

## SNS ANNUAL SUMMARY STATISTICS 2007

The Support Needs System (SNS) is a sophisticated electronic system that records information about children with additional support needs. Its aim is to monitor their progress and ensure they have access to services or support they require.

The system has been enthusiastically implemented in eleven NHS Boards (Forth Valley NHS Board began implementation in July 2007, however data for Forth Valley are not yet available for analysis). Its use has however been interrupted in some local areas because of administrative / medical staffing shortages.

Although primarily a highly valued clinical tool, it is possible to extract data for analysis from the SNS. Local analysis has been done since implementation, but figures for all participating NHS Boards were not published before December 2005.

Figures from the SNS must be read with caution as the system has not been fully implemented in all NHS Boards across Scotland and implementation and utilisation vary in the NHS Boards currently using it. For example, in some areas staff shortages mean that children with more complicated problems are targeted for assessment in SNS, e.g. Lanarkshire, whilst in other areas children with a wider range of problems are being assessed in the system e.g. Grampian NHS Board. Grampian has the highest proportion of children active on SNS. This does not indicate that Grampian has more children with support needs than other NHS Boards but rather is a reflection of the extensive clinical use of SNS in Grampian. Particular care should be taken when viewing figures for individual NHS Boards that are based on small numbers as these can give an unrepresentative picture of activity in that NHS Board. For example, Fife and Dumfries and Galloway currently have very few children with data recorded on SNS.

Also, the SNS holds data on a particular group of children identified as requiring support over and above that routinely given, and their data will only be recorded on SNS with the explicit permission of their parents/carers. For these reasons SNS figures cannot be used as direct indications of the prevalence of particular conditions or factors in the wider population.

### Children being assessed as part of the SNS programme

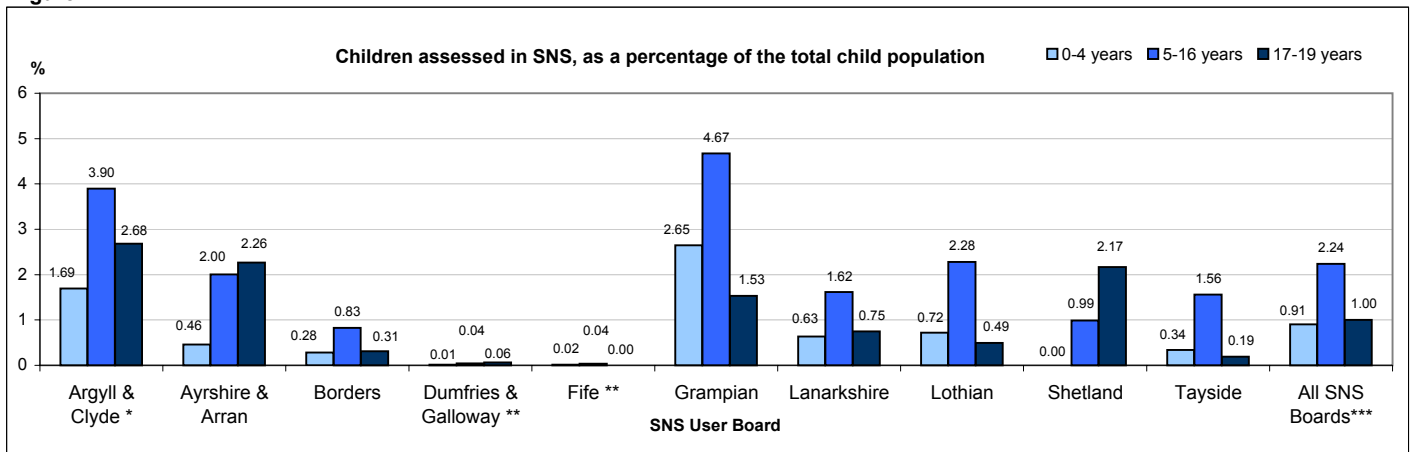
Table 1

NHS Board	Number of children being assessed in SNS
	N
Argyll & Clyde *	3,085
Ayrshire & Arran	1,456
Borders	158
Dumfries & Galloway **	13
Fife **	21
Grampian	4,508
Lanarkshire	1,704
Lothian	2,876
Shetland	51
Tayside	934
<b>ALL SNS Boards ***</b>	<b>14,806</b>

Source: SNS; ISD Scotland; Aug07

Table 1 shows the number of children being assessed in SNS in each NHS Board. Figure 1 presents these figures, broken down into age groups, as a percentage of the child population in each NHS Board area. A minimum of around two percent of the total child population would be expected to be eligible for registration on SNS. Figure 1 shows that this is exceeded in some areas, particularly for children of school age, but not reached in other areas. The different rates of capture shown for each NHS Board are a reflection of differing implementation, utilisation and levels of staffing in each NHS Board. Details for each NHS Board are given in the notes below.

Figure 1



Source: SNS; ISD Scotland; Aug07 & General Register Office Scotland mid 2006 population estimates

#### Notes on the use of SNS in each NHS Board

**Argyll & Clyde \*** - SNS has been consistently used. Argyll and Clyde NHS Board ceased to exist on 31st March 2006 and the administration area was split into two sub-areas that now fall under the administration of NHS Greater Glasgow & Clyde and NHS Highland respectively. However, since neither of the former NHS Boards Greater Glasgow or Highland used the SNS system, SNS figures for the former Argyll and Clyde area have been presented as before.

**Ayrshire & Arran** - The use of SNS decreased during 2004-05 because of local resource problems.

**Borders** - The use of SNS was suspended during 2003-04 because of clerical staffing shortages, but has since resumed.

**Dumfries & Galloway \*\*** - Data for a small number of children have recently become available for analysis, previously the use of SNS had been suspended due to medical staffing shortages.

**Fife \*\*** - SNS was implemented late in 2004, data for a small number of children have recently become available for analysis.

\*\* Fife and Dumfries and Galloway NHS Boards have only recently begun / restarted use of SNS and numbers of SNS children for these NHS Boards are still very small. Care should be taken when viewing small numbers as they can give an unrepresentative picture of activity within the [Note](#) - Numbers for Borders and Shetland NHS Boards are also small and might skew analysis at NHS Board level.

**Forth Valley** - Implementation began in July 2007, data are not yet available for analysis.

**Grampian** - SNS has been consistently used as the main clinical tool within Community Child Health departments.

**Lanarkshire** - SNS is consistently used, but staff shortages and staggered implementation reduce overall registrations.

**Lothian** - SNS has been consistently used.

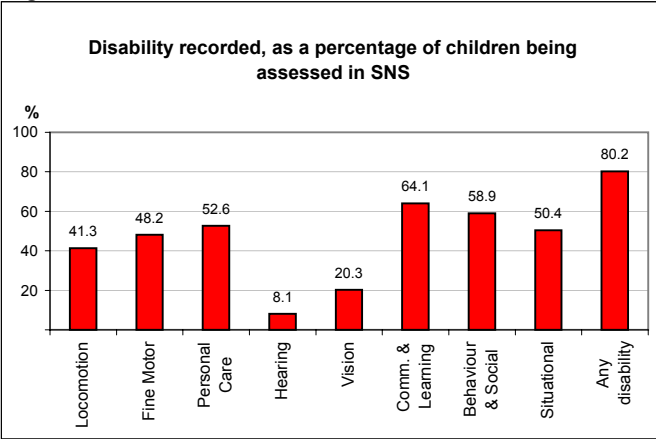
**Shetland** - The use of SNS has been hindered since Shetland has no lead Paediatrician.

**Tayside** - SNS has been consistently used.

\*\*\*Data for Forth Valley and children registered on SNS under more than one NHS Board are not included.

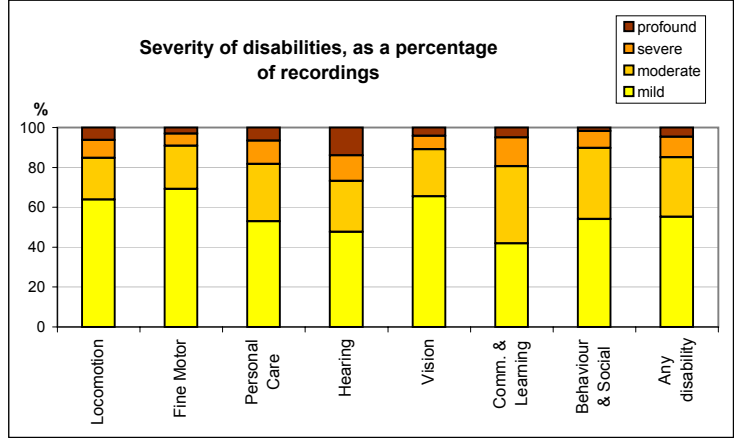
SNS recording - disabilities

Figure 2



Source: SNS; ISD Scotland; Aug07

Figure 3



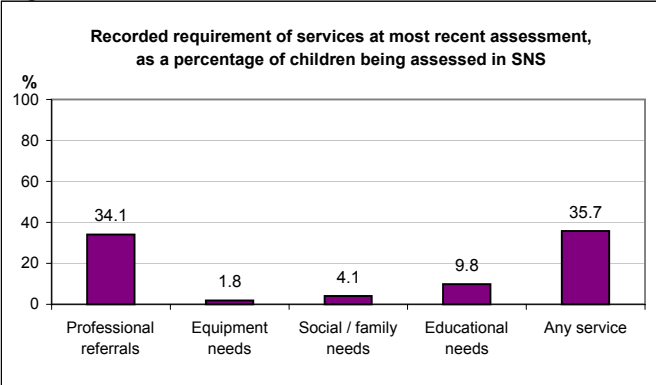
Source: SNS; ISD Scotland; Aug07

The SNS assessment form contains a detailed disability recording page that is used to describe each child's individual disability characteristics. Within each of the main disability categories shown on Figure 2 there are up to eight more specific sub-categories (for example, 'Washing' or 'Feeding' within 'Personal Care'). Each type of disability is assigned a code for severity, outlook and whether or not these are fluctuating.

Figure 2 shows the proportion of children being assessed in SNS that have a current severity status other than 'appropriate for age', 'not assessed', or 'not assessable' for at least one type of disability within each category. 80.2% of children being assessed in SNS have at least one disability record with status 'mild', 'moderate', 'severe' or 'profound' in at least one category. This means that the remaining 19.8% of children did not have details of any disability recorded on the assessment form. 64.1% have at least one record within the 'Communication & Learning' category; and only 8.1% have a record within the 'Hearing' category. Figure 3 is a breakdown of disability recordings by severity. The majority of records are for 'mild' disabilities and the highest proportion of 'profound' disabilities is for 'Hearing'.

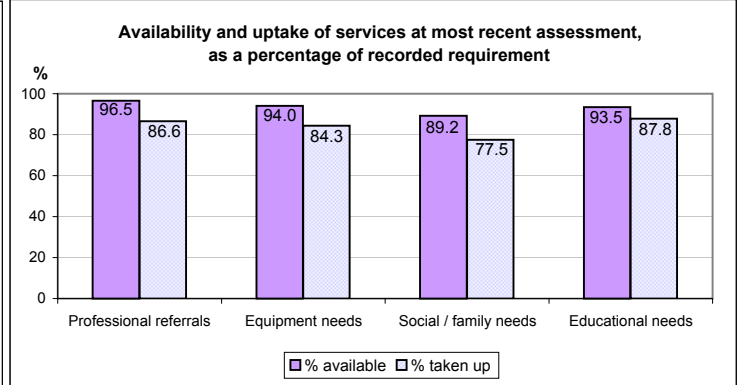
SNS recording - services

Figure 4



Source: SNS; ISD Scotland; Aug07

Figure 5



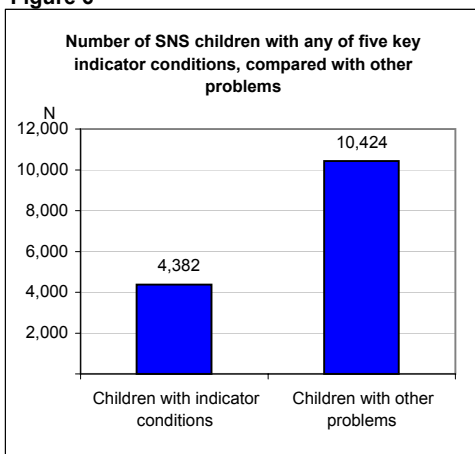
Source: SNS; ISD Scotland; Aug07

Service requirements are recorded on the SNS assessment form using SNS coding. As well as requirement, the availability, take-up and source of the service are recorded. Within the main service categories shown on Figure 4 there are up to seventy-six more specific coded sub-categories.

Figure 4 shows the percentage of children being assessed in SNS who are recorded as requiring different types of services. 35.7% of children being assessed in SNS are recorded as requiring at least one type of service in at least one of the main categories; 64.3% of children therefore do not have records of any service requirements at the time of their most recent assessment. Figure 4 also highlights that requirement of equipment or services outside the health service (such as Social / Educational) are less frequently recorded. This is perhaps a reflection of the medical assessor's perspective. Figure 5 shows what proportion of services recorded as required are available and what proportion are taken up. Again, the difference between professional referrals and services sourced out-with the health service / equipment needs are highlighted.

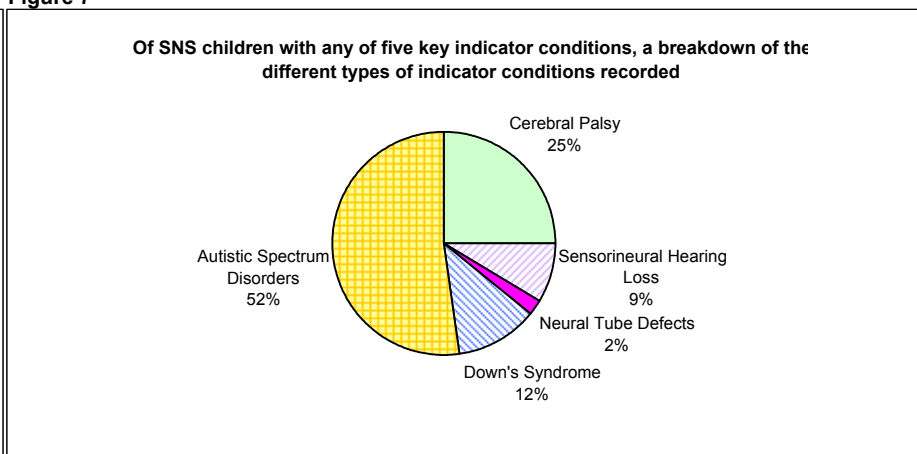
SNS recording - indicator conditions

Figure 6



Source: SNS; ISD Scotland; Aug07

Figure 7



Source: SNS; ISD Scotland; Aug07

The conditions and problems of children being assessed in SNS are recorded using Read coding. Around 5,000 different codes have been entered into SNS to describe conditions or problems. Groups of codes that describe five indicator conditions have been developed for the purpose of analysis. The intention is to develop further groupings that will allow analysis by a greater number of conditions.

Figure 6 shows that 4,382 children have at least one of the five indicator conditions - this is 29.6% of the 14,806 children being assessed in SNS. Some of these children might have more than one indicator condition and they might have other coded problems or conditions. Figure 7 shows that, of the 4,382 children with five key indicator conditions, 52% of the indicator conditions recorded are Autistic Spectrum Disorders, 25% are Cerebral Palsy, 12% Down's Syndrome, 9% Sensorineural Hearing Loss, and 2% are Neural Tube Defects.

Children in SNS with Multiple and Complex Disabilities (MCD)

Table 2

Recording of children with MCD, as a proportion of children active in SNS and as a percentage of total child population aged 0-19 years in each NHS Board											
	Argyll & Clyde *	Ayrshire & Arran	Borders	Dumfries & Galloway **	Fife **	Grampian	Lanarkshire	Lothian	Shetland	Tayside	All SNS Boards***
	%	%	%	%	%	%	%	%	%	%	%
(A) % SNS population	12.8	16.3	17.7	38.5	28.6	12.2	33.6	20.9	19.6	22.6	17.7
(B) % total child population	0.41	0.28	0.11	0.02	0.01	0.45	0.42	0.34	0.18	0.24	0.31

Source: SNS; ISD Scotland; Aug07 & General Register Office Scotland mid 2006 population estimates

Various criteria have been used to describe a child with MCD. For the purpose of this analysis, a child is defined as having MCD if the child has:

- i) severe or profound disabilities in at least three of the following disability categories
- OR
- ii) severe or profound disabilities in at least two of the following disability categories plus the need of a least two types of resources.

In either case, the impairment and needs of these children is sustained (lasting more than 6 months) and on-going.

Disability categories :

- Motor impairment
- Hearing impairment
- Visual impairment
- Cognitive impairment
- Speech and language impairment
- Behaviour problems
- Feeding problems
- Additional chronic health needs

Resource types :

- Therapy services
- Additional educational resources
- Nursing care needs
- Social care resources
- Mental health services

Table 2 shows the proportion of children being assessed in each NHS Board that were identified as having MCD (A) and it shows this figure as a proportion of the total child population in each NHS Board area (B). The differing rates between NHS Boards are thought to reflect variations in implementation and use of the system.

Table 2 part (A) shows that in NHS Boards such as Grampian or Argyll & Clyde children with MCD make up a relatively low proportion of all those being assessed in SNS, whereas in NHS Boards such as Tayside or Lanarkshire children with MCD make up a relatively high proportion of those in SNS. Comparing the coverage of children with MCD within the total child population shown in Table 2 part (B) and using indications of overall SNS coverage shown in Figure 1, the implication is that in NHS Boards such as Tayside or Lanarkshire SNS activity is focusing on children with more complicated or severe needs. Therefore, mildly disabled or higher functioning children living in these areas are less likely to be registered on SNS than those living in other NHS Board areas using SNS. This could be due to policy decisions or because medical staffing shortages require that children with more complex requirements are targeted as a priority.

\* Argyll and Clyde NHS Board ceased to exist on 31st March 2006 and the administration area was split into two sub-areas that now fall under the administration of NHS Greater Glasgow & Clyde and NHS Highland respectively. However, since neither of the former NHS Boards Greater Glasgow or Highland used the SNS system, SNS figures for the former Argyll and Clyde area have been presented as before.

\*\* Fife and Dumfries and Galloway NHS Boards have only recently begun / restarted use of SNS and numbers of SNS children for these NHS Boards are still very small. Care should be taken when viewing small numbers as they can give an unrepresentative picture of activity within the NHS Board.

Note - Numbers for Borders and Shetland NHS Boards are also small and might skew analysis at NHS Board level.

\*\*\*Data for Forth Valley and children registered on SNS under more than one NHS Board are not included.