

Wigan's Joint Strategic
Needs Assessment
(JSNA)

FINAL

Children and Young
People with SEND

2024

1.0 Our review process and update timescales

This JSNA will be updated every 3 years unless a major shift in demographics occurs.

Reviewed and updated by exception annually as required.

2.0 Introduction

The Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) aims to comprehensively analyse and understand the unique needs, challenges, and opportunities faced by individuals with SEND and their families within the borough. This assessment is designed to inform and guide commissioners, policymakers, healthcare professionals, educators, community organisations, and stakeholders in the planning and provision of services and support that address the diverse and evolving requirements of the SEND population.

Wigan Borough, a diverse and vibrant community located in the Greater Manchester area, is committed to fostering an inclusive society that upholds the rights, dignity, and well-being of all its residents. Understanding the educational, healthcare, social, and economic needs of individuals with SEND is paramount in promoting an equitable and empowering environment for everyone.

The JSNA is a collaborative initiative that brings together insights from multiple stakeholders, including individuals with SEND, families, the Council, healthcare providers, educational institutions, non-profit organisations, and advocacy groups. By consolidating this collective knowledge, we seek to craft a holistic understanding of the challenges and strengths present within the SEND community, and thus develop targeted strategies that enhance the quality of life for those living with disabilities.

The goal of this SEND JSNA is to facilitate evidence-based decision-making on collective and organisations commissioning priorities and policy development that not only acknowledges the unique challenges faced by individuals with SEND but also empowers them to lead fulfilling lives and actively contribute to the broader community. In doing so, we aspire to foster a society that celebrates diversity, inclusion, and equal opportunities for all its members.

3.0 Key Findings

Wigan's birth rate has decline over a ten-year period in line with national decline observed 10% with some fluctuations to be expected between years. However, in the North Wigan Service Delivery Area, birth rates have been slowly increasing year on year and across Wigan as a whole premature births are significantly higher than the national rate with some known impact on neuro- development.

When considering ASQ scores completed by health through developmental checks, Wigan consistently scores higher than national average, however this does not then translate into better than national average good level of development at reception age for all children.

Wigan has a higher prevalence of pupils in receipt of SEN support when compared nationally and regionally with a widening gap. As a percentage of the pupil population EHC is comparative with national average but below regional and some local statistical neighbours. This could suggest there

is some strength in Wigan's graduated approach, but this also correlates with a higher proportion of refusals for initial requests to assess, this is significantly higher than national average although against a backdrop of a lower and therefore better, level of EHC assessments that do not result in plan.

Assessments conducted have increased by 78% since 2016, this has led to an increase in new plan starts which have almost doubled over the same period from 250 to over 450. Wigan's pattern of demand when analysed by age for new plans somewhat differs to national and regional patterns, with evidence that there is more identification of need for children requiring an EHC in the primary school age group than there is in young cohorts and older cohorts. Although it is of note that children with SEND in Wigan achieve in line with or slightly better in relation to most key stage 1 and 2 outcomes as supporting evidence that this later identification is not necessarily problematic. At key stage 4 pupils with SEND are in line with national and for the EHC cohort children perform better than average.

Timeliness of issue of plan within 20 weeks has declined latterly although it currently remains above national averages.

Primary need for EHC plans has changed since 2020 with a significant increase in plans where primary need is ASD, SEMH and Speech and Language followed by moderate learning difficulties. Wigan has more children placed in special school than national and regional, including post 16 specialist, but is in line with comparison for mainstream school. In absolute terms more children have been placed in mainstream schools since 2016 followed by special schools. Data demonstrates demand is outstripping capacity for special school places in Wigan. Of note, since 2019, 90% of EHC children are educated in borough. However, despite this there are still growing demands on the home to school transport. Currently £6 million is spent / year which is forecasted to increase in line with trajectory of increase in EHC plans. Currently the average milage travelled to school is 10 miles with the longest travel calculated at 53 miles. Sufficiency of placements directly impacts this area.

Absence rates for pupils with and without SEND in state funded schools is in line with North West and National averages according to latest publish data. However, absence rates vary according to primary need. Those pupils with Profound and Multiple Learning Difficulties have the highest percentage of authorised absence, whilst those pupils with Social, Emotional and Mental Health needs had the highest rates of unauthorised absence. Pupils with Profound and Multiple Learning Difficulties in Wigan schools have the highest persistent absentee rate, although this is lower than average rate for England. However, the persistent absentee rate for pupils with Physical Difficulties and other difficulties/disabilities, which are also high in Wigan schools, are above the average for England. Suspension rates for pupils with an EHCP in 2021/22 were higher than the England and North West average in both Wigan primary and secondary schools. The rate in primary schools was also higher than the averages for all our statistical neighbours. Permanent exclusions in Wigan for children with an Education Health Care plan is also significantly above all benchmarked averages and therefore has implications for inclusion strategy.

Outcomes for young people post 16 with SEND in respect to the education, employment or training status are worse than national and statutory neighbour average. When examining this by young people with an EHC plan, outcomes are worse than national but in line with stat neighbour, even though children with SEND in Wigan do better than average with respect to Key Stage 4 outcomes.

There is a wide range of services available for children and young people with SEND, however, parent feedback informs us that this is not always well understood or known about. There is a need to

develop this area. There is also a need to develop a more sophisticated picture across the partnership of demand for services and experiences of those children and young people accessing or wishing to access those services such as neurodevelopmental pathways and short breaks as two examples of gaps we have in intelligence. Based on parental feedback through the BIG SEND survey, there is more to do for the partnership to ensure children and young people have good experiences of services and that they meet need.

20% of children and young people with SEND were also known to children's early help and social care services at a point in time. This compares to 19.2% of the pupil population demonstrating overall there isn't a disproportionate representation. Examination of this prevalence by need demonstrates a disproportionate level of children requiring more acute support from SEMH, Speech and Language. This suggests a need to focus on earliest help and prevention for these specific needs. Profound and Multiple Learning disability was also more prevalent; however, this is to be anticipated due to these children likely being known to the children with disabilities teams and requiring packages of support and statutory support in line with the Children's Act 1989.

4.0 Recommendations

Commissioners are asked to consider the following key issues and recommendations:

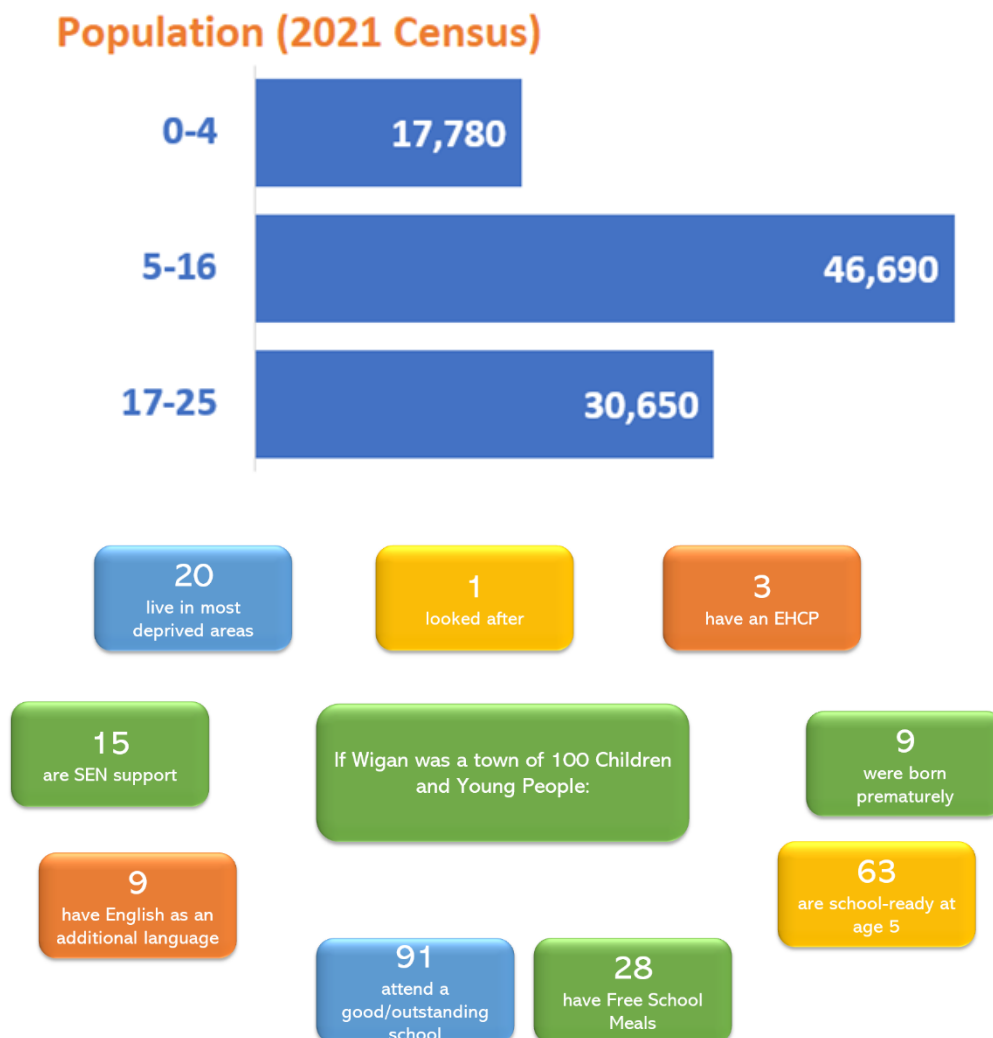
1. Wigan's rate of premature births has consistently been significantly higher than the national rate and this may lead to an increased prevalence of neuro-developmental impairment. Further work is required to understand the prevalence of neuro-developmental conditions in Wigan, linked to the early notification process from health providers.
2. For younger children who have been identified as having a significant developmental delay or has complex medical needs the ASQ tool is not used at the 2-2.5 years mandatory health check. Commissioners should consider if this is impacting the outcomes data in relation to the proportion of children meeting their developmental milestones.
3. Further work is required to understand the wait times for health services (speech and language, occupational therapy and the neuro pathway) and impact on children and young people, and their families to inform the joint priorities for commissioners.
4. Further work is required to support the School Nursing Service to accurately identify children and young people with SEND through more robust information sharing protocols.
5. Capacity in the specialist nursing team, commissioned by the ICB, also needs to be addressed as a result of the demands to complete child protection work.
6. Commissioners of mental health services for young people 18 to 25 years should consider the impact of the increase in referrals to the service and access to earlier intervention using the thrive model.
7. Additionally, the response to the rise in A&E attendances for self-harm should be considered to address the need for earlier help and support prior to children and young people presenting in crisis.
8. The number of pupils in state funded schools in Wigan requiring SEN Support or an EHCP has increased significantly above the national average. Whilst this indicates that schools are

identifying pupils needs effectively, commissioners should review the graduated response to need so that all schools feel equipped to meet pupils needs effectively.

9. Pupils with SEND are known to have higher rates of absence and exclusion from school than their peers, and those with Social, Emotional and Mental Health needs are much more likely to miss education as a result. Commissioners of Education Support Services should work with schools to promote engagement and inclusion in the mainstream sector and to address the rise in pupils experiencing Emotional School Based Avoidance.
10. Referrals for EHC needs assessments and ongoing assessments have increased significantly and commissioners need to assure themselves that education, health and care providers have sufficient capacity to contribute to and oversee the process in line with the statutory timescale. Further consideration should also be given to whether the children and young people are being referred appropriately in line with the thresholds set out in the Children and Families Act 2014.
11. The percentage of initial referrals for an assessment that were refused in Wigan was much higher than the national average. It is recommended that commissioners review multi-agency decision making to assure themselves that the right children are progressing onto the pathway for an assessment.
12. The percentage of children and young people assessed for whom it was decided not to issue an EHC plan is considerably lower in Wigan than the national, regional and statistical neighbour averages. Again, commissioners should review multi-agency decision-making to assure themselves that this is robust.
13. Compliance with the statutory 20-week timescale has dropped and commissioners should ensure that professionals have capacity and are able to provide education, health and care advice in the statutory 6-week timescale to prevent delays for children and young people and their families.
14. Given the increase in children and young people presenting with Autistic Spectrum Disorder and Social, Emotional, Mental Health needs further work is required with settings and schools to ensure that the workforce across mainstream schools have the knowledge and skills to meet their needs confidently and reduce the number attending independent schools, by upscaling learning from the Autism in Schools project and mobilisation of the Partnership for the Inclusion of Neurodiversity in schools project.
15. Commissioners should develop a medium and long term plans to address the sufficiency of local school places for pupils with EHC Plans and reduce dependency on the independent sector to meet pupils needs. This should include sufficient post 16 curriculum pathways for young people, which enable them to participate in local education, employment or training opportunities which are meaningful and prepare them adulthood.
16. Commissioners should continue to develop the number of internships, apprenticeships and supported employment opportunities so that young people with SEND and adults with Learning Difficulties are able to sustain long term meaningful employment.
17. Commissioners should review practice to ensure that the application of the entitlement to transport is considered as part of naming school in Section I of an EHCP.
18. There is a lack of infrastructure supporting the communication of universal and targeted offer for community activities and short breaks for children and young people with SEND. Commissioners need to work together across education, health and care and support services to address the gaps in the offer and to adopt a more flexible approach around the use of direct payments and personal budgets.

19. Commissioners should also consider the use of a peer-to-peer model to support young people with SEND to access universal opportunities, rather than using personal assistants.
20. Commissioners need to review and shape the model used to recruit and retain personal assistants, including when they are best to be deployed for children and young people in the community and within the home.
21. Life expectancy in Wigan continues to be significantly lower for both men and women when compared with national rates and adults with learning disabilities have poorer health outcomes. Commissioners should review the take up of annual health checks in Wigan to ensure that young people with learning.
22. The partnership should consider earliest help offer for children with SEMH and Speech and Language to help avoid escalation of need to acute services.

5.0 Overview of children and young people in Wigan



6.0 What is SEND?

The Children and Families Act 2014 defines that a child or young person has Special Education Needs (SEN) and/or a Disability as follows:

- A child or young person has SEN if they “*have a learning difficulty or disability which calls for special educational provision to be made for him or her*” (2015 SEND Code of Practice).
- Disability is defined as someone having “*a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities*” (Equality Act 2010).

The SEND Code of Practice identifies four broad areas of need and support:

- **Communication and interaction** – Speech, Language and Communication Needs (SLCN), Autistic Spectrum Disorder (ASD).
- **Cognition and learning** – Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD), Profound Multiple Learning Difficulties (PMLD), Specific Learning Difficulties (SpLD).
- **Social, emotional and mental health (SEMH) needs.**
- **Sensory and/or physical needs** – Vision Impairment (VI), Hearing Impairment (HI), Multi-Sensory Impairment (MSI), Physical Impairment Disability (PID).

Pupils with SEN are currently provided with one of the following interventions in school to support their learning and development:

- **Individual Healthcare Plan** - These are designed to keep children with medical conditions safe and well at school. They should also support children to fully engage in school life and fulfil their potential. Where the child has a SEN and/or an EHC plan, the Individual Healthcare Plan should be linked to any other Plans in place for that child.
- **SEN Support** - Extra or different help is given to the child other than that provided as part of the school’s usual curriculum. The class teacher and Special Educational Needs and Disabilities Coordinator (SENDCo) may receive advice or support from outside specialists. The pupil does not have an EHC Plan.
- **EHC Plan** - An EHC Plan is put in place for a child/young person following a formal assessment of their education, health and care needs. The EHC Plan sets out the child’s needs and the extra help they should receive to support their development and meet their care needs.
- **Personal Education Plans** – These are in place for children in the care of the local authority to support their educational outcomes and achievement. The PEP is reviewed on a termly basis with the designated teacher, young person, social worker, carer and virtual school. The PEP includes information on the provision required to meet the needs of the pupil. It contains information on pupils’ strengths and achievements, views of the pupil, SMART academic targets and current and target attainment data.

7.0 Statutory Framework

The Children and Families Act in 2014 introduced significant reforms to the statutory framework for identifying, assessing and making provision for children and young people with SEND with the aim of establishing greater levels of collaboration and integration between education, health and social care services. Under the Act and accompanying SEND Code of Practice the following provisions were made:

- **Birth to 25** – Support was extended from compulsory school aged children to all children and young people from birth to the age of 25 years.

- **Multi-agency support** - The Act set an expectation for areas to establish a system wide response across education, health and social care to assess, plan and commission provision for those children and young people with SEND.
- **Education, Health and Care Plans** - Statements were replaced with Education, Health and Care (EHC) Plans and health commissioners under the Act have a duty to deliver the health care services specified in EHC Plans in the same way that local authorities are required to secure education and social care provision.
- **Local Offer** – Local authorities are required to publish a detailed directory of what local support there is available for children and young people with SEND with the aim of making it easier for parents/carers to access the services they need.
- **Personal Budgets** - Parents/carers have the right to request a personal budget to enable them to directly purchase some or all of the provision set out in their child’s EHC plan.
- **Coproductio**n - Organisations are required to involve parents/carers and children/young people in discussions and decisions about every aspect of the planning, delivery and review of the care and support put in place to meet the outcomes described in the child’s EHC Plan. They must also take steps to work with families and coproduce any wider SEND plans or policies which will affect them, including the JSNA.
- **Information, Advice and Support Services** – Commissioners are required to provide children and young people with SEND and their families free confidential and impartial information, advice and support on all matters relating to SEND.
- **Dispute resolution** – Local authorities are required to commission an independent disagreement resolution services to resolve issues with parents/carers without the need for tribunal appeals wherever possible.
- **SEND Tribunals** - The right of parents/carers to appeal a decision made in relation to the education provision for their child has been extended to young people in further education and training so that they are able to challenge and appeal decisions about the support they receive to the tribunal themselves. As of April 2018, powers were extended even further to include the right to appeal decisions in relation to the health and social care provision (in addition to education provision), as part of a national trial.

In March 2023, the Department for Education published its SEND and Alternative Provision Improvement Plan, in response to the challenges identified in the SEND system. There will be no changes to the law or the Code of Practice. However, the plan sets out arrangements to:

- Establish a new system of National Standards. This will set out consistent expectations for the types of support available in mainstream settings.
- Ensure that mediation is mandatory for parents before appealing to the SEN tribunal.
- Require local authorities to compile a tailored list of schools from which parents can choose their preference.
- Create a new three-tier Alternative Provision system.
- Develop a skilled teacher workforce to improve inclusion in mainstream schools.
- Establish a financially sustainable system delivering improved outcomes for children, young people with SEND and their families.

8.0 Evidence of what works for children and young people with SEND

What works best for children and young people with SEND depends upon the nature of children's needs. The next section sets out the evidence-based approaches around supporting the education, health and care needs of children and young people with SEND.

8.1 Early identification of need

The benefits of early intervention are widely recognised as set out in the 2011 Graham Allen Review which underlined that identifying need at the earliest opportunity, and then making effective evidence-based provision, improves long-term outcomes for children and young people.

Health professionals have an important role to play in early identification of SEND through antenatal and neonatal screening programmes and the Healthy Child Programme and GP health reviews. Health workers can make referrals for specialist support and may be involved in ensuring children are school ready and/or supporting their additional health care needs (such as mobility issues, continence or asthma) and complex needs (such as respiratory support needs).

8.2 Supporting children's learning and development in school

8.2.1 Deployment of Teaching Assistants

The largest and most detailed study of the impact of Teaching Assistants in mainstream schools found that the pupils with SEN receiving Teaching Assistant support made less progress than similar pupils who received little or no support. The more support pupils received, the less progress they made.

However, the Education Endowment Foundation have funded a number of trials which have shown that effective deployment of Teaching Assistants can have a positive impact and Making Best Use of Teaching Assistants contains seven recommendations to maximise the effectiveness of Teaching Assistants in the classroom:

Deployment of Teaching Assistants

The effective use of under everyday classroom conditions	<ol style="list-style-type: none">1. TAs should not be used as an informal teaching resource for low attaining pupils.2. TAs should be used to add value to what teachers do, not replace them.3. TAs should be used to help pupils develop independent learning skills and manage their own learning.4. TAs should be fully prepared for their role in the classroom
The effective use of TAs in delivering structured interventions out of class	<ol style="list-style-type: none">5. TAs should be used to deliver high quality one-to-one and small group support using structured interventions.6. Schools should adopt evidence-based interventions to support TAs in their small group and one to one instruction

Integrating learning from work led by teachers and TAs	7. Teachers and TAs should make explicit connections between classroom teaching and the structured interventions delivered away from the classroom
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8.3 Communication and interaction

The Education Endowment Foundation’s research has found that reading capability is an important predictor of academic achievement and that a focus on oral language skills was especially important for pupils from disadvantaged pupils and where English was an additional language.

The Education Endowment Foundation has put in place a number of guidance reports and toolkits for teachers on more targeted and specialist interventions across the early years, Key Stage 1 and Key Stage 2.

8.4 Cognition and learning

The Education Endowment Foundation reports that “...**high-quality, structured interventions are key to supporting pupils who need additional support to learn**”. The Foundation’s list of [Promising Projects](#) and the Institute for Effective Education’s [Evidence4Impact](#) database are useful sources for commissioners and educators on evidence-based interventions for pupils with cognition and learning needs.

8.5 Social emotional and mental health

There is a growing evidence base regarding approaches that address social, emotional and mental health. The Education Endowment Foundation Teaching and Learning Toolkit strands on [social and emotional learning](#) and [behaviour interventions](#) focuses on pupils with specific and severe emotional or behavioural needs, rather than 'low-level classroom disruption'. Ongoing EEF research into the area of social, emotional and mental health includes trials of [Healthy Minds](#), [Engage in Education](#) and [Changing Mindsets](#).

8.6 Reducing the attainment gap

The Education Endowment Foundation’s SEND Evidence Review sets out five evidence-based recommendations for mainstream primary and secondary to support pupils with SEND:

1. Create a positive and supportive environment for all pupils without exception.
2. Build an ongoing, holistic understanding of your pupils and their needs.
3. Ensure all pupils have access to high quality teaching.
4. Complementing high quality teaching with carefully selected small-group and one-to-one interventions.
5. Work effectively with teaching assistants.

8.7 Reducing exclusions

Contact a Family (2013) developed a series of recommendations from a report they produced which examined illegal exclusions for disabled children. However, the following recommendations could be adopted regardless of an exclusion being legal or illegal.

“A child with a disability, SEN or additional need should never be barred from school or college, a classroom activity or trip because of insufficient support. Schools need swift access to specialist support services, and all agencies including the school, health and local authority must work together in partnership with the parent to ensure the pupil gets the help they need to succeed”.

“The most frequently excluded children with a disability, SEN or additional need are those who have conditions which affect behaviour. Schools should take early action to tackle the underlying cause, and to put in support before a crisis occurs. There should be an obligation on schools to consider moving the pupil to the next level of school-based support, and/or requesting a statutory assessment”. This includes referrals to universal and targeted health services.

“Exclusion can have a wider financial, social and emotional impact on the family. Families under pressure are often less able to support their children. The well-being of the family should always be taken into account when disciplinary decisions are made”.

8.8 SEND Support

A study from the Education Policy Institute found that a child and young people's access to SEND support is largely determined by the school they go to, rather than their individual circumstances. The longitudinal research, which tracked hundreds of thousands of pupils from a single year group through primary school, reveals that the huge variation in SEND support for children can be explained by inconsistent approaches to identifying children.

The findings also show that the following groups of children have a reduced chance of being identified with SEND compared with otherwise similar children, including those:

- Attending academy schools
- Living in the most disadvantaged areas of the country
- Who move school and/or are frequently out of school
- Who have suffered abuse or neglect.

8.9 Whole School SEND

The Whole School SEND Consortium is hosted by NASEN and provides its members with resources to support education specialists working with pupils with SEND.

NASEN, in conjunction with the Department for Education and the Education Endowment Foundation, have developed the SEND Review process to help schools to evaluate the effectiveness of their SEND provision, and then implement a bespoke action plan to target areas of priority and drive improvement.

The process consists of 6 stages:

1. Identification: School identifies the need for a SEND Review.

2. Self-evaluation: School completes a self-evaluation of current provision.
3. Preparation: The peer reviewer requests preparatory information, analyses relevant data and confirms visit.
4. School visit: The peer reviewer visits the school, collects evidence and delivers feedback.
5. Reporting: The peer reviewer submits a written report within a timescale agreed with the school.
6. Follow-up: Follow-up visits and support.

The Review focuses in the following eight areas of interest:

- Outcomes for pupils with SEND
- Leadership of SEND
- The quality of teaching and learning for SEND
- Working with pupils and parents/carers of SEND
- Assessment and identification
- Monitoring, tracking and evaluation
- The efficient use of resources
- The quality of SEND provision.

The SEND Review process is based on the premise that excellent teaching for pupils with SEND is excellent teaching for all. The process signposts schools to the EEF Teaching and Learning Toolkit when looking for evidence-based interventions to meet SEND pupils' needs. However, the evidence base for specific SEND interventions is weak in secondary schools, because very few high-quality evaluations have been conducted with this age group. This project seeks to address this gap.

8.9 Supporting children's health needs

The National Institute for Health and Care Excellence (NICE) have produced a number of evidence-based guidelines to support children and young people with SEND. Local commissioners and healthcare providers have a responsibility to apply the guidelines to inform and underpin practice, as well as the service offer and delivery. They should do so in the context of local and national priorities for commissioning and developing services, in accordance with the NHS Constitution principles to:

- Provide a comprehensive service that is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy, and maternity or marital or civil partnership status.
- Deliver services that are free of charge, except in limited circumstances sanctioned by Parliament.
- Deliver high quality care that is safe, effective, and focused on patient experience.
- Puts our children, young people, and adults at the heart of everything we do.
- Committed to work in partnership with all partners.
- Offering the best value, effective, sustainable care and treatment in a fair way
- Be accountable for our decisions.

Commissioners and providers should also have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

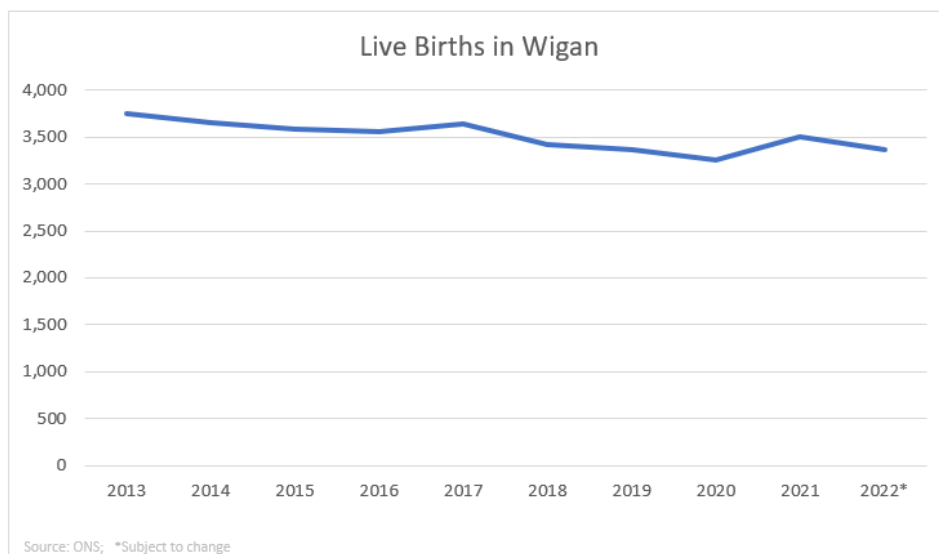
- Transition from children's to adult services for young people using health or social care services ([NG43, 2016](#)).

- Learning disabilities: challenging behaviour ([QS101, 2015](#)).
- Looked-after babies, children and young people ([pathway, 2016](#)).
- Attention deficit hyperactivity disorder overview ([pathway, 2017](#)).
- Antisocial behaviour and conduct disorders in children and young people overview ([pathway, 2017](#)).
- Autism spectrum disorder in under 19s: recognition, referral and diagnosis ([NICE guideline CG128, 2017](#)).
- [NHS England » A national framework to deliver improved outcomes in all-age autism assessment pathways: guidance for integrated care boards.](#)

9.0 Birth data

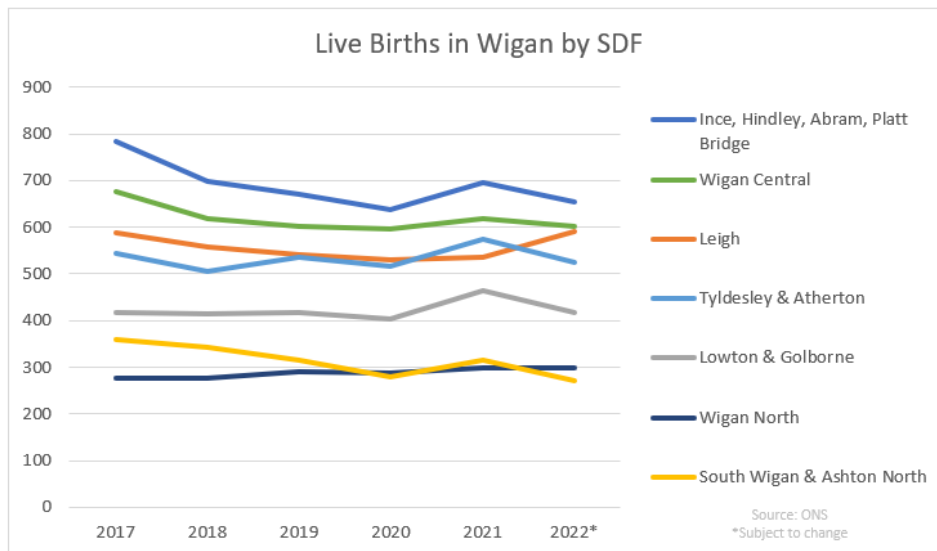
9.1 Births

There are around 3,500 live births to mothers who live in Wigan every year. Numbers since 2023 are shown in the chart below: between 2013 and 2020 there was a general slight decline, with a slight increase seen in the latest two years (please note, the 2022 figure is not yet published by the ONS and may be subject to change). Between 2013 and 2022 there has been a decline of about 10%, similar to the decline seen nationally over the same period.



9.2 Births by SDF (Service Delivery Footprint)

The chart below shows the number of live births in Wigan by SDF neighbourhood for the last six years. As these are smaller areas, we expect to see more natural fluctuation between years; however, Leigh, Lowton & Golborne and Tyldesley & Atherton have very similar figures in 2017 and 2022. Wigan North was the only SDF to see a steady increase between 2017 and 2022 (8%). SWAN has the greatest change from 2017, with a 25% decrease in births in 2022 (please note, the 2022 figure has not been published by the ONS and is subject to change).



9.3 Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life.

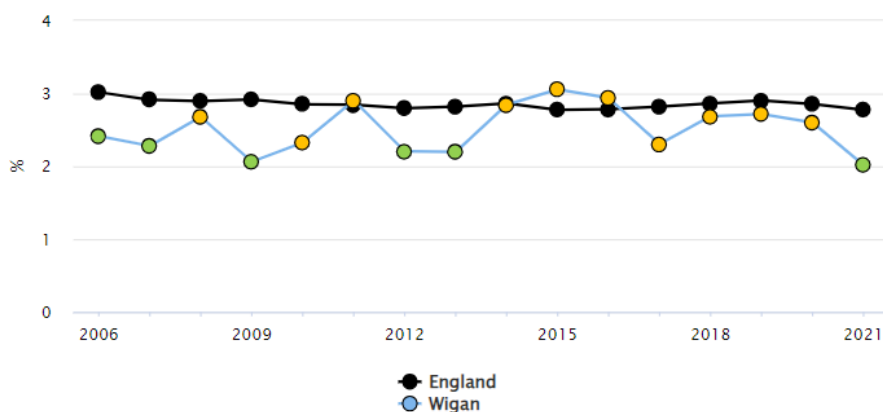
The indicator 'low birth weight of term babies' measures the proportion of live births with a recorded birthweight of less than 2500g at a gestational age of at least 37 weeks.

For Wigan, the latest figure is 2.0% - a significantly lower rate than the overall national figure (2.8%), and the lowest rate of the 6 areas in Wigan's statistical neighbour group. Wigan's trend can be seen in the chart below. Due to the relatively small numbers involved, some natural variation is expected; Wigan's recent trend has seen no significant change.

Low birth weight of term babies

[Show confidence intervals](#)

[Show 99.8% CI values](#)



9.4 Premature births

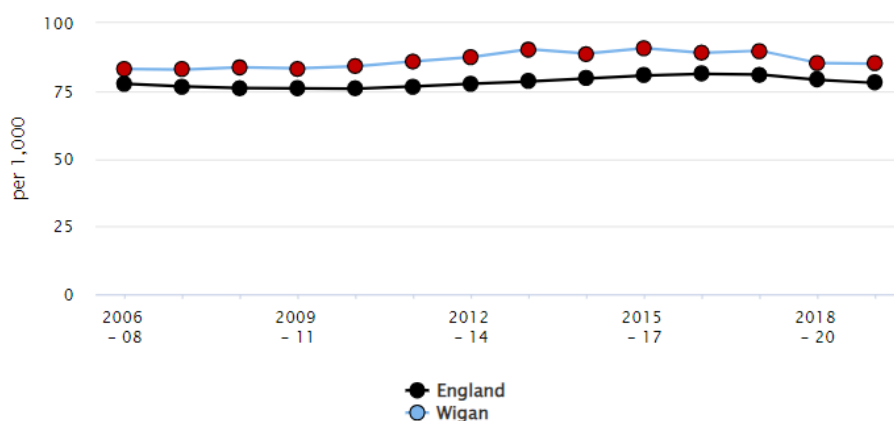
Wigan's rate of premature births has consistently been significantly higher than the national rate, as seen in the chart below.

Babies born prematurely have an increased prevalence of neuro developmental impairment, with greater impairment linked to the length of gestation (45% at 22-23 weeks, 30% at 24 weeks, 25% at 25 weeks and 20% at 26 weeks).

Wigan's rate of premature births has consistently been significantly higher than the national rate, as seen in the chart below.

Premature births (less than 37 weeks gestation)

[Show confidence intervals](#) [Show 99.8% CI values](#)



The latest data (2019-21) shows that Wigan's rate of 85 per 1,000 is the third highest rate of the 6 areas in Wigan's statistical neighbour group.

9.5 Multiple births

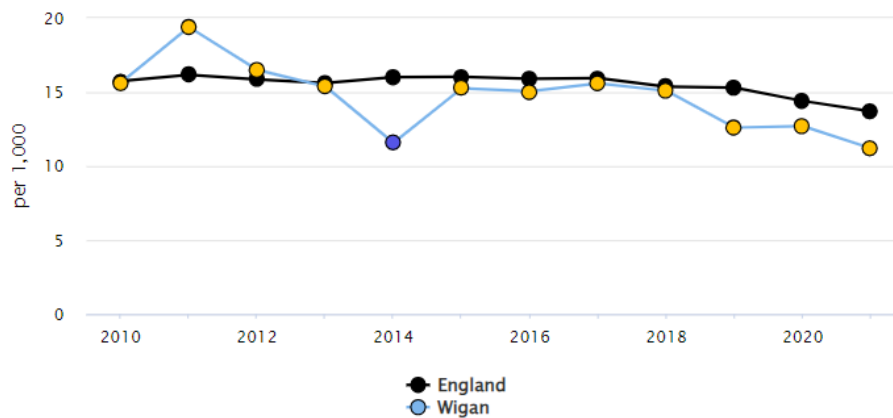
The average pregnancy length of twins is 37 weeks, whilst the average pregnancy length for triplets is 34 weeks. This means that, due to the higher risk of impairment due to premature labour, babies born from multiple-birth pregnancies are at a higher risk than single births. Compared with singletons, babies from multiple births have much higher rates of stillbirth, neonatal mortality, infant mortality, preterm birth, low birth weight, congenital anomalies, and subsequent developmental problems.

Wigan's trend can be seen in the chart below. Due to the relatively small numbers involved, some natural variation is expected; Wigan's recent trend has seen no significant change.

Multiple births

[Show confidence intervals](#)

[Show 99.8% CI values](#)

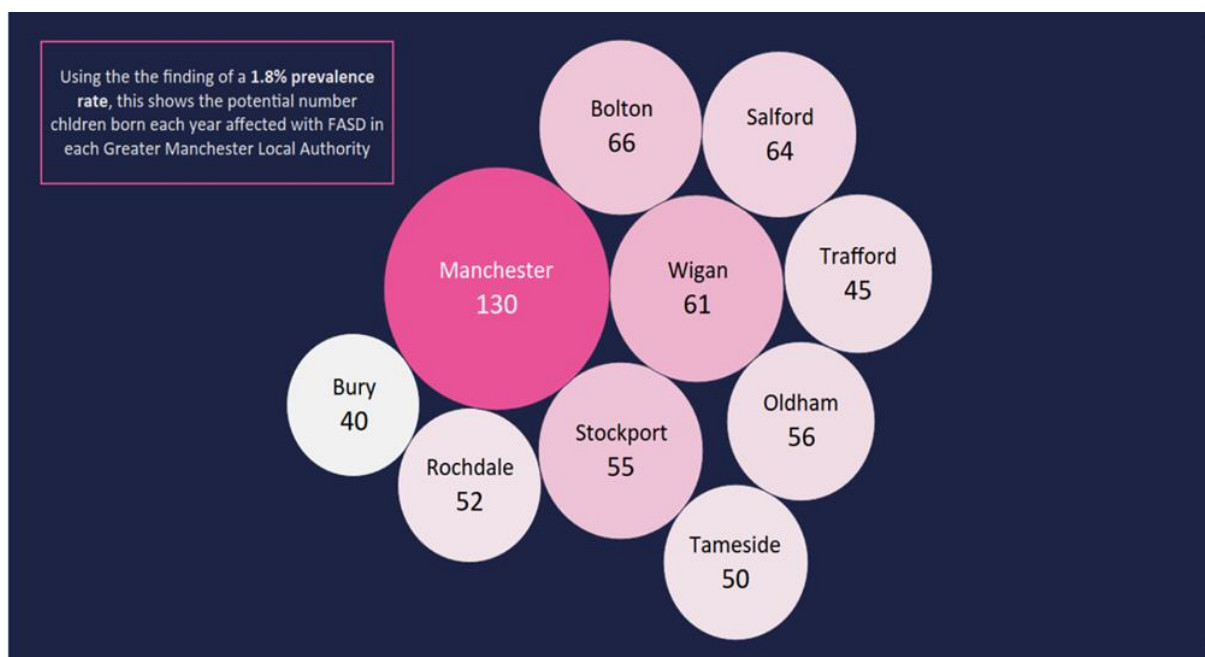


The latest data (2021) shows that Wigan's rate of 11.2 per 1,000 is similar to the national rate (13.7) and the third lowest rate of the 6 areas in Wigan's statistical neighbour group.

9.6 Foetal Alcohol Syndrome (FASD)

FASD can occur when an infant is exposed to alcohol during the pregnancy. The babies organs and tissues are harmed by the mothers alcohol consumption during pregnancy. It can result in a range of physical and cognitive challenges.

Using the finding of a 1.8% prevalence rate, this shows the potential number children born each year affected with FASD in Wigan is 61 and the potential number of people living with FASD in Wigan is 5961.



Wigan is working with partners towards fulfilling the 5 FASD NICE Quality Standards.

NICE National Institute for Health and Care Excellence

Quality Statement 1 Pregnant women are given advice throughout pregnancy not to drink alcohol.

Quality Statement 2 Pregnant women are asked about their alcohol use throughout their pregnancy and this is recorded.

Quality Statement 3 Children and young people with probable prenatal alcohol exposure and significant physical, developmental or behavioural difficulties are referred for assessment.

Quality Statement 4 Children and young people with confirmed prenatal alcohol exposure or all 3 facial features associated with prenatal alcohol exposure have a neurodevelopmental assessment if there are clinical concerns.

Quality Statement 5 Children and young people with a diagnosis of fetal alcohol spectrum disorder (FASD) have a management plan to address their needs.

<https://www.nice.org.uk/guidance/qs204>

Awareness raising plan has included information on FASD in the antenatal workshops, DUST training (Drug Use Screening Tool) and the CICA (Communities in Charge of Alcohol) training. There is now an established FASD Champion network who have undertaken Red Balloon Training and made a commitment to cascade information and training opportunities as and when they arise.

10.0 Life expectancy

Life expectancy is a key measure of a population's health status and measures the average number of years a person would expect to live based on contemporary mortality rates. Life expectancy in Wigan continues to be significantly lower for both men and women when compared with national rates.

10.1 Child mortality

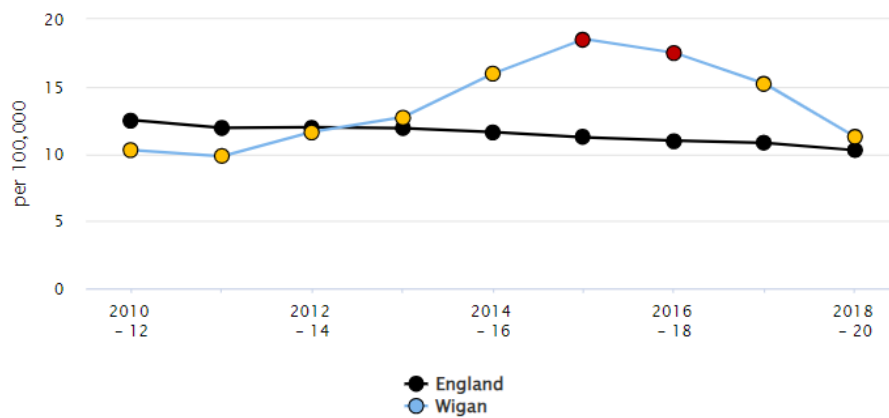
Death in childhood represents not only a tragedy for that child's family but also a loss to wider society in terms of lost years of productive life. After the age of one year, the commonest cause of death in young people is injuries. Child mortality covers deaths in children aged 1-17 years, from any cause.

The chart below shows Wigan's trend since 2010-12: a decreasing rate for the latest three time periods, and our current rate (11.2 per 100,000) is similar to the national average (10.3 per 100,000). Wigan has the third lowest rate of the 6 areas in Wigan's statistical neighbour group.

Child mortality rate (1-17 years)

[Show confidence intervals](#)

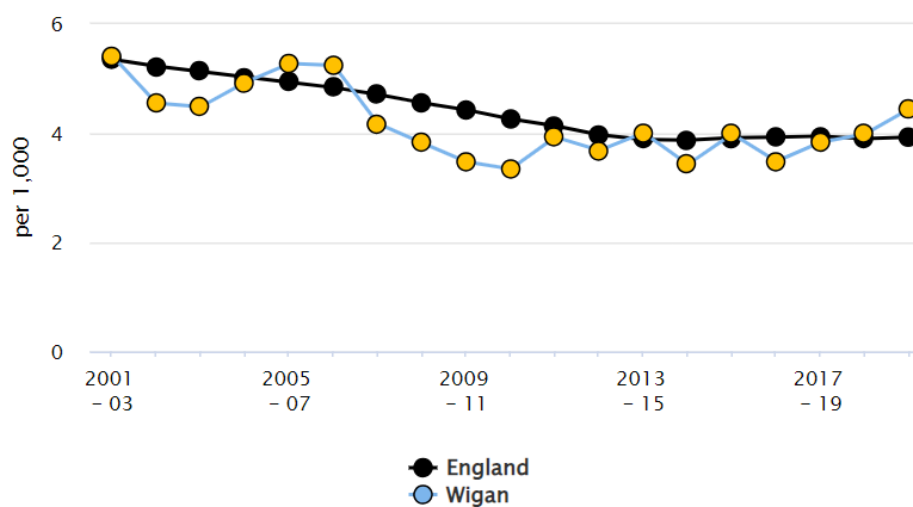
[Show 99.8% CI values](#)



10.2 Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Infant mortality covers deaths in children aged under 1 year, from any cause.

The chart below shows Wigan's trend since 2001-03: decreasing overall, but increases have been seen in the latest three time periods. Our current rate (4.4 per 1,000 births) is similar to the national average (3.9 per 1,000). Wigan has the second highest rate of the 6 areas in Wigan's statistical neighbour group.



11.0 Health

11.1 Early Years Health data, screening, 2-year-old checks, Ages and Stages Questionnaire (ASQ)

The Health Visiting service completes the ASQ-3 at 9-12 months and ASQ-SE at 2-2.5 year for each child routinely at the respective contact. Should there be concerns identified the practitioner would put in interventions to support the child and reassess in an appropriate timescale to identify whether ongoing actions were required or referral to other services for specific support. Identification via ASQ of need may lead to assessment using the Wellcomm Tool or referral for assessment alongside a monitoring period e.g. children identified as having a possible need or concern regarding speech and language would always be referred to Audiology for assessment to rule out other concerns.

In a small number of cases the ASQ is not used, this is rare but appropriate to support the child and family. e.g. a health visitor would not advocate the use of ASQ for a child who has been identified as having a significant developmental delay or has complex medical needs which have resulted in a delay in their development, use of ASQ in these cases can be detrimental to the child and family. In all cases of this type, the named health visitor will remain involved and assess the child using their professional skills and are responsible for the documentation of assessment and use of ASQ when appropriate.

The ASQ-3 and ASQ-SE is utilised at other ages by the service to support assessment of need. This is particularly useful in cases where parents raise concern outside of core contacts and in the assessment for Child Protection or Children in Care assessment to provide evidence of need or progression in development.

11.2 ASQ Outcomes

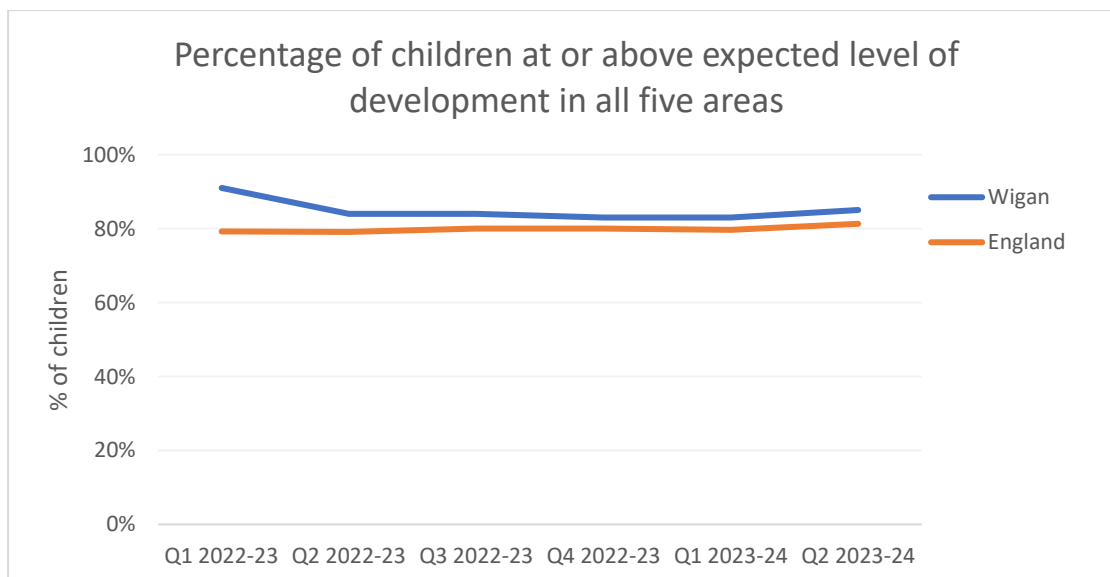
The Universal 0-19s service sustain performance of health checks undertaken at the 2-2½ year check using the ASQ-3 and ASQ-SE at or above 97% of all health checks. Professional judgment and expert consideration will be given to the appropriateness of using this tool for those with concerns regarding developmental delay and supports the early identification of SEND.

Indicator	Q1	Q2	Q3	Q4	Q1	Q2
	2022-23	2022-23	2022-23	2022-23	2023-24	2023-24
Percentage of children who received a 2-2½ year review using ASQ 3 during this reviewing period	97%	99%	98%	97%	98%	99%
Percentage of children who were at or above the expected level in communication skills	88%	89%	89%	87%	87%	92%

Percentage of children who were at or above the expected level in gross motor skills	92%	92%	93%	93%	96%	95%
Percentage of children who were at or above the expected level in fine motor skills	94%	96%	96%	95%	97%	96%
Percentage of children who were at or above the expected level in problem solving skills	89%	93%	92%	93%	93%	91%
Percentage of children who were at or above the expected level in personal-social skills	90%	94%	93%	92%	92%	95%
Percentage of children who were at or above the expected level in all five areas of development	91%	84%	84%	83%	83%	85%

When examining the ‘all five areas’ indicator, we can see from the table and chart below that Wigan has consistently higher scores than England over the given time period but has seen a decrease between Q1 22/23 and Q2 23/24, whereas the national figure has increased slightly.

GLD in all 5 areas	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24
Wigan	91%	84%	84%	83%	83%	85%
England	79%	79%	80%	80%	80%	81%



Source: *Child development outcomes at 2 to 2 and a half years: quarterly data for 2022 to 2023* - GOV.UK (www.gov.uk)

11.3 Prevalence of congenital, chromosomal and neurological disorders

Prevalence estimates based on Congenital, Chromosomal and Neurological disorders are only produced based on national data, meaning that, to see how these disorders may affect Wigan

residents, an estimate of prevalence can be gathered using the numbers of live births and the populations in Wigan.

For those with learning disabilities or conditions such as Epilepsy, estimates based on national prevalence will be higher than those known to health services. This may be due to a diagnosis not being given, meaning that the health needs of the population may not be being met.

According to the ONS, there are around 3,500 live births in Wigan annually.

11.4 Cerebral Palsy

Cerebral palsy is the name for a group of lifelong conditions that affect movement and co-ordination, caused by a problem with the brain that occurs before, during or soon after birth. Symptoms can include delays in reaching developmental milestones, seeming too stiff/floppy and weak arms/legs:

It is estimated that 1 in 400 people are living with cerebral palsy in England.

Wigan's population figures suggest that in 2022, there may have been the following figures living with cerebral palsy:

- 9 births
- 228 people aged 24 and under
- 823 people.

11.4 Down's Syndrome

Down's syndrome (trisomy 21) is a genetic condition that typically causes some level of learning disability and certain physical characteristics. Most babies born with Down's syndrome are diagnosed soon after birth and may have a below-average weight and length at birth.

It is estimated that 1 in 1,000 people are living with Down's syndrome.

Wigan's population figures suggest that in 2022, there may have been the following figures living with Down's syndrome:

- 4 births
- 91 people aged 24 and under
- 329 people.

11.5 Autism

Autism Spectrum Disorder is the name for a range of similar conditions, including Asperger syndrome, that affect a person's social interaction, communication, interests and behaviour.

The Government estimates that around 1% of the population are autistic. However, other organisations suggest prevalence is higher and the National Autistic Society is advocating for the government to do more research into autism and provide more up to date statistics linked to the increase in diagnosis in autism and other neurodevelopment conditions. Therefore, it is likely that the prevalence is less than the actual number of children and people with autism living in the borough.

Wigan's population figures suggest that in 2021, there may have been the following figures living with Autism:

- 35 births
- 913 people aged 24 and under
- 3,293 people.

This is based on the governments prevalence rates and so the numbers of people in Wigan living with autism is likely to be higher.

11.6 Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder is a group of behavioural symptoms that include attentiveness, hyperactivity and impulsiveness.

It tends to be diagnosed when children are 6 to 12 years old and is thought to affect between 2% to 5% of school children.

Wigan's population figures suggest that in 2022, there may have been the following figures where ADHD may be present during their lifetime:

- 70 to 175 births
- 1,826 to 4,566 people aged 24 and under
- 6,586 to 16,466 people.

11.7 Hearing Loss

Hearing loss can affect people of all ages and has a significant impact on their day-to-day lives.

People who suffer from hearing loss can cause depression and can also increase the risk of Dementia.

It is estimated that 1 in every 1,000 children are born with severe or profound hearing loss.

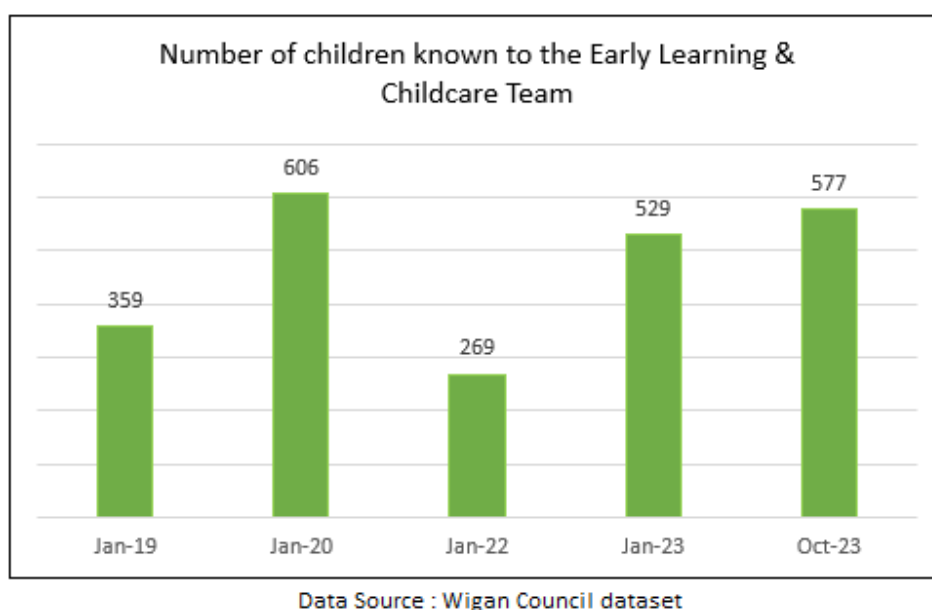
Wigan's population figures suggest that in 2022, there may have been 4 births with severe or profound hearing loss.

12.0 Identification of SEND in Wigan

As of October 2023, there were 10,094 children and young people living in or attending an education setting in Wigan Borough who have been identified as having SEND. Details of the groups included in this cohort are shown below. Please be aware that some young people may be included in several of these groups.

12.1 Early Years Support

Wigan Early Years Team support children with SEND from birth to the end of reception. The team support the identification of need and provide, when appropriate, early years support. As of October 2023, there were 575 children with additional needs known to the Early Learning and Childcare Team (ELCC). The graph below shows how this figure has varied over the past few years. There was a significant decrease in the numbers of involvements immediately following the COVID pandemic, but this has now increased again.

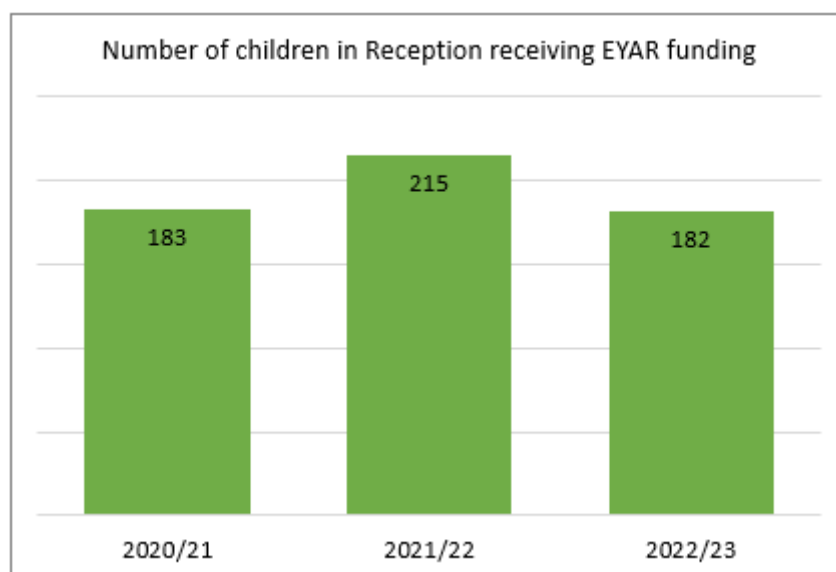


12.2 Early Years Additional Resource (EYAR)

If it is unclear whether a child's needs in the early years will be long term, severe and persistent, but it is felt that a child needs some shorter-term additional support on transition, then Early Years Additional Resource funding may be requested.

Where a child has long term, severe and persistent needs, i.e., the significant delay is likely to persist for more than 12 months, an EHC Needs Assessment will be initiated and the EHC pathway will be followed.

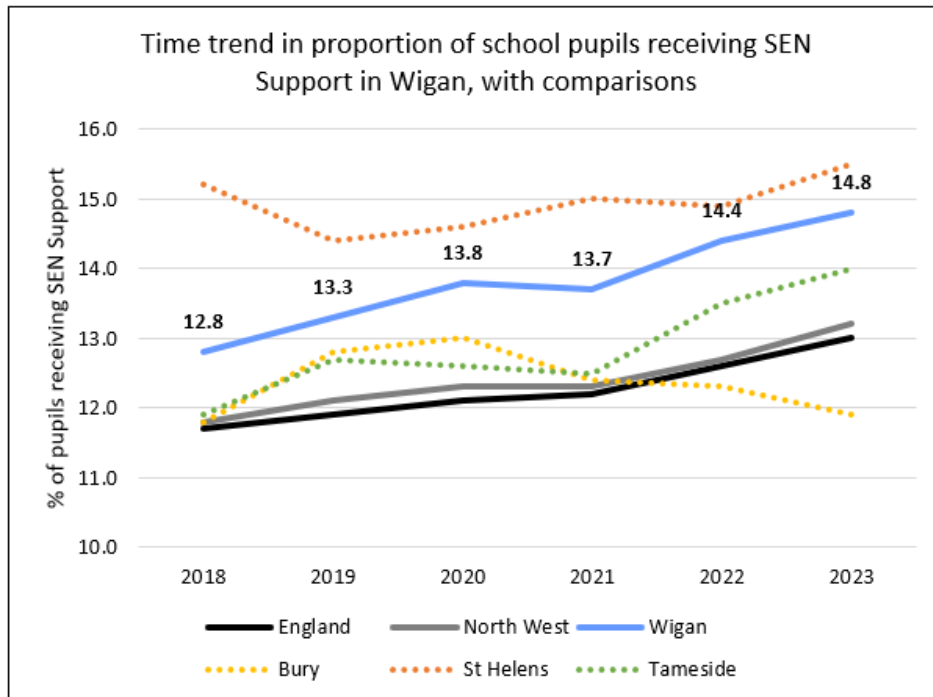
The graph below shows the number of children who were in receipt of EYAR funding during the academic year that they were in Reception. Originally EYAR was only given for a full academic year, but more recently it was agreed to extend this into the first term of Year 1.



12.3 Pupils in Wigan Schools with SEN Support

SEN support means support that is additional to, or different from, the support generally made for other children of the same age in a school. It is provided for pupils who are identified as having a learning difficulty or a disability that requires extra or different help to that normally provided as part of the school's usual curriculum offer. In October 2023, 7029 pupils in Wigan State-funded schools were receiving SEN support.

The percentage of the Wigan school population receiving SEN Support has been steadily increasing over the past few years. This increase is in line with the trend seen nationally. However, the percentage of pupils with SEN support in Wigan has remained consistently higher than the national and North West averages and the gap appears to be widening. Although the percentage in Wigan is lower than the statistical neighbour comparison of St Helens, it is higher than both Bury and Tameside.

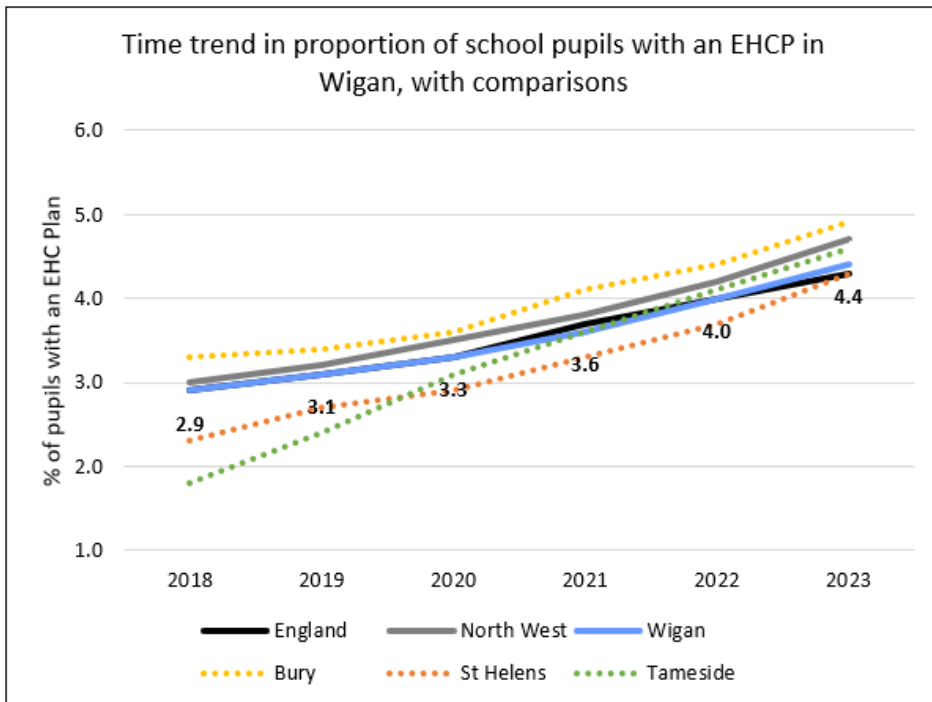


Data source: Special educational needs in England Academic Year 2022/23 published by the Department for Education

12.4 Pupils in Wigan schools with an Education, Health and Care Plan (EHCP)

Some pupils attending Wigan schools do not live within Wigan borough. Therefore, the EHCP cohort in Wigan schools includes pupils with an EHCP maintained by another local authorities. This data is inclusive of school aged children only. As of October 2023, there were 2062 children with an EHCP enrolled in a Wigan state funded school.

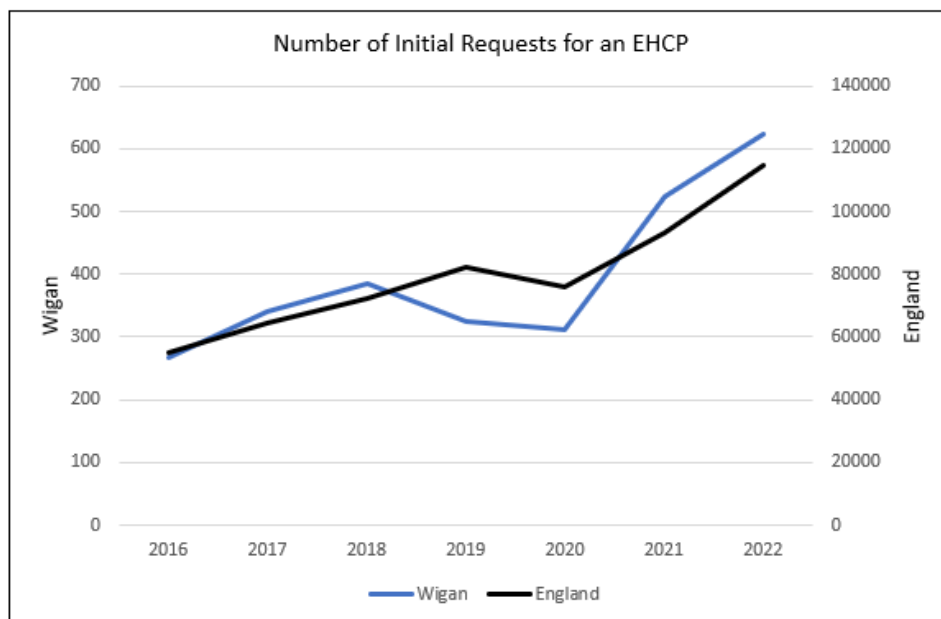
The graph below shows how the percentage of pupils in state funded school with an EHCP has changed over the past few years. In Wigan schools in 2018 2.9% of pupils had an EHCP. By 2023 this figure had increased to 4.4%. This increase in the percentage of pupils with an EHCP is in line with increase seen nationally, regional and across our statistical neighbours.



Data source: Special educational needs in England Academic Year 2022/23 published by the Department for Education

12.5 Referrals and assessments for EHC Plans

There has been a significant increase in the number of requests for EHCP received over the past few years in both Wigan and England. In Wigan there were 624 requests for a EHC needs assessment received during 2022, which is a 19% increase from 2021 and more than double the number received in 2016.

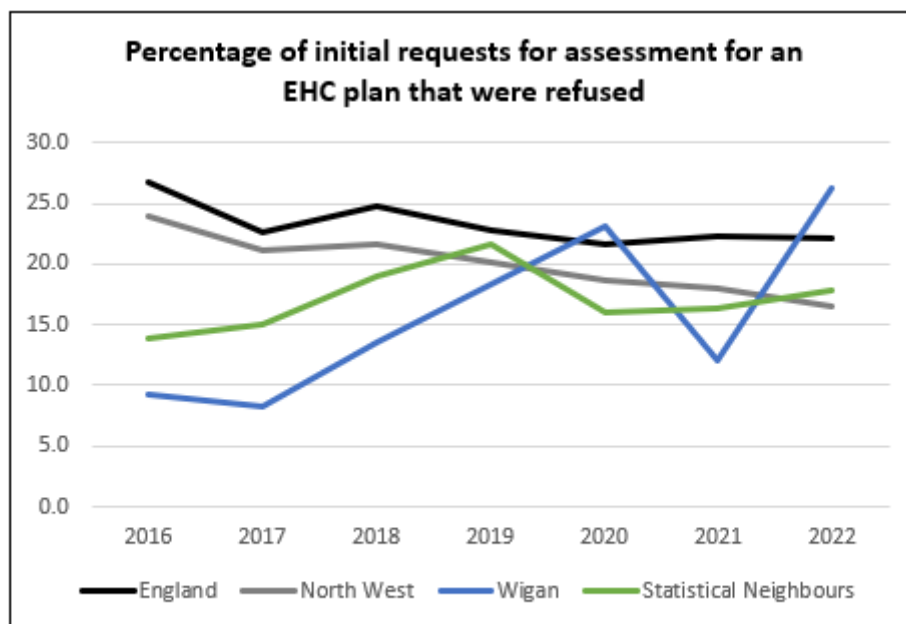


NOTE: Data for Wigan and England is presented on different axis to allow comparison of trends

Data source: Education, health and care plans 2023 published by the Department for Education

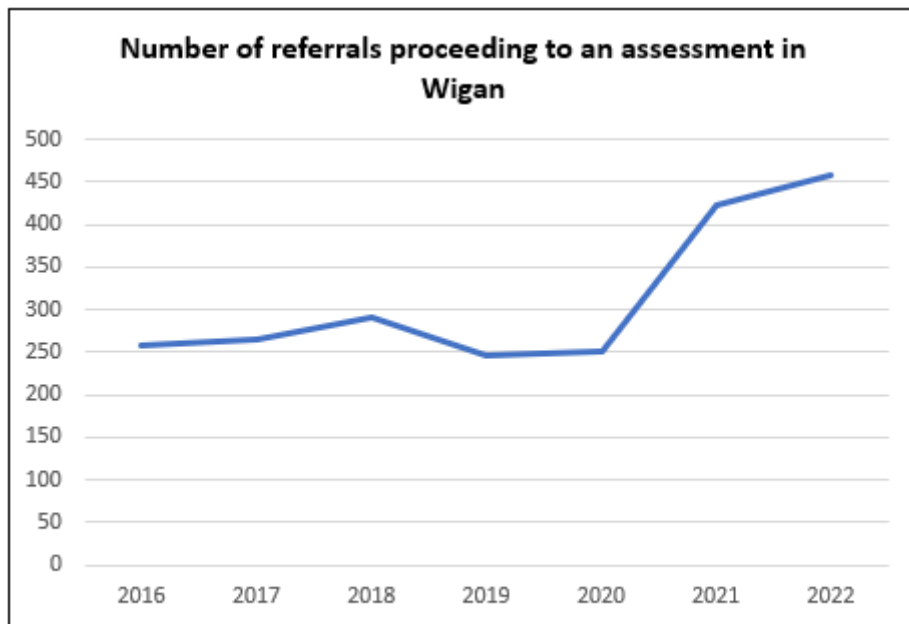
The number of referrals proceeding to an assessment in Wigan followed the same pattern as the number of initial requests received. In 2022, 459 assessments for EHCP were started, which is an increase of 78% from the number in 2016.

The percentage of initial requests for an assessment that were refused in Wigan has varied considerably over the past few years and in 2022 was much higher in Wigan than the national average. It is recommended that commissioners undertake further work to ensure that referrers understand the legal thresholds for requesting an EHC needs assessment and review multi-agency decision making to assure themselves that this is robust.



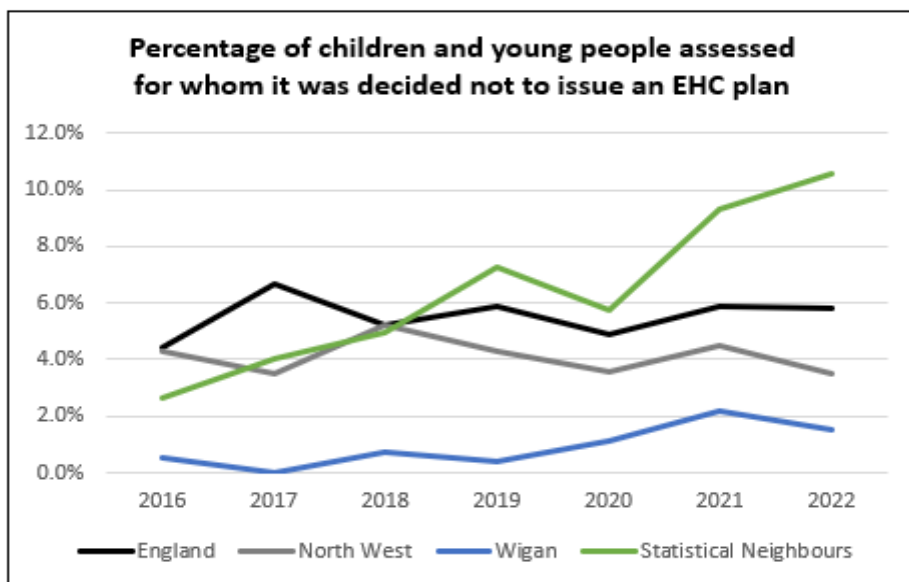
Data source: Education, health and care plans 2023 published by the Department for Education

The number of referrals proceeding to an assessment has increased from over 250 in 2016 to over 450 in 2022. This has resources implications for commissioners in relation to ensuring that there is sufficient capacity to contribute to and oversee the assessment process in line with the statutory timescales. Further consideration should also be given to whether the children and young people are being referred appropriately in line with the thresholds set out in the Children and Families Act 2014.



Data source: Wigan Council dataset

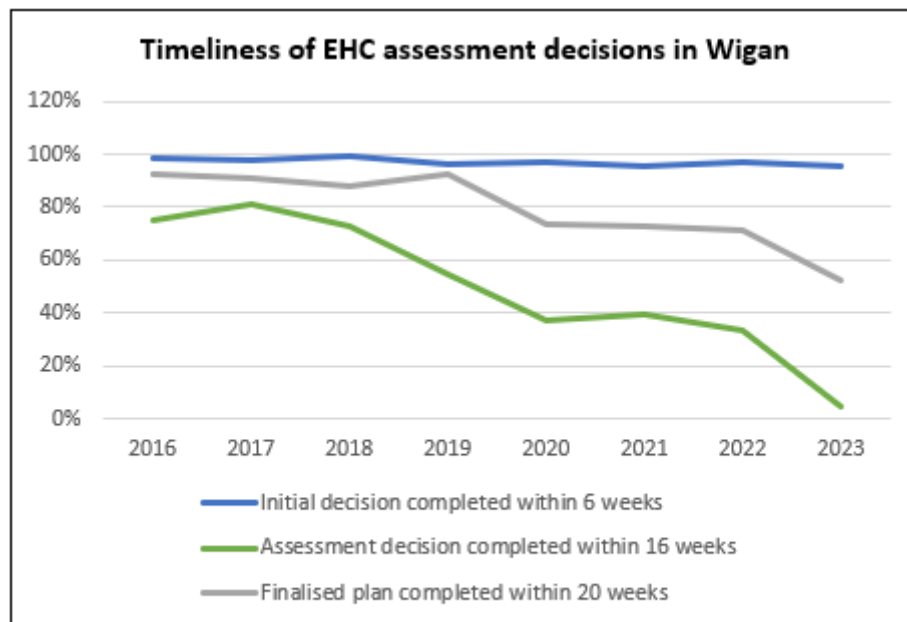
The percentage of children and young people assessed for whom it was decided not to issue an EHC plan is considerably lower in Wigan than the national, regional and statistical neighbour averages. This may be because the initial decision process in Wigan is ensuring that the right children and young people are progressing to an assessment, but again commissioners are recommended to review multi-agency decision-making to assure themselves that this is robust.



Data source: Education, health and care plans 2023 published by the Department for Education

Over the past few years, Wigan council has consistently been able to complete the initial decision on whether to commence an EHC assessment within the statutory 6 weeks period. However, the percentage of the decision to issue an EHC plan completed by the 16 weeks deadline has been

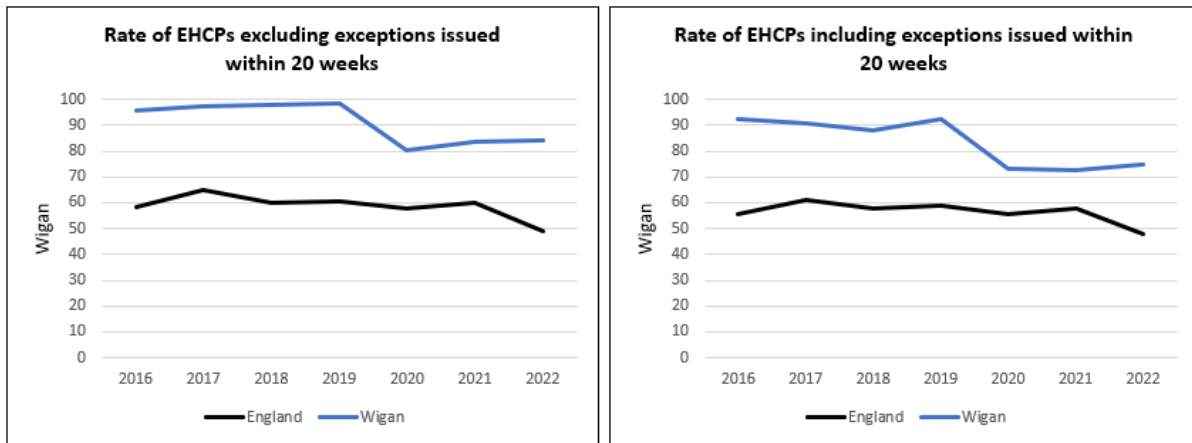
decreasing consistently from 2016 to 2023. Given the rise in referrals proceeding to an assessment, the Council has invested additional resources in the team managing the EHC process and the Education Psychology Service to manage the increase in demand.



Data source: Wigan Council dataset

12.6 Timeliness of EHCPs issued within 20 weeks

This large increase in the number of requests for EHCPs and the number of plans issued has impacted on the timeliness of EHCPs being issued in Wigan. Until 2019 the percentage of EHCPs issued within the 20 weeks was significantly above national averages, with consistently more than 80% of all plans issued within 20 weeks. Although these percentages have dropped in recent years they continue to be above the average for England. This has implications for commissioners in relation to ensuring that professionals provide education, health and care advice in the statutory 6-week timescale to prevent delays in achieving the overall 20-week timeframe.



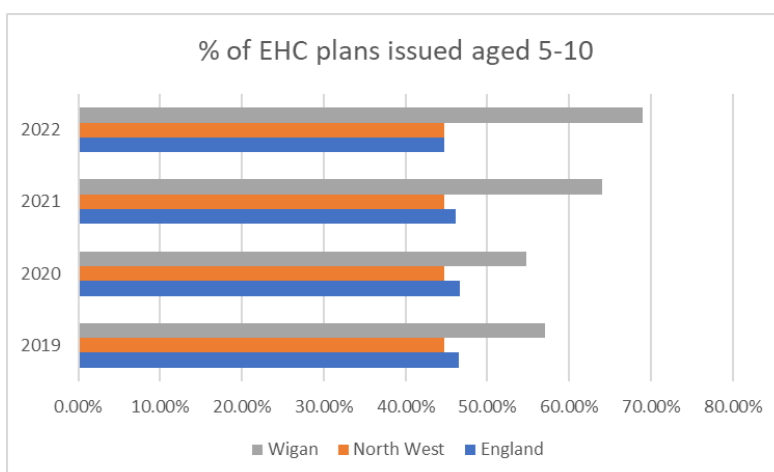
Data source: Education, health and care plans 2023 published by the Department for Education

More recent data from the Department for Education’s WAVE Survey throughout 2023 shows that compliance with the 20-week timeframe was around 51% with most local authorities who responded citing delays were a result in late Educational Psychology advice was the main contributing factor affecting compliance. However, Wigan has taken action to increase capacity in this service and are working with health commissioners and providers to increase scrutiny and grip of compliance with the 6-week timescale for providing advice.

12.7 Age profile of new plans issued

A comparison of Wigan’s age profile for new EHC plans issued in year demonstrates Wigan’s pattern of demand differs to regional and national patterns. Wigan is significantly less plans issued as a proportion of all plans at a preschool and post statutory school age. With significantly higher levels (over 2 in every 3 plans issued in the latest year reported compared to less than half nationally and regionally) at a primary school age. Wigan has observed a 112% increase in plans issued aged 5-10 compared to 19% nationally and 38% regionally. Secondary school age issue is broadly in line with comparison areas proportionally. It is recommended commissioners taken steps to assure that need is being identified and met appropriately and proportionately amongst younger age groups.

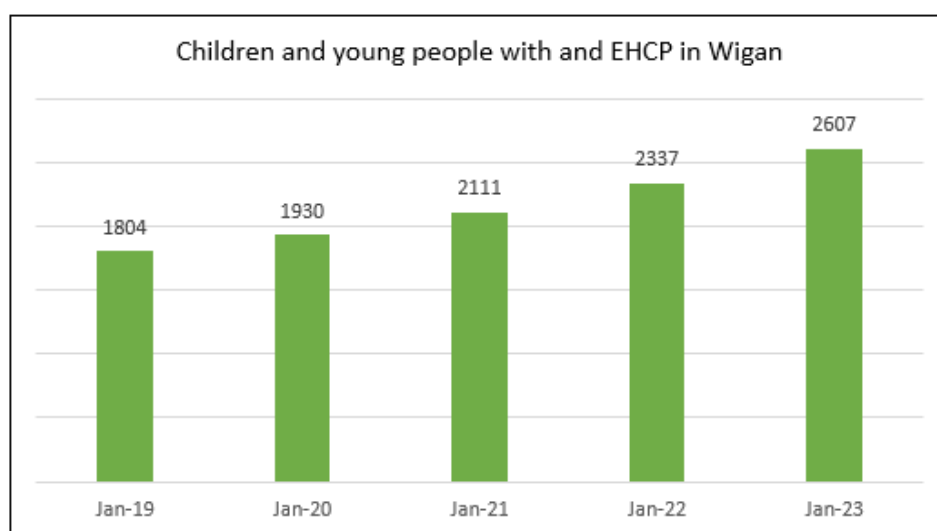
		England				North West				Wigan			
		2019	2020	2021	2022	2019	2020	2021	2022	2019	2020	2021	2022
Total	Number of plans	53,899	60,097	62,180	66,706	7,769	8,036	9,049	10,621	254	259	317	445
	Percentage of plans	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Age 11 to 15	Number of plans	13,526	15,473	15,845	17,118	2,162	2,273	2,375	2,867	69	88	73	116
	Percentage of plans	25.10%	25.70%	25.50%	25.70%	27.80%	28.30%	26.20%	27.00%	27.20%	34.00%	23.00%	26.10%
Age 16 to 19	Number of plans	2,462	3,045	2,977	3,116	373	359	432	431	7	15	19	10
	Percentage of plans	4.60%	5.10%	4.80%	4.70%	4.80%	4.50%	4.80%	4.10%	2.80%	5.80%	6.00%	2.20%
Age 20 to 25	Number of plans	439	221	179	134	28	19	19	12	0	1	0	0
	Percentage of plans	0.80%	0.40%	0.30%	0.20%	0.40%	0.20%	0.20%	0.10%	0.00%	0.40%	0.00%	0.00%
Age 5 to 10	Number of plans	25,074	27,999	28,751	29,807	3,476	3,600	4,054	4,759	145	142	203	307
	Percentage of plans	46.50%	46.60%	46.20%	44.70%	44.70%	44.80%	44.80%	44.80%	57.10%	54.80%	64.00%	69.00%
Under 5	Number of plans	12,398	13,359	14,428	16,531	1,730	1,785	2,169	2,552	33	13	22	12
	Percentage of plans	23.00%	22.20%	23.20%	24.80%	22.30%	22.20%	24.00%	24.00%	13.00%	5.00%	6.90%	2.70%



12.8 Education, Health and Care Plans (EHCPs) maintained by Wigan Council

An EHCP is a legally binding document outlining a child or young person’s special educational, health and social care needs from birth to 25 years. Once produced the plan is maintained by the child or young person’s local authority. In January 2024 Wigan Council were maintaining 2999 EHCPs.

The number of EHCPs maintained by Wigan has been steadily increasing over the past few years with an increase of 803 plans (45%) from January 2019 to January 2023. Nationally the number of children and young people with an EHCP have also been increasing steadily every year from 2019 to 2022, with a total increase of 46% over that period.



Data source: Education, health and care plans 2023 published by the Department for Education

12.8 Post 16 Learners with Direct Funding

Wigan Council provides additional funding support for some post-16 learners with special education needs who do not have an EHCP. In October 2023 there were 48 post 16 learners who received direct funding.

13.0 SEND Needs in Wigan

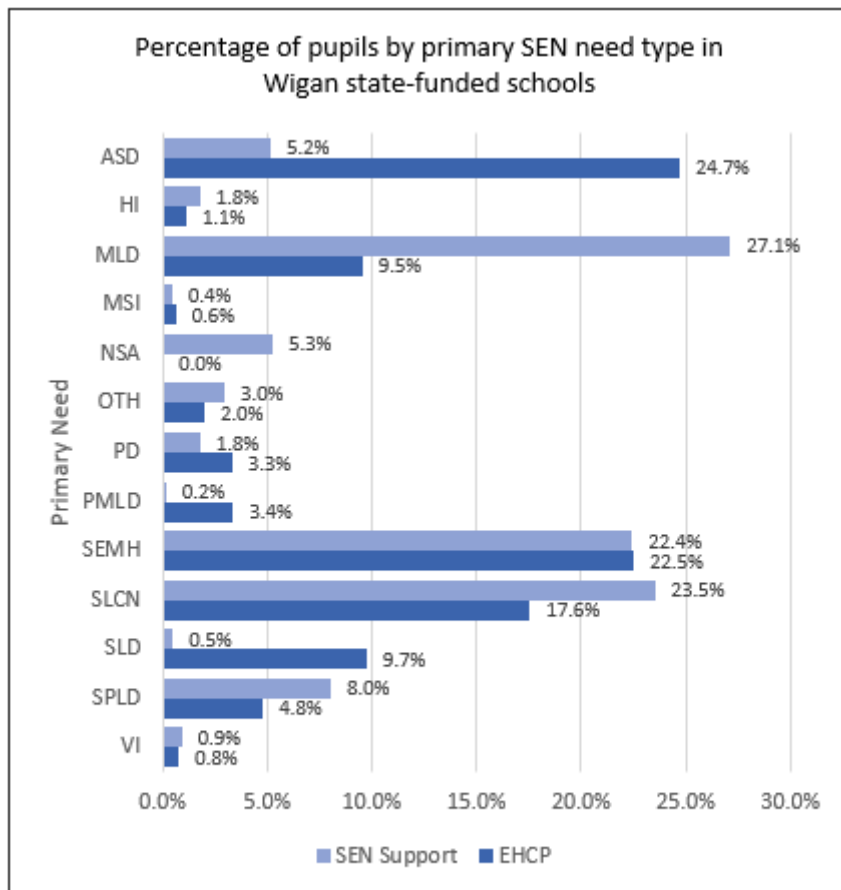
The table below shows the SEN Needs of all pupils with either an EHCP or SEN Support educated in a Wigan state-funded school. Information on SEND pupil's specific educational need is collected in the spring school census. Pupils will have a primary need and, where appropriate, a secondary need may also be reported.

Count of Pupils by SEN Needs in Wigan Schools

SEND Code	SEND Type	Primary Need	Secondary Need	All Needs
ASD	Autistic Spectrum Disorder	854	203	1057 (9.4%)
HI	Hearing Impairment	149	31	180 (1.6%)
MLD	Moderate Learning Difficulty	2134	438	2572 (23%)
MSI	Multi-Sensory Impairment	44	22	66 (0.6%)
NSA	SEN Support but no specialist assessment	377	97	474 (4.2%)
OTH	Other difficulty/disorder	251	107	358 (3.2%)
PD	Physical Disability	193	65	258 (2.3%)
PMLD	Profound, Multiple Learning Difficulty	77	9	86 (0.8%)
SEMH	Social, Emotional, Mental Health	2051	454	2505 (22.4%)
SLCN	Speech, Language and Communication Needs	2031	439	2470 (22.1%)
SLD	Severe Learning Difficulty	226	38	264 (2.4%)
SPLD	Specific Learning Difficulty	670	141	811 (7.2%)
VI	Vision Impairment	80	16	96 (0.9%)
Total		9137	2060	11197

Data Source: Wigan Council School Census data - January 2023

The most common areas of need in Wigan schools are Moderate Learning Difficulty; Social, Emotional, Mental Health needs and Speech, Language and Communication needs. These 3 need areas account for 68% of the primary needs amongst pupils with SEND in Wigan state-funded schools. For pupils with an EHCP in Wigan state-funded schools, Autistic Spectrum Disorder is the most common primary need.



Data Source: Wigan Council School Census data - January 2023

The table below shows how the primary needs of the Wigan maintained EHCP cohort have changed over the past few years. In 2023, the most common areas of need amongst the Wigan maintained EHCP cohort were Autistic Spectrum Disorder which accounted for 27% of all individuals, followed by Social, Emotional and Mental Health needs (26%) and Speech Language and Communication needs (14%) – together these three needs are the primary need for 67% of children and young people. The least common types were multi-sensory impairment and vision impairment.

Primary type of need for individuals on an EHC Plan in Wigan

SEN Code	SEND Type	2020	2021	2022	2023	Change (2020 to 2023)
ASD	Autistic Spectrum Disorder	512	560	629	699 (27%)	+187 (36.5%)
HI	Hearing Impairment	33	35	35	33 (1%)	+0 (0%)
MLD	Moderate Learning Difficulty	203	230	277	318 (12%)	+115 (56.7%)
MSI	Multi-Sensory Impairment	4	4	7	8 (0%)	+4 (100%)
OTH	Other Difficulty/Disability	22	24	33	34 (1%)	+12 (54.5%)
PD	Physical Disability	66	70	73	78 (3%)	+12 (18.2%)
PMLD	Profound and Multi Learning Diff	35	34	32	30 (1%)	-5 (-14.3%)
SLD	Severe Learning Difficulty	284	287	301	306 (12%)	+22 (7.7%)
SEMH	Social, Emotional, Mental Health	515	574	613	676 (26%)	+161 (31.3%)
SLCN	Speech, Language and Comm Needs	202	237	284	369 (14%)	+167 (82.7%)
SPLD	Specific Learning Difficulty	32	32	30	32 (1%)	+0 (0%)
VI	Vision Impairment	22	24	23	22 (1%)	+0 (0%)
Total		1930	2111	2337	2605	+675 (35%)

The percentage figures in brackets for 2023 are the percentage of the EHC Plan cohort.

Data Source: Wigan Council reports from January of the relevant year

It is also possible to comment on the trends in different types of need within Wigan. The greatest absolute increase over the last 3 years has been seen in numbers of children and young people with Autistic Spectrum Disorder, with numbers increasing by 187 between January 2020 and January 2023 (a 36.5% increase). This is in line with the national trend and the intelligence from the National Autistic Society which highlights the increase in parents/carers seeking a diagnosis for this condition as awareness grows. This is followed by increases in those with Social, Emotional and Mental Health needs (167 more cases).

14.0 Education Places

14.1 Placement of Children and Young People with a Wigan managed EHCP

Under Section 33 of the Children and Families Act 2014, the Council is required to name a mainstream school or post 16 institution in Section I of a child or young person's EHCP. The child's parent or the young person has the right under the same provision in the Act to request one of the following types of schools:

- A maintained school or nursery (mainstream or special)

- An Academy (mainstream or special)
- An institution in the Further Education sector
- A non-maintained special school
- A section 41 school.

Under the Act, the only reason the local authority can refuse the request is if:

- The setting is unsuitable for the age, ability, aptitude or special educational needs of the child or young person; or
- The attendance of the child or young person would be incompatible with the provision of efficient education for others; or
- The attendance of the child or young person would be incompatible with the efficient use of resources.

In terms of placements, proportionally there are more children and young people attending a special school compared to those in a mainstream setting. Those in a special school is higher (39.6%) compared to the England and regional averages (33.2% and 35.0%).

	2020	2021	2022	2023	England	North-West
Non-maintained early years	0.1%				0.6%	0.7%
Mainstream school	40.2%	40.4%	41.5%	40.7%	41.3%	40.1%
Special school	43.1%	41.4%	40.0%	39.6%	33.2%	35.0%
Alternative provision	0.7%	0.8%	0.7%	0.2%	0.8%	0.8%
Educated elsewhere	2.5%	2.6%	2.6%	0.2%	3.8%	3.8%
Further education	13.2%	14.7%	15.0%	13.4%	14.8%	13.7%
NEET		0.1%			2.3%	2.5%
Other	0.3%		0.1%		0.9%	0.7%
Unknown				5.9%	2.4%	2.7%

The table below shows how the placement of young people with an EHCP has varied over the past few years. The growth in placements in mainstream schools from 2019 to 2023 (35% increase) is consistent with the growth in the total number of EHCPs (31% increase).

However, the growth in placements in state funded special schools is significantly lower (21% increase), whilst the growth in placements in independent schools and independent special schools are both significantly higher (59% and 50% increases respectively).

The placement of pupils in these types of schools has financial implications for the Council as schools across the independent sector tend to be more costly than within the state-funded sector. More importantly, there is no evidence that children attending these types of schools achieve better educational outcomes than their peers in the state-funded sector.

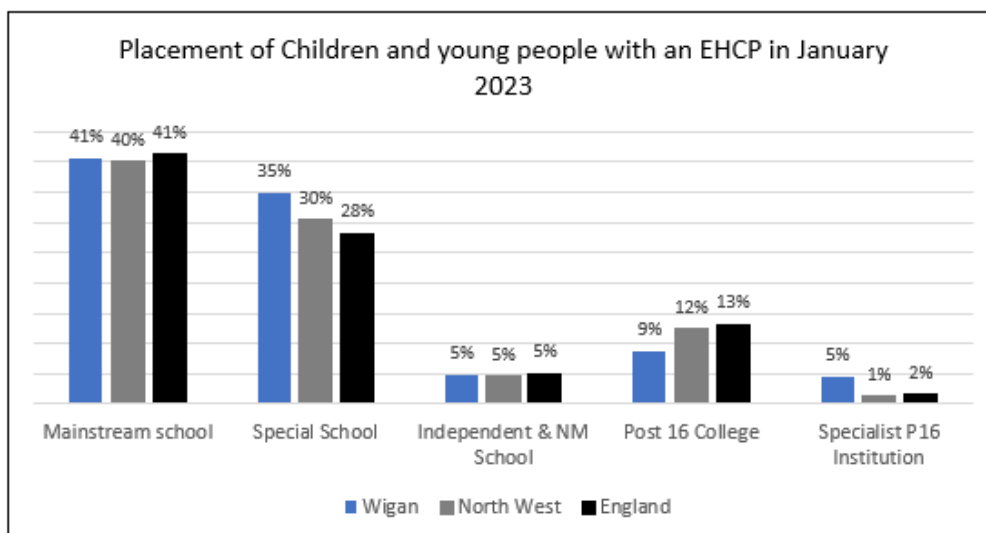
There has also been a significant increase in the number of placements in specialist post 16 institutions, which is likely because of more young people continuing with their further education beyond the statutory participation age and requiring additional time following on from children missing education due to the closure of schools during the pandemic. Commissioners of high needs places beyond 19 should give further consideration to the Department for Education’s statutory guidance for local authorities to ensure that additional time in further education leads to work based placements and paid employment.

Placement of children and young people with a Wigan managed EHC plan

	2019	2020	2021	2022	2023	Change 2019 to 2023
Alternative Provision	5	10	9	4	5	+0 (0%)
Independent School	9	6	15	17	22	+13 (59%)
Independent Special	57	80	78	94	115	+58 (50%)
Mainstream school	708	710	781	904	1085	+377 (35%)
Non-maintained special school	11	13	15	17	16	+5 (31%)
Nursery / Childminder				2	4	+4 (100%)
Post 16 College	164	162	190	210	232	+68 (29%)
Special School	732	810	846	880	928	+196 (21%)
Specialist P16 Institution	68	69	91	105	125	+57 (46%)
Training	24	24	29	43	24	+0 (0%)
Grand Total	1804	1930	2111	2337	2607	+803 (31%)

Data Source: Wigan Council data based on SEN2 Cohort

The graph below shows how the placement of children and young people with an EHCP in Wigan compares with the North-West and national averages. The percentage of young people placed in mainstream state funded schools and independent or non-maintained schools in line with both North-West and national averages. However, the percentage placed in a state-funded special schools and specialist post-16 institutions is higher than both North-West and national averages. Whilst the percentage placed in post-16 colleges is lower than both North-West and national averages.



Data source: Education, health and care plans 2023 published by the Department for Education

From 2019 to 2023, consistently 90% of children and young people with a Wigan managed EHCP have been educated within Wigan borough. The table below shows how the percentage of pupils educated in Wigan varies by primary needs. The primary needs with the lowest percentage of pupils educated in borough are hearing impairment, multi-sensory impairment and social, emotional and mental health needs.

Percentage of children and young people with a Wigan managed EHCP educated in borough

	2019	2020	2021	2022	2023
Autistic Spectrum Disorder	92%	92%	91%	90%	91%
Hearing Impairment	78%	74%	80%	80%	82%
Medical Needs	90%	91%	91%	93%	
Moderate Learning Difficulty	96%	93%	94%	95%	95%
Multi-Sensory Impairment	75%	75%	75%	86%	88%
Other Difficulty / Disability	100%	100%	100%	80%	91%
Physical Disability	90%	88%	86%	88%	95%
Profound & Multiple Learning Difficulty	97%	100%	97%	97%	90%
Severe Learning Difficulty	96%	97%	95%	95%	94%
Social, Emotional and Mental Health	88%	85%	85%	85%	88%
Specific Learning Difficulty	88%	84%	94%	97%	94%
Speech, Language and Communication Needs	92%	92%	92%	91%	92%
Visual Impairment	96%	96%	96%	96%	91%
Grand Total	92%	90%	90%	90%	91%

Data Source: Wigan Council data based on SEN2 Cohort

The table below shows how type of placement of children and young people with a Wigan managed EHCP varies significantly depending upon their primary needs. More than 70% of those with a hearing impairment, other difficulty/disability or visual impairment are educated in a mainstream setting. Whilst 13.5% of those with Social, Emotional and Mental Health needs are educated in independent settings.

Percentage of children and young people with a Wigan managed EHCP by placement and primary need

	Independent School	Independent Special	Mainstream school	Non-maintained special school	Post 16 College	Special School	Specialist P16 Institution
Autistic Spectrum Disorder	0.3%	6.2%	31.8%	1.4%	6.9%	43.6%	6.5%
Hearing Impairment			74.3%	2.9%	5.7%	14.3%	
Medical Needs			25.0%		16.7%	45.8%	12.5%
Moderate Learning Difficulty		1.2%	51.5%		13.0%	25.7%	7.1%
Multi-Sensory Impairment			50.0%		25.0%	25.0%	
Other Difficulty / Disability			75.0%			25.0%	
Physical Disability			56.3%		13.8%	25.3%	2.3%
Profound & Multiple Learning Difficulty			3.2%	3.2%	3.2%	83.9%	
Severe Learning Difficulty		1.4%	17.1%	0.3%	3.5%	65.5%	8.4%
Social, Emotional and Mental Health	2.3%	11.2%	37.8%	0.3%	12.0%	23.9%	4.8%
Specific Learning Difficulty		2.4%	58.5%		7.3%	22.0%	9.8%
Speech, Language and Communication Needs		2.2%	62.8%	0.7%	4.0%	26.0%	2.0%
Visual Impairment			79.2%		8.3%	4.2%	8.3%
Grand Total	0.7%	5.3%	40.9%	0.7%	8.5%	34.6%	5.4%

Data Source: Wigan Council data based cohort as at 5th October 2023

14.2 Special Schools

There are 6 state funded special schools in Wigan.

School Name	Age Range	Type of SEN Provision	Capacity	No. on roll	Latest Ofsted Outcome
Hope School	2 to 19 years	Specific Learning Difficulty, Visual Impairment, Other Difficulty/Disability, Hearing Impairment, Speech, language and Communication, Autistic Spectrum Disorder, Multi-Sensory Impairment, Physical Disability, Severe Learning Difficulty and Profound and Multiple Learning Difficulty	200	227	Outstanding
Landgate School, Bryn	4 to 19 years	Speech, language and Communication	110	129	Good
Newbridge Learning Community	11 to 16 years	Social, Emotional and Mental Health	88	87	Good
Oakfield High School and College	11 to 19 years	Moderate Learning Difficulty and Severe Learning Difficulty	370	365	Outstanding
Rowan Tree Primary School	4 to 11 years	Autistic Spectrum Disorder and Severe Learning Difficulty	128	131	Outstanding
Willow Grove Primary School	5 to 11 years	Social, Emotional and Mental Health	72	65	Good

Currently, there is 1004 pupils on roll in Wigan special schools which exceeds the capacity of 968 places. There are plans to increase place special school numbers in Wigan to address this deficit, as well as the growth in the EHCP population. However, Wigan is committed to ensuring that more pupils attend their local mainstream school in line with Section 33 of the Children and Families Act and improve the quality of the SEND provision in all schools through the outreach support programme to the mainstream sector.

14.3 Resourced provision

The table below shows the Wigan schools with a resourced provision.

School Name	School Phase	Type of SEN Provision	Capacity (school & resourced provision)	No. on roll (school & resourced provision)	Latest Ofsted Outcome
Cansfield High School	Secondary	Autistic Spectrum Disorder	1012	1060	Good
			20	9	
Garrett Hall Primary School	Primary	Social, Emotional and Mental Health	429	482	Outstanding
			8	0	
Hawley Hall High School	Secondary	Autistic Spectrum Disorder	1184	1184	Good
			unknown	5	
Leigh Central Primary School	Primary	Autistic Spectrum Disorder and Speech, Language and Communication	210	212	Good
			5	3	
Marsh Green Primary School	Primary	All categories	480	427	Requires Improvement
			5	3	
Meadowbank Primary School & Children's Centre	Primary	Autistic Spectrum Disorder, Speech, language and Communication and Social, Emotional and Mental Health	258	222	Good
			12	13	
Platt Bridge Community School	Primary	Autistic Spectrum Disorder and Speech, language and Communication	504	460	Outstanding
			5	5	
Westfield Community School	Primary	Autistic Spectrum Disorder and Speech, language and Communication	486	473	Outstanding
			5	2	

14.4 Transport

For children of compulsory school age, children who live outside of statutory walking distance (2 miles for those under 8 and 3 miles for those aged 8 and over) are entitled to free home to school transport.

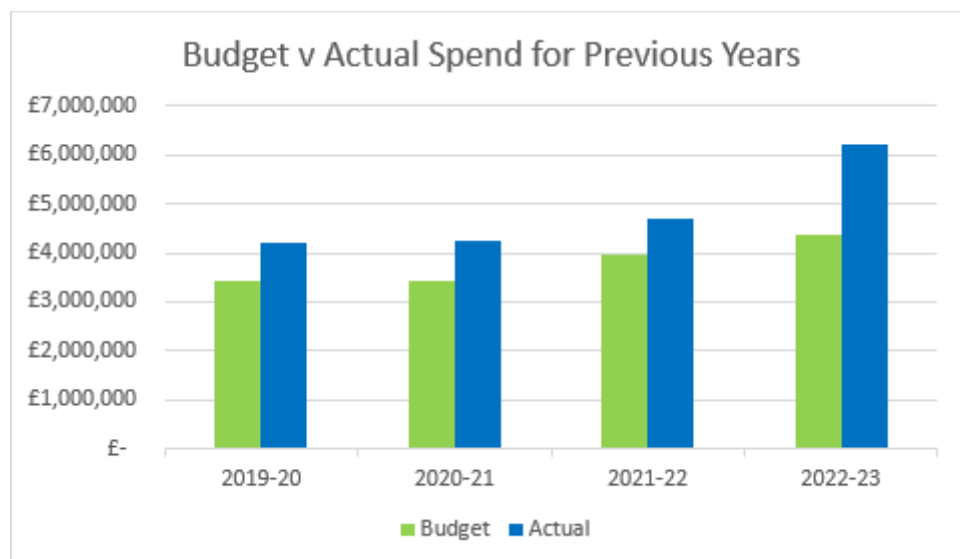
The law sets out that if a child lives within statutory walking distance they will still be entitled if they are from a low-income family, their route to school is unsafe or they have SEN, a disability or mobility problems which mean that they cannot reasonably be expected to walk to school. There is no requirement for the child to have an EHC Plan to be entitled to transport on the grounds of SEN or disability.

The key area where dispute often arises is about the 'nearest suitable school'. Generally, children are entitled to transport to their nearest suitable school. Any nearer schools which are unable to meet the child's needs, or do not have a place available for your child, do not count as a nearer suitable school.

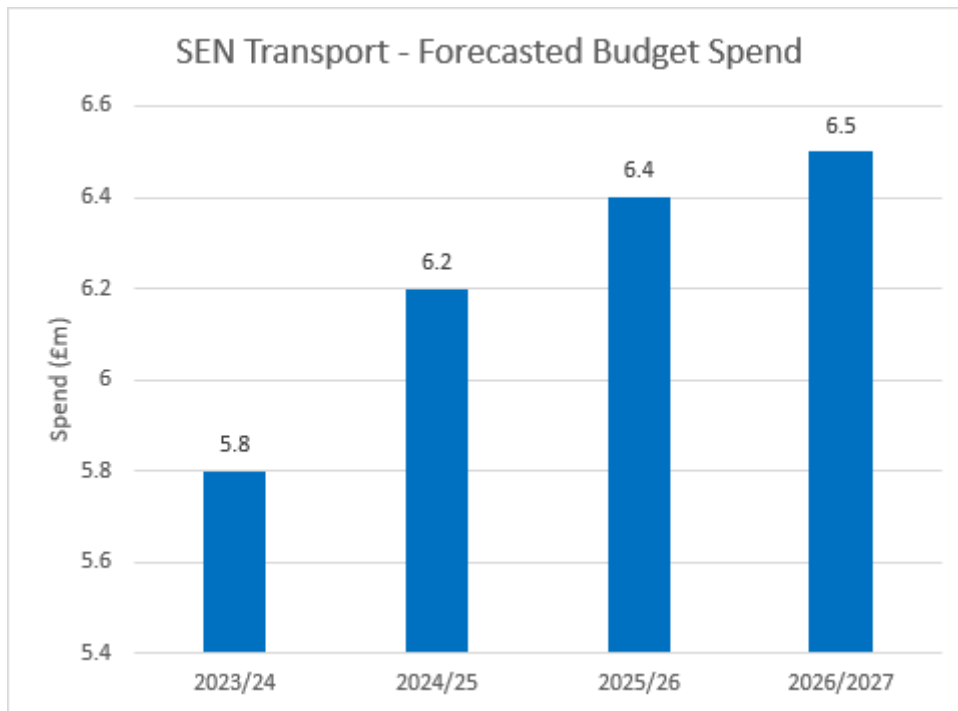
If an EHC plan names just one school in Section I, then the child/young person is entitled to free home to school transport to that school because the Council has not made arrangements for them to attend anywhere closer. Legally, the Council is required to name two schools if the child/young person is not attending their nearest suitable school and must state in Section I of the EHC Plan that the child is not entitled to free transport and the parents/carers or young person must make arrangements to transport their child to and from school each day.

The current average journey distance is 10.5 miles with distances ranging from 2.5 miles to 53 miles per journey.

The spend on the SEND transport has consistently exceeded the budget over the past four financial years and the Council is currently spending more than £6 million.



Forecasted spend shows that spend is likely to increase given the increase in the EHCP population and with this in mind, it is recommended that commissioners review practice to ensure that the application of the entitlement to transport is considered as part of naming school in Section I of an EHCP.



15.0 Short breaks and Personal Budgets

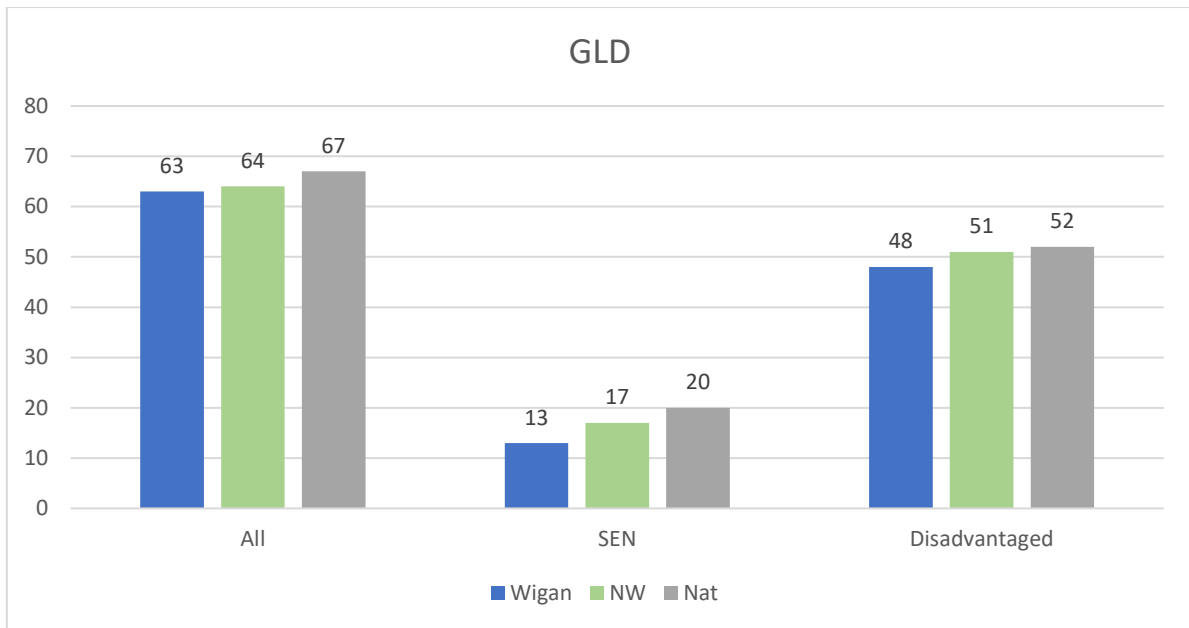
As at 22.12.23 there were 488 families with children and young people with SEND aged 0-25 years in receipt of a personal budget in the form of a direct payment.

There are a range of community short break activities that provide parents/carers of children with SEND to take a break from their caring responsibilities. Children and young people can access a range of inclusive universal, targeted and specialist activities outside of school hours during daytime, evening and weekends across the borough. The length of the short break can vary from a few hours a week to overnight dependant on the child and families assessed need. Parents/carers can also utilise their direct payment to employ a Personal Assistant to support their child with SEND to access a community group/activity that they enjoy.

16.0 Outcomes for SEND young people

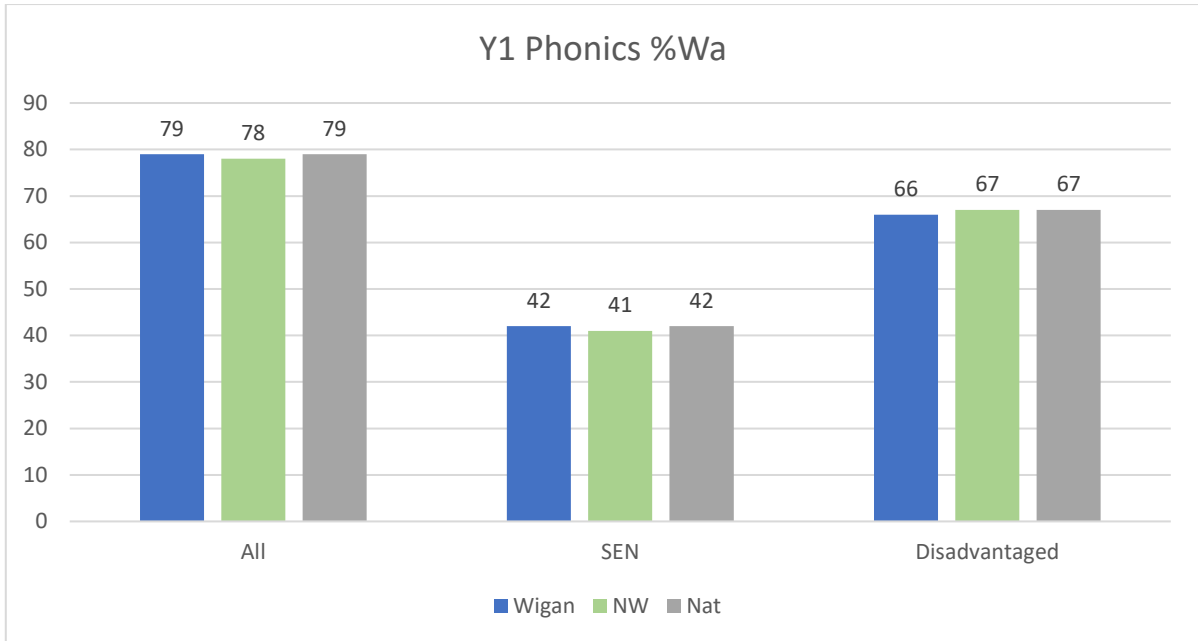
16.1 Early Years Foundation Stage Profile (EYFSP)

13% of all SEND children achieved GLD at the end of Reception. On average children with an EHCP in Wigan achieved the expected standard in 3.5 early learning goals compared with 2.3 nationally.



16.2 Phonics

- 42% of children with SEND achieved the Phonics threshold (32) in 2023 this is in line with national.
- 20% of children with an EHCP achieved the threshold which is in line with national.
- 48% of SEN Support children achieved the threshold which is also in line with national.
- 27% of children with an EHCP achieve the threshold by the end of year 2 which is 3% below the national.
- 68% of SEN Support children achieve the threshold by the end of year 2, this is 1.7% above national.



16.3 Key Stage 1

- 16% of children with SEND achieved the expected standard or higher in reading, writing and in maths combined. This is in line with the national SEND cohort.
- 6% of children with an EHCP compared with 7% nationally achieved at least the standard.
- 19% of SEN Support children which is in line with the national SEN Support cohort.
- Writing underperforms reading and maths by approximately 10% for both SEN Support and EHCP children. This is also seen nationally, although the difference is up to 15% nationally.
- More EHCP children in Wigan achieve the greater depth in reading and in maths than is seen nationally. 5% in reading compared to 2% nationally and 3% in maths compared with 2% nationally.



16.4 Key Stage 2

- 22% of children with SEND achieved the expected standard in reading, writing and in maths combined in 2023. This is 2% above the national SEND outcomes.
- 7% of children with an EHCP compared with 8% nationally achieved the combined standard.
- 26% of children with SEN Support compared with 24% nationally achieved the combined standard.
- Writing underperforms reading and maths similarly to KS1, which again is seen nationally.
- In reading the SEN Support cohort achieved an average scaled score of 99.8 (the expected standard scaled score is 100+). This means on average our SEN Support cohort are narrowly missing out on the expected standard. However, this is above what is seen nationally with a national average of 99.4.
- The EHCP cohort's average scaled score in reading was 97.6, in line with national.
- In maths the averaged scaled score is 99. This is 0.9 above the national average.
- The EHCP cohort's average scaled score in maths is 97.2 and is 1.2 above the national average.



16.5 Key Stage 2 Progress

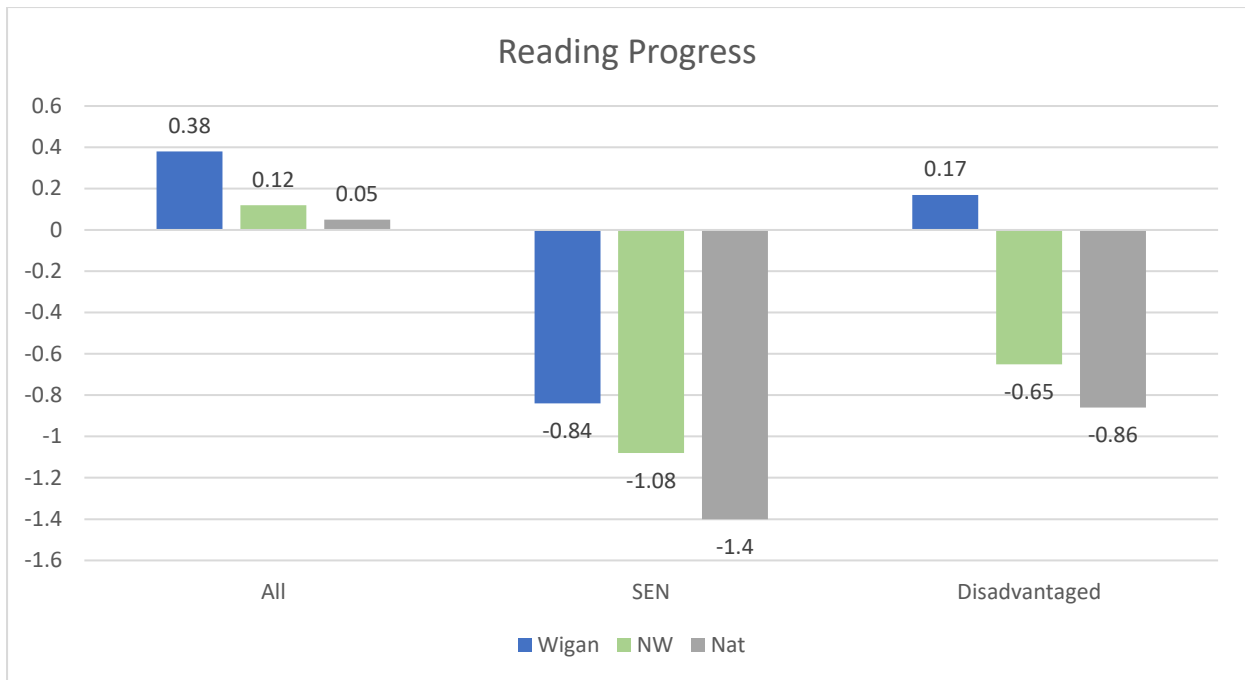
On average SEND pupils are making less progress at Key Stage 2 than their peers do nationally in all 3 subjects.

16.6 Reading Progress

Reading average progress is 0.84 scaled score points less progress than their peers. However, it is worth noting that progress is calculated by putting all children into prior attainment groups and measuring distance travelled on average by all children in that group and does not consider if a child has SEND. Therefore, it is important to compare the average progress of our SEND children to the average progress of SEND children nationally. Nationally SEND children make much less progress than SEND children do in Wigan in reading. With a national average of -1.4 scaled score points less progress.

The average progress made by our SEN Support children is +0.10 and is above the national average of -0.61.

However, EHCP children in Wigan make -4.57 less scaled score points progress than all their peers, this is broadly in line with the national average for the cohort.

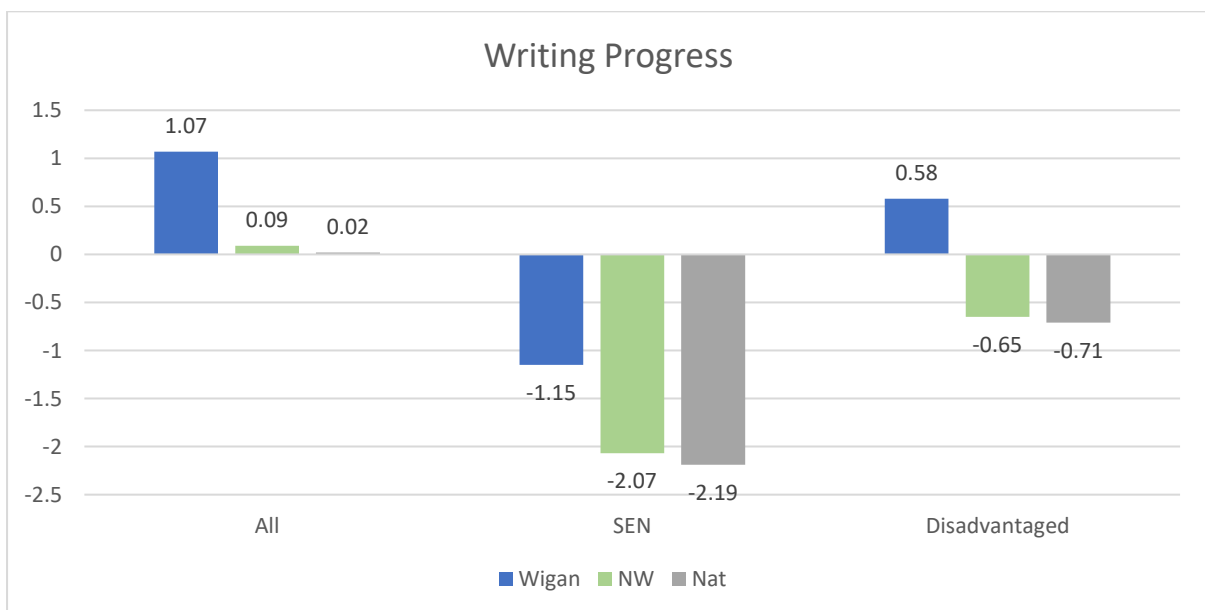


16.7 Writing Progress

On average our SEND cohort make just over 1 scaled score point less progress than their peers in writing, however nationally this is just over 2 scaled score points and so Wigan’s SEND cohort make more progress than other SEND children nationally.

The EHCP cohort’s average progress is -3.91 (almost 4 scaled score points less progress than their peers), however, they make +0.53 more progress than the national EHCP cohort.

The SEN Support cohort’s average progress is -0.47 (almost half a scaled score point less progress).

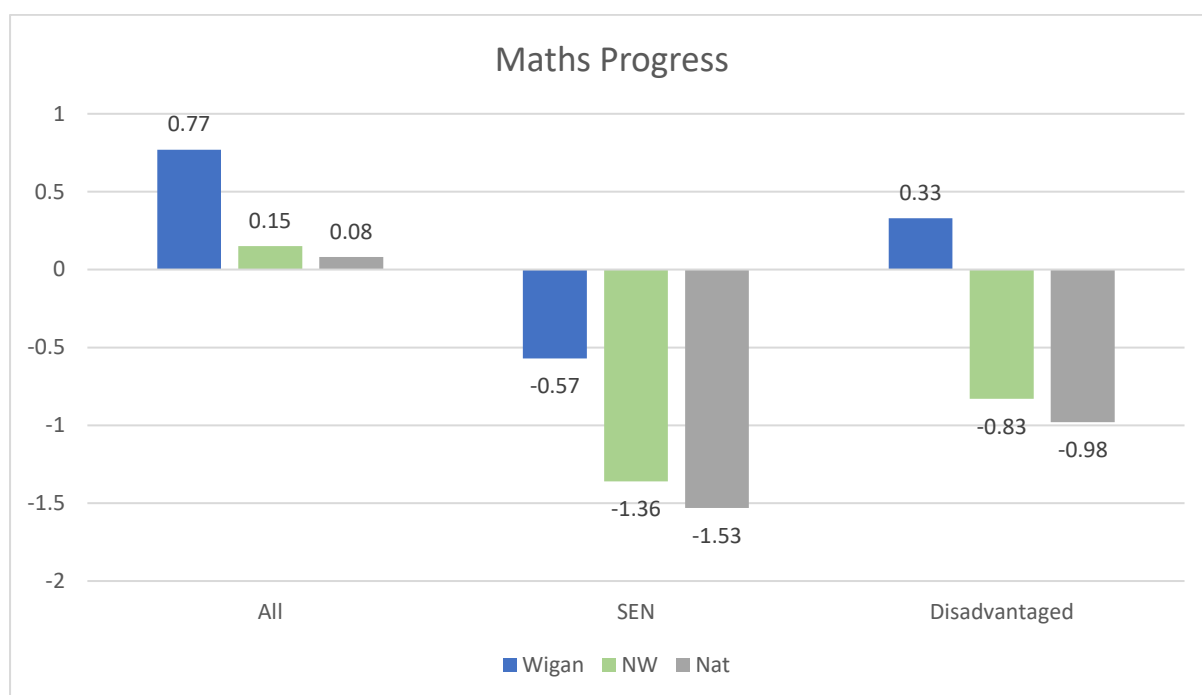


1658 Maths Progress

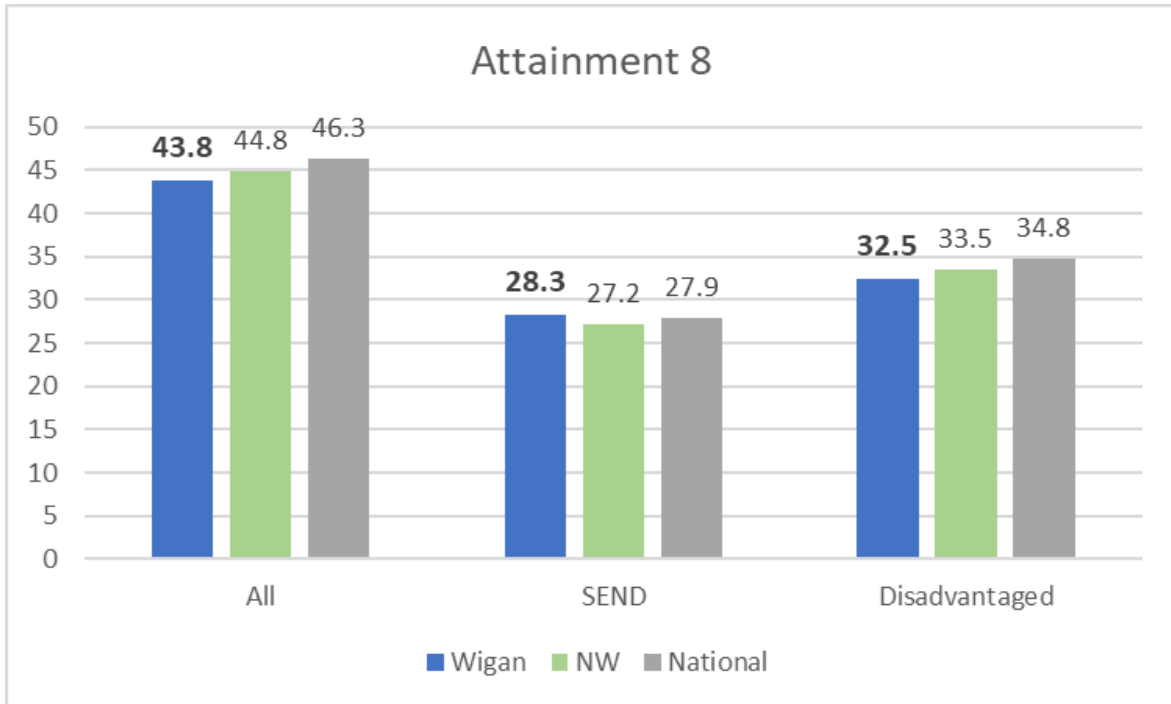
On average Wigan SEND children make just over half a scaled score point less progress than their peers (-0.57), however, the national average is almost 3 times this at -1.53. Wigan is performing in the top 20% of LAs for this measure.

Our EHCP cohort made almost 4 scaled score points less progress than their peers (-3.96), however this is above the national average for EHCP children.

The SEN Support cohort average progress score was +0.29 and is 1.13 above the national average.

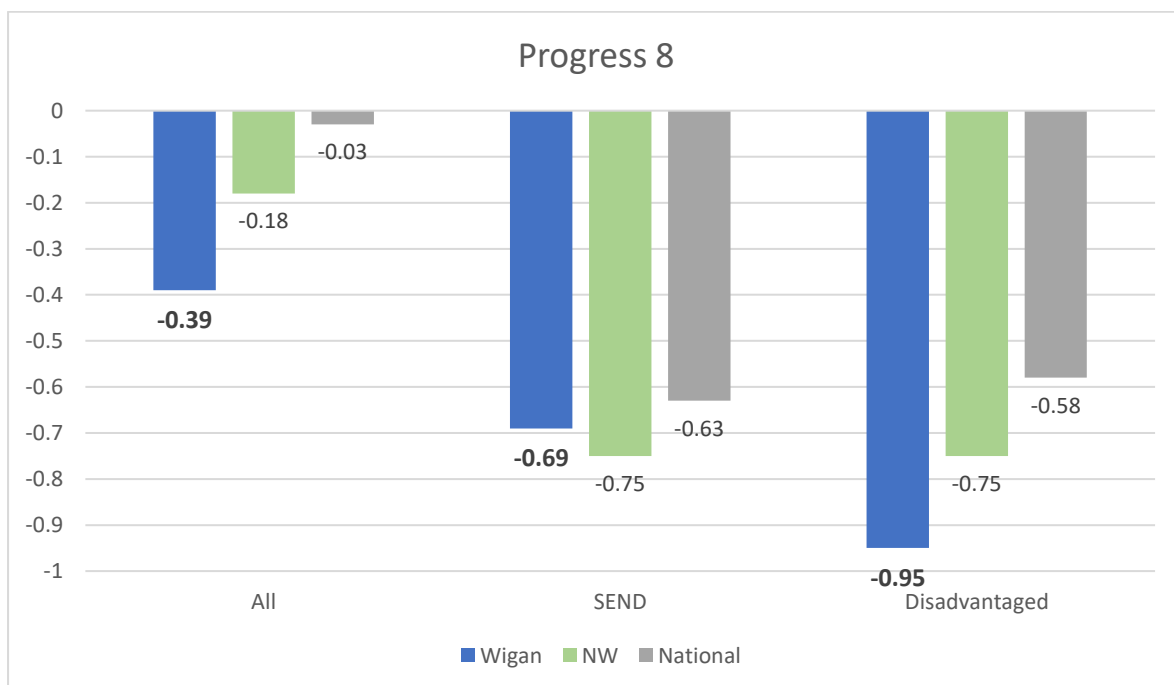


16.9 Key Stage 4



On average children with SEND in Wigan schools achieved just under a grade 3 (2.8) across their best 8 GCSE's. This is slightly above the national average for SEND children.

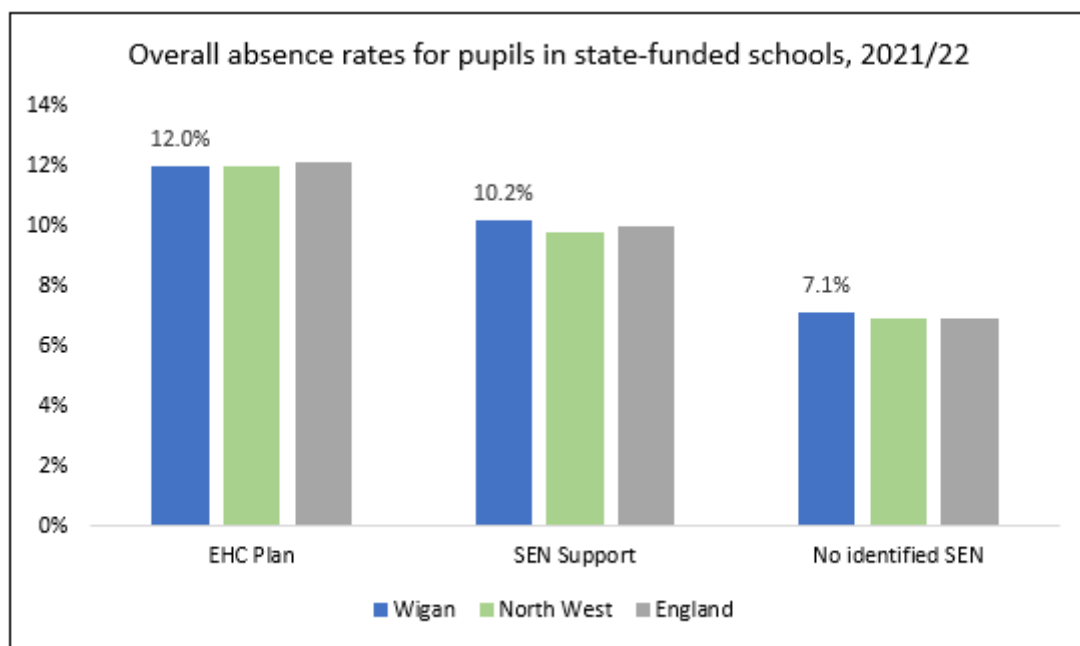
Children with an EHCP achieved less than a grade 2 across their best 8 GCSE's, which is above the national EHCP cohort.



Although children with SEND make less progress than their non-SEND peers, they are in line with the SEND national average. With children with an EHCP making more progress than the national EHCP cohort.

17.0 Attendance

Pupils with SEND have higher rates of absence and exclusion from school than their peers. This trend is observed nationally. Absence in state-funded schools in Wigan is highest amongst pupils with an EHCP, although absence for pupils with and without SEND is in line with national and North-West averages.

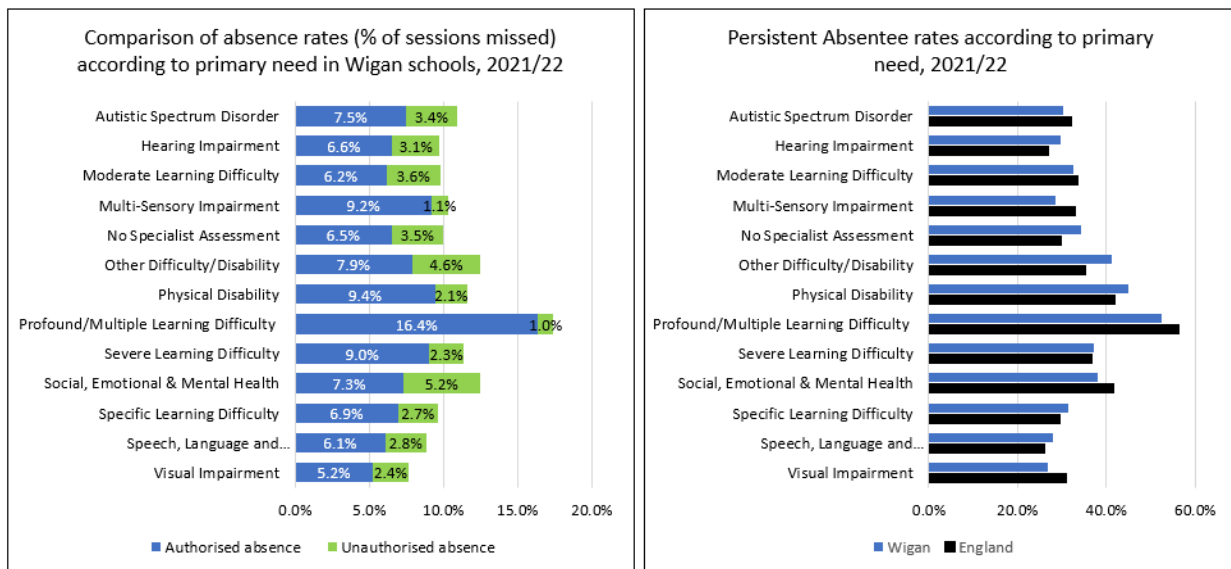


Data source: Pupil absence in schools in England 2021 to 2022 published by the Department for Education

The graph below shows the absence rates, both authorised and unauthorised, for pupils with SEND in Wigan state-funded schools with different primary needs as well as their persistent absentee rates with comparison to the average for England. Those pupils with Profound and Multiple Learning Difficulties have the highest percentage of authorised absence, whilst those pupils with Social, Emotional and Mental Health needs had the highest rates of unauthorised absence. For pupils with Social, Emotional and Mental Health needs most of their unauthorised absence was recorded as code O: absent from school without authorisation (4.1%), with 0.5% recorded as code G: unauthorised holiday, 0.2% recorded as code U: arrived in school after registration closed and as 0.1% code N: reason for absence not yet provided.

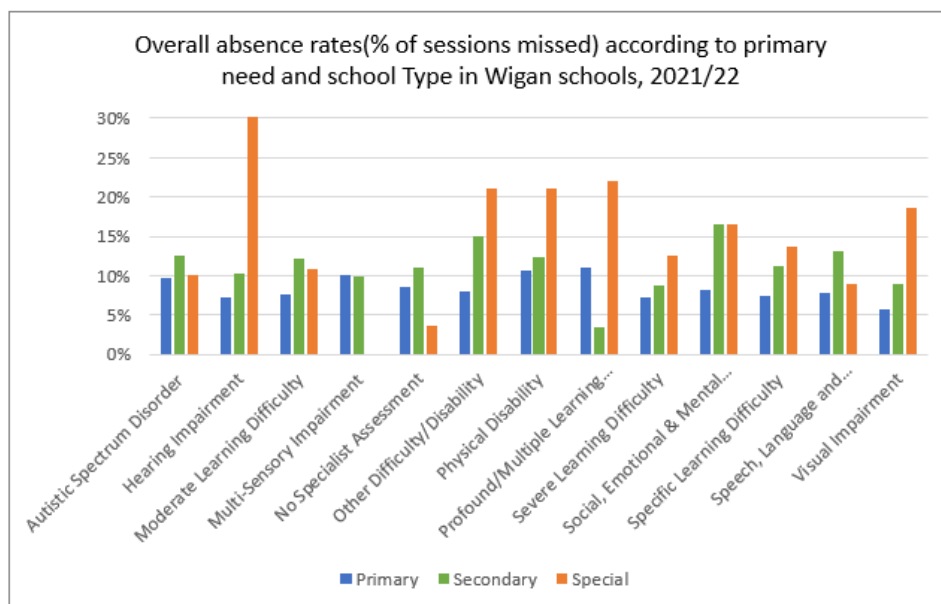
Pupils with Profound and Multiple Learning Difficulties in Wigan schools also had the highest persistent absentee rate although this is lower than average rate for England. However, the persistent

absentee rate for pupils with Physical Difficulties and other difficulties/disabilities, which are also high in Wigan schools, are above the average for England.



Data source: Public absence in schools in England 2021 to 2022 published by the Department for Education

Absence rates for pupils in Wigan schools with the same primary need type varied according to the type of school the pupil attended. For pupils with Social, Emotional and Mental Health needs, the overall absence rates in secondary and special schools are the same (16.5%), but both are considerably higher than the absence rates in primary schools (8.2%) which is a trend observed nationally.

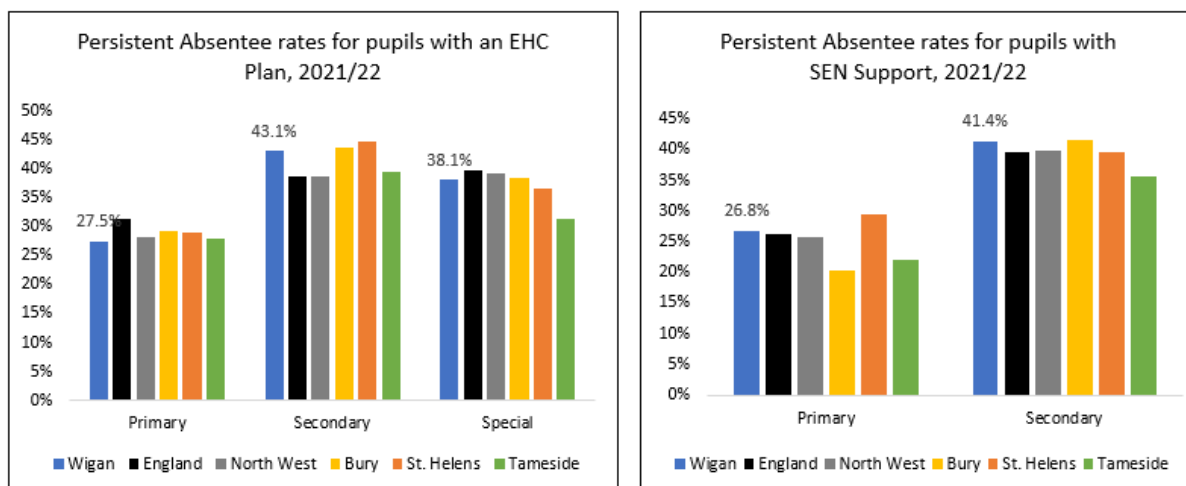


Data Source: Department for Education Publication Pupil absence in schools in England: 2021 to 2022

The graphs shows that persistent absentee rates (more than 10% of sessions missed) in 2021-22 for pupils with an EHCP in Wigan primary and special schools were lower than the England and North-West average. Persistent absentee rates in primary schools were also lower than the average for our

statistical neighbours. However, in Wigan secondary schools' persistent absentee rates were higher than the England and North-West but in the middle of the range for our statistical neighbours.

For pupils with SEN Support in Wigan schools the persistent absentee rates are higher than the England and North-West average in both primary and secondary schools but broadly in line with those of our statistical neighbours.

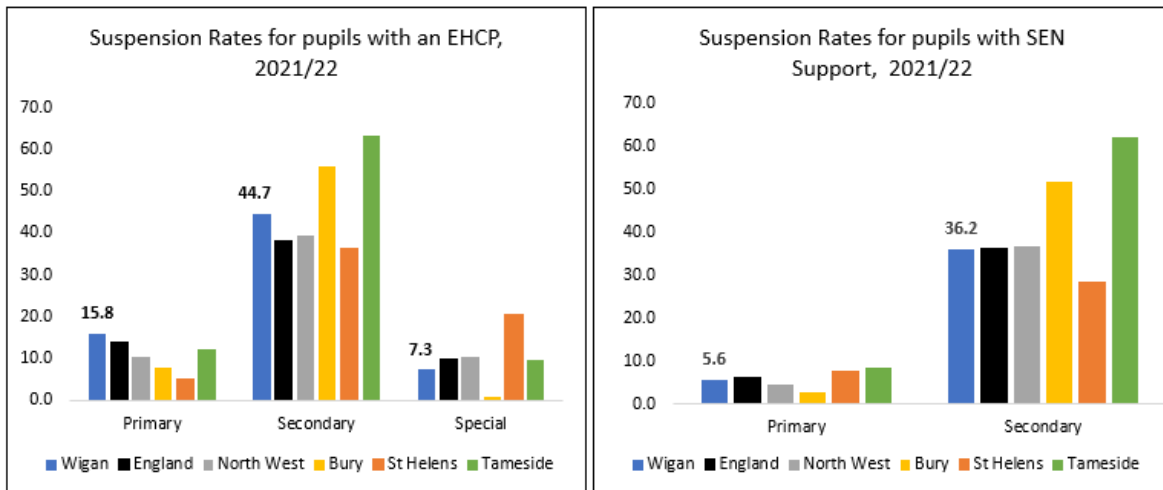


Data source: Pupil absence in schools in England 2021 to 2022 published by the Department for Education

18.0 Exclusions and suspensions

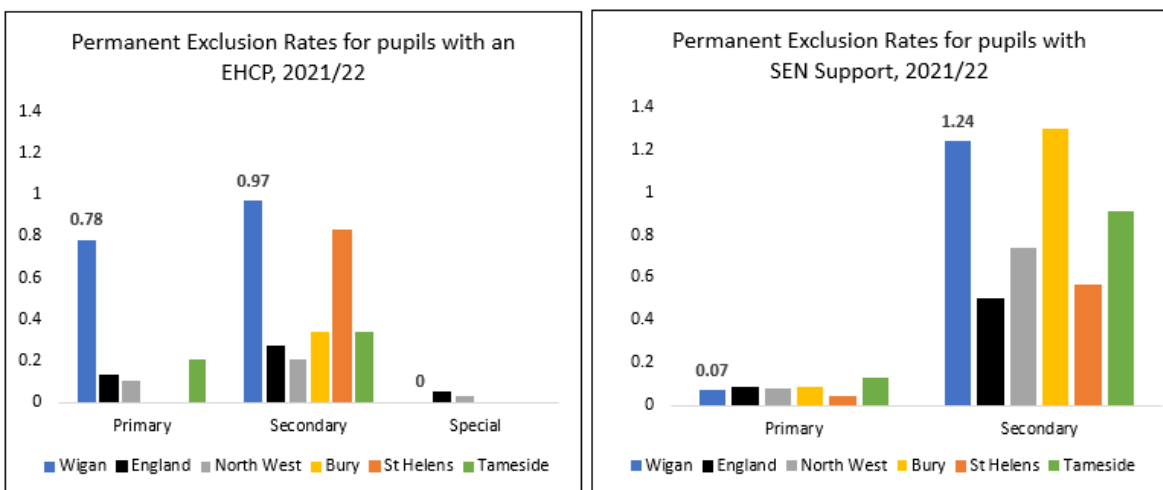
Suspension rates for pupils with an EHCP in 2021/22 were noticeably higher than the England and North-West average in both Wigan primary and secondary schools. The rate in primary schools was also higher than the averages for all our statistical neighbours. However, in Wigan special schools the suspension rate is below the England and North-West average and lower than the rate for most of our statistical neighbours. Education Support Services should identify the strategies which are employed by the special sector to promote inclusion and prevent suspensions and roll these out to mainstream schools as part of the Graduated Response to Need.

For pupils with SEN Support in Wigan schools the average suspension rate is broadly in line with the England and North-West averages and in the middle of the range of our statistical neighbours.



Data source: Permanent exclusions and suspension in England 2021 to 2022 published by the Department for Education

Rates of permanent exclusion for pupils with SEND in Wigan schools in 2021/22 were high. 8 pupils with an EHCP were permanently excluded, 4 from primary schools and 4 from secondary schools, which resulted in a permanent exclusion rate which was significantly higher than the average for England, the North-West and our statistical neighbours. The reasons stated for these exclusions from primary schools were Physical assault against an adult (3), Verbal abuse / threatening behaviour against an adult (2), Verbal abuse / threatening behaviour against a pupil (2) and Damage (1). Whilst the reasons given for the permanent exclusions from secondary school were Physical assault against an adult (2), Persistent disruptive behaviour (2) and Damage (1).



Data source: Permanent exclusions and suspension in England 2021 to 2022 published by the Department for Education

The permanent exclusion rate for pupils with SEN support in secondary schools was also higher than the average for England, the North-West and most of our statistical neighbours. However, the permanent exclusion rate for pupils with SEN support in primary schools was slightly lower than the England and North-West averages.

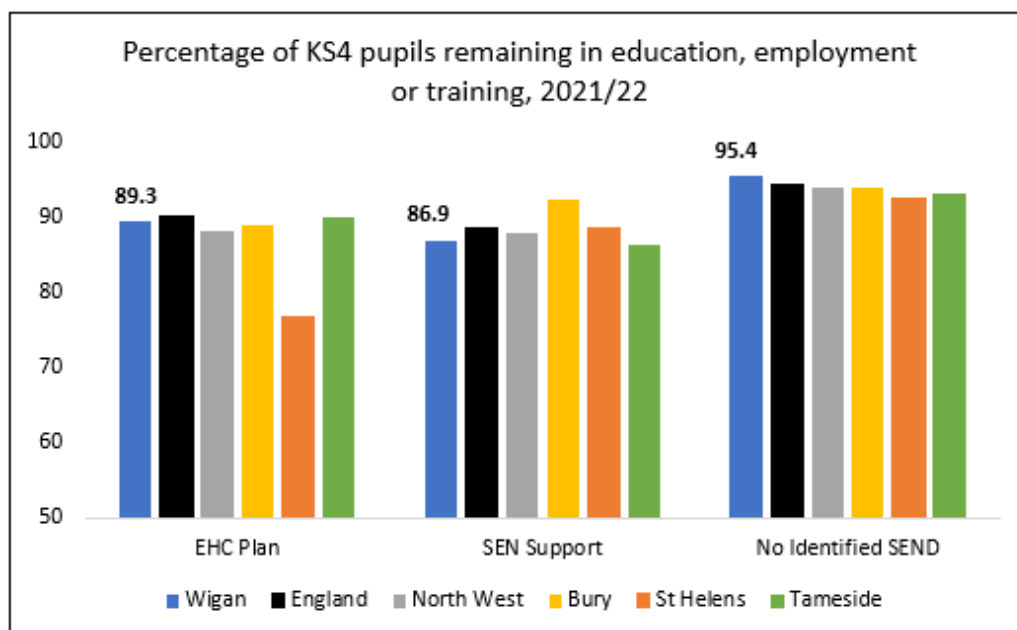
The reasons given for the permanent exclusion of SEN support pupils from secondary schools were Persistent disruptive behaviour (17), Verbal abuse / threatening behaviour against an adult (10), Drug and alcohol related (4), Physical assault against an adult (4), Physical assault against a pupil (3), Damage (2), Verbal abuse / threatening behaviour against a pupil (2), Use or threat of use of an offensive weapon or prohibited item (1), Sexual misconduct (1), and Theft (1).

19.0 Preparing for adulthood

19.1 Post 16 Education Employment and Training

The point of transition from secondary school to further education or employment can be challenging for many young people with SEND and their parents, particularly as it comes at a time when young people had previously found themselves transitioning from child to adult services. The 0 to 25 years offer is intended to help address some of these challenges.

The graph below shows the percentage of Key Stage 4 pupils continuing to a sustained education, apprenticeship or employment destination in England in the year after completing key stage 4 study, depending on whether they have an EHCP (89%), SEN support (87%) or no identified SEND (95%). The outcomes for young people with SEN Support in Wigan are slightly worse than those of comparable young people both nationally and in most other similar areas. However, for young people with an EHCP, although the outcomes are slightly worse than the national average, they are broadly in line with or better than those of comparable children in other statistically similar areas.



Data source: Key stage 4 destination measures Academic Year 2021/22 published by the Department for Education

20.0 Services

20.1 Local offer

A local offer is for children and young people with special educational needs and disabilities (SEND) aged from 0 to 25 years. It provides information and support services available to families in their local area. It also provides information for professionals working with young people with SEND and their families. Wigan's SEND Local Offer is available via our website:

<https://www.wigan.gov.uk/Resident/Education/Special-Educational-Needs-and-Disability/Local-Offer/index.aspx>

20.2 Portage

Portage is a home teaching service for young children who have additional needs and are not yet accessing a nursery provision. Portage groups are also available, these are set up in a nursery style environment, providing families with the opportunity to network and plan for their child's transition into an early years setting. The Early Years Team currently have 36 children referred into the team for Portage of which 69% are accessing the service and 31% are waiting to be assessed.

20.3 Children with Disabilities Social Work Team

Wigan has a Children with Disabilities Social Work Team who work with children and young people (aged 0-18) who are defined as having a disability if they have impaired abilities in one or more of the following areas and who cannot be supported through Universal or Early Help services. This includes, profound/severe learning disability, Autistic Spectrum Disorder (ASD) with associated profound/severe learning difficulties /behavioural difficulties (a diagnosis of Autism or Autism Spectrum Condition does not of itself meet the criteria for the service).

The services provided are to support children in need and their families who have severe or substantial disabilities, specifically, severe, or profound learning disability, severe physical disability. Substantial degree of visual impairment/moderate and severe hearing loss. Additionally, complex health and medical care needs (that may meet the threshold for a Continuing Health Care. assessment, life threatening, limiting, or terminal illness.)

Should a child be assessed as requiring intervention/support in line with Wigan thresholds at level 4 they will be allocated a Social Worker or a Children and Young Person Family Support Worker to undertake an assessment of the child/ren and family's needs to identify if, and what a plan of support may look like.

20.4 Short Breaks

20.4.1 Ladies Lane

Ladies Lane provide overnight stays for children and young people who have severe learning disabilities and some of whom may have complex needs. There are 4 beds available at Ladies Lane and most children and young people stay between 1 and 4 nights consecutively, as assessed by their placing social worker.

20.4.2 BASE

The Behaviour Assessment Support and Engage (BASE) team is a two bedded short break home providing planned shared care and short break support for children with a diagnosed disability and Learning Disability.

The BASE team also provides outreach support within the family home or community focusing on understanding presenting behaviour, communication needs, sensory needs, introducing consistency, structure, and boundaries with the family.

20.4.3 Leisure For All

Leisure for all is a short breaks service for children and young people aged 5-19 years with disabilities and complex health needs. The service has been operating for 22 years.

The service offers leisure time activities with support from trained and experienced staff. The activities give children and young people the opportunity to socialise with their peers, try new activities, outings and have a break from being with their main carer whilst receiving the appropriate level of care and support and the opportunity make friendships. The service also in turn offers the parents or carers a break from their intensive support and care giving role, a chance to do activities with other siblings or a chance to rest.

19.5 Embrace

Embrace Wigan and Leigh are a user-led charity dedicated to supporting disabled people and their families. Embrace have a range of projects that aim to enhance the lives of the people we support. Embrace provide a wide range of support, events, activities and training for families of children with disabilities and young adults. Additionally Embrace support families with Advocacy or recruitment of Personal Assistants (PA's) as well as range of other services for parents and their children.

19.6 Parent Carer Forum

Wigan's Parent Carer Forum are an independent group of parents and carers of children and young people who have SEND and live in Wigan borough. They are the collective voice of parents and carers of young people with SEND. They work independently of, but in partnership with, the local authority.

19.7 SENDIASS

Wigan's SENDIASS service offers free, impartial information, advice and support to families of children and young people aged from 0-25 years who have SEND.

Wigan have a strong SENDIASS offer with currently no waiting list (as of May 2023). Parents, carers and young people value the support offered by this service.

In 2023, the service worked with 1,442 families with 1,222 of these being new referrals into the service.

19.8 SEND Champions

Wigan SEND Champions is a rolling programme of SEND related training and awareness raising sessions. The offer is accessible to parent carers, foster carers and practitioners from across the partnership who also come together on a regular basis to share experiences, knowledge and learn from each other to support children and young people with SEND (Special Educational Needs and Disabilities) in Wigan Borough.

The regular virtual sessions have the objective to upskill, share knowledge and best practice on a wide range of specific topics covering SEND. Sessions covered include Local Offer navigation, Speech and Language, practical Autism strategies, Foetal Alcohol syndrome, Neurodevelopmental Pathway, CAMHS, Trauma informed Approaches, Early Years, Sensory Support, sleep support, 0 – 19 Learning Disability Awareness.

19.9 Engagement Centre

The Engagement Centres offer targeted specialist educational support for young people who are having difficulties in school, this includes:

- Lack of engagement e.g. not attending school
- Students with additional needs that require extra support
- Behavioural issues.

The Engagement Centres offer:

- 12-week programme (2 days per week) which supplements the student's education at their school
- Access to education that focuses on social, emotional and mental health (SEMH) difficulties
- Skills to help students cope and thrive within their current mainstream school
- Knowledge, support and training for the student's existing school so that they can meet the student's needs on a long-term basis
- Timely access to specialist support and wider services e.g. educational psychologist, counselling.

19.10 TESS

The Targeted Education Support Service (TESS) is made up of specialist, qualified and experienced teachers and educational practitioners who work with schools to support children and young people (aged 4-16) when learning progress, social, emotional or mental health are causing concern. We work with every school in the borough.

TESS provide specialist advice to support progress - through consultation, observation, modelling good practice and, where appropriate, assessment. They offer a bespoke one to one teaching service to schools that includes modelling and coaching.

In addition, the service delivers training on evidence-based interventions for literacy, mathematics, social skills and emotional development. Training also covers teachers' awareness of SEND strategies, SEND Code of Practice, school and department of education policies and research updates around inclusion.

19.11 Educational Psychologists

The Educational Psychology service offer a range of advice, assessment, training and interventions to support children and young people 0-25 years old.

The service works with families, staff and other professionals in a range of settings, applying psychology to promote positive outcomes.

Each academic year, all schools in Wigan receive time from the Educational Psychology Service time that is funded by the council. Schools are able to commission more time from the service to suit their requirements. Each school has a named educational psychologist who works with the school's Special Educational Needs Co-ordinator (SENCo) to organise the work that needs to be done.

21.0 Wigan CAMHS

GMMH are commissioned to provide mental health services for children and young people in Wigan alongside Thrive partners in the borough. Services include:

- Core community CAMHS who offer provides specialist assessment, consultation, and treatment to young people with complex mental health presentations,
- Mental Health Support Teams in schools (MHST) and CAMHS School Link Teams which provide consultation to school systems and early interventions to children and young people with mental health difficulties.
- CEDS is the community eating disorder service for children and young people.
- Atom provides specialist mental health input to the *Keeping Families Together* service.
- Building Attachment Bonds (BABS) service provides a parent infant mental health service.

In addition, there are other GMMH services who work with children and young people in Wigan. For the context of this report, this includes the All-Age Mental Health Liaison Team (MHLT) which provides mental health assessments to people who present at A&E in crisis, including children and young people.

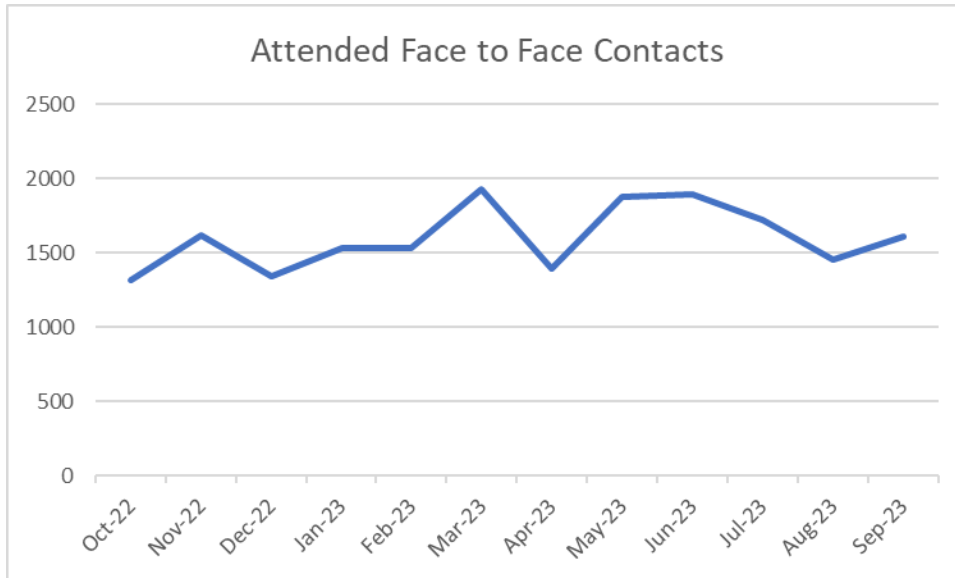
The report also includes referral information for young people aged 18-25. These services sit within the adult division for Wigan in GMMH.

The tables and charts below show service data for Wigan from Greater Manchester Mental Health NHS Foundation Trust, covering October 2022 to September 2023. The data currently covers all CAMHS services, as it is not yet possible to extract SEND-related records separately.

21.1 Attended Face to Face Contacts

The data below covers CAMHS HITT, Building Attachment and Bonds, ATOM, CYPMHS, Education Service, School Link and MHST.

For the latest 12 months, there were an average of 1600 contacts per month, with the highest number seen in March 2023 (1927). There was a slight upward general trend throughout the year.



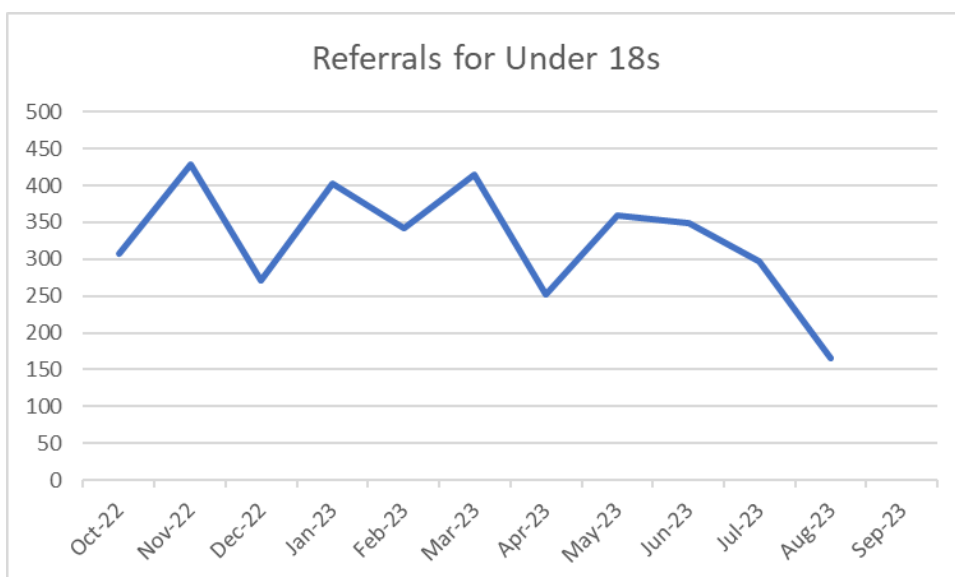
21.2 Referrals

Data covers routine, urgent and emergency referrals between October 2022 and August 2023.

Under 18s

The chart below comprises data for CAMHS HITT, Building Attachment and Bonds, ATOM, CYPMHS, Education Service, School Link and MHST.

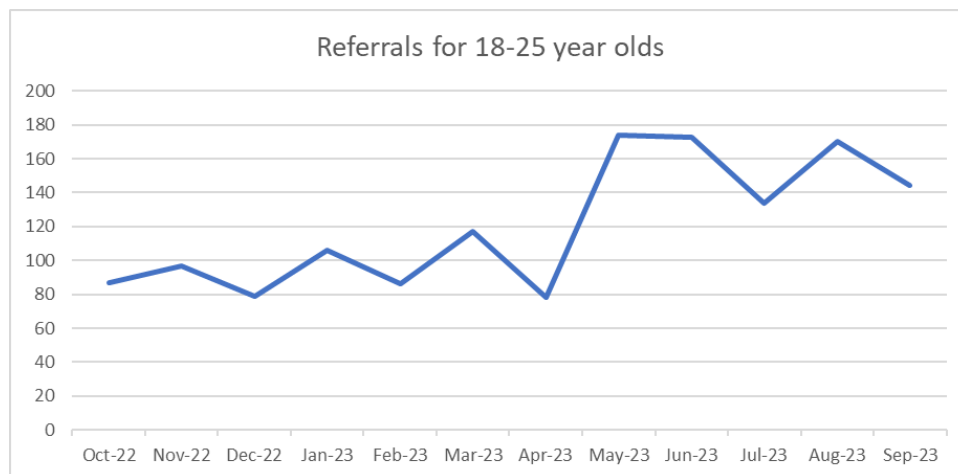
For the latest 12 months, there were an average of 326 referrals per month, with the highest number seen in November 2022 (429). There was a general downward trend throughout the year.



18-25 year olds

The chart below comprises data for ADHD, Early Intervention, Living Well, Psy Edit, SCMHT, SPTS Autism Spectrum Disorder Diagnostic Service, SPTS Chronic Pain Management Service and SPTS Learning Disability Service.

For the latest 12 months, there were an average of 120 referrals per month, with the highest number seen in May and June 2023 (174 and 173, respectively). Referrals were on average 70% higher for the latest 5 months, when compared to the average for October to April.

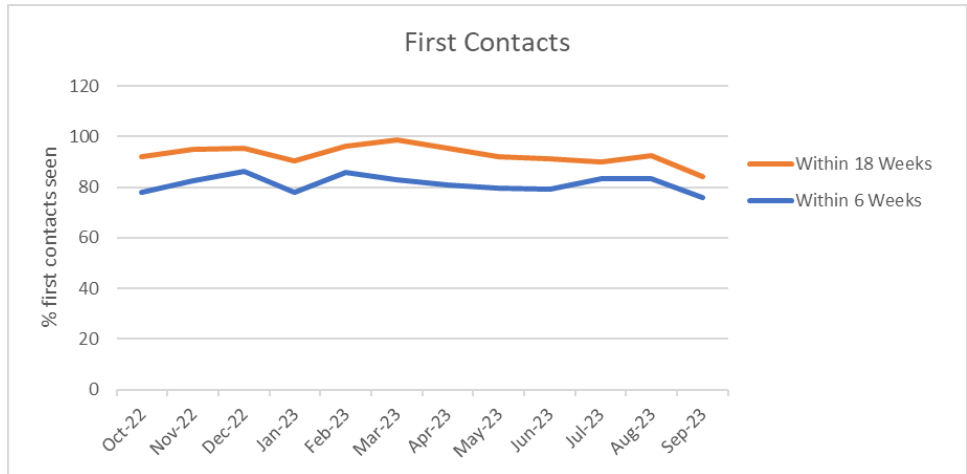


20.3 First Contacts

There are two categories of first contacts: percentage seen within 6 weeks and percentage seen within 18 weeks. Data for both are shown on the chart below.

Over the 12 months, those seen within 6 weeks averaged at 81% (ranging between 76% in September 2023 and 87% in February 2022). A slight downward trend was seen over the time period.

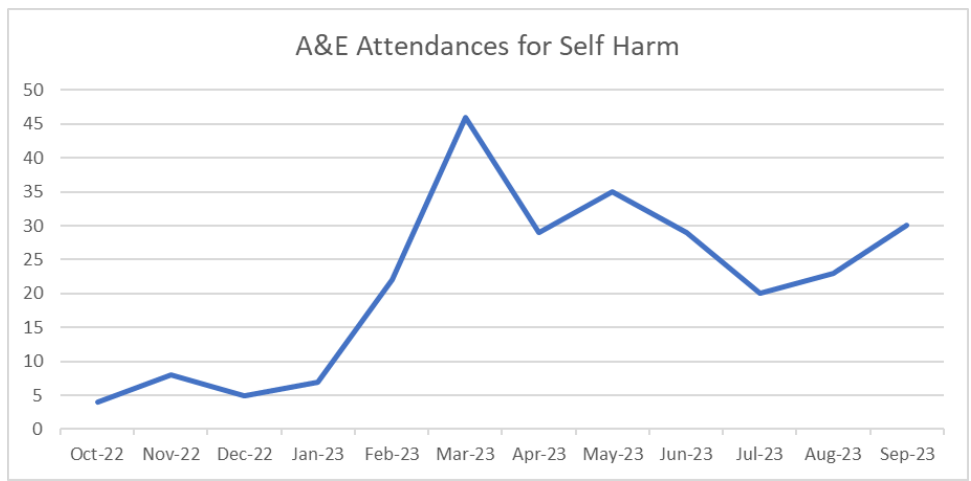
Those seen within 18 weeks averaged 93% over the time period (ranging between 84% in September 2023 and 99% in March 2022). Again, a slight downward trend was seen over the 12 months.



20.4 A&E Attendances for Self-Harm

The chart below shows the number of attendances at A&E for self-harm for under 18s currently receiving mental health services from GMMH.

A large upward trend can be seen over the time period, with attendances before February 2023 averaging 6 per month, and averaging 29 for the months after. The highest monthly attendance was 46 in March 2023.



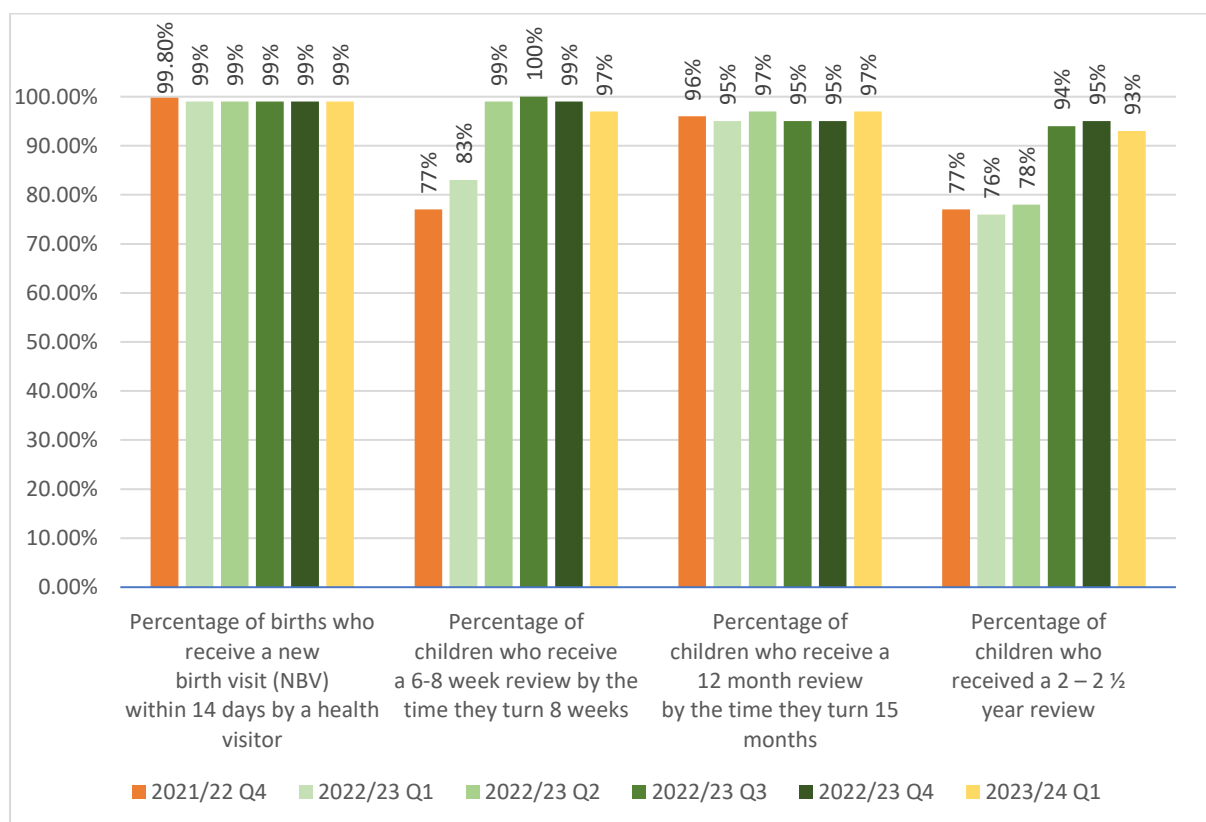
22.0 Community Services

22.1 Health Visiting

The Health Visiting Service forms part of the 0-19 team, commissioned by Wigan Council. All families/children are offered a universal health visiting service from birth to 5 years and comprises of

five mandated assessments, health promotion and the early identification of additional needs. The Universal Plus offer to parents provides expert timely advice, guidance and support when needed for issues such as attachment, parenting support, toilet training and infant feeding. Universal Partnership Plus work in collaboration with other health, social care and education professionals where health needs are identified, and co-ordinate tailored packages of additional care as required. This could include young people and families with mental health, substance misuse problems, risk taking behaviours, child protection or safeguarding issues and children with complex needs.

The Health Visiting Service provide and deliver the Healthy Child Programme via completion of core mandated contacts for the whole population, including Antenatal support for parents, New Birth Visit, 6–8-week review, 9-12 month and 2-2,5 years. Developmental assessment by Health Visiting includes use of evidence-based tools to identify any concerns which enable targeted intervention. These tools include Newborn Behavioural Observation, Newborn Behavioural Assessment Scale, Ages and Stages Questionnaire including ASQ-3 (general development) and ASQ-SE (Social and emotional development), Wellcomm (Speech and Language development tool). Delivery of these contacts is sustained across all core contacts and families are supported to prioritise continuity of care where possible to enable early identification of concerns to be prioritised.



22.2 School Nurses

Across the whole borough there is a Named School Nurse identified for every school responsible for the completion of School Health Profile in collaboration with the school. This profile is designed to assess the overall needs of the school population and includes specific information regarding the pupils needs and required adjustments to meet the children's health needs in education settings. School Nursing Service provide proactive and planned sessions in school on specific public health topics, e.g. immunisation, anaphylaxis, Asthma. Others at the request of school or following identification of need via School Health profiles, and support children and young people through drop-in sessions to provide individualised advice and support.

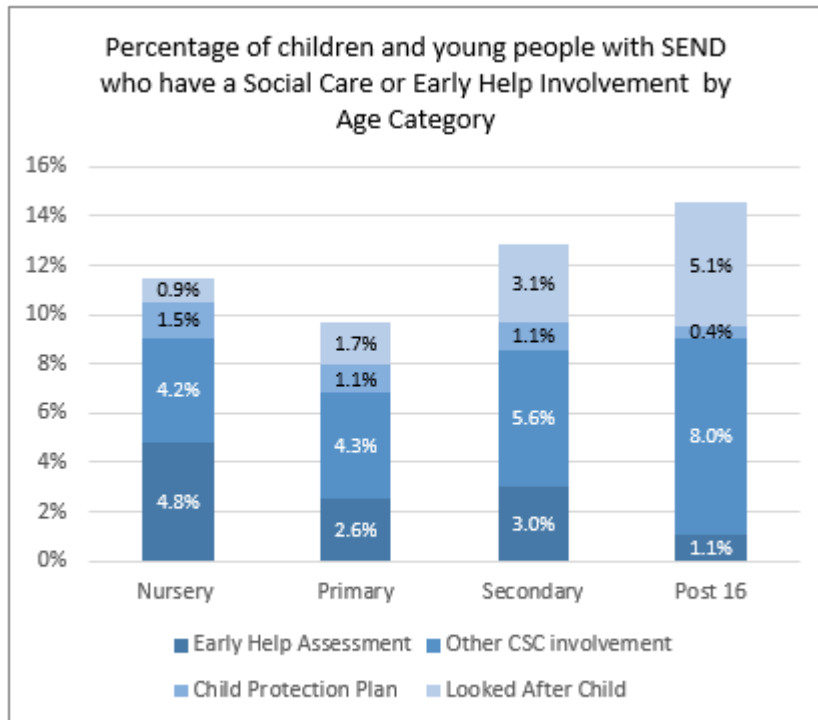
The challenge in SEND cases for School Nursing service is that the service area not currently able to identify all of the children for whom a SEND need has been identified. Children for whom a need is assessed and managed by WWL Universal or Specialist Services have clearly documented records of health interventions, however, should the SEND need be identified by other agencies and be managed without WWL input services are not routinely aware.

Each of the Special Schools in the Borough and alternative provision commissioned have a named school nurse to provide the Universal offer. There have been challenges associated with the provision of more specialist nursing to the SEND schools for whom the ICB are responsible for commissioning. The services are working to create an information share in relation to children and young people subject to EHCP which would allow the services to clearly identify those in receipt of this level of support.

Capacity in the School Nursing service is adversely affected by the current child protection demand which has led to challenges in completion of the School Health Profiles and in the level of support which can be offered at Early Help level to pupils requiring this from the SN.

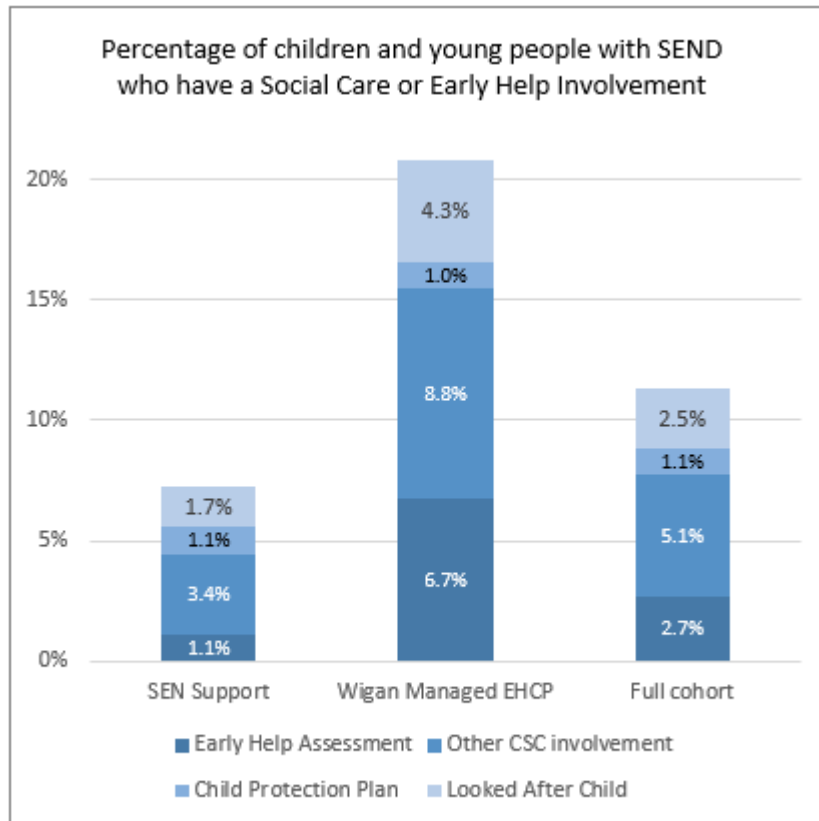
23.0 Social Care

Of the total cohort of children and young people aged 0-25 years with SEND in Wigan in October 2023, 10.9% had some form of involvement from social care or an early help. The chart below shows that the percentage young people with a social care or early help involvement is highest for the post 16 cohort (14.4%) and lowest for the primary age cohort (9.4%).



Data Source : Wigan Council Reports run on 4/10/23

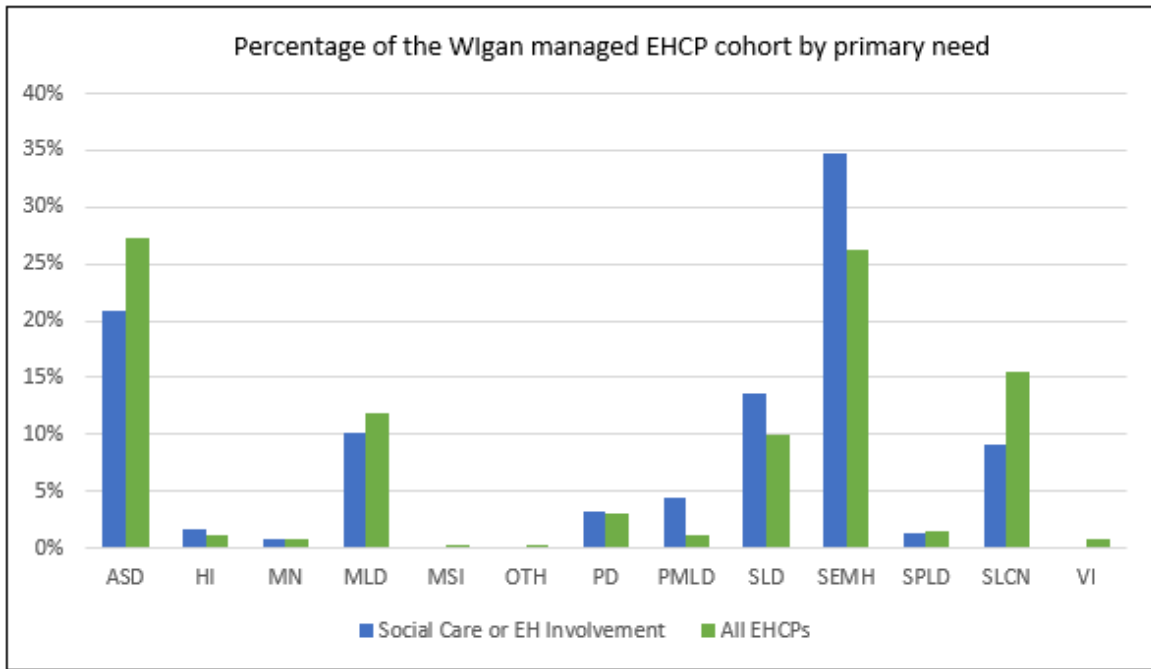
An involvement from social care or an Early Help Assessment is, as would be expected, is more common amongst the Wigan managed EHCP cohort, as 20.2% of this cohort had an involvement. However, only 7.0% of the Wigan schools SEN Support cohort were receiving some form of involvement from social care or an early help assessment.



Data Source : Wigan Council Reports run on 4/10/23

For children and young people with SEN support in Wigan schools, 422 individuals had an open involvement with children social care, of which 74 had a Child Protection Plan and 118 were looked after children. For the Wigan managed EHCP cohort, 403 individuals had an open involvement with children social care, of which 30 had a Child Protection Plan and 122 were looked after.

The chart below shows percentage breakdown by primary needs of the Wigan managed EHCP cohort for all children and young people compared with those who have an involvement with children’s social care or an early help assessment.



Data Source : Wigan Council Reports run on 4/10/23

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The most common need amongst children and young people who have some form of involvement from social care, or early help was social, emotional, mental health which accounted for 35% of the cohort, followed by autistic spectrum disorder (21%) and severe learning difficulties (14%). Whilst the 3 main needs identified are the same for all children and young people with a Wigan managed EHCP, the prevalence differs. The chart illustrates that children were need relates to Speech and Language and Social and Emotional Mental Health, and Profound and Multiple Learning Disability (to be expected in Children with Disabilities Team) were disproportionately represented in the social care and early help cohort. This intelligence demonstrates the need for early intervention and prevention services to support children and young people with these types of need to avoid escalation into acute services and to ensure acute services are equipped to deal with these types of needs.

24.0 Appendices

24.1 SDF Profile

Ince, Hindley, Abram, Platt Bridge SDF

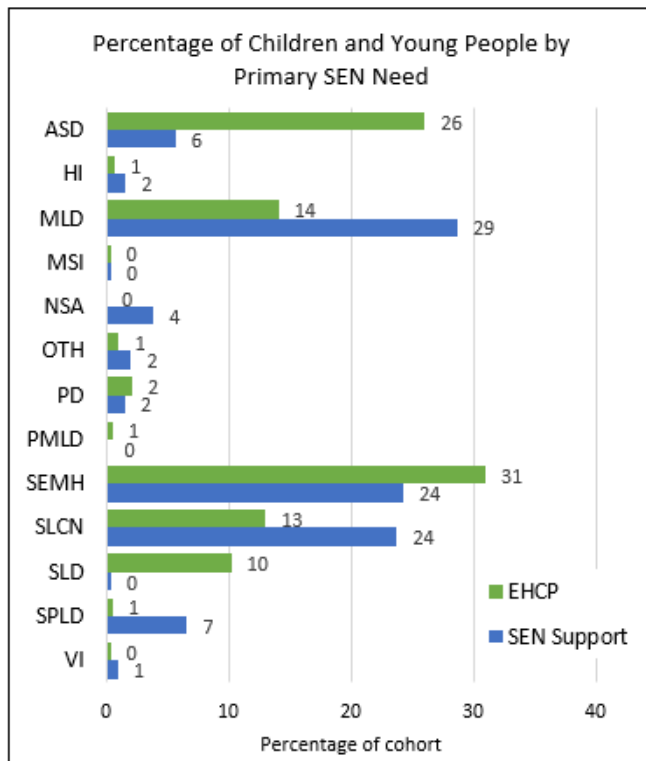
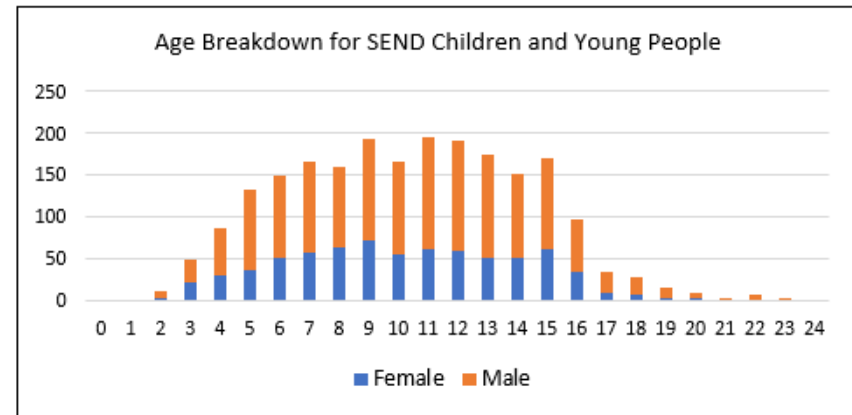
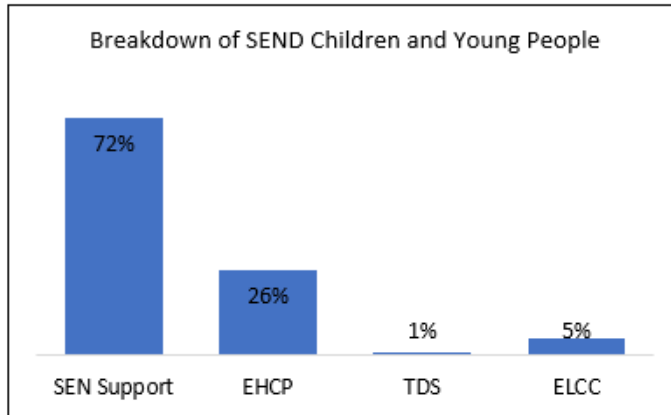
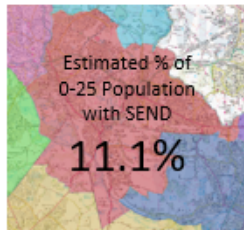
The Deal
2030

Our People

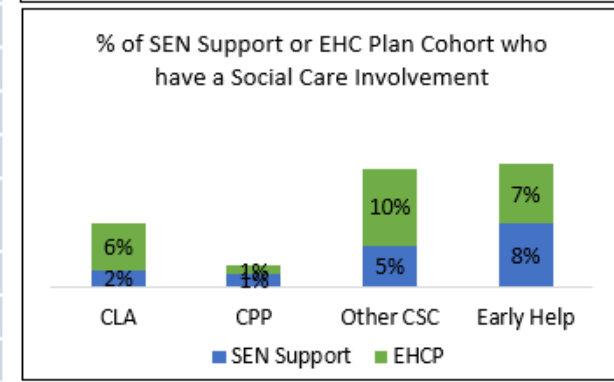
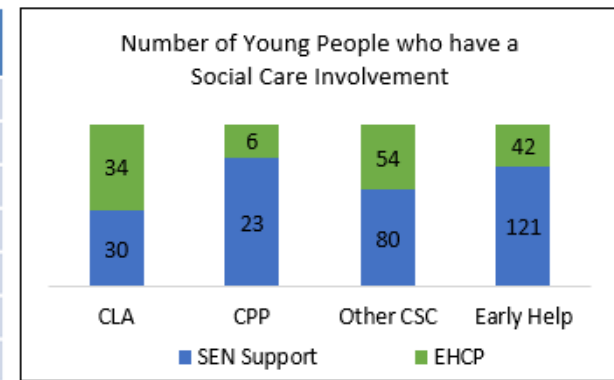
Our Place

Our Future

Wigan Council



Category	Count	Percentage of Cohort
Alternative Provision	17	1%
Awaiting Placement	2	0%
Child Missing Education	3	0%
Home Educated	6	0%
Independent School	2	0%
Independent Special	31	1%
Nursery / Childminder	55	3%
Post 16 College	68	3%
Primary School	1047	48%
Secondary School	708	32%
Special School	224	10%
Specialist P16 Institutions	23	1%
Training	2	0%
Unknown /None		0%
Grand Total	2188	



Leigh SDF

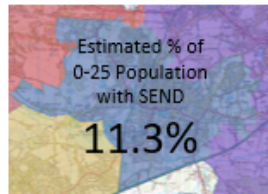
The Deal
2030

Our People

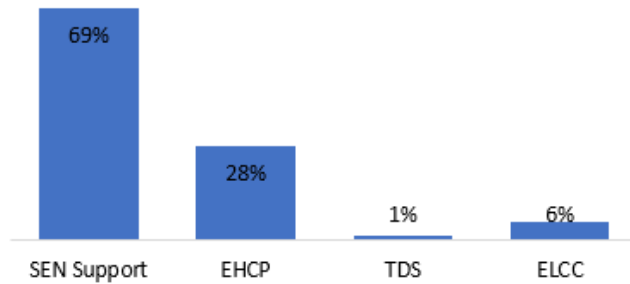
Our Place

Our Future

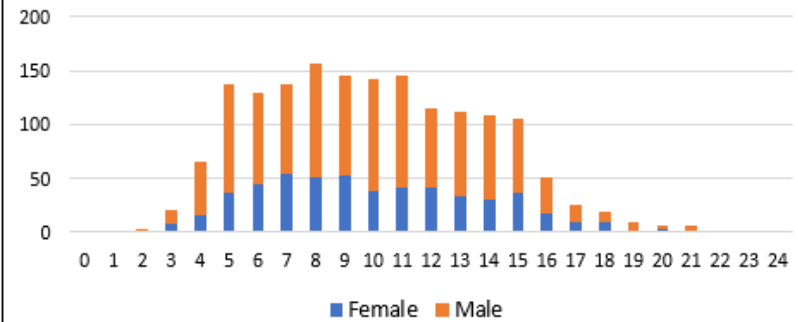
Wigan Council



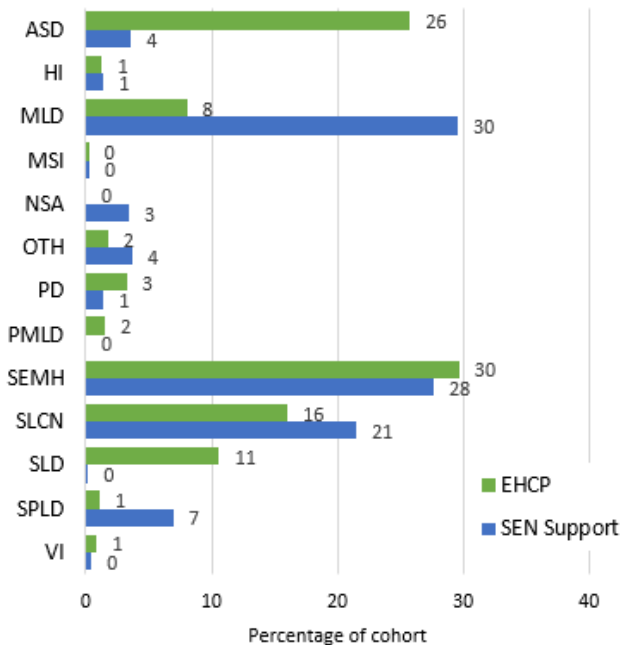
Breakdown of SEND Children and Young People



Age Breakdown for SEND Children and Young People

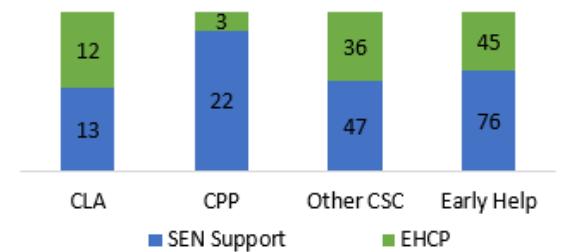


Percentage of Children and Young People by Primary SEN Need

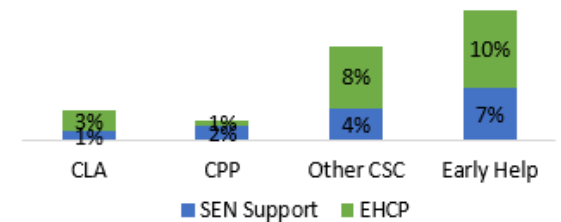


Category	Count	Percentage of Cohort
Alternative Provision	16	1%
Awaiting Placement	5	0%
Child Missing Education	1	0%
Home Educated	5	0%
Independent School	8	0%
Independent Special	20	1%
Nursery / Childminder	24	1%
Post 16 College	22	1%
Primary School	892	54%
Secondary School	432	26%
Special School	182	11%
Specialist P16 Institutions	25	2%
Training	7	0%
Unknown /None	6	0%
Grand Total	1645	

Number of Young People who have a Social Care Involvement



% of SEN Support or EHC Plan Cohort who have a Social Care Involvement



Lowton & Golborne SDF

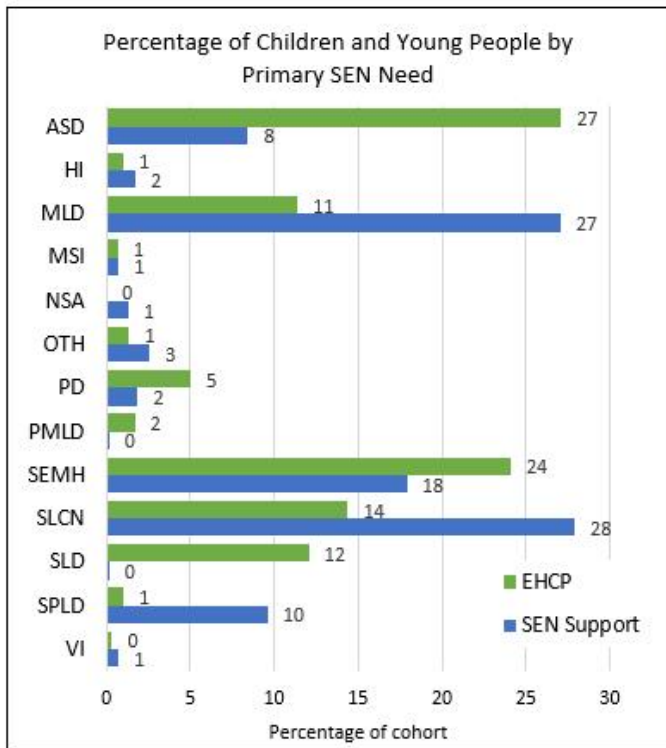
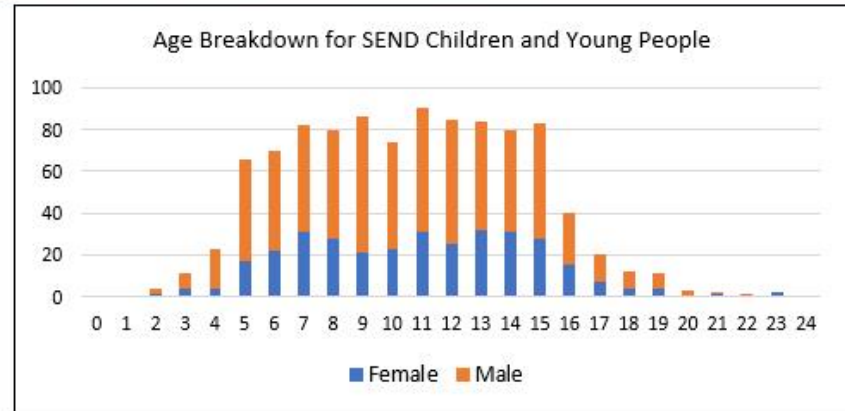
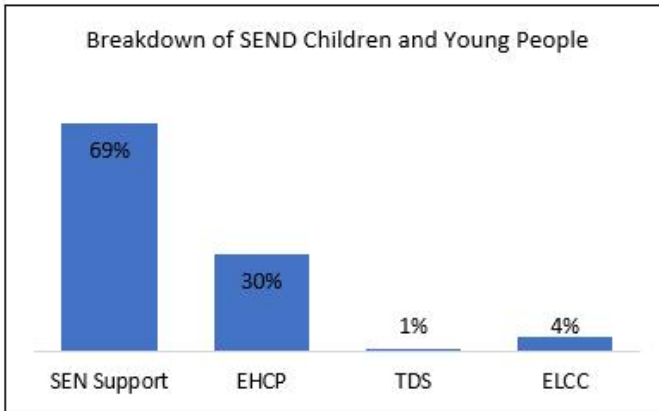
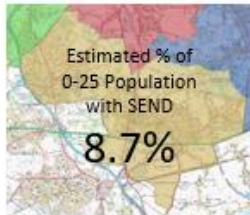
The Deal
2030

Our People

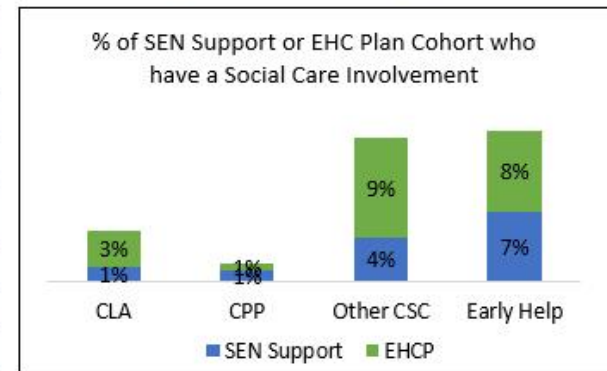
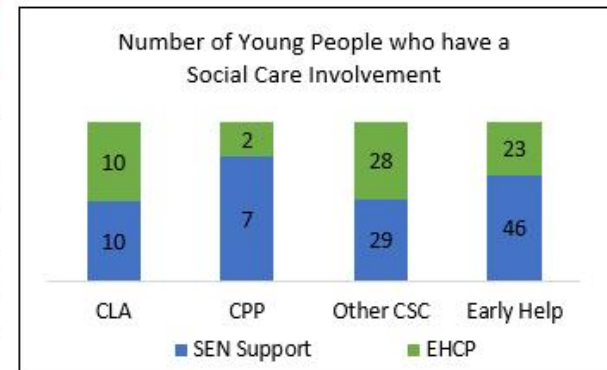
Our Place

Our Future

Wigan Council



	Count	Percentage of Cohort
Alternative Provision	9	1%
Awaiting Placement	2	0%
Child Missing Education		0%
Home Educated	1	0%
Independent School	1	0%
Independent Special	18	2%
Nursery / Childminder	7	1%
Post 16 College	30	3%
Primary School	476	47%
Secondary School	352	35%
Special School	101	10%
Specialist P16 Institutions	9	1%
Training	2	0%
Unknown /None	1	0%
Grand Total	1009	



South Wigan & Ashton North SDF

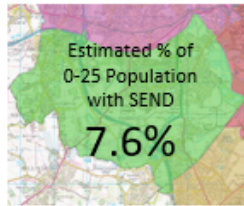
The Deal
2030

Our People

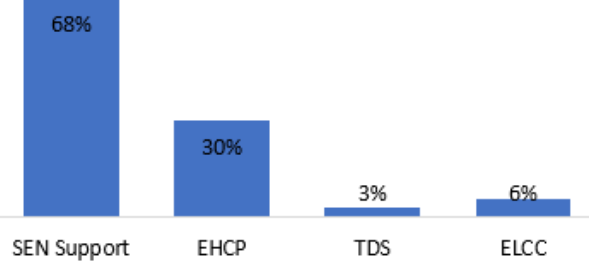
Our Place

Our Future

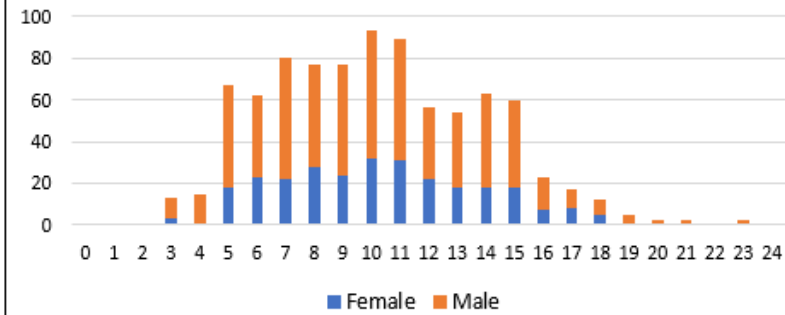
Wigan Council



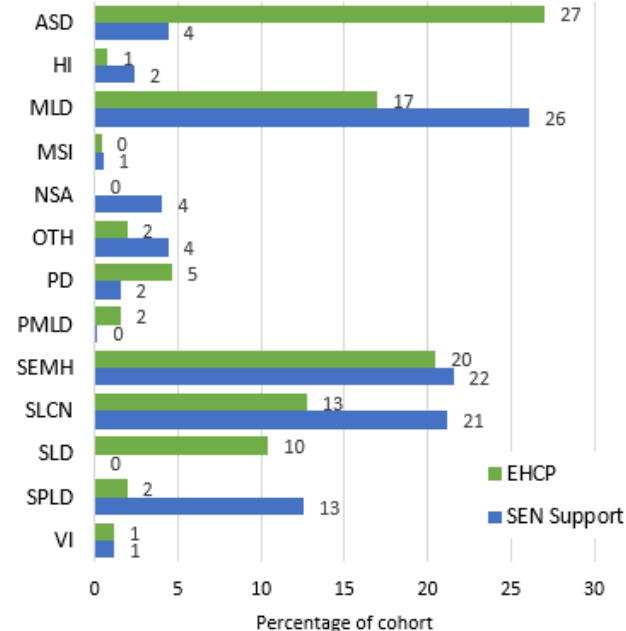
Breakdown of SEND Children and Young People



Age Breakdown for SEND Children and Young People

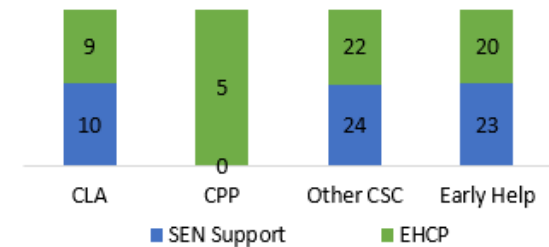


Percentage of Children and Young People by Primary SEN Need

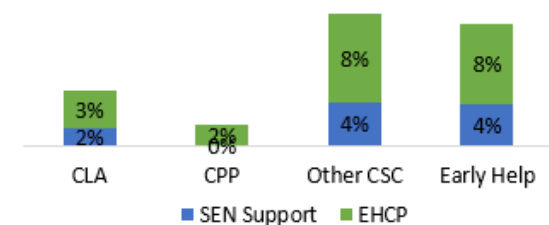


Category	Count	Percentage of Cohort
Alternative Provision	7	1%
Awaiting Placement	2	0%
Child Missing Education	1	0%
Home Educated	1	0%
Independent School	4	0%
Independent Special	11	1%
Nursery / Childminder	6	1%
Post 16 College	25	3%
Primary School	462	53%
Secondary School	243	28%
Special School	99	11%
Specialist P16 Institutions	6	1%
Training		0%
Unknown /None	4	0%
Grand Total	871	

Number of Young People who have a Social Care Involvement



% of SEN Support or EHC Plan Cohort who have a Social Care Involvement



Tyldesley & Atherton SDF

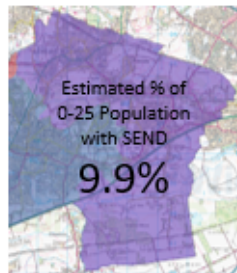
The Deal
2030

Our People

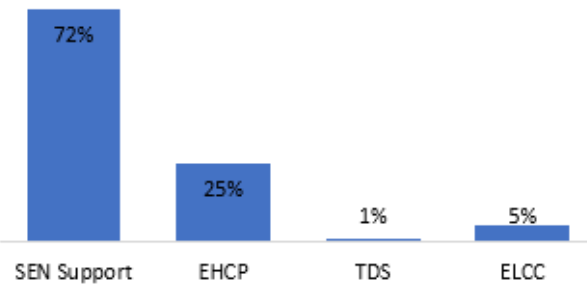
Our Place

Our Future

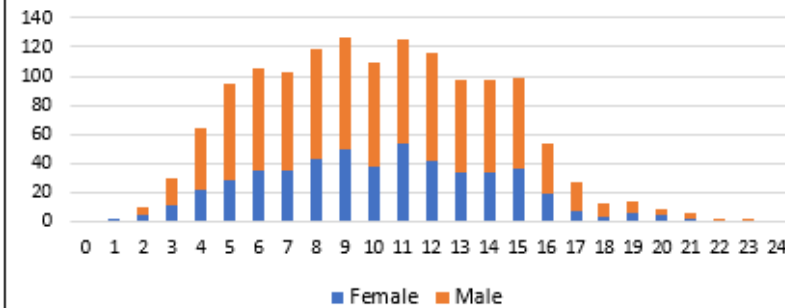
Wigan Council



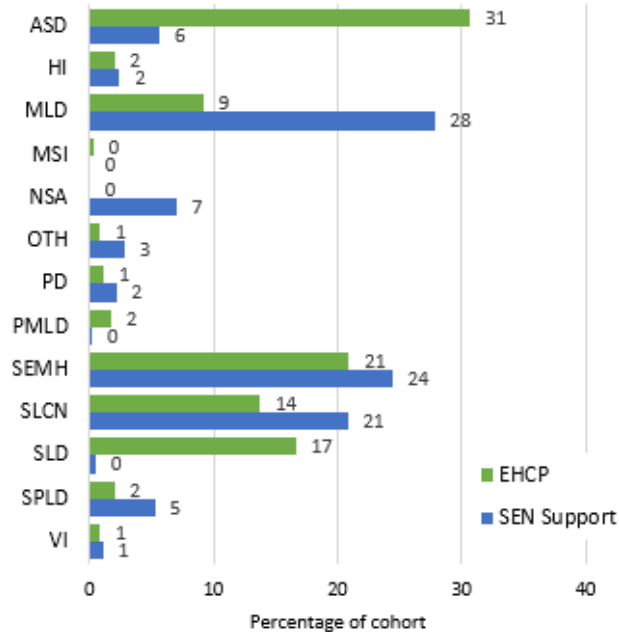
Breakdown of SEND Children and Young People



Age Breakdown for SEND Children and Young People

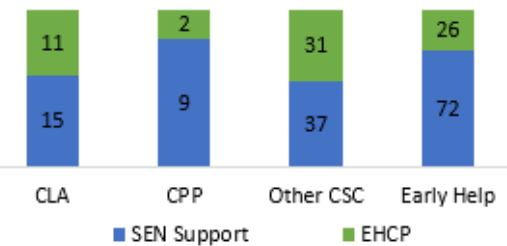


Percentage of Children and Young People by Primary SEN Need

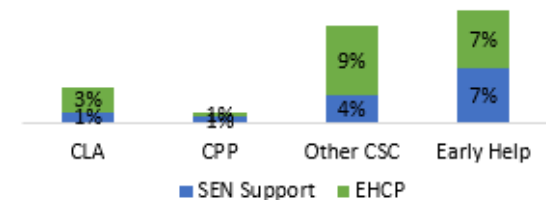


Category	Count	Percentage of Cohort
Alternative Provision	14	1%
Awaiting Placement	4	0%
Child Missing Education	1	0%
Home Educated	1	0%
Independent School		0%
Independent Special	12	1%
Nursery / Childminder	19	1%
Post 16 College	29	2%
Primary School	739	52%
Secondary School	436	31%
Special School	132	9%
Specialist P16 Institutions	22	2%
Training	7	0%
Unknown /None	4	0%
Grand Total	1420	

Number of Young People who have a Social Care Involvement



% of SEN Support or EHC Plan Cohort who have a Social Care Involvement



Wigan Central SDF

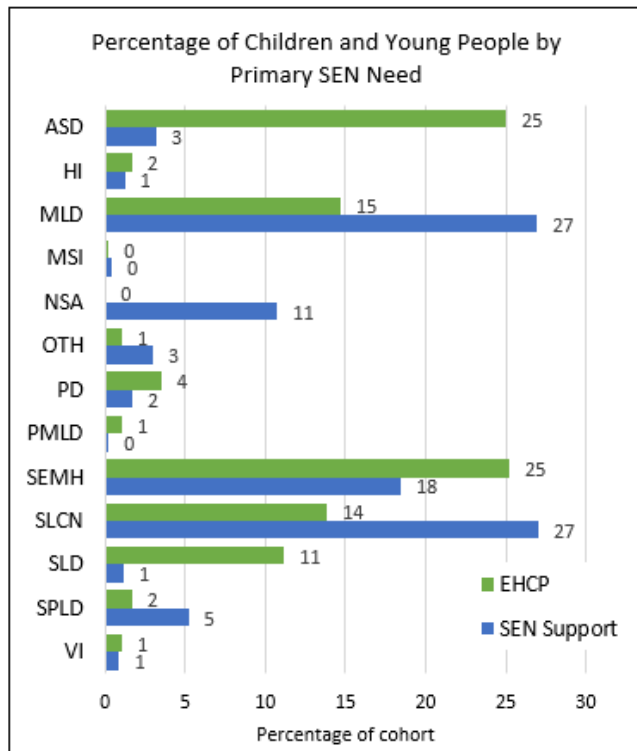
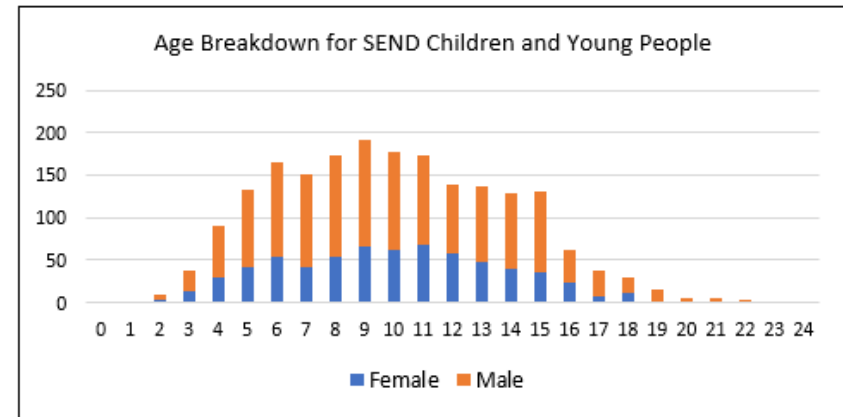
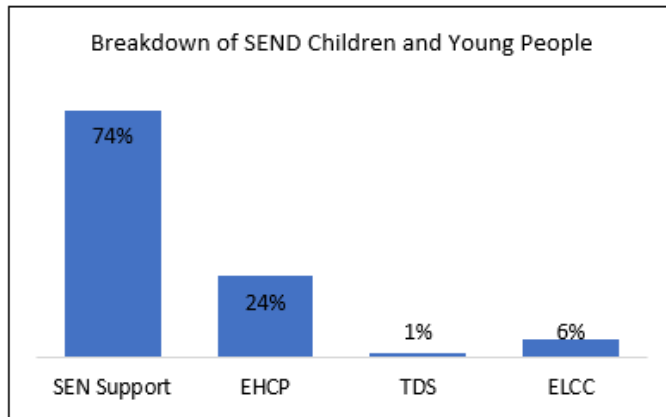
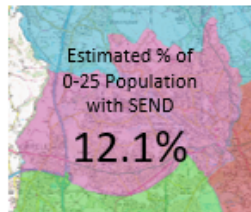
The Deal
2030

Our People

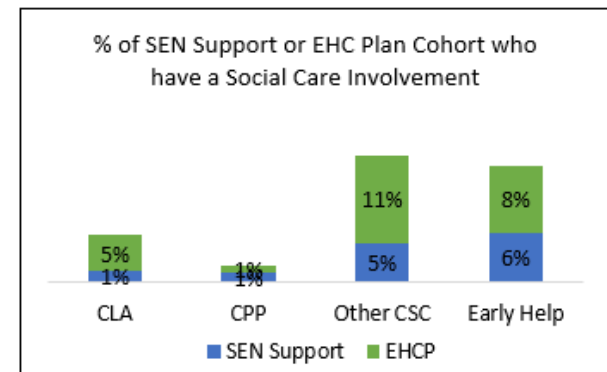
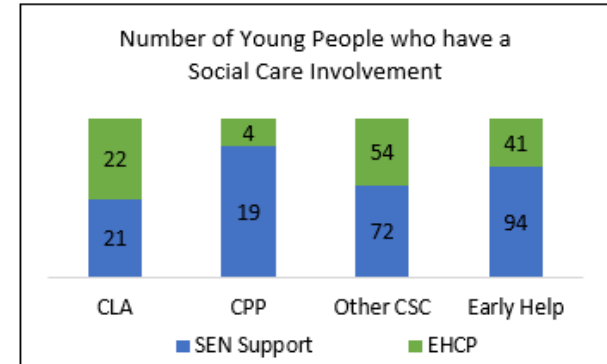
Our Place

Our Future

Wigan Council



	Count	Percentage of Cohort
Alternative Provision	2	0%
Awaiting Placement	3	1%
Child Missing Education		0%
Home Educated	2	0%
Independent School	1	0%
Independent Special	14	2%
Nursery / Childminder	5	1%
Post 16 College	11	2%
Primary School	254	44%
Secondary School	222	38%
Special School	52	9%
Specialist P16 Institutions	7	1%
Training	1	0%
Unknown /None	3	1%
Grand Total	577	



Wigan North SDF

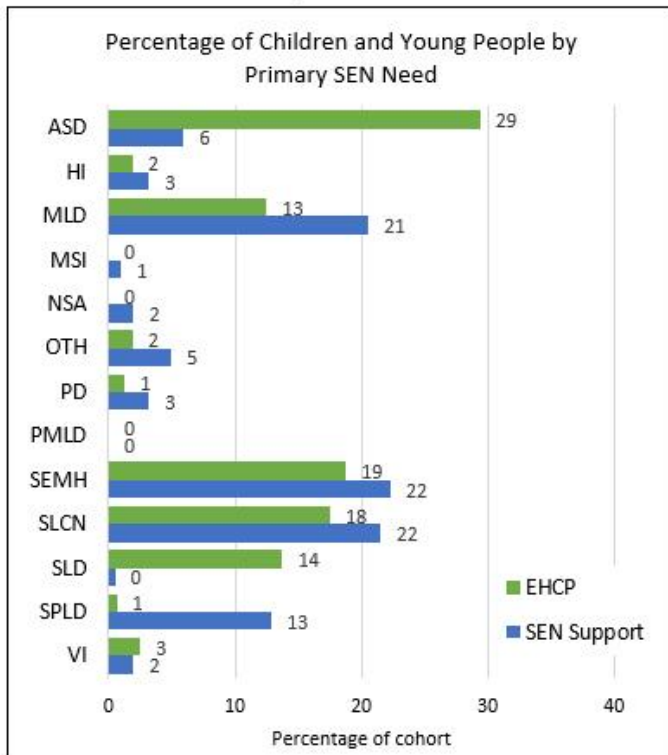
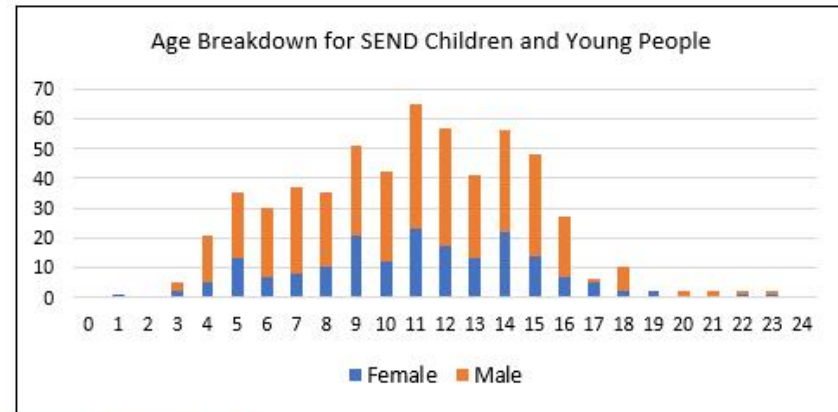
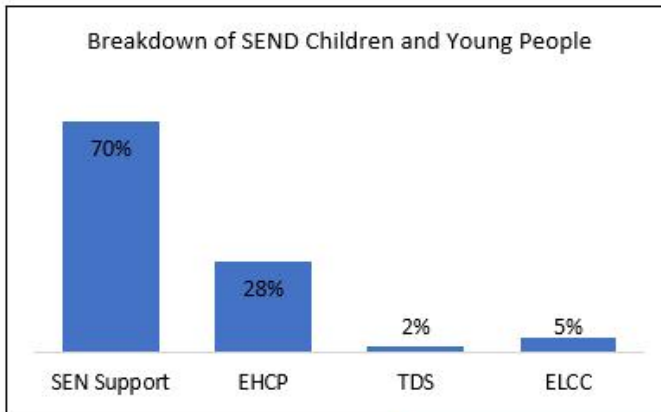
The Deal
2030

Our People

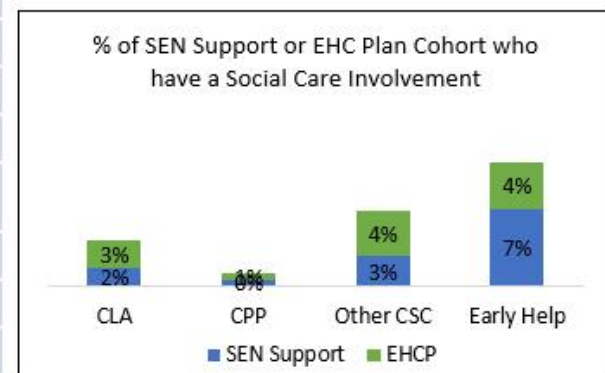
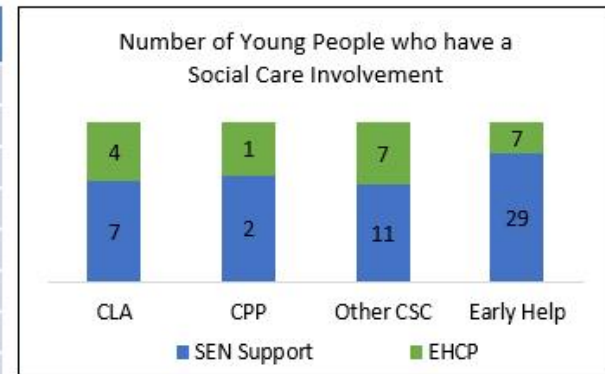
Our Place

Our Future

Wigan Council



Category	Count	Percentage of Cohort
Awaiting Placement	3	1%
Child Missing Education		0%
Home Educated	2	0%
Independent School	1	0%
Independent Special	14	2%
Nursery / Childminder	5	1%
Post 16 College	11	2%
Primary School	254	44%
Pupil Referral Unit	2	0%
Secondary School	222	38%
Special School	52	9%
Specialist P16 Institutions	7	1%
Training	1	0%
Unknown /None	3	1%
Grand Total	577	



22.2 The BIG SEND Survey

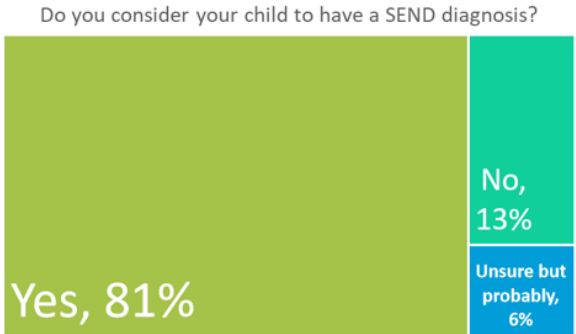
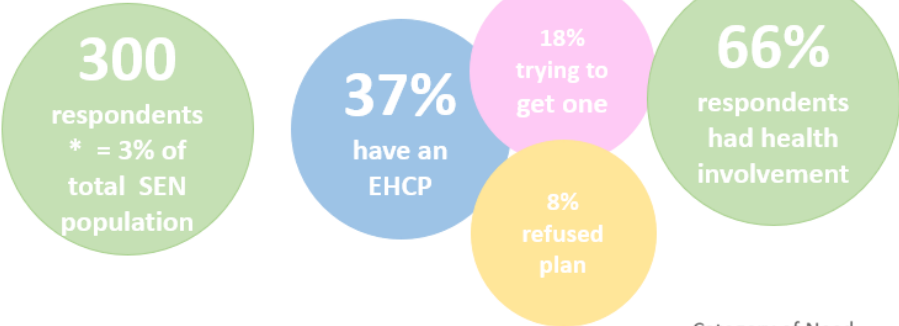
Key Findings

- Identification of need was stronger when children were already involved with statutory services and in the 0- 4 age group. Feedback from some parents also suggested that they felt more supported once their child had transitioned to secondary school which suggests identification for primary school age children requires strengthening, more work to do to promote the graduated approach to ensure families who do not meet threshold for statutory services have their needs identified and met before need escalates.
- Due to long waits in for diagnosis in health and for some parents' disputes in eligibility for EHC some parents felt identification was subject to undue delay and for some parents they were seeking private assessments which raises concerns regarding families for whom this is not a viable option.
- Largely for those children who were subject to EHC, parents were much more satisfied that needs had been identified and were more likely to report that they felt support was coordinated.
- Information, advice and support clearly requires strengthening including promotion of the local offer. Whilst most could display some knowledge of services available, the majority did not know about the local offer website and in feedback parents expressed professionals in the early help and intervention arena could be more knowledgeable to provide advice, guidance and sign posting of local offer and that social workers, health professionals and teachers require a more sophisticated understanding of SEND and how this can impact children including behaviour and ability to mask.

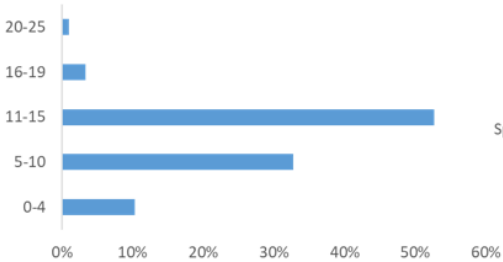
- It was clear how supported parents / carers felt was variable depending on school, locality, professional with comments made about inconsistent support from GP's, paediatricians, school staff, social workers and other professionals working with their children, some reporting very positive support and others reporting more negatively.
- Across the system there was a variable and inconsistent understanding of what services and support are available for children with SEND including short breaks, direct payments, early help. Most families reported that their children were not accessing community groups, short breaks, clubs. Where families were asked to comment on what type of support they relied upon, many relied on their family and friend networks. When families were supported either by their own networks or services most reported that they were satisfied support did sometimes, mostly or always meet their needs which demonstrates the importance of ensuring that families are supported, and this is at all levels. Families with an EHC were more likely to report accessing support.
- Families involved with social care strongly reported that they want to see less changes of social worker and less agency workers.
- Parents want better continuity of services as needs are met across the continuum of need and don't want to "start again" when a plan is handed over to a new professional.
- Brighter Dayz was mentioned positively in comments several times by parents.
- Personal budgets and direct payments are not well understood.
- Communication both from health and the local authority was a raised numerous times with parents feeling strongly this is an area that needs to be improved. Parents want regular, easy lines of communication with professionals involved in their child's life.

- Waiting times particularly for health services including neuropathways, SALT, wheelchairs and CAMHS was a key issue for parents feeling dissatisfied with how long it took to access services.
- Appointments from health professionals was also a key concern, many felt they should be more frequent, more flexibility outside of school hours made available and more in person appointments desired rather than online or telephone appointments. Multiple parents commented that appointments and reviews were often cancelled.
- Pre and post neurodiverse diagnostic support and information requires strengthening as over a third of parents reported being completely dissatisfied. There were constructive comments made requesting more help from paediatricians and GPs with strategies that parents could themselves implement. Parents were clear they look to these professionals as experts and expect high quality expert advice and support.
- Most children were in education with most parents reporting they felt welcome at schools but less satisfaction that education provision could fully meet their child's needs, however the vast majority reported being satisfied with the support they received to access education and training which is reflected in the high levels in education settings. This satisfaction was even more prevalent for EHC cohort.
- Over 1 in 3 reported being completely satisfied that their child's EHC was meeting their child's need, just over a quarter were completely dissatisfied demonstrating more work to do in ensuring consistency of high-quality plans.

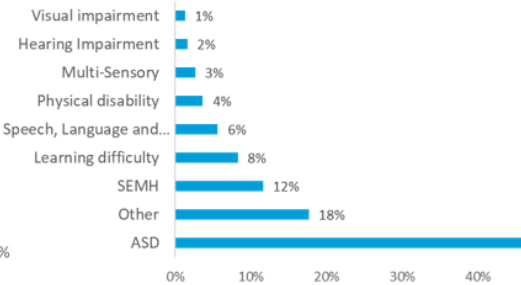
Summary of Respondent Profile



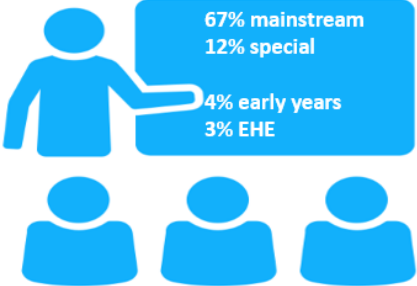
Age Group of Child



Category of Need

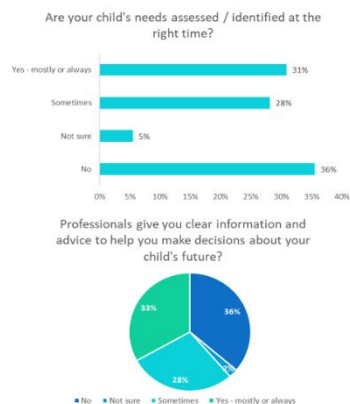


School Base



* Not all respondents answered each question therefore % are calculated as a % of those who responded, in most cases this ranged between 230-250 respondents

Identification of need



59% agreed their child's needs were assessed / identified sometime, mostly or always rising to 73% for the EHC cohort. Those who had not requested an EHC plan were the least likely to respond sometimes, mostly or always.

61% agreed information and professional advice was clear and helpful sometimes, mostly or always. The 0-4 group were more likely to report sometimes, mostly or always than other age groups as were those with an EHC plan – 70%

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Identification – parent carer voice

Parents and carers who made comments tended to be those who had scored more negatively.

Themes include:

- Perceived deficiency in identification from birth and in primary schools despite concerns being raised by parents. Numerous parents didn't feel heard and felt their instincts about their own children were dismissed if the child was not causing significant issues or was good at masking. Some parents reported feeling blamed for their child's behaviour.
- Once children were transitioning, multiple parents reported senior schools more proactive at identifying need and helping them accessing support.
- Long waits sometimes of years, reported to access paediatric support and neurodiverse pathways to receive diagnosis. Long waits for CAMHS also noted by multiple parents / carers.
- Some parents reported dissatisfaction with EHC assessment process with respect to decision not to assess and fight to get an assessment in first instance.
- Some parents made mention of going private to receive diagnosis and support.

It's taken 2.5 years or struggling and suffering at high school to get to the point of EHC being issued. Throughout this time it's made his inability to cope worsen to the point he can't cope with school and has developed a fear of it. So the EHC now seems too little, too late. Had it been put in early the fear probably wouldn't of developed

My child isn't yet able to talk but school and breakfast club are able to understand his needs and respond to them due to training and understanding of him

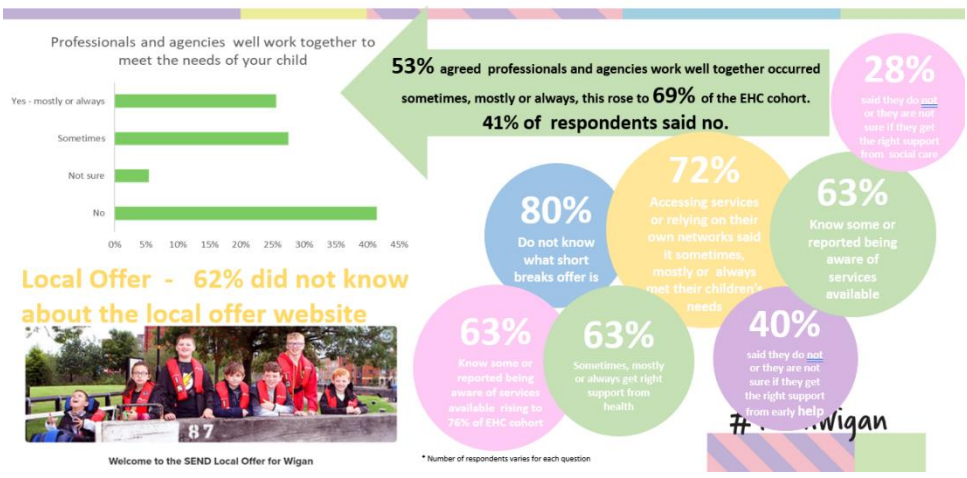
It took a year for our first Paediatric appointment and now could take up to 8 months for an autism assessment.

EHC was done as a parent request in year 6. Autism assessment was done privately after the NHS process dragged on for over a decade.

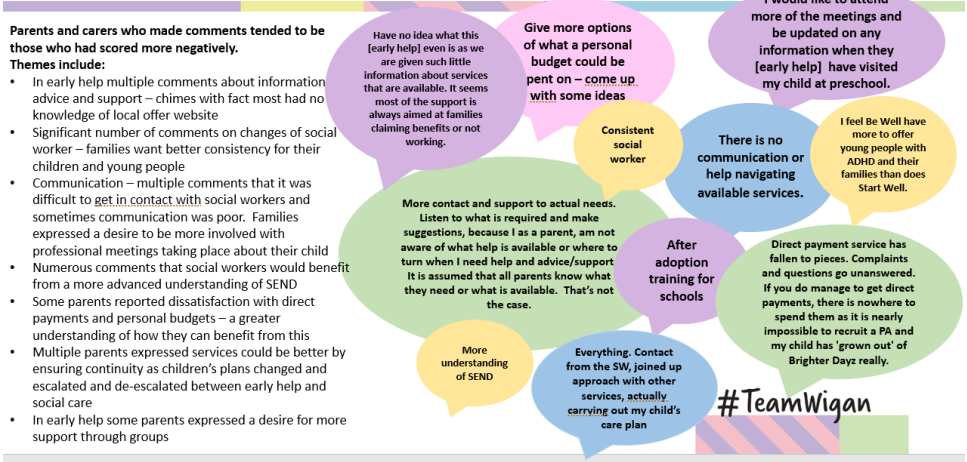
Autism took 5 years for diagnosis. CAMHS was a year wait and now passed to MHST so another wait

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Supported and thriving



Support from early help and social care – parent carer voice



Support from health – parent carer voice

Parents and carers who made comments tended to be those who had scored more negatively.

Themes include:

- Significant feedback on appointments with respect lack of flexibility i.e. appointments during day disrupting attendance at school, lack of frequency, appointments being conducted over phone or online and multiple comments about appointments and reviews being cancelled
- Dissatisfaction expressed at paediatric services and how these operate – not viewed as helpful, providing expert advice or support and strategies for parents especially whilst waiting for diagnosis
- Lengthy waiting times to access resources and services was commented upon significantly
- There were several comments about differences in service provided depending on individual health practitioner or locality including GPs and Paediatricians
- Multiple parents commented about what they perceived as health services trying to discharge their children prematurely.

Access to resources online easier. I found the OT info really useful and would have liked to have seen this sooner but had to wait for OT referral through school.

More convenient face to face appointments. I feel it is important that children are diagnosed accurately when they have a learning disability.

Speech Therapy. My daughter is 10 and can't speak clearly yet. Speech Therapist very rarely visits her and has tried to sign her off several times. I honestly feel that they are not fit for purpose. How can a child who still struggles with words be signed

No support from anyone apart from yearly checkups. Any support, guidance or strategies would be helpful

Every paediatrician works off a different paper so everyone gets confused also I have 2 other children awaiting autism assessments which are taking years yet again

Waiting times for diagnosis.

Actually seeing a paediatrician face to face. Appointments being offered on a regular basis. Regular reviews with anyone from a healthcare perspective so that we feel supported as a family. Being able to get in touch with someone when needed.

Wait times for appointments is abysmal.

Appointments should be face to face so that observations can be made - not in the form of a phone conversation with a parent while the young person is in school!

Time delays for NHS service's cause problems.

Appointment availability. Having to wait to see audiologist during school holidays as appointments aren't advisor available after school. I don't want if possible school to be missed however latest appointments are 1pm which would mean leaving before lunch.

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Belong and included



51% said their child did not receive the right support to join in clubs, activities, go on holiday or make friends



16% were completely satisfied their child was included compared to 10% who were completely dissatisfied. 34% reported sometimes and 21% said mostly.



85% said their child / children do not access a holiday scheme



60% are not a member of the Wigan Parent Carer forum



70% do not access community clubs or groups



47% would like to be more involved in decision making and shaping services for children with SEND

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Diagnosis - health



35% were completely dissatisfied with pre-diagnostic support compared to 8% who were completely satisfied and 14% who were mostly satisfied *

32% were completely dissatisfied with post-diagnostic support compared to 10% who were completely satisfied and 14% mostly satisfied **



55% were completely dissatisfied with waiting times for diagnosis compared to 11% who were completely satisfied ***

*225 respondents
 **202 respondents
 *** 231 respondents

* Number of respondents varies for each question

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Learning and development



96% said their child was currently in education . This dropped to 92% of those with EHC



79% said their child sometimes, mostly or always get the right help with their education and / or training . This rose to 87% for the EHC cohort



91% said they were made to feel welcome when viewing provision for their child



37% said they were completely or mostly satisfied their child's needs were met by their EHC compared to 27.3% who were completely dissatisfied



40% said they were not satisfied with the education provision their child receives (41% EHC cohort and 43% for primary school cohort), 12% reported being completely satisfied that their child's setting had the skills to meet their child's needs

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