

Final

Joint Strategic Needs Assessment

**Special Educational Needs and Disabilities
among Children and Young People**

Health and Wellbeing Department, Camden Council

2024

Introduction

- About this JSNA
- Definitions of Special Educational Needs and Disabilities
- Summary of Camden's Model of SEND provision
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About this JSNA

This document builds on the SEND Needs Assessment (2020) and qualitative engagement work that informed the Camden SEND Strategy (2022-27). It aims to support the delivery and responsiveness of the Strategy by conducting an updated, detailed assessment of needs emerging from the most recent data available post-Pandemic.

In alignment with the SEND Strategy, the JSNA aims to bring together data from across the SEND partnership in Camden, exploring Health, Education and Social Care.

It reviews the prevalence, trends and characteristics of Camden's young SEND population, benchmarking against the regional and national picture, and explores patterns along the lines of gender, age, ethnicity and deprivation, in relation to early identification/referral activity, provision of school support and access to healthcare and therapies. The JSNA reviews data across the continuum of need for children up to the age of 25, incorporating universal, targeted and specialist service provision. It describes intersectionality between additional vulnerabilities for children and young people with SEND, and reviews educational outcomes in relation to attainment at key school ages, as factors related to successful transition into adulthood.

The JSNA utilises publicly available national and regional data from gov.uk. Local data has been provided by Camden Council (Education and Social Care) and Central North-West London Foundation Trust (Health Visiting and Family Support Service, and Camden Integrated Children's Service).

The following areas are out of scope for this JSNA but may warrant further exploration: comparison of school activity in identifying and supporting SEND; evaluation of performance/quality of services; clinical audit; economic evaluation; support into employment and independent living; mental health outside of the CICS; review of holistic outcomes for children and young people with SEND.

Definitions of Special Educational Needs and Disabilities

A child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for them.

The **SEND Code of Practice (January 2015)** classified SEND under four broad areas:

Communication and interaction

Children and young people may have difficulty in communicating with others, for instance if they have difficulty saying what they want to, understanding what is being said to them or do not understand or use social rules of communication. Children and young people with Autism Spectrum Disorder (ASD) may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Cognition and learning

Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD); severe learning difficulties (SLD), where children are likely to need support in all curriculum areas and associated mobility and communication; and profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific learning difficulties (SpLD), affect one or more specific aspects of learning, for instance dyslexia, dyscalculia and dyspraxia.

Social, emotional and mental health difficulties

These difficulties can manifest themselves in many ways. These may include becoming withdrawn or isolated, showing physical symptoms that are medically unexplained, or displaying behaviours that challenge. These behaviours may reflect underlying mental health difficulties such as anxiety or depression. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Sensory and/or physical needs

Difficulties can be age related and may fluctuate over time and include vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI). The educational opportunities generally provided may be inaccessible to some children and young people with a disability.

The profile for every child with SEND is different and their needs may change over time.

Summary of Camden's Model of SEND Provision

Education



Supporting mainstream schools, commissioning specialist school placements, ensuring standards, supporting individuals.

Health service



Partnership between the Council, local NHS, and Camden Integrated Children's Service (CICS) provide dedicated assessment and management for those with SEND.

Social care



Supporting individuals and families financially.



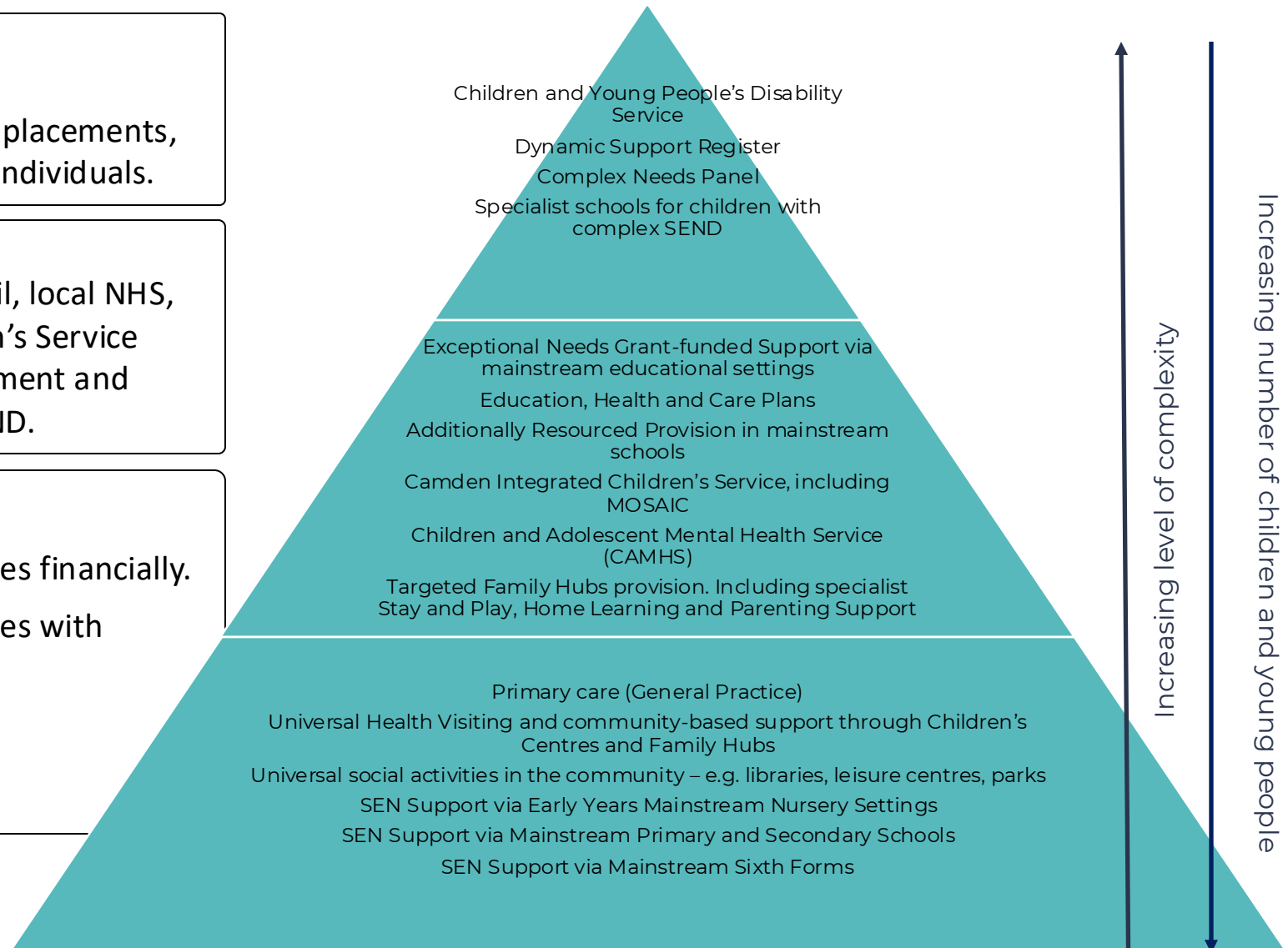
Supporting individuals and families with housing and short breaks.



Safeguarding and protection



Social care



[Camden's Local Offer for Children and Young People with SEND is available online](#)

Populations used within this JSNA

Camden pupils

Department for Education School Census returns (SEN 1) provide information about the pupils aged 2-18 who attend Camden schools. Around 74% of these children also live within the Borough but a quarter travel into school from elsewhere. The datasets contain additional information about SEN Support provided in schools, which is a level of need below the threshold for an EHCP.

Camden residents

Local Authority data (SEN 2) describes 0-25-year-olds with SEND who reside in the Borough and have an EHCP maintained by Camden Council. There is significant overlap with the school data, however a proportion of children will be educated and receive their additional school-based support outside Camden. This dataset only provides information about EHCPs, not SEN Support.

Children and Young People with SEND

Patients registered with Camden GPs

This population receives their primary health care from General Practices within Camden but might go to school and/ or live outside of the Borough. Children and young people with SEND in this group are between 0 and 25 years of age.

Users of Camden Integrated Children's Service (CICS), Health Visiting and Children's Centres

All children who are either resident in Camden or registered with a Camden GP practice are eligible for these services. The CICS serves children and young people aged 0-18. Health Visiting home visits and community provision are for children aged 0-5.

Joint Strategic Needs Assessment Key Findings

Themes:

- Prevalence and Growth
- Inequalities
- Early Identification
- Intersectionality
- Outcomes

Key Findings: Prevalence and Growth

- Overall picture in Camden
- Age distribution and type of 'Primary Need'
- Factors influencing the growth of SEND prevalence in Camden

Prevalence and Growth (1)

Key findings

There are 1,534 0-25-year-olds supported by Camden EHCPs and 4,057 pupils with SEND in Camden's Schools.

Camden Schools report that 14% of children receive SEND Support, and 5% have an EHCP. 211 children are currently in receipt of an Exceptional Needs Grant (included within the SEN Support group).

Camden's prevalence is slightly above national and regional benchmarks and is also above the growth benchmarks for SEN Support in secondary schools.

A high proportion of Camden pupils with EHCPs (nearly 60%) and SEN Support (nearly 70%) attended mainstream state-funded educational settings. A third of Camden's pupils with EHCP are educated in specialist settings. A significant proportion of SEN Support pupils (28%) attended independent schools.

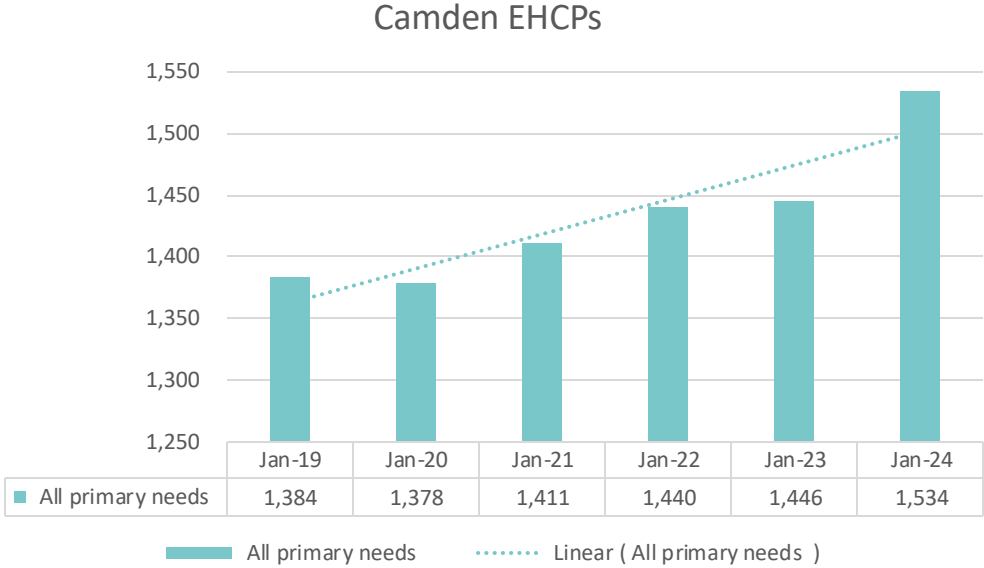
Diversity and complexity of needs in mainstream schools is forecast to increase. Estimates to 2027 predict a growing prevalence of SEN Support and EHCP for both primary and secondary schools, and an increase in the number of secondary pupils with SEN provision. Most of these are expected to be secondary school pupils with SEN Support (without EHCP).

Growth in the prevalence of SEND supported through Camden EHCPs

In January 2024, there were **1,534 children and young people aged 0-25 on Camden’s EHCP Register**. Although the rate of growth was 2% or less in the preceding 4 years, between January 2023 and 2024 the cohort increased by 6% (88 Plans). A further 211 children were in receipt of Exceptional Needs Grants in Camden in January 2024.

Overall, there has been an increase (plotting a linear trend) of 28 plans per year between January 2019 and 2024. We cannot tell yet whether the rapid increase in the last year is the start of a new trend.

Jan 2019-20	Jan 2020-21	Jan 2021-2	Jan 2022-3	Jan 2023-4
-0.4%	2%	2%	0.4%	6%
-6	+33	+29	+6	+88



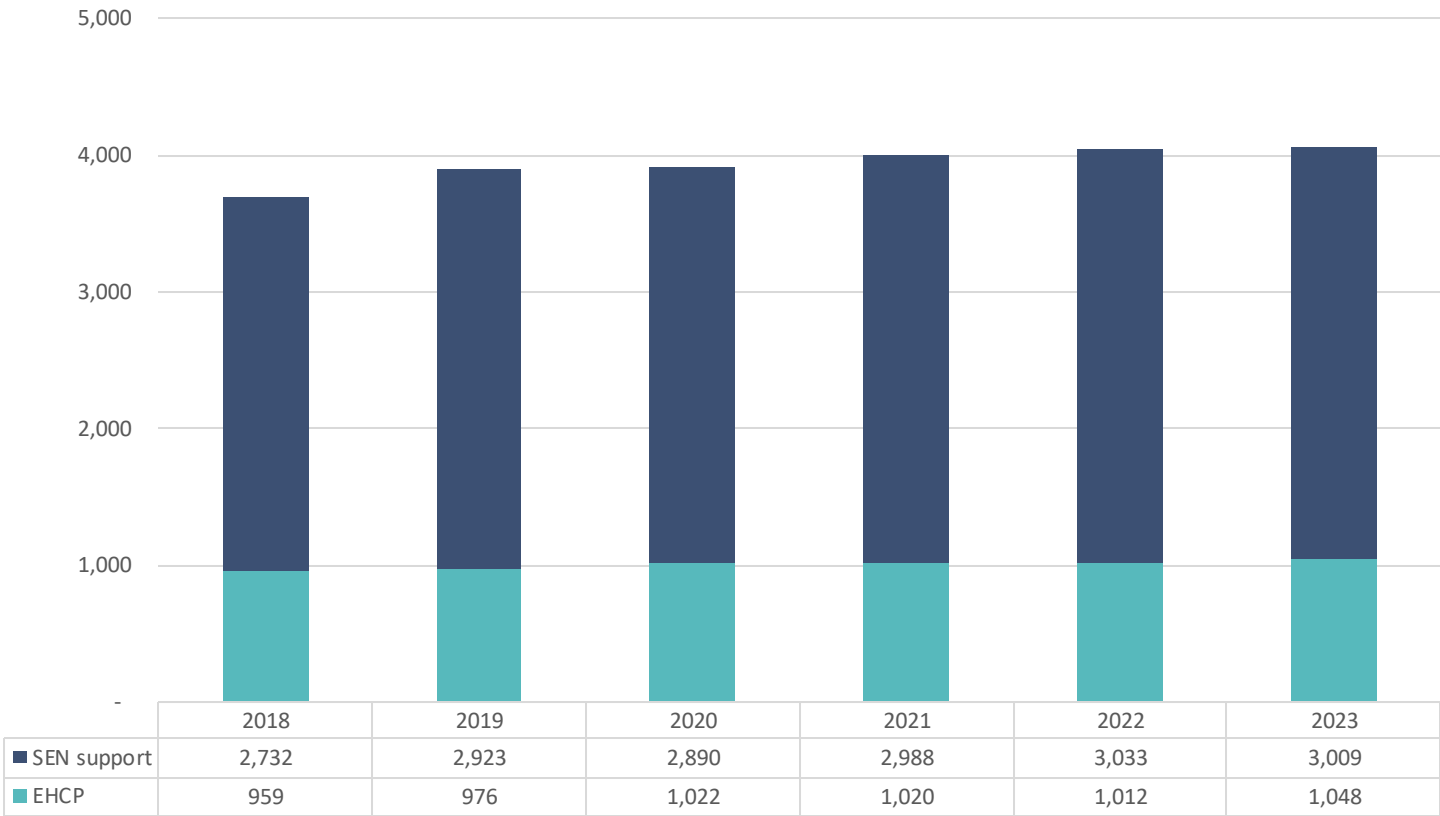
The first national lockdown during the COVID-19 pandemic occurred on 23rd March 2020. The reasons for the fluctuating growth rate do not clearly match this time period and the growth between 2023 and 2024 exceeds what might be expected in terms of catch-up from the dip in 2022-2023. However, this does not exclude the possibility of pandemic impact on children with SEND, their families and their educational settings, as a factor in driving an increase in demand for EHCPs.

Growth in SEND support within Camden schools

In Autumn 2023, school census data showed that around 5% (1,048) of Camden’s school pupils were in receipt of an EHCP, and 14% (3,009) were receiving SEN support. The proportion of pupils with some form of SEND support increased by around 17% between 2018 and 2023, by which time almost 1 in 5 were being supported.

% of Camden school pupils			
Year	EHCP	SEN support	No SEN
2018	4.27%	12.16%	83.57%
2019	4.37%	13.09%	82.54%
2020	4.63%	13.10%	82.26%
2021	4.63%	13.57%	81.80%
2022	4.65%	13.92%	81.43%
2023	4.98%	14.30%	80.72%

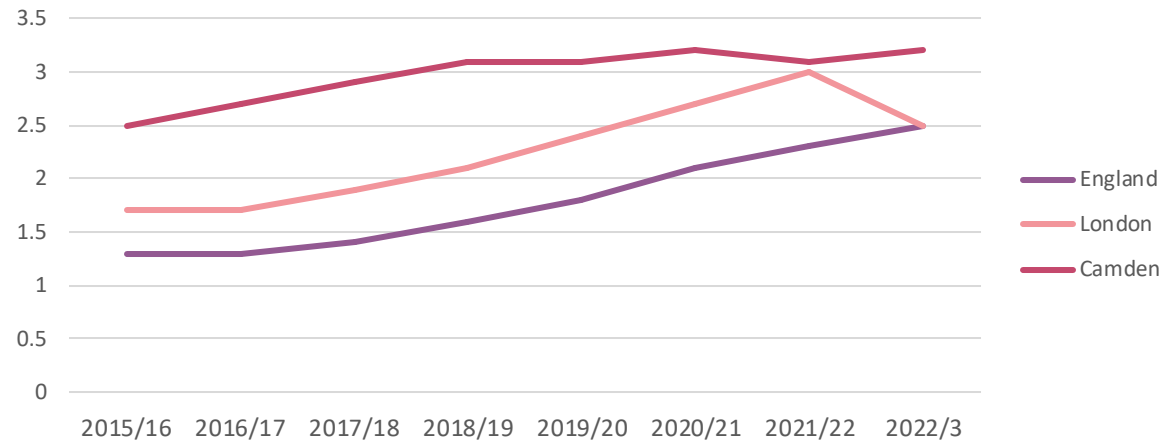
Number of Camden pupils receiving support from their Local Authority for SEND, 2018-2023



Exceptional Needs Grants are awarded to schools to help them meet higher needs among children with SEND, without an EHCP. There are currently 211 children with an ENG in Camden schools, who are included within the ‘SEN Support’ category in the School Census.

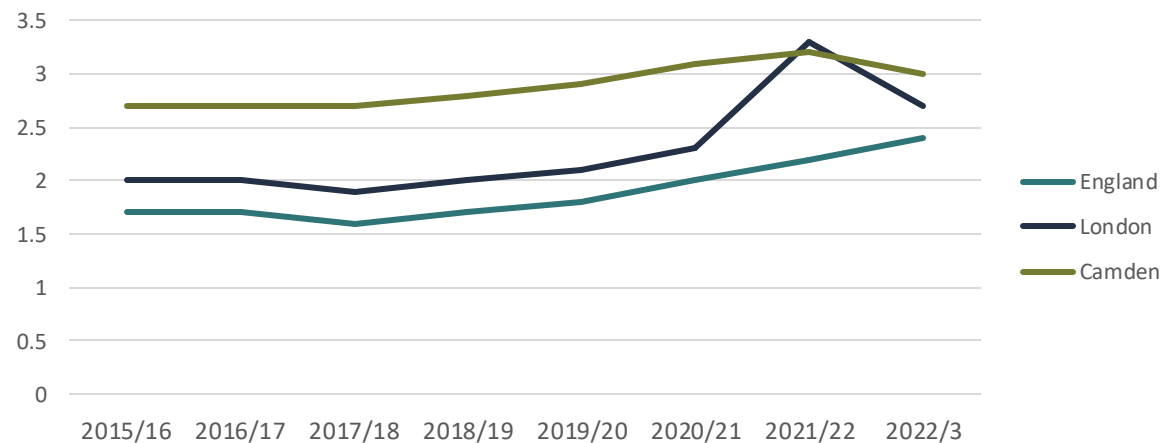
Benchmarked growth in the proportion of children with EHCPs in schools

% of children in state funded primary schools with an EHCP



Since 2015/16, the percentage of children in Camden state **primary schools** with an **EHCP** has risen from 2.5% to 3.2%. The proportion of children supported by EHCPs in Camden is higher than in London and England, although the rate of increase is slightly lower.

% of children in state funded secondary schools with an EHCP



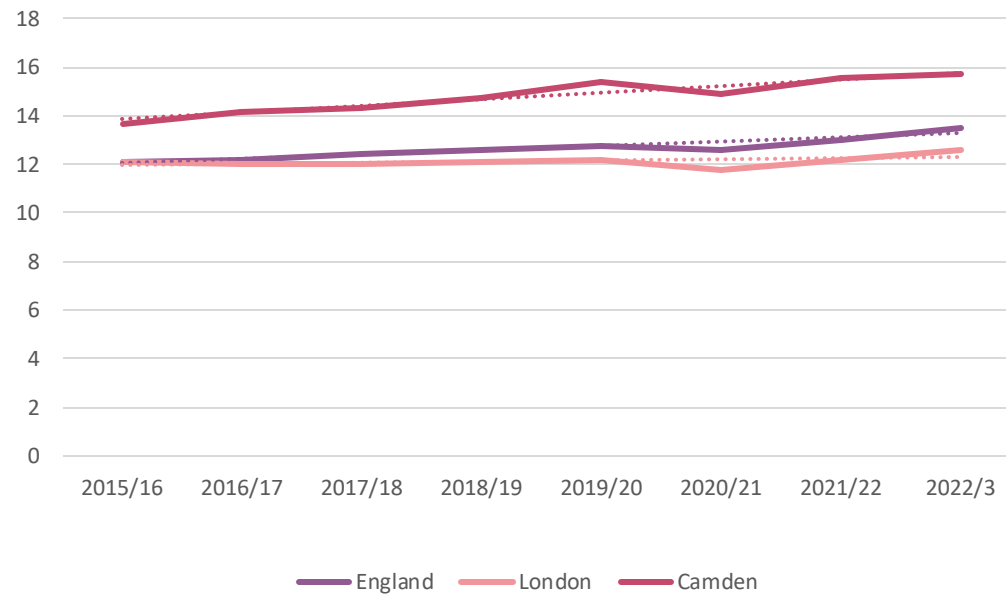
In state-funded **secondary schools**, the percentage of children with an **EHCP** is higher in Camden than in London or England having risen from 2.7% to 3% since 2015/16. Again, the rate of increase in Camden is slightly below that seen in London and England.

Benchmarked growth in the proportion of children receiving SEN Support (without EHCP) in schools

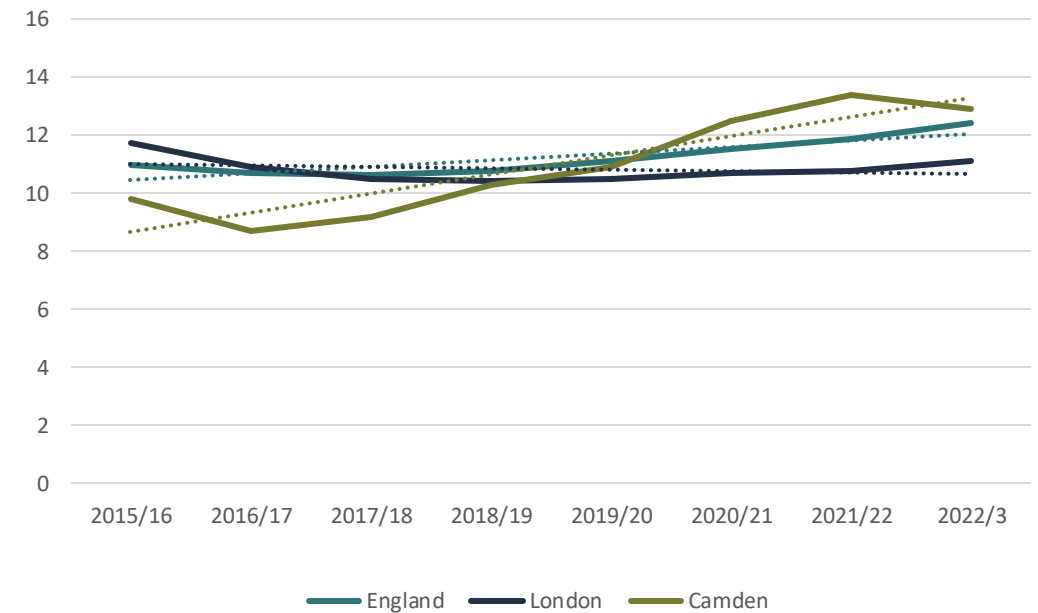
The % of children with SEN Support (without an EHCP) in state primary schools in Camden is higher, and increasing more rapidly, than in London and England. Between 2015/16 and 2022/3, there was an increase from 13.7% to 15.7%.

The growth in the % of children with SEN Support (without an EHCP) in state secondary schools was greater than for London and England, increasing from 9.8%-12.9% between 2015/6 and 2022/3. Camden's rate is now slightly higher than both of these comparators.

% of children in state-funded primary schools with SEN Support (no EHCP)

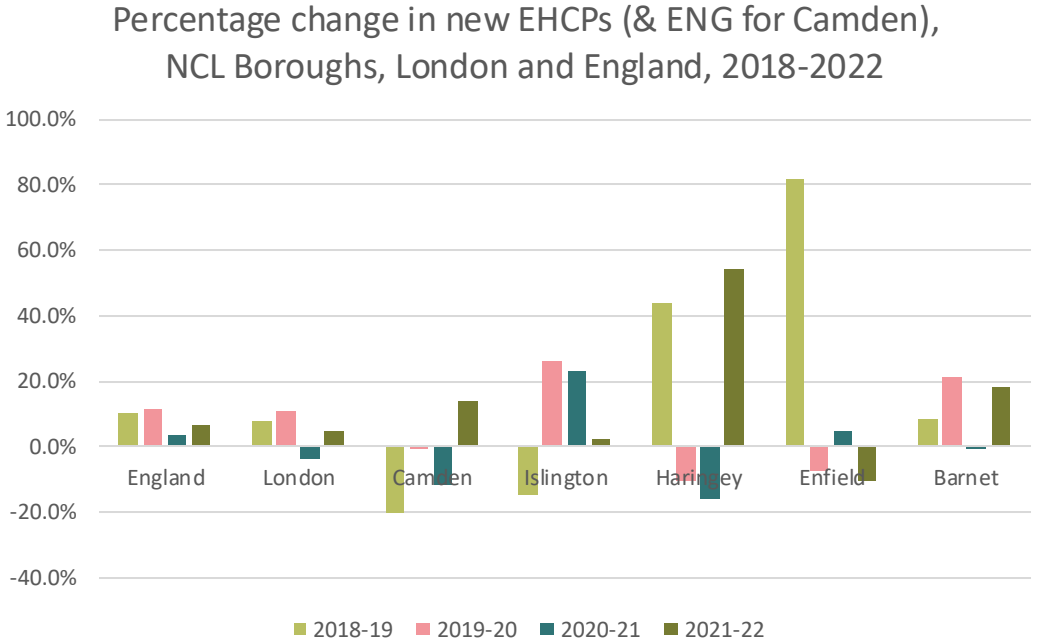
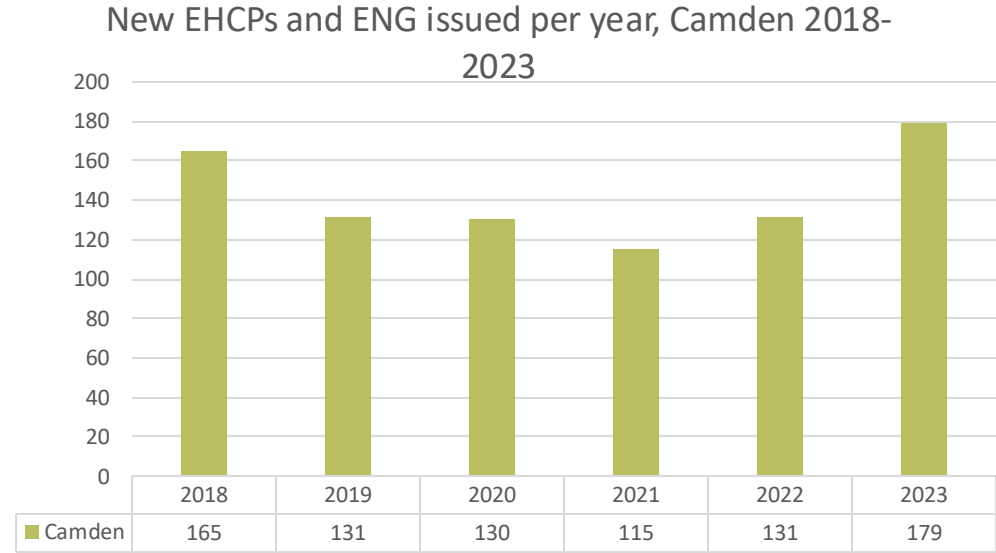


% of children in state-funded secondary schools with SEN Support (no EHCP)



Fluctuations in new EHCPs issued

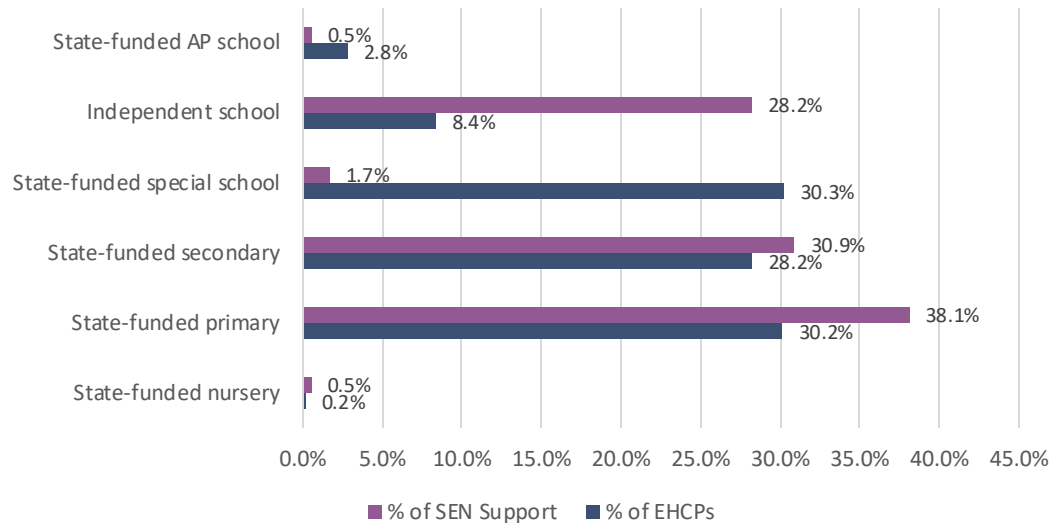
Although data on new EHCPs and ENG issued within Camden seem to indicate a steep upward trend from 2021, it is important to note that longer-term fluctuation is a common feature not only in Camden, but in all the North Central London Boroughs, and to a lesser extent in London and England as a whole. This makes it difficult to determine a clear trend, and to make projections with confidence. A longer-term data picture is needed to assess the significance of the recent increase towards indicating a new trend.



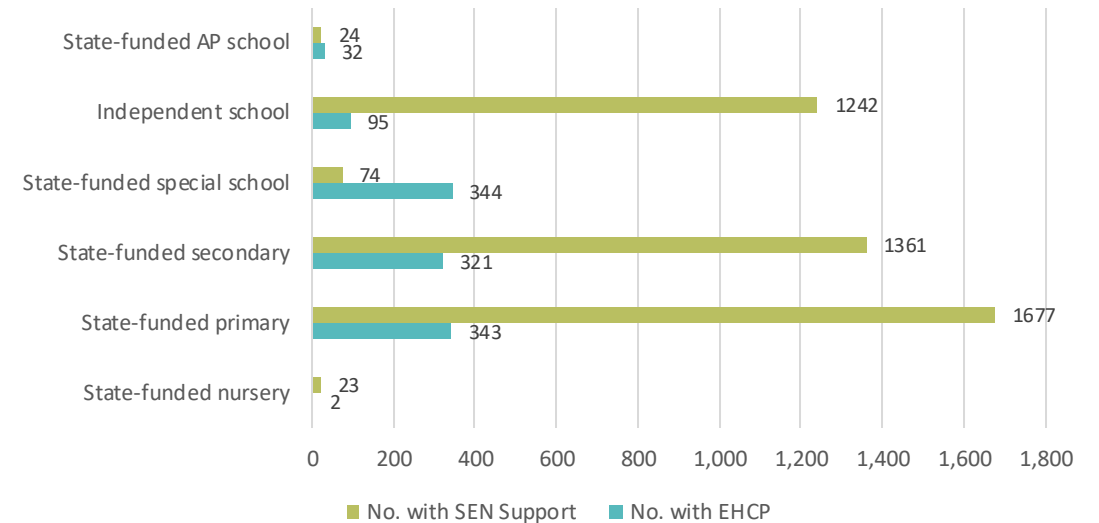
Source: SEN 2, Camden Residents 0-25

Placement across Camden educational settings

Placement of children with EHCP and SEN Support across Camden educational settings (% split), 2022/3



Placement of children with EHCP and SEN Support across Camden educational settings (number of children), 2022/3



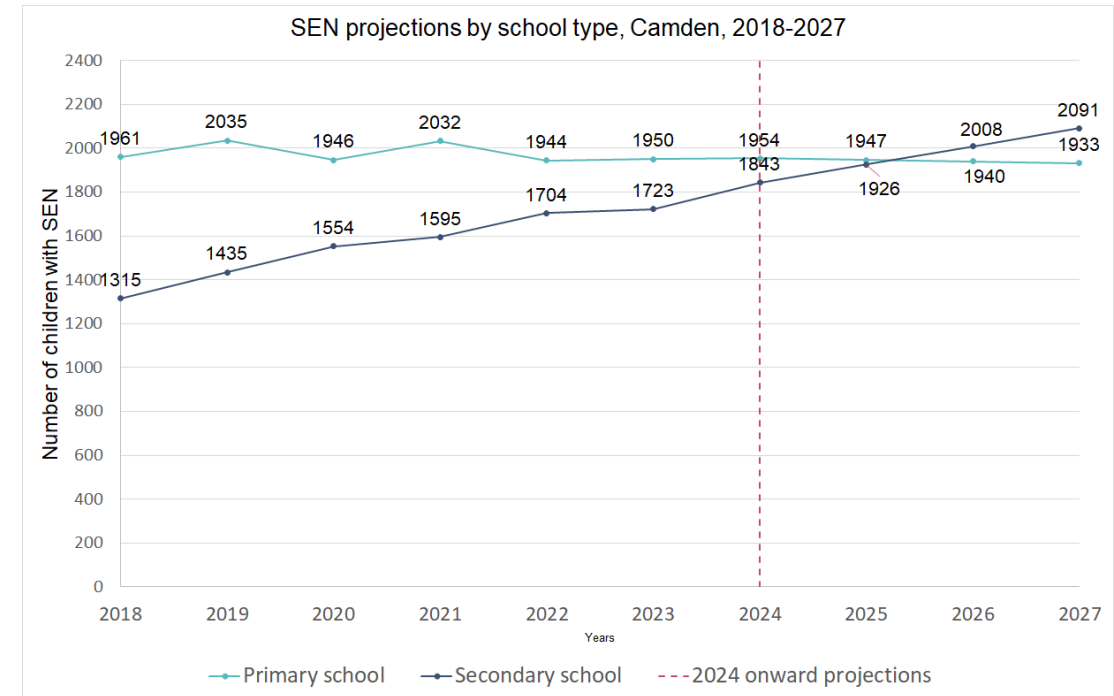
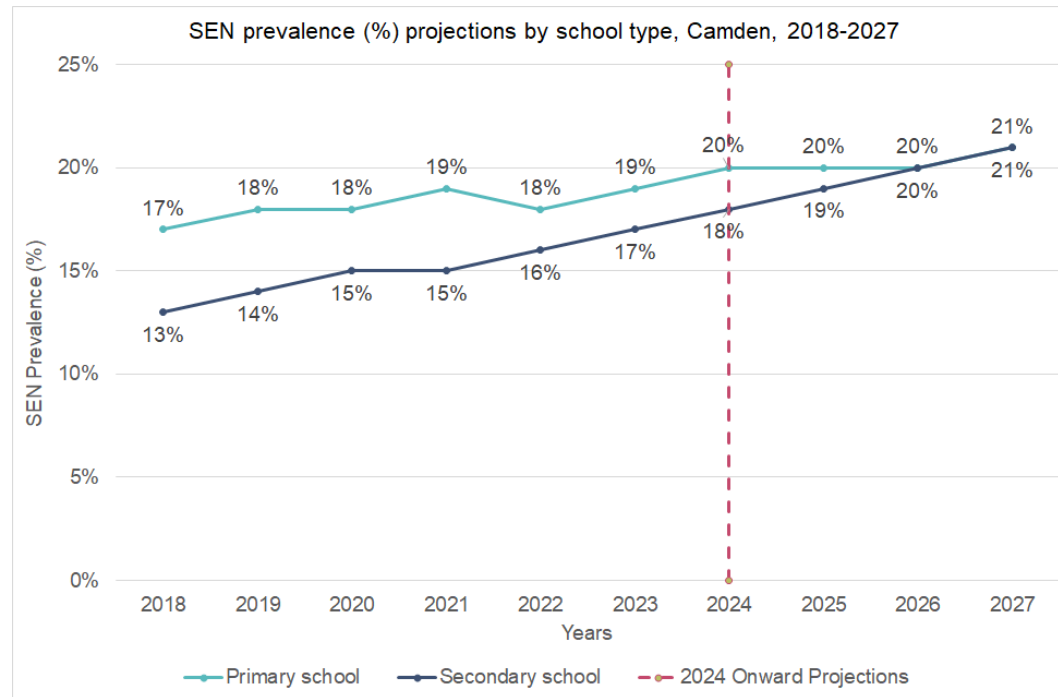
38% of Camden children with SEN Support, and 30% of those with EHCPs, attended state-maintained primary schools in 2022/3. The higher prevalence of SEND at primary level is consistent with data that shows an increasing level of need that will move up into secondary schools, and also highlights primary school age as a key point at which need is identified and support accessed.

The difference between nursery and primary SEND support of any kind indicates that there may be significant as-yet-unidentified need among the youngest children, and/ or that children with additional needs may not be taking up mainstream state-funded nursery places to the same extent as children with no SEND.

A third of children with EHCPs were educated in special schools, and nearly a third of all children with SEN Support attended Independent Schools.

Forecast increase in 'any type of support for SEN' in mainstream primary and secondary schools, to 2027

The percentage of school pupils with any kind of support for SEN is forecast to increase to 21% by 2027, in both primary and secondary schools. This represents a steeper growth among secondary school pupils. In secondary school, the number of pupils with any support for SEN is also forecast to grow by around 248 between 2024 and 2027, to 2091. In primary school, the number of pupils with any SEN support is forecast to decrease slightly, owing to a decrease in the school roll projections over the period. However, likely continuation of changes in the mix of needs within the classroom are significant for inclusive teaching and learning in mainstream schools.

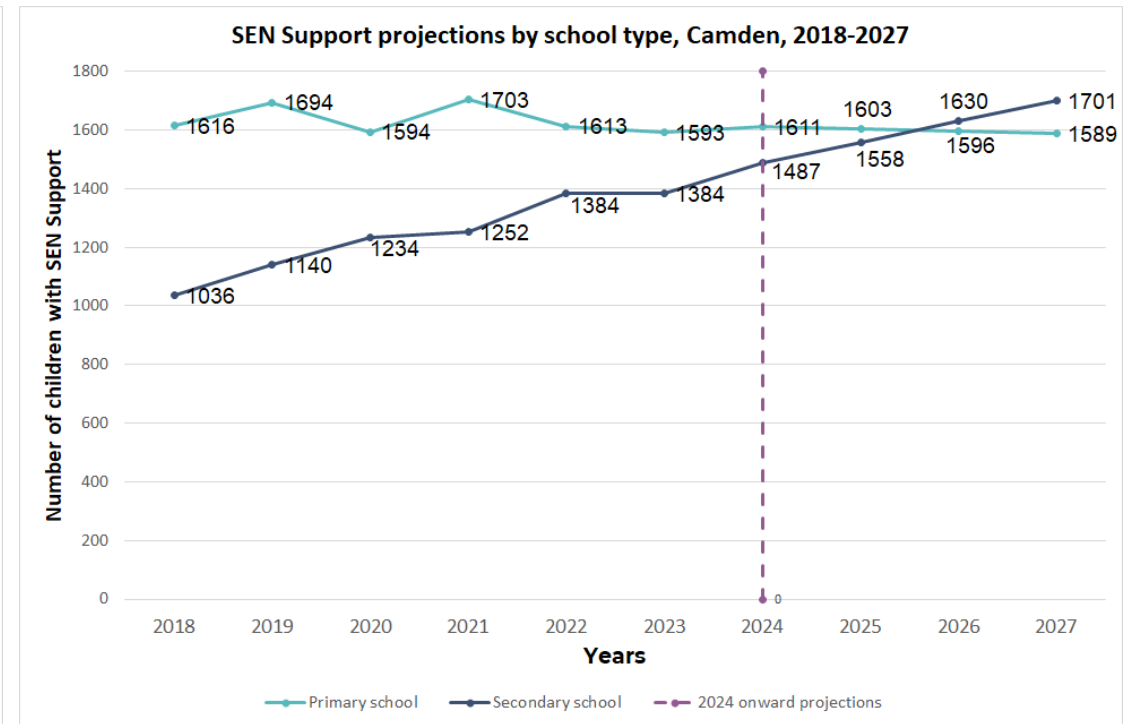
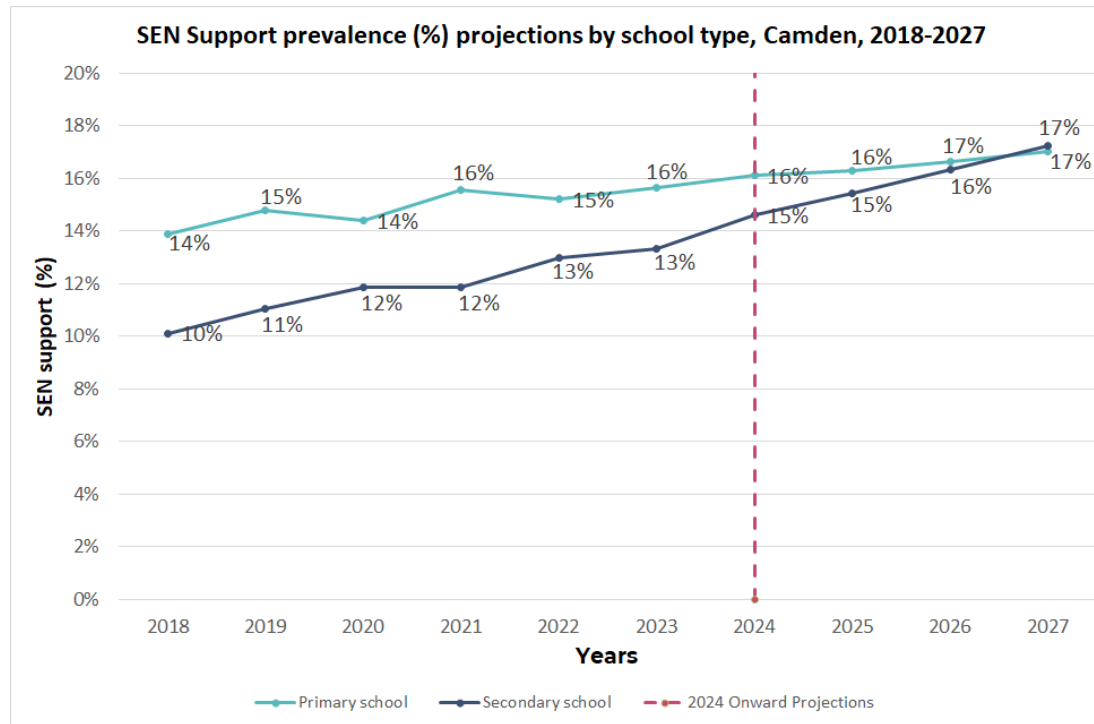


Source: School Census.

Notes: Data is given for the Autumn enrolment term for each year up to 2023 for the school roll. School roll projections as of 2022 have been used to model future year SEN prevalence. Years on the x-axis refer to academic school years (2018/19, 2019/20 and so on). Forecasts are an estimate based on best current data.

Forecast increase in 'SEN Support' in mainstream primary and secondary schools, to 2027

The biggest increase is forecast amongst secondary school pupils receiving SEN Support (without EHCP). Projections estimate that an additional 220 secondary pupils will receive this support between 2024 and 2027. The percentage (prevalence) of SEN Support is forecast to increase for both primary and secondary schools, to 17% of the pupil population. In primary schools where the school roll is decreasing, this represents increased diversity within the classroom, rather than an overall increase in numbers.

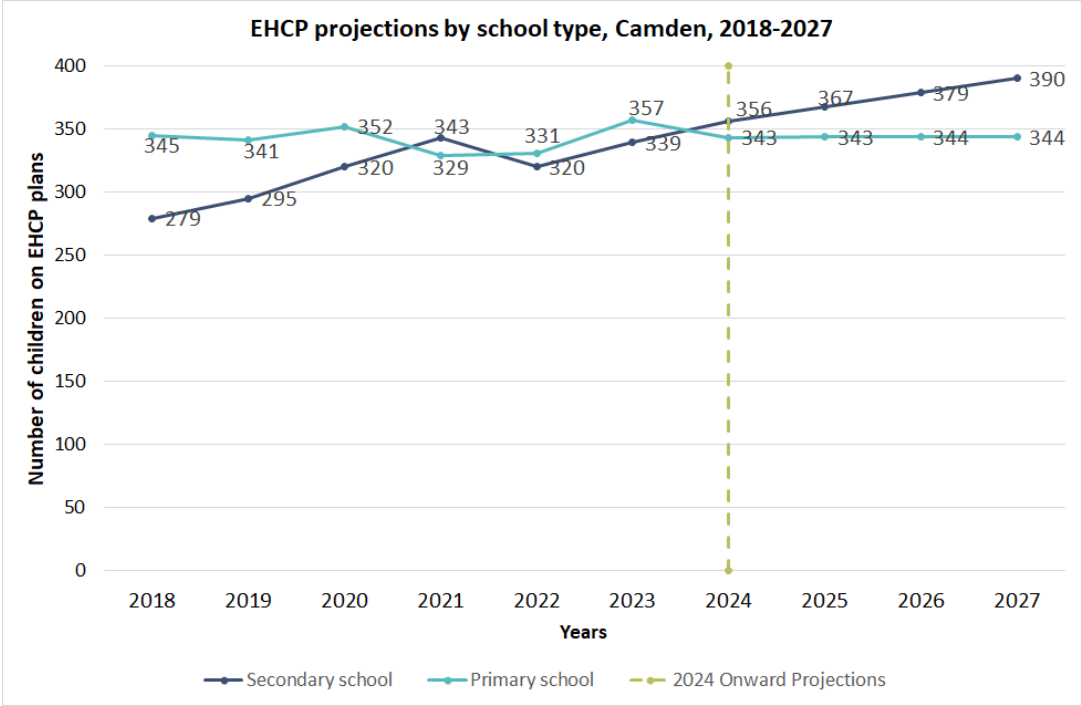
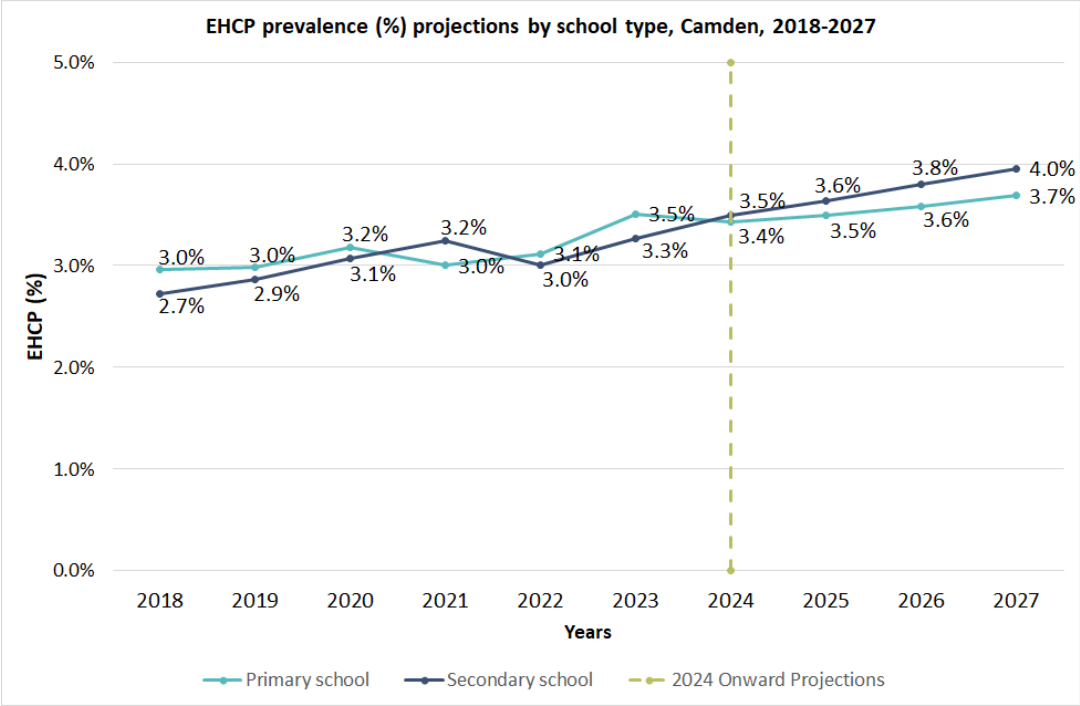


Source: School Census.

Notes: Data is given for the Autumn enrolment term for each year up to 2023 for the school roll. School roll projections as of 2022 have been used to model future year SEN prevalence. Years on the x-axis refer to academic school years (2018/19, 2019/20 and so on). Forecasts are an estimate based on best current data.

Forecast increase in 'EHCP' in mainstream primary and secondary schools, to 2027

An estimated 34 additional secondary school pupils will receive EHCP support between 2024 and 2027. The percentage (prevalence) of EHCPs is forecast to increase for both primary and secondary schools, to 3.7% and 4% of the pupil population respectively. In primary schools where the school roll is decreasing, this represents increased diversity and complexity of need within the classroom, rather than an overall increase in numbers.



Source: School Census.
Notes: Data is given for the Autumn enrolment term for each year up to 2023 for the school roll. School roll projections as of 2022 have been used to model future year SEN prevalence. Years on the x-axis refer to academic school years (2018/19, 2019/20 and so on). Forecasts are an estimate based on best current data.

Prevalence and Growth (2)

Key findings

Age distribution and type of 'Primary Need'

Prevalence is greatest across school years to age 15, and higher in primary than secondary schools. There is a particularly large cohort (1 in 4) of pupils with SEND who were 10 years old in 2023. The EHCP prevalence among this group is around 7%. This group is currently approaching transition to secondary school.)

Age is also significant to the Primary Need profile: SLCN and ASD are the most common for primary school pupils, SEMH and SLD for students in secondary school

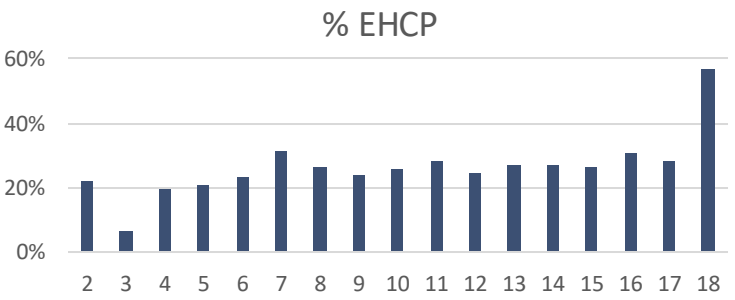
The type of support varies by Primary Need: 60% of ASD is supported by EHCP and around 30% of SLCN at secondary. SEN Support is more commonly provided for SLD, SEMH MLD.

Age profile of school pupils with support for SEND (numbers)

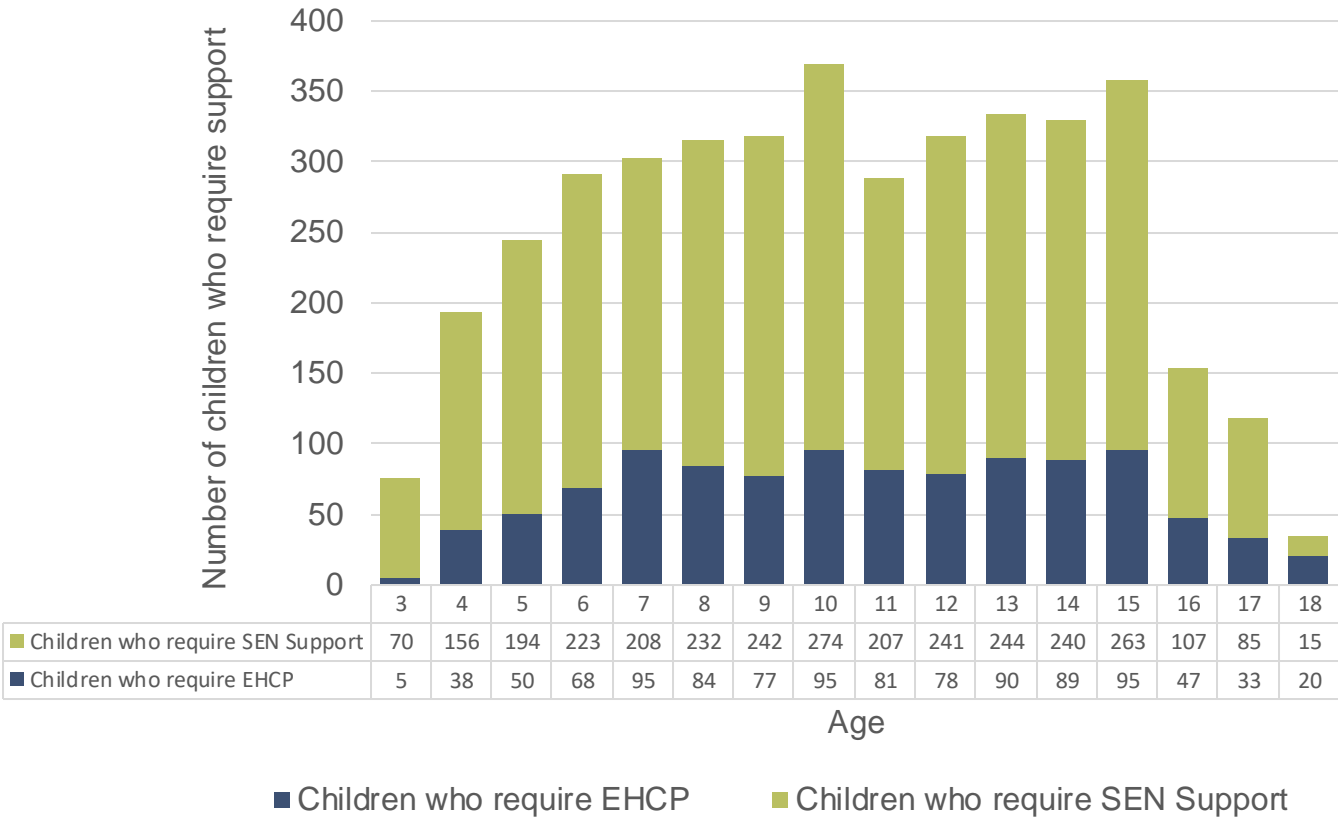
Provision of support for SEND in schools increases steadily through Early Years Foundation Stage and into Primary school. The cohort from the Autumn 2023 School Census was largest at age 10 and 15.

There was a sharp drop-off among children aged 16 years. The percentage of pupils at age 16 receiving support for SEND (next slide) also drops.

At most ages, the percentage of support provided by EHCP is between 20% and 31%.



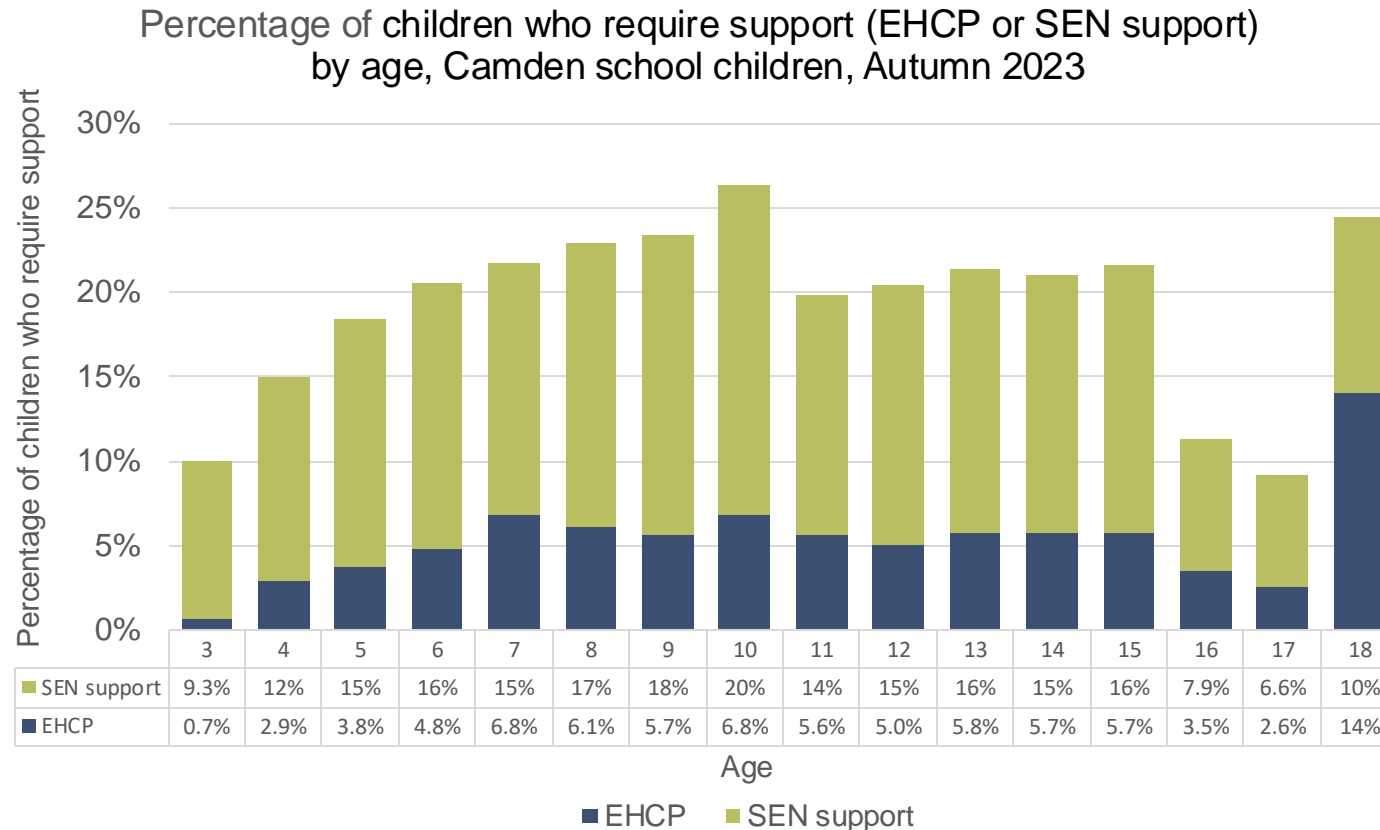
Number of children who receive support (EHCP or SEN support) by age, Camden school children, Autumn 2023



Note: Data on 2- and 19-year-olds is not presented due to some numbers being <5. Data is given for the autumn 2023 enrolment term for each year as this term has data for all years (2018-2023)

Source: SEN1, DfE School Census, Autumn 2023

Age profile of pupils with support for SEND (prevalence)



Within Camden schools, the prevalence of SEND with SEN Support or an EHCP varies significantly by age.

In 2023, 2-, 3- and 17-year-olds had a SEND prevalence of 10% or less. However, among 10-year-olds, more than 1 in 4 children were supported in some form.

The percentage of pupils receiving support drops sharply among 16- and 17-year-olds.

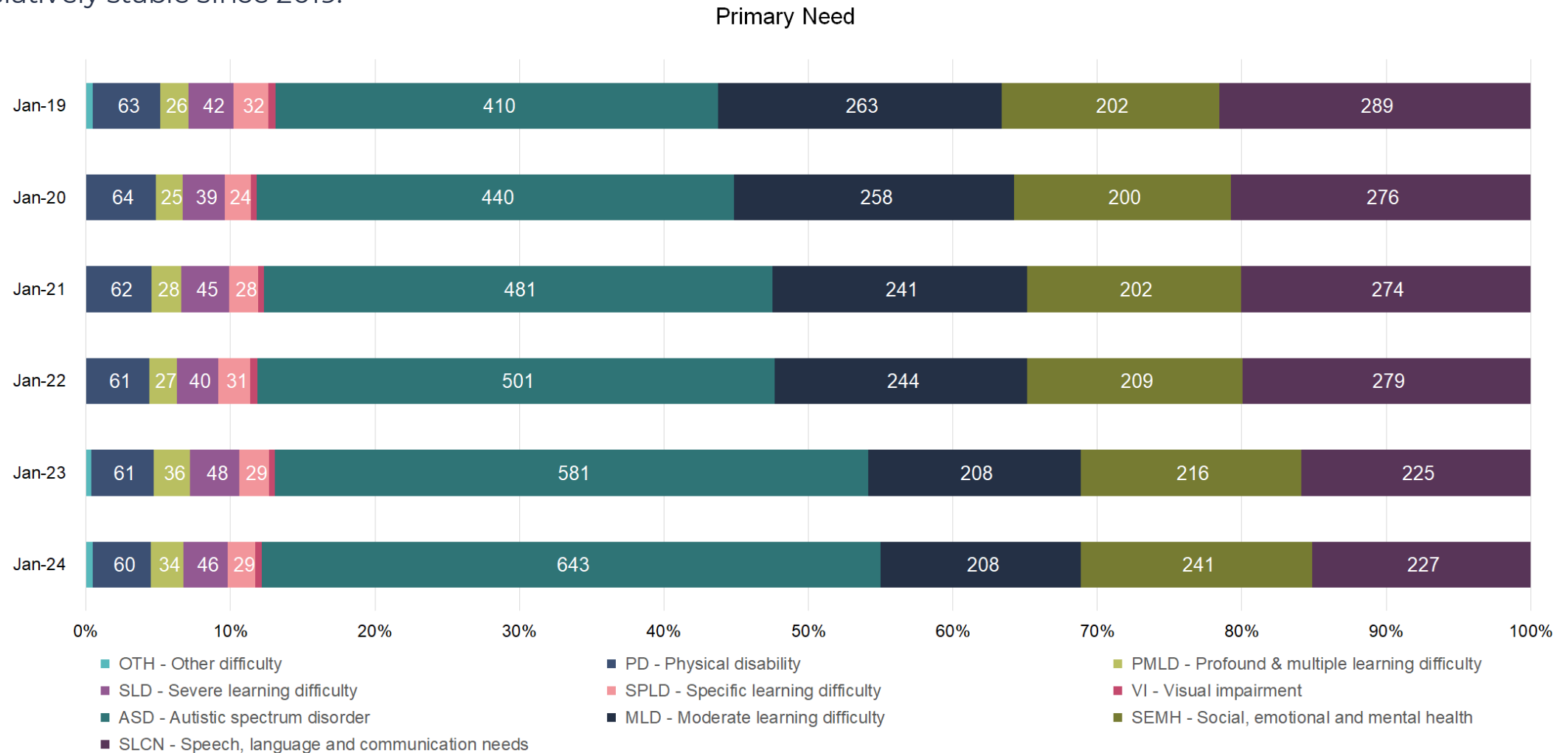
At 18, there are fewer students being supported, but these make up 24% of the student population.

Note: Data on 2- and 19-year olds is not presented due to numbers being <5. Data is given for the autumn 2023 enrolment term for each year as this term has data for all years (2018-2023)

Source: SEN1, DfE School Census, Autumn 2023

Primary Need Identified in Camden EHCPs, 2019-24

Among Camden residents (0-25 years), the most often-identified Primary Needs on EHCPs are Autism Spectrum Disorder (currently 42%), Speech, Language and Communication Needs (15%), Social, Emotional and Mental Health (16%), and Moderate Learning Difficulty (14%). The small numbers of other types of primary need have remained relatively stable since 2019.

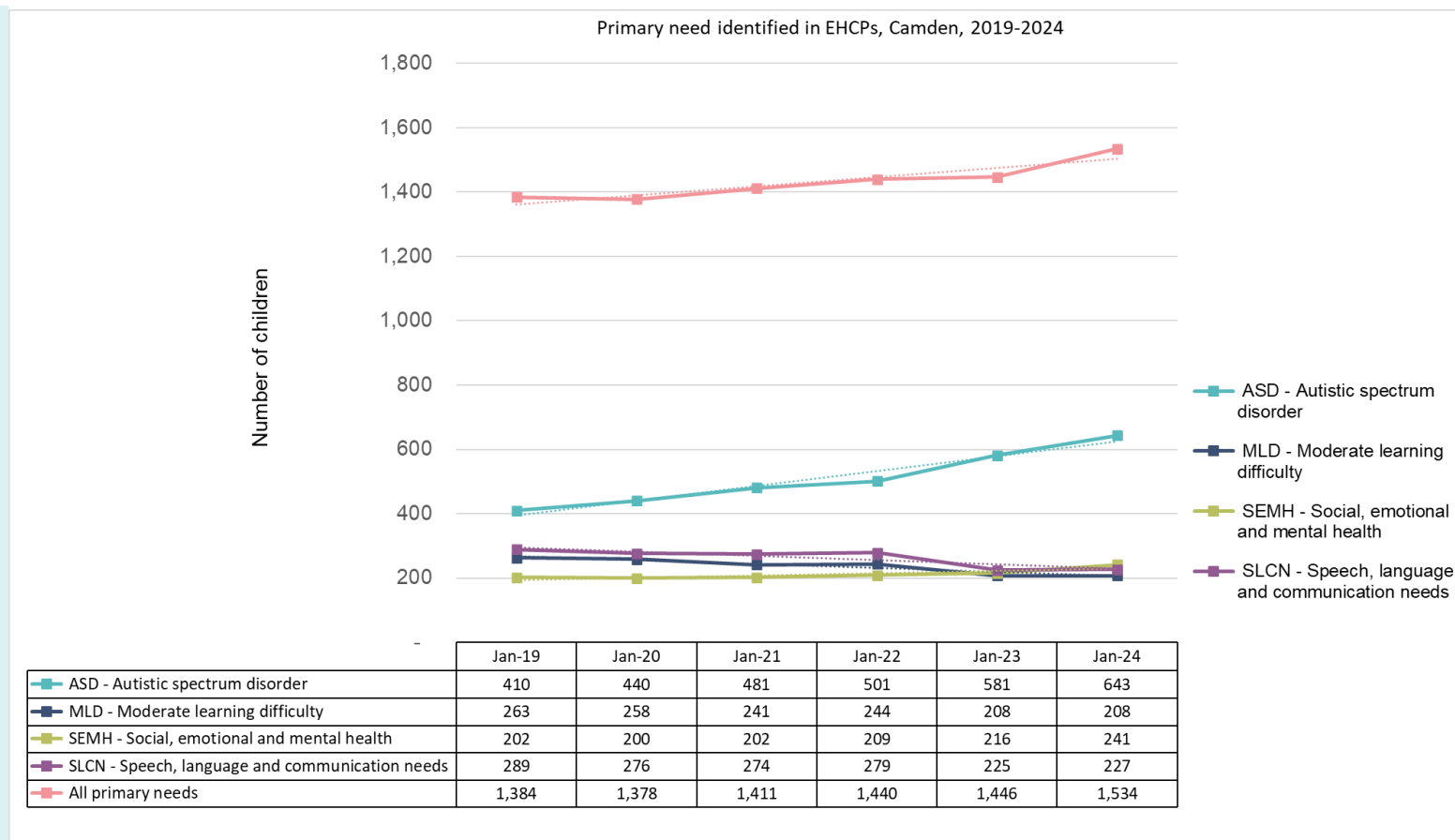


Changes in Primary Need Identified in Camden EHCPs

Since 2019, the numbers of EHCPs with Autistic Spectrum Disorder (ASD) listed as Primary Need has increased by 57% (233 children). Reflecting national trends associated with raised awareness and adjustments to diagnostic definitions, this increase is partially offset by a decrease in listings of Moderate Learning Difficulty (55 fewer children), and Speech Language and Communication Needs (62 fewer children).

Nevertheless, the overall number of EHCPs has grown. This seems linked to a 19% (39 children) increase in Social, Emotional and Mental Health, and ASD that isn't offset by shifts to categorisation (28% increase, estimated at around 116 children).

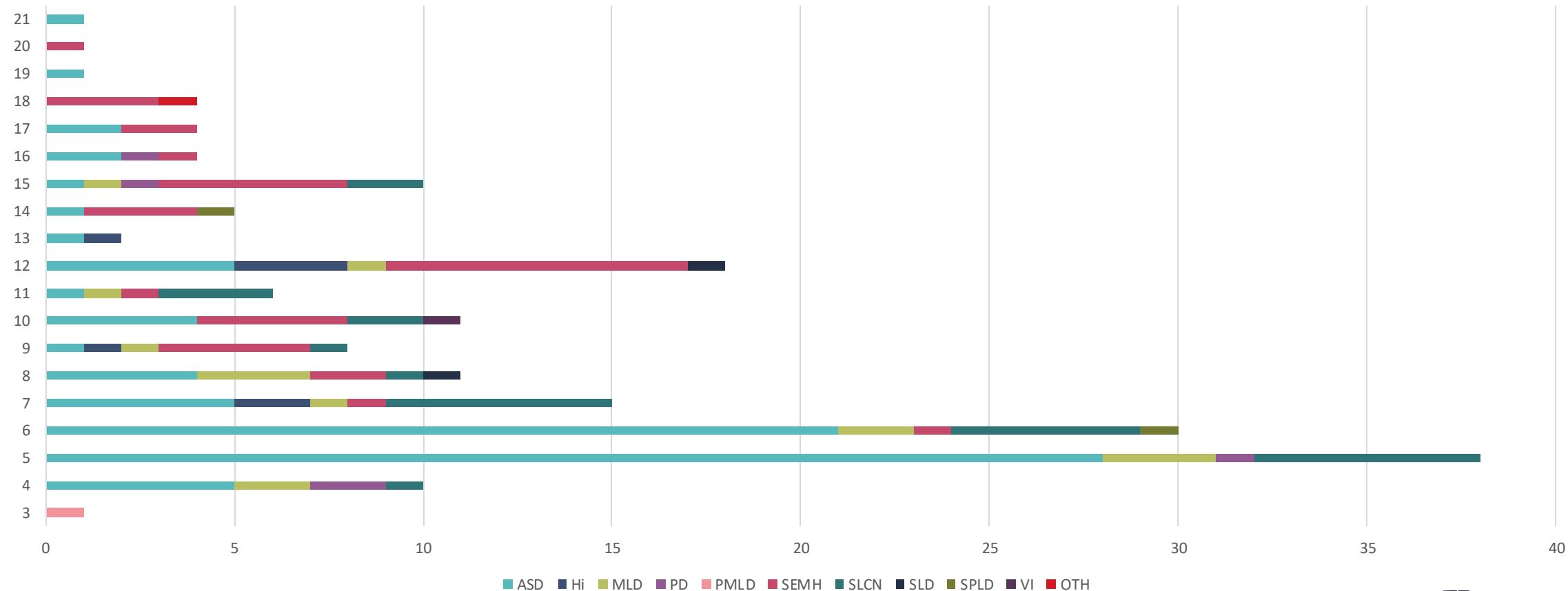
Limitations: EHCP 'Primary Need' shows the categorisation made by the professional using their judgement at the moment the referral was made. It does not show the range of needs a child may have, or any changes to the most urgently presenting need over time.



Prevalence of all primary needs by age, in new Camden EHCPs

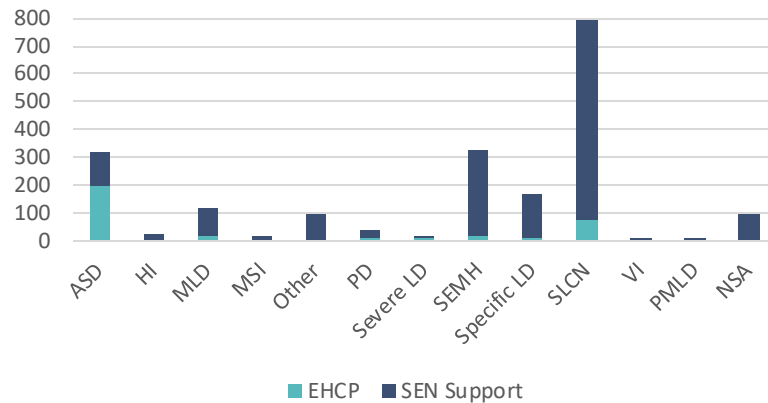
In the most recent data (January 2023), the greatest number of new EHCPs was among 5- and 6-year-olds, of which the large majority listed ASD as the primary need. The most commonly-listed primary need for EHCPs initiated during secondary school was Social, Emotional and Mental Health. This is the fastest growing primary need for Camden children aged 12-16, over the last 5 years.

Number of new EHCPs in Camden schools, by age and primary need, 2023



Primary Need in Camden primary and secondary schools

Camden primary schools 2022/3 academic year



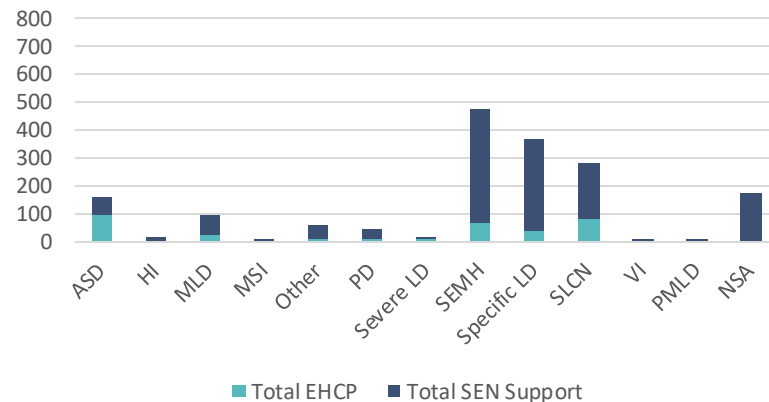
In the 2022/3 academic year, a higher proportion of primary than secondary pupils were receiving support for SEND (19% vs 16%).

795 primary pupils (7.5%) had a primary need of Speech Language and Communication, compared with 281 secondary pupils (2.7%). This may reflect interruptions to young children's development during COVID-19 lockdowns, where opportunities to socialise and observe language and communication were restricted. Around 90% of SLCN needs were supported through SEN Support at primary school level.

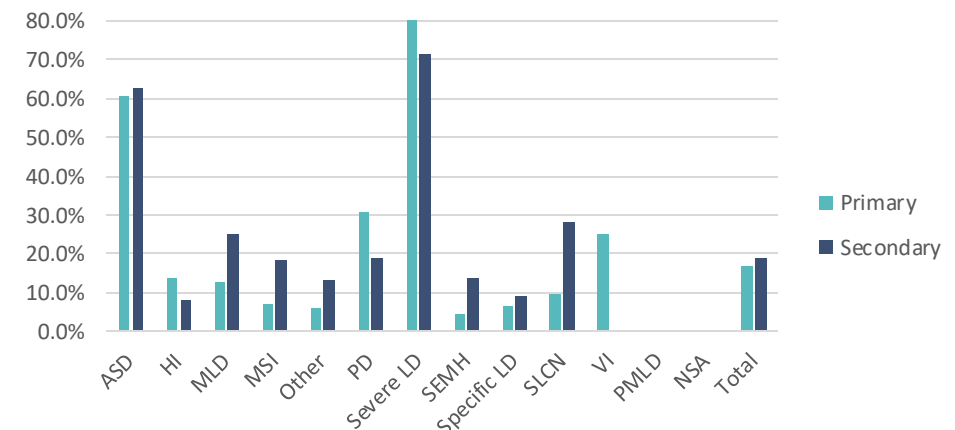
Primary schools had double the proportion of children with ASD. In secondary schools, SEMH (which includes ADHD as well as mood disorders) was the most common primary need (477 pupils (4.5%)). This was higher than in primary schools, and a greater proportion were supported by EHCP. Specific learning disabilities were also more than twice as common at secondary school.

Around 60% of children supported with ASD had an EHCP, indicating that their needs could not be met through a school SEN support plan.

Camden secondary schools 2022/3 academic year



EHCP as a percentage of each primary need



Prevalence and Growth (3)

Key findings

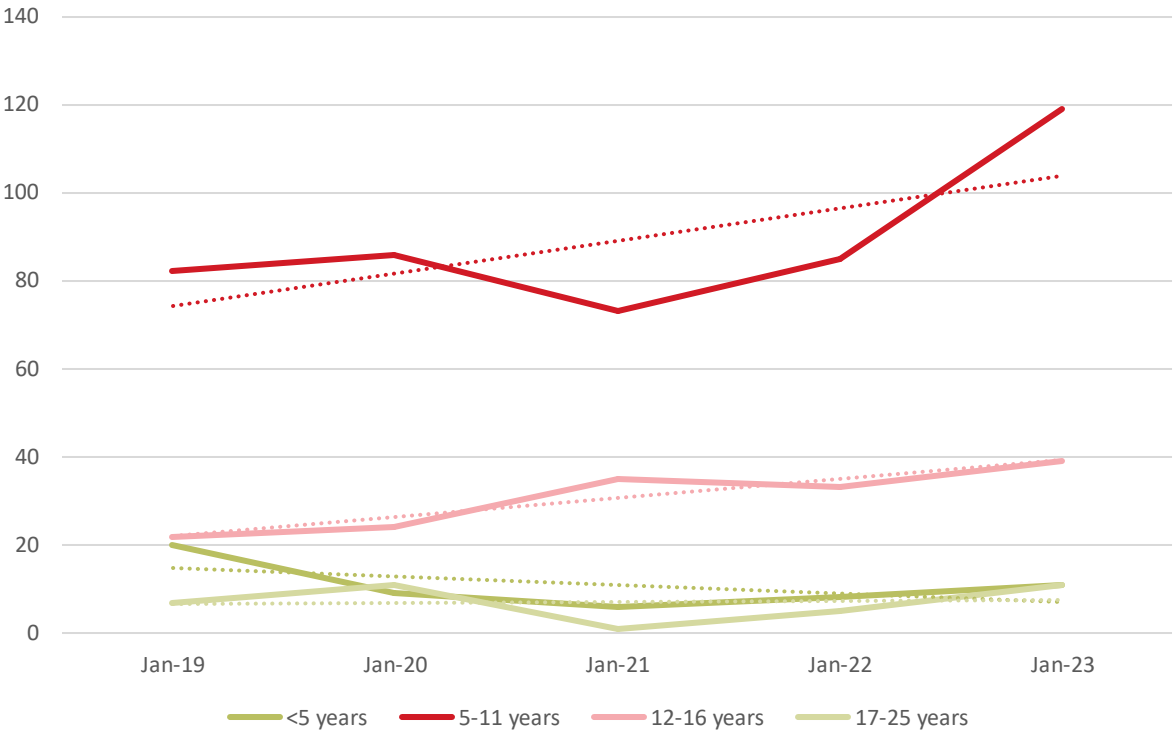
Factors influencing growth of SEND prevalence in Camden

There is significant overall growth in SEND prevalence across the partnership. This is influenced by:

- Rapid growth in the 5-11 age group
- Steady growth in SEN Support particularly at secondary school
- ASD - and to a lesser extent SEMH – increase
- Increases in referrals to MOSAIC SCAS and MOSAIC CDT
- The disproportionately high occurrence of Speech, Language and Communication Needs among primary school children in recent data also suggests growth in this area
- In General Practice, growth among 18-25-year-olds, particularly girls, has been more significant, especially since 2021 (Among this group, there has been a growth in depression as a co-existing condition)

Change in age distribution of new Camden EHCPs

Growth in new Camden EHCPs, by age group

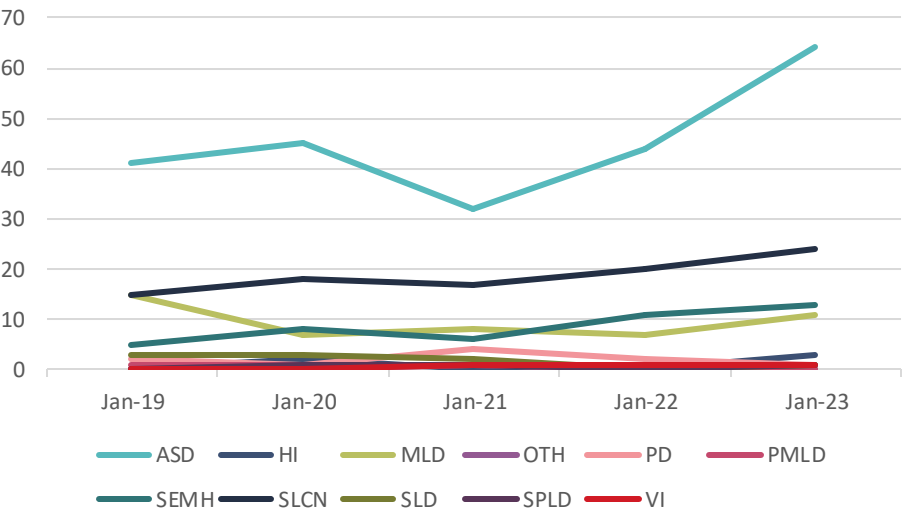


% of new EHCPs	Jan-19	Jan-20	Jan-21	Jan-22	Jan-23
<5 years	15.3%	6.9%	5.2%	6.1%	6.1%
5-11 years	62.6%	66.2%	63.5%	64.9%	66.1%
12-16 years	16.8%	18.5%	30.4%	25.2%	21.7%
17-25 years	5.3%	8.5%	0.9%	3.8%	6.1%

Between 2019 and 2023, the most notable growth in new Camden EHCPs occurred among 5-11 year-olds (66% of the 2023 total). Averaging out the increase over the last 5 years shows an annual growth of around 8 EHCPs, although the steeper increase between 2021 and 2023, if continued, would suggest an additional 25 plans annually in this age group. This change to the slope might be partially explained by later EHCP initiation for children missing education during lockdown, in which case we might expect the increase to plateau over coming years.

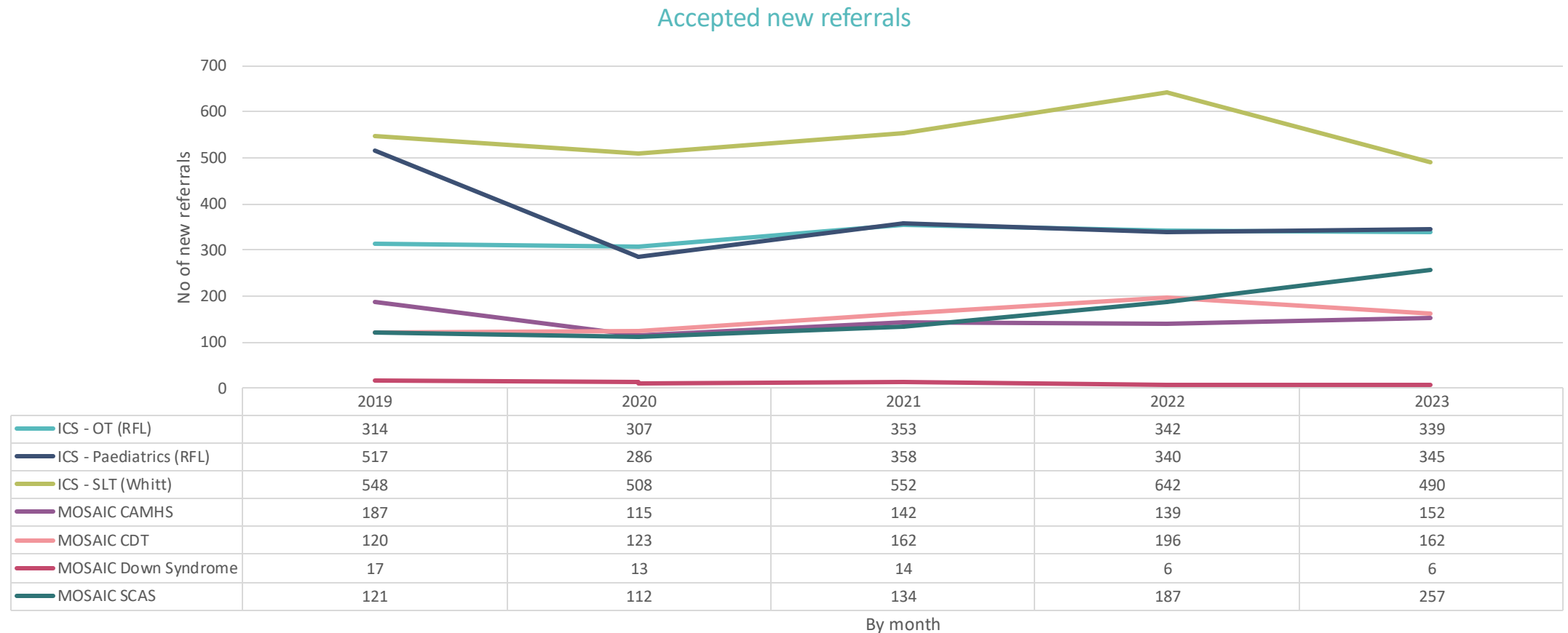
The most significant growth in this age group was in ASD as a primary need, with some increase also in SEMH.

New Camden EHCPs by primary need, 5-11 year-olds



Trend in CICS accepted referrals, by service

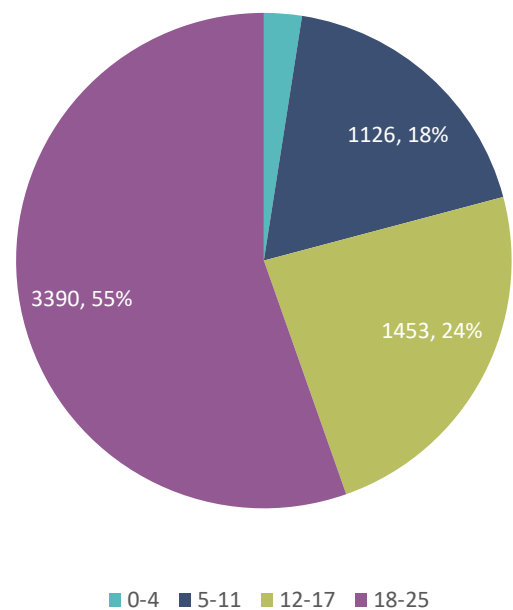
The overall relative stability of referral volumes into CICS obscures the variation by service. The most notable growth is in the Social Communication Assessment Service (SCAS), which receives referrals for autism assessment. The pandemic lockdowns caused a referrals dip for all services in 2020, but the 2023 accepted referrals for SCAS increased by 112% (136) from pre-pandemic levels in 2019. Accepted referrals into SLT peaked in 2022 but returned to below 2019 levels in 2023. The Child Development team has seen a 35% increase in referrals since 2019.



Age distribution of children and young people with SEND (Camden GPs)

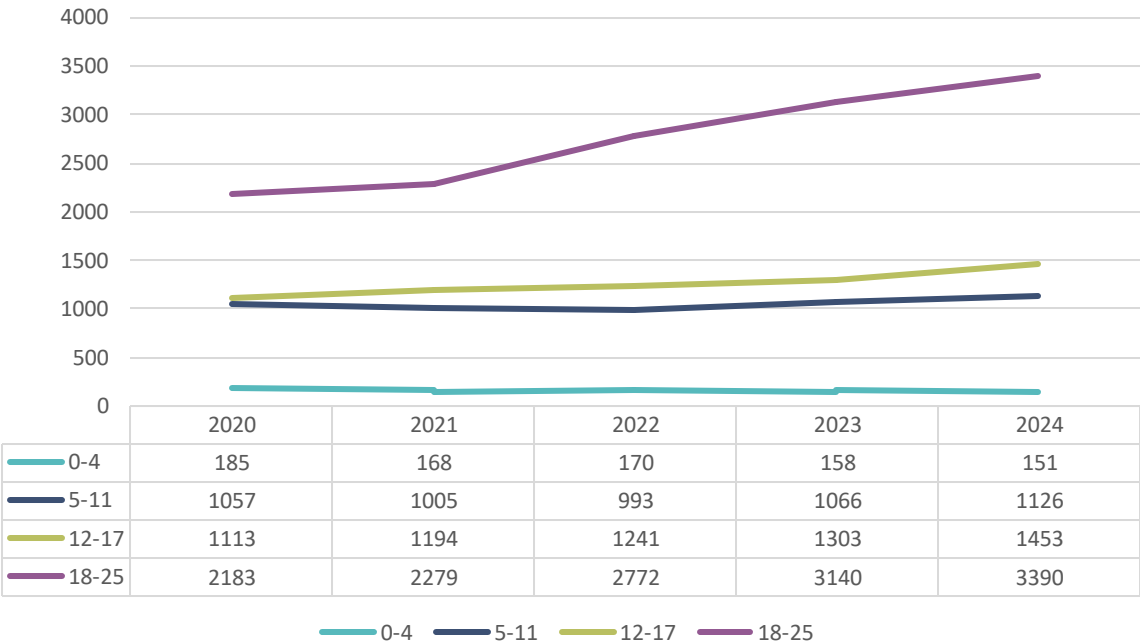
The 18-25 age group makes up more than half of this cohort, and shows the biggest growth, with an increased incline from 2021 onwards. This is different from the trend that we see in local authority data.

Age distribution of children and young people with SEND who are registered with Camden GPs (2024)



Source: EMIS, April 2024, provided by North Central London Integrated Care Board

Trend in the number of children and young people with SEND who are registered with Camden GPs, by age group



Source: EMIS, April 2024, provided by North Central London Integrated Care Board

Insights from parents and carers

Parents and carers spoke about SEN support skills among the workforce, and whole-school inclusivity:

They highly valued the kindness, helpfulness and positivity of staff they had encountered in schools and children's centres. They appreciated 'engagement', 'relationships' and a 'proactive', 'flexible' approach.

Children's difficulties with social integration within a mainstream setting were a recurrent theme. Parents and carers wished for more active focus on social skills, but not just for children with SEND: rather, a 'whole-school education on difference and understanding'.

Parents and carers emphasised the need for specialist training across all staff groups, including all teachers, teaching assistants and after-school staff. They saw that if skills in working with children with SEND were more widespread, this could help children to build more relationships. In turn, this could protect them from staff changes, as well as making the whole school environment feel welcoming.

Parents and carers would like to see 'inclusive learning' and 'a whole-school inclusive approach' to SEND become more universally 'embedded'.

“

There needs to be 'SEND knowledge for all service staff'

”

“

'Community intolerance' brings 'loneliness and depression'

”

“

'I would like to see a whole-school, inclusive approach embedded'

”

Prevalence and Growth: Recommendations



1) Improve the availability and take up of neurodiversity training for all service staff in contact with CYP, widening skills and knowledge especially in areas where primary need has grown most. Work to further embed specialist knowledge into whole-setting approaches to inclusivity.



2) Develop a targeted workstream to support school placement planning and a more in-depth assessment of needs across different schools. Include further exploration into the nuanced presentations of complex need in Camden, and the educational challenges presented to schools as a result, to inform and support enhanced services and workforce development



3) Ensure forecast growth is considered as part of wider strategic work, such as the Borough Accommodation Strategy, and work to promote inclusive employment and economic opportunity, for instance related to the Youth Mission

Key findings: Inequalities

- Gender
- Ethnicity
- Free School Meal Eligibility and Deprivation

Inequalities (1)

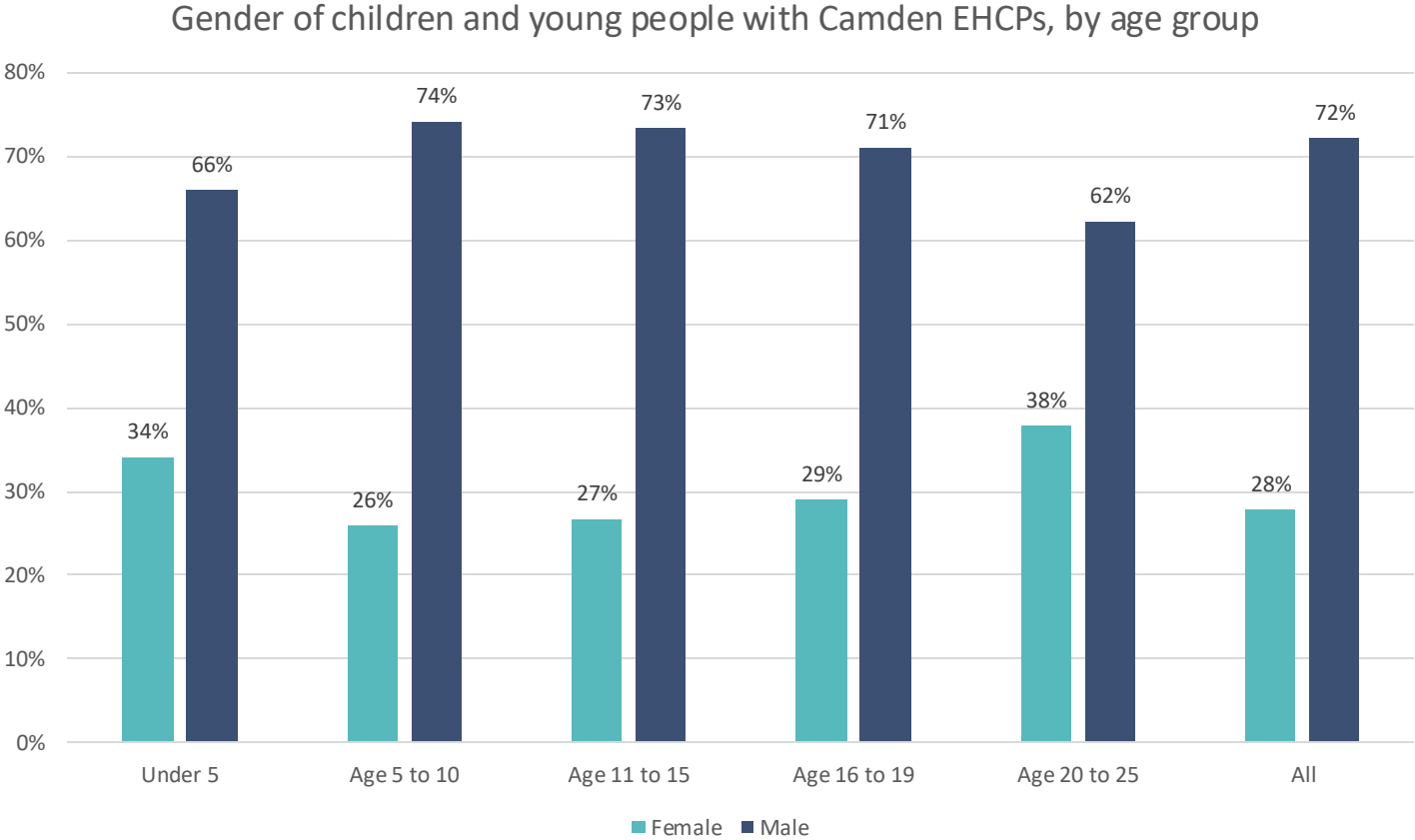
Key findings

Gender

Gender is significant for:

- prevalence (boys make up 65-70% of most SEND cohorts except GP patients and SCAS)
- primary need (boys outnumber girls particularly in Autism Spectrum Disorder, Social Emotional Mental Health and Speech Language and Communication Needs)
- type of support provided (boys are over 70% of the EHCP cohort, but around 55% of the SEN Support cohort)
- age of identification (boys are more likely than girls to be identified for autism assessment or EHCP by the age of 5, girls after they are 13)
- The gender disparity in prevalence is narrowing among children and young people presenting with mental health needs; there is faster growth among girls in MOSAIC CAMHS referrals and in depression among the GP cohort is influenced by the increase among girls. Health services have also seen an increase in girls referred for SCAS, which has reduced the all-age gender gap in this service to just 8%.

Gender distribution of EHCP caseload, January 2023



Overall, the cohort of children and young people with Camden EHCPs in January 2023 was 72% male.

There is some variation by age group, with a smaller difference in the under 5 and the 20-25 age groups.

The data does not currently allow us to show alternative gender identities. Non-binary has been excluded as a category because small numbers could make data identifiable.

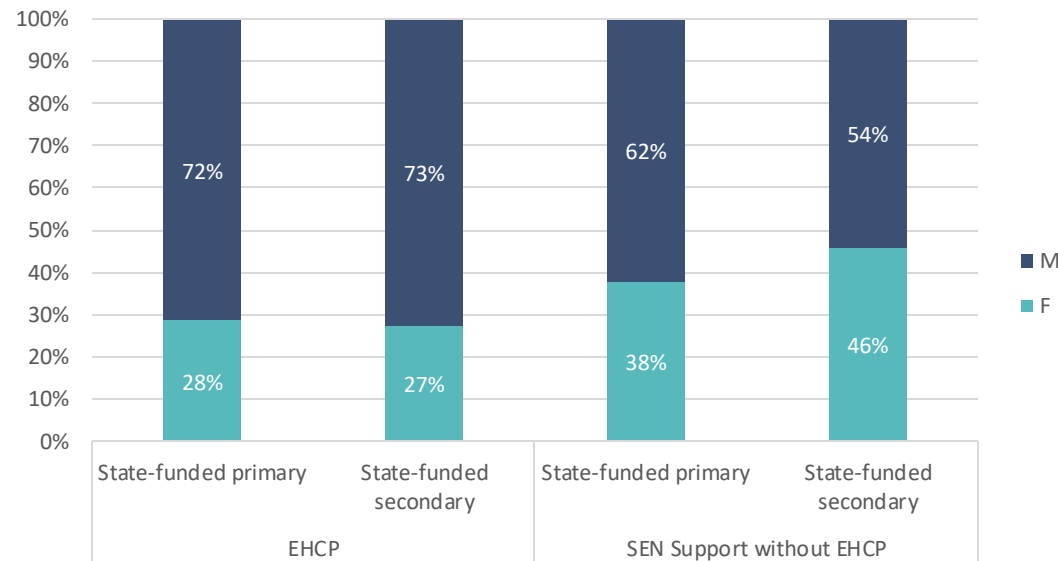
Source: SEN2, Camden residents aged 0-25

Gender differences in SEN Support and EHCP provision, in Camden mainstream schools (Summer 2023)

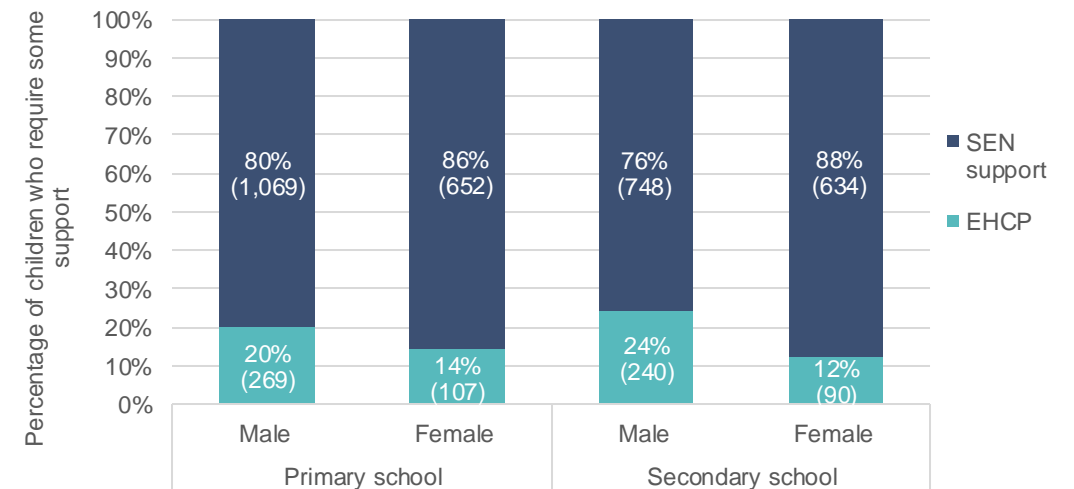
In the summer term 2023, over 70% of EHCPs in Camden schools were issued to boys, at both primary and secondary school. The gender split for SEN Support was less extreme and varied by school stage: 38% of SEN Support in primary was provided to girls, and 46% in secondary.

At primary school, 21% of boys and 14% of girls receiving support for SEND had been issued an EHCP. At secondary, 26% of boys and 13% of girls with identified SEND had an EHCP.

Gender split in EHCPs and SEN Support, by school stage, Summer 2023 (state-funded mainstream)



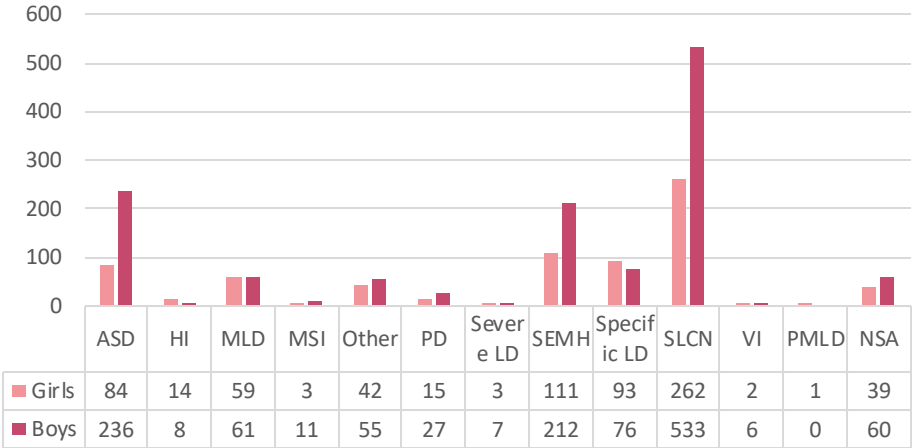
Percentage of children who require support (EHCP or SEN support) by school type and gender, Camden school children, Summer 2023



Note: Data are provided for the summer enrolment term, 2023. The denominator is all children with some support (EHCP+SEN support) within each gender and school type.

Gender differences in 'Primary Need', Camden pupils

Primary Need by gender, primary schools

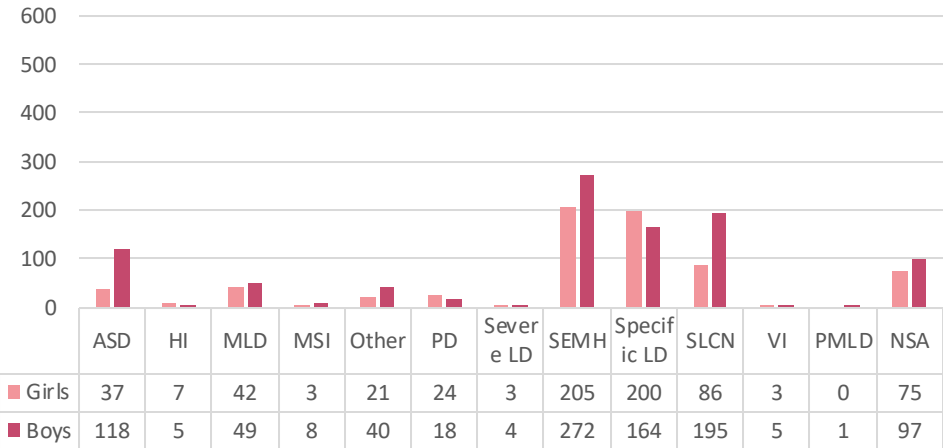


Boys outnumbered girls in relation to identified SEND overall. This was particularly marked for ASD (3:1 boys to girls) and SLCN (2:1). Within these groups, a higher proportion of boys had an EHCP.

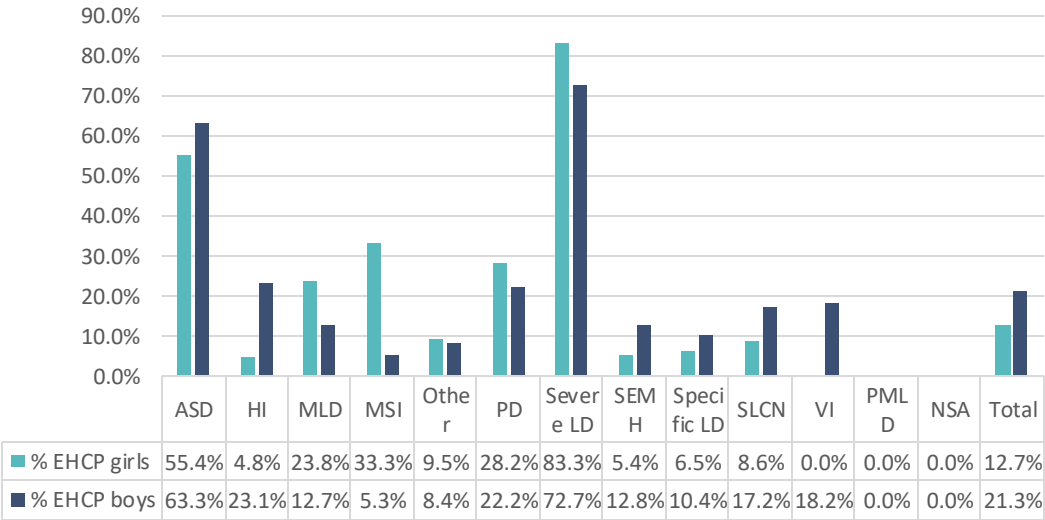
There were twice as many boys as girls with SEMH at primary school. This difference narrowed in secondary, but overall boys were more twice as likely to have an EHCP for SEMH.

Although more girls than boys had Specific Learning Disability listed as their Primary Need, boys were 1.5 times more likely to have an EHCP for this condition.

Primary Need by gender, secondary schools



EHCP as a percentage of each primary need, by gender

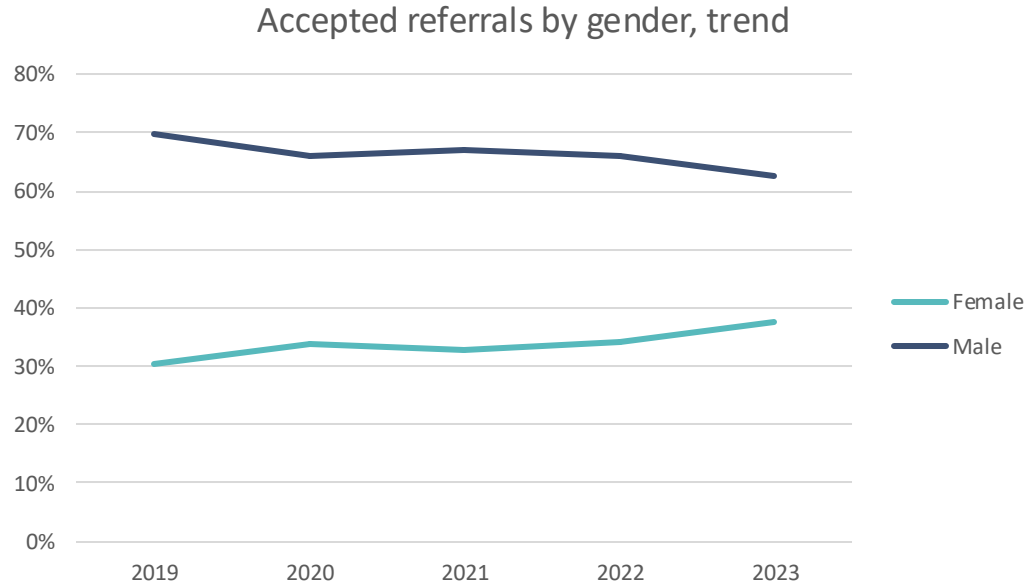
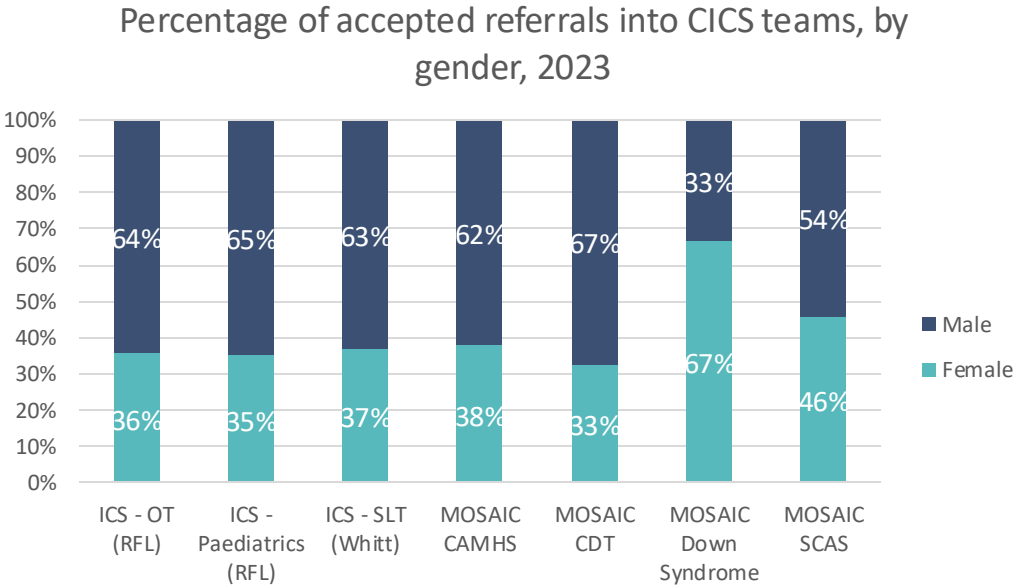


Accepted referrals into Integrated Children's Services, by gender

With the exception of the Social Communication Assessment service, most services closely associated with children and young people with SEND was between 65% and 70% male. (Down Syndrome service is too small for this analysis so should be excluded.)

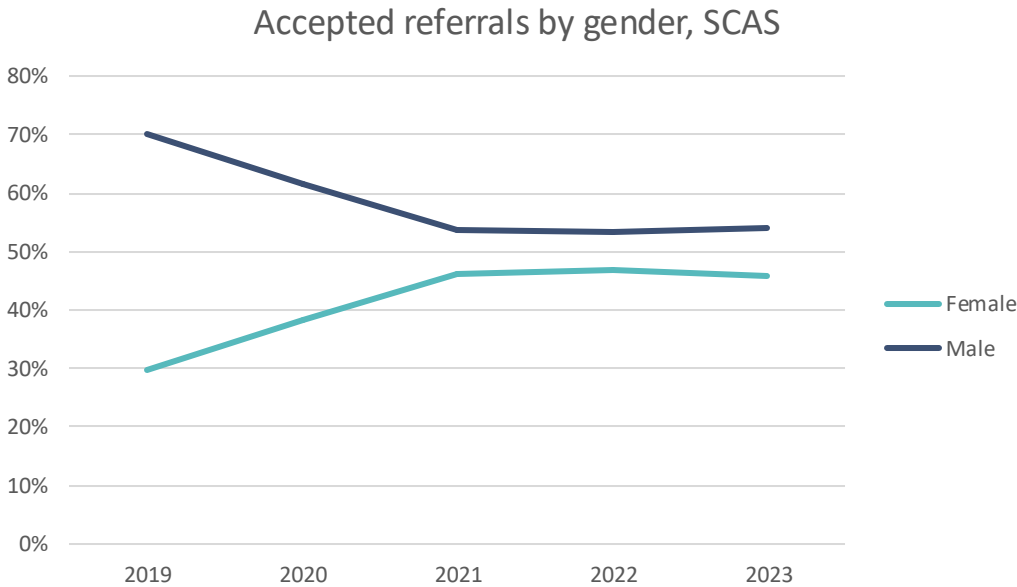
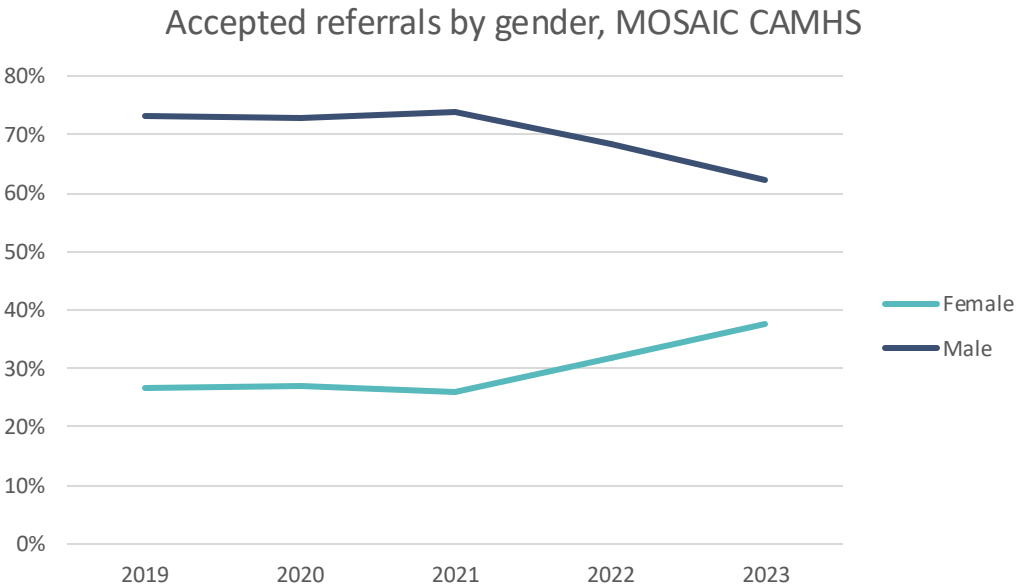
There has been a general narrowing of the gender gap across services by a few percentage points since 2019.

Although overall more evenly distributed, the SCAS showed gender patterns in the age of referral into the service. These patterns were not present within the other services.



Changes in accepted referrals by gender: MOSAIC CAMHS and SCAS

The narrowing gender gap over the last 5 years has been driven by MOSAIC CAMHS, which has seen the gender inequality decrease from 46% to 24%, and the Social Communication Assessment Service, which has seen the gender gap decrease from 24% to 8%.

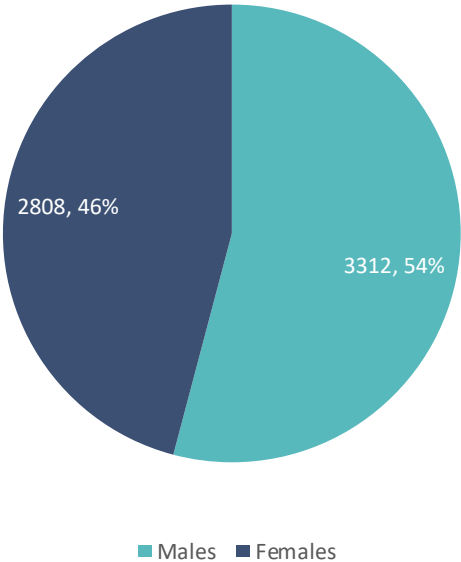


Gender of children and young people with SEND, registered with Camden GPs

54% of children and young people with SEND registered with a Camden GP in April 2024 were male.

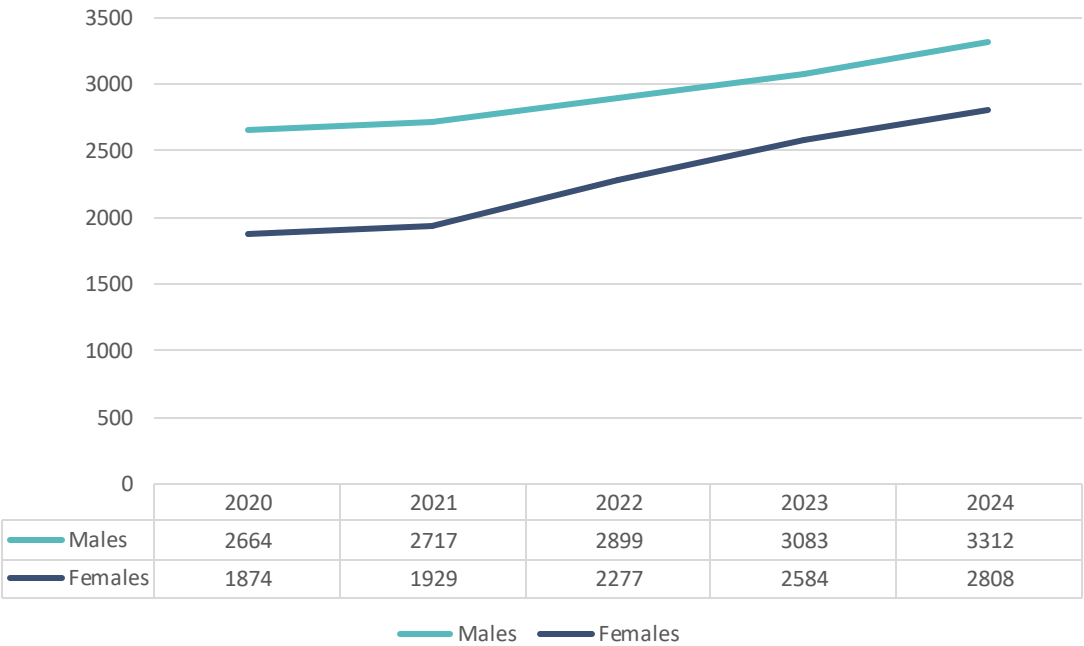
There is an increased rate of growth in Camden GPs' SEND registers from 2021 onwards, for both males and females. This increase was more rapid for females, effectively narrowing the gender gap among this population of children and young people.

Gender distribution, 0-25-year-olds with SEND (April 2024)



Source: EMIS, April 2024, provided by North Central London Integrated Care Board

Trend in 0-25-year-olds with SEND known to Camden GPs, by gender



Source: EMIS, April 2024, provided by North Central London Integrated Care Board

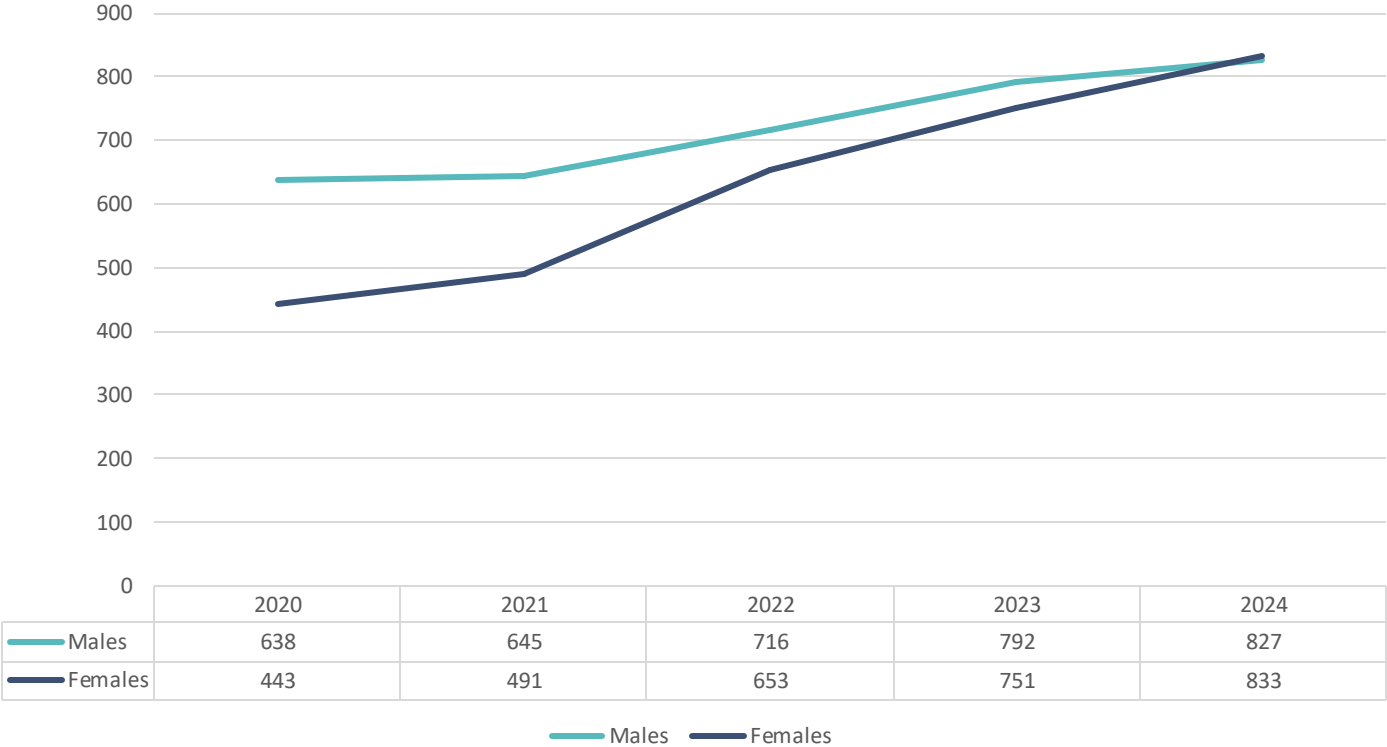
Gender differences in co-existing conditions known to Camden GPs - trend

A quarter of males and a third of females on Camden GP SEND registers had another co-existing condition. This proportion had remained more or less stable for males, but for females had steadily increased from 25% to 30%. The increase in female comorbidity with SEND rose most sharply from 2021.

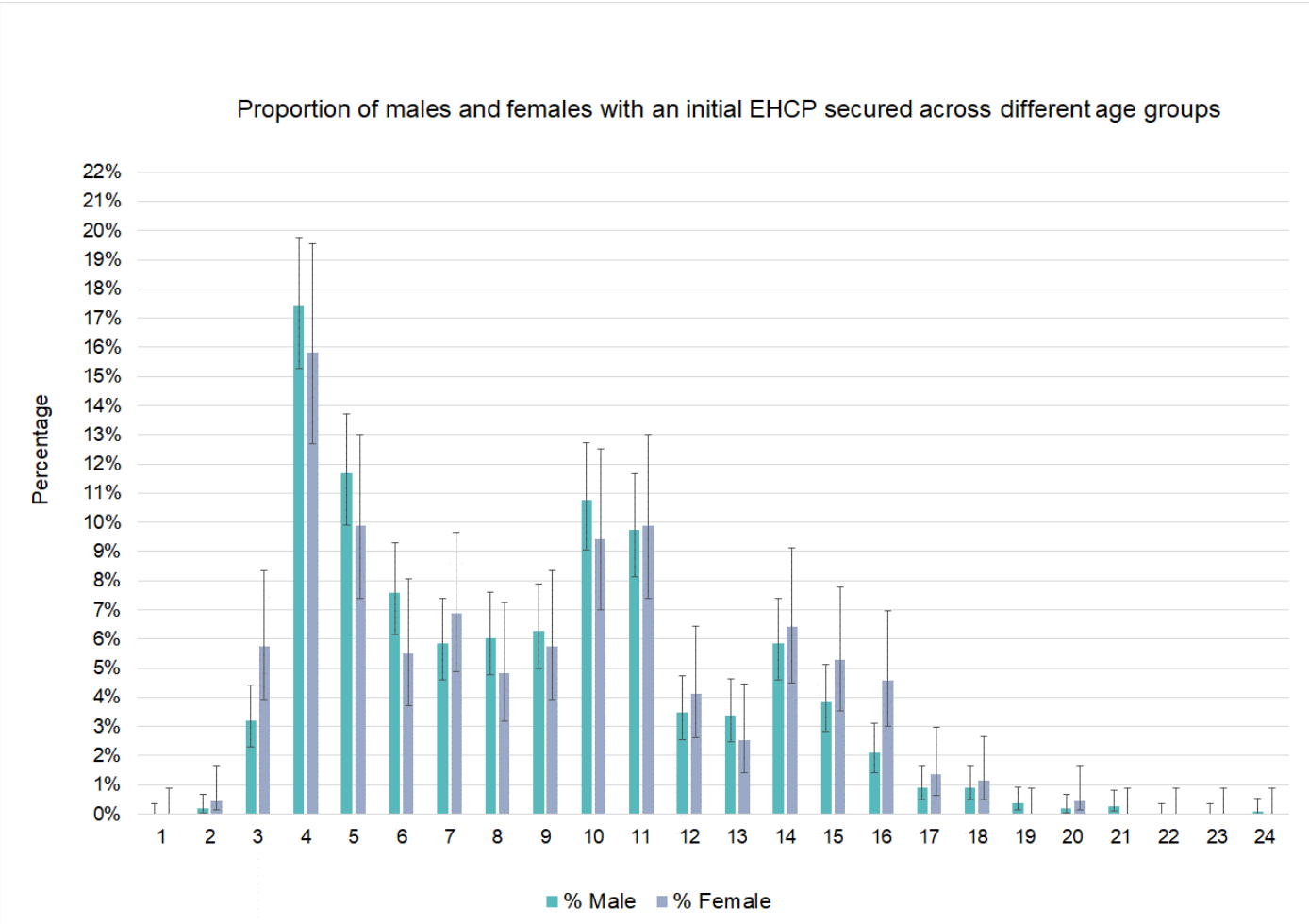
A breakdown of the type of co-existing conditions (not available by gender) showed a similar increase among cases of depression.

This data suggests that the increase in co-existing depression is found more notably among females with SEND.

Trend in co-morbidities among CYP with SEND known to GPs, by gender



Gender differences in the age of EHCP initiation



There are observable differences in the age at which girls and boys receive an EHCP, with boys more likely than girls to receive EHCPs at age 4 and 5, and girls more likely than boys to receive them from age 14. These differences are not statistically significant, however and a larger sample would be needed to test this pattern.

Most EHCPs are initiated during primary school age (mean age 8), for girls and boys. Ages 5, 10 and 11 are notable stages at which EHCPs were initiated. Age 4 is the most common age for initiating an EHCP.

However, a significant proportion (28% for boys and 33% for girls) were not initiated until secondary school.

Around 3% of EHCPs were issued after the end of statutory education, for both girls and boys.

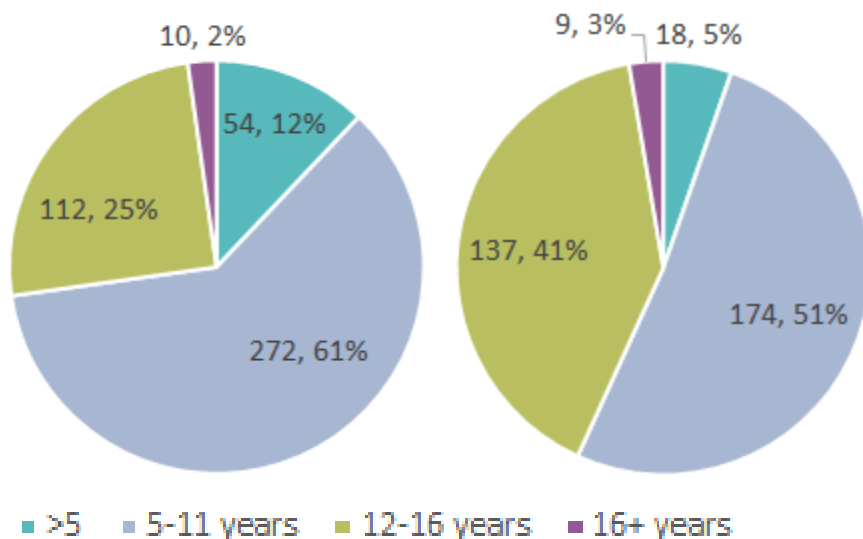
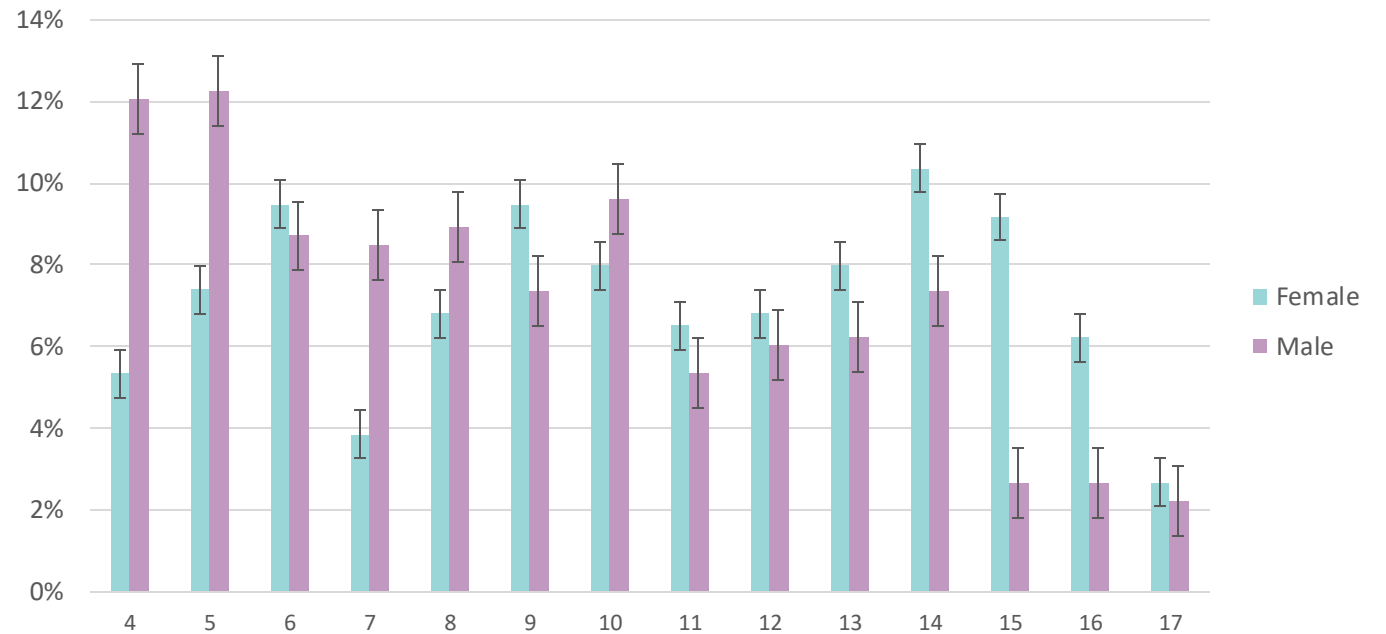
Snapshot data (12th January 2024) from the Camden EHCP Register, showing the age at which the EHCP was initiated. Sample size: 1,533

Source: SEN 2, Camden Residents aged 0-25

Gender patterns in early identification of social communication difficulties, CICS Social Communication Assessment Service, 2019-2023

SCAS accepts referrals from the age of 4. Of the 787 accepted referrals into the Social Communication Assessment Service (autism assessment pathway), 66% were made before or during primary school age, 9% before the age of 5. Peak referral age was 5 years old. 57% of all referrals to SCAS were for males.

Age on referral, by gender, SCAS, 2019-2023



Fewer girls were referred early. Boys were around twice as likely as girls to be referred at ages 4 or 5, and this was statistically significant. 41% of girls were referred during secondary school, compared with 25% of boys. Girls were statistically more likely than boys to be referred aged 13-16.

Source: New referrals into Camden Integrated Children's Service, CNWL Note: referrals for autism assessment before the age of 4 are found within CDT data (slide 56)

Inequalities (2)

Key findings

Ethnicity

There is too high a proportion of unknown ethnicity data in health services to assess inequalities. GP data is more complete (although 'Other' is much higher than expected) but lacks a reliable comparator.

There are indications of over-representation of Black/Black British and Mixed/Multiple ethnicity among the overall SEND cohort, and of Black/ Black British children among those with EHCPs. White children are under-represented among Camden EHCPs. There is a significantly lower prevalence of SEND among Chinese pupils than all other ethnic groups. The gender difference in Camden EHCP is greater among white and other ethnic groups.

GP data shows ethnic characteristics of the SEND population vary by ward.

Differences in prevalence of support for SEND within Camden schools, by ethnicity

In Camden schools, the highest prevalence of support for SEND was found among pupils with Mixed/Dual or Black/Black British ethnicity. The lowest prevalence was found among Chinese pupils and a third of these children and young people had an EHCP. White children had the lowest proportion of EHCPs, both overall and as a proportion of the total support provided to that group.

Although the prevalence was similar across most ethnic groups, the difference between the lowest prevalence (pupils with Chinese ethnicity) and all other categories was significant. The same was true for the 'any other' ethnic group.

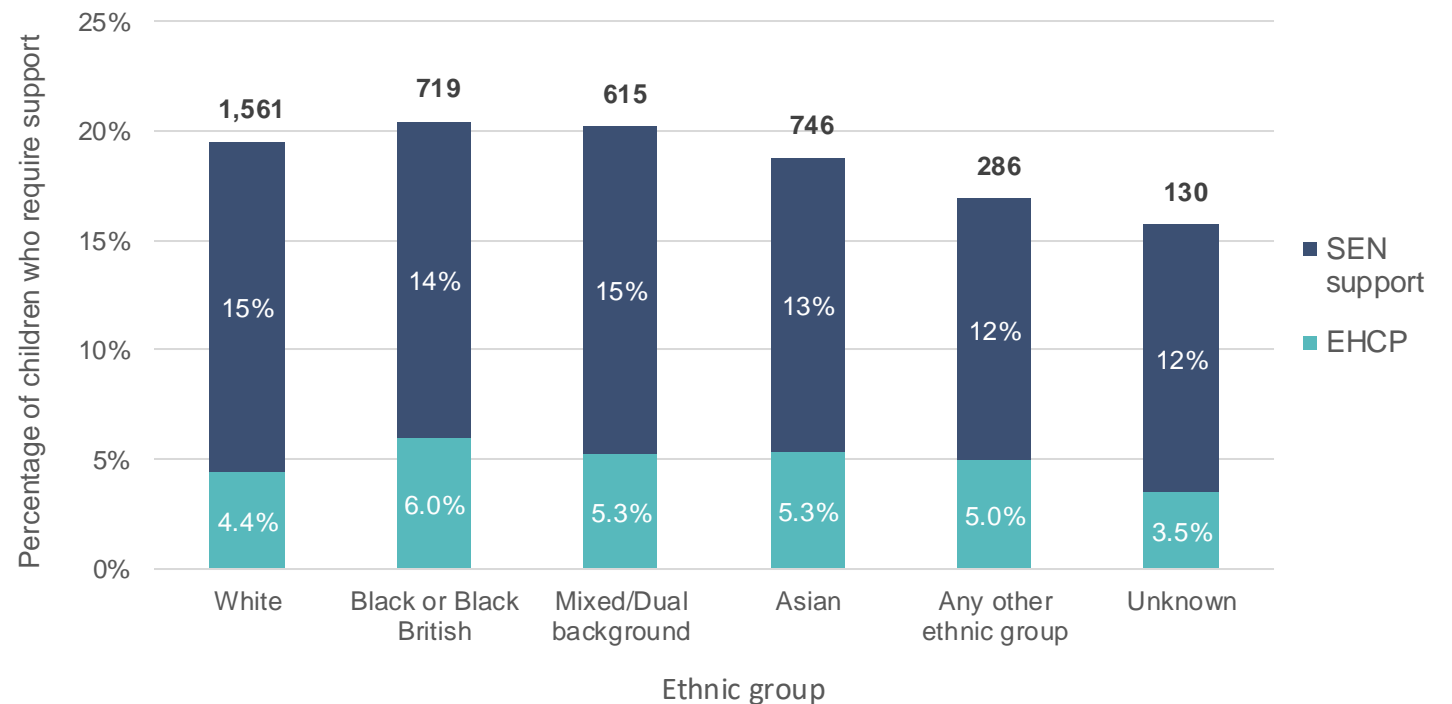
The prevalence of EHCPs was significantly higher among pupils with Black/Black British ethnicity than for pupils with White, Chinese and 'any other' ethnicities.

'Ethnicity not recorded' accounts for 4% of the sample

Note: Data are given for the autumn 2023 enrolment term. Unknown ethnic group includes all children with an ethnicity stated as information not obtained, unknown or refused. 'White' ethnic group includes 'White Other'.

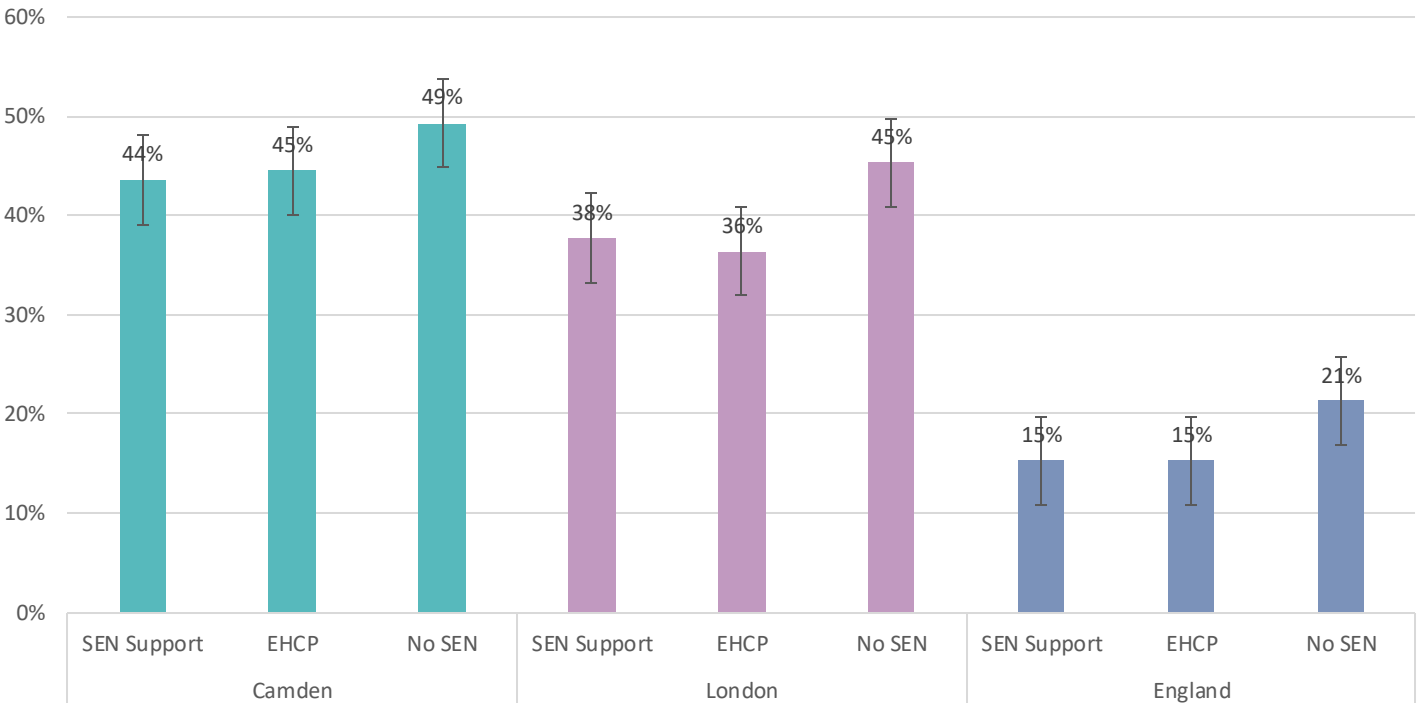
Source: SENI, DfE School Census returns, Camden Pupils aged 2-18.

Percentage of children who require support (EHCP or SEN support) by ethnic group, Camden school children, autumn 2023



First language other than English spoken among Camden pupils with and without support for SEN

Percentage of Camden pupils with a first language other than English, by SEN status, 2022/3



A higher proportion of pupils in Camden did not have English as their first language, compared with London and England.

A similar pattern was found locally, regionally and nationally, in that children with any type of support for SEN were slightly more likely to have English as a first language. The differences are not statistically significant and the reasons for the apparent pattern are unclear from this data.

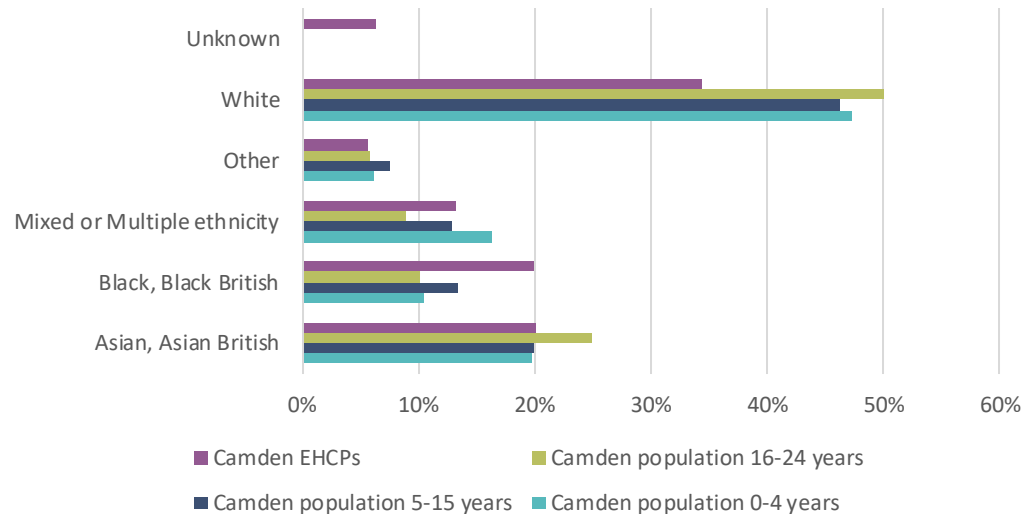
Further investigation would be needed to explore the significance of first spoken language in the likelihood (and timing) of SEN being identified.

Source: Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk), accessed 6.6.2024

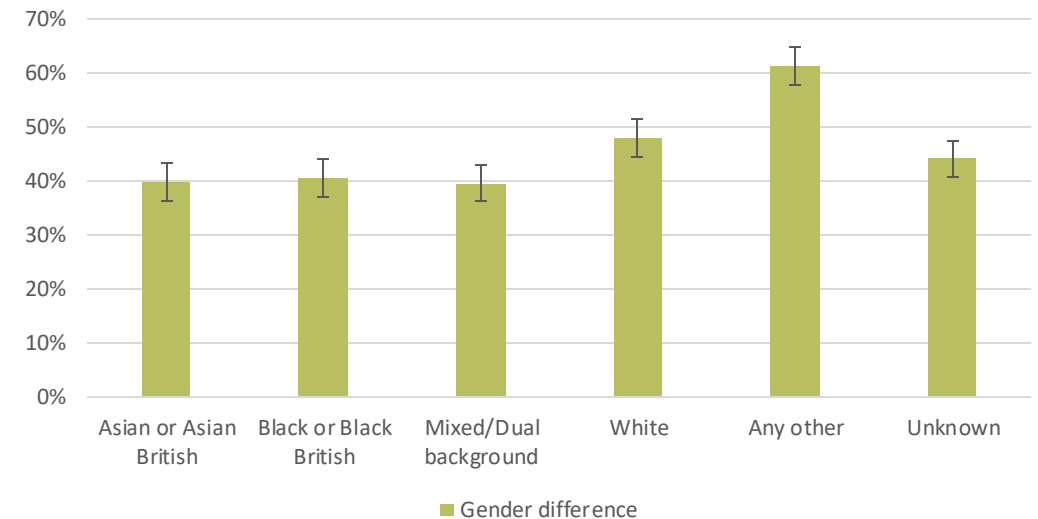
Ethnicity and gender among children and young people with Camden EHCPs, January 2023

There was 6% unknown ethnicity data. Compared with the Camden population projections at each age group, Black/ Black British children and young people were over-represented among those with EHCPs in January 2024, making up at least 20% of the known total. However, this difference was not statistically significant. White children and young people were significantly under-represented among the EHCP cohort. The gender difference between males and females was significantly higher for White and Any Other ethnic groups.

Camden EHCPs, by ethnicity, January 2023



Gender difference, by ethnic group, January 2023



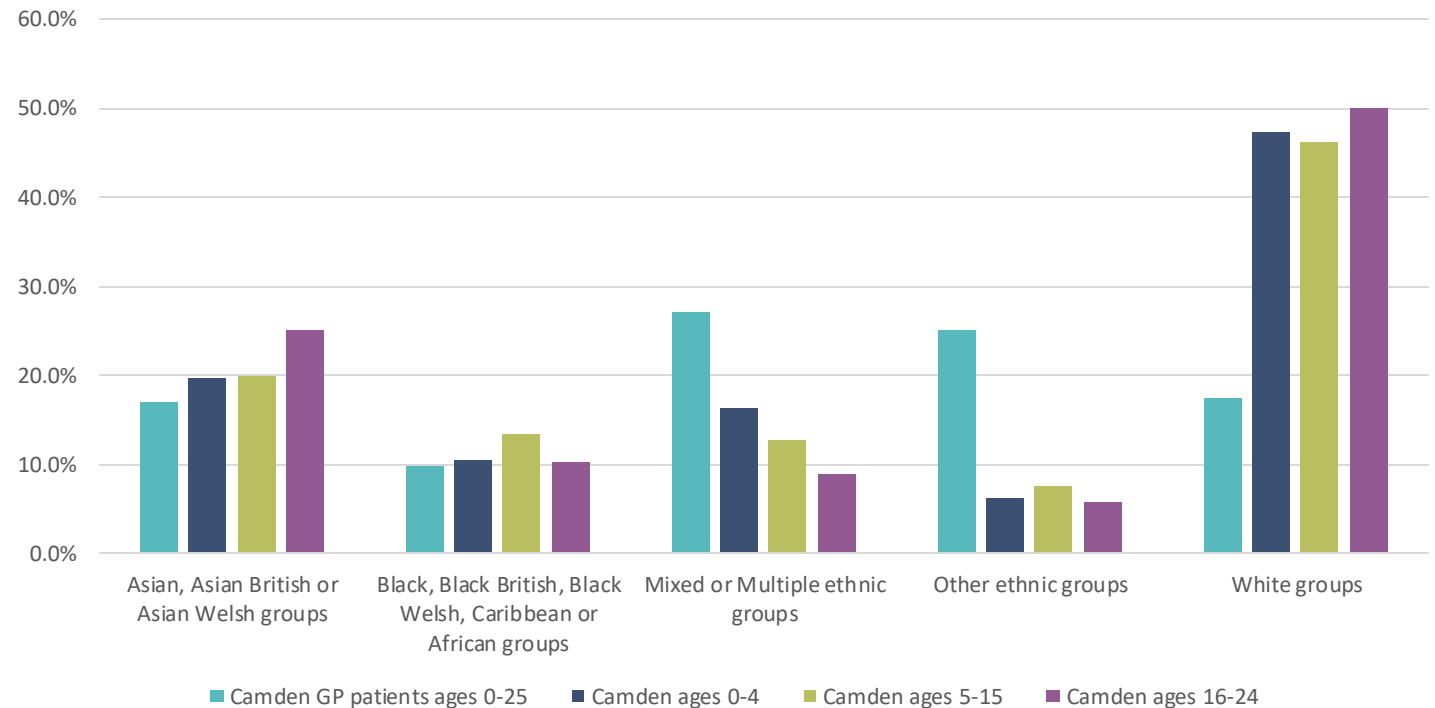
Ethnicity of children and young people with SEND (Camden GPs)

The most commonly-recorded ethnicity among young Camden patients with SEND was 'Mixed, or Multiple Ethnic Groups' (27%), followed by 'Other' (25%). Use of the 'Other' category may indicate some uncertainty about coding within this dataset.

Camden ethnicity data is available broken down into age groups (the second, third and fourth bars in the graph). This data indicates that 'Mixed, or Multiple' and 'Other' ethnicities seem over-represented, while 'White' ethnicities are significantly below the expected level.

Caution should be taken in interpreting this data, however, as 18% of Camden's young patients with SEND live outside of Camden.

Ethnicities of 0-25-year-olds with SEND known to Camden GPs (2024), compared with Camden population



5% missing ethnicity data has been excluded from the analysis.

Ethnicity by Primary Care Network Area

Ethnicity varied by PCN area, with Central Camden and South Camden showing relatively high proportions of 'Asian or Asian British' young people, North Camden having a larger population of young people with 'Mixed' ethnicity, and Kentish Town Central and Kentish Town South showing the highest proportion of 'White' young people within their GP SEND registers.

	Central Camden	Central Hampstead	Kentish Town Central	Kentish Town South	North Camden	South Camden	West and Central	West Camden
Asian or Asian British	29%	13%	11%	16%	10%	24%	12%	14%
Black, Black British, Caribbean or African	10%	10%	11%	15%	8%	5%	10%	10%
Mixed or multiple ethnic groups	22%	28%	27%	24%	35%	25%	33%	23%
Other ethnic group	22%	33%	16%	16%	31%	32%	24%	32%
White	15%	15%	27%	24%	12%	11%	20%	17%
Not recorded	2%	No value	8%	4%	3%	3%	2%	4%

Source: EMIS, April 2024, provided by North Central London Integrated Care Board

Inequalities (3)

Key findings

Deprivation

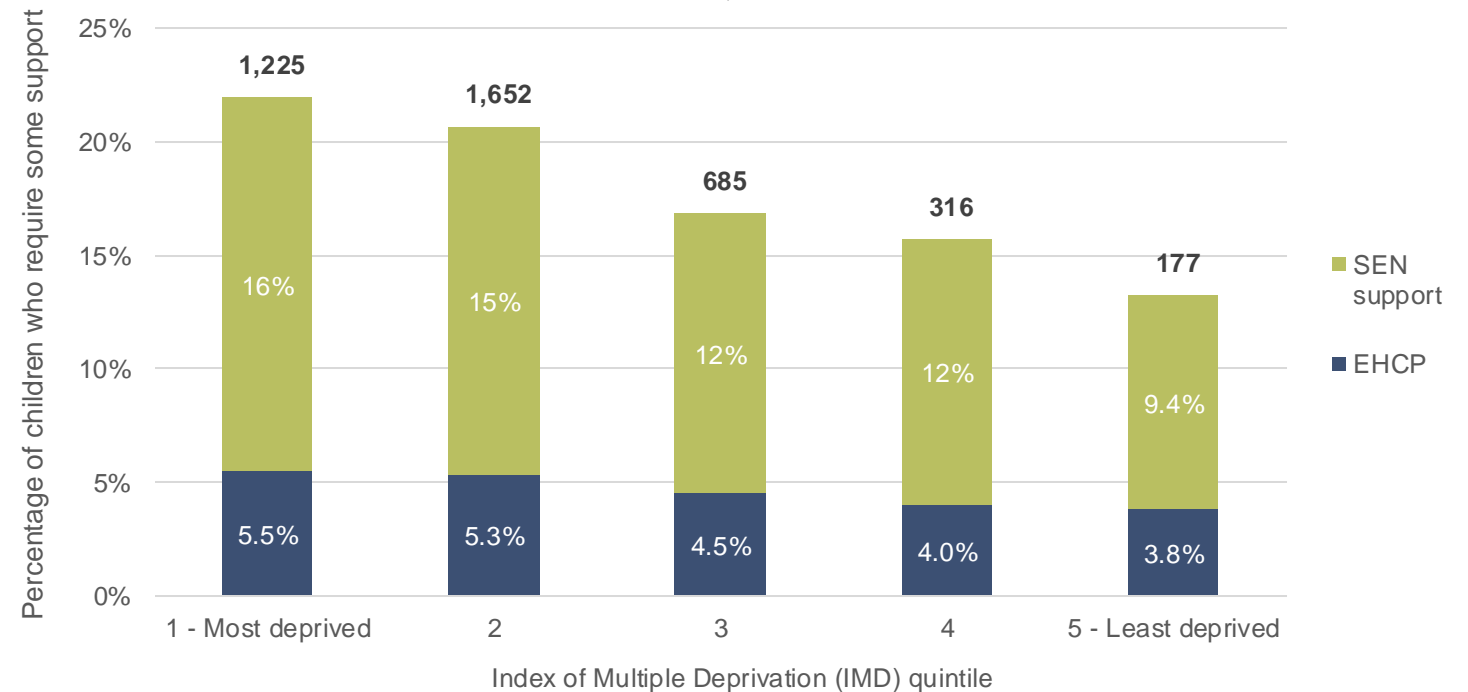
Greater SEND prevalence is associated with free school meal eligibility and areas of greater deprivation. This data was only available for School Pupils and GP patients.

Differences in prevalence of support for SEND within Camden schools, by deprivation quintile

There is a significant difference between the highest and lowest deprivation quintiles in the percentage of children receiving each and any type of support for Special Educational Needs. 71% of this cohort of children are living in the two most deprived quintiles.

We know that deprivation is also associated with numerous health inequalities and social and economic stressors. Although it is unclear from this data why children living in areas of greater deprivation are more likely to be receiving SEND support in schools, it is important to recognise that these children and their families may be living with additional challenges associated with deprivation, alongside any challenges related to the child's SEND status.

Percentage of children who require some support (EHCP or SEN support) by socioeconomic deprivation (IMD) quintile, Camden school children, autumn 2023



Note: data are provided for the autumn enrolment term, 2023. Two children could not be allocated to an IMD quintile due to missing postcode data.

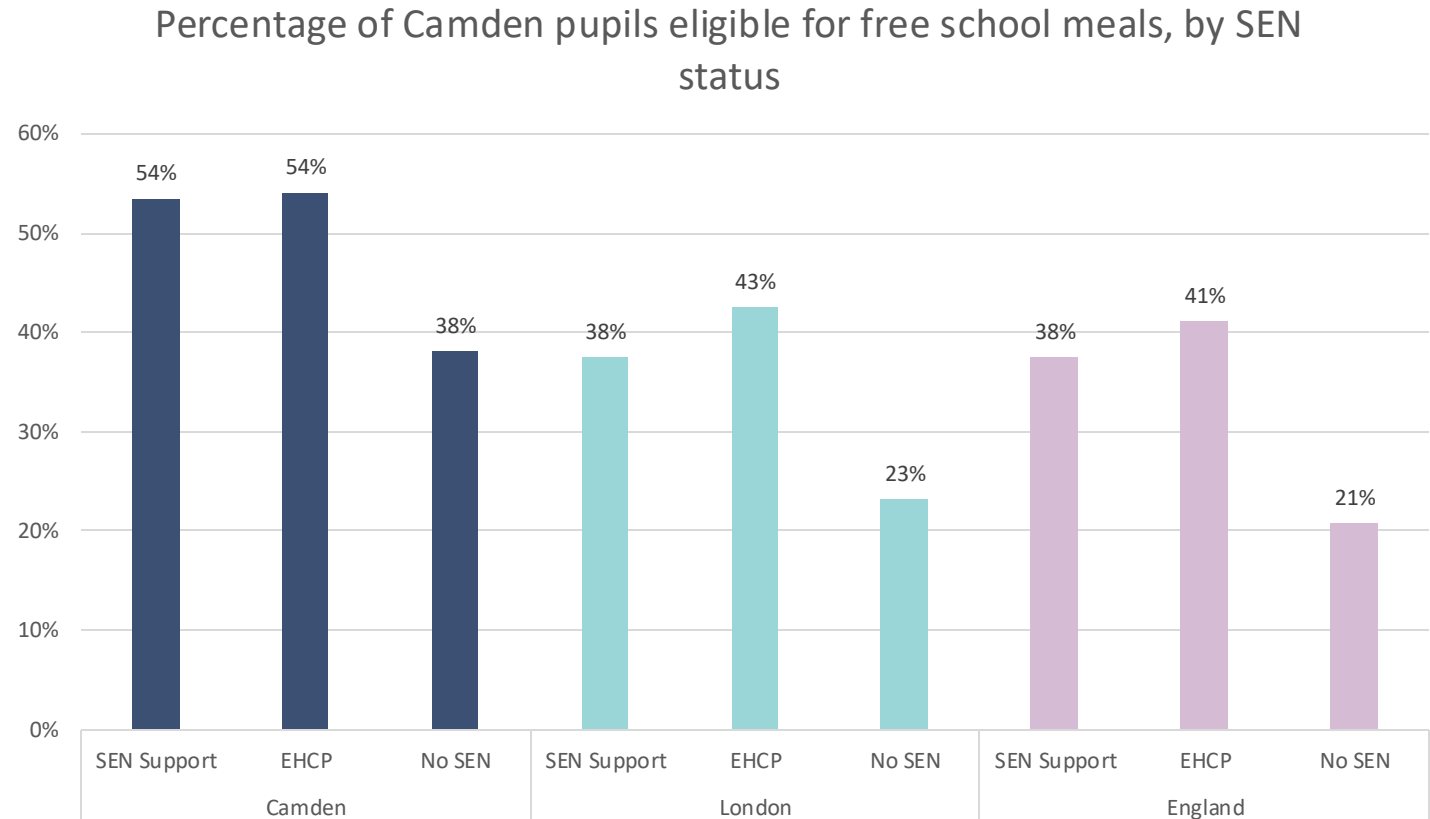
IMD Quintile based on resident postcode
Source: SEN DfE School Census, October 2023

Over-representation of free school meal eligibility among pupils with SEND

Camden has a higher percentage of pupils eligible for free school meals than London or England.

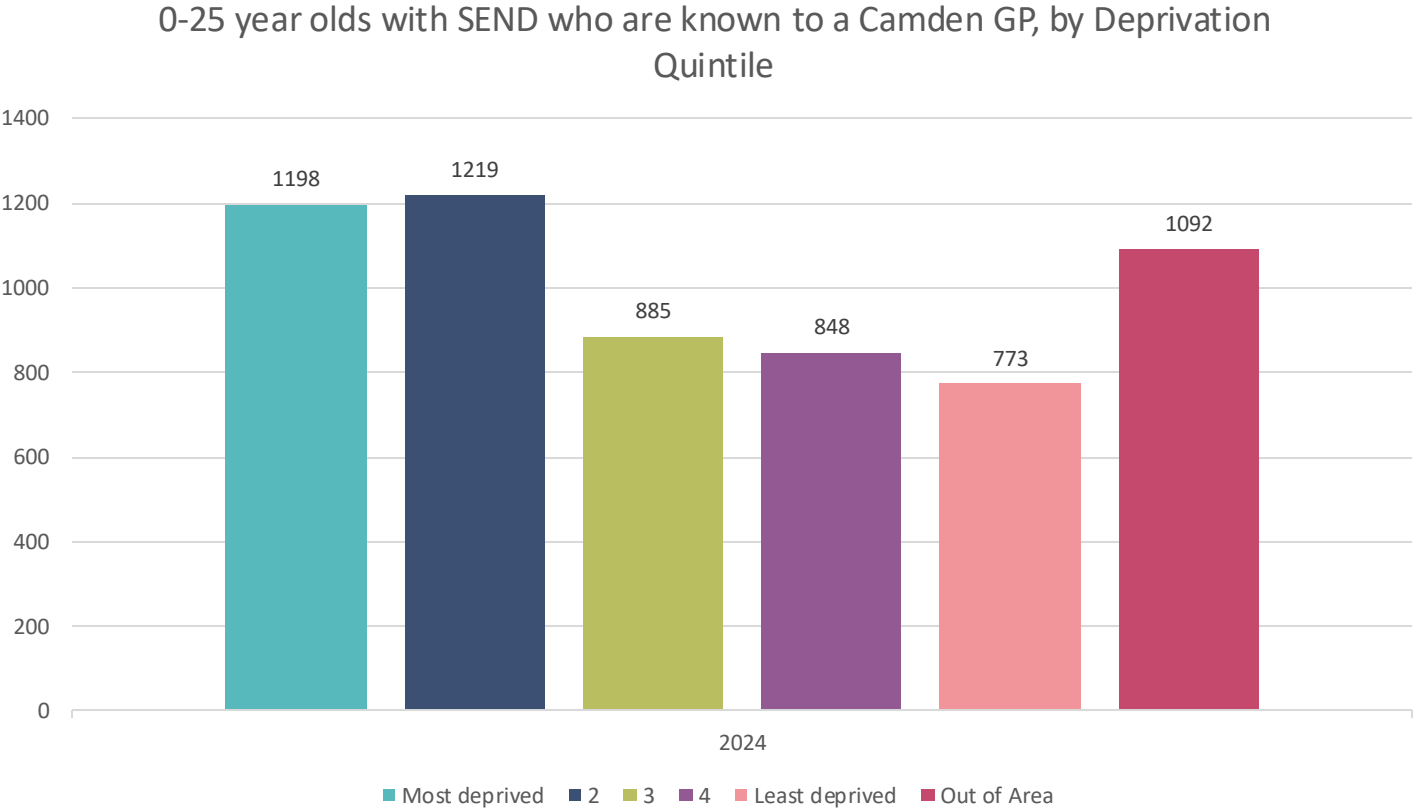
Within this higher overall proportion, Camden follows the same pattern as seen regionally and nationally: children with SEN Support and with EHCPs are significantly more likely to be eligible for free school meals than children with no SEN.

In Camden, over half of the pupils with SEN Support and with EHCPs were eligible for free school meals.



Source: Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk), accessed 6.6.2024

Relative deprivation of children and young people with SEND (Camden GPs)



Around half of the children and young people with SEND, who both lived in Camden and were registered with a Camden GP, were from the two most deprived quintiles. When including out-of-Borough residents, these two quintiles made up 40% of the total.

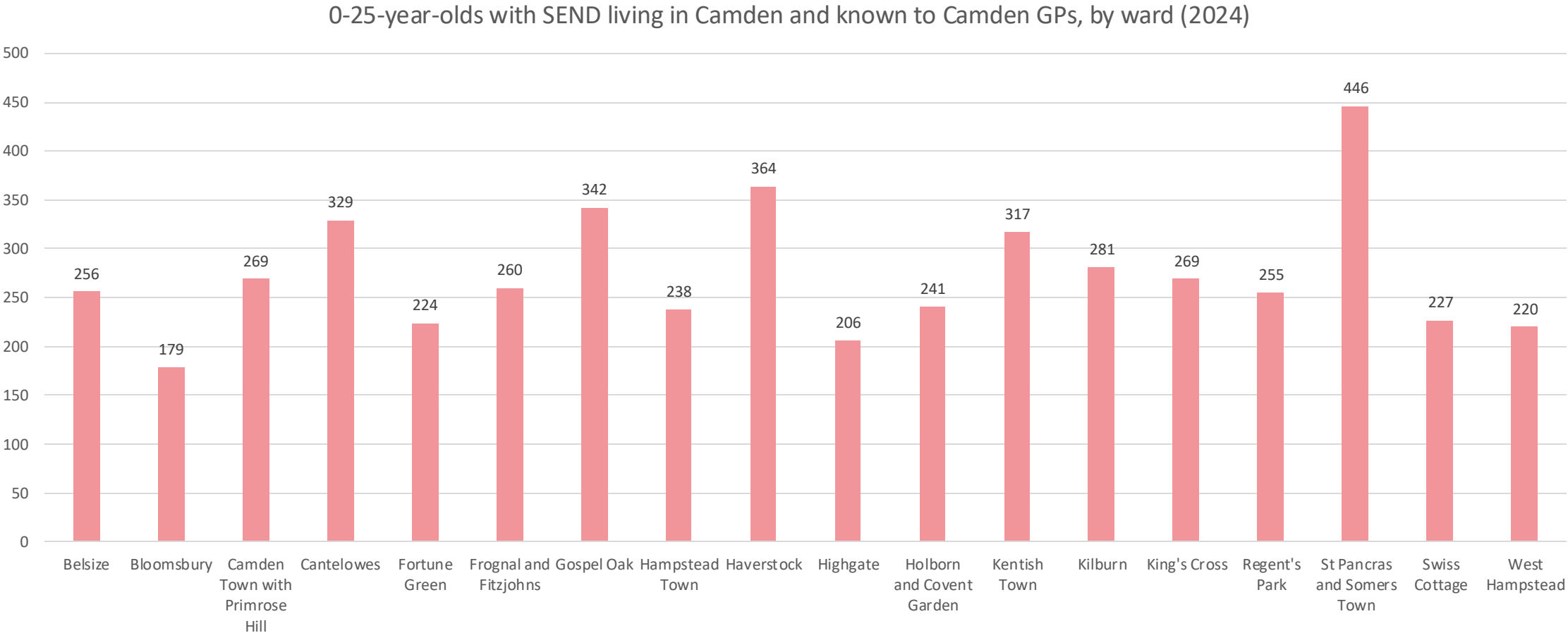
A significant proportion (18%) of the children and young people resided out of Borough.

105 records did not contain a postcode value and were excluded

Source: EMIS, April 2024, provided by North Central London Integrated Care Board

Distribution by ward

The highest number of Camden GP patients with SEND resided in St Pancras and Somers Town ward, followed by Haverstock, Gospel Oak and Cantelowes.



Source: EMIS, April 2024, provided by North Central London Integrated Care Board

Inequalities: Recommendations



4) Raise awareness of inequalities and the intersectionality within the SEND space and the population groups with disproportionately high prevalence such as those in lower income homes



5) Address the need to further improve data collection on those with SEND and protected characteristics and their outcomes to better understand differences in prevalence seen including overrepresentation in Black ethnic and mixed/ multiple ethnic groups and under representation in Chinese communities



6) Continue the strong focus on co-production of services, resources and support with parents, carers and CYP with SEND, recognising the breadth of primary need and the likelihood of socioeconomic disadvantage for many families with SEND children

Key findings: Early Identification

- Healthy Child Programme 0-5 and GPs
- Educational settings

Early Identification (1)

Key findings

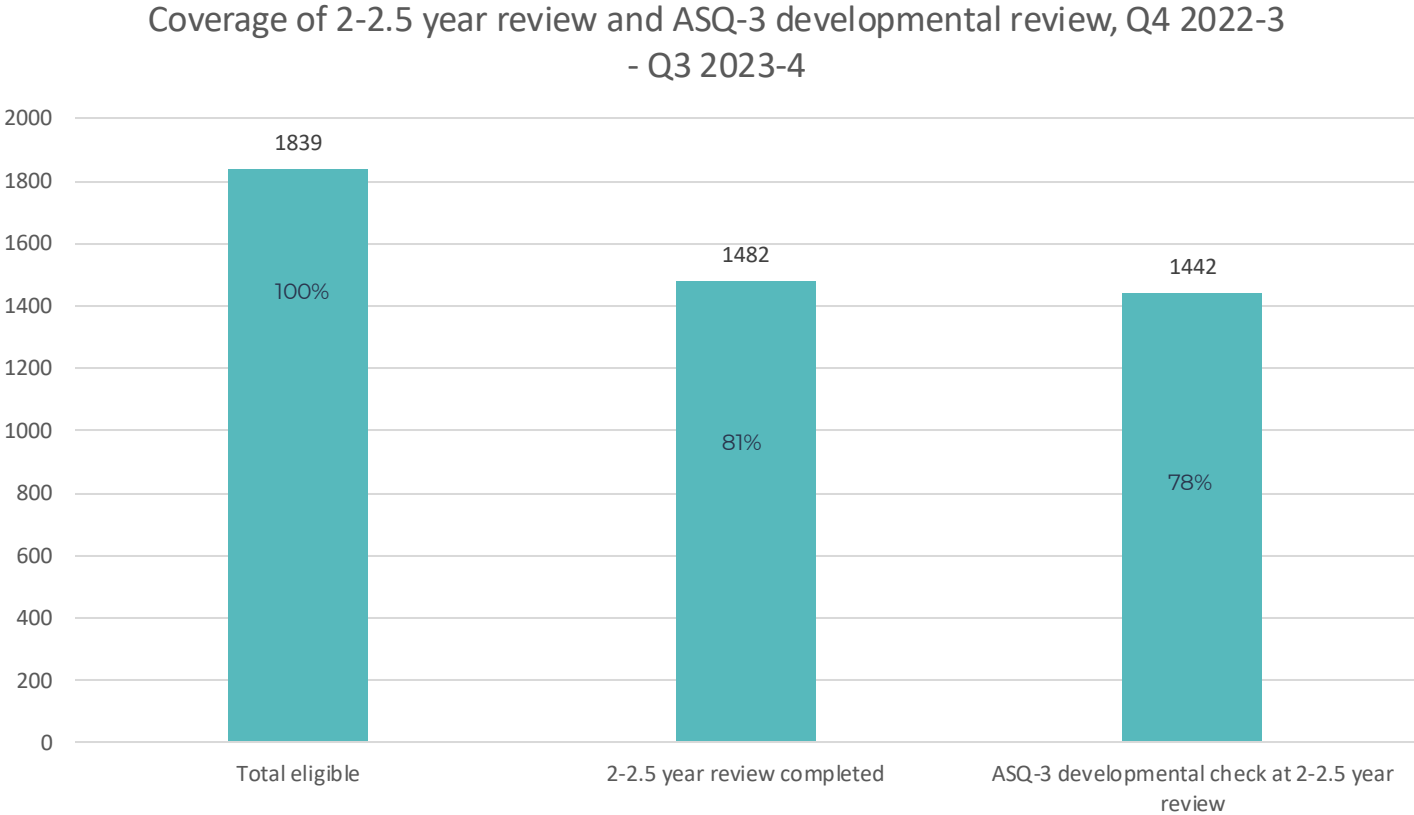
Healthy Child Programme 0-5 and GPs

Health Visitors are uniquely placed to work with families of children aged 0-5, with visits in the home, links to community services and clear referral pathways for further assessment and support. Health Visitors take a whole-family approach and are therefore well placed to broker early family support for parents, carers and siblings. The 2-2.5-year review with ASQ-3 is a key driver of early referrals into SCAS, CDT and SLT.

A pilot project introducing 12-month speech and language screening identified around 12% below-threshold, potentially identifying communication difficulties up to 18 months earlier than the ASQ-3. Although take-up is good, a significant number experience barriers to engagement with the HCP checks (14% at 1 year, 21% at 2 years).

Children aged 0-4 make up 2.4% of the GP SEND population, roughly equivalent to the proportion of this age group in the EHCP caseload. This might indicate that the children with SEND below the level of EHCP are not currently captured in this data. School data shows that 84% of <5s with SEND do not have an EHCP.

Coverage of the 2-2.5-year developmental review



Note: data here shows ASQ-3s completed as a proportion of the total eligible cohort, to ascertain screening coverage at a population level.

Source: Health Visitor Activities and Outcomes quarterly returns, CNWL

In the last four quarters, 1839 children were eligible for the 2-2.5- year review from a member of the Health Visiting team. 78% of these eligible children received a developmental check using the ASQ-3 (Ages and Stages Questionnaire), providing early identification of delays in the following skills domains:

- Communication
- Gross motor
- Fine motor
- Problem-solving
- Personal-social

This developmental review is a key driver of early identification and referral into the Integrated Children's Service.

397 children in the last rolling year were unable to take up the ASQ-3 developmental check, suggesting barriers to engagement for around 21% of eligible participants.

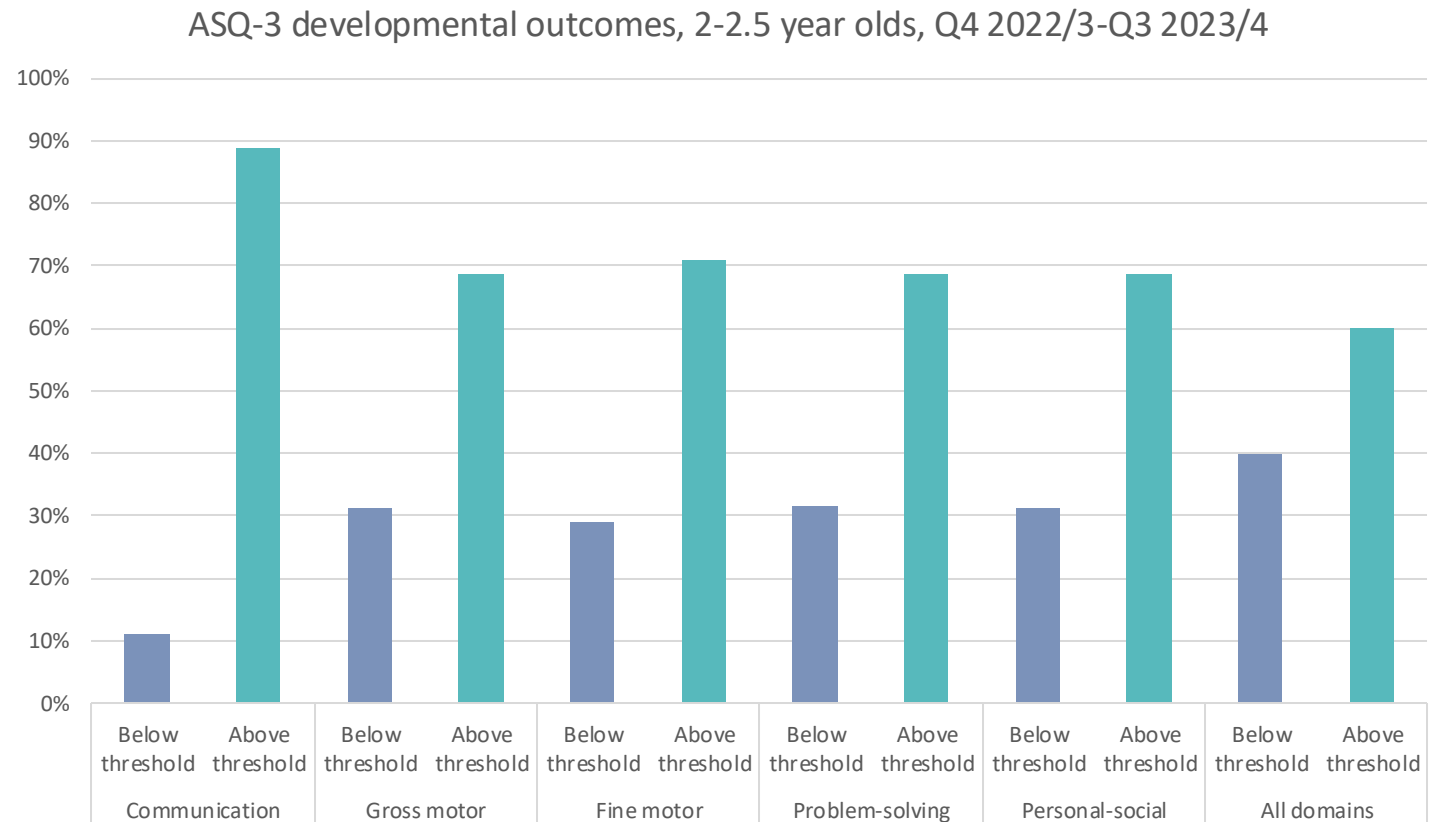
Developmental milestones at 2-2.5 years old

40% of the 1442 children undergoing the ASQ-3 developmental review in the last four quarters were below the expected level in at least one domain.

Around a third of children completing the review was below the expected threshold for motor skills, problem-solving and personal-social skills.

11% of children reviewed did not meet the threshold for communication skills.

397 children (around 21% of those eligible) did not complete the ASQ-3 so there may be a further level of need within that group of young children.

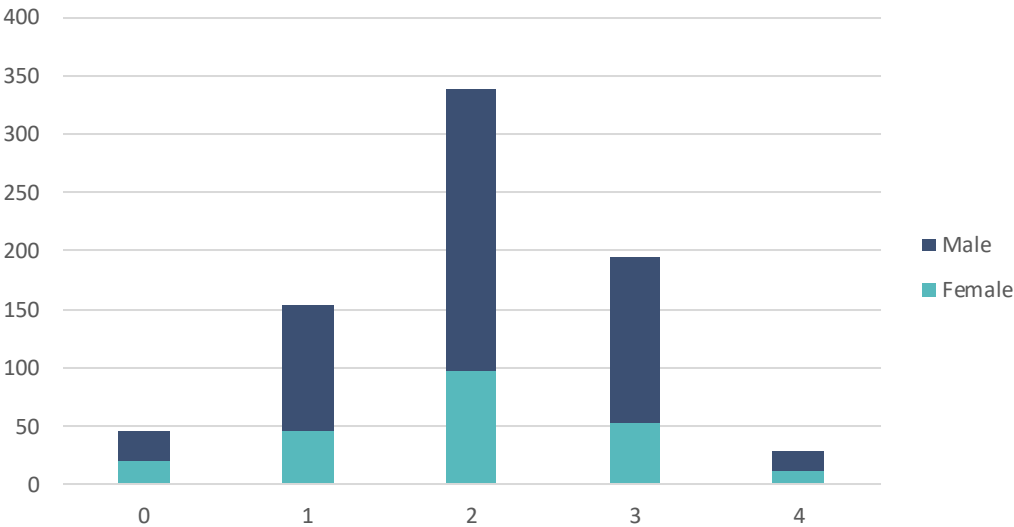


Early referral into Speech and Language Therapy and the Child Development Team

The Child Development Team for 0–5-year-olds (CDT), and Speech and Language Therapy (SLT) are well placed to support very young children with additional needs, linked to early identification through the Healthy Child Programme 0-5, which is led by Health Visitors. In the last 5 years, 41% of children accessing SLT did so by the age of 2, and 72% by the age of 5. 70% of accepted referrals to CDT were for children of 2 and under.

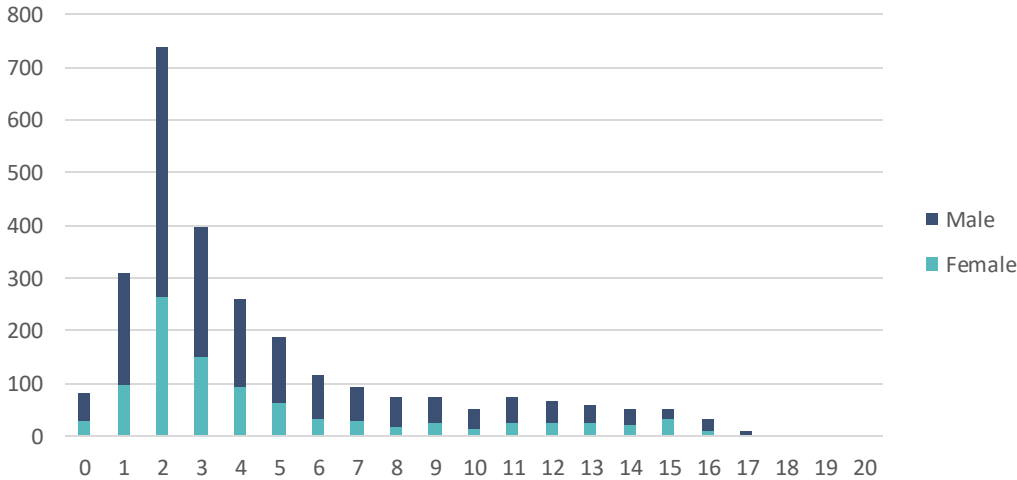
There was no gender pattern associated with age of referral for these services.

Age on referral, Child Development Team, 2019-2023



Source: New referrals into Camden Integrated Children's Service, CNWL

Age on referral, Speech and Language Therapy, 2019-2023



Source: New referrals into Camden Integrated Children's Service, CNWL

Early Identification (2)

Key findings

School-age children

The early years of primary school are key for identification and initiation of support, with 66% of new EHCPs issued for this age group in 2024. Primary school is also a key age for CICs referrals.

While ages 4 and 5 remain the most significant age for EHCP initiation across the current caseload and growth is greatest among the 5-11 group, there may be another emerging pattern of increased identification among 12-16 year-olds discernible from 'New EHCP' data.

The current caseload suggests surges in EHCP initiation at transition points, as well as around ages of increasing academic pressure.

Gender is a significant factor in age of identification for some services, most clearly seen in SCAS data – more detailed analysis needed to understand growth patterns and any differences in the types of need.

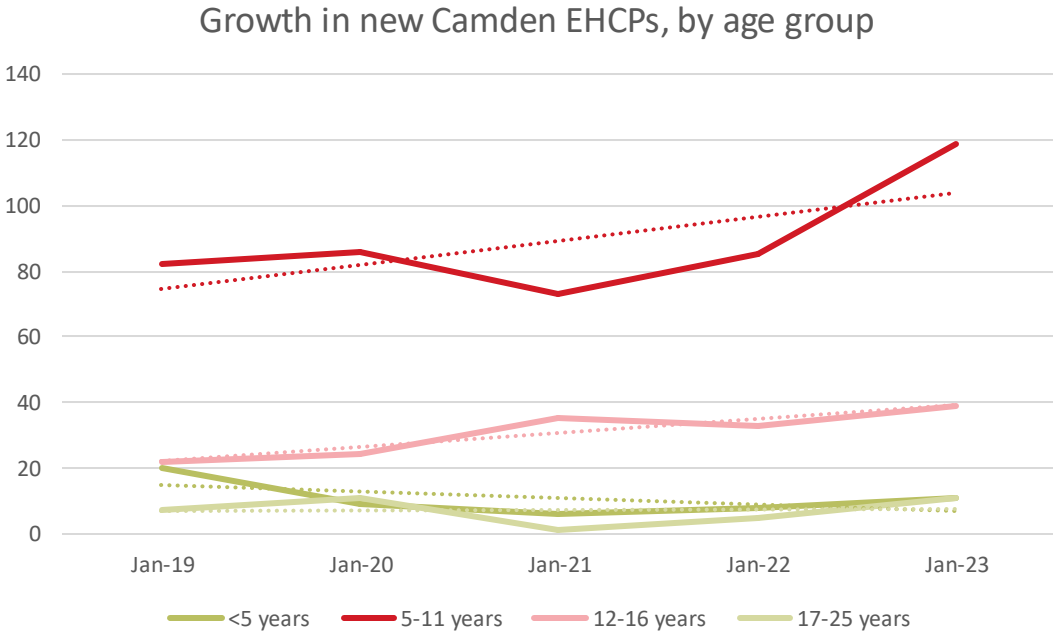
Change in age distribution of new Camden EHCPs

Between 2019 and 2023, 5-11 year-olds have consistently made up the largest proportion of new EHCPs, highlighting primary school as a key age of identification and support for higher levels of SEND.

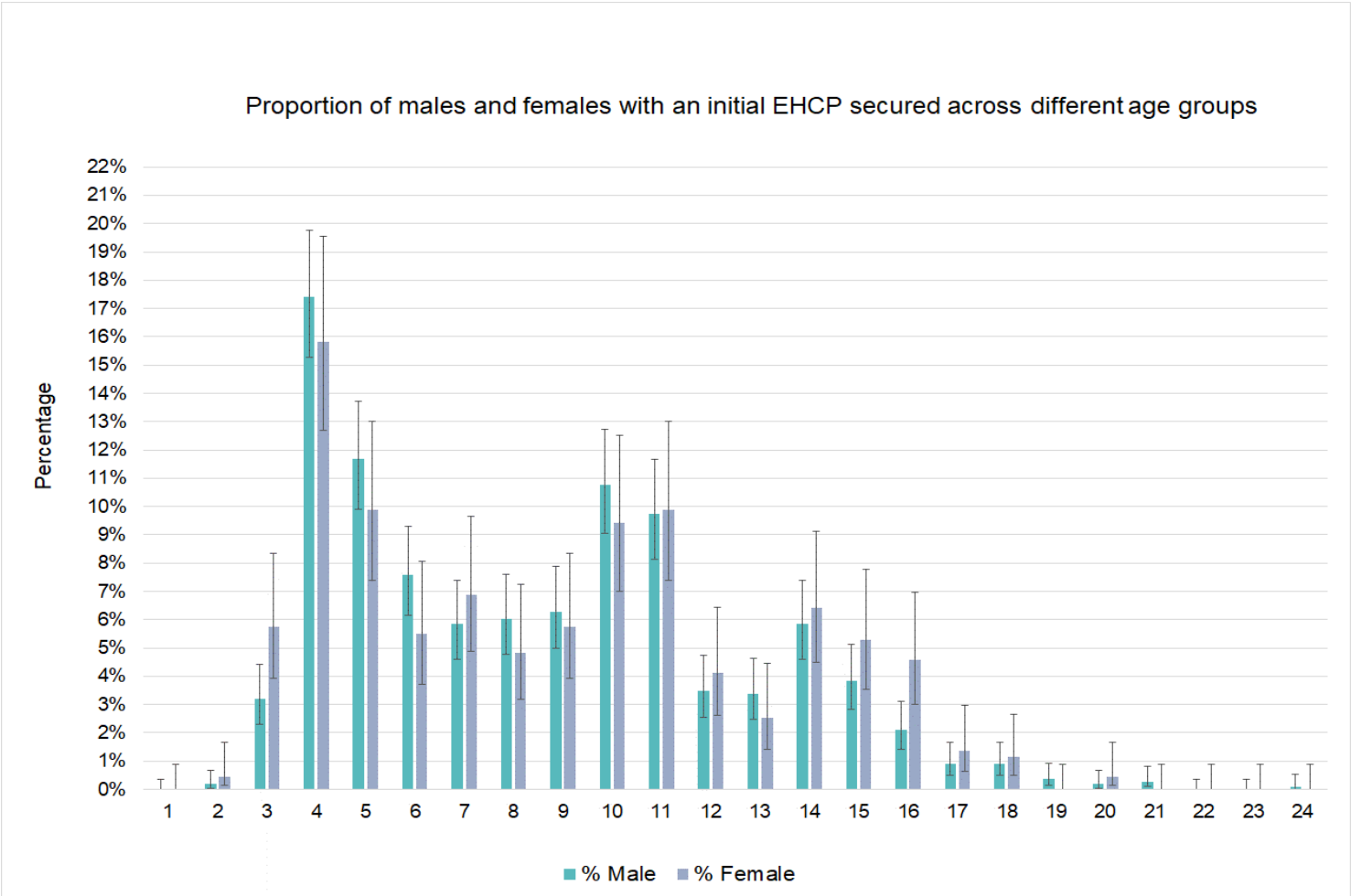
The 5-11-year age group has also seen the fastest growth. Averaging out the increase over the last 5 years shows an annual growth of around 8 EHCPs, although the steeper increase between 2021 and 2023, if continued, would suggest an additional 25 plans annually in this age group.

This change to the slope might be partially explained by later EHCP initiation for children missing education during lockdown, in which case we might expect the increase to plateau over coming years.

% of new EHCPs	Jan-19	Jan-20	Jan-21	Jan-22	Jan-23
<5 years	15.3%	6.9%	5.2%	6.1%	6.1%
5-11 years	62.6%	66.2%	63.5%	64.9%	66.1%
12-16 years	16.8%	18.5%	30.4%	25.2%	21.7%
17-25 years	5.3%	8.5%	0.9%	3.8%	6.1%



Age of EHCP initiation for girls and boys



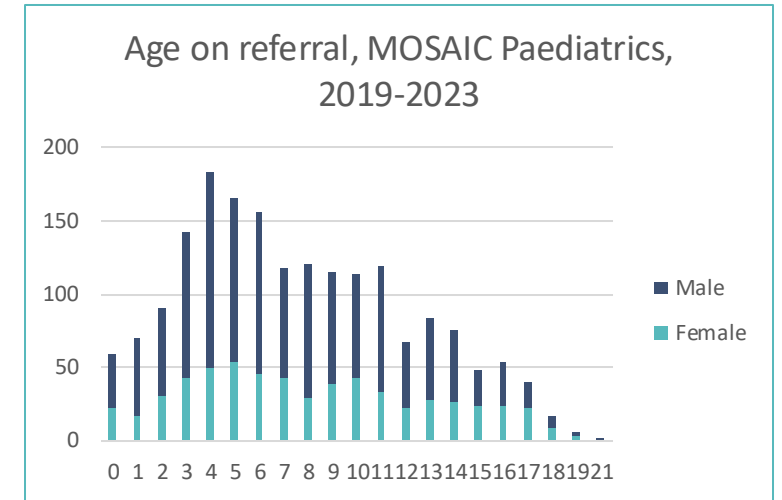
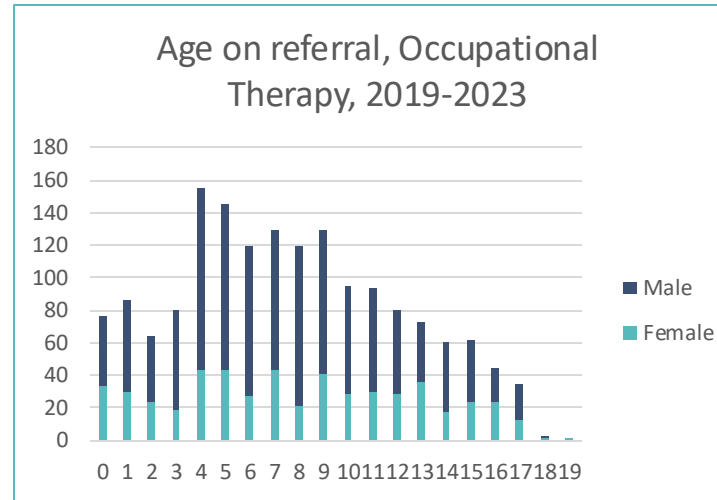
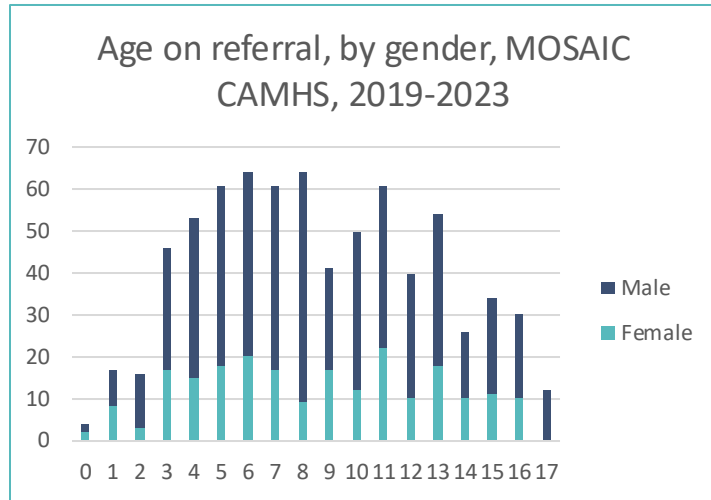
Most EHCPs are initiated during primary school age (mean age 8), for girls and boys. Ages 5, 10 and 11 are notable stages at which EHCPs were initiated. Age 4 is the most common age for initiating an EHCP.

However, a significant proportion (28% for boys and 33% for girls) were not initiated until secondary school.

Around 3% of EHCPs were issued after the end of statutory education, for both girls and boys.

Snapshot data (12th January 2024) from the Camden EHCP Register, showing the age at which the EHCP was initiated. Sample size: 1,533

Age on referral for CAMHS, OT and Paediatrics



MOSAIC CAMHS, Occupational Therapy and Paediatrics are services available from 0-18 for children and young people with SEND.

Referrals into CAMHS started to increase from age 3, becoming most common for 5-8 years old. Ages 11 and 13 were also significant for CAMHS referrals. There was a more even spread across primary school for new accepted referrals into Occupational Therapy, while paediatrics were most commonly referred between the ages of 3 and 6.

There is no apparent gender pattern in the age of identification.

Insights from parents, carers, children and young people

Parents and carers emphasised the multiple points of stress for them and their children along the journey.

They highlighted the need for extra support, both practical and emotional:

- Pre-diagnosis
- During formal processes (which can be lengthy, filled with uncertainty, and a 'difficult time' of 'maximum stress'): assessment, diagnosis, EHCP/ ENG process
- 'At the beginning', 'earlier' and in anticipation of 'the next step'
- Well in advance of transitions
- In preparation for, and during, adolescence, with tailored support for issues like puberty, sexuality, gender identity, and sex and relationship education

Parents and carers reiterated the importance of timely, clear and accessible information, and of being included in correspondence and meetings

Children, young people and their parents and carers recurrently said that they needed patience, time and support to adjust to any change, day-to-day and over time. Moving to secondary school brought uncertainty, overwhelming experiences and the need to start over again with friendships and staff. This was a time of great stress for many children and young people with SEND and their families.

Having an adult who was a 'good listener' for a child or young person was valued, along with 'supported activities when moving', 'a proactive SENDCO that listens' and practical steps like a codeword for time out, and a buddy system.

“

'We're all winging it. We don't know what's out there for us'

”

“

When moving to secondary school, 'it was hard to make friends again'

”

Early Identification: Recommendations



7) Improve the early identification and tracking of CYP with SEND across Camden education, health and social care. Use this intelligence, and awareness of transition and pressure points in the school journey, to support improved forecasting for service provision.



8) Identify further opportunities in collaboration with Early Years Partners to provide support and training for early identification of support needs, including among girls, who are under-diagnosed and diagnosed late more often than boys.



9) Incorporate early identification within the SEND Strategy and Implementation Plan

Key findings: Intersectionality

- Co-existing health and social needs
- Barriers to accessing universal school provision

Intersectionality (1)

Key findings

Co-existing health and social needs

Co-existing health needs affect more than 1 in 4 of Camden GP patients with SEND (1 in 3 girls), most commonly asthma, learning disabilities and depression. Depression is the fastest growing, especially among young women, and is likely under-reported.

There is intersectionality between SEND cohorts and social care involvement. The overlap is greater the higher level of SEND Support.

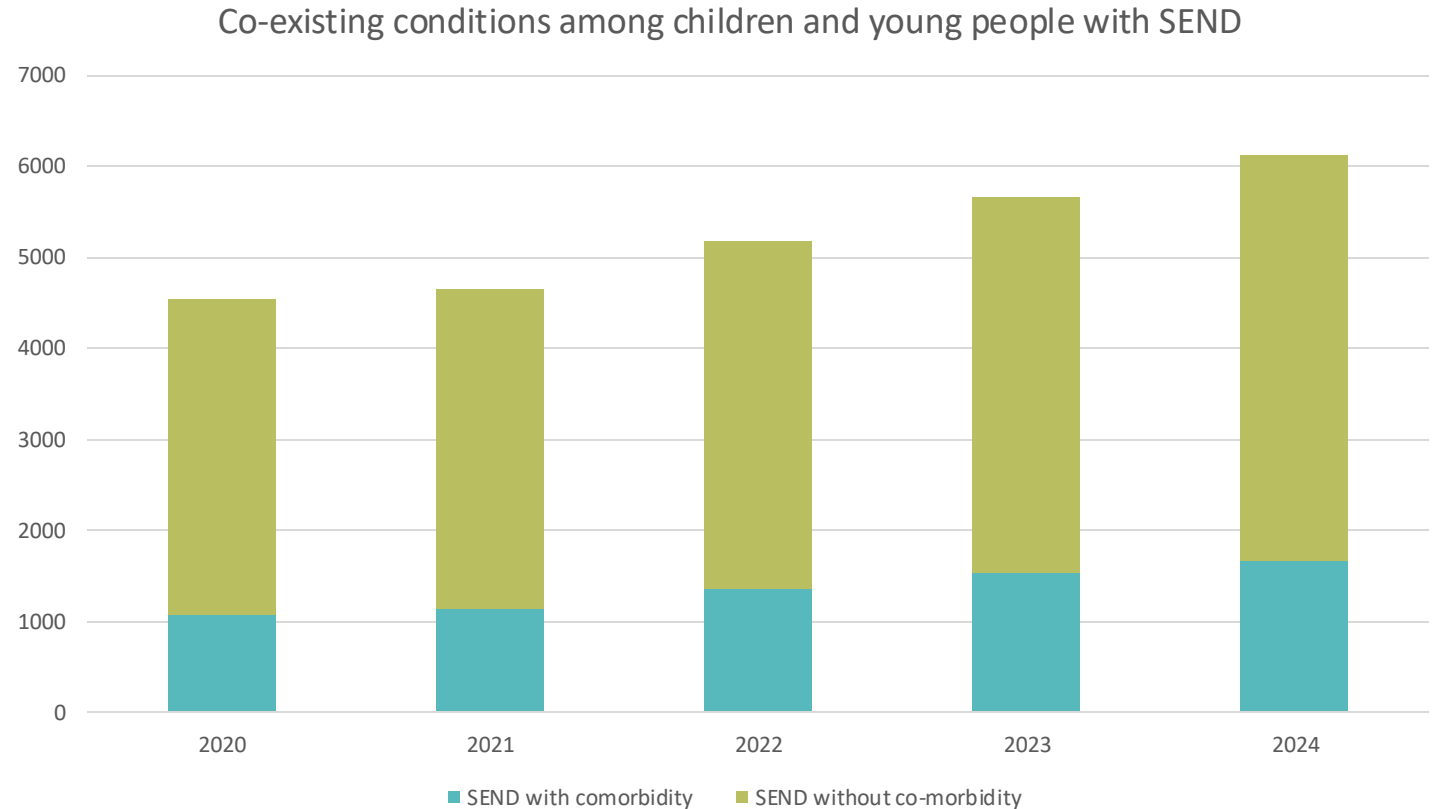
A cohort of children with the most complex needs are supported within and outside of the Borough, with joint funding and family support.

Co-existing health needs among children and young people with SEND (Camden GPs)

The proportion of children and young people with SEND who also have at least one co-existing condition has increased slightly over the last five years, from 24% to 27%.

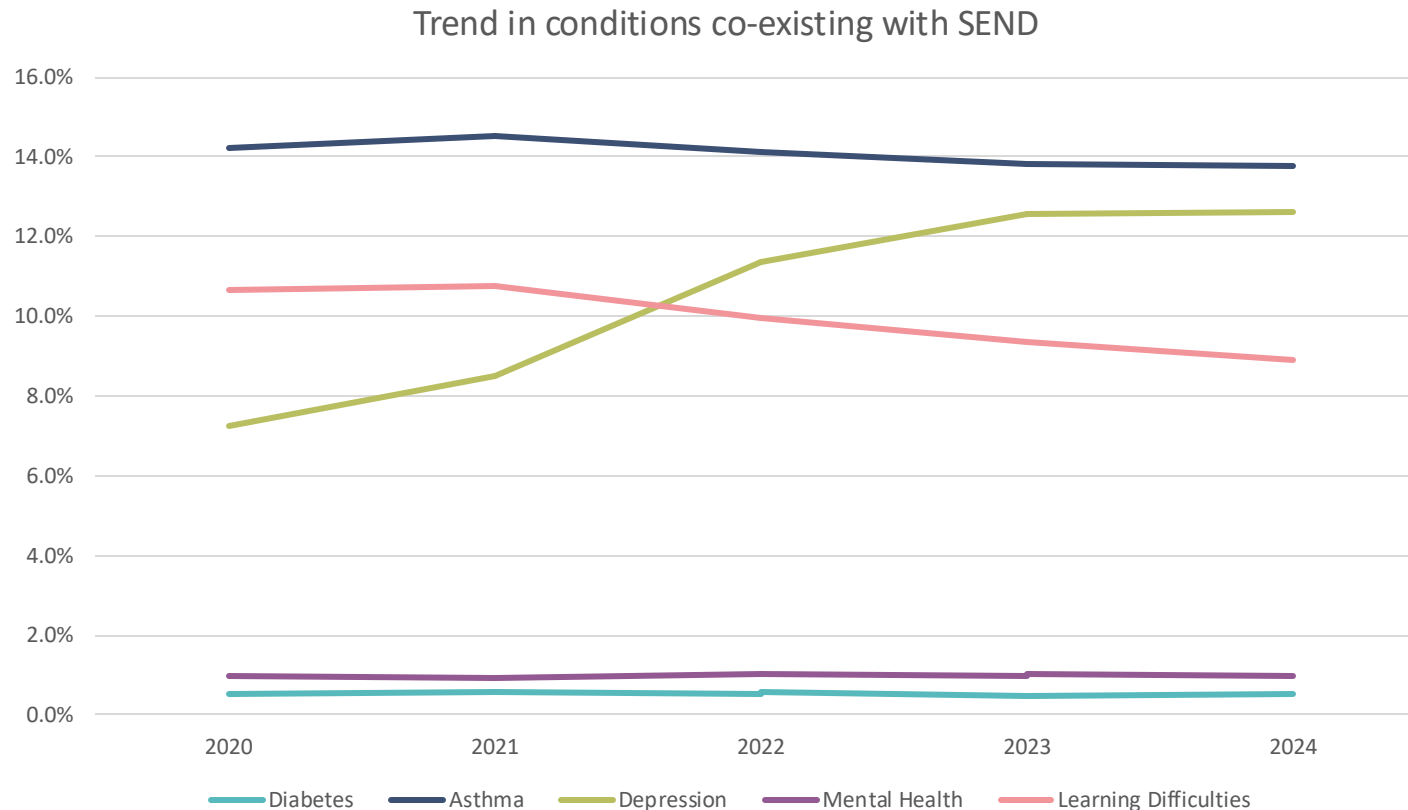
In April 2024, there were 1,660 children and young people registered with a Camden GP, with known physical and mental health needs in addition to their Special Educational Need.

This definition of 'co-existing conditions' includes children and young people with Learning Disabilities, Asthma, Diabetes, Depression with or without anxiety, acute psychiatric disorders, palliative care and COPD.



Source: EMIS, April 2024, provided by North Central London Integrated Care Board

Trend in different health needs among children and young people with SEND (Camden GPs)



Asthma is consistently the most seen co-existing condition, affecting around 14% of children and young people with SEND who are known to Camden GPs. NHS England estimates the prevalence of asthma among children and young people to be around 9%.

The greatest increase, most notable between 2021 and 2023, was in depression (including depression with or without anxiety). NHS England estimated from a national survey in 2023 that 1 in 5 children aged 8-25 had a probable mental disorder, suggesting that this data may still be an under-representation of the true picture.

Around 9% of the children and young people with SEND also had a learning disability.

Palliative care and COPD numbers were less than 5, and have been excluded

Source: EMIS, April 2024, provided by North Central London Integrated Care Board

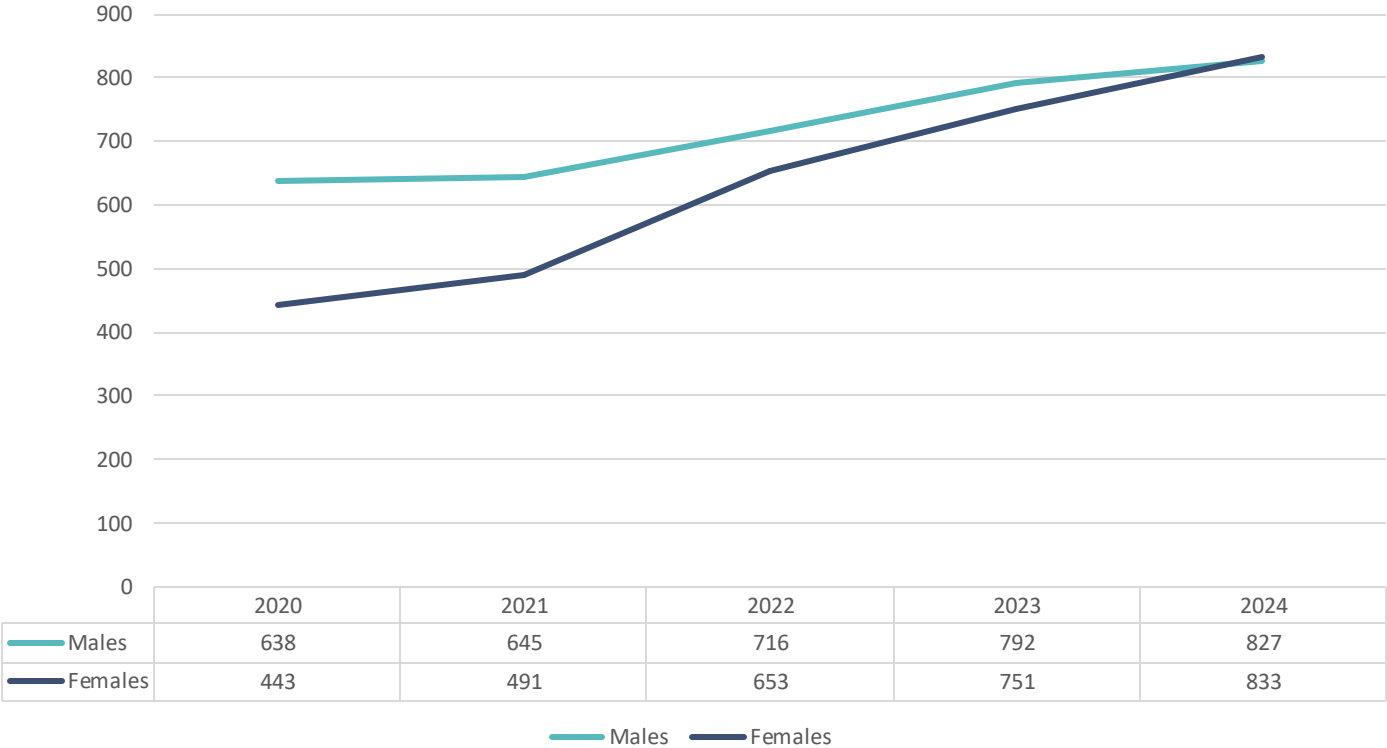
Gender differences in co-existing conditions known to Camden GPs - trend

A quarter of males and a third of females on Camden GP SEND registers had another co-existing condition. This proportion had remained more or less stable for males, but for females had steadily increased from 25% to 30%. The increase in female comorbidity with SEND rose most sharply from 2021.

A breakdown of the type of co-existing conditions (not available by gender) showed a similar increase among cases of depression.

This data suggests that the increase in co-existing depression is found more notably among females with SEND.

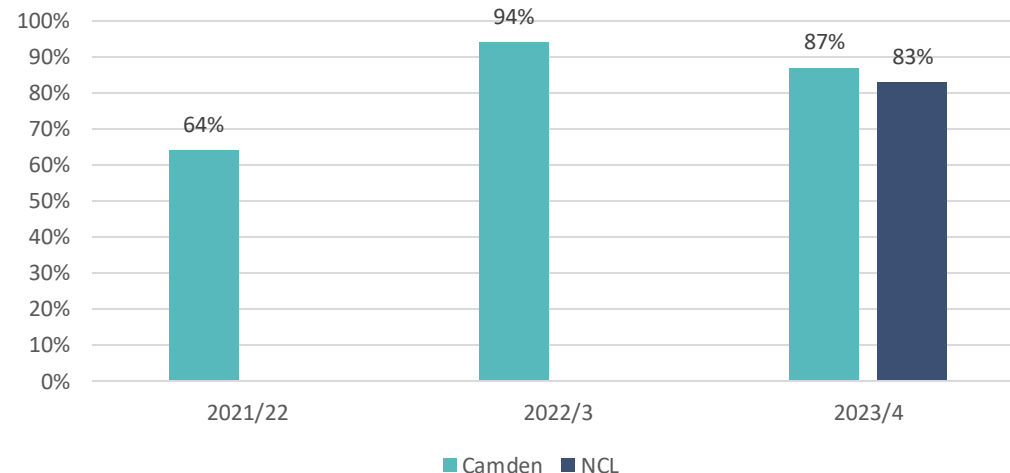
Trend in co-morbidities among CYP with SEND known to GPs, by gender



Uptake of the 14+ Annual Health Check for children and young people with learning disabilities

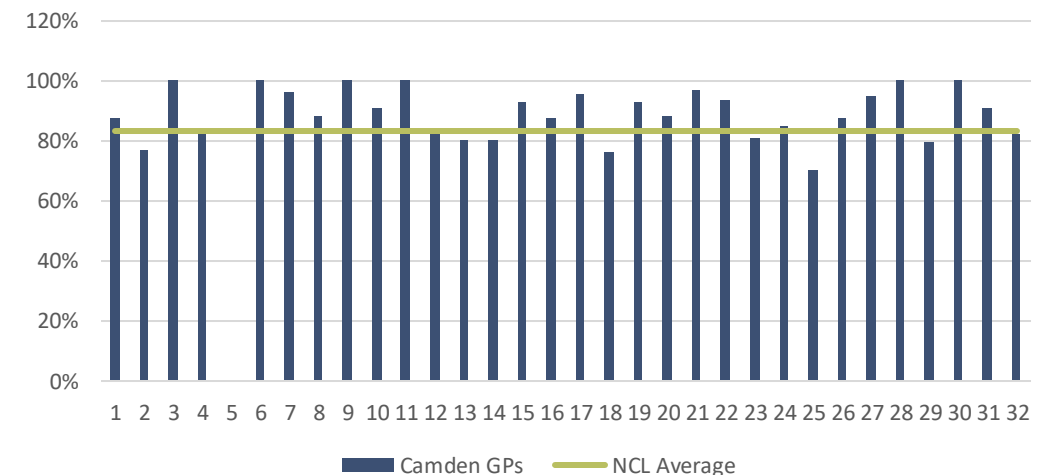
14-25-year-olds with learning disabilities are entitled to receive a yearly health check from their GP practice, recognising the increased risks posed by additional health conditions among this group. There is some variability between GP practices, however uptake has increased markedly in Camden through targeted work by practices and Camden's Health Facilitator, with a focus on accuracy of registers, ensured access through reasonable adjustments, health promotion work with 'decliners' and sharing of best practice across the PCNs. 902 children and young people accessed their GP health check in 2023 (87%), the highest uptake across NCL. 135 did not receive the review.

Uptake of the Annual Health Check for CYP aged 14+ with Learning Disabilities



Note: 2022/3 data showed that 74 patients received an AHC but were not on the register, uplifting the overall uptake calculation by around 7%. This has been resolved in 2023/4.

Practice variation in uptake of the Annual Health Check, 2023/4



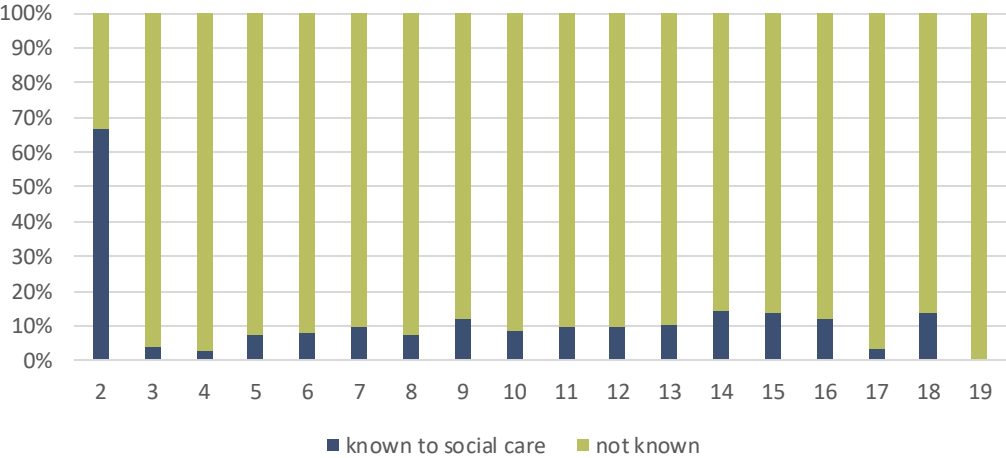
There was no data included for practice 5.

Social Care involvement amongst CYP with SEND

The likelihood of social care involvement appears to be greater for children and young people with a higher level of need. In 2023, Camden residents with an EHCP were around 3 times more likely than Camden pupils with SEN Support to have some involvement with Social Care services. 9.5% (221 children) receiving SEN support in Camden schools were also known to Social Care, compared with 31% (476 children) with a Camden EHCP.

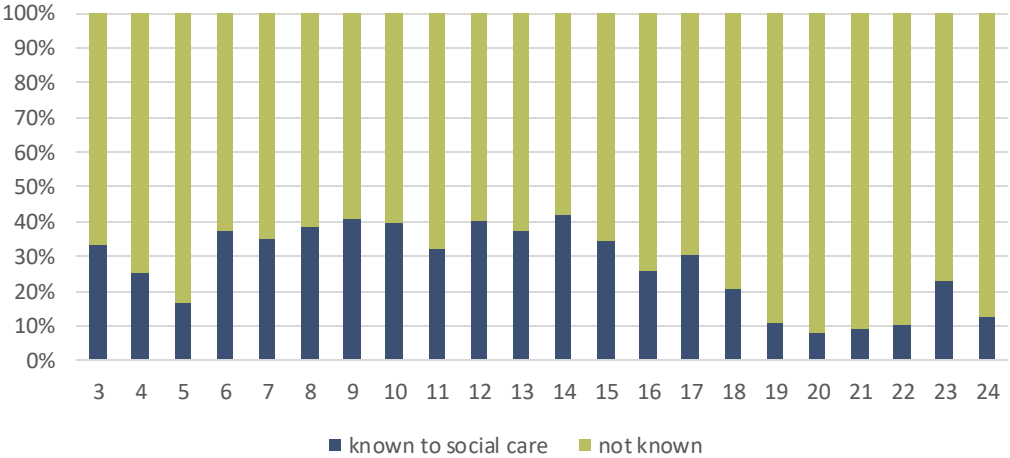
Note: these comparisons are indicative only, as they relate to different populations. (SEN Support data is for pupils in Camden schools aged 0-18; and EHCPs data is for Camden residents aged 0-25). Social care involvement covers a breadth of services, including Early Help, Youth Services, Family Hubs provision, and other targeted and specialist support.

Social care involvement for children with SEN Support, by age



Source: SEN 1 DfE School Census

Social care involvement for children with EHCPs, by age



Source: SEN 2 Camden Residents

Intersection of Child Protection, Child in Need or Care Experience, with EHCP

An active EHCP was more commonly found among children with social care involvement than among 0-25-year-olds as a whole.

Around 1 in 10 children with a Child Protection Plan also had an EHCP.

Social Care Case Status	Children	Active EHCP	% EHCP
Care leaver	329	15	4.6%
Child in Need	681	47	6.9%
Child Looked After	194	13	6.7%
Child Protection	156	16	10.3%
Child Protection and Child Looked After	6	0	0%
Total	1366	91	6.7%

Source: Social Care register, Camden Council, as at 29.02.2024

Note: the remaining 385 children and young people with an active EHCP who are involved with social care (see previous slide) are receiving Specialist Short Breaks.

Complex and profound disabilities among Camden's young SEND population – snapshot data

The Children and Young People Disability Service (CYPDS) is a specialist Social Care provision for children and young adults with complex and profound disabilities. The Service works with children and young people and their families up to the age of 25, offering a range of statutory and social care support. The register is dynamic, fluctuating through the year.

In February 2024, there were 414 children and young people within the Children and Young People's Disability Service (CYPDS). Of these, 401 (97%) were under the age of 18, of which 56 (14%) were also either Children In Need, Children Looked After, Care Leavers, or had a Child Protection Plan. 345 (94%) of children under 18 within the CYPDS were in receipt of Short Breaks provision.

Although most of these children using the complex and profound disabilities services had an EHCP, there were some exceptions, among young people who had left education and whose EHCP had ceased, and also siblings being supported by the CYPDS who did not have complex or profound disabilities themselves.

Type of support	Percentage with an active EHCP
CYPDS 18+	61.5%
CYPDS Care leaver	100.0%
CYPDS Child in Need	63.3%
CYPDS Child Looked After	71.4%
CYPDS Child Protection	41.2%
CYPDS Child Protection & Child Looked After	100.0%
CYPDS Short Breaks	93.9%
Total CYPDS	88.2%

Source: Camden Local Authority Social Care Register, data extracted 29th February 2024.

Additional vulnerabilities for children and young people with EHCPs in Camden

Although numbers are small, data examining the intersectionality of SEND with care experience, youth justice service involvement, and non-attendance at school indicates that children and young people with EHCPs are over-represented within these more vulnerable groups. There also appears to be an association with gender, and prevalence of Primary Need type. For instance, in 2023:

- 10% of young people working with YJS with Youth Justice had an EHCP; 86% of these were male, and 86% had SEMH listed as their Primary Need.
- 5% of children who were care experienced had an EHCP; 76% of these were male, and 71% had SEMH listed as their Primary Need.
- 11% of children with <90% school attendance have an EHCP; 70% of these are male (in line with the gender split for all EHCPs) and 43% have ASD listed as their Primary Need (also in line with the Borough picture). Around 1 in 5 children and young people with an EHCP also had low school attendance.

N		331	208	2663
		Care Experienced	Youth Justice System	Non attenders
1542	Children and young people with SEND who have an EHCP	17	21	304
331	Children and young people who are care experienced		18	0*
208	Children and young people with Youth Justice Service involvement			17

*The school attendance data does not include children and young people who are not in employment, education or training (NEET). In Camden in 2023, 89 care experienced people were NEET. Small sample size for intersectional cohorts precludes statistically significant comparisons.

Intersectionality (2)

Key findings

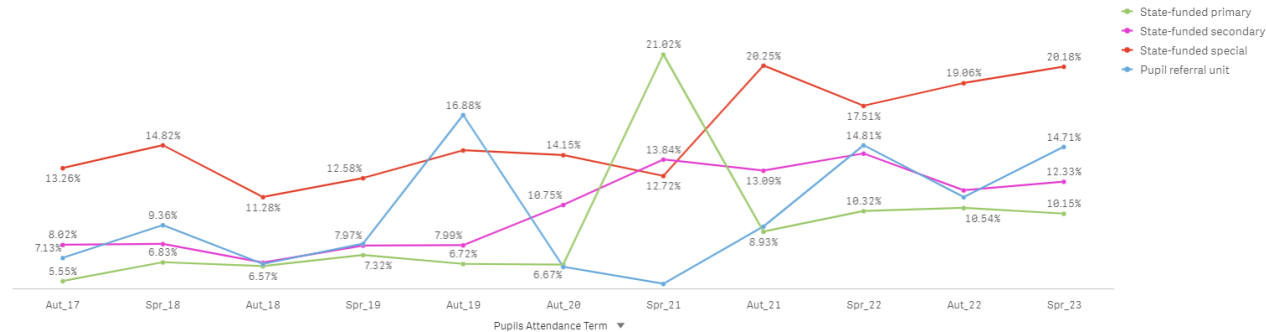
Barriers to accessing universal school provision

Children and young people with SEN Support and EHCPs were at increased risk of school absence, suspension, and multiple suspensions. This is a national and regional pattern, but children with EHCPs were significantly above Inner London benchmarks for suspension, and suspension rate (showing multiple occurrences). The higher the level of need, the higher the occurrence, especially at secondary school, where school suspension rate is increasing.

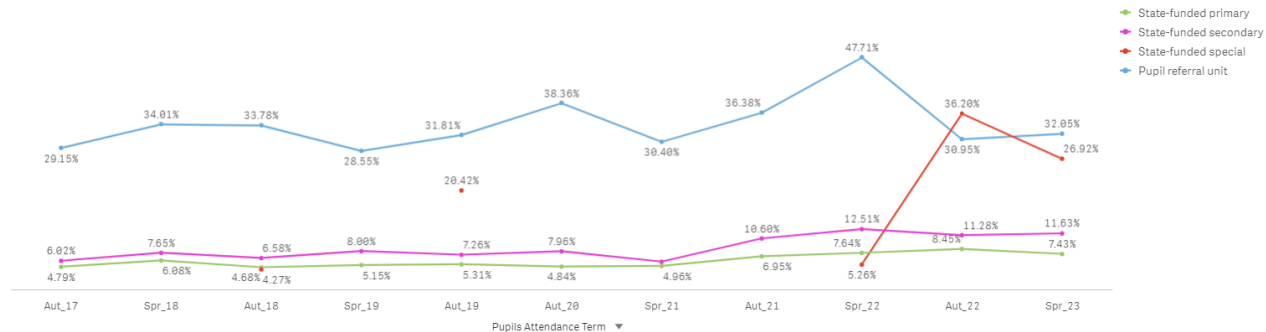
There is wider evidence of a strong link between Emotion-Based School Avoidance and neurodiversity, with a workstream currently being led by Educational Psychologists in partnership with schools.

School absence trend, by SEN status and school setting (Camden)

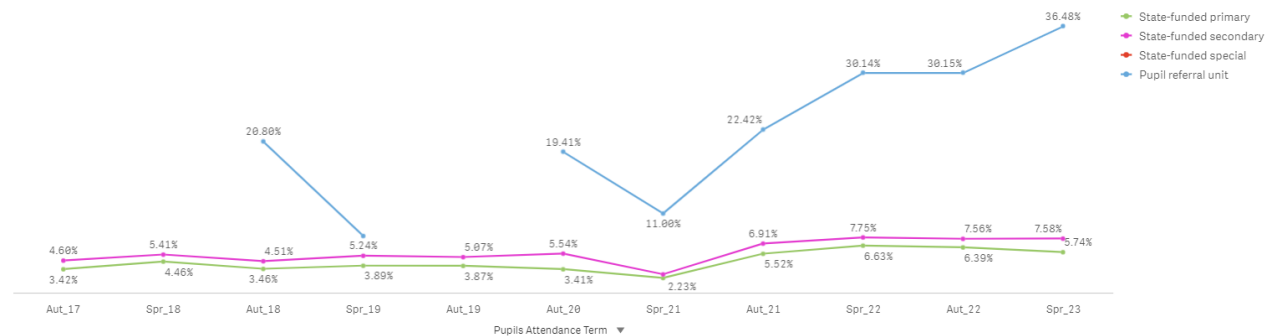
EHCp % absences by Phase (Autumn and Spring terms)



SEN Support % absences by Phase (Autumn and Spring terms)



No SEN % absences by Phase (Autumn and Spring terms)



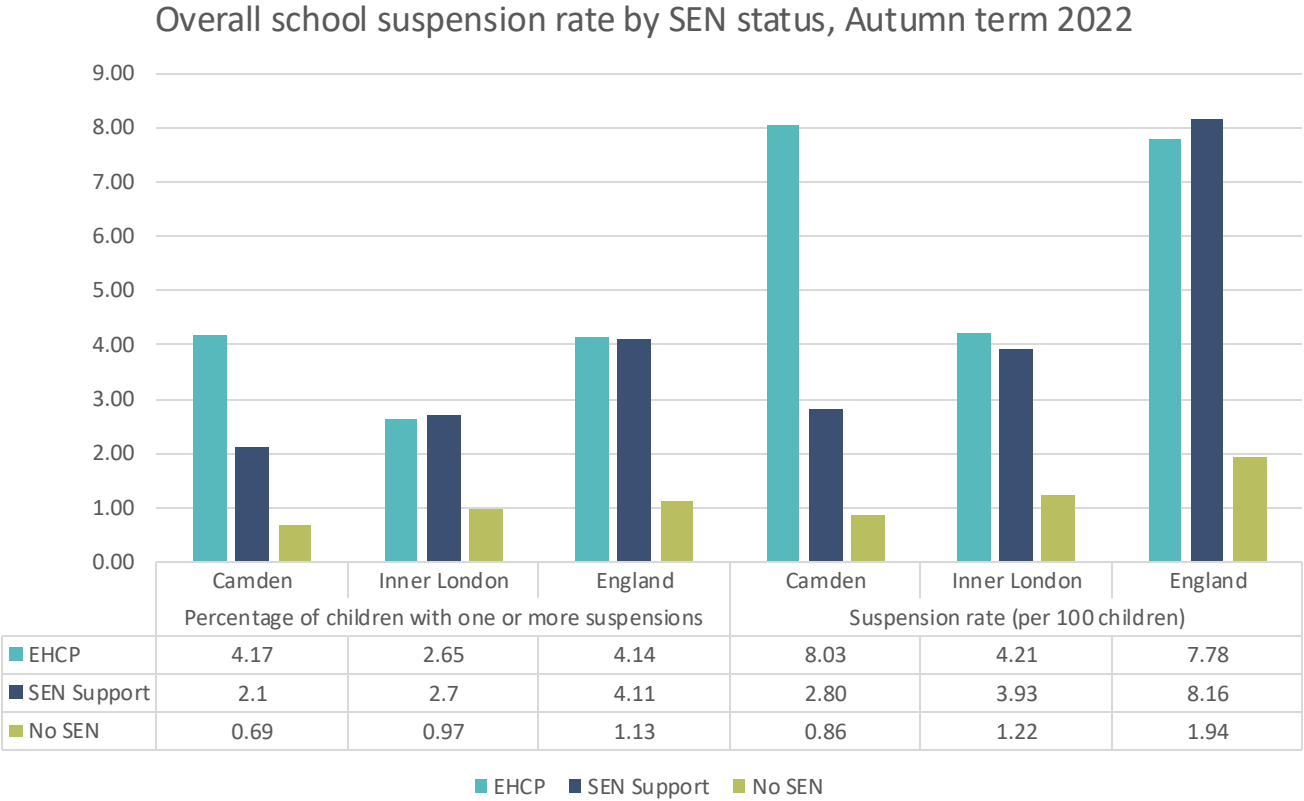
Absence rates are generally higher for Pupils with EHCPs than SEN Support, and generally higher for pupils with SEN Support than for pupils with no SEN need identified.

Absence is consistently higher in Secondary Schools than Primary Schools; and tends to be higher in PRUs and Special Schools than Primary or Secondary Schools.

There has been a high-level trend of increased absence since the COVID-19 pandemic.

A growing body of evidence highlights an increased risk of Emotion-Based School Avoidance for children and young people with SEND. Current monitoring of attendance does not allow us to identify those children missing education because of mental health issues.

School suspensions overall, by SEN status (most recent term's data, benchmarked)



Overall, Camden pupils with SEN Support and EHCPs were 3 and 6 times more likely to have one or more school suspensions than children with no SEN. The proportion of children on EHCPs with suspensions was above Inner London and England averages, however, the percentage of pupils with SEN support who had received suspensions was below the Inner London and National average.

The rate of suspension episodes per 100 children was 9 times higher for Camden children with EHCPs versus those with no SEN, showing that some pupils received multiple suspensions. This rate was significantly higher than for Inner London. However, the rate for children with SEN Support was significantly lower than both regional and national benchmarks.

The percentage of pupils with permanent exclusions was 0.1% or below for each group and is not included in this graph.

State-funded primary, secondary and special schools, Autumn term 2022

Source: DfE Statistical First Release, provided by Camden Council

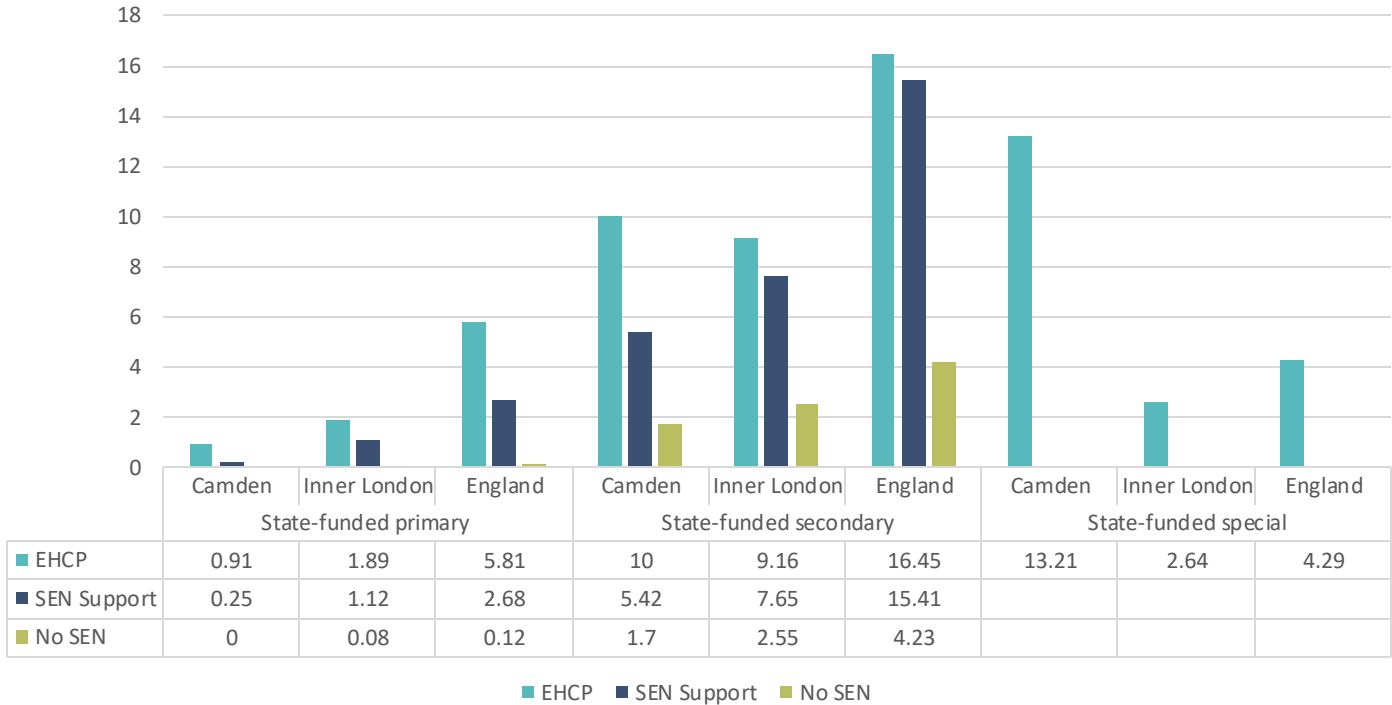
School suspensions by SEN status in different school settings (most recent term's data, benchmarked)

The greater the need for SEN support, the higher the occurrence of school suspension, in both primary and secondary.

The rate of school suspensions is substantially higher in secondary than primary school, irrespective of SEN characteristics. However, the differential between suspension episodes for pupils with SEN Support compared with no SEN was greater than in the data overall.

In special schools, Camden's suspension rate per 100 children with EHCPs was much higher than the Inner London and England averages.

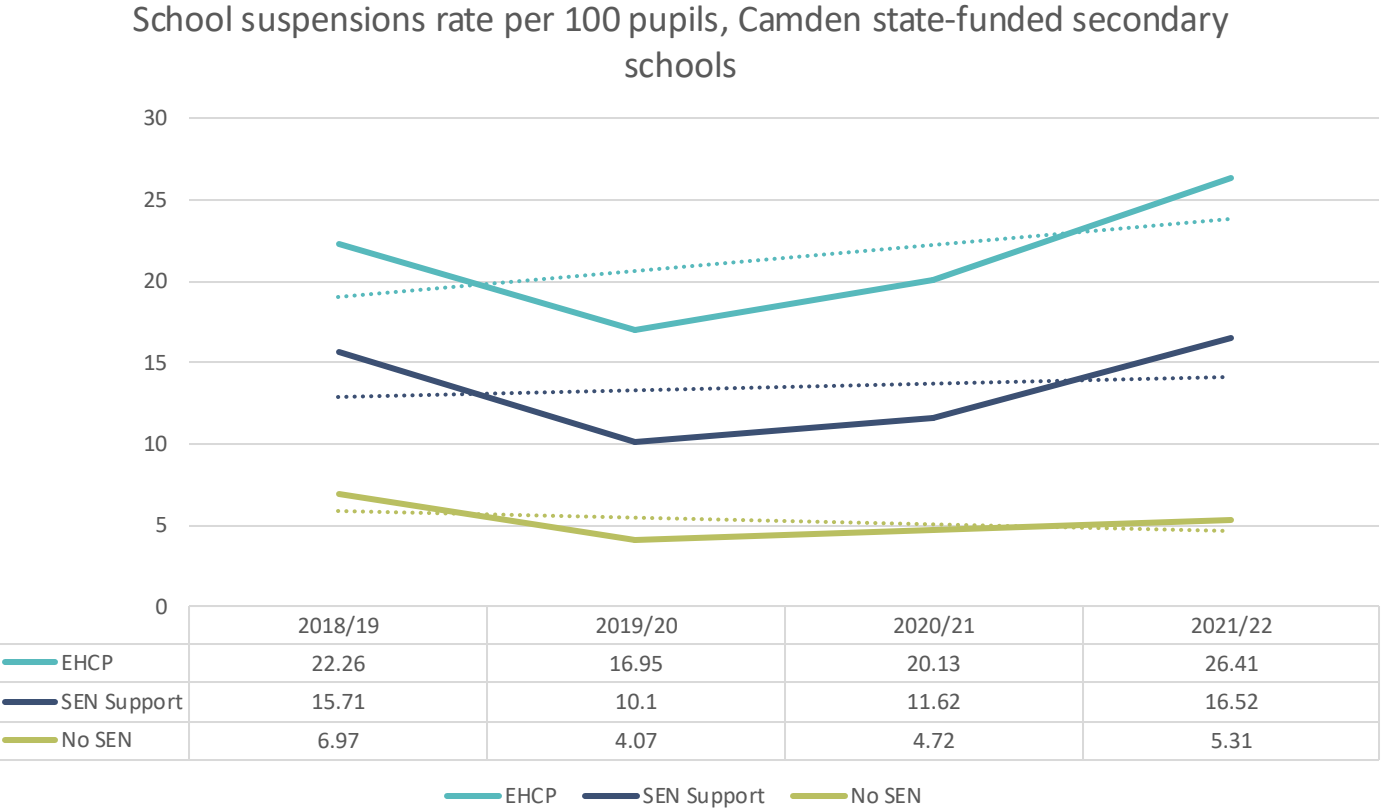
Suspension rate per 100 children, by SEN status and school stage, Autumn term 2022



The SEN Support category has been omitted from Special Schools because of low numbers in Camden

Source: DfE Statistical First Release, provided by Camden Council

Change in the suspension rate in secondary schools, by SEN status



Assuming a linear trend, the rate of suspensions per 100 children is increasing by around 2 per year for secondary school pupils with an EHCP. For children on SEN Support, the growth is marginal, whereas suspensions for pupils with no SEN has decreased overall since 2018/19.

For 2019/20 and 2020/21, while suspensions and permanent exclusions were possible throughout the academic year, pandemic restrictions will have had an impact on the numbers presented and caution should be taken when comparing across years.

Source: *SFR permanent-and-fixed-period-exclusions-in-england_2021-22-summer-term*

Insights from children and young people, parents and carers

Friendships were very important for children and young people's wellbeing. 'Friends help with not feeling lonely or sad', 'help learn in class and with skills', and help with 'tricky issues or challenges'. However, children recurrently described difficulties: it was 'hard to make friends', or they 'felt bullied' or were 'outsiders'. Although 1:1 learning support helped with schoolwork, this separation could also sometimes contribute to feeling lonely at school.

Younger children valued after-school activities and clubs to build their friendships and gain confidence in other skills. Accessibility was a necessary consideration, for parents and carers. Older teens also valued 1:1 guidance and counselling at school to help with the stresses of life, problem-solving and future plans.

Parents wished for 'whole-school' inclusivity and 'education on difference and understanding' within mainstream education and the wider community. They worried about their children's isolation.

Parents and carers spoke about their own wellbeing challenges, including uncertainty and stress during assessment and transitions, 'no me time', needing more 'guidance' and 'support', and feeling overwhelmed, lonely and worn down.

They really valued relational work that gave 'kindness', support and 'help to families under pressure'. Being 'listened to', 'treated with respect' by staff who 'recognise the stress', and staff 'making time' to 'really get to know my child', made a big difference.

Peer groups of parents and carers with similar experiences – set up by schools or children's centres – had provided a helpful and supportive environment that combatted feelings of 'fighting' alone.

“If [loneliness is] not addressed, the mainstream approach will not work for my child”

“I need 'someone to talk to if things are hard at home'”

“Services and good relationships feel like 'a new hope' and 'a lifesaver'”

Intersectionality: Recommendations



10) Develop the training offer for professionals about heightened risks to mental health for CYP with SEND, and tailoring support for them and their families. Adopt a “Make Every Contact Count” approach to raising awareness of mental health support for CYP with SEND, irrespective of their diagnosis/ EHCP status. Continue to improve the intelligence around Emotionally-Based School Avoidance in Camden, to better enable targeted support and monitoring.



11) Continue to improve the integrated working arrangements for supporting groups of children and young people with SEND who have most complex health and social care needs and multimorbidity



12) Informed by further exploration of complexity and intersectionality (Recommendation 2), strengthen and embed more coordinated multidisciplinary team support across Camden for CYP, their parents and Schools, to support co-existing SEND, health and social care needs, and to improve school attendance among all CYP with SEND.

Key findings: Outcomes

- Speech and Language
- Educational attainment

Outcomes (1)

Key findings

Speech and language

Early identification, support and intervention for speech and language at age 1 has shown early signs of being very effective. Coming years will see how this tracks into ASQ-3 scores, SLT referral data and SLCN in primary schools.

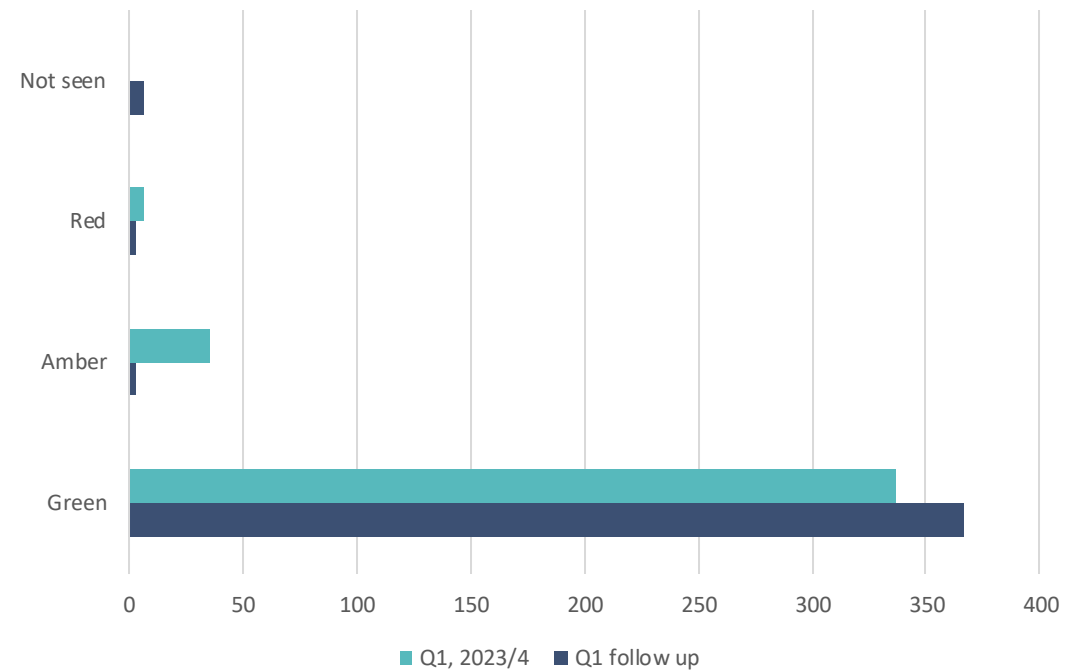
Early intervention opportunity: speech and language

Between Q4 2022/3 and Q3 2023/4, 1,609 children received the universal 12-month Health Visiting review (86% of eligible children).

In April 2023, Camden Health Visiting Team introduced a speech and language screening tool (WellComm) to this review. It enables practitioners to evaluate developing language skills, supporting decisions about monitoring, support, or additional assessment. 380 of the 381 children reviewed in Q1 received the screening, of which almost 10% of results were 'amber' and almost 2% 'red'. Following intervention (activities from *The Big Book of Ideas* and community-based groups), 8-12-week follow-up saw 30 (83%) of the 'amber' group move to a 'green' result. 4 out of the 7 'red' results were not seen for follow up.

Uptake of this universal review is high in Camden, however 260 children in the year measured did not receive it by the age of 12 months. Further exploration might provide more insight into equity of access linked to social determinants of health.

WellComm screening project, Q1 coverage and outcomes



Outcomes (2)

Key findings

Educational attainment

The higher the level of identified need, the lower the attainment at GLD and standard educational milestones (Year 1 phonics, KS1 Core Subjects + Science). This is the case nationally and regionally.

At KS1, around 1 in 5 pupils with EHCP, and 1 in 4 pupils with SEND Support, reach the expected level in all core subjects. In many areas, Camden is above the national and London benchmark for attainment. Progress between KS1 and KS2 is particularly strong for children with SEN Support. However, Camden pupils with EHCP were below the national comparator for the Year 1 phonics check. Progress for pupils with EHCP is mostly above benchmarks but dropped significantly between 2022 and 2023.

KS4 attainment and progress decreases as support need increases. Progress 8 scores have decreased since 2018, and for EHCP are below the regional and national benchmark.

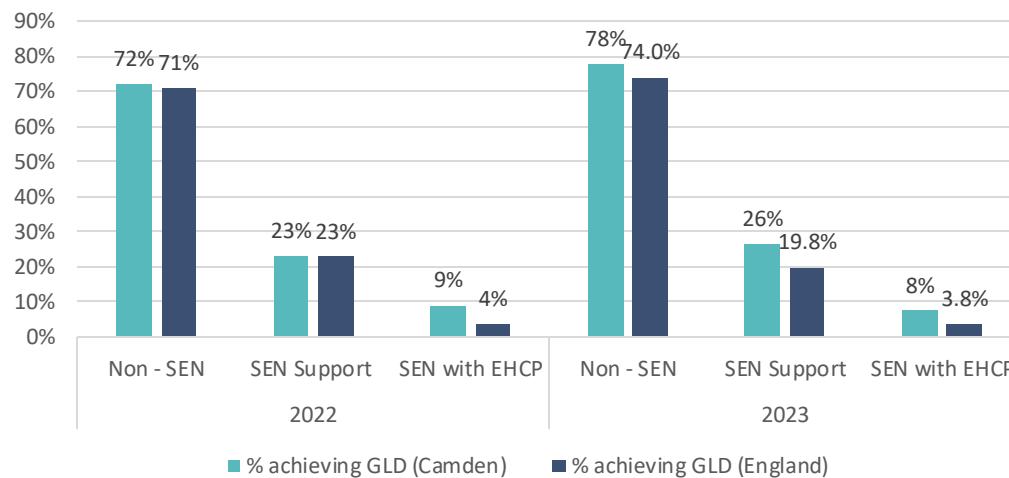
The JSNA did not identify a common assessment framework for outcomes outside of educational attainment.

Educational attainment in EYFS and Year 1

The higher the level of SEN support, the lower the percentage of pupils reaching a **Good Level of Development** at Early Years Foundation Stage. Camden's attainment levels were in line with or above national figures in 2022 and 2023 for children with and without SEN.

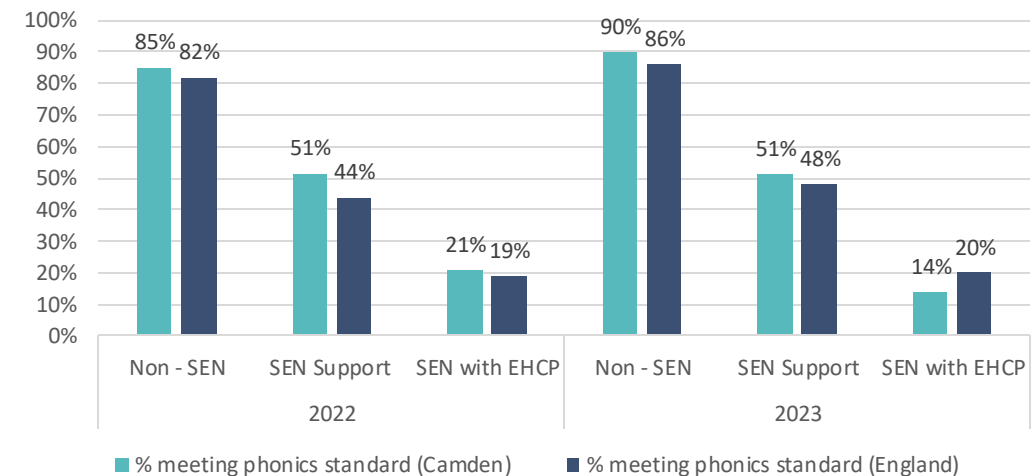
The attainment gap between children with SEN and no SEN was less marked at the **Year 1 phonics** check, although showing a similar pattern of lower percentage attainment associated with increasing level of need. Camden's Year 1 phonics attainment was slightly above average for all groups in 2022, but this dropped by 7% in 2023 for children with EHCP, to below the national average.

% of pupils achieving a Good Level of Development at Early Years Foundation Stage, by type of need



GLD: a composite measure covering communication and language; personal, social and emotional development; physical development; and the specific areas of mathematics and literacy

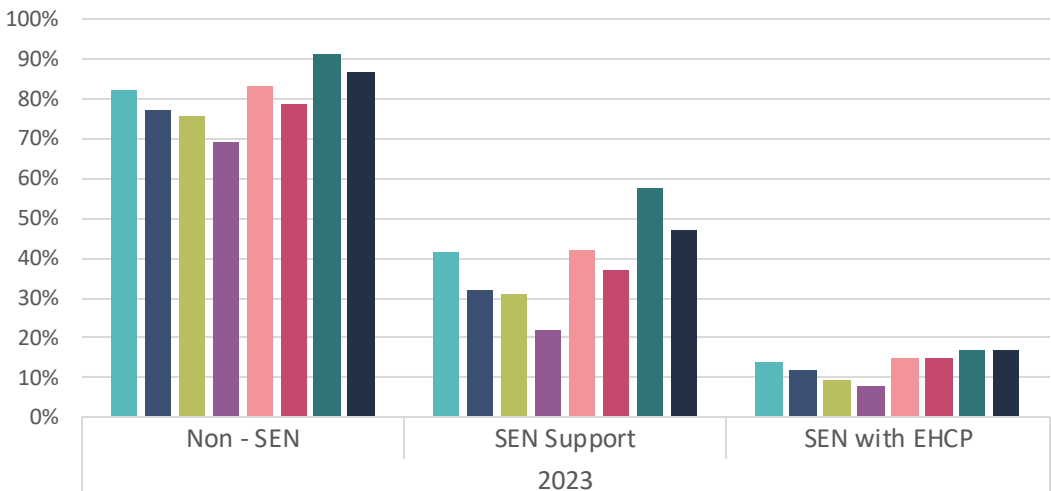
% of pupils meeting the Year 1 Phonics Decoding Standard, by type of need



Year 1 phonics check: a phonics decoding exercise to check reading progress

Educational attainment at primary school

% of pupils working at expected standard or above at KS1, by type of need, Camden and England 2023

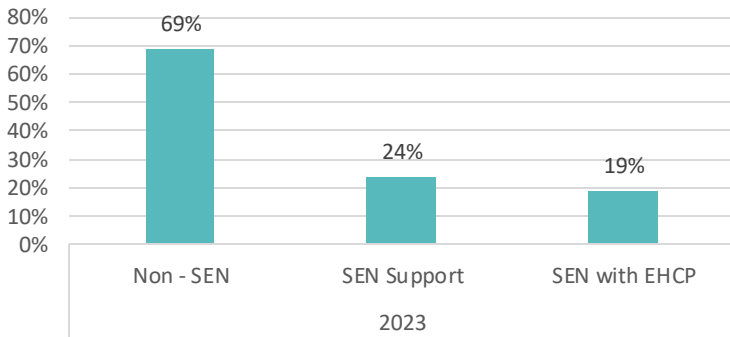


	Non - SEN	SEN Support	SEN with EHCP
Camden Reading	82%	42%	14%
England Reading	77%	32%	12%
Camden Writing	76%	31%	10%
England Writing	69%	22%	8%
Camden Maths	83%	42%	15%
England Maths	79%	37%	15%
Camden Science	91%	58%	17%
England Science	87%	47%	17%

Compared with the national average, a higher percentage of Camden pupils receiving SEN Support and EHCPs attained an expected standard or above in Reading, Writing, Maths and Science in 2023. This was also the case for children with no SEN.

The group of children receiving SEN Support were most notably above the national average, with a difference of +10% in Reading, +9% in Writing, +5% in Maths and +11% in Science.

% working at expected standard or above at KS1 (Reading, Writing and Maths), Camden

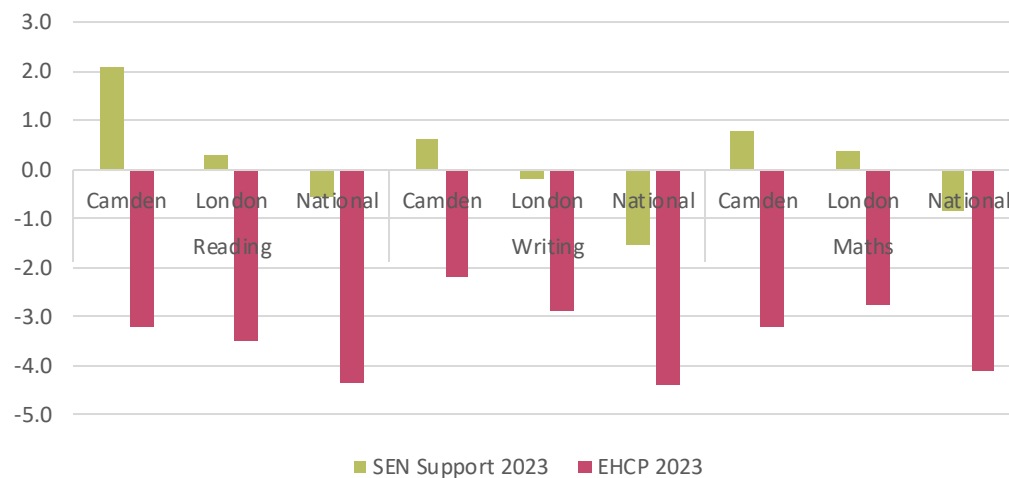


Overall, the greater the level of support need, the lower the percentage of children attaining expected levels in all three core subjects (RWM). This equated in 2023 to 618 children (42%) moving into KS2 with lower-than-expected attainment in core academic skills, of which 278 had some form of SEN Support.

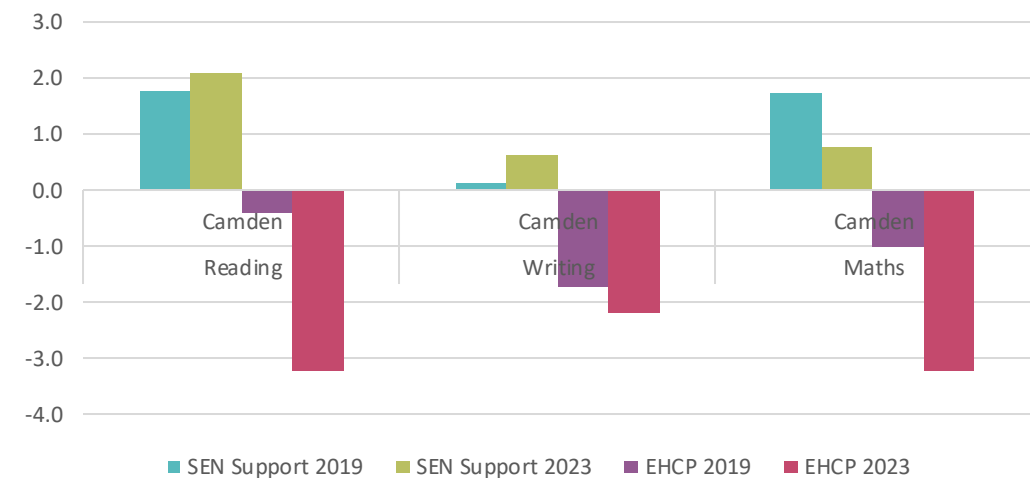
Progress from Key Stage 1 to the end of Key Stage 2

Camden pupils' progress in 2023 was consistently greater than nationally, both for children with SEN Support, and with EHCPs. It was also greater than London in all measures, except maths for children with EHCPs. Progress for children with SEN Support was positive for all core subjects, indicating greater progress than pupils overall. However, the progress scores for children with EHCPs have decreased significantly since pre-pandemic, in all core subjects. The marked decrease in progress score for children with EHCPs seen in Reading and Maths in Camden was not replicated in the London and England data. Progress scores for children with SEN Support increased since 2019 for reading and writing but decreased for maths.

Progress scores, pupils with Special Educational Needs, 2023



Change in progress scores, 2019 and 2023 comparison, pupils with Special Educational Needs



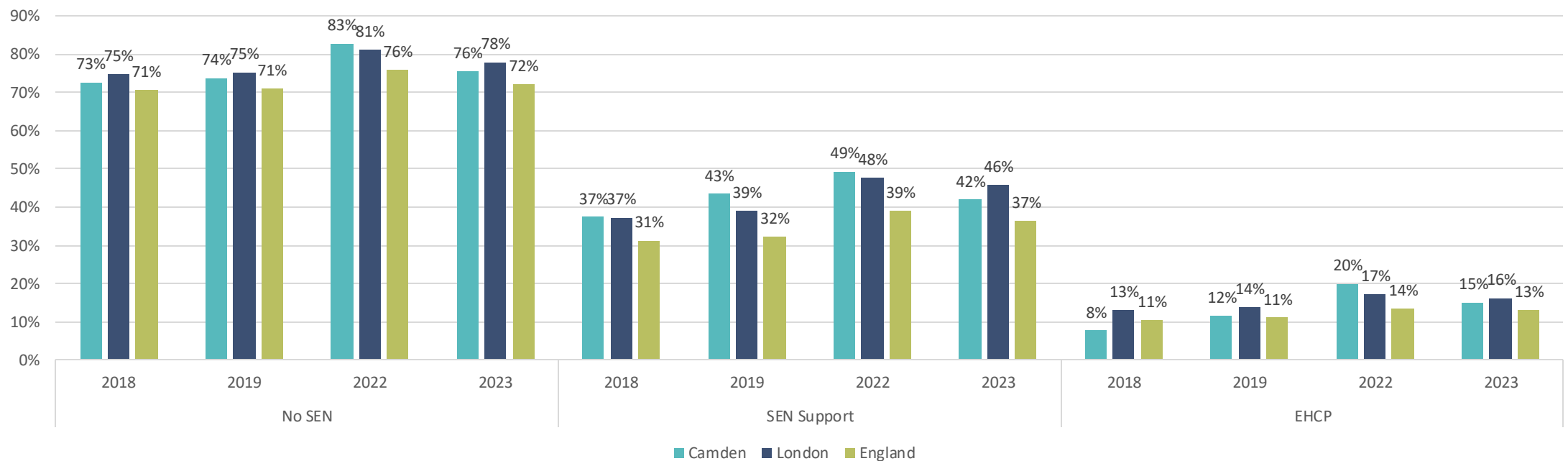
Scaled progress scores from -5 to +5 indicate the relative progress made through KS2, compared with other children in the same school year ending KS1 at a similar level of attainment.

Source: SFR National dataset, DfE

KS4 Attainment: Grade 4+ (basic pass)

Attainment of Grade 4+ (basic pass) decreased with increasing level of need, with 15% of students with an EHCP reaching this level, compared with 42% of children with SEN Support and 76% of those with no SEN in 2023. Camden's attainment is consistently above England averages, but is currently just below the London average, for children on SEN Support. For students with an EHCP, there has been a steady increase of attainment at this level (roughly doubling between 2018 and 2023), bringing Camden above the National benchmark and very close to the London average in 2023.

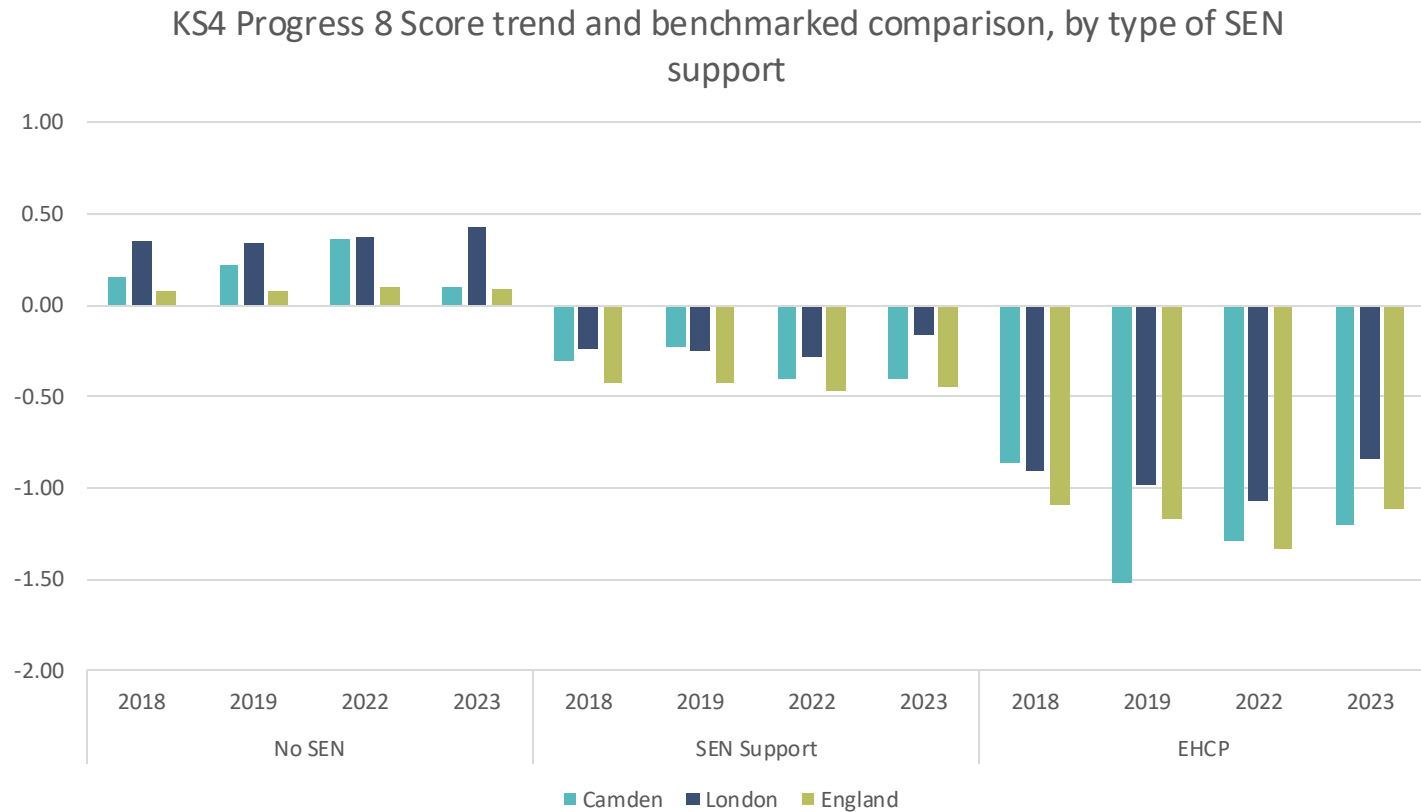
KS4 Attainment of Grade 4+ (basic pass), trend and benchmark comparison, by type of SEN support



Nationwide, the grading process was significantly disrupted by the pandemic. In 2022/23 there was a return to pre-pandemic standards for GCSEs, AS and A levels, with protection built into the grading process to recognise the disruption that students have faced.

Source: NCER - Keypas (data from DfE)

KS4 Progress (Progress 8 Score)



Progress among Camden’s young people with SEN Support or EHCP is below the London benchmark, and for EHCP, also below the national benchmark. The Progress 8 scores over time show a declining trend since 2018. The amount of progress made decreased significantly with increased level of need. Both SEN and EHCP groups had a consistently negative Progress 8 score, showing that they have made less progress than students entering secondary education at similar levels of attainment.

Progress 8 is a ‘value added’ measure, where zero is the ‘expected’ level of progress over the 5 years between KS2 and KS4 examinations. This is based on an average progress of students entering secondary school with similar attainment in KS2 SATS Reading and Writing.

Source: NCER - Keypas (data from DfE)

Insights from children, young people, parents and carers

Inclusive learning opportunities were valued by pupils and parents – play-based learning, age mixing for mixed abilities, active social development, art therapy, being able to move, quiet corner and tools for learning were all highlighted.

Parents questioned whether mainstream teaching and learning was universally inclusive, or whether children with SEND were learning separately with a Teaching Assistant.

Children and young people spoke about the breadth of their hopes, dreams and qualities, over and above academic attainment.

Children and young people emphasised skills for life as being important to them: social skills, 'learning skills to understand myself and boost myself up'; activities that 'help a young person relax and talk'; activities that are a way to 'be social and feel good'.

Relationships were simultaneously highlighted as the biggest difficulty, and also the biggest protective factor, by children and young people. Parents noted the barriers to true mainstream inclusion that social difficulties could present and spoke about a whole-school approaches to inclusive learning and socialising.

Older young people wished they knew more about financial literacy and management, LGBTQ+ issues, sex and relationships, and practical skills. Young people highlighted the status of Maths and English as gateway grades and therefore barriers to accessing a large range of opportunities post 16.

“
‘Trying to get good grades at school is setting you up for failure’
”

“
‘It’s nice to know you enjoy something and are good at it’
”

“
Relationships ‘keep you strong’
”

Outcomes: Recommendations



13) Develop an approach to monitoring activity and outcomes for our CYP population with SEND that: spans health, education and social care outcomes; allows areas of concern to be identified earlier; and enables assessment of longitudinal outcomes



14) Plan an evaluation of health, education, and social outcomes for CYP (Quantitative and qualitative) for those on ENGs vs EHCPs



15) Advocate NCL ICB to develop a SEND register so that care and outcomes for CYP with SEND can be better monitored and evaluated

Recommendations

- Recommendations from the JSNA findings
- Activity already planned or underway in the SEND Strategy 2022-27 implementation
- Proposed ownership of the recommendation

Prevalence and Growth

Recommendation 1

Improve the availability and take up of neurodiversity training for all service staff in contact with CYP, widening skills and knowledge especially in areas where primary need has grown most. Work to further embed specialist knowledge into whole-setting approaches to inclusivity.

Ownership: Children and Young People's Commissioning and Public Health, Education

Work already planned or underway:

SEND Strategy Implementation:

- Provide workforce development, with focus on autism, for frontline services. A wide range of autism awareness training is available across the partnership, including Council-commissioned training from the Autism Education Trust. Work is starting to map and coordinate the training available across the partnership. Autism training is being developed for CAMHS staff.
- Clarify and improve ordinarily available provision in schools
- Improve recruitment and retention of workforce with CPD across the partnership
- Establish test and learn pilots that aim to meet a wider range of SEND needs more effectively

(See also Camden's All Age Autism Strategy)

Prevalence and Growth

Recommendation 2

Develop a targeted workstream to support school placement planning and a more in-depth assessment of needs across different schools.

Include further exploration into the nuanced presentations of complex need in Camden, and the educational challenges presented to schools as a result, to inform and support enhanced services and workforce development

Ownership: Education

Work already planned or underway:

- Camden's School Place Planning Strategy is being developed with the aim of guaranteeing a high-quality education experience for all children, including those with SEND.
- Learning continues from the second year of *Rebuilding Bridges*, a Camden multi-agency partnership programme working with children and young people with complex needs who are at risk of exclusion or placement breakdown.

Prevalence and Growth

Recommendation 3

Ensure forecast growth is considered as part of wider strategic work, such as the Borough Accommodation Strategy, and work to promote inclusive employment and economic opportunity, for instance related to the Youth Mission

Ownership: Children and Young People's Commissioning and Social Care, Health and Wellbeing and Inclusive Economies

Work already planned or underway:

- 12 new supported living flats have been commissioned and are in the process of being built on Spencer Rise.
- Maximising the opportunities from the Youth Mission, with young people with SEND as a priority cohort, to build opportunities for good quality employment.

Inequalities

Recommendation 4

Raise awareness of inequalities and intersectionality within the SEND space, and the population groups with disproportionately high prevalence such as those in lower income homes. Share best practice across the partnership

Ownership: Camden SEN and Inclusion, Camden Health and Wellbeing

Recommendation 5

Address the need to further improve data collection for those with SEND and protected characteristics and their outcomes, to better understand differences in prevalence including overrepresentation in Black ethnic and mixed/ multiple ethnic groups and under representation in Chinese communities

Ownership: Education, Health and Social Care

Work already planned or underway:

- Camden Integrated Children's Services have made a commitment to improving the completeness of their ethnicity data.
- Roadshow programme to build understanding and awareness of SEND across partnership
- Better use of qualitative and quantitative data on protected characteristics and deprivation so we ensure services meet need and aspirations of different communities of children and young people

Inequalities

Recommendation 6

Continue the strong focus on inclusive co-production of services, resources and support with parents, carers and CYP with SEND, recognising the breadth of primary need and the likelihood of socioeconomic disadvantage for many families with SEND children

Ownership: Education, Health and Social Care, Integrated Youth Service

Work already planned or underway:

- Develop and implement an engagement strategy. Across the partnership there is a strong focus on working together with families to deliver services. Bi-monthly thematic engagement sessions have also been established to give parents a regular voice in SEND development.
- Co-production underway as part of the Autism Strategy.

Early Identification

Recommendation 7

Incorporate early identification into the SEND Strategy Implementation Plan.

Ownership: Camden SEN and Inclusion Team

Recommendation 8

Improve the early identification and tracking of CYP with SEND across Camden education, health and social care. Use this intelligence, and awareness of transition and pressure points in the school journey, to support improved forecasting for service provision.

Ownership: Education, Health and Social Care

Recommendation 9

Identify further opportunities in collaboration with Early Years Partners to provide support and training for early identification of support needs, including among girls, who are under-diagnosed and diagnosed late more often than boys.

Ownership: Camden SEN and Inclusion Team, Children's Commissioning

Work already planned or underway:

- Best Start for Baby is Camden's child development and parent support service for all families. Health Visitors offer an enhanced version of the Health Child Programme, with five contact visits in the first year of life, improving the opportunities to identify emerging needs at the earliest stages and for families to build a relationship with the service.
- Early screening for speech and language difficulties at the 12-15-month review has been piloted and evaluated. Associated family- and community-based support has shown impact in improving communication capabilities by the 12-week follow-up.
- Family Hubs provide a range of services for very young children including Camden Kids Talk, family drop-ins for advice and information around emerging needs, and specialist stay-and-play sessions for families who find the universal sessions less accessible.

Recommendation 10

Develop the training offer for professionals about the heightened risks to mental health for CYP with SEND and tailoring support for them and their families. Adopt a “Make Every Contact Count” approach to raising awareness of mental health support for CYP with SEND, irrespective of their diagnosis/ EHCP status.

Continue to improve the intelligence around Emotionally-Based School Avoidance in Camden, to better enable targeted support and monitoring.

Ownership: Children and Young People Commissioning and Public Health, and Health

Work already planned or underway:

- The Education Psychology team and schools are working together to embed Trauma Informed Practice in universal settings.
- Emotionally-based School Avoidance guidance has been developed to support settings in identifying and supporting children and young people who are too anxious to come to school.
- Social prescribing is used to improve access to mental health for children and young people.
- Public Health is collating the array of mental health and wellbeing training available to Camden professionals for easier navigation and has identified further demand relating to supporting children and young people with SEND.
- The Local Area SEND Partnership will develop a shared CPD Plan.

Recommendation 11

Continue to improve the integrated working arrangements for supporting groups of children and young people with SEND who have most complex health and social care needs and multimorbidity

Ownership: Health and Children and Young People's Commissioning

Work already planned or underway:

- Shared record-keeping systems are being created to improve co-ordination across services and prevent families from having to retell their stories.
- The CYP Disability Service have moved to a 'named worker' model for improved continuity and effectiveness in meeting complex needs.
- Ongoing strategic work has shown considerable improvement in the uptake of 14+ Health checks.
- Work to ensure that a range of professionals are encouraging annual health checks with the young people aged 14+ that they work with and are empowered to ask for reasonable adjustments where needed.

Recommendation 12

Informed by further exploration of complexity and intersectionality (Recommendation 2), strengthen and embed more coordinated multidisciplinary team support across Camden for CYP, their parents and Schools, to support co-existing SEND, health and social care needs, and to improve school attendance among all CYP with SEND.

Ownership: Education, Health and Social Care

Work already planned or underway:

- A neurodiversity services roadmap has been produced to aid navigation for families, alongside improvements in information sharing across the partnership.
- Test and learn pilots will be established to improve multidisciplinary team support to schools
- Work underway to improve the quality of EHCPs, to help improve co-ordination between services
- JSNA findings to inform commissioning activities

Outcomes

Recommendation 13

Develop an approach to monitoring activity and outcomes for our CYP population with SEND that: spans health, education and social care outcomes; allows areas of concern to be identified earlier; and enables assessment of longitudinal outcomes

Ownership: Education, Health and Social Care

Recommendation 14

Plan an evaluation of health, education, and social outcomes for CYP (quantitative and qualitative) for those on ENG vs EHCPs

Ownership: Health, Education and Social Care

Recommendation 15

Advocate for NCL ICB to develop a SEND register so that care and outcomes for CYP with SEND can be more systematically monitored and evaluated

Ownership: Children and Young People's Public Health

Work already planned or underway:

- Commissioned review of ENG and CIF approach.
- Cross-partnership SEND Dashboard in development, and a simplified version to be published on the Local Offer
- Improved tracking of post-16 destinations
- Youth Mission to improve education and employment outcomes for young people with SEND
- Revisit annual review process from Year 9 onwards, to improve skills and knowledge to make sure that employment and independent living outcomes are being effectively included.

Appendices

- System context
- National policy context
- Local policy context
- Priorities and workstreams from Camden SEND Strategy 2022-7
- Camden ethnicity data by age group
- Distribution of ethnicities among IMD quintiles for children with SEND
- Methodology for EMIS (GP Records) search

Appendix A: System Context

- Over the last ten years both legislative change and financial pressures have impacted the support provided for children and young people with SEND. In particular, the [Children and Families Act](#) (2014) reformed assessment processes and services offered, whilst extending the SEND system to encompass those up to their 25th birthday.
- The current system encourages collaboration between educational, health and social care providers. However, this collaboration is complicated by the different funding sources, statutory requirements, underpinning legislation, and working cultures of the providers involved. In addition, services for children and young people with SEND now extend from birth to age 25, whilst compulsory schools ends at age 16, and the transition from children's to adult services in the NHS is at age 18.
- Delivering the tailored support required for individuals – and their families – will often be from several different statutory services, with planning and commissioning decisions made in advance. This needs assessment brings together relevant information about the educational, health and care needs of CYP with SEND to inform the development of integrated service provision across the spectrum of need.

Appendix B: National Policy Context

Lamb Enquiry, 2009

Lamb Inquiry: Special educational needs and parental confidence

Department for Education Green Paper, 2011

Support and aspiration: A new approach to special educational need and disability

Children and Families Act, 2014

Children and Families Act

The Care Act, 2014

The Care Act is mainly about people who are 18 and over and need care and support

House of Commons Education Committee, 2019

Special educational needs and disabilities: First report of session 2019-20

Local Government and Social Care Ombudsman, 2019

Not going to plan? Education, Health and Care plans two years on

Ofsted, 2019

Exploring moving to home education in secondary schools

National Audit Office, 2019

Support for pupils with special educational needs and disabilities in England

NHS England Learning Disability and Autism Programme

In the community, with the right support, and close to home

Ofsted, 2021

SEND: old issues, new issues, next steps - GOV.UK (www.gov.uk)

Appendix C: Local Policy Context

Camden Local Area SEND
Strategy 2022-7

[Strategy Executive Summary](#)
[SEND Strategy Easy Read pdf](#)

We Make Camden

[We-Make-Camden-Vision.pdf](#)
[\(wemakecamden.org.uk\)](http://wemakecamden.org.uk)

Building Back Stronger,
Camden's Education Strategy
to 2030

[Building-Back-Stronger-Full-
Strategy-2022.pdf](#)
[\(camdenlearning.org.uk\)](http://camdenlearning.org.uk)

Closer to Camden
Commissioning Strategy for
Children with Complex Needs

Camden Youth Mission

[Young People – We Make
Camden](#)

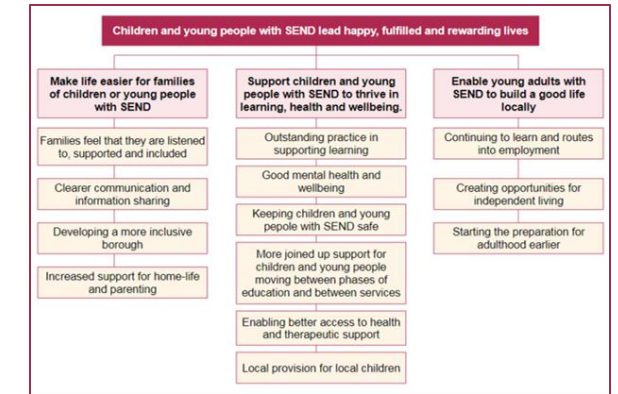
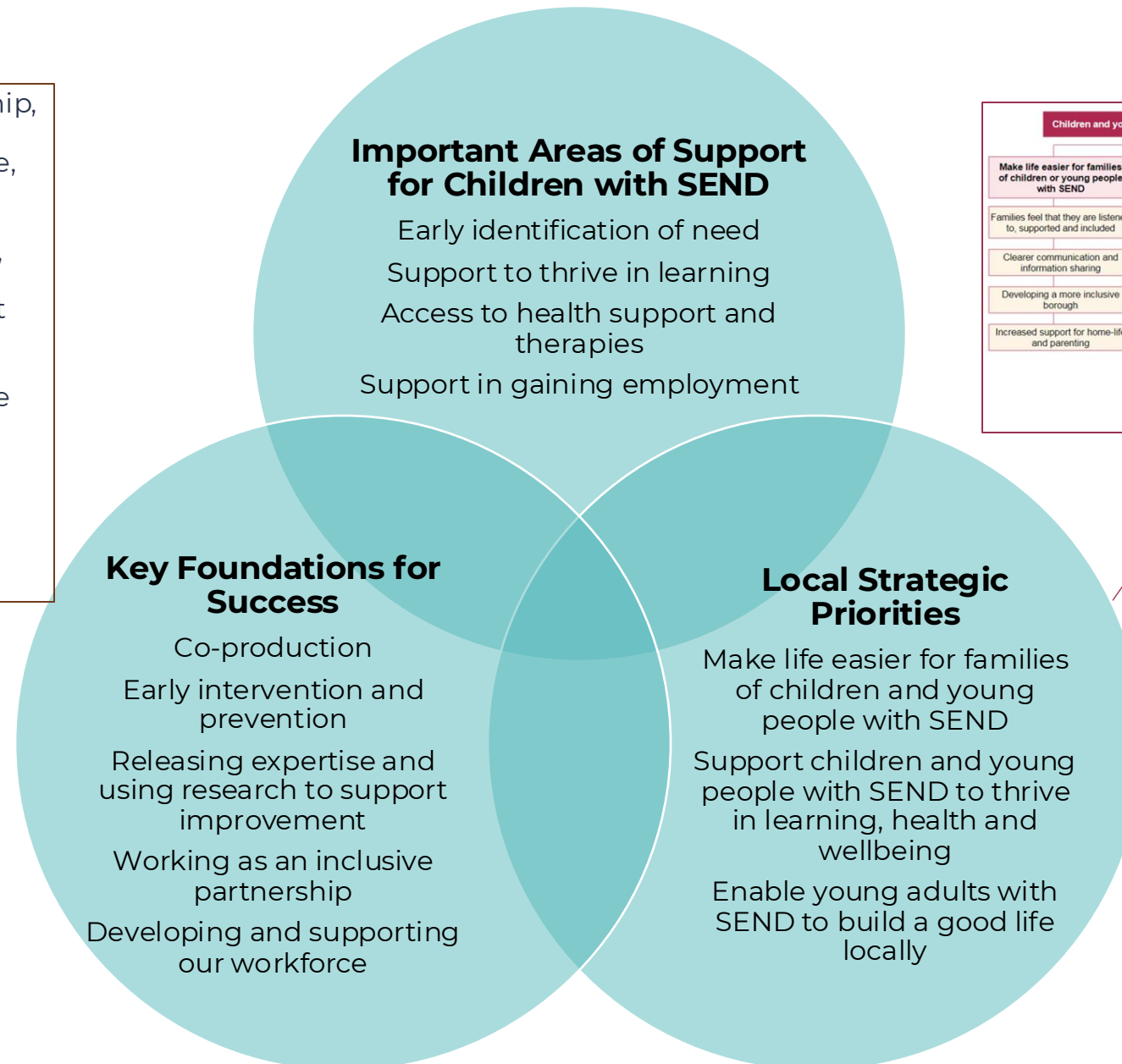
Autism Needs Assessment

Autism All Age Strategy

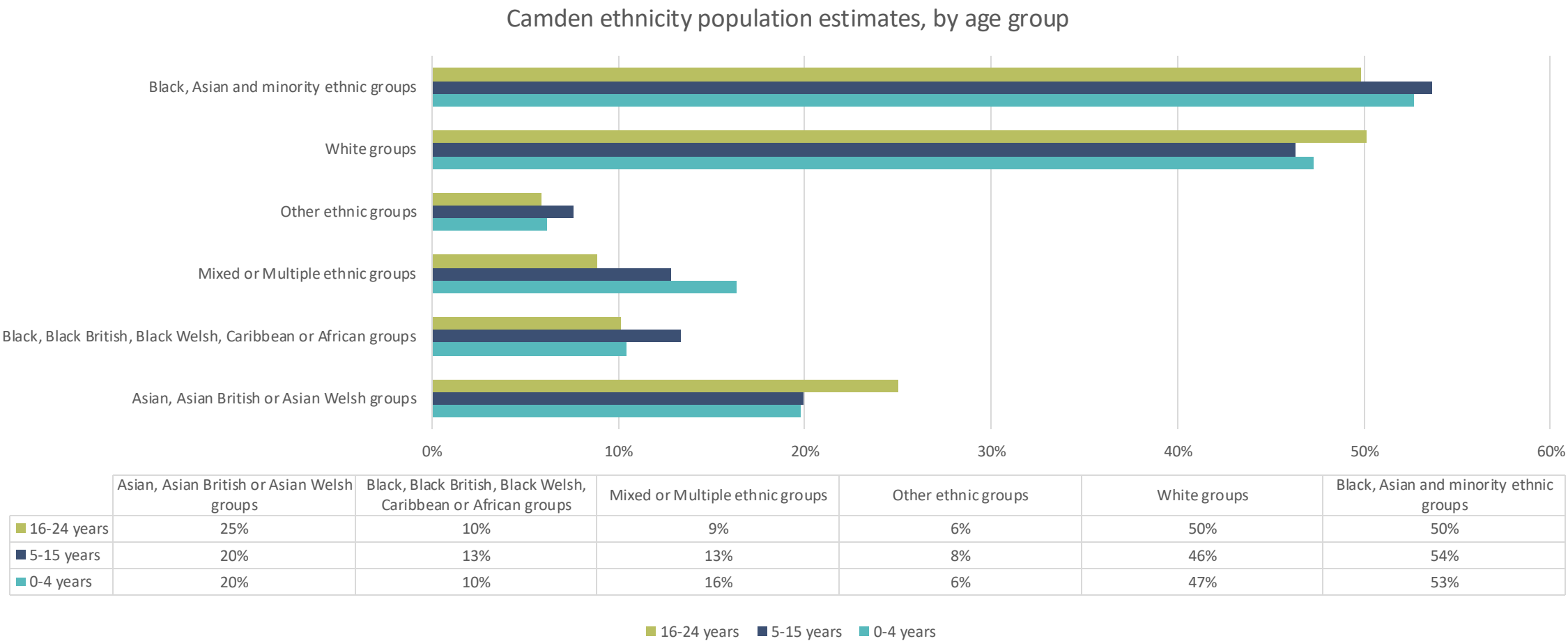
[camden-autism-plan-2016-
2021.pdf](#)

Appendix D: Priorities and workstreams from Camden SEND Strategy 2022-27

Camden's SEND partnership, including families and children and young people, co-produced the Strategy, identifying what was important to service users, what their aspirations and challenges were, and what the key priorities were to achieve the vision for children and young people with SEND in Camden. Work to implement this Strategy continues; it has informed and will be informed by the insights from this JSNA.

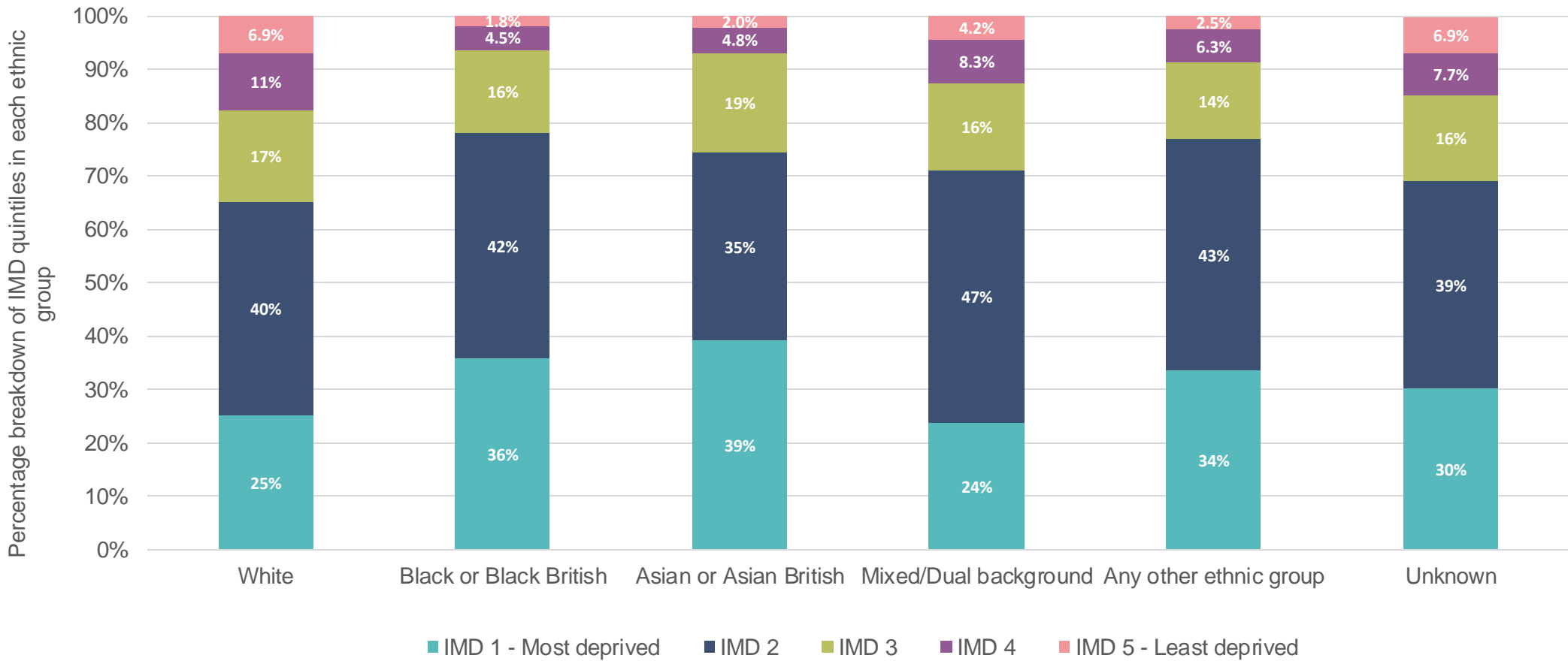


Appendix E: Camden ethnicity populations, by age group



Source: <https://opendata.camden.gov.uk/w/mnm7-vqke/7xcc-ae6v%20Updated%20October-22>

Appendix F: Ethnicity distribution across IMD quintiles for children who require some form of support (EHCP or SEN), Camden school children, Autumn term 2023



Note: Data are given for the autumn 2023 enrolment term. Unknown ethnic group includes all children with an ethnicity stated as information not obtained, unknown or refused. 2 children did not have an IMD quintile allocated to them.

Appendix G: Methodology for extracting data from GP records

Data was extracted from EMIS on 8th April 2024 via searches built within EMIS to identify patients up to the age of 25 with:

- Special educational needs
- Disabilities
- Learning difficulties/ disabilities
- Autism
- SLCN - Speech, language and communication needs
- Social, emotional and mental health needs
- This data was collated from 5 different financial years (2020-2024). Aggregate data was provided by PCN breakdown
- A full code list is available on request

Glossary

ASD – Autistic Spectrum Disorder

CAMHS – Child and Adolescent Mental Health Service

CDT – Child Development Team

CICS – Camden Integrated Children’s Service

CIN – Child in Need

CNWL – Central and Northwest London Foundation Trust

CP – Child Protection

CYPDS – Children and Young People’s Disability Service

EHCP – Education Health and Care Plan

ESOL – English Spoken as Other Language

FSM – Free School Meals

HCP – Healthy Child Programme

HI – Hearing Impairment

ICB – Integrated Care Board

IMD – Index of Multiple Deprivation

MOSAIC – Camden’s integrated service for children with disabilities and their families (Making All Our Services Integrated In Camden)

MLD – Moderate Learning Difficulty

OT – Occupational Therapy

OTH – other difficulty

PD – Physical Disability

PMLD – Profound and Multiple Learning Difficulty

SCAS – Social Communication Assessment Service

SEND – Special Educational Needs and Disabilities

SEN Support – Special Educational Needs Support (provided by education settings)

SEMH – Social, Emotional and Mental Health

SFR – Statistical First Release

SPR – Single Point of Referral

SLD – Severe Learning Difficulty

SLT – Speech and Language Therapy

SPLD – Specific Learning Difficulty

VI – Visual Impairment

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Camden Data Analysts, Adults and Health

Camden Education Commissioning, Children and Learning

Camden Health Protection, Intelligence and Healthcare

Camden SEN Finance and Commissioning

Central North West London Foundation Trust including Camden Integrated Children's Service and Health Visiting

North Central London Integrated Care Board

and

Camden schoolchildren and young people, their parents and carers, who took part in SEND Strategy workshops to share their experiences