Children and Young People SEND JSNA Profile

May, 2020

Start well, live well, age well

CONTENTS

EXECUTIVE SUMMARY

Main Findings:

- 1,928 children and young people (CYP) aged 0-25 years in Merton have an Educational, Health and Care Plan (EHCP) in January 2020.
- 3,731 Merton pupils aged 2-18 years receive Special Educational Needs (SEN) support.
- Boys are 58% more likely than girls to receive SEN support and nearly three times more likely to have an EHCP.
- Looked after children are over 8 times more likely to have an EHCP than children who are not looked after.
- Pupils eligible for free school meals are twice as likely to receive SEN support than pupils who are not eligible.
- The most common reasons for SEN support are social, emotional and mental health needs or speech, language and communication difficulties. For EHCPs it is Autism and also speech, language and communication needs.
- The highest rates of EHCPs and SEN support are seen in CYP who live in the east of the borough, which closely aligns with the boroughs indices of deprivation.
- 37% of Merton CYP residents with EHCPs have out of borough educational placements.
- In 2019 Merton had 2% more pupils with SEN support than both its geographical and statistical neighbours and saw a sharp increase in 2015 following the reforms, which was not seen in other areas.
- From 2010 to 2019 Merton saw an 86% growth in the proportion of CYP on EHCPs. This increase is significantly larger than that seen in our geographical and statistical neighbours as well as London and England as a whole over the same time period.

EXECUTIVE SUMMARY

Key Messages:

- Merton's comparatively high rates of CYP receiving SEND provision is not believed to be the result of a significantly different CYP population in terms of their personal characteristics or increased exposure to recognised risk factors, with the possible exceptions of childhood injuries which is relatively high in the borough and high levels of deprivation which is seen to the east of the borough.
- There is also limited evidence to suggest that the higher prevalence of CYP with SEND in the borough is the result of an increased awareness in Merton parents.
- Higher rates of EHCPs in Merton's residents and SEN support for Merton pupils may however reflect differences in local policies and practice, such as a lower assessment threshold for EHCP assessments compared to other local authorities and potential differences between schools in their approach to identifying pupils requiring SEN support.

Key Recommendations:

- Review local EHCP data collection standards to ensure more comprehensive recordings of ethnicity to contribute to a better understanding of the cohort.
- Consider procurement options for modelling services in order to predict future trends in the need for SEND provision in the borough.
- Work with schools to build on our intelligence to better understand the differences between them in their rates of pupils requiring SEND provision.
- Research deprivation as a risk factor to understand how this may play a role in the high rates in the east of the borough.
- Explore the comparatively high rates of injuries in the borough, assess as a risk factor and consider strategies to reduce accidents.
- Conduct research into resident mobility in the CYP SEND population to understand key drivers.
- Work with schools to seek assurance that a consistent approach is being employed for SEND identification and provision of support.
- Review local SEND policies and processes by establishing a community of practice with other LA practitioners in areas with lower levels of CYP accessing SEND services to participate in a peer review.

INTRODUCTION

Aims and Objectives

The aim of this needs assessment is to inform local health and social care commissioning for children and young people (CYP) with special educational needs and disabilities (SEND).

The specific objectives are to:

- Describe the prevalence, trends and characteristics of CYP with SEND in the borough, compared to the regional and national picture;
- Describe local patterns in where CYP with SEND live and go to school;
- Test hypothesis to explain prevalence of CYP with SEND in the borough.

Definitions

For the purposes of this needs assessment a child or young person will be classified as between 0-25 years old. A child or young person is defined as having a special educational needs if they have a learning difficulty or a disability that means they require additional education, health or care support [1].

Such children and young people will often have greater difficulty learning than others of the same age, their disability may prevent them making use of facilities and the transition from childhood to adult life may be more challenging [2].

Learning difficulties and disabilities can include: problems seeing or hearing; communication and interaction difficulties; autism, including Asperger's syndrome; emotional and mental health; learning difficulties; physical development.

SEND Provision

SEND reforms were introduced on 1 September 2014 as part of the Children and Families Act. Since September 2014, CYP are considered for SEND provision using a different assessment processes. Typically, there are 2 levels of support for children with special educational needs (SEN):

- SEN support, a combined category that prior to 2014 was called School Action and School Action Plus, which mainstream state schools must provide;
- Education, Health and Care (EHC) plans, sometimes called an EHCP, for when SEN support is not enough for the child or young person to get the support they need. These were previously statements of SEN and the transfer was fully completed by 2019.

Private schools may manage special educational needs in a different way and may not offer SEN support. EHCPs are the responsibility to the local authority [3].

Every local authority and school will have its own process. But, by law, every state school and nursery must provide SEN support. A flow diagrams outlining the SEN support process and EHCP assessments in Merton can be found on pages 11 and 12.

BACKGROUND

Legislation & Guidance

Children and Families Act 2014 [4]
Part 3 sets out a Local Authority's functions to identify and support a CYP who has special educational needs as well as promoting integration with health partners and expectations for joint commissioning arrangements.

The Act replaced the Statement of Educational Needs with the Education, Health and Care (EHC) Plan and School Action and School Action Plus with SEN Support.

SEND code of practice 0 – 25 years [2]
Statutory code outlining the legal duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. States that a Joint Strategic Needs Assessment must be produced to inform joint commissioning decisions for CYP with SEND.

The NHS Long Term Plan [5]
Acknowledges the need to support CYP with SEND and their families navigate an increasingly fragmented system of support through designated keyworkers. Makes commitment towards promoting a greater understanding amongst NHS staff of the needs of CYP with learning disabilities and autism and pledges to reduce the waiting times for diagnostic assessments for autism.

Care Act 2014 [6]
Requires Local Authorities to assess the needs of children approaching adulthood likely to need care and support after turning 18, as is very likely in the case of CYP with SEND.

Transition from children's to adults' services for CYP using health or social care services [7]
NICE guidance on the transition from children's to adults' services for young people using health or social care services.

National Context

Latest data from the Department for Education show that the number of pupils with special educational needs has increased for a third consecutive year (January 2019), representing 14.9% of the total pupil population [8].

This is driven by increases in both the number of pupils with an Education, Health and Care (EHC) plan and with SEN support. The most common primary types of needs in 2019 were:

- Speech, Language and Communication needs (23%) for those on SEN support;
- Autistic Spectrum Disorder (29%) for those on EHCPs.

Local Strategies

The **Merton 'SEND Strategy' 2020-2023** [9] sets out a vision to ensure that Merton is a place where CYP with SEND are valued, included and enjoy equality of opportunity, feel safe and supported and are happy and fulfilled in all areas of their lives. Implementation is being led by Merton's Children's Trust.

This aligns closely to the **Merton Autism Strategy 2018-24** [10] which is joint between London Borough of Merton and the local CCG in collaboration with a range of local partners. It also feeds into the **Children and Young People's Plan 2019-23** [11] as they are based on the same six outcomes that were endorsed by CYP themselves, including those with SEND.

SEND Risk Factors

There are no commonly defined risk factors for SEND and in many cases the cause is unknown or can be due to a combination of factors. Conditions can be developmental or acquired after birth. However, there are recognised risk factors and these are described below:

1. Fixed Risk Factors

1.1 Gender

Gender differences can ben seen with respect to SEN and the overall prevalence of all-cause childhood disability. In the UK, SEND is more common in boys than girls [12]. There are also gender differences in the type of SEN experienced by boys and girls, with boys being more likely to have behavioural, emotional and social difficulties or autism and girls being more likely to have profound or multiple learning difficulties or hearing problems.

The reason behind this is uncertain however it may be associated with genetic or biological differences between the sexes or perhaps a gender bias in referrals as reports suggest that referral patterns typically favour boys. It has also been proposed that whilst boys are invariably diagnosed with SENs more often than girls, it is possible that girls camouflage the impact of their needs in the classroom as they adopt compensatory behaviours to meet different social expectations for their sex. In turn, this may make identification more challenging for girls [13, 14].

1.2 Chromosomal and genetic abnormalities

SEND can also have a genetic or chromosomal origin and may give rise to conditions such as Angelman syndrome and Downs syndrome. They may be the result of a single-gene disorder such as cystic fibrosis or caused my multiple genetic factors that often interact with the environment.

There is also evidence of an association between consanguinity and the presence of SEND. Research is continuing to explore the nature of the genetic basis for this relationship, however there are significant arguments for caution to avoid over-attributing consanguinity as the reason for genetic disorders and for disability amongst certain minority ethnic groups, for example, Pakistanis, Bangladeshi and other Asian groups [15].

SEND Risk Factors

2. Lifestyle/ Behavioural Risk Factors

2.1 Maternal behaviour in pregnancy

The importance of development during the foetal period is well established with regards to the association between the baby's growth in the womb and susceptibility to various metabolic syndromes in later life [16]. More recent evidence has also shown that environmental effects on foetal development also influences a baby's emotional, behavioural and cognitive outcomes with animal studies demonstrating that stress during pregnancy can have long lasting effects on the neurodevelopment of any offspring [17].

Alcohol use in pregnancy is one such environmental factor and is linked to the risk of developing Foetal Alcohol Syndrome (FAS) which results in restricted growth, a distinct set of physical characteristics and central nervous system dysfunction. These children suffer from developmental delays and/or a variety of behavioural changes and their long term intellectual outcome is largely dependent on the environment they are subsequently raised [18].

Maternal smoking during pregnancy also contributes to a variety of infant health problems present at birth as well as long lasting behavioural and neurodevelopmental impairments. As well as increasing the risk for several adverse birth outcomes including infant death, preterm birth, low birth weight and poor intrauterine growth, prenatal smoking can greatly impact on child neurodevelopment which may include poor language development and reduction in cognitive functioning [19].

2.2 Excess maternal weight

A mother's pre-birth diet is known to influence foetal growth, normal development and gestational weight gain. Maternal obesity is associated with an increased risk of a number of poorer outcomes, including birth defects such as spina bifida, heart or circulation anomalies, and limb reduction anomalies. There is also some evidence that the risk of autism is associated with a modest yet consistent increase in pregnancy weight gain suggests that pregnancy weight gain may serve as an important marker for autism's underlying gestational aetiology [20].

2.3 Maternal age

It is also widely recognised that parental age is a strong risk factor for a number of developmental conditions. Both older and younger parents are at a greater risk of birth complications that may result in disability. Significant associations have been found between advanced maternal age and Downs Syndrome as well as some evidence linked to autism although the later is more contested owing to the likely contribution of multiple co-occurring factors [21, 22].

SEND Risk Factors

3. Physical Risk Factors

3.1 Infections

Infectious diseases contracted by mothers during pregnancy and by children in early childhood can also underlie SEND. Viral infections in pregnancy such as rubella, herpes and cytomegalovirus can result in babies being born with disabilities including sight and hearing loss, motor difficulties and learning disabilities [23]. Some disabilities are even associated with vaccine preventable diseases such as birth defects due to congenital rubella syndrome or encephalitis following measles. In terms of infections acquired in early childhood that may result in SEND, post neonatal acquired cerebral palsy is a prime example. 20% of cases are caused by meningitis and 30% by other infections and it is the leading cause of physical disability for children, and is a condition with life-long impacts [24].

3.2 Pregnancy outcomes

Preterm infants and low birth weight babies are at higher risk of subnormal growth, illnesses, and neurodevelopmental problems. Low birth weight children are not a homogeneous group, they have a broad spectrum of growth, health, and developmental outcomes. Generally however, the risk of developmental problems increase as the child's birth weight decreases [25]. This is well-documented in a number of cohort studies that have found that the impact also extends into adult life, especially in boys [26]. Whilst there is strong evidence to suggest an association, it must be acknowledged that socio-economic status correlates directly with both low birth weight and difficulties in school making analysing the relationship between birth weight and need for special education more challenging and prone to confounding.

3.3 Air pollution

Maternal exposure to ambient air pollution is associated with adverse birth outcomes, such as reduced birth weight and pre-term births [27]. A growing body of research suggests that both prenatal and postnatal exposure to air pollution can negatively influence neurodevelopment, lead to lower cognitive test outcomes and influence the development of behavioural disorders such as autism spectrum disorders and attention deficit hyperactivity disorder [28].

SEND Risk Factors

3.4 Unintentional injuries

Injury is widely recognised as a major public health problem and is the leading cause of morbidity among children in high-income countries. This can arise whilst the child is in-utero, following injury to the mother during pregnancy, or from an accident or injury to the child after birth. Injuries become an increasingly important cause of disability as children get older [29]. It must also be noted that injuries may also be the result of domestic abuse and may in fact highlight safeguarding issues.

The leading causes of unintentional injury vary by age with under-5s being at particularly at risk of being injured in home accidents while road traffic accidents dominate as children get older. At all ages, injuries continue to happen more often to children living in less advantaged socioeconomic circumstances [30].

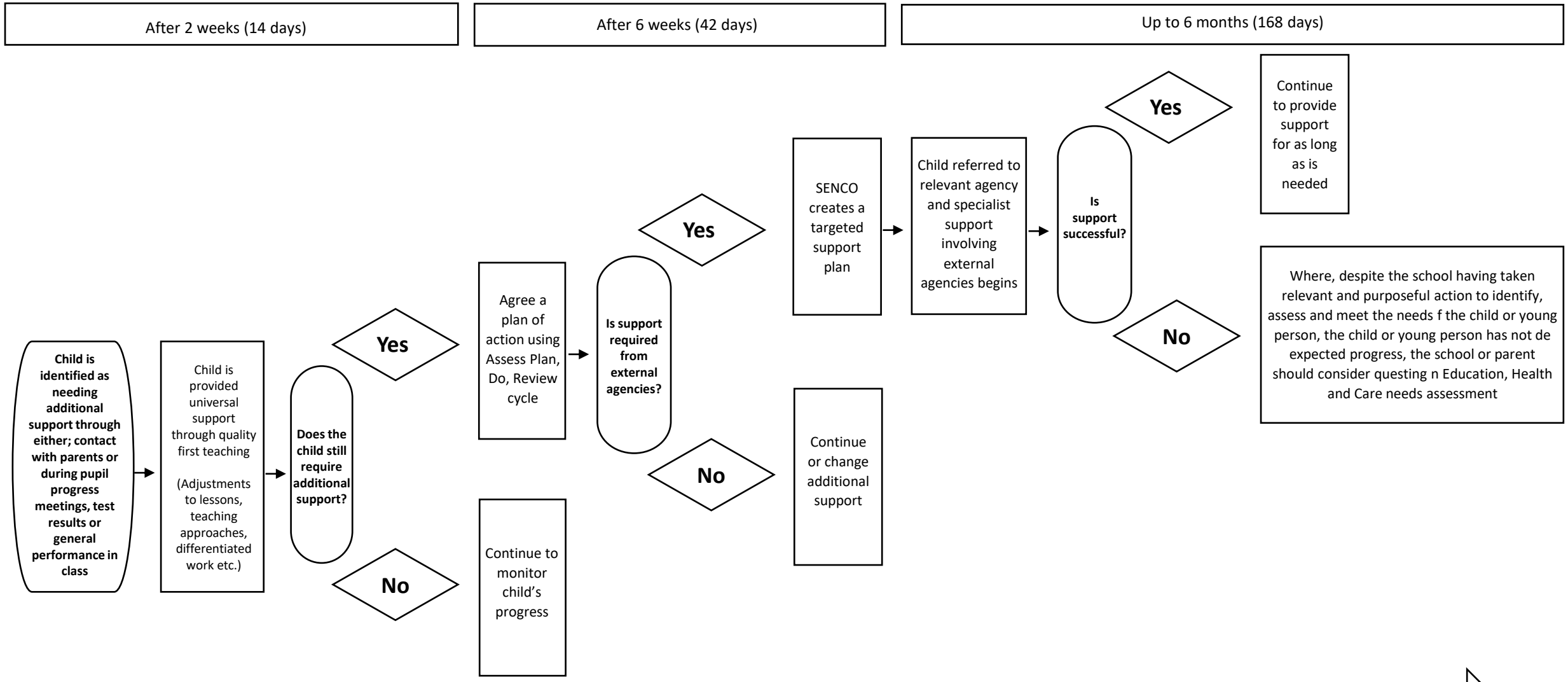
4. Social Economic Risk Factors

4.1 Deprivation

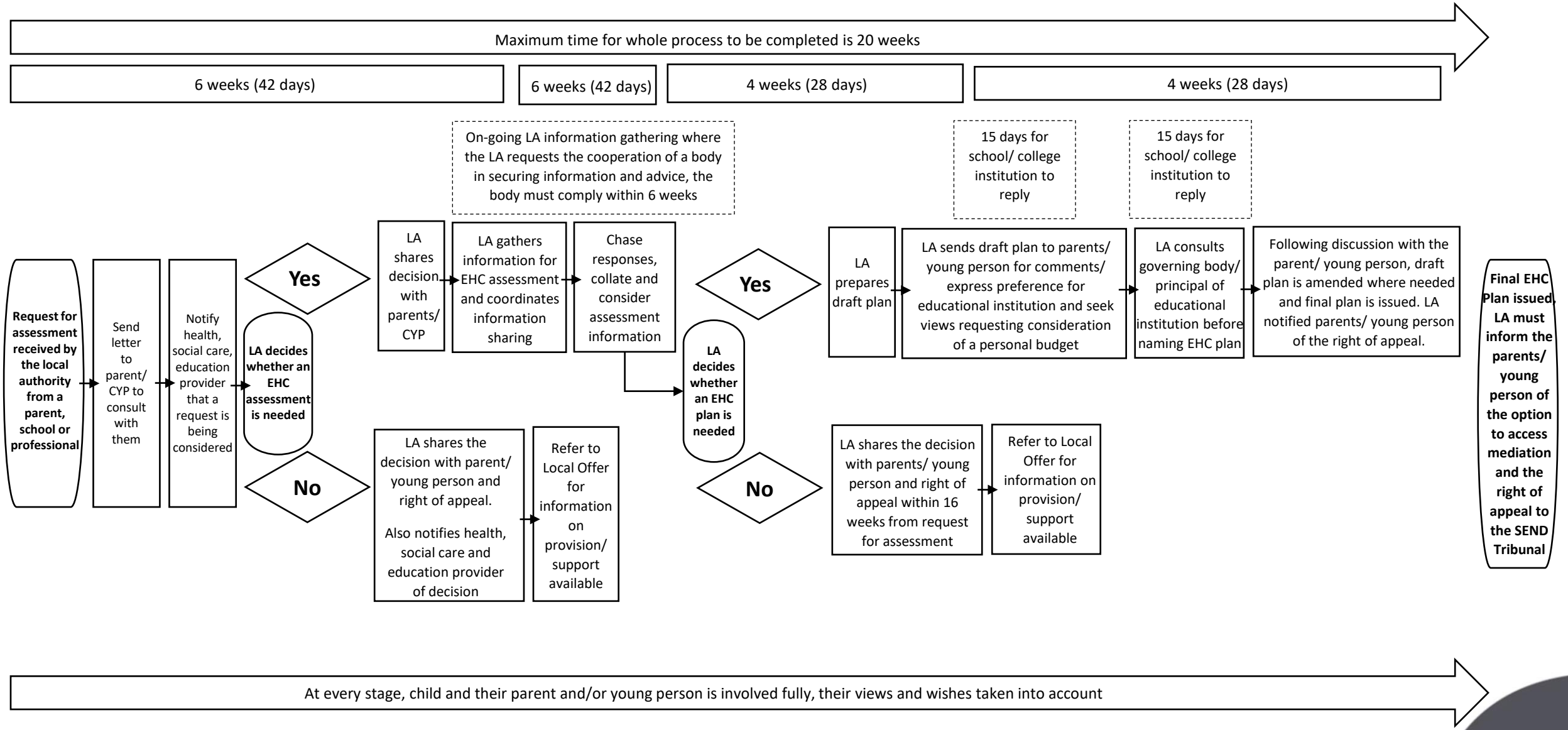
There is a strong link between low socioeconomic status and SEND. Children from low-income families are more likely than their peers to be born with SEND which has a strong genetic component, are more likely to develop some forms of SEND in childhood. They are also less likely to move out of SEND categories whilst at school. This has largely been attributed to low-birthweight, malnutrition that tend to be more associated with disability, associated lifestyle factors and being at a higher risk of infection in early childhood and unintentional injuries [31].

At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up. This may be the result of families being more likely to move into poverty, for example as a result of the costs and/or stress associated with their child's SEND status or because CYP with SEND are less likely to experience a fulfilling education and may leave school with outcomes that reduce the chances of living in poverty as adults. As such, SEND can be both a result of poverty as well as a cause of poverty [32, 33].

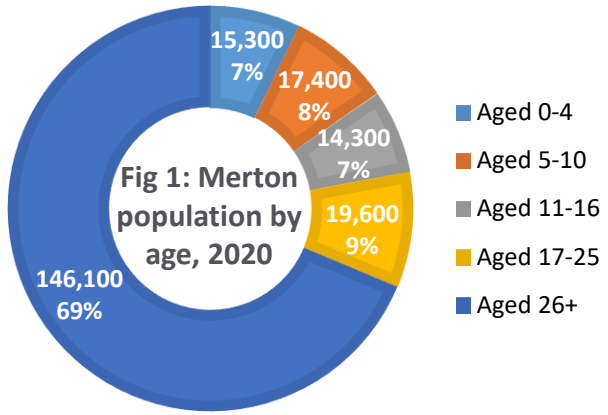
PATHWAY TO SUPPORT – SEN Support Flowchart



PATHWAY TO SUPPORT – EHC Assessment and Plan Flowchart



LOCAL PICTURE – Merton CYP Population



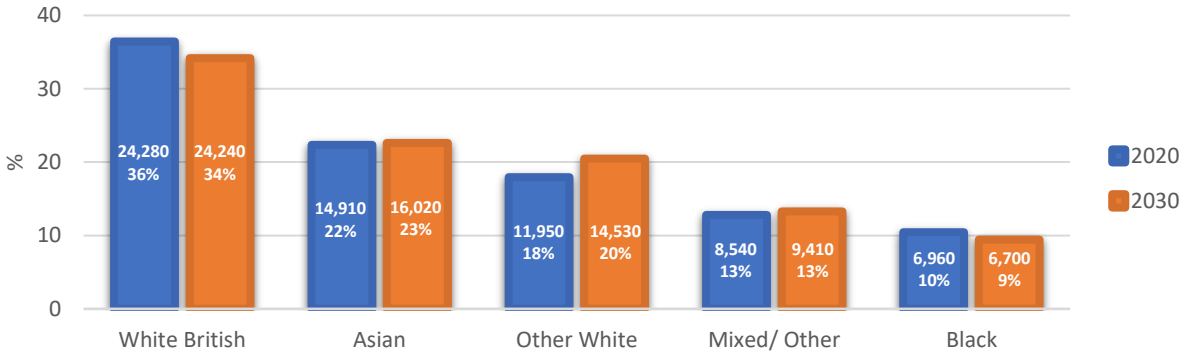
Source: Housing-linked projection incorporating data from the 2016 SHLAA

The London Borough of Merton is a borough in south-west London that stretches from the affluent Wimbledon ward in the west, to Pollards Hill in the east with its vibrant and inclusive community. Largely situated between Kingston, Wandsworth and Sutton, Merton is one of London's greenest boroughs boasting lots of green space. The borough is known for having good schools, low crime rates and family-friendly housing. Merton is home to a diverse resident population of around 209,000 people. In 2020 there were 66,6000 0-25 year olds living in the borough which accounted for almost a third of the total population. Of these, 164 were looked after children (LAC) and in the care of the local authority.

Figure 2 shows how the resident population is expected to change in terms of its ethnicity from 2020 to 2030. Currently, approximately 30,410 0-25 year olds (45%) of Merton's CYP population are from a Black, Asian or Minority Ethnic (BAME) group; this is expected to increase in line with overall population growth to about 32,130 0-25 year olds (45%), meaning no change in the overall proportion. Within the BAME CYP population, two-thirds of the 1,720 absolute growth is predicted to occur in the 'Asian' group, in contrast to a small overall reduction in the 'Black' group. Similarly, there is little overall change in the proportion of 'White British' and 'Other White' groups.

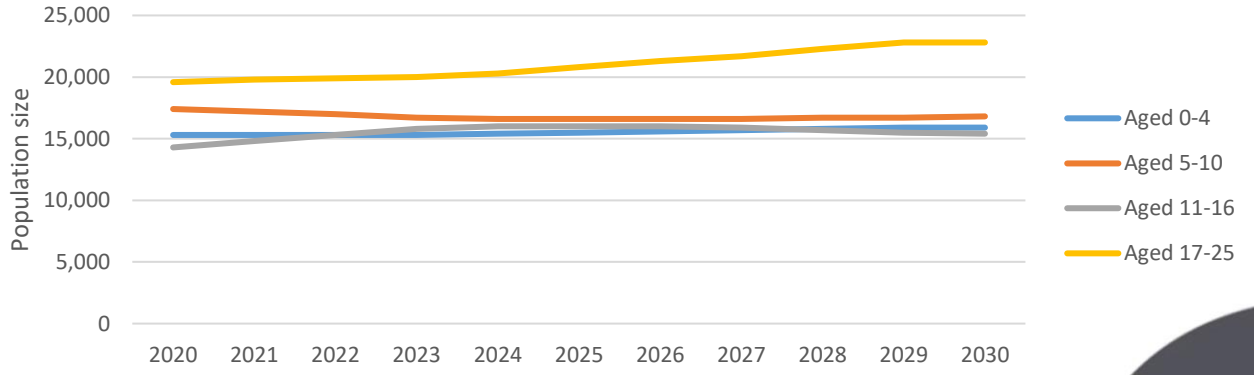
Numbers of 0-25 year olds are expected to grow by 8% by 2030 but not equally across the age groups, as shown in figure 3. The 0 to 4 age group is only predicted to grow slightly by 500 children (3%). The 5-10 year old group is projected to decline by 700 children (4%). The 11 to 16 age group will see a 10% increase (14,300 to 15,700 children) and the biggest rise is predicted in the 17-25 year olds, increasing by 2,700 CYP (14%) from 19,600 to 22,300.

Fig 2: Merton residents aged 0-25 by ethnic group



Source: GLA 2016-based housing-led ethnic group projections

Fig 3: Expected growth of the CYP population in Merton



Source: Housing-linked projection incorporating data from the 2016 SHLAA

LOCAL PICTURE – Overview of CYP SEND Population (SEN Support)

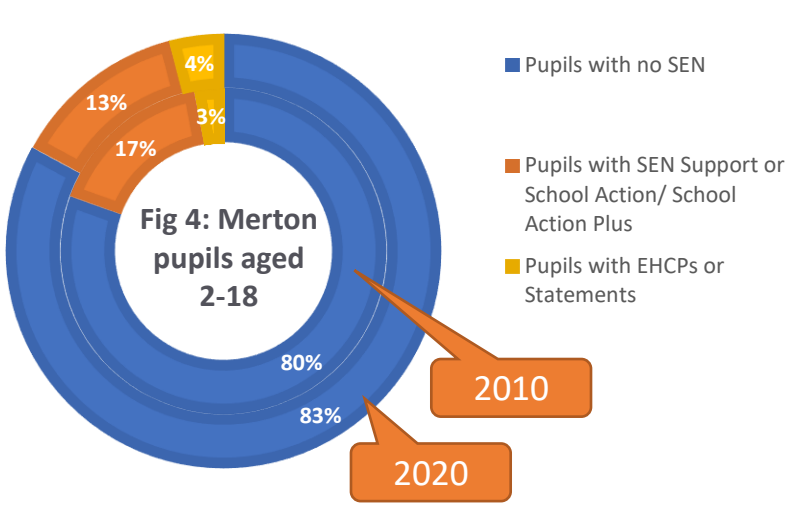


Fig 4: Merton pupils aged 2-18

To better understand the CYP SEND population, analysis has been undertaken around the groups personal characteristic. This has been conducted separately for CYP with SEN support and EHCPs. For the lower level of SEND provision, SEN support, local data was obtained from the latest school census return which is a statutory data collection for all maintained (state-funded) schools. It therefore represents all CYP aged 2-18 who attend a maintained school in Merton, regardless of where they live. Therefore the EHCP data shown in figure 4 is only a subset of the local authorities 0-25 EHCP dataset which will be discussed in more detail later in this report. A comparison with regional and national data has not been possible for personal characteristics owing to the 2020 school census not yet being published. A time comparison has been conducted and a comparison year of 2010 was chosen to ensure a significant period of time has elapsed to allow a meaningful comparison. 2010 was before the Children and Families Act and SEN support was classified as School Action/ School Action Plus and EHCPs were known as statements of SEN.

According to the 2010 release; 3,870 pupils (17%) received School Action/ School Action Plus and 681 (3%) had SEN statements, see figure 4. This works out as roughly 20% of the school population having been identified as having SENs and being linked into services. In 2020; slightly less pupil received SEN support, 3,731 which equated to 13% of total pupils in Merton but pupils on EHCPs almost doubled to 1,155 (4%). This is arguably a counterintuitive finding as the prevalence of the overall need for SEND provision appears to have decreased over the last decade. It is known however that levels of SEN support has fluctuated over the years so this cross-sectional analysis should be considered in the context of overall trends.

In terms of ethnicity, the proportion of 'Asian' pupils who received SEN is lower than most ethnic groups for both 2010 and 2020. 'Black' pupils have the highest proportion of all ethnic groups with SEN support in 2010 although this was overtaken by 'White British' in 2020 where 16% of the ethnic group had SEN support to the 'Black' groups 15%. Figure 6 looks at the age distribution of Merton pupils with SEN support. Whilst both 2010 and 2020 data follow a bell shaped curve with the highest rates being seen in pupils aged 11-15 then 5-10, 2020 data however displays heavier tails as the numbers of pupils requiring SEN support in ages 2-4 and 16-18 have risen.

Fig 5: Number and proportion of Merton pupils in each ethnic group with School Action/ School Action Plus or SEN support

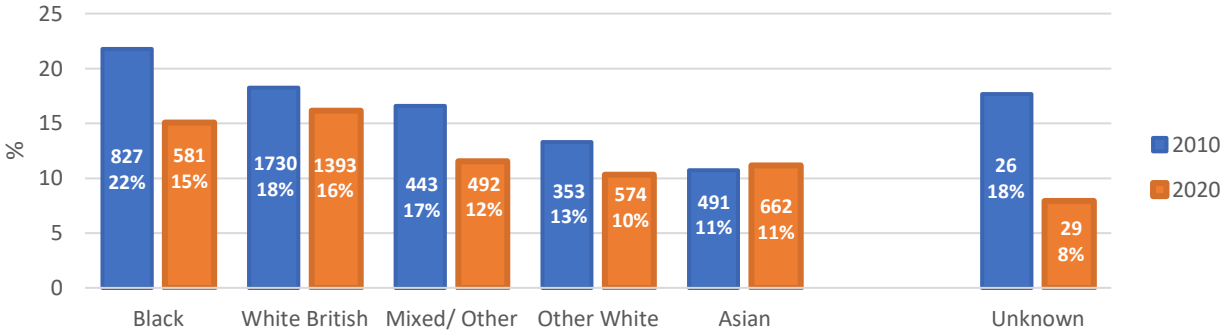
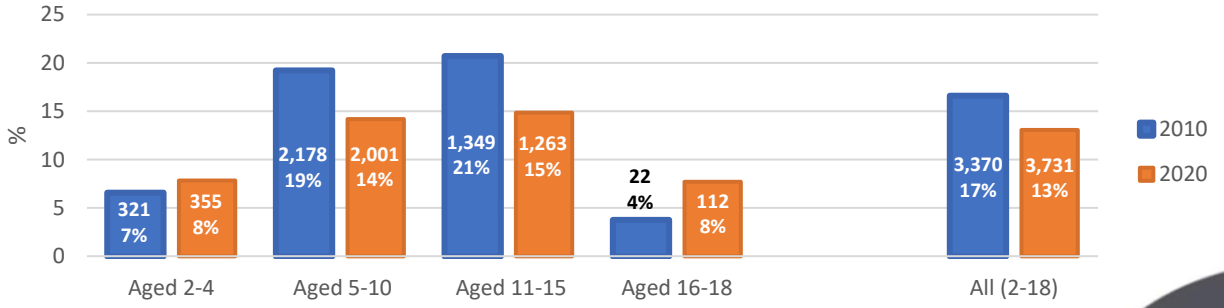


Fig 6: Number and proportion of Merton pupils in each age group with School Action/ School Action Plus or SEN support



Source: School Census, Jan 2010 and Jan 2020

LOCAL PICTURE – Overview of CYP SEND Population (SEN Support)

Fig 7: Number and proportion of Merton pupils with School Action/ School Action Plus or SEN support by sex

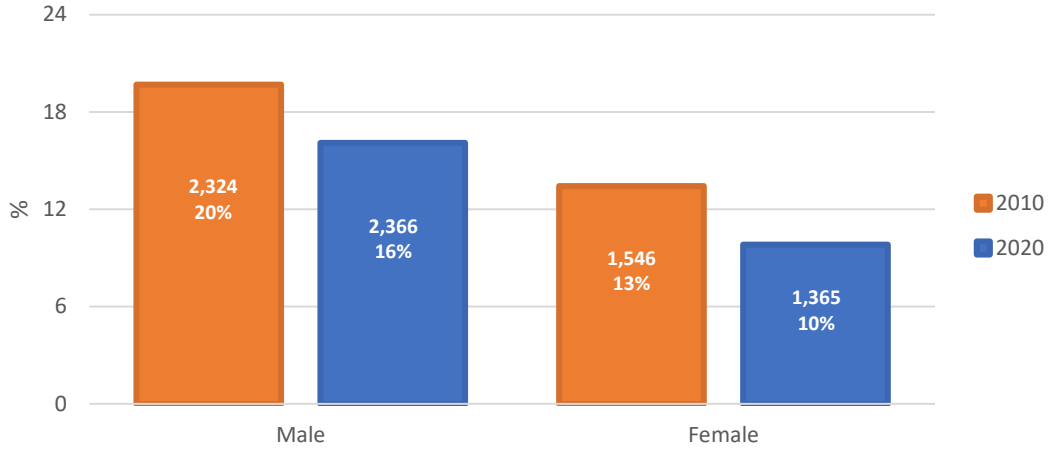
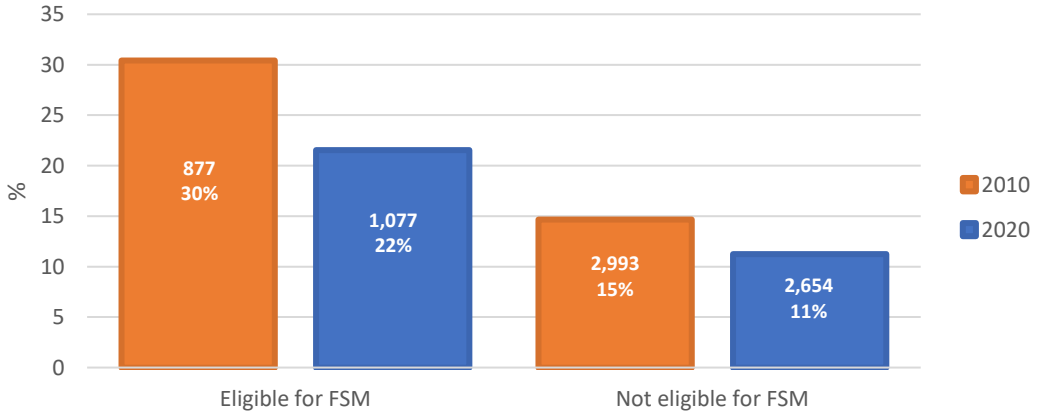


Fig 8: Number and proportion of Merton pupils with School Action/ School Action Plus or SEND support by eligibility for free school meals (FSM)



Source: School Census, Jan 2010 and Jan 2020

To further investigate the personal characteristics of pupils in Merton with SEN support and to understand how these have changed overtime, the SEN support population has been broken down by sex. For context, the sex ratio in Merton's schools is approximately 1:1.

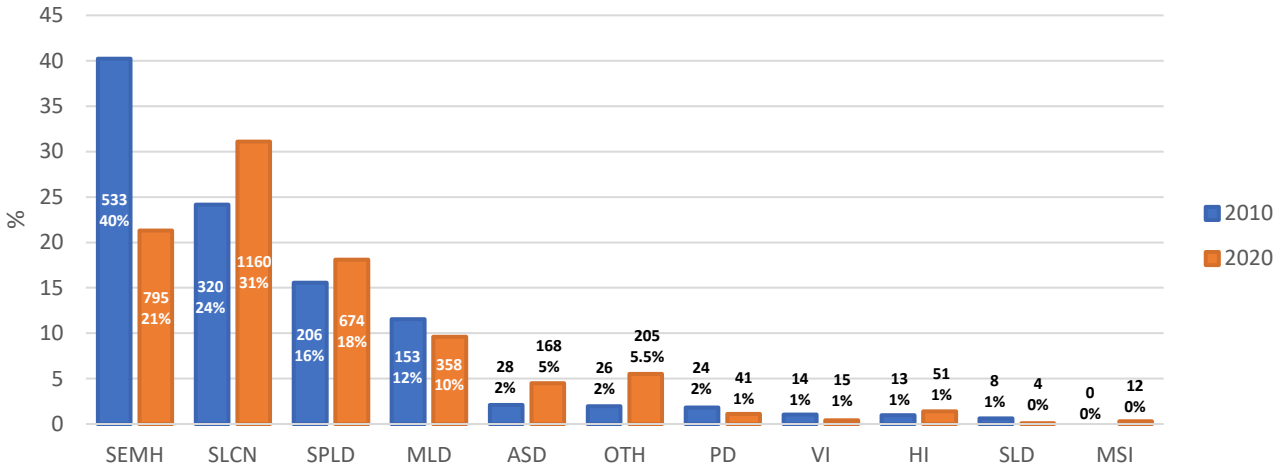
Of those receiving SEN support in 2020, 63% were male (2,366) and 37% were female (1,365). This was similar in 2010 where 60% of pupils receiving SEN support were male (2,324) and 40% were female (1,546). This equates to 20% of all male pupils in Merton in 2010 being on SEN support, which dropped to 16% in 2020 and 13% of all female pupils in Merton in 2020 that reduced to 10%. See figure 7.

Free school meals (FSM) eligibility was used as an indicator of poverty for this population. FSM eligibility demonstrates child poverty at the pupil level, and has the advantages of being easily collected and familiar to schools, parents and local authorities. Whilst some children who live in poverty are not captured by FSM eligibility, generally it is a good indicator as it captures the majority of children living in poverty.

Of those receiving SEN support, in 2020 29% (1,077) were eligible for free school meals and 71% (2,654) were not eligible. This had changed slightly from 2010 where just 23% (877) of those on SEN support were eligible for FSM and 77% (2,993) were not eligible for FSMs. This equates to 22% of all those pupils eligible for FSM in 2020 receiving SEN support, which has dropped from 30% in 2010 and 11% of all pupils not eligible FSM in 2020 receiving SEN support, which has declined from 15% in 2010. See figure 8. This indicates that pupils from more deprived backgrounds are more likely to require SEN support than their peers and supports deprivation as a recognised risk factors for SEND in CYP.

LOCAL PICTURE – Overview of CYP SEND Population (SEN Support)

Fig 9: Number and proportion of Merton pupils with School Action/ School Action Plus or SEN support by primary type of need



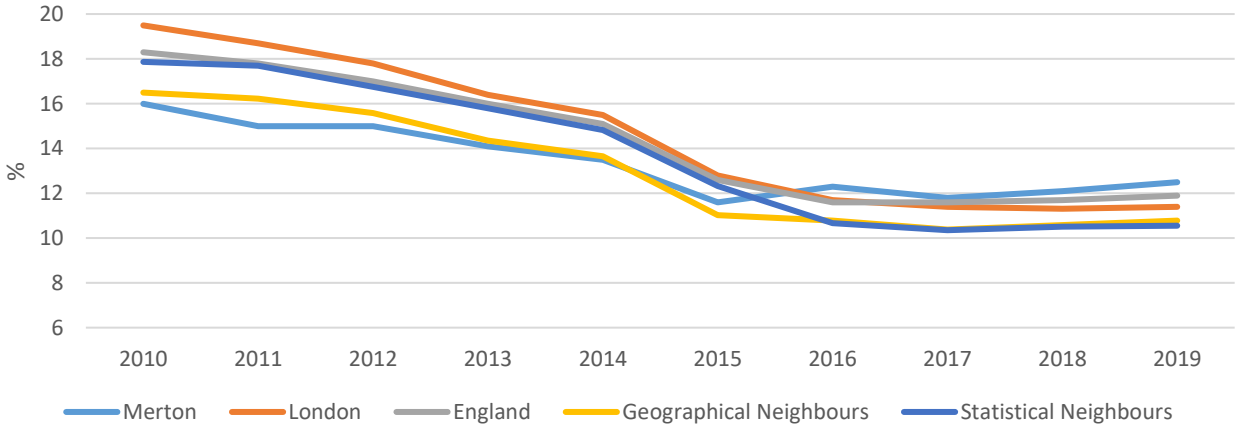
Source: School Census, Jan 2010 and Jan 2020

ASD	Autistic Spectrum Disorder
HI	Hearing Impairment
MLD	Moderate Learning Difficulty
MSI	Multi-sensory Impairment
OTH	Other Difficulty/ Disability
PD	Physical Disability
SEMH	Social, Emotional and Mental Health
SLCN	Speech, Language & Communication Needs
SLD	Severe Leaning Difficulty
SPLD	Specific Learning Difficulty (Dyslexia)
VI	Visual Impairment

A closer look at local SEN needs was undertaken using the primary need recorded for each pupil on SEN support. This provides a good indication as to the prevalence of each type of need in the borough for this population. It must be acknowledged that 2010 school census collection reported 65% of pupils with SEN support as having no primary need. These were excluded to allow a more meaningful comparison with 2020 data.

In 2020 the top four primary needs for Merton pupils on SEN support account for 80% of the total they are: speech language and communication needs (SLCN), 31%; social, emotional and mental health (SEMH) 21%; specific learning difficulty (Dyslexia), 18%; and moderate learning difficulty (MLD), 10%. This mirrors the top four needs in 2010 although SEMH was the most common primary need at 40%.

Fig 10: Percentage of pupils with School Action/ School Action Plus or SEN Support, 2010-2019



Source: Statements of SEN and EHC plans: England, 2019

As previously stated, it is important that the analysis of the personal characteristics of pupils with SEN support is considered in relation to trends over time and changes that resulted from the 2014 reforms. Following a steady decrease since 2010 which is in line with national trends and regional trends, the total number of Merton pupils with SEN support dropped drastically between 2014 and 2015 but then rose sharply from 2015 to 2016 which was not seen in other areas and has continued to slowly rise.

Overall, the number of CYP who need lower intensity support has decreased between 2010 and 2019, although Merton has experienced a smaller reduction than other comparator groups. This is happening at the same time the number of pupils in Merton who need higher intensity support i.e. those with EHCPs/ statements has increased and this will be explored in the next part of this needs assessment. Figure 10 also shows that Merton has the highest percentage of pupils with SEN support in 2019 and is almost 2% higher than both our geographical and statistical neighbours that collectively have the lowest percentages.

LOCAL PICTURE – Overview of CYP SEND Population (EHCP)

Fig 11: Number and proportion of Merton residents aged 0-25 with a statement or EHCP by sex

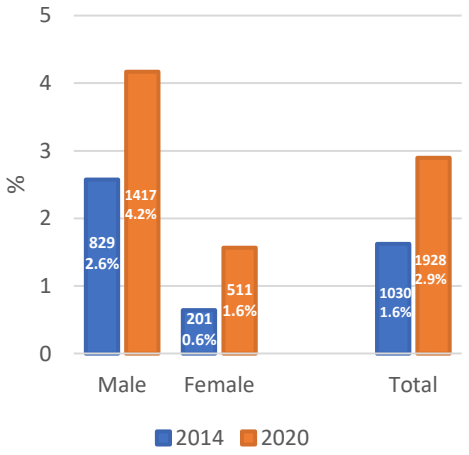
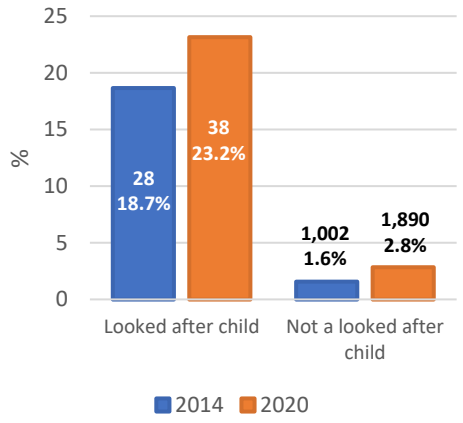


Fig 12: Number and proportion of Merton residents aged 0-25 with a statement or EHCP by looked after status



Now to consider those CYP with higher levels of SEND provision and who have an EHCPs/ statement. For this SEN2 survey data was used which is a statutory data collection that takes place every January by the local authority and returned to the Department for Education. It covers CYP aged 0-25 who reside in Merton and have ECHPs i.e. CYP the local authority is responsible for. As such data from the most recent SEN2 submission has been analysed and a comparison year of 2014 has been used. Return data from January 2014 was selected and it is one of the oldest most complete EHCP data sets available and captures a time just before the reforms came into operation in September 2014, so provides an insightful comparison point. As with SEN support, a comparison of personal characteristics with regional and national data has not been possible owing to the 2020 SEN2 survey not yet being published.

These data shows that in January 2020, there were almost 2,000 CYP in Merton on an EHC plan, about 2.9% of the population overall. This has increased slightly from 2014 where 1,030 CYP were statemented, about 1.6% of the population overall. Similar to SEN support we also see a disparity in sex, shown in figure 11, with males being more likely to be in be statemented or have an EHCP in both 2010 and 2020.

Figure 12 shows the prevalence of EHCPs or statements in a looked after child (LAC).There is a significant difference between prevalence in the LAC population and the rest of the CYP population. In 2014 LAC were almost 12 times more likely to have an EHCP compared to children who are not looked after which reduced to 8 times more likely in 2020.

As seen in SEN support for Merton's pupils, the proportion of CYP of 'Asian' ethnicity who have an EHCP is lower than most other ethnic groups for both 2014 and 2020. The 'Black' ethnic group has consistently the highest proportion of CYP on EHCPs for both years which almost doubles from 1.6% (122) in 2014 to 3.0% (212) in 2020. An age breakdown for EHCPs in figure 14 reflects that attending school is the main route by which a need is identified. Low numbers are seen for 0-5s, low numbers also for 21-25s highlighting that the age range has only recently been extended.

Fig 13: Number and proportion of Merton residents aged 0-25 in each ethnic group with a statement or EHCP

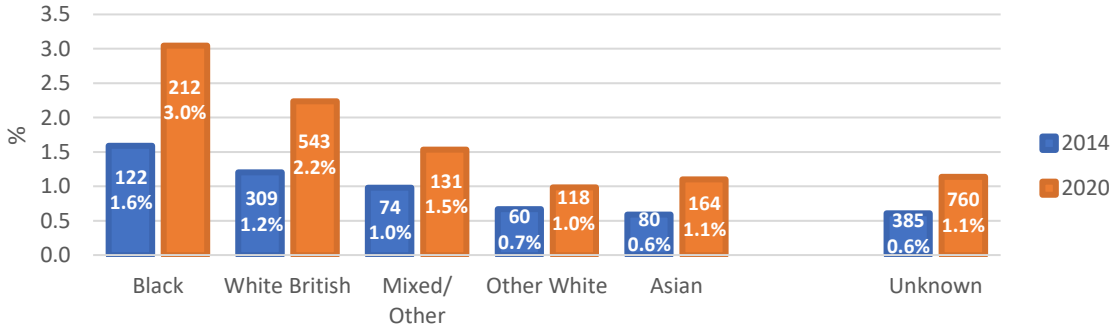
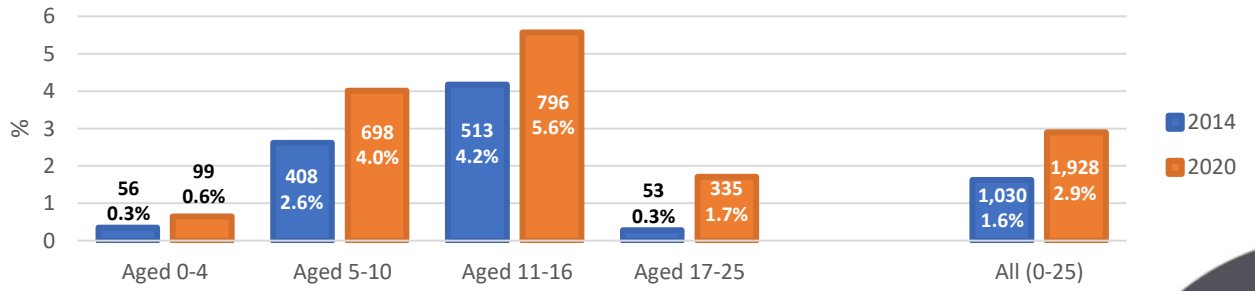


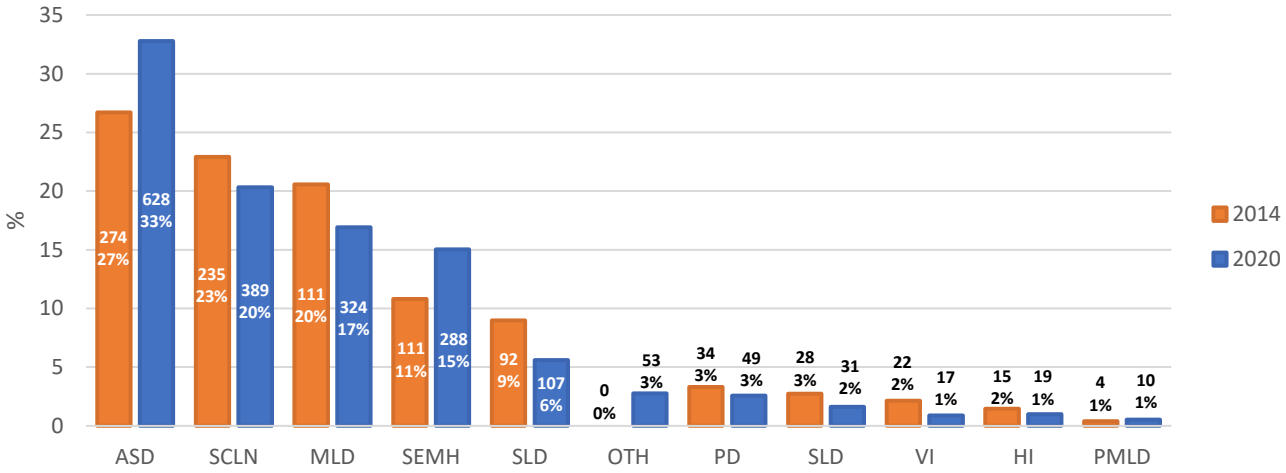
Fig 14: Number and proportion of Merton residents aged 0-25 in each age group with a statement or EHCP



Source: SEN2, Jan 2014 and 2020

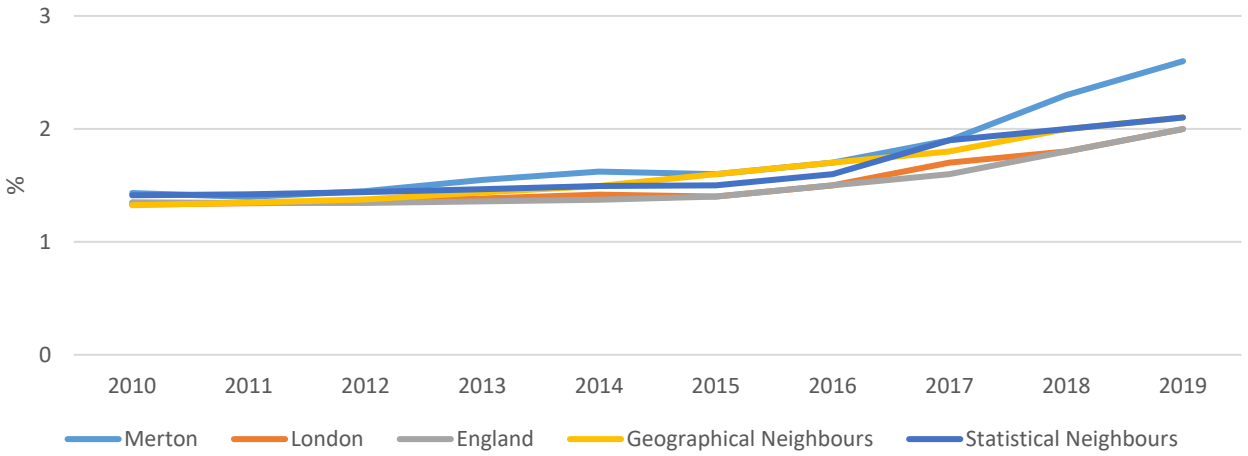
LOCAL PICTURE – Overview of CYP SEND Population (EHCP)

Fig 15: Number and proportion of Merton residents aged 0-25 with a statement or EHCP by primary type of need



Source: SEN2, Jan 2014 and 2020

Fig 16: Percentage of residents aged 0-25 with a statement or EHCP, 2010-2019



Source: Statements of SEN and EHC plans: England, 2019

ASD	Autistic Spectrum Disorder
HI	Hearing Impairment
MLD	Moderate Learning Difficulty
OTH	Other Difficulty/ Disability
PD	Physical Disability
PMLD	Profound & Multiple Learning Difficulty
SEMH	Social, Emotional and Mental Health
SLCN	Speech, Language & Communication Needs
SLD	Severe Leaning Difficulty
SPLD	Specific Learning Difficulty (Dyslexia)
VI	Visual Impairment

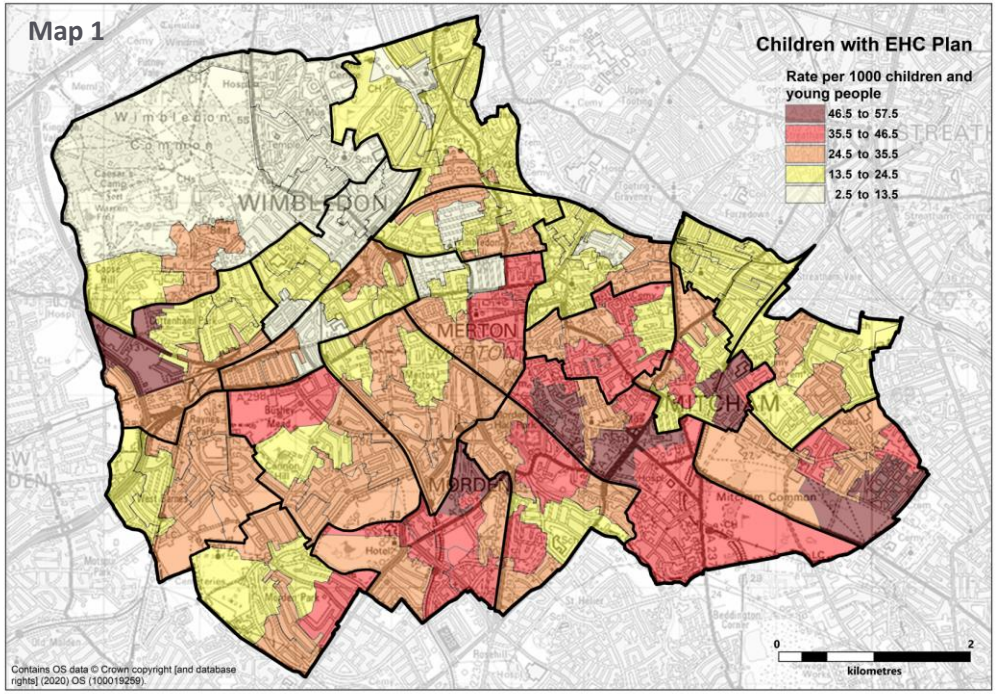
Figure 15 shows the primary type of need for CYP with an EHCP. In 2020 the top three primary needs for CYP with EHCPs in Merton accounted for 70% of the total, there were: autism spectrum disorder (ASD), 33%; speech language and communication needs (SLCN), 20%; and moderate learning difficulty (MLD), 17%. This was also the case in 2014 where the same primary needs again counted for 70% of the variance and were in the same ranked order just with some minor fluctuations in the proportions.

In line with national trends, the increasing growth of the population with an EHPC has been most pronounced since 2015, coinciding with the SEND reforms of 2014 when EHCPs were introduced. This may partially be accounted for by the fact EHCPs have a lower threshold than the previous statements of SEN and an extended age range up to the age of 25. See Figure 16.

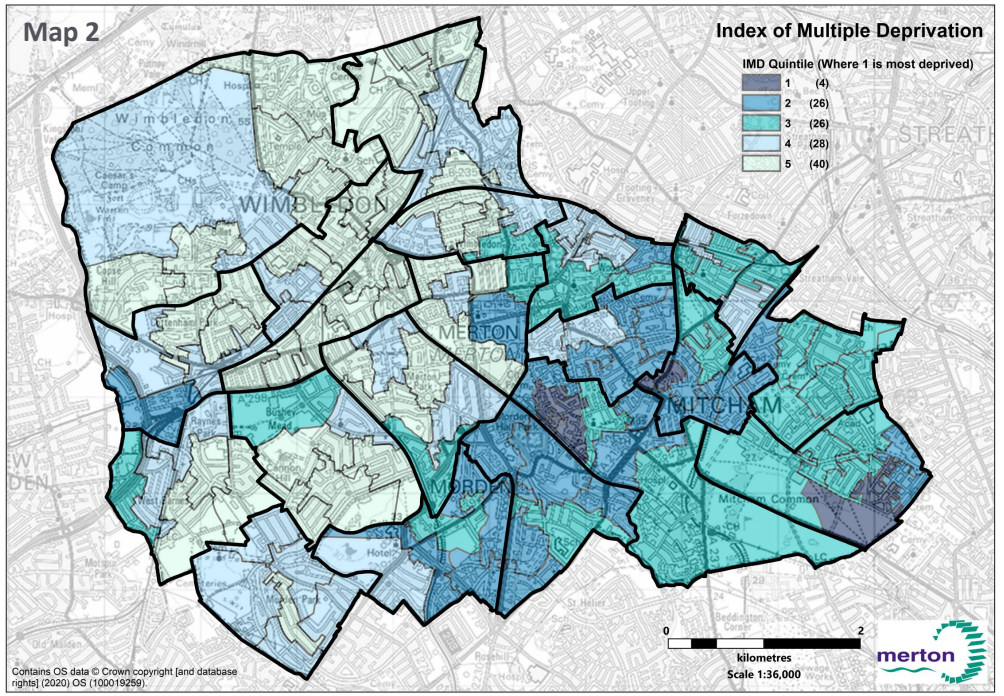
Merton's January 2019 estimate is 86% more than in 2010. This increase is significantly larger than that seen in our statistical neighbours (who saw a 50% increase) and our geographical neighbours (who saw a 62% increase) as well as London and England as a whole (who both saw a 54% increase) in the same time. Whilst rates of growth are significantly different between areas, it is important to note that the range from the area highest prevalence in 2019 (Merton) to the lowest (England and London) is just 0.6%. The overall increase has occurred alongside the overall decline in SEN support for Merton pupils. Whist the populations are not exactly the same there is a considerable amount of overlap and these increases in EHCPs therefore do not appear to account for or offset the reductions in seen in School Action/ School Action Plus or SEN support from 2010 to 2019.

Remembering that the population is growing and that the proportion of people with EHCPs is growing, it is likely that number of people with EHCPS in the future will be much greater. Projecting trends and future needs is challenging and with Merton experiencing higher levels of EHCPs that our neighbours, the local authority could benefit from sophisticated modelling that incorporates demographic information, e.g. population changes due to birth rates, as well as intelligence from services supporting pupils with SEND.

LOCAL PICTURE – LSOA of residence of Merton residents aged 0-25 with EHCPs



Source: SEN2, January 2020

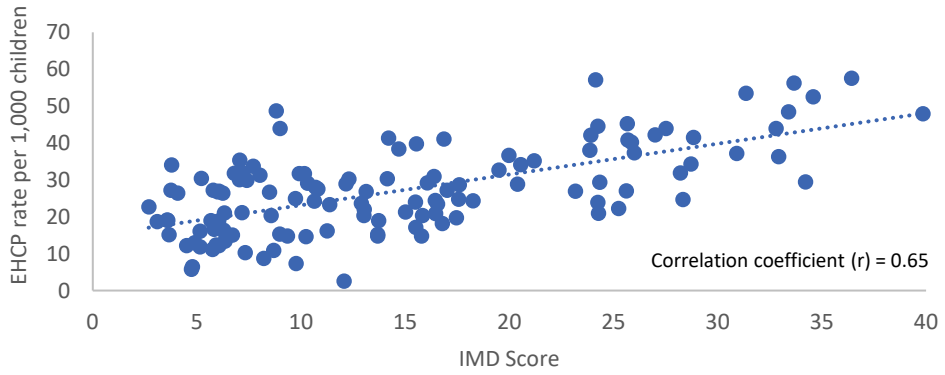


Source: ONS, 2015

Map 1 shows where CYP aged 0-25 with EHCP resided in the borough in January 2020. CYP with an EHCP were spread across the borough with the highest concentrations indicated by the darkest red on the map. This shows higher rates in the east of the borough, particularly in Pollards Hill and Cricket Green wards as well as Figge's Marsh.

See Appendix A for larger version of these maps.

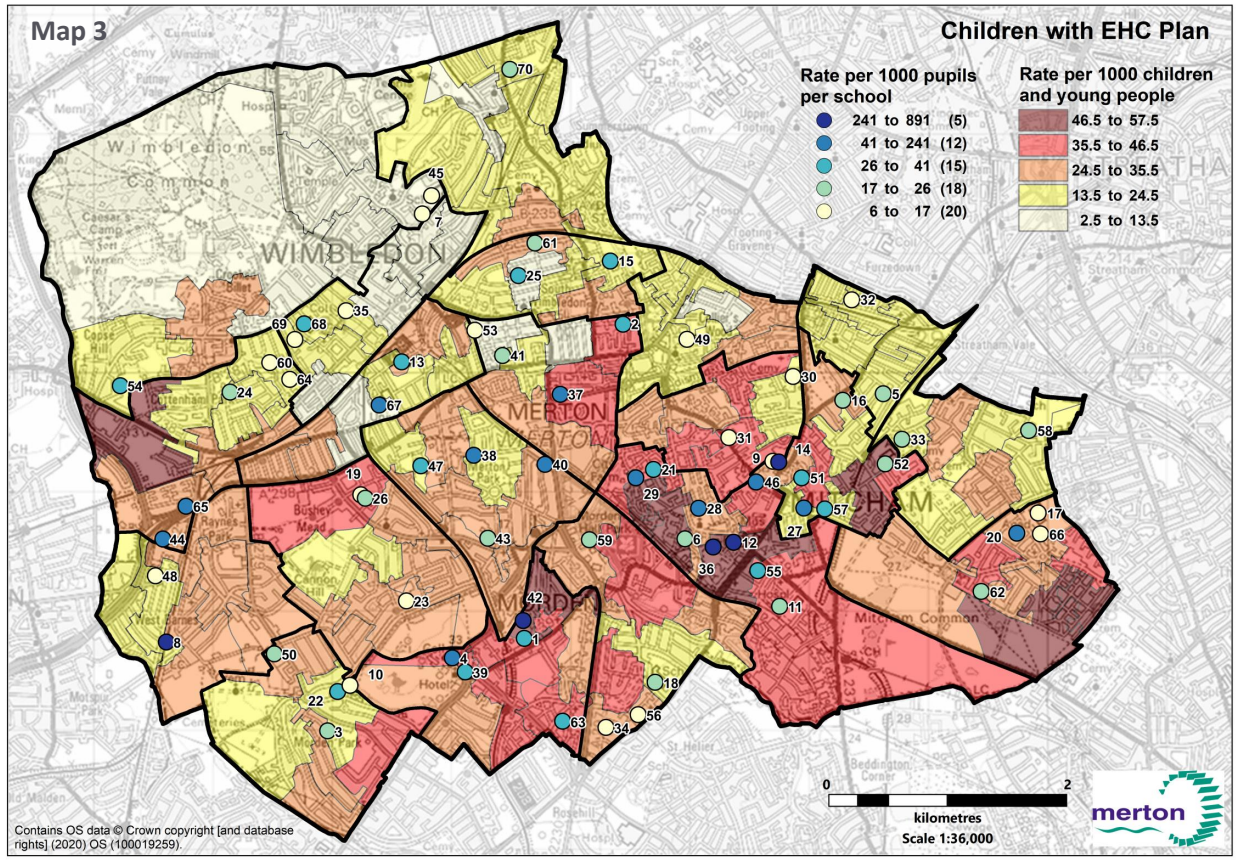
Fig 17: Scatterplot of rate of EHCP and IMD Score by LSOA, January 2020



These high rates closely align with how indices of deprivation are distributed among Merton which is shown in map 2. Together, the maps indicate that higher rates of CYP on EHCPs were seen in the boroughs more deprived areas.

To further test and emphasise this point, the 2015 index of multiple deprivation (IMD) score has been plotted against the rate of EHCP per 1,000 children for each lower super output areas (LSOA). The resulting scatterplot (figure 17) shows a fairly strong positive correlation (r = 0.65) between the two variables, indicating that higher IMD scores, i.e. higher levels of deprivation, are correlated with higher rates of EHCPs per 1,000 children in Merton.

LOCAL PICTURE – Educational placement of Merton residents aged 0-25 with EHCPs



Source: SEN2, January 2020

Education placement location	Number of Merton residents aged 0-25 with an EHCP	Percentage (%)
Merton*	1207	63
Kingston upon Thames	187	10
Sutton	151	8
Wandsworth	115	6
Surrey	82	4
Croydon	76	4
Other LA out of London	43	2
Lambeth	34	2
Other LA London Borough	33	2
Total	**1928**	**100**

** Displayed in map, see appendix B for full list of schools*

Map 3 shows the educational placements of the CYP with EHCPs that the local authority was responsible for in January 2020. These are represented by the dots that have been overlaid on the map of where CYP with EHCP resided in the borough.

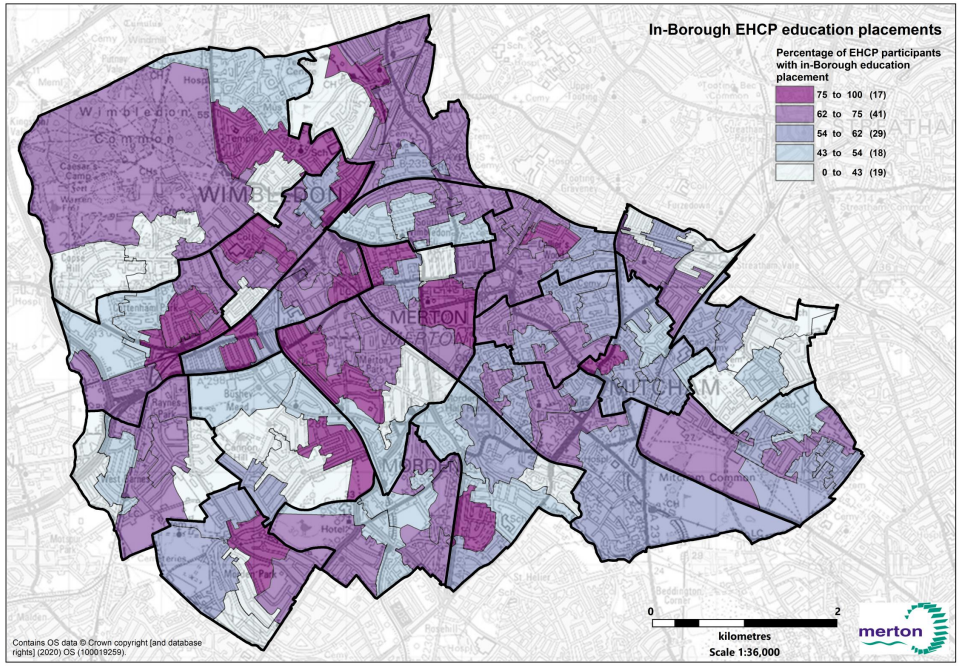
Highest rates of EHCPs per 1,000 pupils per school are all located in wards that are classed as the east of the borough. The east of the borough also has highest levels of deprivation in the (map 2) and higher rates of CYP with EHCPs living there (map 1).

Schools with the lowest rates are clustered to the more affluent west of the borough and also the around the outside of the whole borough. This should be interpreted alongside the data in the above table which highlights that only 63% of the EHCPs the local authority are responsible for have educational placements in the borough. The top three boroughs that our CYP on EHCPs received education from in January 2020 other than Merton are Kingston upon Thames (10%), Sutton (8%) and Wandsworth (6%), all of which border Merton.

Rates per 1,000 pupils per school on this map only considers CYP Merton is responsible for and it may be that near the border CYP are more likely to cross into other boroughs for their educational placements. This theory will be explored further in maps 4 and 5.

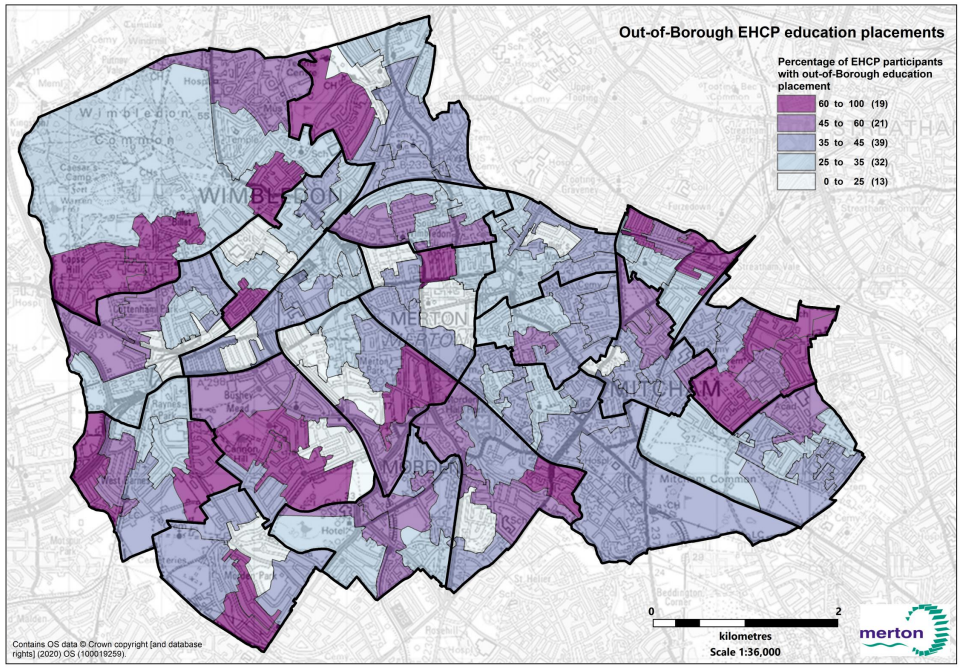
LOCAL PICTURE – In or out of borough placement of Merton residents aged 0-25 with EHCPs

Map 4: Residence of Merton residents aged 0-25 with EHCP who have an educational placement within the borough



Source: SEN2, January 2020

Map 5: Residence of Merton residents aged 0-25 with EHCP who have an out of borough educational placement



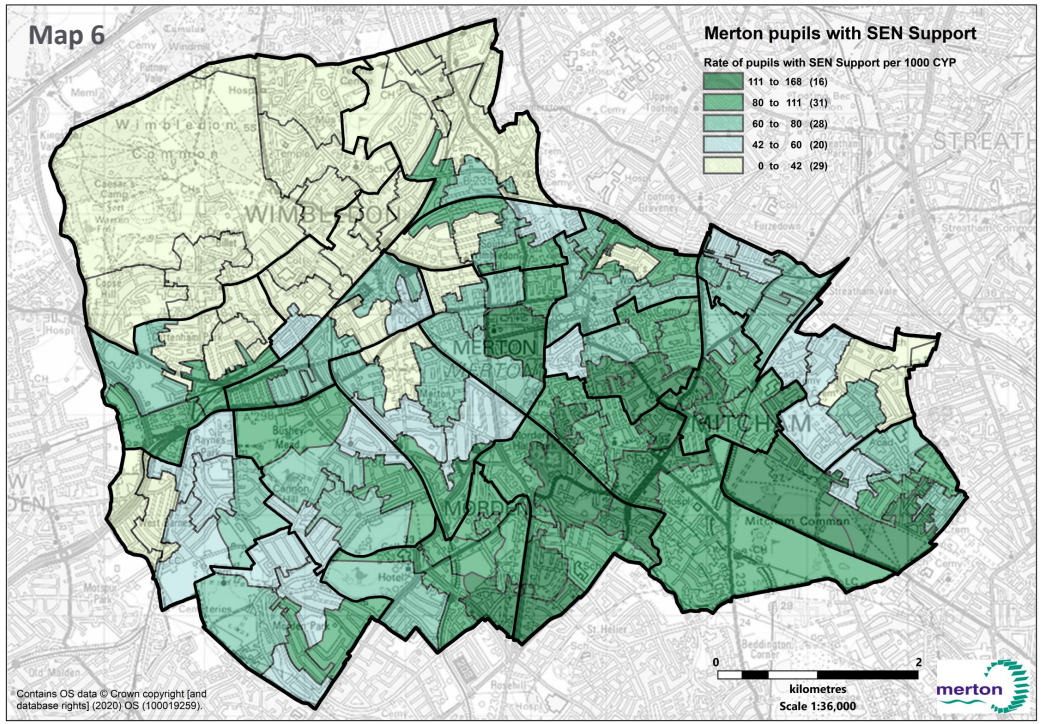
Source: SEN2, January 2020

To further understand the resident CYP population on EHCPs and investigate the theory the CYP who live on the outskirts of the borough are more likely to leave the borough for their educational placement, the percentage of EHCP recipients who are educated in or out of the borough has been mapped based on their registered residence (maps 4 and 5).

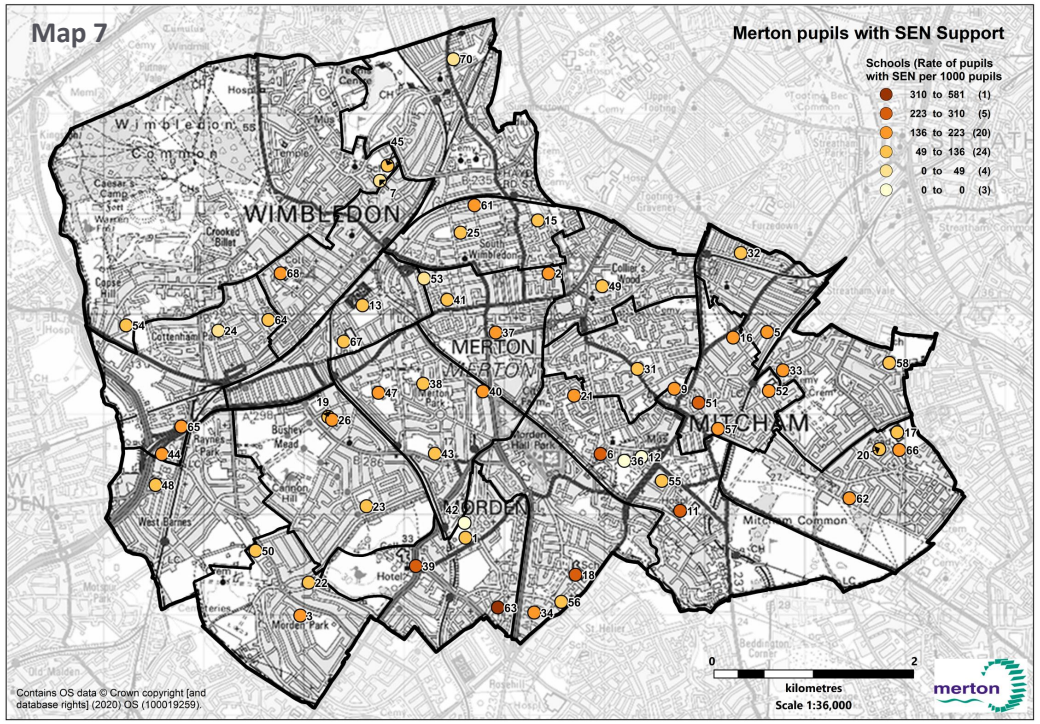
Map 4 is displaying the Merton residents aged 0-25 with EHCP who have an educational placement within the borough and shows a higher percentages towards the centre of the borough, including Merton Park and Abbey wards, and to the west, including Dundonald, Wimbledon Park and Wimbledon Village.

Map 5 is displaying the Merton residents aged 0-25 with EHCP who have an educational placement outside of the borough. LSOAs with high percentages of CYP on EHCPs leaving the borough is less clustered centrally and most are around or near the edges of the borough, supporting the notion that CYP who live on the outskirts of the borough are more likely to leave the borough for their educational placement.

LOCAL PICTURE – LSOA of residence and schools of Merton pupils with SEN support



Source: School Census, January 2020



Source: School Census, January 2020

To get the full picture of where CYP with SEND live and go to school in Merton, the residence of Merton's pupils on SEN support is displayed by LSOA in map 6 and the rates of pupils with SEN support is shown on map 7. See appendix A for larger versions of these maps and appendix B for the full list of schools by reference number.

In terms of the residence of Merton's pupils with SEN support, there appears to be a substantial divide between the east and the west of the borough which much higher rates being seen in wards to the west (map 6). This mirrors the overall pattern of the residence of CYP with EHCPs, although slightly more starkly, and as a result also aligns with the boroughs indices of deprivation. Looking now at map 7 and the rate of SEN support per 1,000 pupils per school, the highest rates are again all located in wards that are classed as the east of the borough and includes St Helier, Ravensbury, Cricket Green and Figge's Marsh. However the schools with lower rates appear follow less of a pattern and can be found in almost every ward.

DISCUSSION

Time-trend analyses have shown that Merton has a higher prevalence of both pupils on SEN Support and CYP residents on EHCPs than what is being seen national and regional as well as what's been reported by our geographical and statistical neighbours. Currently the difference is relatively small in terms of percentage difference however there is evidence of a divergence, particularly for EHCPs. As such there is a need to understand the local drivers of Merton's rates to ensure commissioning for CYP with SEND in the future is fully informed.

A number of hypothesis may be put forwards to explain these higher rates in Merton, some of these are listed and tested below:

1. There are higher numbers of CYP in Merton who have personal characteristics associated with SEND than would be expected due to chance.
2. There are higher numbers of CYP in Merton who are exposed to the recognised risk factors for SEND than would be expected due to chance.
3. The higher prevalence reflects local policies and practices such as strong early identification, low assessment thresholds and the use of a broad definition of SEND.
4. Families with SEND children are attracted to Merton owing to high levels of provision and quality services for CYP available within the local authority.
5. Increased awareness in Merton parents has resulted in greater numbers of parental referrals.

Hypothesis 1

In terms personal characteristics associated with SEND they include; being male, aged 8-13 years old and having a BAME background. To test whether Merton's population has a significantly greater proportion of its CYP population with these characteristics, comparisons were made with statistical and geographical neighbours as well as London and England using 2020 demographic data.

As anticipated, figure 18 shows that Merton has a very similar male to female sex ratio as all the comparator groups in 2020. This is also true in relation to residents aged 8-13, with little variation being seen between areas, figure 19. When considering the number of CYP residents who are BAME however, Merton has more than double the proportion of residents in the ethnic grouping than England (figure 20) although this is unsurprising when we look at the London statistic. What is notable is that although our statistical neighbours are displaying a higher proportion of BAME residents when compared to Merton, they have comparatively lower levels of CYP with SEND support and EHCPs. This implies other factors are more important when determining SEND prevalence.

Overall, this suggests that the personal characteristics of Merton's CYP and pupil are not significantly different from our neighbours and therefore do not explain the comparatively higher rates seen in Merton.

Fig 18: Percentage of the resident population aged 0-25 who are aged male in 2019

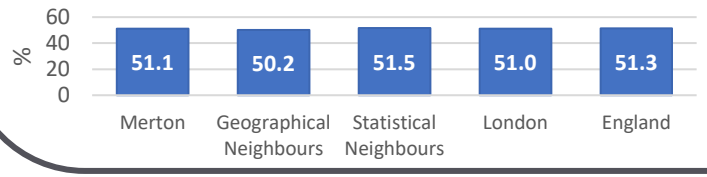


Fig 19: Percentage of the resident population aged 0-25 who are aged 8-13 years old in 2020

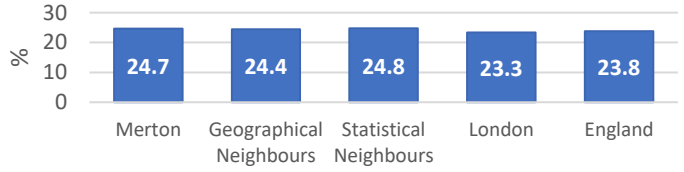
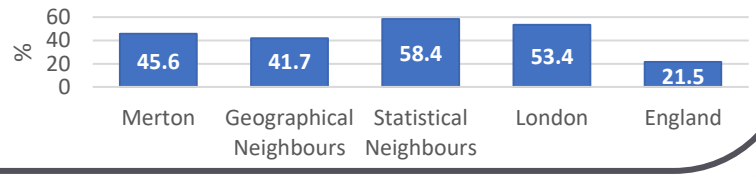


Fig 20: Percentage of the resident population aged 0-25 who are BAME in 2019



Hypothesis 2

As outlined in the background of this needs assessment there are several recognised risk factors for SEND in CYP. These risk factors can be categorised into; fixed, lifestyle/ behavioural, physical and socio-economic. A deep dive into risk factors is beyond the scope of this profile but to assess whether there is a higher prevalence of CYP in Merton who are exposed to these risk factors than would be expected due to chance, a number of proxy indicators have been selected to be examined. Results must be interpreted cautiously owing to the indicators not being linked to incidences of SEND, so causality cannot be comment on.

Fixed Risk Factors

Sex as a fixed risk factor has been excluded here as sex ratios have already been looked at as part of Hypothesis 1 and no significant differences were found. In terms of chromosomal and genetic abnormalities, the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS) records those people with congenital abnormalities and rare diseases across the whole of England. Whilst data is not available at local authority level until July 2020, it is available regionally from their latest available dataset, 2017. The North region of England has the highest rate of all cases of congenital abnormalities than any where else in the country at 235.4 (218.5-253.2) per 10,00 total births. Thames Valley is second with 226.1 (208.9-244.2) per 10,000 total births closely followed by the South West with 225.5 (212.3-239.4) per 10,000 total births. This doesn't reveal much about rates in Merton or even London but does show that whilst our region is in the top 3 with the highest prevalence, we are not the highest and with the confidence intervals crossing over it can be concluded that the areas do not significantly differ from each other. There is therefore limited evidence to support this hypothesis and further analysis is not endorsed.

Lifestyle/ Behavioural Risk Factors

To indicate maternal behaviour in pregnancy, smoking at time of delivery was selected to be the indicators as the behaviour has well known detrimental effects for the growth and development of the baby and health of the mother and it is routinely collected. As shown in the table below, 95% confidence intervals indicate that compared to its geographical or statistical neighbours, Merton does not have a different percentage of live births born to smoking mothers that is statistically significant and in fact the point estimate is just below the average for London and less than half of what is seen across England. This is similarly the case in terms of levels of obesity in the borough. Whilst the indicator used here is not specific to new or expectant mothers, overall prevalence of overweight and obese adults in the Merton population is the lower than all the comparator groups. Finally, in relation to maternal age, whilst an indicator on the number of older mothers was not available, a measure of the proportion of live deliveries that were teenage mothers is recorded. This is still useful because younger parents are also at a higher risk of birth complications that may result in disability to the child. The data shows that deliveries to teenage mothers is very low Merton, 0.5% of total live deliveries, with little variation between areas. This is supported by local knowledge that the rate of under 18 conceptions in Merton is lower than London and England averages and has been declining over time. As with fixed risk factors, there is no suggestion that CYP in Merton are exposed to more lifestyle or behavioural risk factors.

Risk Factor		Indicator	Merton (95% CIs)	Geog Neighbours (95% CIs)	Stat Neighbours (95% CIs)	London (95% CIs)	England (95% CIs)
Lifestyle/ Behavioural	Maternal behaviour in pregnancy	Smoking status at time of delivery (%)	4.2 (3.5-5.1)	3.6 (1.3-9.3)	4.3 (1.8-10.3)	4.8 (4.7-4.9)	10.6 (10.5-10.7)
	Excess maternal weight	Percentage of adults (aged 18+) classified as overweight or obese (%)	55.1 (50.2-60.1)	56.6 (46.8-65.9)	58.0 (48.2-67.2)	55.9 (55.1-56.8)	62.3 (62.1-62.6)
	Maternal age	Deliveries to teenage mothers, five year aggregate (%)	0.5 (0.4-0.6)	0.57 (0.1-4.7)	0.45 (0.4-4.5)	0.6 (0.6-0.6)	1.1 (1.1-1.1)

Source: PHE Fingertips (accessed May 2020)

Hypothesis 2

Physical Risk Factors

With infections being a recognised physical risk factor, the rate of invasive meningococcal disease (IMD) and measles were selected as the most appropriate indicators owing to the severity of their complications for the high risk groups of children and pregnant women. As shown in the table below, rates of IMD in Merton are relatively similar to statistical and geographical neighbours but comfortably below regional and national figures. Measles rates in Merton are 2.4 per 100,000 which is above our statistical neighbours and England although the difference is not statically significant. However, when compared with rates in our geographical neighbours and London, Merton has almost half of the rates seen.

Low birth weight is a major determinant of SEND and this is routinely measured so accurate and timely data is available. 2.62% (2.09-3.29) of all full term live births are underweight in Merton which lower than all the comparison groups, greatly challenging its credibility of an explanation of high rates of SEND seen in Merton. There is also evidence that air pollution impacts neurodevelopment and is associated with adverse birth outcomes. However, with the risk factor's boundless nature it is unlikely to explain any variation in SEND prevalence with our geographical neighbours. This is validated by similar levels of fine particulate matter being found across London.

What is notable is the high rate of hospital admissions caused by injuries in Merton, which is the highest of all London boroughs at 99.5 per 10,000 admissions. We know that injuries become an increasingly important cause of disability as children get older and whilst this is likely not the primary cause of SEND, it is still a cause for concern and could warrant further investigation. Unintentional injuries also disproportionately affect children living in socioeconomic disadvantage so it could be beneficial to investigate if these high rates closely align with how indices of deprivation and therefore residence of CYP with EHCPs are distributed among Merton.

Risk Factor		Indicator	Merton (95% CIs)	Geog Neighbours (95% CIs)	Stat Neighbours (95% CIs)	London (95% CIs)	England (95% CIs)
Physical	Infections	Invasive Meningococcal Disease (IMD) confirmed cases rate/100,000	0.49 (0..01-2.70)	0.45 (0.00-3.70)	0.70 (0.00-4.70)	0.76 (0.00-4.70)	1.36 (1.26-1.46)
		Measles incidence rate/100,000	2.40 (0.8-5.7)	4.58 (1.4-11.0)	1.95 (0.1-6.4)	4.40 (1.1-10.2)	1.70 (1.6-1.9)
	Pregnancy outcomes	Low birth weight of term babies (%)	2.62 (2.09-3.29)	2.72 (0.9-8.1)	2.96 (1.0-8.4)	3.07 (2.97-3.18)	2.86 (2.82-2.91)
	Air pollution	Air pollution: fine particulate matter	11.40	11.08	11.25	11.60	8.9
	Injuries	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14) rate/ 10,000 admissions	99.50 (89.6-109.1)	80.43 (63.82-100.4)	65.95 (51.0-83.9)	70.50 (69.3-71.8)	96.10 (95.5-96.7)

Source: PHE Fingertips (accessed May 2020)

Hypothesis 2

Socio-Economic Risk Factors

With strong evidence of a link between low socioeconomic status and SEND, three indicators have been selected to provide an insight into this risk factor and whether it might account for the relatively high prevalence of SEND in Merton. Owing to the significant social inequalities that exist within Merton, with the east having more areas of high deprivation, the results for Merton have been reported separately for the east and west of the borough as well as a combined summary measure.

Overall it is evident that Merton as a whole has comparatively lower levels of deprivation than England and our statistical neighbours when considering the indicators in the table below. Merton also has relatively similar results to its geographical neighbours and has only marginally higher levels of child poverty and income deprivation. However, when you analyse Merton by wards in the east and west, the east of the borough show significantly higher levels of deprivation than all the comparator groups for child poverty and income deprivation.

Risk Factor		Indicator	Merton			Geog Neighbours	Stat Neighbours	London	England
			East	West	Merton				
Socio-economic	Deprivation	Child Poverty, English Indicies of Deprivation 2015	23.24	8.08	16.9	16.23	19.11	Not available	19.9
		Income deprivation, English Indices of Deprivation 2015	15.16	6.35	11.6	11.25	13.93	Not available	14.60
		Index of Multiple Deprivation Score, 2015	20.29	8.18	14.90	14.98	17.75	21.80	21.70

Source: PHE Fingertips (accessed May 2020)

When considering all the risk factors collectively and when represented by these proxy indicators, findings do not appear support the hypothesis that higher numbers of CYP in Merton are exposed to the recognised risk factors for SEND than would be expected due to chance. Whilst it has not been possible to ascertain the levels of exposure to these risk factors in CYP with SEND to give an indication of cause and effect, the fact that at borough level they typically are not experienced any more so than the comparison groups significantly undermines this theory. The possible exception to this may be deprivation. This has been highlighted by the clear east and west divide in deprivation levels which closely aligns to the residence of those CYP with SEND provision. It would therefore be valuable to understand more about how this socio-economic risk factor in Merton may differ from the comparison groups. What could also be worthy of further investigation however is the high rates of injuries seen in Merton's CYP and particularly any association incidences have with deprivation.

Hypothesis 3

The third hypothesis goes beyond local demographics and risk factors, which do not appear to sufficiently explain the higher rates of SEND seen in Merton's CYP residents and pupils, to consider local policies and practice.

In order to qualify for SEND provision an assessment process is undertaken. A flowchart of specific pathways can be found on pages 11 and 12. For SEN support, schools have a duty to identifying and supporting children with SEN and should use a graduated approach following the cycle of Assess, Plan, Do and Review. However, there is anecdotal evidence to suggest that there is variation between schools in not only identification of pupils with SEN support, but also how this has changed over time at varying rates.

For EHCPs, a detailed exploration is carried out by the local authority who must obtain reports from a variety of sources including; the parents, an Educational Psychologist, Medical Officer and, if appropriate, the child's school. Whilst the EHCP assessment process is based on statutory guidance, schools and other educational professionals have indicated that different LAs have different thresholds, paperwork and expectations. A 2019 Select Committee report on SEND heard conflicting information about the threshold for an EHC needs assessment. Some LAs reported that these thresholds were high or had been raised and could even be higher than the legal threshold, whereas others said that the threshold for an EHC needs assessment is lower than before the reforms with some feeling that it is too low [34].

It is therefore plausible that Merton may have lower thresholds for both the assessment and the ultimate qualification for an EHCP than those places it has been compared to in this needs assessment. In addition to thresholds, the timing of assessments might also offer an explanation for the higher rates. Merton might be undertaking assessments earlier resulting in earlier identification of SEND than other LAs. If this is the case, the overall prevalence of SEND may not be higher but instead our comparatively higher numbers receiving SEND provision may represents a lead-time bias.

This warrants further investigation and it is recommended that SEN support is explored at school-level to seek assurances of a consistent approach to identification and EHCPs processes to be reviewed in collaboration with geographical or statistical neighbours who have different rates of EHCPs.

Hypothesis 4

Our fourth hypothesis concerns resident mobility and states that the comparatively high rates of SEND seen in Merton may be the result of families with SEND children being attracted to the borough owing to high levels of provision and quality services for CYP available within the local authority.

Following a feasibility assessment it was decided that it was not possible to test this hypothesis as part of this needs assessment. However, a proposed methodology to take this forwards would involve requesting access to local school admissions data. School applications are made through the local authority and capture their age, where CYP have come from and if they have an EHCP. Information on SEN support is not collected so it is recommended that this data set is then cross referenced with records on who is currently accessing SEND services. This may provide a picture on whether CYP are already receiving support before they move to the borough and if they are not, the typical timeframes it may take to move to the area and be identified as requiring SEND provision.

School admissions data is however only relevant for mainstream schools so it may also be beneficial to commission a qualitative research project that engages with the families of CYP at Merton's special schools. Research questions could include length of residence in Merton and their reasons for relocating if applicable.

There is therefore more to do to understand patterns of residential mobility in our SEND population and could form the basis of a bespoke piece of work.

Hypothesis 5

The final hypothesis postulates that an increased awareness amongst Merton's parents over time has resulted in higher numbers of parental referrals for SEN support and EHCPs.

By making information more accessible on the availability and quality of services as well as raising awareness particular conditions, the public are becoming more health literate and better able to make decisions when given a choice about seeking care. Therefore public access to information on learning disabilities can arguably improve individuals understanding and make associated services more accountable. The internet for example has transformed the way this information can be accessed on SEND, however this is universally available and not specific to Merton. For that reason it is challenging to see how this could account for the boroughs higher rates.

Moreover, alongside the benefits of increased access to information it must be acknowledged that this has the potential to worsen health inequalities because of varying levels access of access to the internet and different levels of health literacy. When mapping where CYP with SEN support and EHCPs live in Merton, findings showed that the highest rates were in our most deprived areas which provides evidence against inequalities in access to SEND services and would therefore suggest that access to information may not be the key driver to accessing SEND provision.

Unfortunately, owing to incomplete data it was not possible to fully compare referral sources over time for EHCPs to see whether there had been an increase in the proportion of referrals coming from parents in line with increased public access to information. However, what was recorded in 2019 indicated that a relatively small number of referrals came from a parent compared to an educational establishment. So, whilst is it not possible to completely disprove this hypothesis due to data quality issues, this finding does not suggest there is strong evidence to support it.

RECOMMENDATIONS

The aim of this needs assessment was to inform local health and social care commissioning for CYP with SEND. The specific objectives were to:

1. Describe the prevalence, trends and characteristics of CYP with SEND in the borough, compared to the regional and national picture;
2. Describe local patterns in where CYP with SEND live and go to school;
3. Test hypothesis to explain prevalence of CYP with SEND in the borough.

Whilst the needs assessment has made considerable headway to achieving those objectives, more could still be done that was either beyond the scope of this JSNA profile or data was not available at the time. As such the following recommendations have been made in line with the objectives.

Objective 1 Recommendations

- Analyse the 2020 School Census and SEN2 when published for geographical and statistical neighbours.
- Review local EHCP data collection standards to ensure more comprehensive recordings of ethnicity.
- Consider procurement options for modelling services in order to predict future trends in the need for SEND provision in the borough.
- Scope out what local health data is required to understand the health implications for CYP with SEND diagnosis.

Objective 2 Recommendations

- Request data from other LAs on how many of their school's pupils are Merton residents. Compare against patterns of Merton residents on SEND support or EHCPs who leave the borough for educational placements to see whether the behaviour differs between cohorts.
- Work with schools to build on the intelligence we have to better understand the variation between them on rates of pupils requiring SEND provision.

Objective 3 Recommendations

- Research rates of injuries and deprivation as a risk factor to understand how this may play a role in the high rates in the east of the borough.
- Conduct research into resident mobility in the SEND population to understand key drivers.
- Review local policies and practices by working with schools to ensure a consistent approach but also establishing a community of practice with other LAs practitioners in areas with lower levels of CYP accessing SEND services to peer review each others processes.

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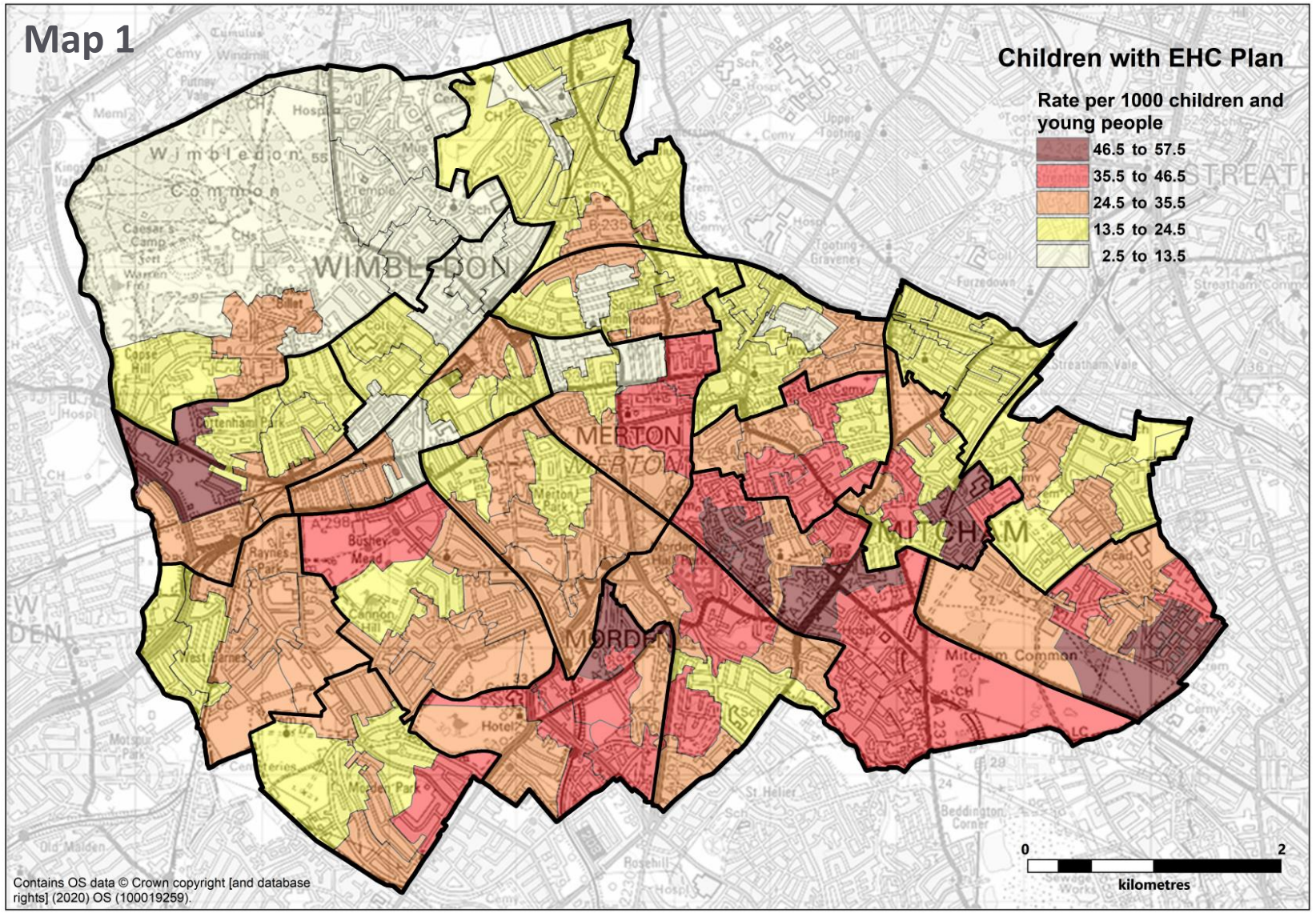
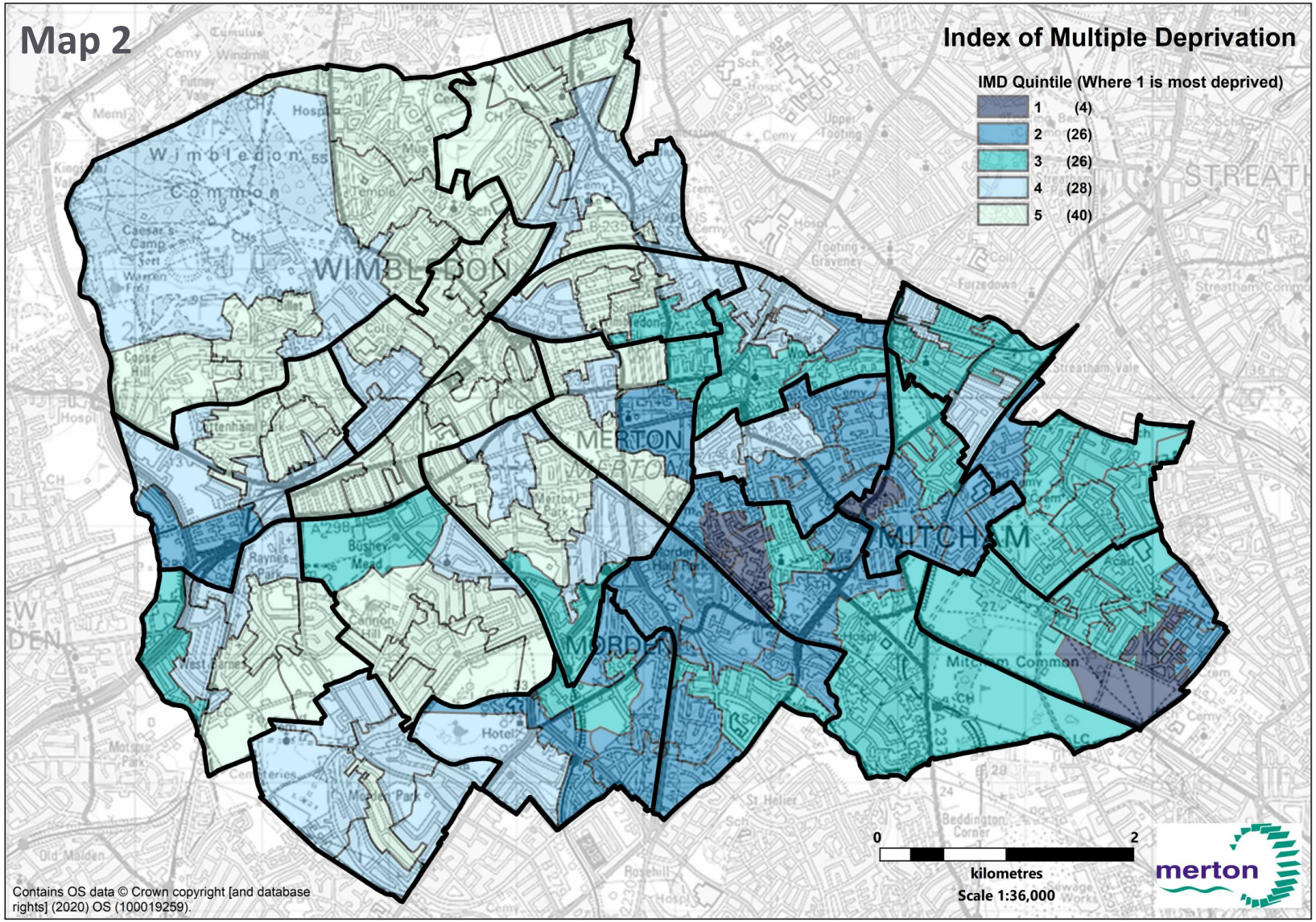
Appendix A – Larger versions of the maps used in needs assessment



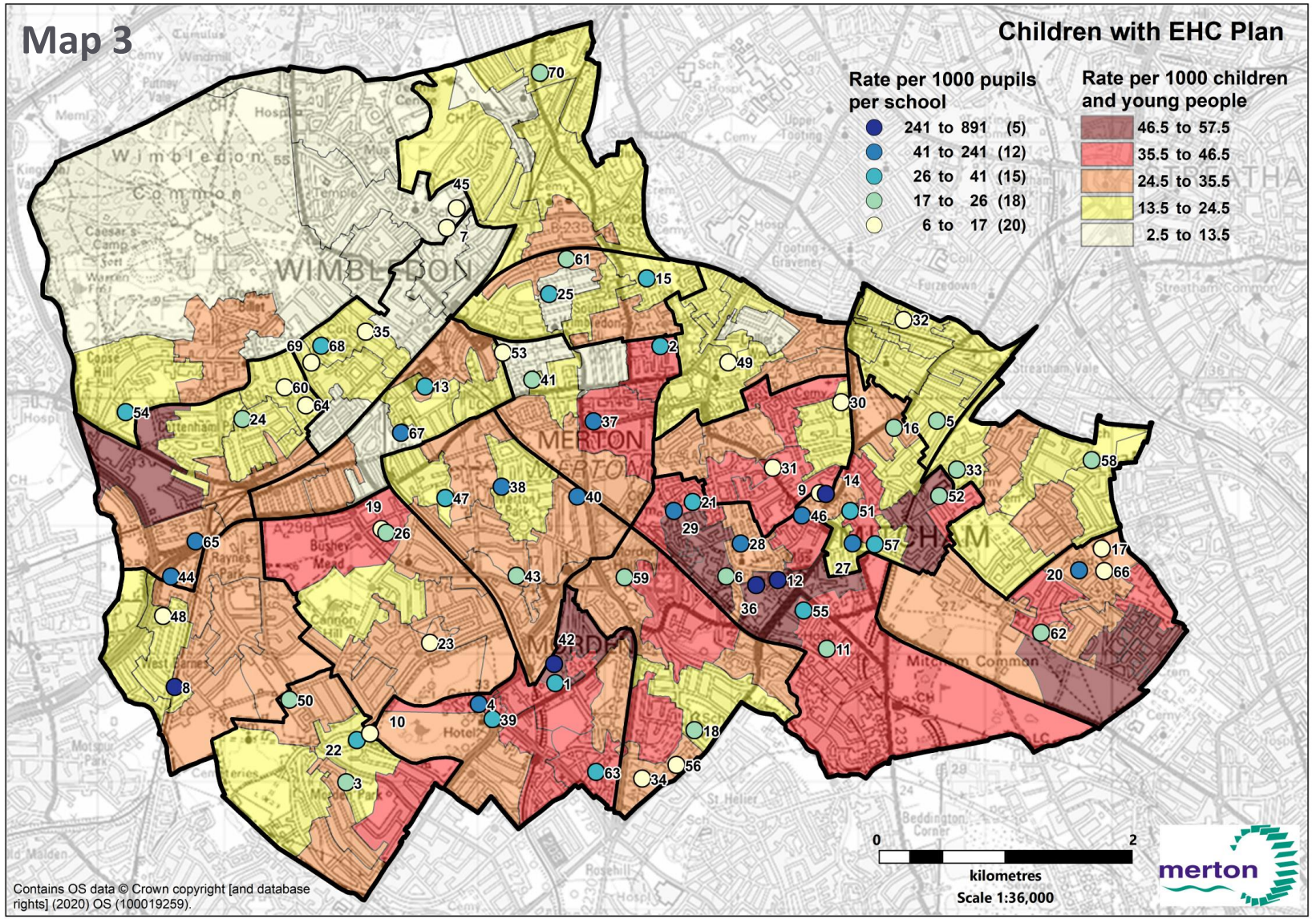
Source: SEN2, January 2020

Appendix A



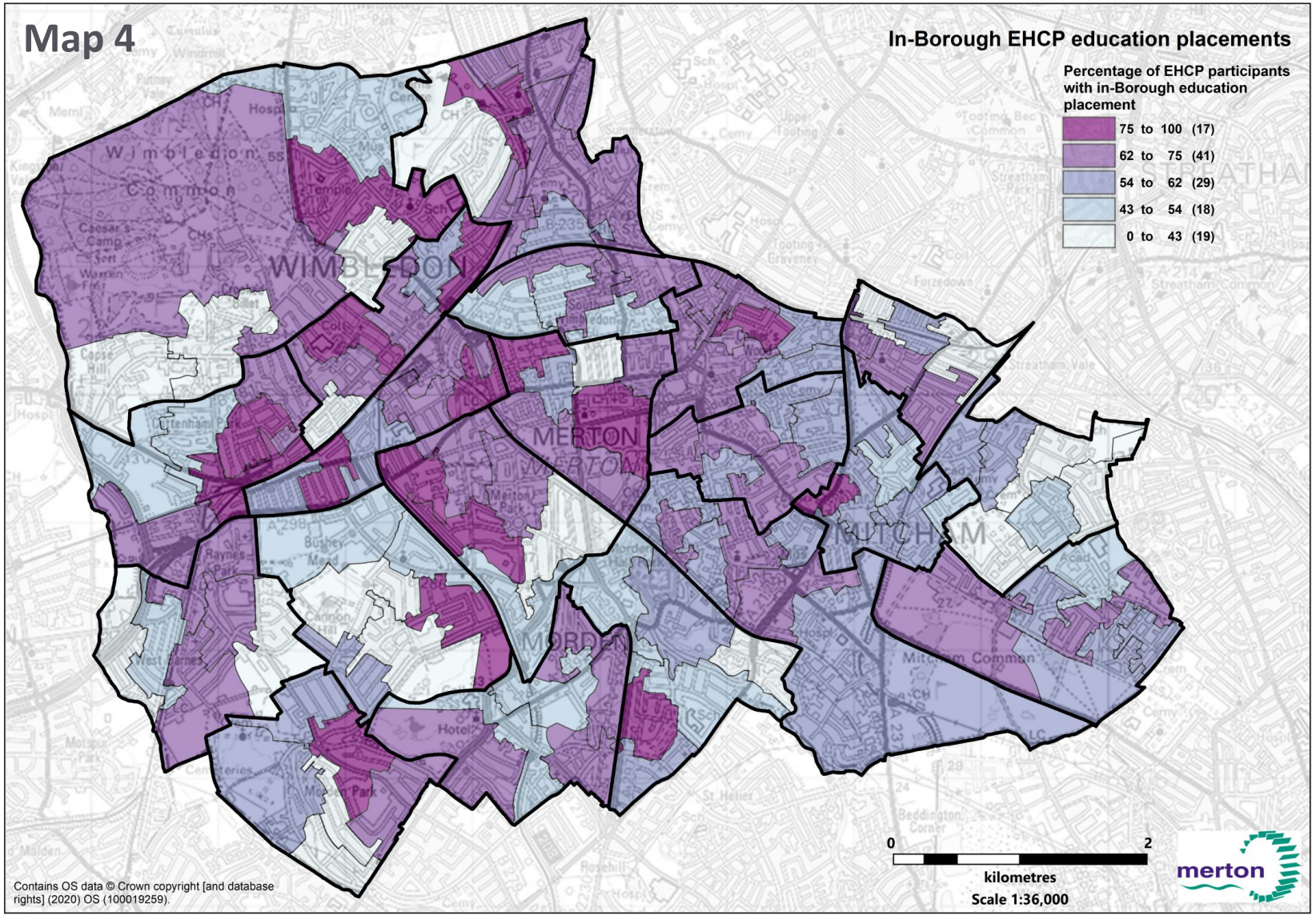
Source: ONS, 2015

Appendix A



Source: SEN2, January 2020

Appendix A



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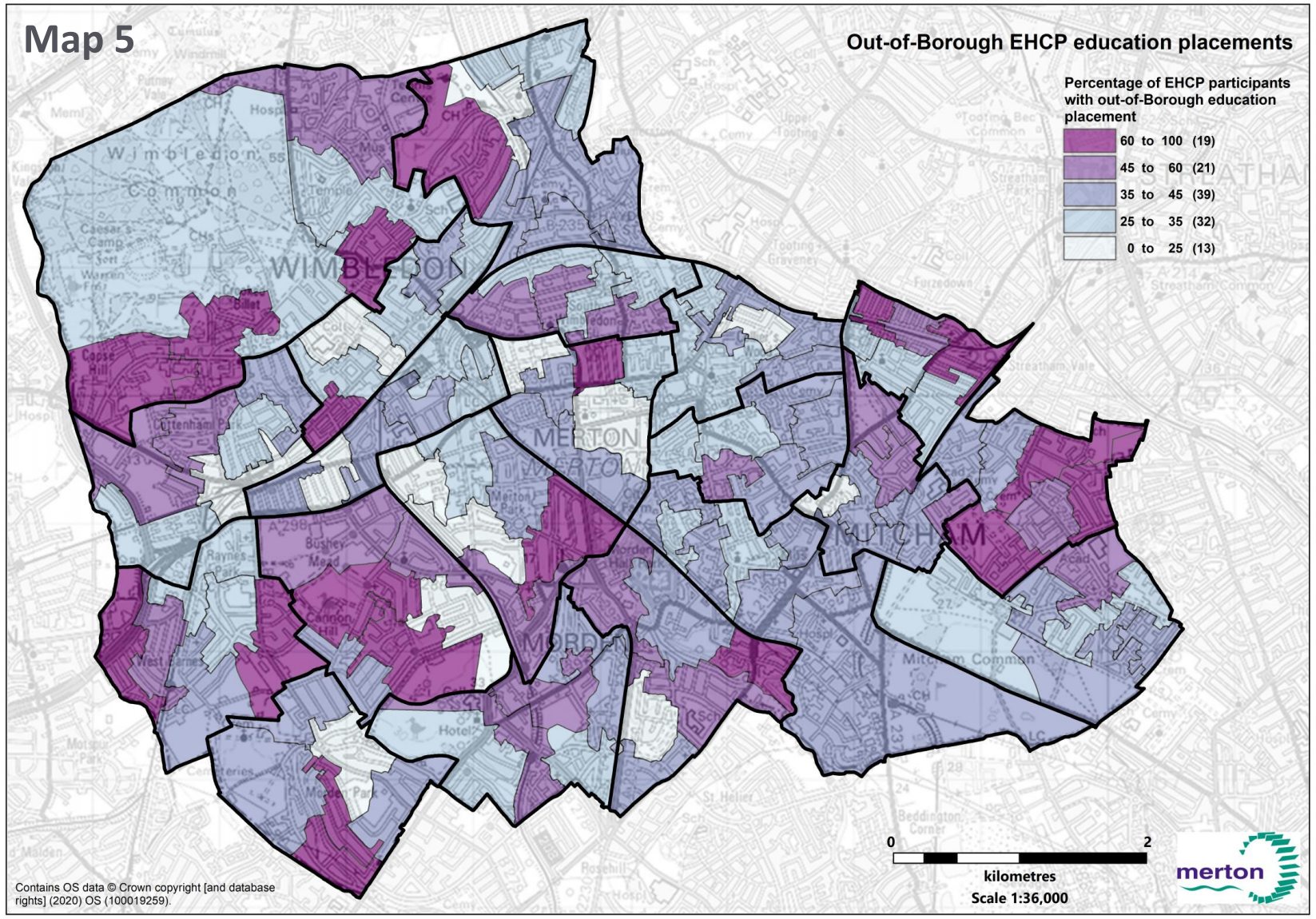
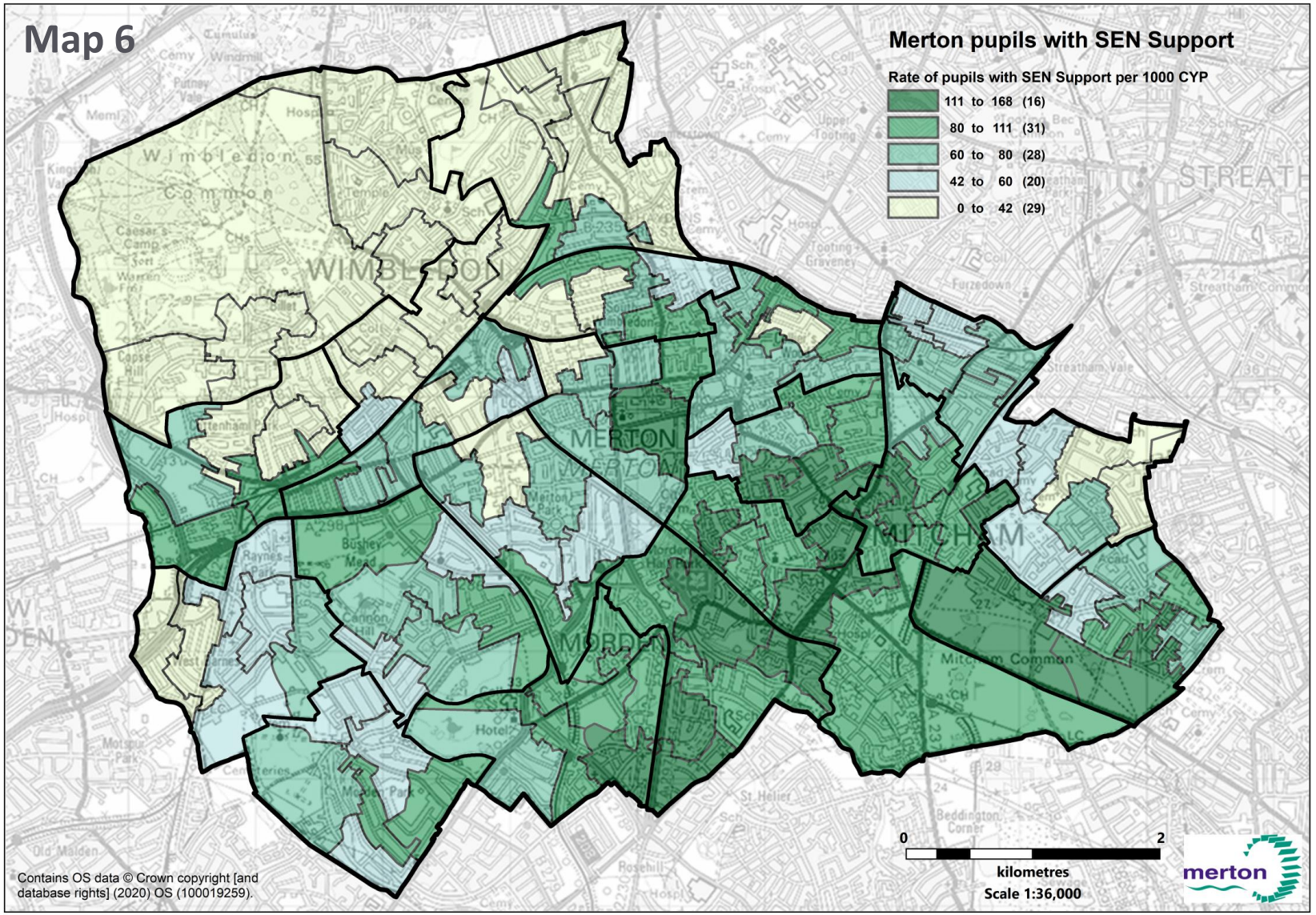
Appendix A



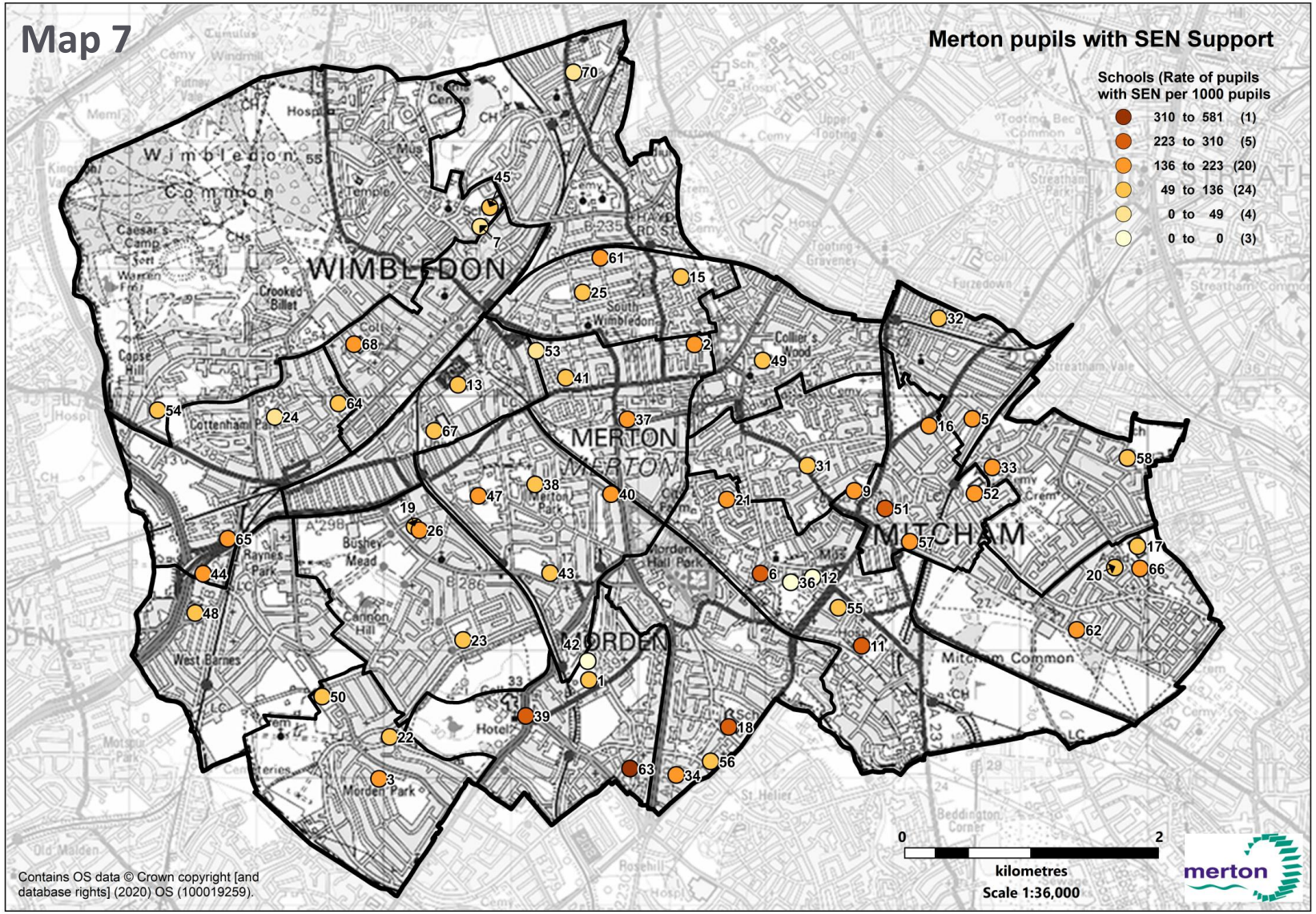
Source: SEN2, January 2020

Appendix A



Source: School Census, January 2020

Appendix A



Source: School Census, January 2020

Appendix B – School reference for map of LSOA of educational placement of Merton residents aged 0-25 with EHCP

Ref No.	School Name	School Postcode	EHCP rate per 1,000 pupils
1	Abbotsbury Primary School	SM4 5JS	28.9
2	All Saints' CofE Primary School	SW19 1AR	39.2
3	Aragon Primary School	SM4 4QU	18.9
4	Aurora Centre, South Thames College Group, Merton College	SM4 5QX	153.8
5	Beecholme Primary School	CR4 2HZ	20.6
6	Benedict Primary School	CR4 3BE	20.5
7	Bishop Gilpin CofE Primary School	SW19 7EP	10.7
8	Blossom House School	KT3 6JJ	264.5
9	Bond Primary School	CR4 3HG	13.2
10	Bow Lane Pre-School	SM4 4SJ	11.6
11	Cranmer Primary School	CR4 4XU	23.4
12	Cricket Green School	CR4 3AF	455.2
13	Dundonald Primary School	SW19 3QH	29.1
14	Eagle House School	CR4 3HD	241.9
15	Garfield Primary School	SW19 8SB	26.8
16	Gorringe Park Primary School	CR4 2YA	17.8
17	Harris Academy Merton	CR4 1BP	10.1
18	Harris Academy Morden	SM4 6DU	24.4
19	Harris Academy Wimbledon	SW20 9NS	9.5
20	Harris Primary Academy Merton	CR4 1JW	45.9
21	Haslemere Primary School	CR4 3PQ	26.9
22	Hatfeild Primary School	SM4 4SJ	32.3
23	Hillcross Primary School	SM4 4EE	11.3
24	Hollymount School	SW20 0SQ	21.8
25	Holy Trinity CofE Primary School	SW19 8PW	31
26	Joseph Hood Primary School	SW20 9NS	22.7
27	Jus 'T' Learn Independent School	CR4 2QA	200
28	Kingswood Daycare Nursery	CR4 3DA	54.1
29	La Petite Fleur Pre-School (South Mitcham Community Centre)	CR4 3PR	71.4
30	Lavender Nursery and Pre-School (London Road)	CR4 3LB	15.3
31	Liberty Primary	CR4 3EB	15.7
32	Links Primary School	SW17 9EH	12.3
33	Lonesome Primary School	CR4 1SD	19.9
34	Malmesbury Primary School	SM4 6HG	8.7
35	Maria Montessori - Wimbledon (Spencer Hill)	SW19 4PH	15.2
36	Melrose School	CR4 3BE	875
37	Merton Abbey Primary School	SW19 2JY	48.8
38	Merton Park Primary School	SW19 3HQ	42.7
39	Morden Primary School	SM4 5PX	29.9
40	Park Community School	SW19 3EF	62.5
41	Pelham Primary School	SW19 1NU	20.8
42	Perseid Special School (formerly St Ann's School)	SM4 5LT	890.4
43	Poplar Primary School	SW19 3JZ	22.6
44	Raynes Park High School	SW20 0JL	47.1
45	Ricards Lodge High School	SW19 7HB	11.1
46	Rise Education	CR4 3ED	41.7
47	Rutlish School	SW20 9AD	33.4
48	Sacred Heart Catholic Primary School	KT3 4ND	9.2
49	Singlegate Primary School	SW19 2NT	9.5
50	St John Fisher RC Primary School	SW20 9NA	24.8
51	St Mark's Primary School	CR4 2LF	27.6
52	St Marks Church of England Academy	CR4 1SF	21.2
53	St Mary's Catholic Primary School	SW19 1QL	12.8
54	St Matthew's CofE Primary School	SW20 0SX	32.9
55	St Peter and Paul Catholic Primary School	CR4 4LA	34.5
56	St Teresa's Catholic Primary School	SM4 6RL	8.5
57	St Thomas of Canterbury Catholic Primary School	CR4 1YG	26.7
58	Stanford Primary School	SW16 5HB	22.9
59	The London Acorn School	SM4 5JD	17.5
60	The Norwegian School in London	SW20 8AH	13.5
61	The Priory CofE School	SW19 8LX	25.1
62	The Sherwood School	CR4 1JP	20
63	The Smart Centre	SM4 6PT	32.3
64	Ursuline High School Wimbledon	SW20 8HA	10.8
65	West Wimbledon Primary School	SW20 0BZ	76.6
66	William Morris Primary School	CR4 1PJ	14.2
67	Wimbledon Chase Primary School	SW19 3QB	41
68	Wimbledon College	SW19 4NS	28.7
69	Wimbledon College Preparatory School at Donhead Lodge	SW19 4ND	6.1
70	Wimbledon Park Primary School	SW19 8EJ	20.9