Emergency Hospital Admission for 0-25 Year Olds in 2023 – Source: Hospital Episode Statistics 2023*

Primary Diagnosis Category	Number of Emergency Admissions
Other acute lower respiratory infections	542
Other viral diseases	438
Acute upper respiratory infections	437
Symptoms and signs involving the circulatory and respiratory systems	256
Symptoms and signs involving the digestive system and abdomen	244
Chronic lower respiratory diseases	223
General symptoms and signs	202
Intestinal infectious diseases	170
Other maternal disorders predominantly related to pregnancy	111
Haemorrhagic and haematological disorders of fetus and newborn	108

This highlights that of the top ten primary reasons for emergency admission, five are due to acute conditions of disease and infection. There are however high admissions for chronic disease, which is indicative of Asthma related admissions and two of the top ten primary reasons are pregnancy or newborn related.

7.4 Community Health Activity

Community health activities for individuals aged 0-25 in Tameside encompass a broad range of initiatives aimed at promoting physical, mental, and social well-being. Services discussed here encompass mental health and therapies and also SEND Family Support. Below are services that support, identify, or relate to CYP with SEND.

Health Visiting Service

Health Visiting is a universal service and therefore has an important role in the early identification of children who have or may have special educational needs or disability. This is provided through the processes of routine developmental surveillance as part of the national Healthy Child Programme, outcomes-focussed interventions, and the building of supportive relationships with parents.

The Ages and Stages Questionnaire (ASQ) is used to support the health and development reviews all children are offered at 6-8 weeks, 9-12 months and 2-2 ½ years, so that each child's developmental progress is objectively tracked.

All families receive a new birth visit, and parents are also offered an antenatal contact in the third trimester of pregnancy, as well as additional support and child development assessments according to level of need.

Health Visitors are responsible for ensuring that all children have received the new born blood spot screening programme, which identifies a number of serious diseases within the first weeks of life. Health Visitors also have a strong focus on parent-infant mental health, which is an important foundation of healthy child development.

For many the first professional identification of need comes through an ASQ at the 2 to 2½ year check. The below table highlights Tameside's Health Visiting activity for this age group with the percentages of those who are at the expected developmental stage.

Figure 47: *Percentage of Children at the specified level of development according to the Ages and Stages Questionnaire 3 Conducted at 2 - 2½ Years Old by Category Over Time*

Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Trendline
Percentage of children who received a 2-2½ year review using ASQ 3	90.4%	96.1%	93.9%	95.1%	96.5%	99.2%	
Percentage of children who were at or above the expected level in communication skills	90.5%	89.2%	87.8%	82.4%	81.2%	84.5%	
Percentage of children who were at or above the expected level in gross motor skills	93.7%	95.2%	96.0%	95.3%	93.5%	94.4%	
Percentage of children who were at or above the expected level in fine motor skills	93.7%	96.3%	96.7%	95.1%	93.3%	95.6%	
Percentage of children who were at or above the expected level in problem solving skills	97.4%	97.0%	97.0%	94.8%	93.3%	94.2%	
Percentage of children who were at or above the expected level in personal-social skills	94.9%	95.8%	95.7%	93.1%	91.4%	92.0%	
Percentage of children who were at or above the expected level in all five areas of development	93.3%	89.7%	92.2%	83.7%	78.0%	81.4%	

Figure 47 highlights that there has been a significant reduction in those achieving the expected level of development during the years impacted by the COVID-19 pandemic, although the data suggests that this is slowly increasing to pre-COVID-19 levels. It should be noted however that there has also been an increase in the proportion of children receiving a review using ASQ3, so this increased uptake may have influenced some of the changes in the above results. The reduction in children at or above the expected level in communication skills, compared to 2018/19 is substantial.

Early identification of potential difficulties is crucial, so that tailored support can be provided as early as possible.

Children access this support through early intervention pathways, focussing on developmental areas such as communication or motor development; these typically involve attending groups in family hubs, and some may progress to accessing therapy.

Health Visitors inform the Inclusion Team in the local authority if their assessment at any point in early life suggests that a child has or may have special educational need – under Section 23 of the Children and Families Act (2014).

Figure 48: *Number of Section 23's Sent to the Local Authority from Health Visitors and School Nurses for notification of SEND Needs*

Date Received	Section 23s Received	From Health Visitors	From Community Nurses
2019	4	1	3
2020	3	0	3
2021	40	20	20
2022	161	75	86
2023	190	69	121
2024 (Year to April)	32	23	9
Other (Date Not Specified)	30	13	17

As highlighted in the above chart the number of referrals is low in comparison to for example, the known numbers of children not achieving the required level of development at the 2-2½ year check (19.6% of the 2-2½ year population).

School Nursing Service

School Nursing is a commissioned universal public health service for CYP of school age, 0-19. The service is delivered by a team led by Specialist Public health Community Practitioners who are qualified Nurses with additional training in Public Health. The aim of the service is to ensure that children, young people, and their families have access to a core programme of preventative health care and additional care based on need where required.

The universal Healthy Child Programme includes targeted immunisations and screening reviews. The service is available to both those accessing formal education and being educated at home. Parents of Reception and Year 6 children are sent a health questionnaire, inviting them to identify any issues or concerns they may have about their child's health and development. The children's vision, hearing, height, and weight are reviewed.

If any concerns are identified, the School Nurse engages with parents, Paediatricians, School, Social Care and any other identified agency to formulate a plan to support the child and their family.

School Nurses will support with:

- Writing of individual EHCPs for children with additional needs.
- Providing or facilitating specific training for staff to support CYP in school.
- Ensuring that referrals to appropriate services are undertaken and care for family is coordinated.

All children with an EHCP in Tameside will have a named School Nurse who will be a point of contact in coordinating the child's care. In addition to this, the teams operate in the four neighbourhoods across Tameside, with every school having an identified team that supports it. It is important to note that support needs can be identified at any point, and these can be in the form of referrals from a young person, parents, school, or any other partners. Help is offered to children, young people, and their families as soon as a need is identified. Early identification is therefore key to ensuring that care is delivered in a timely way at the right time by the right person.

Referrals to SEND Community Health Services

Services involved in supporting CYP with SEND in Tameside report that they are dealing with increasing demands on their services, in excess of any increase in the SEND population itself. This suggests an increase in the complexity of needs within this group.

Figure 49 shows the number of referrals to a variety of SEND services across both the hospital and community. Owing to data gaps, not all services are contained within the list below. Moving forward there is a recommendation to capture this information within a SEND dashboard to ensure improved visibility of need for SEND community health services.

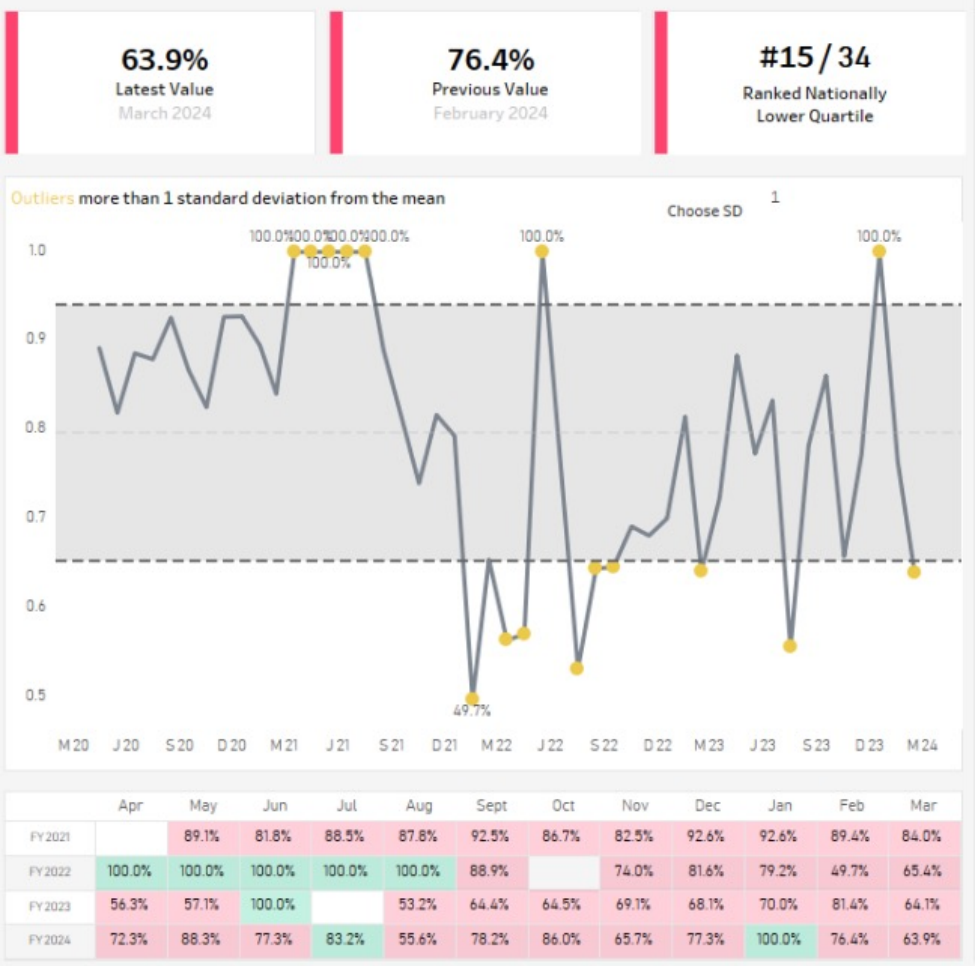
Figure 49: *Number of Referrals to Community Health Services Related to SEND in 2023/24 – Source: Greater Manchester ICB SEND Dashboard and Local SEND Health Dashboard*

SEND Services New Referrals	2023/24
Autism Assessment	1053
ADHD Assessment	1092
CAMHS	1739
Physiotherapy	294
Occupational Therapy	252
SALT Assessment	2093
Learning Disability Health Checks	448
Dietetic Assessment	975

Over the last 18 months there have been almost 20,000 contacts with the project SEND family support project to get earlier signposting, advice and support, and over 1,200 new families registered to receive information about earlier SEND Family Support.

Increased demand leads to increased waiting lists and times to access some services. Waiting times for children's therapy services are monitored against a 12 and 18 week standard. The Local and GM SEND Dashboard monitors the number of new referrals to services and the timeliness in which patients are seen in mental health and therapy services.

For mental health including the ND pathway, the demand is increasing to CAMHS (on an upwards trend), and even though the number of appointment slots has increased significantly to ensure that more people can be seen, on average only 80% are seen within 12 weeks and on average 75% receive treatment within 18 weeks. For both however Tameside is only slightly below the Greater Manchester average.



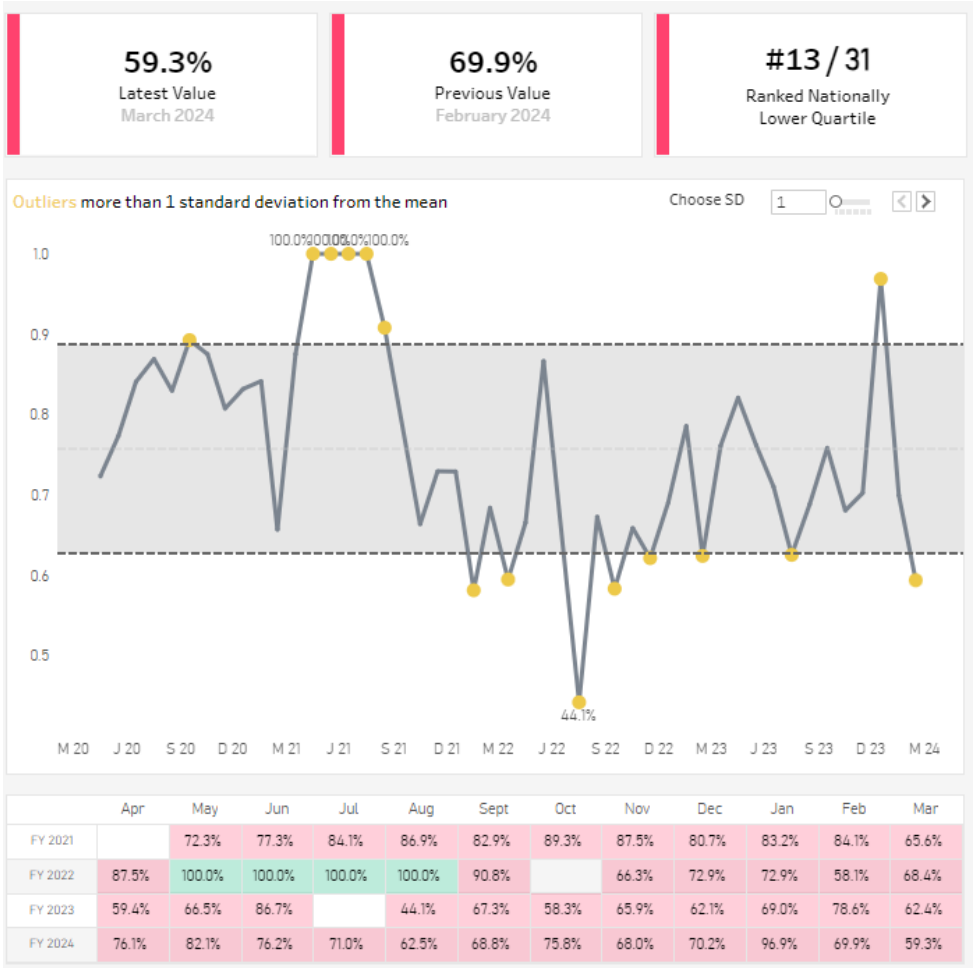
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
FY2021		89.1%	81.8%	88.5%	87.8%	92.5%	86.7%	82.5%	92.6%	92.6%	89.4%	84.0%
FY2022	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%		74.0%	81.6%	79.2%	49.7%	65.4%
FY2023	56.3%	57.1%	100.0%		53.2%	64.4%	64.5%	69.1%	68.1%	70.0%	81.4%	64.1%
FY2024	72.3%	88.3%	77.3%	83.2%	55.6%	78.2%	86.0%	65.7%	77.3%	100.0%	76.4%	63.9%

Figure 50: *CYP receiving first assessment within 12 weeks of referral - Source: Greater Manchester ICB SEND Dashboard*

The information in figures 50/51 illustrate that although some services are coping with demand and CYP are seen within standard times, A high proportion of services have considerably longer waiting times.

Long waiting periods to see specialist services and professionals can have a significant impact on outcomes for CYP and their family. The lack of early intervention could translate into more complex issues later – which could result in increased demand on schools or added costs in later years due to mental health issues or educational impacts.

Figure 51: *CYP receiving first assessment within 12 weeks of referral - Source: Greater Manchester ICB SEND Dashboard*



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
FY 2021		72.3%	77.3%	84.1%	86.9%	82.9%	89.3%	87.5%	80.7%	83.2%	84.1%	65.6%
FY 2022	87.5%	100.0%	100.0%	100.0%	100.0%	90.8%		66.3%	72.9%	72.9%	58.1%	68.4%
FY 2023	59.4%	66.5%	86.7%		44.1%	67.3%	58.3%	65.9%	62.1%	69.0%	78.6%	62.4%
FY 2024	76.1%	82.1%	76.2%	71.0%	62.5%	68.8%	75.8%	68.0%	70.2%	96.9%	69.9%	59.3%

Education, Health and Care Plans

If a child or young persons' needs are complex and cannot be adequately met through the resources available within the school, the local authority may conduct an Education, Health, and Care (EHC) Needs Assessment. Following a request for an assessment, the local authority must determine whether this is needed. All requests are considered against a set of conditions in line with legislation under the Children and Families Act 2014. A specialist panel, made up of relevant professionals, will help the local authority decide whether an EHC needs assessment is required.

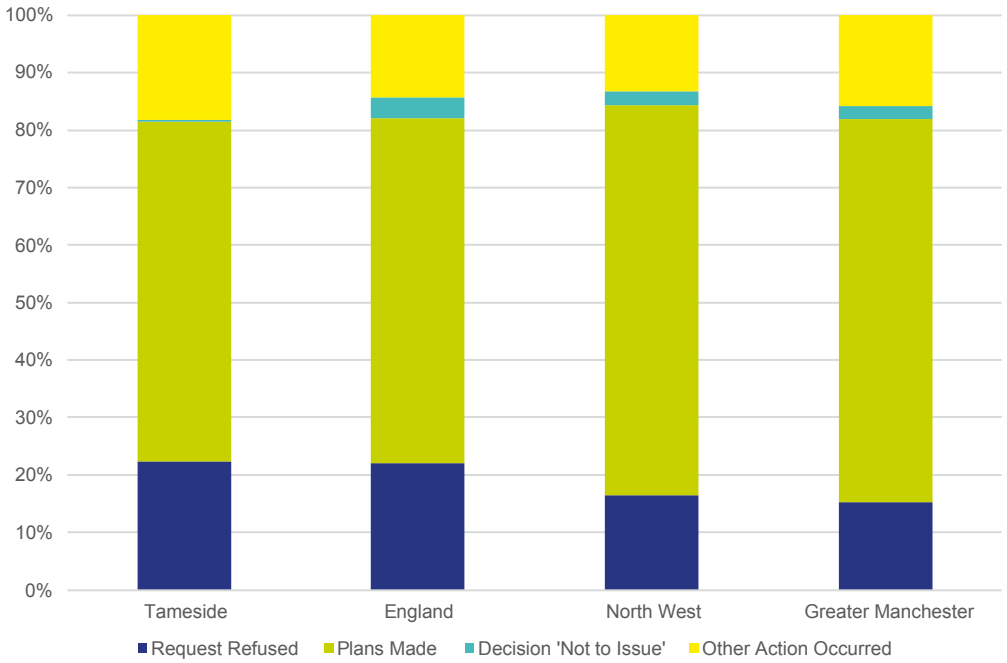
In 2023 Tameside had the third highest number of CYP with an EHCP amongst Tameside Children's statistical neighbours and the second highest rate per 1,000 persons aged 0-25 years. This is highlighted in figure 52.

Figure 52: *Number of EHC Plans by Local Authority According to Children's Statistical Neighbours in 2023 - Source: Education Statistics from GOV.UK and Mid-Year 2022 Population Estimates from ONS*

Area	Number of EHCP in 2023	Population 0-25	Rate Per 1000
Redcar and Cleveland	1,543	37,774	40.8
Tameside	**2,563**	**70,800**	**36.2**
Rotherham	2,885	79,760	36.2
Barnsley	2,443	70,296	34.8
Sunderland	2,487	78,739	31.6
North East Lincolnshire	1,406	45,623	30.8
Darlington	911	31,086	29.3
St. Helens	1,452	51,968	27.9
Wigan	2,607	96,557	27.0
Gateshead	1,513	56,045	27.0
Doncaster	2,435	90,339	27.0

In 2022 there were 527 new requests made for assessment for an EHC plan in Tameside, the outcomes of these requests can be seen in figure 53.

Figure 53: *Percentage Outcome of New Requests for an EHCP - Source: DfE Education Statistics*



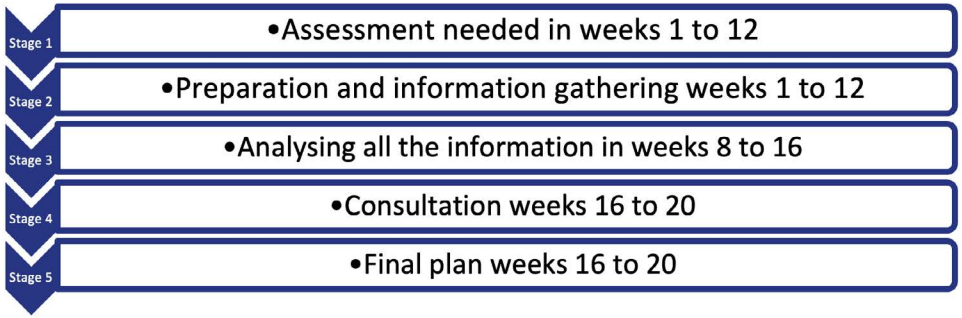
Tameside had similar levels of EHC plans made in 2022 and refused requests compared with England and statistical neighbours. However, when compared to the North West and Greater Manchester, Tameside had less plans issued and a higher refusal rate. Additionally, Tameside when compared to England, North West and Greater Manchester averages had higher rates of other action occurring which is inclusive of decisions not to assess, ongoing and withdrawn requests.

It is also noted that no CYP had a plan stepped down because needs were met without an EHCP. This is compared to 0.4% of statistical neighbour and 0.8% of England averages being stepped down.

Percentage of new EHC Plans Issued Within 20 Weeks

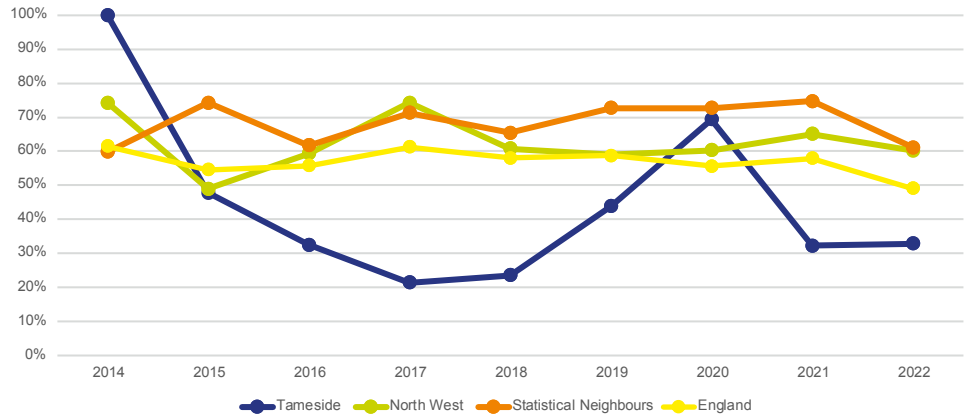
The EHC assessment process has 5 stages and takes a maximum of 20 weeks (Department for Education, 2015).

Figure 54: *Stages of EHCP - Source: SEND Code of Practice 2015*



Once a plan is in place the EHCP will be subject to regular reviews, with young people at the minimum, annual reviews.

Figure 55: *Percentage of EHCP Issued with 20 Weeks (including Exceptions), Compared with England, Statistical Neighbours, and the North West Averages - Source: LAIT March 2024 Edition*



Tameside has lower levels of EHC plans issued within 20 weeks compared to statistical neighbours, the north west and England. This means that although high levels of plan are issued, they are taking longer to issue than other areas. Following a fluctuating trend, this rate has been stable for the last two years, up to 2022 in Tameside, however this remains below comparative areas.

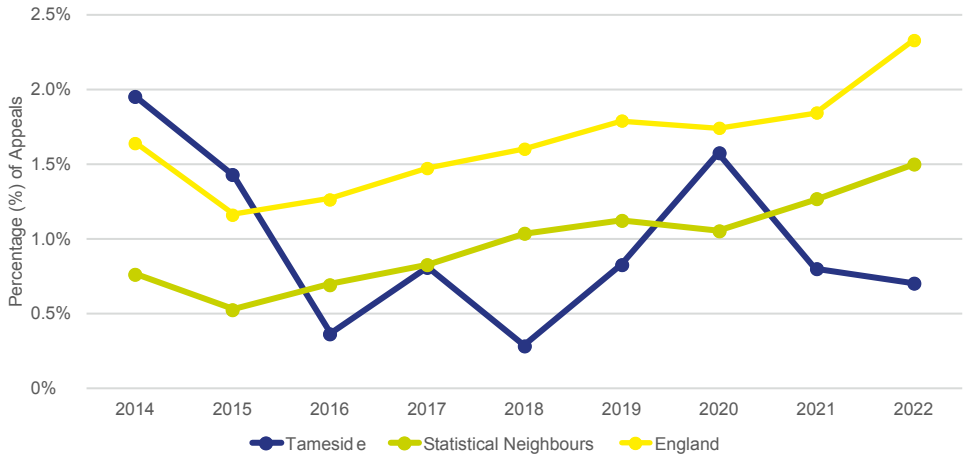
SEN EHC Plan Appeals

Parents, carers, and young people can appeal to the Special Educational Needs and Disability Tribunal if they disagree with a decision that Tameside Council has made about an education, health, and care (EHC) Plan.

The First-tier Special Educational Needs and Disability (SEND) jurisdiction hears appeals against decisions of local authorities in England regarding special educational needs. Appeals to the Tribunal can be made in relation to several different decisions the Local Authority would make within the process, including the refusal to assess a child with special educational needs, the refusal to issue an EHC plan following that assessment, or the contents of the EHC plan once it has been finalised.

The changes brought in under The Children and Families Act 2014 have also extended the reach of the SEND Tribunal. The number of families who can now appeal has increased because of the extension of EHC plans to those aged 0- 25 (with certain additional criteria attached to the upper age group).

Figure 56: *Appeal Rate (%) to the SEND Tribunal based on total appealable decisions - Source: LAIT March 2024 Edition*



The appeal rate in Tameside has fluctuated year on year, compared to gradual increases among statistical neighbours and the national average. However, since 2020 there has been a declining trend with the latest data (2022) showing a lower rate of appeal in Tameside. The appeal rate has been lower since 2021 in Tameside than both the statistical neighbour and England averages. Tameside is also in the top quartile banding nationally for having a lower percentage of cases / appeals going to tribunal.

EHCP Personal Budgets

As of the 15th February 2024, there are currently 37 Children in receipt of an educational personal budget or 1.4% of those with and EHCP in 2023. In relation to social care, 47 CYP in Tameside are in receipt of a direct payment – or 1.8% of those with an EHCP in 2023. National data collections on this information are not available at a local authority or regional level to compare, but nationally in England 18,900 plans had a personal budget or 3.7% of those with an EHCP. 2.7% of all those in England with an EHCP were reported to have direct payments for social care, 0.3% had direct payments for education and 0.04% had direct payments for health. Tameside therefore has a higher rate when compared to the England average for personal budgets related to education but a lower rate for social care budgets.

8. Reported Council Expenditure on SEND

For the financial year 2023-2024 Tameside Council had a budget of £1,613,550 for SEND (excluding SEND placement costs) (Tameside MBC, 2024). In recent years there has been an overspend of the SEND budget, with the previous years' pressures coming from SEND transport services.

In addition to the SEND budget are SEND placement costs for high need SEND. As at January 2024, the current costs associated with SEND placements in independent/non-maintained schools for Tameside is £8,566,801.17, with the highest proportion of placement costs related to Social, Emotional and Mental Health placements (£6.4 Million).

The Dedicated Schools Grant (DSG) High Needs Block is a significant component of the funding allocated to local authorities in England to support CYP with SEND. This funding is crucial for ensuring that students with EHCPs and other high needs receive the appropriate educational provision. This funding supports various services, including special schools, alternative provision, and mainstream schools with high needs pupils. Local authorities receive allocations based on a national funding formula, which considers factors like population, levels of deprivation, and the number of children with SEND.

In recent years, expenditure from the High Needs Block has been increasing substantially due to the overall increases in CYP identified with SEND, increase in EHCPs, more complex needs, and inclusive education policies. The demand for High Needs Block funding has outpaced the increases in funding provided by the government. In Tameside this demand has increased financial pressures overall, often leading to budget deficits in the High Needs Block.

Nationally the picture is similar as there are increased pressures from more demand on services, cost increases and a funding gap to meet current costs and demands (Local Government Association, 2022). Utilising the Local Authority high needs benchmarking tool, when compared to statistical neighbours, England and the North West Tameside has a higher spend per head for schooling related places but for SEN support and inclusion services, therapies and health related services, hospital education and AP Tameside spends less than the England and North West Averages. This indicates that the higher costs are related to the direct placement of a child rather than therapies and services to support a child or young person.

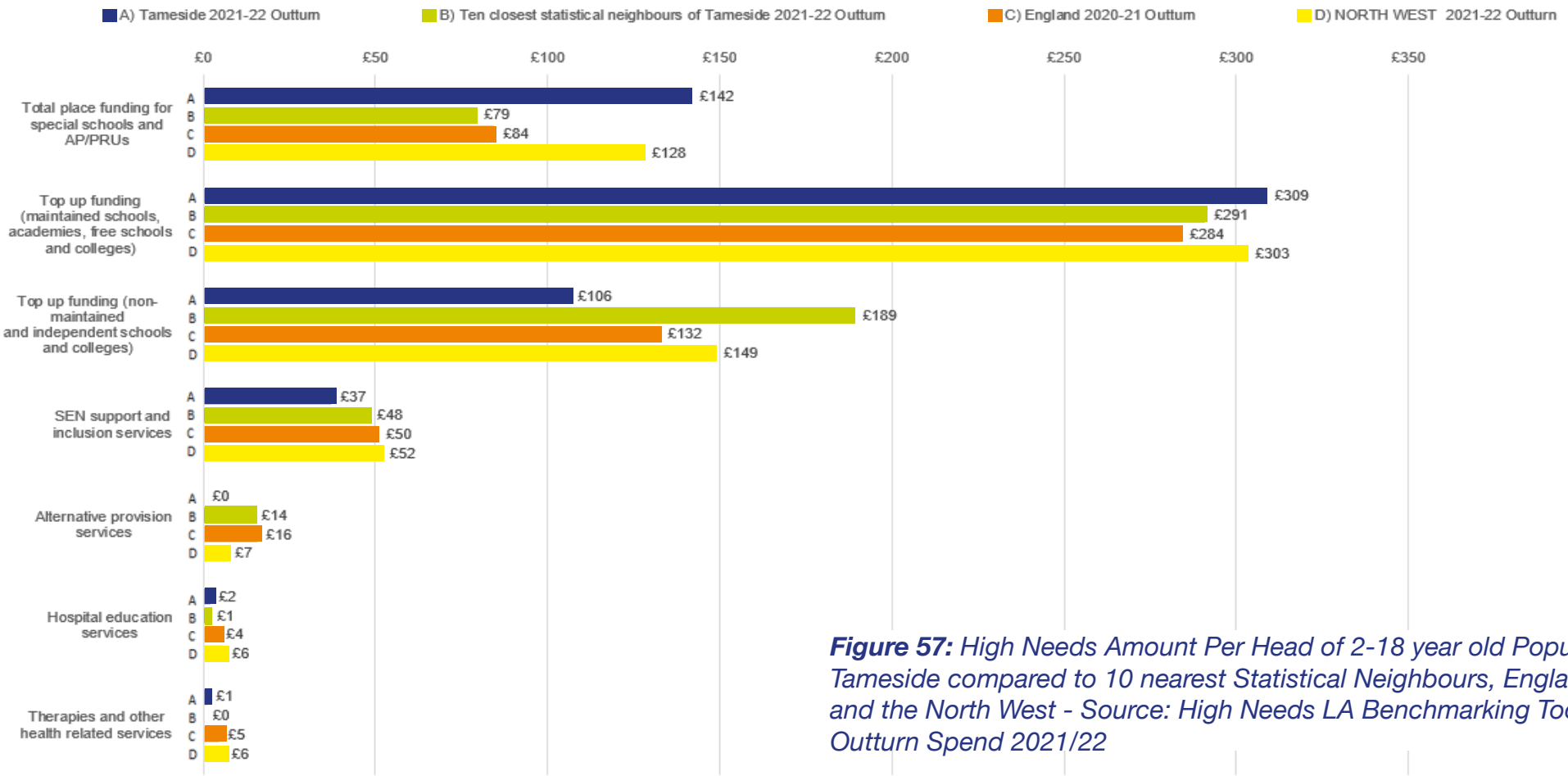


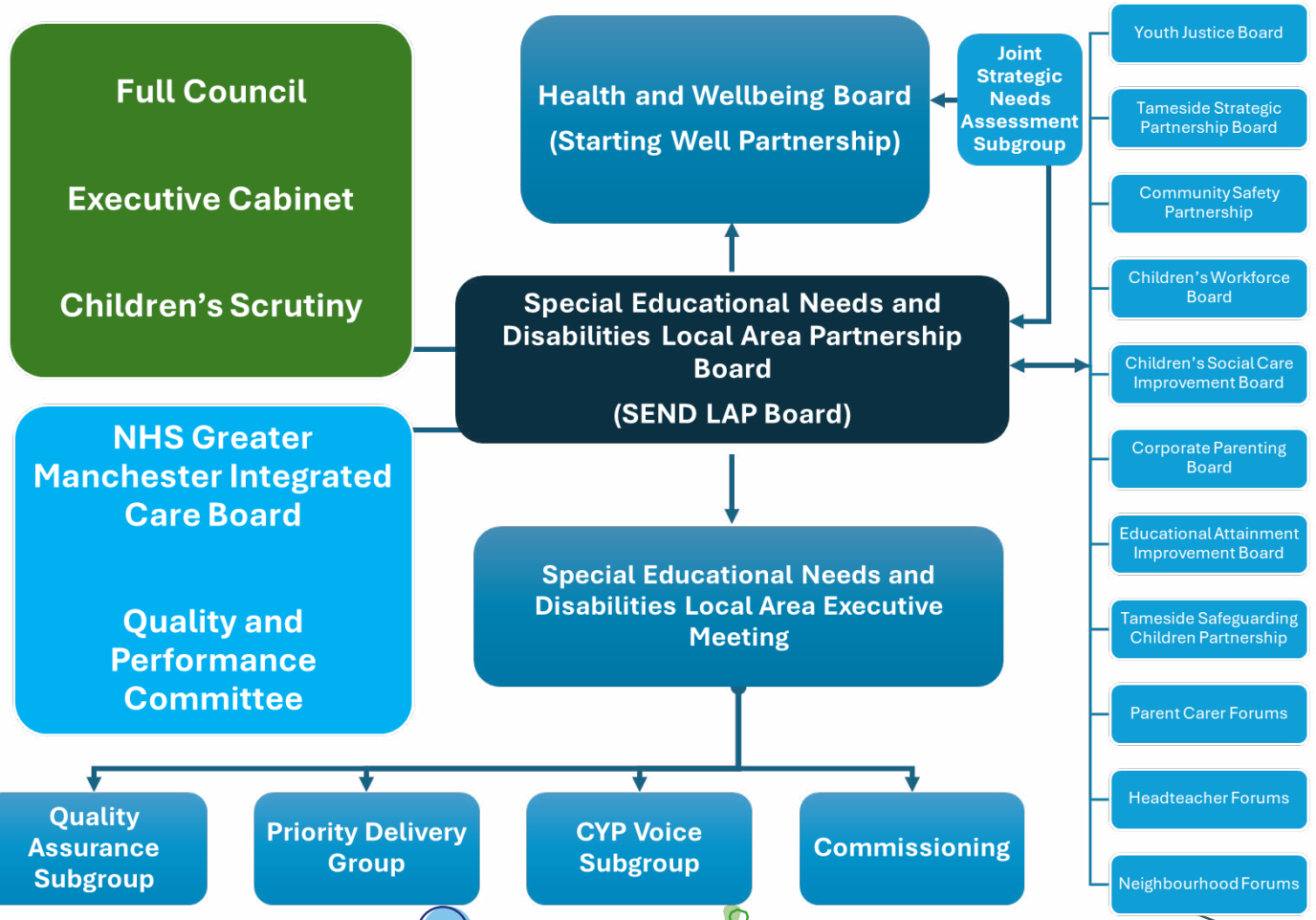
Figure 57: *High Needs Amount Per Head of 2-18 year old Population, Tameside compared to 10 nearest Statistical Neighbours, England, and the North West - Source: High Needs LA Benchmarking Tool - Outturn Spend 2021/22*

9. Governance Structure for SEND

The Children and Families Act 2014 aims to increase joint working between education, health, and social care to support CYP with special educational needs and disability to achieve the best possible outcomes. Across Tameside the following governance arrangements are in place to enable joint working across the whole system in order to identify, assess and meet the needs of children with special educational needs and disability and to support progress towards achieving positive outcomes:

Figure 58 illustrates the structure and governance of SEND for reporting purposes for Tameside.

Figure 58: *Tameside SEND Governance Structure May 2024*



10. Local Consultation on SEND and Voices of Our SEND Population

The SEND Local Area Partnership (LAP) has an objective that Children & Young People (CYP) and their families participate in decision making around the local SEND strategies and their individual plans and support.

While this participation is an ongoing approach, for this needs assessment, a survey was opened for parents and carers of children with SEND for a 3 week period in May 2024, to allow open text responses regarding the strengths weakness and opportunities of the local SEND support system in Tameside. The 3 questions asked included:

- Please can you share what you believe are the strengths of the SEND support and offer available to you and your child in Tameside currently? For example, the local offer, activities, support groups, health services, education, Educational, Health and Care Plans.
- Please can you share what you believe are the weaknesses of the SEND support and offer in Tameside currently for you and your child? For example, the local offer, activities, support groups, health services, education, Educational, Health and Care Plans.
- Please can you share what you believe could be the opportunities to improve the SEND support and offer in Tameside? For example, what would you like to see, what could be better.

From the responses gathered, themes identified have been drawn out and fed into the recommendations made within the JSNA. The themes include:

- A recognition that local support groups within the community can vastly support a family with advice, provide activity and enable social connection.
- The workforce working with CYP need to be better equipped (ie. enhanced or additional training) to support a wide range of SEND needs, as well as improved communication between partner organisations and parents/ carers.

In addition to the consultation a parent carer survey was also produced. The following figure outlines the thematic analysis of the feedback received:

Figure 59: *Thematic analysis of SEND Parent Carers Survey – based on the questions posed in the consultation*

In addition to the consultation, two engagement sessions were held in June 2024. At these sessions there were parent carers and CYP with SEND from Tameside. A total of 20 adults and 25 CYP were involved in the sessions. To support these sessions one to one discussions were offered and support to complete question and answer sheets, based on five questions:

- Strengths of the services offered.
- Challenges with the services offered.
- Goal and aspirations.
- Family dynamics and support.
- Collaboration and trust.

Comments from the engagement sessions were written down from interviews or parent carer self-reporting, and similar comments were marked for the number of times they appeared and grouped together to provide a thematic analysis. This analysis outlined the following key themes:

- Happiness / not to be scared.
- To live a fulfilling life.
- To be independent and earn money.
- Same opportunities as everyone else.
- Access to services.
- Open, transparent communication.
- Navigation to what's available / support services.
- Respite.
- Parental health.
- Training for families.
- Family Support Services are brilliant (not being judged).
- More personal, empathetic approach.

The main topics drawn out of the sessions have been used to support the SEND strategy. There is also the understanding that thethere is a need for ongoing engagement,. This provides a clear recommendation that co-production and wider engagement should embedded as a core objective through the Tameside SEND Improvement Plan. and strategy.

11. What are we doing now?

11.1 THRIVE – Tameside's Graduated Response

This resource was developed by the Educational Psychology Service in consultation with schools, settings, and services across Tameside. The documents aim to provide a tool to support excellent practice across Special Educational Needs and Disability (SEND) provision in educational settings and promote positive outcomes for CYP identified as having additional needs.

This tool is reflective of the LA's graduated response to SEND and embodies 2014 reforms, as it is collaborative, puts children and families at the centre, is transparent and it has a focus on outcomes. More details around this service can be found here: SEND Children Thrive – Matching provision to need - Tameside MBC.

11.2 Specialist Provisions

The types of provision to meet need within Tameside come under 13 categories and are as follows:

- Autistic Spectrum Condition (ASC)
- Hearing Impaired (HI)
- Moderate Learning Difficulty (MLD)
- Multi-sensory Impairment (MSI)
- SEN support but no specialist assessment of type of need (NSA)
- Other (OTH)
- Physical Disability (PD)
- Profound and Multiple Learning Difficulties (PMLD)
- Social, Emotional and Mental Health (SEMH)
- Speech, Language and Communication Needs (SLCN)
- Severe Learning Difficulty (SLD)
- Specific Learning Difficulties (SpLD)
- Visual Impairment (VI)

Within Tameside currently, the following provision is offered:

Figure 60: *Targeted School Provision within Tameside*

Targeted Provision	
Enhanced Mainstream	**Main Need Type**
Corrie Resource Base	MLD
Dane Bank	MLD
Greenside Resource Base	MLD
Hyde Community College Sensory Support	HI
Oakfield MLD Resource Base	MLD
Rosehill Resource Base	MLD
Russell Scott MLD Resource Base	MLD
St James RB Ashton	MLD
St John Fisher ASC Resource Base	ASC
St Thomas More Resource Base	ASC

Figure 61: *Specialist School Provision within Tameside*

Specialist Provision	
Specialist School	**Main Need Type**
Samuel Laycock Secondary	MLD, ASC
Thomas Ashton	SEMH
Oakdale Primary	SLD, PMLD, MLD
Cromwell Secondary	SLD, PMLD, MLD
Hawthorns Primary	ASC, SLD, MLD

Figure 62: *Targeted School Provision within Tameside*

Pupil Support Services	
Tameside Specialist Outreach Service Merger of the following services:	Communication Language and Autistic Spectrum Support (CLASS)
	Specific Learning Difficulty (SpLD)
	Social, Emotional and Mental Health (SEMH) Support and Inclusion Service
ADHD Pathway	Referrals from age 6 via school
Key Stage 1 & Key Stage 2 Off Site Intervention	Referral via schools
Interaction and Communication	Multi Agency Autism Team (MAAT)
Social, Emotional and Mental Health Specialist Staff	Provides: ADHD awareness training, Attachment Awareness training, Demand Avoidance, Behaviour Management in Early Years, Mid-Day Assistant training, Bespoke Training, Whole School Behaviour Review.
Cognition and Learning Specialist Staff	Provides: Consultation and Advice, Early Intervention, bespoke training, awareness raising and Observations.

12.3 Local Offer

Discussed within the introduction, the purpose of the Tameside SEND Local Offer is to provide a single place where CYP (aged 0-25) with SEND, their families, parents, and carers can access information, advice, support, and services. The Local Offer is also a resource for professionals, volunteers and anyone involved in caring for or supporting young people with SEND. The aim is that CYP with SEND have the tools, resources and support they need to be fully participating members of the Tameside family. More information on the Tameside Local Offer can be found here: Tameside SEND Local Offer - Tameside MBC.

12.4 Tameside Parent Carer Forum

The parent carer forum brings together parents and carers of CYP with disabilities and/or special educational needs to support each other, share information, and influence local policy, service design and delivery - This means making sure decisions made locally meet the needs of our CYP. The parent carer forum does this by listening to families, sharing their stories, and working with education, health, and social care to make positive changes.

12.5 Health Services

CYP with SEND will often need support from different health services at different stages in their lives. CYP's health needs are met from a range of NHS services, some are universal, such as GPs, health visitors and school nursing while others are specialised and may require a referral from a health or social care professional such as:

- Community & Hospital Paediatric services
- Specialist nursing: epilepsy, asthma, diabetes, continence
- Therapy services: Speech and Language Therapy, Physiotherapy, Occupational Therapy
- Specialist dental & children's audiology
- Mental health services: Single point of access to Mental Health - for community mental health, Child and Adolescent Mental Health Services (CAMHS) Adult mental health services, emotional health & wellbeing websites.
- Health services for Looked after children
- Learning Disability and Autism Annual health checks, conducted by GP surgeries
- Continuing Health Care Assessments and packages
- Equipment including e.g., wheelchairs and mobility aids.

12.6 Preparation for Adulthood

Preparing for adulthood is about taking positive action so that young people with special educational needs and/or disabilities (SEND) can achieve the best possible outcomes in the following areas:

- Employment - including exploring different employment options, such as support for becoming self-employed and help from supported employment agencies.
- Independent Living - this means young people have choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living.
- Friends, Relationships and Community - including having friends and supportive relationships, and participating in, and contributing to, the local community.
- Good Health - ensuring young people are supported to manage their own health as much as possible and know about the services available including the annual health check for those with a learning disability.

The preparing for adulthood pathway starts when a young person is in year 8 (12 or 13 years old) and continues until they leave school or educational setting. Transition support from other agencies may continue until the young person is 25. The Tameside Local Offer contains details to support parents and carers with information regarding transition and preparation for adulthood.

During the initial stage in year 8, there will be opportunities for young people and their families to talk about choices for post 16 pathways into further learning or employment. The most appropriate pathway for the young person will be identified. The young person and their views are central to all planning processes. Key people from the school or college, family, representatives from the council and professionals working with the young person who have a good understanding about what is available, will all be involved in preparing for adulthood.

The plan will identify who needs to do what and by when to help with the young person's transition. This plan is then reviewed annually until the young person has left school.

Figure 63: *Transition Pathway in Tameside as at July 2024*

Year 8 (12-13 year olds)

What should happen	Who should do it ?	Guidance
School to support young person and families to use the local offer website	Young person, school, parents and carers	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
Identify young people with complex health needs	Health Care professionals	
Identify children's participation and communication needs	School, Speech and Language Specialists	SEND Code of Practice 2015
Start to discuss the EHCP transitions process & preparation for adulthood	School	SEND Code of Practice 2015 Including PFA • Good Health • Friends/ relationships & community • Employment & careers • Independent lives
School to : • Schedule review meeting date, time & venue • Invite appropriate people working with young person and their family	School to invite all professionals identified to submit reports and /or attend review	SEND Code of Practice 2015
Confirm consent for sharing between agencies	School	SEND Code of Pactice 2015 (TMBC documentation)
Commence identification of young people who would be of 'significant benefit' for social care assessment	School, SEN team , Childrens social care teams	Social needs checklist

Year 9 (13-14 year olds)

What should happen	Who should do it ?	Guidance
School to support young person and families to use the local offer website	Young person, school, parents and carers	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
Information & advice about preparing for adulthood	School	Local offer webpage TMBC via PFA factsheets
Young person , parent and carers to be consulted with information about ; • Date of EHCP review • Identify professionals involved/need to be involved	SEN team, school, children's social care teams and health	SEND Code of Practice 2015
School to : • Schedule review meeting date, time & venue • Invite appropriate people working with young person and their family	School to invite all professionals identified to submit reports and /or attend review	SEND Code of Practice 2015
Review of current social needs and / or assessment to ensure plan is appropriate	Childrens social care / Early help	TMBC

Year 10 (14-15 year olds)

What should happen	Who should do it ?	Guidance
School to support young person and families to use the Local Offer website	Young person, school, parents and carers	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
Information & advice about preparing for adulthood	School	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
School to : • Schedule review meeting date, time & venue • Invite appropriate people working with young person and their family	School to invite all professionals identified to submit reports and /or attend review	SEND Code of Practice 2015
Review of current social needs and / or assessment to ensure plan is appropriate	Childrens social care / Early help	Social needs checklist
As appropriate provide opportunities for young person to visit potential future educational provisions to enable them to make informed decisions and choices	Young person, School, parents, carers and Positive steps if applicable	Local Offer webpage on tameside.gov.uk

Year 11 (15-16 year olds)

What should happen	Who should do it ?	Guidance
School to support young person and families to use the Local Offer website	Young person, school, parents and carers	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
Information & advice about preparing for adulthood	School	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
School to : • Schedule review meeting date, time & venue(to take place in autumn term or 1st half of spring term) • Invite appropriate people working with young person and their family	School to invite all professionals identified to submit reports and /or attend review	SEND Code of Practice 2015 There should be increasing involvement from Adults' services – Health , Social care and education and a greater awareness of need Post -18 especially if high cost funding is required
Review of current social needs and / or assessment to ensure social care aspect of the plan is appropriate	Childrens social care / Early help	Social needs checklist As appropriate organise for young person to visit potential future college /educational provisions to enable them to make informed decisions and choices.
Complete application process in a timely manner	Young person, with support from parents, carers, education setting & Posititve steps if applicable.	Local Offer webpage on tameside.gov.uk
Education setting to liaise on individual destinations and progress regarding Post 16 placement offers	School / education setting	SEND Code of Practice 2015
Trigger Pathway Plan for eligible young people in local authority care	Childrens social care team involved	Children & families act

Years 12 - 14 (16-19 year olds)

What should happen	Who should do it ?	Guidance
Post 16 setting to support young person and families to use the Local Offer website	Young person, school, parents and carers	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
Confirm consent for sharing between agencies	Post 16 education setting	SEND Code of Practice 2015 (TMBC documentation)
Information & advice about preparing for adulthood	Post 16 education setting	Local offer webpage TMBC via PFA factsheets
School to: • Schedule review meeting date, time & venue • Invite appropriate people working with young person and their family	Education setting to invite all professionals identified to submit reports and /or attend review	SEND Code of Practice 2015 There should be increasing involvement from adult services – Health, Social Care and Education and greater awareness of need Post 18 , especially if high cost funding is required
Staff involved with identifying the needs of the young person to work with commissioners to highlight the need for specialist support as appropriate and or accommodation needs.	Where appropriate some or all of the below; allocated Social Worker, SEN team, Integrated Commissioning Boards ICB, who determine Continuing Health Care (CHC) Eligibility, social care commissioning teams.	NICE guidance on CHC transitions.
GP and adult consultant updated on needs of the young person	Paediatric consultant / Doctor or Specialist Nurse if appropriate	
17-17.5 years of age referrals to adult health services should be made to continuing health care (CHC where appropriate)	Named Doctor/ Childrens Complex Care Nurses or other professionals	
Where a young person would be of significant benefit of Care Act Assessment – referral to be sent to adult social care	Young person, Parent / carer, Education setting staff or if known to Childrens social care allocated social worker.	SEND Code of Practice chapter 8 Childrens and families Act 2014
Education setting to liaise on individual destinations and progress future education, training and employment options	School / education setting	SEND Code of Practice 2015

Year 14+ (Continuing in post 19 education)

What should happen	Who should do it ?	Guidance
Post 19 setting to support young person and families to use the local offer website	Young person, Post 19 providers , parents and carers	Local Offer webpage on tameside.gov.uk and Preparing for Adulthood factsheets
Post 19 provider to annually ; • Schedule review meeting , date , time and venue • Invite appropriate people working with and involved with the young person and their family • Invite professionals to submit reports. • Chair meeting • Produce minutes and formally review EHC plan Review to follow the important to/for what's working / not working format	Post 19 provider to invite young person , parent/carer and all relevant professionals including health and social care	SEND Code of Practice 2015
Post education options discussed with young person, employment, supported employment, training or further education. Career input can be from college or other appropriate service	Education setting, Positive Steps or Routes to Work if appropriate	
Social Care and Health Plans to be reviewed where appropriate	Adult social care , health services	Care Act 2014 NICE Guidance

Once a young person reaches the age of 16 a structured supporting internship offer is provided. Supported internships are a structured study programme based primarily at an employer. They enable young people aged 16-24 with a statement of SEN or an Education, Health and Care plan to achieve sustainable paid employment by equipping them with the skills they need for work, through learning in the workplace. Supported internships are unpaid, and last for a minimum of six months.

Wherever possible, they support the young person to move into paid employment at the end of the programme. Alongside their time at the employer, young people complete a personalised study programme which includes the chance to study for relevant substantial qualifications, if appropriate, and English and maths. The supported internship programme in Tameside is run in partnership with Jigsaw Homes, Tameside College, Tameside Hospital and Active Tameside.

A co-produced comprehensive guide to preparing for adulthood with factsheets have been produced containing information on key subjects to help inform carers of young people 14-25 years with SEND. This and other information regarding preparing for adulthood are available via the preparing for adulthood Local Offer page. These have been produced alongside Tameside parent carer forum (Parents and carers of children with additional needs).

Within recent data, there is a highlighted increase in those young people transitioning into adulthood with an EHCP or who may have longer-term social care needs. Data from the Department for Education indicates that a substantial proportion of children with EHCPs, especially those with severe learning difficulties or disabilities, continue to require support from social care services as adults (Public Health England, 2020). In Tameside currently (as at July 2024) there are 102 adults between the ages of 18 and 25 who have an open adult social care case and have an EHCP.

Between 2021/2022 and 2023/2024 the number of young persons who transitioned into adult social care with an EHCP doubled although this is a small number of the overall EHCP population. Given the small numbers and fluctuating nature of these ongoing support needs, it is difficult to further model forward demand for social care support among those with an EHCP as they grow into adulthood. In terms of recommendations, it would be useful to continue to monitor the demand of CYP who transition into adult social care and ensure adequate planning and support is in place.

12. Recommendations

The following recommendations have been drawn from the insight gained from the data and intelligence presented throughout this needs assessment. The recommendations are in grouped categories and are all equal in requirement. Many of the key findings throughout this needs assessment, and the themes identified, align to hypotheses and existing insight in the system. As a result of this, several of the areas highlighted are already part of the SEND Improvement Plan for Tameside, which is currently being delivered. However, these recommendations also identify further areas of need across the system. To aid clarity the recommendations have been themed in high level areas for further work, with a rationale and specific actions under each outlined below:

12.1 GOVERNANCE

This recommendation focuses on the system wide actions to improve oversight, assurance, and the strategic approach to supporting CYP in Tameside who face additional needs.

RATIONALE:

This recommendation has been included as the needs assessment has highlighted that there are currently gaps in some of the tools and resources required at a system leadership level, to drive the improvements required around meeting SEND needs, some of which are already included in the SEND Improvement Plan. There is a need for strategic planning to meet existing and emerging needs with clear shared priorities and a multi-agency approach to system challenges, which is already ongoing.

ACTIONS:

- Appoint Senior Responsible Officers (SROs) from across the partnership to lead on individual aspects across the SEND Improvement Plan to ensure accountability for delivery.
- Develop a SEND Strategy which outlines the vision and key priorities for the whole system around addressing SEND and improving outcomes (sat with the SEND Local Area Delivery Board).
- Form a Joint Commissioning Group for SEND to bring organisations together to reduce duplication, improve multi-disciplinary working and address system barriers to commissioning and providing adequate services.
- Develop a Joint Commissioning Strategy for SEND, which details the commissioning which will deliver against the priorities in the SEND Strategy (sat with the Joint Commissioning Group).

12.2 QUALITY IMPROVEMENT

This recommendation covers some of the systems improvement required to ensure needs are met and long term outcomes are supported and improved.

RATIONALE:

This recommendation has been included based on evidence throughout the needs assessment of areas where support can be improved in Tameside including timeliness of service provision, children receiving SEN support in mainstream schools being an outlier for exclusions and meeting the needs of specific groups more effectively and at an earlier stage.

ACTIONS:

- Carry out a review of the tools available to monitor quality improvement of service delivery, with a focus on improving outcomes for families. This should consider aspects such as the timeliness of reviews and assessments of need. The output from this review may be a Quality Assurance Framework for SEND provision, which has integrated implementation and oversight across all SEND system partners.
- Tameside MBC and NHS GM ICB should support the delivery of the GM Children & Young People Neurodevelopmental Transformation Programme to provide a needs-led neurodiversity model of care and pathway for GM, including Tameside. Relevant Tameside system leads to sit on GM Steering Group for this programme.
- Consider alternative approaches to supporting behaviour of children & young people staying in mainstream educational settings, where SEN has been identified (e.g. trauma-responsive approaches / policies) to reduce exclusion rates.

12.3 INCLUSION & MEETING NEED

This recommendation considers the actions required to ensure that as many SEND support needs are met as possible, for all young people, particularly those who face additional barriers to getting support, and at an early a stage as possible.

RATIONALE:

The needs assessment has identified that there is growing need in many areas of SEND support, particularly for specific support needs such as speech, language & communication; and social, emotional

& mental health. There are also some communities in Tameside who face additional barriers and where more targeted approaches may be required. Some evidence presented also indicates that there is a lower proportion of spending per head on therapies and APs which are more preventative.

ACTIONS:

- Continue to aim to identify all CYP who would benefit from SEND support as early as possible.
- Target support for parents from ethnic minorities to ensure they are enabled to understand SEND so that they recognise the benefits of taking up support offers.
- Ensure service offers are accessible and inclusive for those in ethnic minorities, including awareness of the graduated response. Equality Impact Assessments for these service offers should be prioritised to ensure that steps are being taken to improve accessibility for ethnic minorities and other protected characteristic groups.
- Review AP across Tameside including developing a mainstream offer which is more inclusive of children with additional needs.
- Provide targeted support for young people with SEND to improve their education, employment, and training opportunities, particularly those at risk of becoming NEET (Not in Education, Employment, or Training) including increased focus on supported internships. This should include engagement with existing work with the TMBC Employment & Skills team and Further Education colleges across Tameside.
- Conduct a review of prevention activity, including in early years, to ensure SEN Support is included in the offer, which will help to prevent the escalation of SEN (this should consider the role of Family Hubs and other local universal services such as the Healthy Child Programme).
- Carry out a review of current service provision, including the changes brought through the Greater Manchester Balanced System programme around Speech, Language, and Communication Needs (SLCN) and Social, Emotional, and Mental Health (SEMH), considering the design of Speech & Language Therapy (SALT), physiotherapy and occupational therapy provision. This may also include relevant pathways to therapies in existing services such as acute healthcare and community based settings. This should inform further commissioning decisions with a particular focus on provision and early support and intervention around SLCN due to the sharp growth and high proportion of needs in this category for both SEN Support and EHCPs.

- Ensure schools and education provision evidences an inclusive culture and works closely with leaders to track CYP at risk of suspension or permanent exclusion and identity their individual needs.
- Conduct a further review/needs assessment, linking in with the Greater Manchester level work in relation to need and wait times for Child & Adolescent Mental Health Services (CAMHS) and specifically the neurodiversity pathway. This should consider how best to use resources to meet growing demand, and how to help children & young people, with support needs, while they are on waiting lists.
- Acknowledge the impact the cost of living crisis has on families living in poverty and experiencing financial pressures. Ensure programmes to maximise financial resilience such as the Tameside Helping Hand programme is fully inclusive, with a focus on supporting families and CYP with SEND.
- Ensure early planning for preparation for adulthood beginning in Year 9 of secondary school (ages 13-14) amongst schools, careers advisors and EHCP case workers. Ensure EHC Plans have sufficient focus on children and young person's aspirations and focus on skills and employability. Ensure a multi-agency approach for transition to adult social care, mental health and health services including support for housing need and providing suitable quality housing placements and support.

12.4 DATA

This recommendation focuses on some of the requirements of the system in terms of collection, monitoring, and analysis of relevant data to better inform how needs are being met, and where further improvement is needed.

RATIONALE:

The work towards producing this needs assessment has highlighted some gaps in systems currently in place to collect and integrate all relevant data in relation to the needs and support in place for CYP with SEND in Tameside. This includes evidence of limited data linkage; the need for more integrated dashboards to inform whether progress is being made towards meeting outcomes; limited current access to primary care data; and lack of accurate coding to capture all sub-types of special educational need. Lack of key performance indicators at a governance level prevents joint evaluation of the progress and impact of the services and provision.

ACTIONS:

- Implement better linkage between data systems to enhance tracking of SEND performance and provision. This may involve individual data files being linked between social care, health, youth justice, education, and early help systems to allow this information to be tracked for individuals, to give a better overview of performance and provision for CYP.
- Further development of a Joint SEND dashboard, underpinned by clear data sharing protocols between organisations feeding data into this, including Health, Social Care, SEND Team, Youth Justice, Work and Skills and Education. Ensure performance data and information is used effectively to inform evaluation, sufficiency information and the commissioning of services.
- Develop a reporting structure to ensure data dashboard monitoring links through to tracking the journey and outcomes of young people with SEND including linking Youth Justice, employment, and Adult Social Care data to Children's social care and schools' data.
- Work with the Greater Manchester NHS Integrated Care Board to access Primary Care data through the Greater Manchester Secure Data Environment. This will enable analysis of GP demand in relation to SEND, which is not currently captured.
- Work with the Greater Manchester NHS Integrated Care Board to access Primary Care data through the Greater Manchester Secure Data Environment. This will enable analysis of GP demand in relation to SEND, which is not currently captured and also the national mental health services dataset which can allow for comparisons with statistical neighbours.
- Enhance coding protocols to accurately capture the subtypes of need for SEN support and on EHCP's as more targeted support can be provided. The 13 groups listed above cover a wide variety of conditions, and less on individual sub-conditions which may be increasing growth in a particular area. For example, Fetal Alcohol Syndrome, which has had increased cases owing to high levels of substance misuse in Tameside. This will allow Tameside to accurately capture and predict future SEND needs and therefore what specific provision is required.
- Enhance the link between adult and children's social care systems to enable effective transitioning of YP who will require ongoing social care requirements into adulthood.

12.5 COMMUNICATION

This recommendation highlights the areas of work where communication with children, young people and families can be improved, to improve their journeys and longer term outcomes. This includes the support offered to help them navigate the system.

RATIONALE:

The importance of child and parents/carers voice in decision making has been highlighted throughout this needs assessment. Feedback has also been gained in terms of the complexity of navigating the current system of support services and difficulties at specific stages such as transitioning into adulthood. Co-production needs to be authentic and utilised from the outset, rather than consultations at a late stage with CYP and their families.

ACTIONS:

- Deliver a co-production approach, embedding the voice of the child by working with people and communities as partners to actively design and deliver services. This should involve further exploration of findings and hypotheses from the data with children and families; and engagement between strategic forums and people with lived experience, and actively involving people in decision making.
- Develop a dedicated programme/resource to assist young people and families to navigate the system, which is seen as complex, and views do not feel listened to. This should be particularly focussed on clear transition planning to ensure there is support for young people in preparing for adulthood.
- Ensure the Local Offer is well publicised, gives up to date information and signposts families to support available in the local area.

13. References

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14. Figures

15. Appendices

Appendix 1 - Glossary of SEND Acronyms and abbreviations

Term	Definition
ADHD	Attention Deficit Hyperactivity Disorder
AP	Alternative Provision
AS	Aspergers Syndrome
ASC	Autistic Spectrum Condition
ASD	Autistic Spectrum Disorder
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CIN	Child In Need
CLA	Child Looked After (Previously Looked After Child - LAC)
CLASS	Communication Language and Autistic Spectrum Support
CoP	Code of Practice
CPP	Child Protection Plan
CYP	CYP
DDA	Disability Discrimination Act
HI	Hearing Impairment
LAC	Looked After Child (Now known as Child Looked After - CLA)
LO	Local Offer
MLD	Moderate Learning Difficulty
MSI	Multi-sensory impairment
NSA	SEN support but no specialist assessment of type of need
OTH	Other difficulties/disability – to be applied in exceptional circumstances where the primary type of need has not yet been established
PD	Physical Disability
PMLD	Profound and Multiple Learning Difficulties
SEMH	Social, Emotional and Mental Health
SENCo	Special Educational Needs Co-ordinator
SEND	Special Educational Needs and Disabilities
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SpLD	Specific Learning Difficulty
VI	Visual Impairment

Appendix 2 – Statistical Neighbours

Below lists the statistical neighbours used throughout the needs assessment as a benchmark for Tameside.

This information is taken from the 2021 Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT) and can be found here: Childrens_services_statistical_neighbour_benchmarking_tool_-_LGR_Version__April_2021_.xlsx (live.com)

Children's Services Statistical Neighbour Benchmarking Tool

(Highlighted boxes can be edited)

Select Local Authority	*ID*
Tameside	357

Closest Demographic Neighbours

Rank (1=Closest)	Name	"Closeness"	ID
1	Rotherham	Very Close	372
2	Redcar and Cleveland	Very Close	807
3	Doncaster	Very Close	371
4	North East Lincolnshire	Very Close	812
5	Wigan	Very Close	359
6	St. Helens	Very Close	342
7	Barnsley	Very Close	370
8	Sunderland	Very Close	394
9	Darlington	Very Close	841
10	Gateshead	Very Close	390

Note on distance measure

The distance between any two local authorities is defined as the weighted Euclidean distance between the authorities using each of the background variables. "Closeness" as displayed in the above table is defined as follows:

Extremely Close:	Weighted Euclidean distance between local authorities is equivalent to less than 0.25 per standardised variable
Very Close:	Weighted Euclidean distance between local authorities is equivalent to less than 0.55 per standardised variable
Close:	Weighted Euclidean distance between local authorities is equivalent to less than 0.85 per standardised variable
Somewhat Close:	Weighted Euclidean distance between local authorities is equivalent to less than 1.15 per standardised variable
Not Close:	Weighted Euclidean distance between local authorities is equivalent to 1.15 per standardised variable or more