

# Joint Strategic Needs Assessment

Special Educational Needs and/or  
Disabilities  
0-25 age group

Annual Update: October 2020

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## Summary of Findings

### Key Data Messages

- There are less CYP receiving SEND support; more demand for EHCPs.
- There has been an increase in exclusions that has only just started to abate and there is more demand for specialist and out of county placements.
- We are seeing a high prevalence of SEMH, SLCN and for those on EHCPs, ASD.
- The gap in education outcomes between SEND and all C&YP increases as they get older.
- There is a greater prevalence of SEND amongst boys than girls.
- There are greater numbers of those receiving SEND support in Central and South East, but the locality with the highest percentage is the North. The West has the lowest percentage of learners at SEN Support.

### Themes Arising

The Joint Strategic Needs Assessment has highlighted several general themes which need to be borne in mind when planning provision and support for children and young people with SEND. Some of these are in relation to learning from the coronavirus, while some were pre-existing:

- Increased need for multi-agency support for children and young people with social, emotional and mental health needs.
- The increased use of a virtual platform to deliver learning, support and therapy to children, young people and their families.
- Continued importance of early identification and workforce development.
- Increased need for communication at all levels across the system, between individual professionals and the families they support, around support that is available and between families and schools.
- the need to further develop data collection systems to increase understanding of the needs of the SEND population, particularly around health and social care around transition.

Specific Theme	Gaps, challenges and opportunities	Page Reference
Voice of parents and carers	<p>Top seven areas identified by parents and carers as areas for support as a result of the pandemic:</p> <ul style="list-style-type: none"><li>• Extra staffing, resources, support and funding for schools.</li><li>• Increase support for mental health, anxiety needs etc in schools, provide counselling services in schools.</li><li>• Children to have a plan with support about how to catch up.</li><li>• Better, frequent communication about what is happening in school.</li><li>• More training to mainstream staff and SENCo's around SEND.</li><li>• Extra activities for the holidays, weekends available locally.</li><li>• More support and advice available for parents about the SEND system and what support is available.</li></ul>	50

Joint commissioning	<ul style="list-style-type: none"> <li>The most common needs are SEMH, SLCN, ASD and MLD. Children and young people who have a primary need of SEMH, SLCN and ASD have increased involvement with health and social care services and benefit from multiagency approaches.</li> <li>There is a gap in the equity of access to short break activities across Northumberland.</li> <li>Gaps identified in the equity of access to supported living across Northumberland.</li> </ul>	10-13 18-19  44  44
Early Identification and Education	<ul style="list-style-type: none"> <li>High prevalence of SEMH plus impact of the coronavirus requires continued multi-agency focus on the needs of pupils with SEMH through the implementation of a coordinated graduated response.</li> <li>There is under identification of specific learning difficulties and moderate learning difficulties in mainstream settings.</li> <li>ASD is the highest level of need in EHCPs and further workforce development would be beneficial.</li> <li>SEMH, SLCN and ASD are the most common needs across the SEND population.</li> <li>Inconsistency (though improving) in schools and settings in relation to recording of identification of need.</li> <li>There is a development need within secondary mainstream schools for inclusive practice with SEND learners.</li> </ul>	10-13 18-19
Therapies & Special Schools Nurses	<ul style="list-style-type: none"> <li>Defining a clear core offer for therapies in each special school and across mainstream schools with a jointly agreed workforce development plan to ensure that all partners (school staff, health and parent / carers) have the knowledge, skills and confidence to support children's health needs.</li> <li>Services for children and young people with sensory processing difficulties are perceived in different parts of the system as being an unmet need.</li> <li>There are 2 services that support speech, language and communication needs leading to a degree of overlap.</li> <li>Access to Special School Nursing team to be equitable and needs led.</li> </ul>	32  32  33
Transition into adulthood	<ul style="list-style-type: none"> <li>There is a need for improved identification and pathways into adulthood for young people who will require adult social care support and who are not open to the Disabled Children's team.</li> <li>There is a need to improve Annual Health Checks.</li> <li>Increase the number of supported internships which result in employment.</li> <li>There is a need to decrease those who are NEET and have SEND and reverse the trend.</li> </ul>	44-48  39 23-25  23-25
Data	<ul style="list-style-type: none"> <li>Health data is currently not SEND specific and focuses on activity rather than outcome; there is an ongoing development need to improve data.</li> <li>We need to review how we capture and analyse data across the local area to better inform our understanding of the effectiveness of activity and strategy in improving outcomes for children and young people with SEND.</li> </ul>	6  25
Educational specialist	<ul style="list-style-type: none"> <li>The number of learners with an EHCP in mainstream secondary provision is lower than regional and national</li> </ul>	41

capacity	<p>picture.</p> <ul style="list-style-type: none"> <li>• The data tells us there is an increased need for specialist educational provision across the board, particularly for pupils with SEMH and ASD at secondary phase in partnership with health agencies.</li> <li>• Our knowledge of the study programmes and courses offered to P16 and P19 learners shows that a significant number are educated outside of the County.</li> <li>• Data on demand for specialist provisions indicated a historic lack of additionally resourced provision within mainstream schools.</li> </ul>	<p>40</p> <p>41</p> <p>41</p>
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## CONTEXT

[The Children and Families Act 2014](#) - introduced a new system for children and young people who have Special Educational Needs and/or Disabilities (SEND) which aligns and streamlines the processes of assessment, support and provision for children and young people aged 0-25. It brought together the duties and responsibilities under a variety of Acts covering education, health and care as well as introducing new provisions. The act places a duty on local authorities to ensure integration between provision for education and training, and health and social care, where this would promote wellbeing and improve the quality for disabled young people and those with SEND. It also stipulates the duty of local authorities and Clinical Commissioning Groups (CCG) to make joint commissioning arrangements for education, health and care provision for children and young people with SEND or disabilities.

The [SEND Code of Practice](#) was published in 2015. This provided statutory guidance for organisations who work with and support children and young people who have special educational needs or disabilities to implement the Children and Families Act 2014.

The Code of Practice places a requirement on local Health and Wellbeing Boards to develop a Joint Strategic Needs Assessment (JSNA) which provides a clear assessment of local needs of children and young people with SEND aged 0-25. This clear assessment of local need is required to enable the development of strategy and joint commissioning arrangements to meet the needs identified within the JSNA.

This document aims to describe the current needs of the SEND population in Northumberland, identify any unmet need and support the development of plans to meet future levels of need. This JSNA is an iterative piece of work and it will be updated (at least) on an annual basis.

## LOCAL STRATEGIES AND PLANS

The JSNA forms part of the local area approach towards identifying and meeting the needs of children and young people with SEND and should be read in conjunction with the following strategies and plans

- Director of Education Annual Report 2018-19
- SEND Joint Commissioning Strategy-Sept 2019
- SEND strategy 2018-2020
- Northumberland County Council Special Provision Plan 2018

## METHODOLOGY

A working group consisting of policy and intelligence officers from health, education and social care was formed to review the 2019 JSNA and contribute data, analytical products and intelligence from their areas of expertise. The partnership arrangement expanded the knowledge base and ensured that all parties were represented in this cross-organisation work.

This Joint Strategic Needs Assessment (JSNA) looks at all the evidence available for children and young people with special needs and disabilities within Northumberland, combined with nationally published statistics and research materials. The evidence base looks at current literature and Northumberland intelligence about the prevalence and trends in special educational needs and/or disability in the county. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

Information within this report is taken from a number of nationally published datasets including:

- [LG \(Local Government\) SEND report](#) *(opens in external window)*
- [SEN2 Data](#) *(opens in external window)*
- [Local Authority Interactive Tool \(LAIT\)](#) *(opens in external window)*
- [A Multi-Agency Data Dashboard for SEND 0-25](#) *(opens in external window)*
- [Mental Health Services Data Set](#) *(opens in external window)*
- [Public Health Profiles](#) *(opens in external window)*
- [Personal Health Budgets](#) *(opens in external window)*
- [Learning Disabilities Annual Health Checks](#) *(opens in external window)*

Local information has been used to supplement information from the national datasets with qualitative data where available. Given the geography of the County, where appropriate, data on prevalence is broken down into 4 areas to help form our scrutiny of the equitable access/issue.

## DATA SOURCES AND LIMITATIONS

Nationally, information about health tends to be activity led and process driven. It is not SEND specific, and data is often limited to 0-18 or 18+ age bands. Further work is being undertaken to establish a SEND specific dataset through working with health providers. The following national datasets are available but are not able to inform other than in the broader sense about activity and processes for ALL children and young people:

- Personal health budgets
- Annual Health Checks
- Mental Health
- Healthy Child Programme

The national picture is mirrored locally, with local data collection having the same constraints as the national data set.

Within education, primary and secondary need is captured from data recorded in schools against 12 nationally set categories. Training and support have been provided to education settings to support the accurate identification and recording of need. There is greater confidence in the data in this JSNA following this support, bringing levels of need closer to the national average with fewer outliers.

Where possible, data forecasting has been used, however, to be fully effective, this needs to be based on ten years of historic data. Forecasting within this document is based on eight years of data and should therefore be interpreted with caution.

## ABOUT NORTHUMBERLAND POPULATION

- 96.7% of the land mass is classed as rural, with just under half of the population living in this area.
- The other half of the population live mainly in the South East area of the county.
- There is an estimated population of 322,400 people in 2019
- According to the Office for National Statistics, the county's population is forecast to increase to around 339,400 by 2043
- As of June 2019, the number of 0-18-year olds in Northumberland, is 62,270 (19.31% of the Northumberland population of 322,434)
- The birth rate has declined over the last ten years and the number of children and young people aged 0 to 15 living in Northumberland is projected to be 48,100 in 2043

## ABOUT SEND IN NORTHUMBERLAND

### TOTAL SEND as at January 2020

	<i>Northumberland</i>	<i>National Average</i>
<i>Number of pupils on roll in Northumberland maintained and academy schools</i>	45, 599	NA
<i>% of pupils with SEND</i>	14.9%	15.6%
<i>% of pupils receiving SEN Support</i>	11.4%	12.2%
<i>% of pupils with an EHCP</i>	3.5%	3.4%

(Source: LG SEND Report - Jan 2020)

	<b>Boys</b>	<b>Girls</b>
SEND Support	66% ↓	34% ↑
EHCP	75% ↔	25% ↔
All	69% ↔	31% ↔

(Source: SEN2 and School Census Jan 2020)

Northumberland is under the national average for the total number of children and young people with SEND and the number of learners at SEN Support, it is above the national average for the number children and young people with EHCPs.

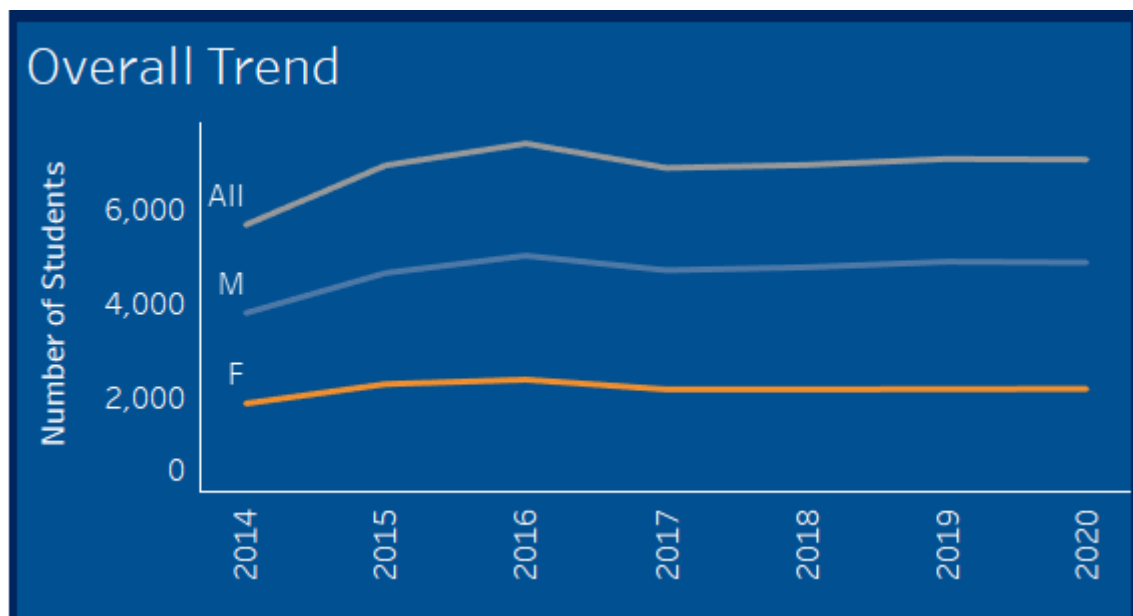
The gender split between male and female is a nationally recognised fact, though there is not, as yet, a common agreed understanding as to the underlying factors causing this.



## SEN SUPPORT BY NUMBER

Northumberland is in line with the national trend of falling SEN Support numbers, from 13.8% in 2014/15 to 11.4% 2019/20, which is below the national average of 12.2%.

The graph overleaf indicates the number of children and young people in Northumberland with an identified SEN need, either supported with an EHC plan or SEN Support.



(Source: SEN2 and School Census Jan 2020)

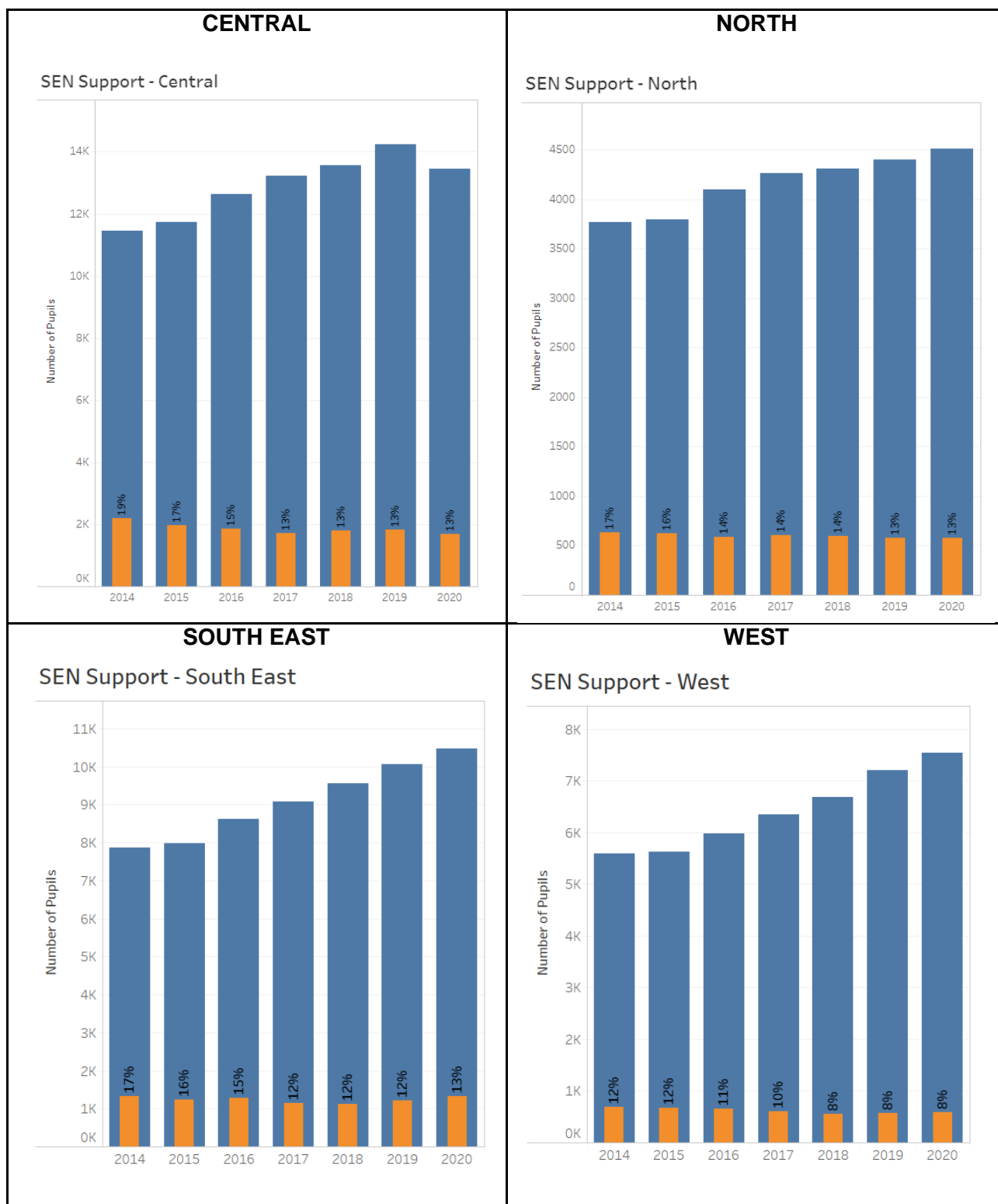
The LG SEND Report last year highlighted some significant differences with needs recorded by schools and the national average. Of note, last year there were 11% of pupils whose SEN were identified as 'Other'. Support has been provided to settings and the number of children and young people who do not have a need identified has reduced to 2.5%, which positively is below the national average.

Compared to the national average, Northumberland primary and secondary schools are:

- over identifying Social, Emotional and Mental Health & Speech, Language and Communication Needs;
- under identifying Specific Literacy Difficulties

## SEN SUPPORT BY LOCALITY

School population by locality with percentage of SEN Support in orange.



(Source: SEN2 and School Census Jan 2020)

All localities show a decrease over time in the numbers of pupils receiving SEN Support with schools in the West having the lowest percentage of pupils with SEN Support in mainstream. In the last three years the percentage of pupils receiving SEN Support has remained approximately the same across the four localities.

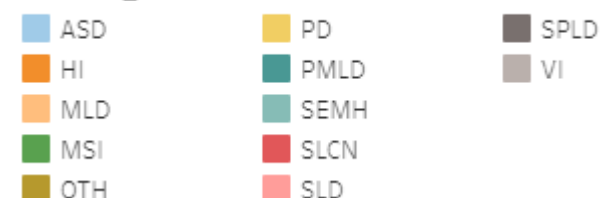
## SEN SUPPORT PRIMARY NEED ACROSS ALL LOCALITIES, AGED 5-16 IN MAINSTREAM SCHOOLS

Overall, MLD is falling, SEMH is gradually declining while SLCN and ASD are increasing. The following graphs show the pattern of primary need receiving SEN Support across the four localities.

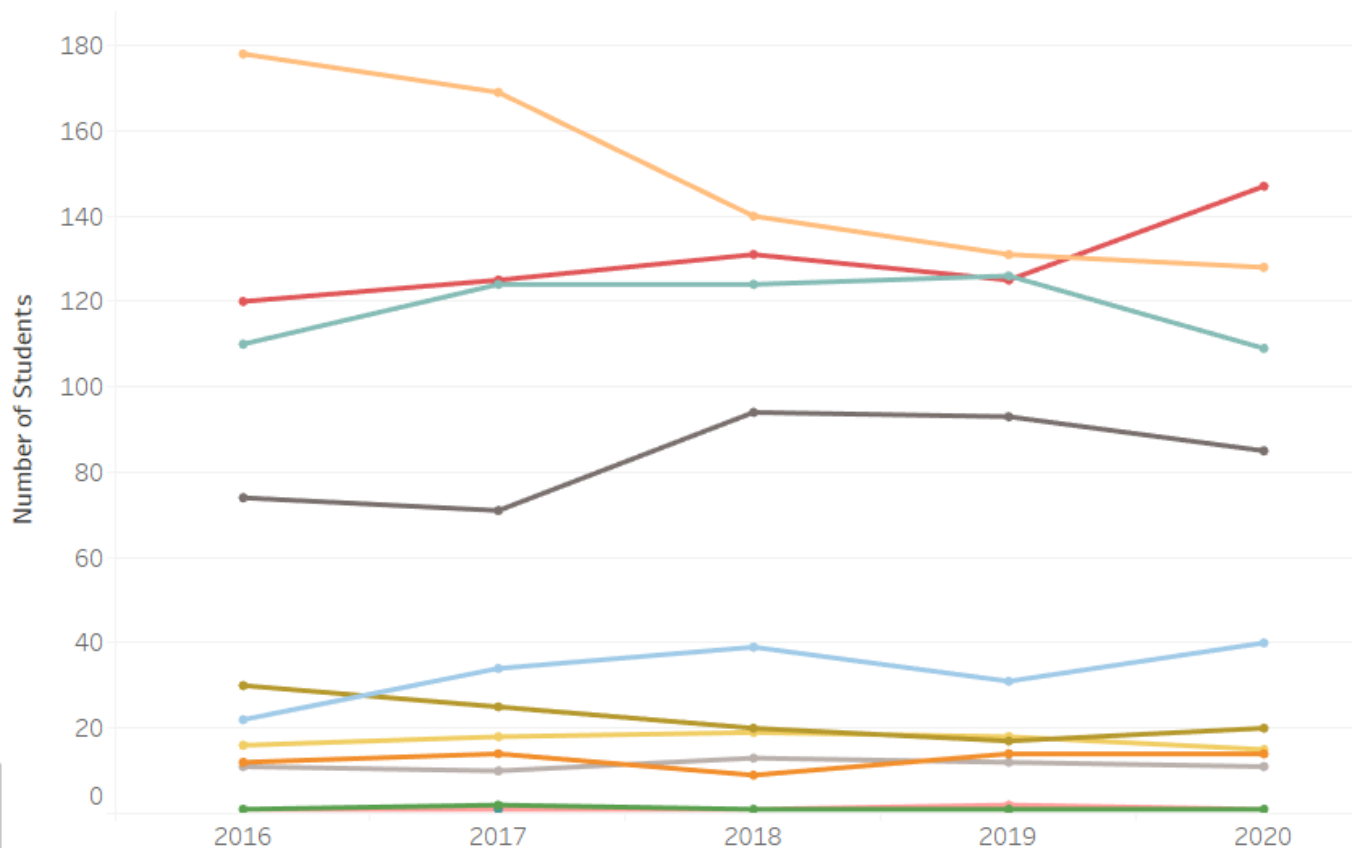
Differences in the data from the previous JSNA are due to the drop in 'Other' and schools more accurately recording primary need).

### Primary Need SEN Support - **NORTH**

#### PRIMARY\_NEED



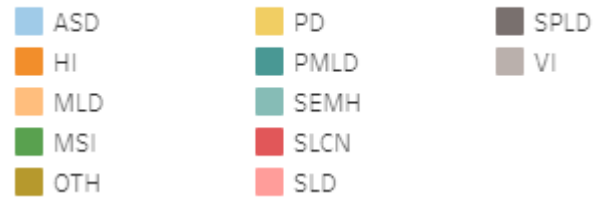
### Trend of Primary Need



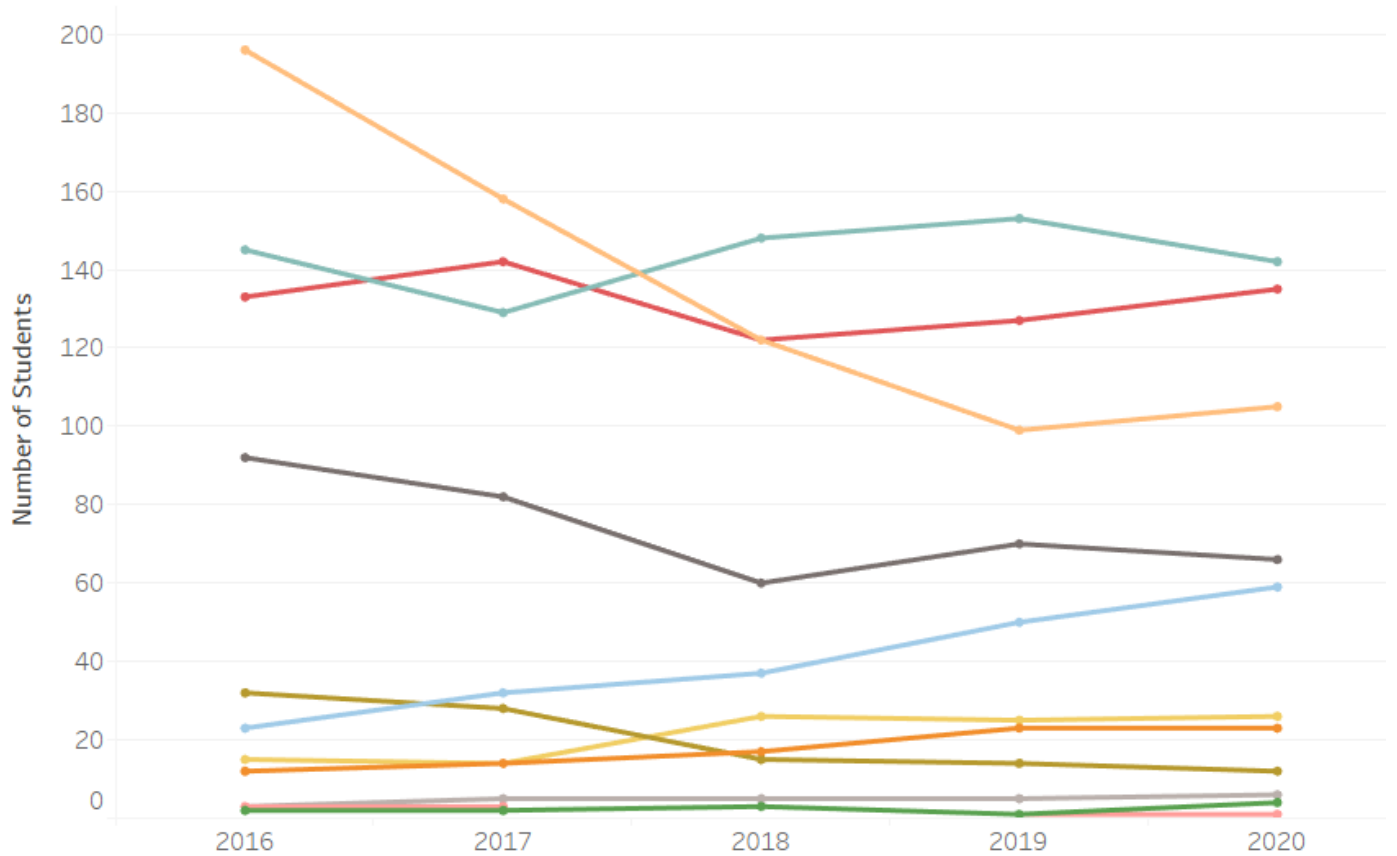
(Source: SEN2 and School Census Jan 2020)

## PRIMARY NEED SEN SUPPORT - WEST

### PRIMARY\_NEED



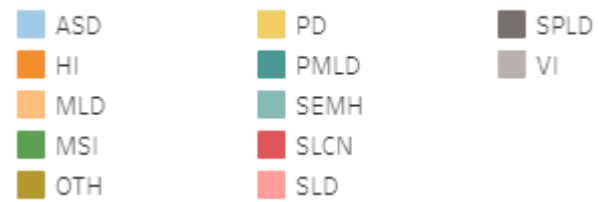
### Trend of Primary Need



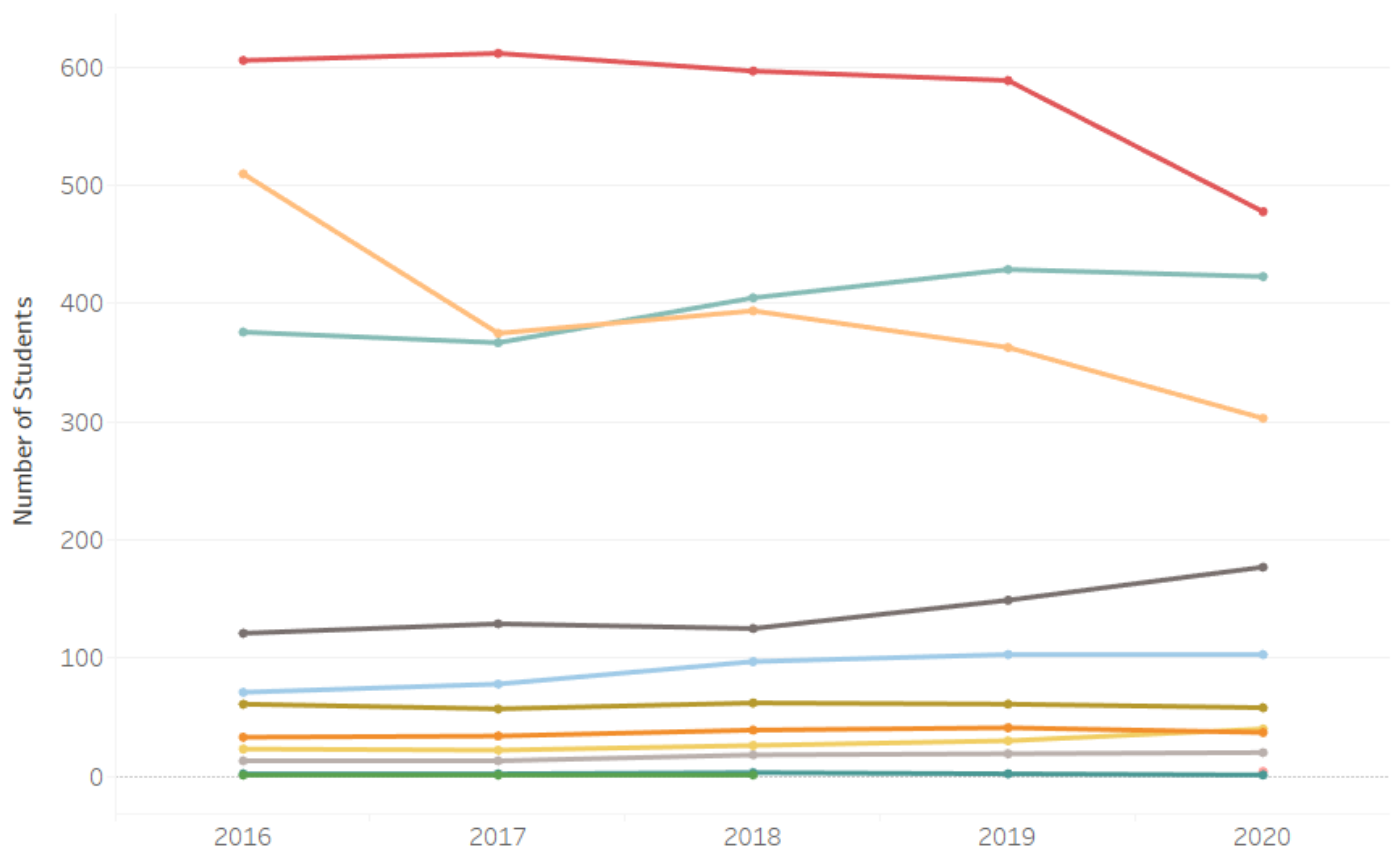
(Source: SEN2 and School Census Jan 2020)

## PRIMARY NEED SEN SUPPORT - CENTRAL

### PRIMARY\_NEED



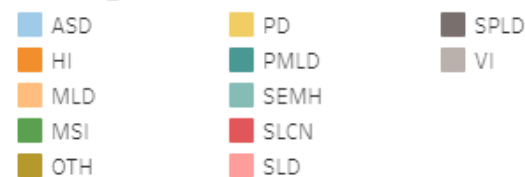
### Trend of Primary Need



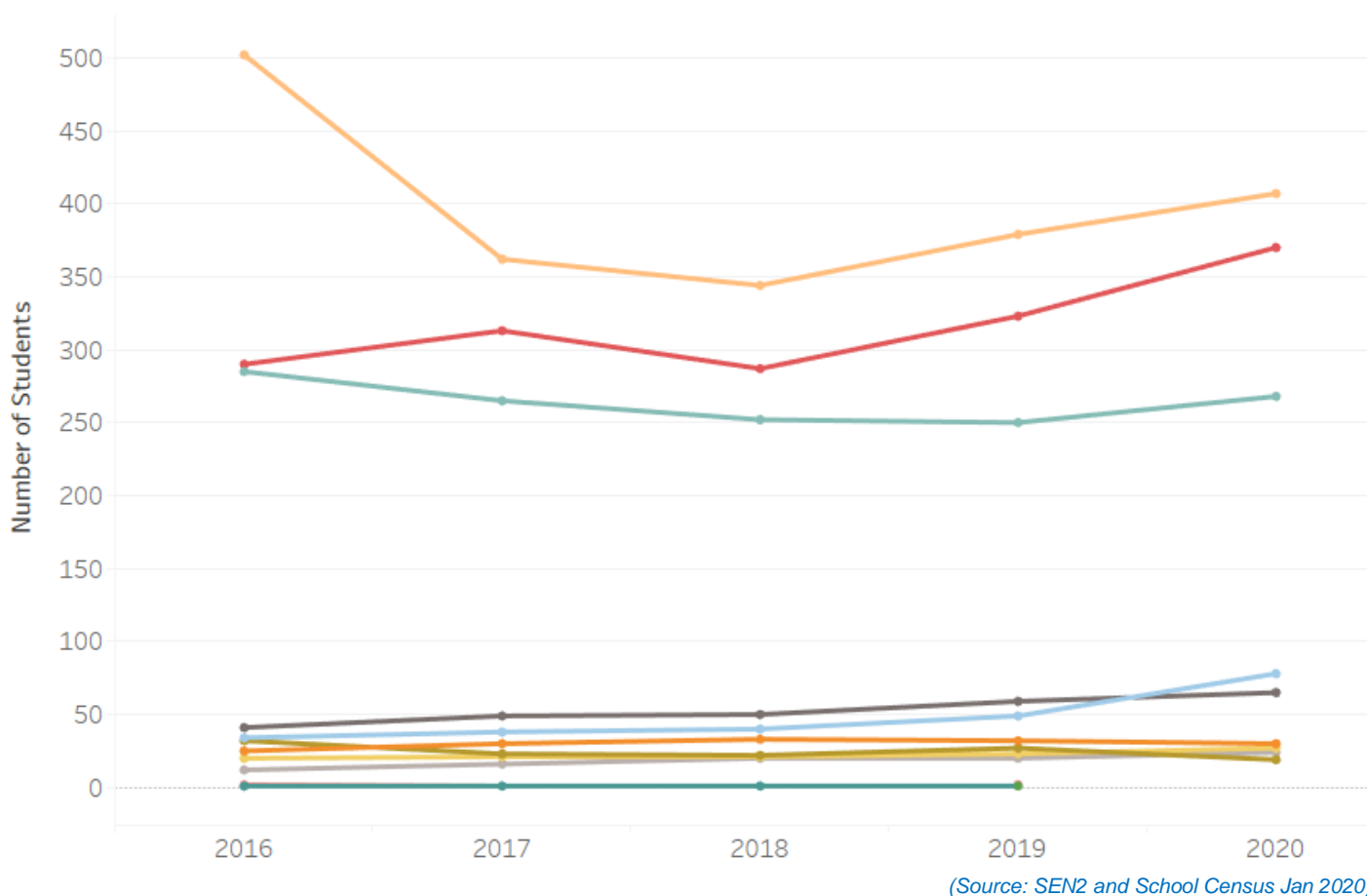
(Source: SEN2 and School Census Jan 2020)

## PRIMARY NEED SEN SUPPORT - SOUTH EAST

### PRIMARY\_NEED



## Trend of Primary Need



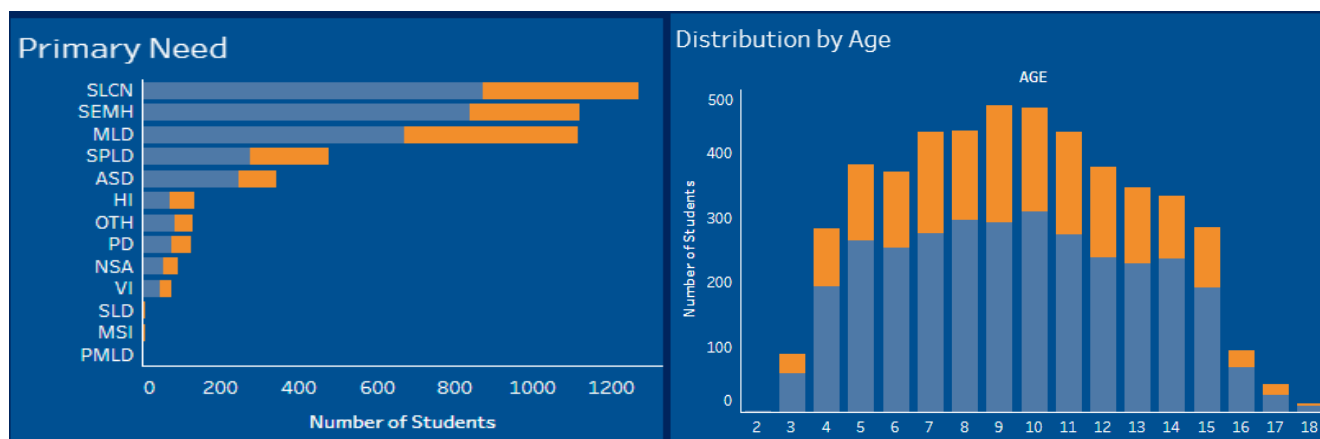
## Top three primary needs at SEN Support in localities (2019 need highlighted in blue)

Priority	North	West	Central	South East
1st	SLCN (MLD)	SEMH (SEMH)	SLCN (MLD)	SEMH (MLD)
2nd	SEMH (SEMH)	SLCN (MLD)	SEMH (SEMH)	MLD (SLCN)
3rd	MLD (SLCN)	MLD (SLCN)	MLD (SLCN)	SLCN (SEMH)

(Source: SEN2 and School Census Jan 2020)

## GENDER, AGE AND SEN SUPPORT

(MALE: FEMALE)



(Source: SEN2 and School Census Jan 2020)

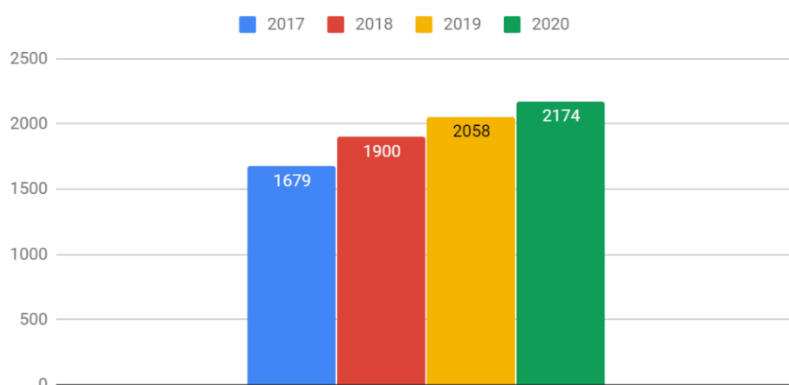
Top 5 primary need - SEND Support		
	Male	Female
1	SLCN	MLD
2	SEMH	SLCN
3	MLD	SEMH
4	SPLD	SPLD
5	ASD	ASD

(Source: SEN2 and School Census Jan 2020)

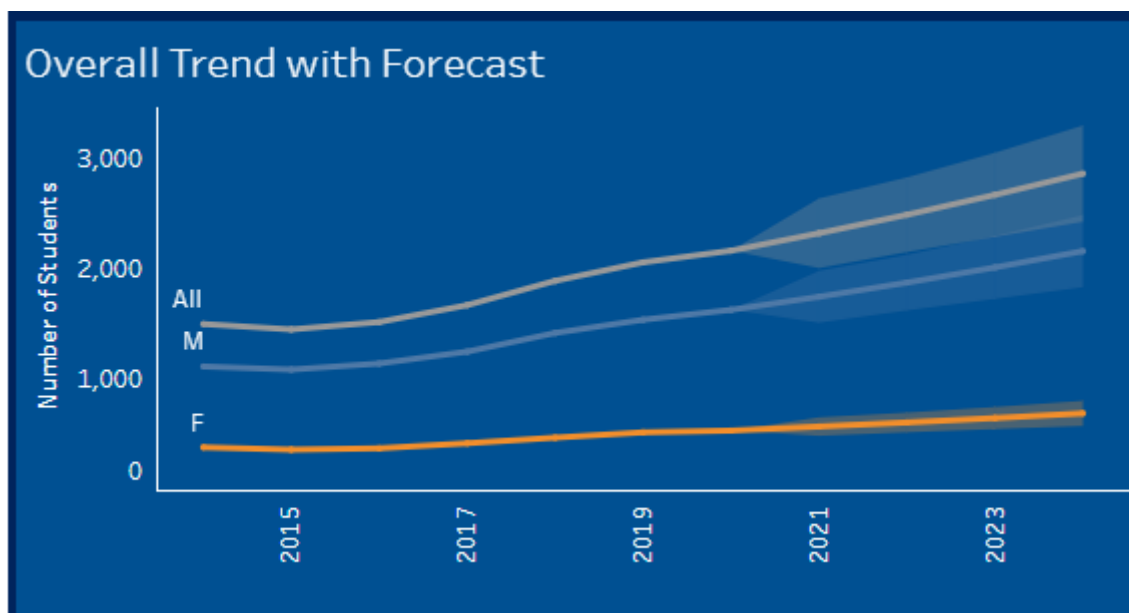
## ABOUT NORTHUMBERLAND CHILDREN AND YOUNG PEOPLE WITH AN EHCP

Across All English unitary authorities, the proportion of pupils with an education, health and care (EHC) plan ranges from 1.6% to 5.0%. Northumberland has a value of 3.5%, compared to an average of 3.4% in All English unitary authorities.

All pupils for whom the authority maintains a statement of special educational needs or an EHC Plan



(Source: LG SEND Report - Jan 2020)



(Source: SEN2 and School Census Jan 2020)

There were:

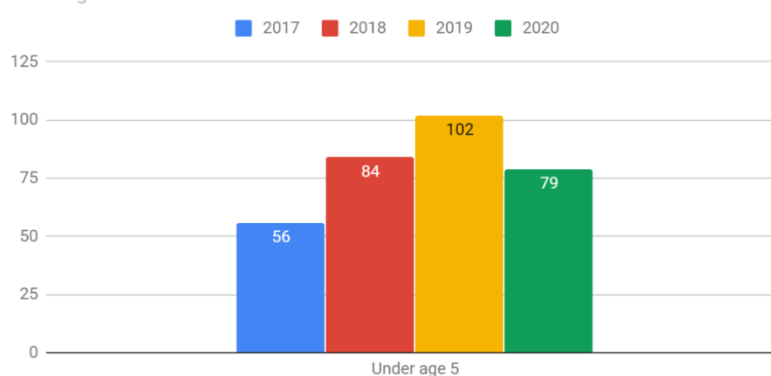
- 2174 children and young people with an EHCP in January 2020. An increase of 5.6% since 2019, compared to the national increase of 10%.
- 118 plans were discontinued
- 20 transferred to other Local Authorities.

### Under 5's

The number of children aged under 5 with an EHCP has decreased. In Northumberland 4% of children with an EHCP are under the age of 5 equalling the National picture.

Number of pupils for whom the authority maintains a statement of special educational needs or an EHC Plan

Under age 5



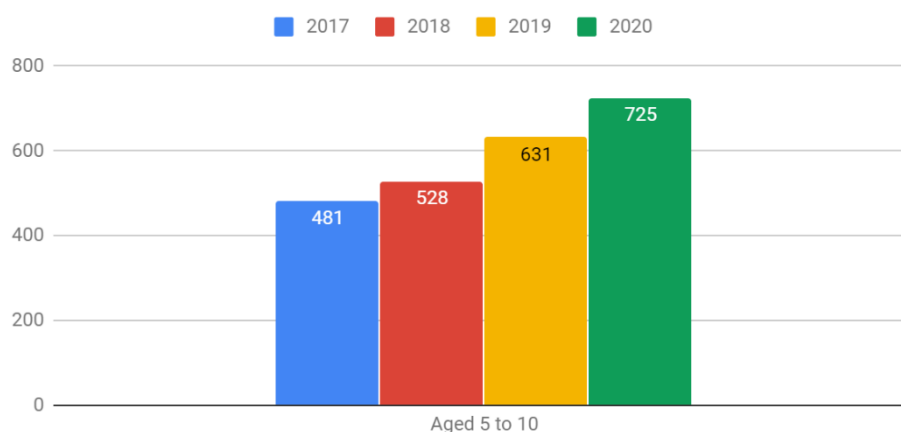
(Source: LG SEND Report - Jan 2020)



Children in the 5 - 10 age group have shown an increase (14.9% increase compared with 9.8% nationally).

### Number of pupils for whom the authority maintains a statement of special educational needs or an EHC Plan

Aged 5 to 10

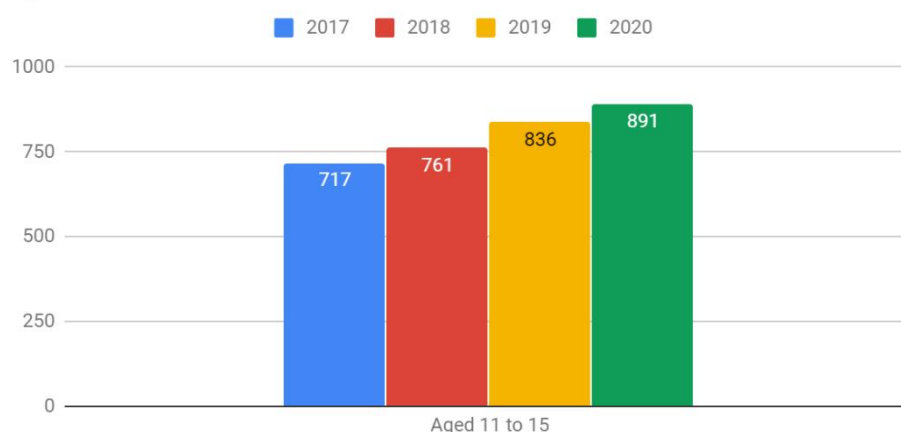


(Source: LG SEND Report - Jan 2020)

The 11 - 15 age bracket account for the largest number of children and young people with an EHC plan as at January 2020 - a 6.6% increase on the previous year, compared with a 9% rise nationally.

### All pupils for whom the authority maintains a statement of special educational needs or an EHC Plan

Aged 11 to 15

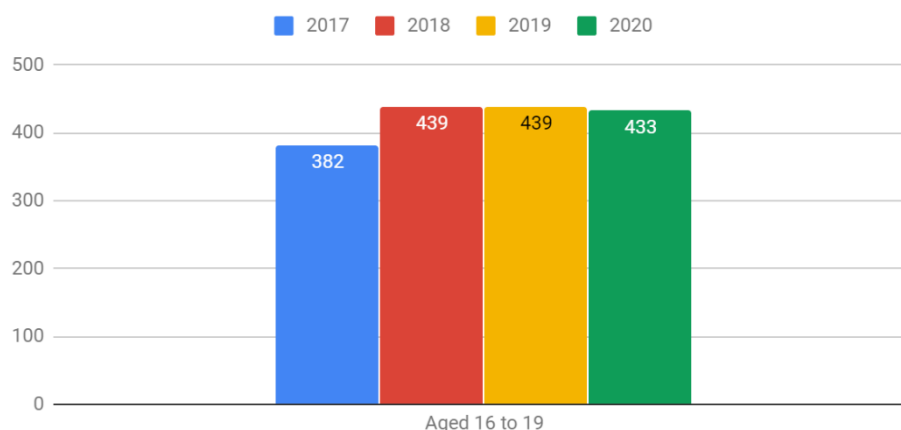


(Source: LG SEND Report - Jan 2020)

Numbers for pupils aged 16 - 19 decreased slightly (-1.4%) though is higher than the national average.

### All pupils for whom the authority maintains a statement of special educational needs or an EHC Plan

Aged 16 to 19

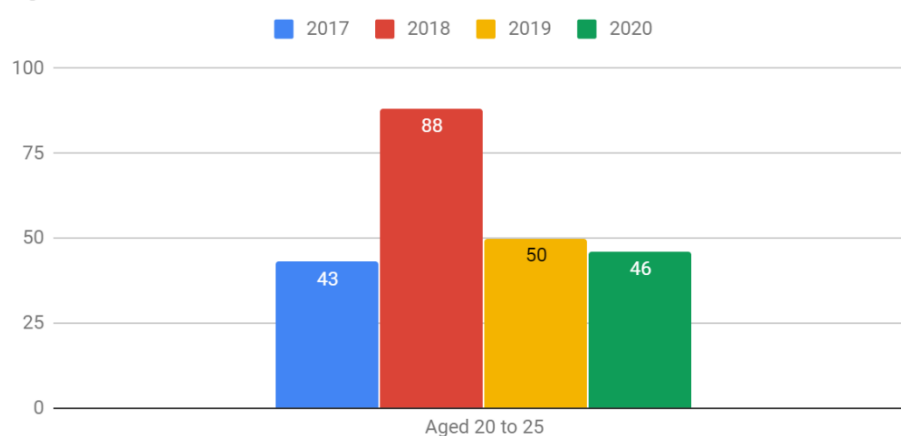


(Source: LG SEND Report - Jan 2020)

The 20 - 25 age bracket shows a slight drop in numbers and is lower than the national average. (NB the rise in numbers in 2018 should be treated with caution as it coincided with a review of the accuracy of internal systems and subsequent cleansing of historic data.)

### All pupils for whom the authority maintains a statement of special educational needs or an EHC Plan

Aged 20 to 25



(Source: LG SEND Report - Jan 2020)

Percentage of EHCPs by age compared to national picture  
(numbers rounded to nearest whole number)

Age bracket	Northumberland	National
Under 5	4%	4%
5-10	33%	33%
11-15	35%	41%
16-19	21%	20%
20-25	6%	2%

(Source: LG SEND Report - Jan 2020)

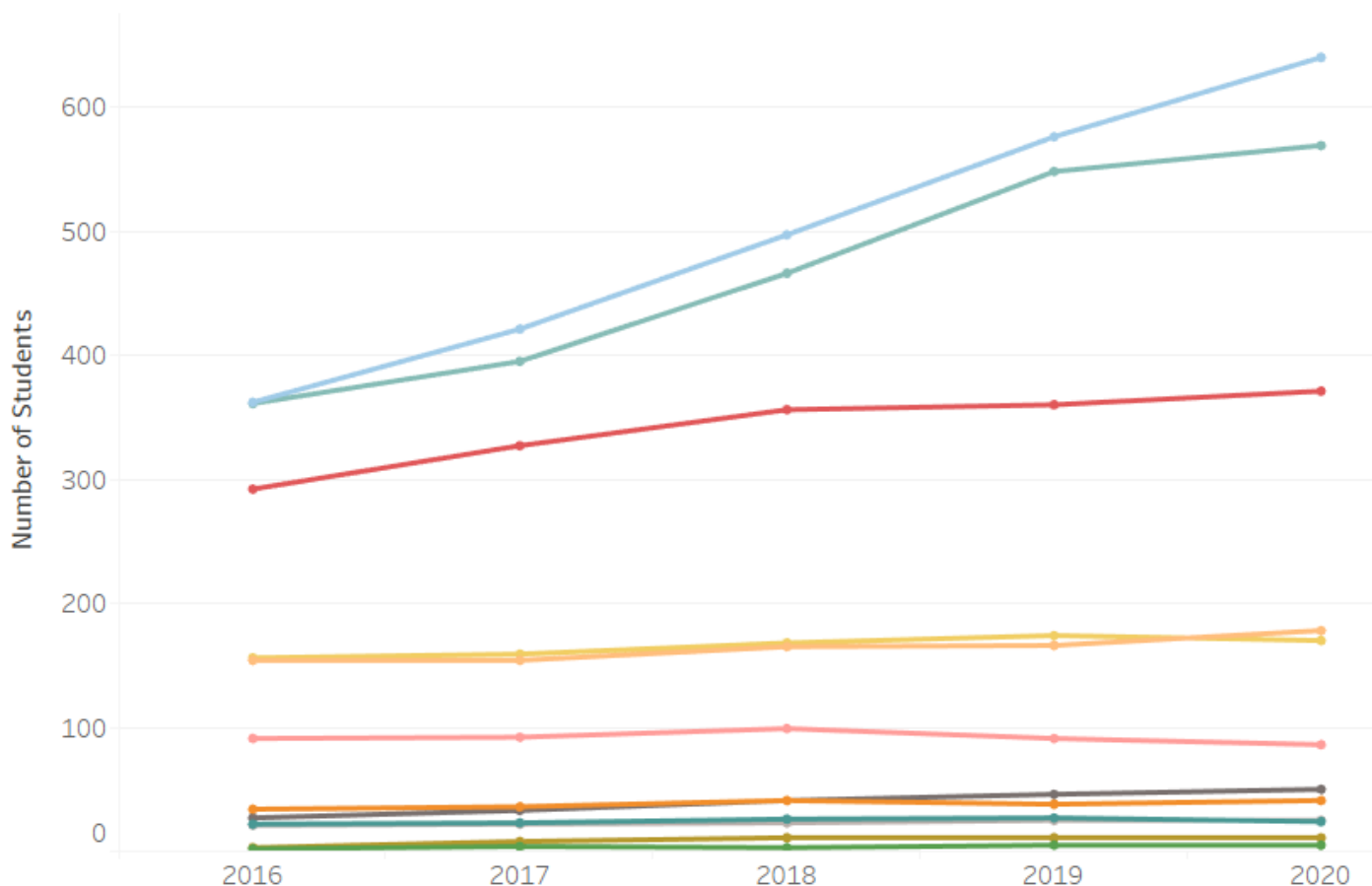
## Primary need for all Children and Young People with an EHCP

Across EHCPs as a whole, the most identified primary need was Autistic Spectrum Disorder, followed closely by SEMH. Nationally the most common primary need within EHCPs is ASD at 30.1%.

### PRIMARY\_NEED



## Trend of Primary Need



(Source: SEN2 and School Census Jan 2020)

Across all learners with an EHCP, ASD remains the highest need and shows a steadily rising trend. SEMH and SLCN are the second and third most common needs.

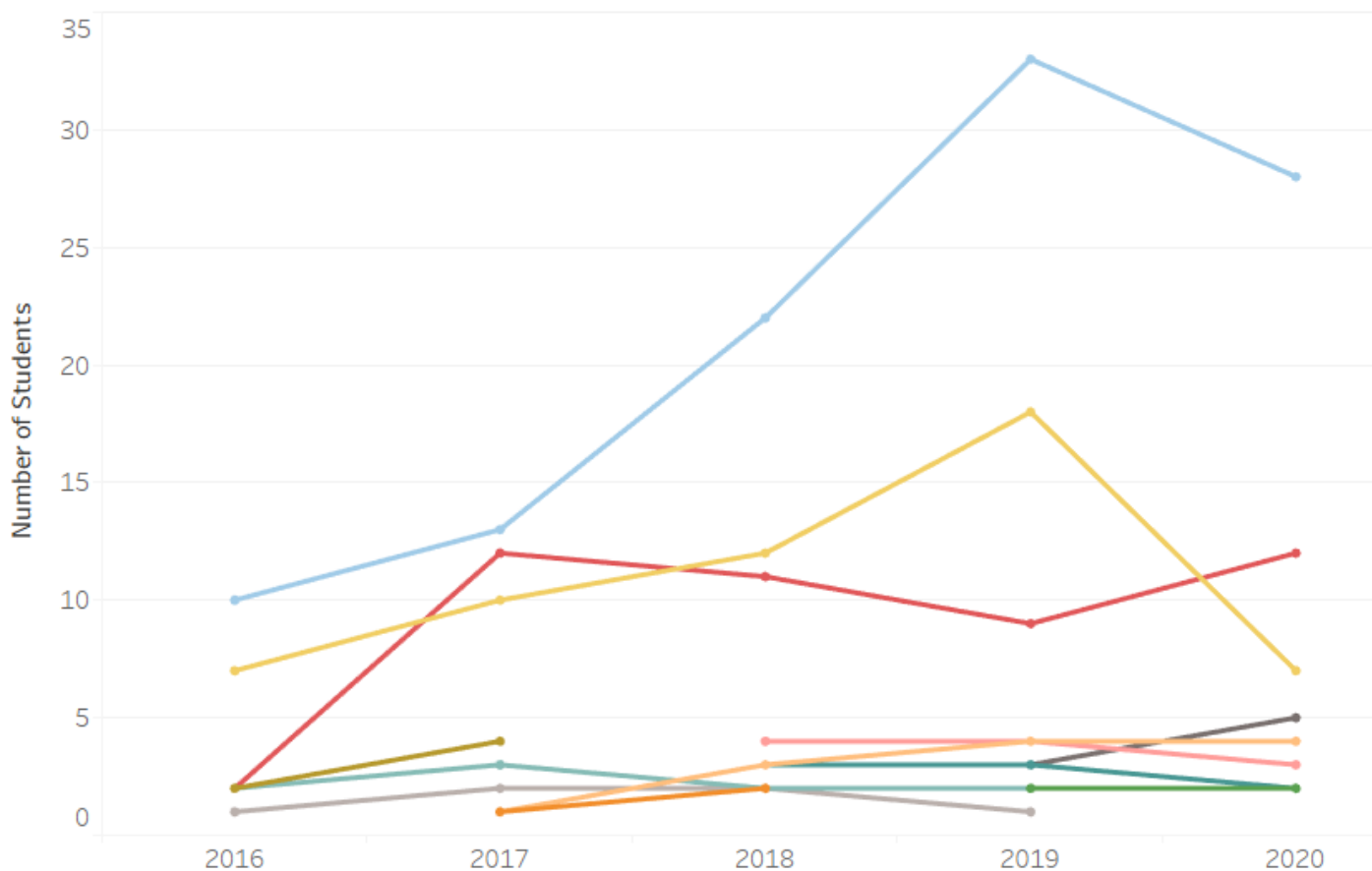
## Primary need for under 5's with an EHCP

ASD and SLCN are the more frequently identified needs by schools and settings in the under 5's with an EHCP, followed by Physical Difficulties.

### PRIMARY\_NEED

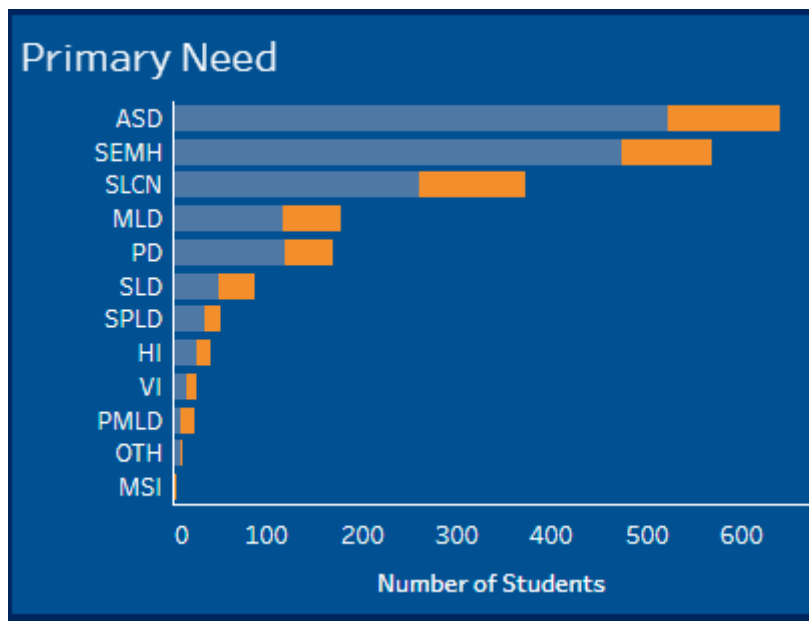


## Trend of Primary Need

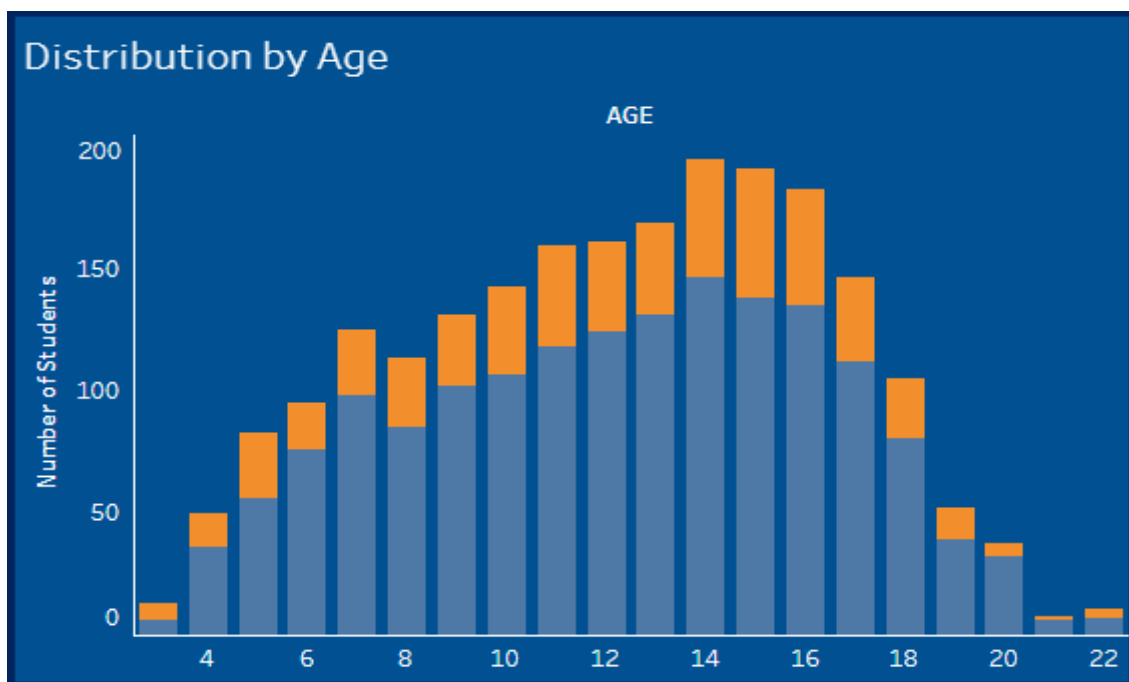


(Source: SEN2 and School Census Jan 2020)

## EHCP BY AGE AND GENDER (MALE: FEMALE)



(Source: SEN2 and School Census Jan 2020)



(Source: SEN2 and School Census Jan 2020)

Top 5 primary need - EHCP		
	Male	Female
1	ASD	ASD
2	SEMH	SLCN
3	SLCN	SEMH
4	PD	MLD
5	MLD	PD

(Source: SEN2 and School Census Jan 2020)

ASD has a nationally recognised gender difference of 3 males: 1 female.

Currently Year 11 has the highest number of EHCP's (211 (8.8%) of the total number of active plans. This number is closely followed by Year 10 where 192 (8.0%) plans are currently active.

## **SEN SUPPORT AND EHCP COMMENT**

Northumberland mirrors the national trend within the pattern of numbers of SEN Support falling and EHCPs rising. Much has been written about the current trends nationally which has focussed on the increasing pressure on LA and school budgets, the nature of the SEND legislation and the perverse incentives within the SEND system itself which has caused lower parental confidence with provision in mainstream and increasing numbers of parents and carers seeking specialist provision.

Within Northumberland the data above highlights inconsistencies within the identification of SEN across the system. While data quality is showing improvement (e.g. 'Other' category is now below the national average) there remains a need to continue to support schools in early identification and embedding the graduated approach within our mainstream schools.

### **TRENDS & SUMMARY**

- Numbers of pupils receiving SEN Support are falling in line with the national trend, with Northumberland now below the national average.
- Schools in the West have lower numbers of SEN Support pupils in mainstream than those in the North, South East and Central localities.
- Numbers of pupils with EHCPs are increasing and are above the national average with an increasing trend.
- Numbers of EHCPs are higher than the national average for 11-15-year olds and below the national average for 20-25-year olds.
- SEMH and SLCN remain the most common needs at SEN Support, with ASD and SEMH the most common for those with an EHCP.
- MLD and SpLD are under identified compared to the national data.
- While improved, there continues to be a training need to support schools to correctly identify need within school census returns. Some needs are over / under identified indicating a development / support need within schools around identification of need and the graduated response.

## EDUCATION OUTCOMES

### EARLY YEARS EDUCATION

The local childcare market is dominated by private, voluntary and not for profit sectors. Northumberland currently has 377 providers of which 95 are group and 108 are school based. In addition, 174 registered childminders operate across the county.

#### Two-year olds

In January 2020, 883 children accessed the two-year offer which is 92% of eligible children. Of these, 4 (0.5%) received SEN support via the Inclusion Fund. No two-year olds received funding via an EHCP.

#### Three- and four-year olds

In January 2020, 30 (0.6%) children out of 4802 had an EHCP and 33 (0.7%) received SEN support via the Inclusion Fund.

#### Inclusion Support

There were 133 requests for support in 19/20 from schools, PVI's and child minders. 58 of these went on to request EYSTAR. 47 of those who requested EYSTAR had an EHA (81%).

#### Early Years Foundation Stage

The percentage of pupils with SEND in early years' foundation stage reaching a good level of development in 2019 is 30.4% which is above the national average of 28.5%

#### TRENDS & SUMMARY

- Percentage of SEND children reaching a good level of development in Northumberland is above the national average and is showing a rising trend.

### SCHOOL AGE

**Key Stage 1:** Performance at Key Stage 1 for reading, writing and maths is showing improvement for SEN Support learners and is above the national average for this group. However, there is no such trend for EHCP learners. Despite the small and suppressed cohorts last year, outcomes for the EHCP cohort are too low. The gap between all learners and SEND learners in writing standards is the most significant gap and is a focus for the work of School Improvement teams

**Key Stage 2:** Again, performance at Key Stage 2 for reading, writing and maths is showing improvement for SEN Support learners (30.6%) and is above the national average (25.3%) for this group. Outcomes for EHCP pupils improved in 2019 to 7.8% and narrowed the gap against National Average (9.2%).

**Key Stage 4:** Validated Attainment 8 scores show an improvement for both SEN Support and EHCP learners in 2019. SEN support learners have improved at a faster rate than nationally, but this remains below the national average. The proportion of KS4 pupils achieving 5+ English & Maths (Basics) has improved for all groups, and significantly for those with an EHCP.

**Post 16:** Level 2 attainment at age 19 for Northumberland learners in 2019 was 79.3% and is 2% below the national average. This falls to 25.8% for SEN Support in the county, a gap of 5.9% with the national average. Rates fall again to 15.8% for those with an EHCP, 3.6% below the national average. Level 3 attainment at age 19 for Northumberland learners was 51.7%, 1.9% below the national average. This falls to 20.2% for SEN Support in the county and a gap of 2.5% behind the national average. Rates fall again to 10.5% for those with an EHCP, 4.6% below the national average.

## POST 16

The challenges faced by young people with SEND in accessing post 16 opportunities are no different to those faced by other post 16 learners: geography; poor public transport infrastructure; journey times; cost of transport and; geographically dispersed provision all mean that learners and their families have to consider long journeys to and from school, college, providers and employers.

The provision of grant funding from NCC has enabled the following apprenticeships for SEND young people and those with additional needs to be supported over the past three years:

- 2017-18 - 13 individuals with SEND were supported
- 2018-19 this rose to 21 individuals
- 2019-20 remained at 21 individuals with SEND

Many SEND young people aged 16-19 in Northumberland remain at school on a study programme. This remains the preferred option of many SEND young people and their families. Current figures show that all the special schools in Northumberland have both year 12 and year 13 learners although year 13 cohorts are no larger than 6 pupils. The 3 special schools for pupils with higher level needs all have year 14 pupils.

While it would be preferable that young people leave special school after year 11 in order to access opportunities that enable them to progress to PfA outcomes, the reality of Northumberland is that provision is geographically spread and relatively sparse, and for some young people the journey times required to access the provision would be prohibitive, so staying at school, with the associated travel arrangements can be the most pragmatic solution.

Current data shows that SEND learners post 16 are accessing a range of options. Proportionally, the largest cohort of Northumberland SEND learners attends further education and 6th form college, with more than 60% of these learners attending providers outside Northumberland. School sixth form is the next most popular option with 24% of learners staying at their school. There are around 10% of this cohort attending ESFA study programmes with other providers, and the majority of these stay within Northumberland. Very small numbers have secured either an apprenticeship or a supported internship.

Unfortunately, NEET figures for young people with SEND are still significantly higher than for the cohort as a whole and while there are some improvements, the barriers described above result in a stubborn NEET figure that shows little sign of improving.

The table below indicates the difference between the SEND-only figures and those for the full cohort. The tables provide figures for the past 3 academic years with the figure reported from the June return to DfE. Figures are available for SEND learners up to year 16 but there are no comparable figures for the whole cohort after year 13.

### June 2017-18

	SEND			Full Cohort		
	Year 12	Year 13	Total	Year 12	Year 13	Total
Not Known	0.0%	0.7%	0.3%	0.2%	1.2%	0.7%
In Learning	91.2%	86.1%	88.6%	93.6%	89.2%	91.4%
NEET	6.8%	9.3%	8.0%	3.8%	4.5%	4.1%
NEET / Not Known combined	6.8%	9.9%	8.4%	4.0%	5.7%	4.9%

### June 2018-19

	SEND			Full Cohort		
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	Year 12	Year 13	Total	Year 12	Year 13	Total
Not Known	0.0%	0.0%	0.0%	0.2%	0.8%	0.5%
In Learning	89.3%	83.1%	86.1%	94.7%	88.3%	91.4%
NEET	8.4%	10.3%	9.4%	3.0%	5.0%	4.0%
NEET / Not Known combined	8.4%	10.3%	9.4%	3.2%	5.7%	4.5%

#### June 2019-20

	SEND			Full Cohort		
	Year 12	Year 13	Total	Year 12	Year 13	Total
Not Known	0.0%	1.5%	0.7%	0.2%	0.8%	0.5%
In Learning	86.3%	76.6%	82.0%	94.7%	89.5%	92.1%
NEET	13.1%	19.0%	15.7%	3.9%	5.6%	4.8%
NEET / Not Known combined	13.1%	20.4%	16.4%	4.1%	6.4%	5.3%

Following the recruitment of a Supported Internships Coordinator, the council has been able to arrange a small number of supported internships across the county. Demand for this opportunity far outstrips supply and capacity at present; numbers are low in order to ensure that in work support can be provided. It has been challenging to recruit appropriately qualified job coaches and again, the geography of the county has not helped. Current interns are working in a range of settings including a holiday park, a riding stables, office, retail and café locations across the county. There is a lack of understanding of internships by families and the lack of progression opportunities at the end of the programme is disappointing. Further work with employers is required so that more internships do result in employment.

Other post 16 providers in the county also offer supported internships; in reality these are more like study programmes with a larger element of work experience that takes place primarily on the provider's own premises, or simply work experience. Numbers are relatively low and few of these opportunities are based with real employers or lead to actual employment. Pressure from both providers and families to approve these 'internships' is strong as they are seen as a way of allowing some individuals to continue in education when their next step would be to move to adult care provision.

In comparison to national figures over the past 3 years, numbers of young people in supported internships in Northumberland are significantly above the national average, although still less than 5% of the SEND cohort in the county.

These figures can be seen below with national comparisons.

	Northumberland	England
2017-18	2.9%	0.4%
2018-19	3.2%	0.5%
2019-20	4.8%	0.6%

The council's own post 16 provider, the Learning and Skills Service has successfully delivered a small pilot for learners in the north of the county where provision in response to the withdrawal of other providers. In the first year the provision included a curriculum aimed at young people with predominantly SEMH issues that could not be easily met in larger provision or that was further away from home and required significant and prohibitive travel time and cost. Using an employability skills qualification as the basis for the curriculum, learners developed a wide range of skills that meet PfA as well as attaining qualifications including Ascentis Employability certificates and awards, functional skills in English, maths and IT and bronze level arts awards. The small group environment proved very successful for this cohort and a 2nd cohort has just completed a similar programme, based on their individual needs.

Another programme was developed in partnership with a special school and Active Northumberland, and another small group of learners with a particular interest in the leisure industry have undertaken relevant qualifications and long term work experience (1 day per week throughout the year) at a local leisure centre with the intention that they will be well placed to apply for apprenticeship opportunities in the leisure centres.

Reviews of these programmes and the outcomes have now led to the development of a curriculum model with 3 pathways which will allow learners with a wider range of issues to join a programme that is still bespoke to their needs but will be more closely aligned to local labour market opportunities and including real work experience and where appropriate, progression to supported internships. This new model will be in place for the academic year 2020/21.

## **OUTCOMES ACROSS EDUCATION, HEALTH AND SOCIAL CARE**

A draft local area SEND outcomes framework across Education, Health and Social Care across the four domains of preparation for adulthood is in development. Data reporting on its measures will be included in the next refresh of the JSNA.

### **TRENDS & SUMMARY**

- Performance at Key Stage 1 and 2 for reading, writing and maths is showing improvement for SEN Support learners and is above the national average for this group.
- There is a significant gap between all learners and SEND learners in writing standard at KS1 and KS2.
- Validated Attainment 8 scores show an improvement for SEN Support learners but a decrease for EHCP learners.
- Although showing improvement in some key stages, outcomes for EHCP learners remain low.
- Data reporting as part of the newly developed SEND Outcomes Framework needs to be developed and inform future SEND JSNA's.

## VULNERABLE LEARNERS

The following tables show how many children and young people receiving SEN Support and those with an EHCP are open to which teams within children's social care.

SEN Support	EHCP																																																								
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As would be expected, the majority of children and young people with SEND who are open to social care are with the Disabled Children's Team. At SEN Support, the most common needs of those open to children's social care are SLCN, SEMH and MLD. For children and young people with EHCPs open to children's social care, the most common needs are ASD, SEMH and SLCN.

Early Help - SEN Support	Early Help - EHCP																																																								
Total number of 250 children and young people receiving SEND Support are known to Early Help.	Total number of 144 children and young people have an EHCP who are known to Early Help.																																																								
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ASD, SEMH, SLCN are the top three areas of need that are associated with children and young people known to social work and early help services.

## EXCLUSIONS

The table shows Northumberland's six-year trend summary in relation to both permanent and fixed term exclusions for SEND pupils. Northumberland has mirrored the national picture with a rising trend over the six-year period up until two years ago. In 2018 robust actions were put in place to support and challenge schools which have resulted in decreasing numbers of SEND permanent and fixed term exclusions. There is a need to ensure that vulnerable learners with SEND continue to have their needs identified and met appropriately at the earliest opportunity and that continued support and challenge is provided to schools in this area.

## Exclusions

		Fixed Exclusion	Permanent Exclusion
EHCP	2014	219	1
	2015	144	4
	2016	129	3
	2017	153	4
	2018	270	8
	2019	195	3
	2020	112	
SEN SUPPORT	2014	387	13
	2015	683	20
	2016	477	7
	2017	638	22
	2018	1,091	30
	2019	842	17
	2020	391	10

(Source: School Census Jan 2020)  
(2017/18 - 2409 fixed term exclusions from one school)

### TRENDS & SUMMARY

- Numbers of children and young people with SEND being excluded were rising but this trend reversed in 2018 due to actions taken.
- This area remains an area of need and the focus of a multi-agency response through a system wide graduated approach for SEMH.

## SEND SUPPORT SERVICES

The SEN Support Services are teams of educational psychologists, specialist teachers and workers who are available to support schools and settings to deliver the graduated approach for school age learners.

The services provide assessments and advice on interventions appropriate for different types of special educational needs and disabilities to school staff and, when appropriate, provide assessments and / or interventions directly with children and young people. They also provide training and professional development to schools.

In the academic year 2019/20 the SEN Support Services included:

- Autism Support Service (accessed via SLA)
- Emotional Wellbeing and Behaviour Support Service (accessed via SLA)
- Literacy Support Service (accessed via SLA)
- Speech, Language and Communication Service (accessed via SLA)
- Psychological Services (accessed via SLA)
- Sensory Support Service

Apart from Sensory Support Service, all operated on service level agreements where schools bought days of support from the different teams.

The table below highlights the number of schools that bought in to the SLA for the academic year 2019/20:

<b>SEN SUPPORT SERVICES SLA BUY IN 2019-20</b>			
<b>SERVICE</b>	<b>Number of schools who purchased an SLA</b>	<b>Number of schools who did not purchase an SLA</b>	<b>% of schools receiving support</b>
Autism Support Service	109	56	66%
Emotional Wellbeing and Behaviour Support	83	82	50%
Literacy Support Service	86	79	52%
SLCN	98	67	59%
Psychological Services	123	42	74.50%

Over the past three years, the pattern of 'buy in' of services shows schools bought less support for pupils with ASD, literacy and social, emotional and mental health difficulties.

<b>SEN SUPPORT SERVICES 3 YEAR TREND DATA</b>		
<b>SERVICE</b>	<b>Number of Schools Purchasing an SLA</b>	<b>Overall number of days purchased by schools</b>
Autism Support Service	↔	↘
Emotional Wellbeing and Behaviour Support	↔	↘
Literacy Support Service	↘	↘
SLCN	↔	↗
Psychological Services	↘	↗

Data from the traded services indicates that:

1. Specialist support services have a key role to play in identifying and addressing SEND needs at an early stage.
2. There remains inequity of access which depends on whether a school buys in the service, and not on the level of need of an individual child or young person. Buy in to the Services has reduced overall over a three-year period 2017-2020.
3. Support for parents and attendance at meetings is not being purchased as part of SLA.
4. Requested support is for a combination of individual support for learners and whole school training, with individual support being the biggest area of activity. Requests for staff to support parents or attend meetings are lower in number.
5. Over the past three years, the number of contributions of the specialist services to EHC needs assessments has increased considerably.
6. The SLCN Support Service has, over the past 3 years increasingly provided support for learners with Autism.

NB As from September 2020, advice for schools on supporting learners is now free at point of delivery. A traded offer remains in relation to offers of training and higher levels of support.

Educational Psychology and the Emotional Wellbeing and Behaviour Support Teams have been working

very closely with Health and Social Care partners in developing Mental Health Services for Children and Young People in Northumberland.

Service Managers report that:

1. Evaluations of the services provided by schools and parents/carers indicate high levels of satisfaction.
2. Buy in depends on the financial position of the school, and small schools lack the financial flexibility to be able to purchase days of support. Some schools report being in a position of having to choose between employing a TA and purchasing SEND support.
3. The teams have been, at times, asked by schools to support the process of requesting a statutory assessment rather than advising them how to meet needs effectively at SEN Support.

The Sensory Support Service meets the needs of children and young people with diagnosed hearing, vision and multi-sensory impairments in early years settings, mainstream schools and special schools and colleges; performing a statutory function as defined in the Code of Practice 2015. In 2019/20, there were a total of 373 sensory impaired CYP on active caseloads in the following settings:

	EY Settings/ Pre School	Mainstream Primary (learners aged 5-11)	Mainstream Secondary (learners aged 11-18)	Special Schools (learners aged 5-19)	Post 16 (special setting)	Post 16 (mainstream)	Home educated
HI	23	87	67	22	8	10	1
VI	23	49	39	49	8	9	3
MSI	4	1	1	8	0	0	1

Referrals to Sensory Support include those from the NHS Neonatal Hearing Screening Programme, and from more general paediatric audiology services based out of the Freeman Hospital, along with those from the Department of Ophthalmology at the Royal Victoria Infirmary. Staff therefore work closely with Health colleagues from the Newcastle Acute Hospitals Trust.

#### TRENDS & SUMMARY

- In 2019-20 inequity of access to specialist teaching advice for children and young people in mainstream schools in Northumberland continued (NB service has been free at point of delivery from September 20 onwards).
- Caseloads for the Portage and Sensory Support Services have remained broadly similar to last year, although referrals to Portage have increased.
- NHS and Local Authority SEND Services for speech, language and communication need to be reviewed to identify overlap and unmet need, and inform future provision.
- Increased numbers of statutory assessments reduce the capacity of the Educational Psychology team to undertake prevention and early intervention work.

## HEALTH AND WELLBEING

Nationally, information about health tends to be activity led and process driven. It is not SEND specific, and data is often limited to 0-18 or 18+. The national picture is mirrored locally, with local data collection evidencing the same constraints. The following data therefore relates to ALL children and young people and is not SEND specific.

### Early Identification and the Healthy Child Programme

Children living in Northumberland have their progress reviewed in a timely manner enabling early identification of need.

Healthy Child Programme performance	
	19/20 outturn
Percentage of births receiving a face-to-face New Birth Visit within 14 days by a Health Visitor	90.94%
Percentage of children receiving a 6-8-week review	86.62%
Percentage of children who received a 12-month review by the time they turned 15 months	94.95%
Percentage of children who received a 2-2½ year review	90.06%
Percentage of children who received a 2-2½ year review using ASQ	95.42%

Of those being seen, there is a 90+% level of children achieving at or above the expected levels in the five domains of communication, fine and gross motor, problem solving and personal-social skills.

Percentage of children receiving a 2-2½ year review by the age of 2-2½ years of age using ASQ-3 who were at or above the expected level in	
	19/20 outturn
Communication skills	95.72%
Gross motor skills	97.96%
Fine motor skills	98.00%
Problem solving skills	97.76%
Personal-social skills	95.52%
All five domains	91.23%

### Portage Service

Where children are identified as having significant need that may result in additional support being required in school, health professionals offer a referral to the Portage Pre-school teaching service. In 2019-20, the Portage team received 127 referrals, and worked with a total of 178 families, spread across the county. Analysis of caseload shows that as last year, approximately 20-30% of this caseload is predicted to have a level of need that may require specialist educational provision. 87 children are eligible for a Reception place in September 2021, and 52 of those may need consideration of a specialist provision.



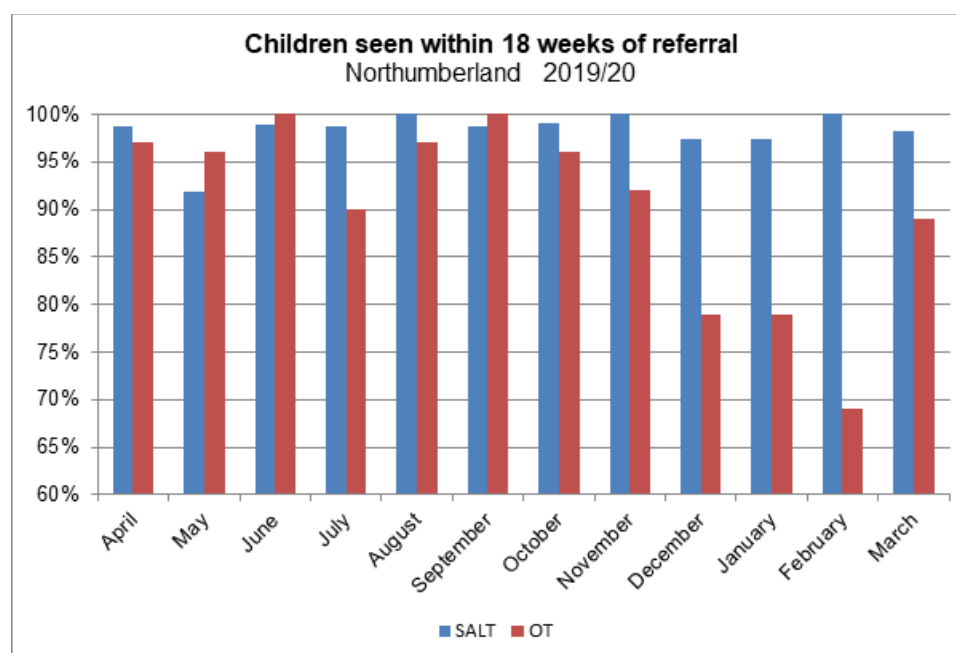
PORTAGE REFERRAL DATA 2019-2020				
	North	West	Central	South East
ASD	3	2	2	3
Developmental Delay	2	0	2	2
Down Syndrome	1	1	1	0
Global Developmental Delay	6	1	2	8
Physical	0	0	0	2
PMLD	0	0	0	0
Speech/Language Delay	7	12	15	55
<b>TOTALS</b>	<b>22</b>	<b>19</b>	<b>70</b>	<b>16</b>

(Source: Portage Register 2020)

Of the 178 families supported, 10% live in the North locality, 13% in the west, and 77% in the South East/Central localities combined.

## THERAPIES

Access to Speech and Language Therapy and Occupational Therapy is strong, with on average 95% of referrals being seen and offered treatment within 18 weeks. Introduction of telephone triage within SLT and OT has resulted in significant reduction of waiting times for initial assessment for the majority of new referrals to the service. Over the year Speech and Language Therapy received a total of 1,143 referrals and had an average case load of 2,061 per month (with a range of 1,978 to 2,165). Occupational Therapy had on average 210 contacts per month with a total of 2,515 over the year.



While access within 18 weeks is strong, information from complaints, open events with parents / carers, SEND Tribunals and the Parent Carer Forum highlight the following:

- Educational and parent / carers concerns about levels of therapy provision.
- Some parents cite a perceived lack of therapeutic provision in Northumberland as the reason they wish to attend SEND educational provision out of county.
- There is a long standing disconnect in expectations from education and health as to how children's therapeutic needs can be best met, this can influence parent / carer perceptions of what therapeutic interventions their child requires.
- Services for children and young people with sensory processing difficulties are perceived in different parts of the system as being an unmet need .
- Therapeutic assessment and provision of advice to support transition into adulthood is low (evidenced in Preparation for Adulthood multi agency audit of EHCPs, Jan 19) .
- There is a lack of understanding and perceived overlap between NHS Speech and Language Therapy Services and SEND Support Service for Speech, language and communication and ASD.

In order to address the above challenges current work across therapies is underway (in partnership with Local Authority and school senior leadership teams).

- Defining a clear core offer for therapies in each special school with a jointly agreed workforce development plan to ensure that all partners (school staff, health and parent / carers) have the knowledge, skills and confidence to support children's health needs.
- To ensure, where appropriate, therapy recommendations are embedded within a mainstream school / setting's graduated approach to meeting an individual learner need.
- To continue to reduce waiting times for access to therapy services to enable the earliest possible intervention.
- Health services to have a clear core offer in relation to preparation for adulthood, annual reviews and transition routes into adult services where required.

## **SPECIAL SCHOOL NURSES**

The special school nursing service currently consists of 2.43 WTE nurses covering a caseload of 526 children based in 5 school sites in Hexham, Berwick, Alnwick, Ashington and Choppington.

A large number of these children have complex health needs and disabilities requiring tasks that need essential training from a health professional and children that require complex clinical tasks that must be undertaken by the nurses.

A further 4 special schools are under the mainstream public health school nursing service.

To ensure the available nursing support is directed to current need, Northumbria's updated and revised complex health needs assessment tool for special schools has been completed with the 5 special schools on the special school nurse's caseload in June 2020 and will be repeated annually. This tool provides the opportunity to apply a fair and consistent approach to the allocation of available nursing hours in the schools based on the current level of need.

The complex health needs assessment tool will be completed with the 4 schools under the public health school nursing service in November 2020.

The special school nurses are based in the schools; however, they work as part of one team. At any time providing a response to the needs of the service; working in schools other than their base to provide essential training and support to education staff.

## **PRIMARY MENTAL HEALTH TEAM**

- Performance over time on waiting times for initial appointment and factors impacting on it.

Data confirms a steady reduction in wait times for assessment from 2018/19 (21.3% seen within 4 weeks), 2019/20 (45.4%) and 2020/21 in Q1 (97%) and Q2 (95%). Factors impacting on this process are a combination of an increased investment in clinical staff in 2018/2019 through the trailblazer 4 week wait time initiative from (5 PMHWs) and for the MHSTs (3 PMHWs and 4 EMHPs). We have also introduced a number of administrative and clinical processes to improve efficiency of referral and booking in processes and improved performance monitoring e.g. patient tracking systems. Work is ongoing to improve the quality of data to increase accuracy of reporting.

- Increasing / decreasing trends over time e.g. for referrals numbers, source, ages etc.

In relation to referral rate trends the objective of the access transformation work, for increased numbers of children and young people to be seen at an earlier stage of the mental health pathway has been achieved. PMHW data shows an increase in referrals (503 in 2017/18 vs 590 in 2018/2019) 767 in 2019/20. So far in Q1 2020/21 283 and Q2 368 – a total of 651 so far this year, suggesting end of year will show further increase on the previous years.

The service has also seen an increase in telephone consultation activity offering early mental health advice support and signposting from 2018 (407) to 2019 (445) and in Q1 2020 (147) and Q2 (152) – a total of 299 so far this year which suggests an end of year increase on the previous years will be achieved.

Demographically, 6-13 age group has the highest referral rate, followed by 14-17 (this reflects national data trends) and the 0-5 the lowest number. Historically the service has seen a 50/50 split in male and females referred, this year 20/21 the team is seeing an increasing prevalence of females. Reasons for referrals have remained largely similar over recent years. Anxiety is the most common referral reason, followed by low mood and depression, behaviour, self-harm and suspected ASD.

Professional sources of referrals have remained fairly consistent in order of numbers from the early help hub, school health, CYPS, early help family workers, schools and Children's services. There has been a significant rise in self-referrals this year following the introduction of self-referrals to align with school health and CYPS processes. The following details referrals via geographical split:

- South East - 2018/19 = 28%, 2019/20 = 31%, 20/21 = 35%
- West - 2018/19 = 25%, 2019/20 = 26%, 20/21 = 21%
- North - 2018/ 19 = 16%, 19/20 = 15%, 20/21 = 15%
- Central - 18/19 = 29%, 19/20 = 27%, 20/21 = 28%

## KOOTH

Kooth has been commissioned by Northumberland CCG and went live in June 2020. Kooth is a digital package of mental health support for Children and Young people (C&YP) aged between 11 and 25. It is a free, confidential and anonymous online support and counselling service which includes self-help resources, magazine articles, links to crisis support, safeguarded and monitored live drop-in sessions and also 1-1 scheduled counselling with qualified professionals.

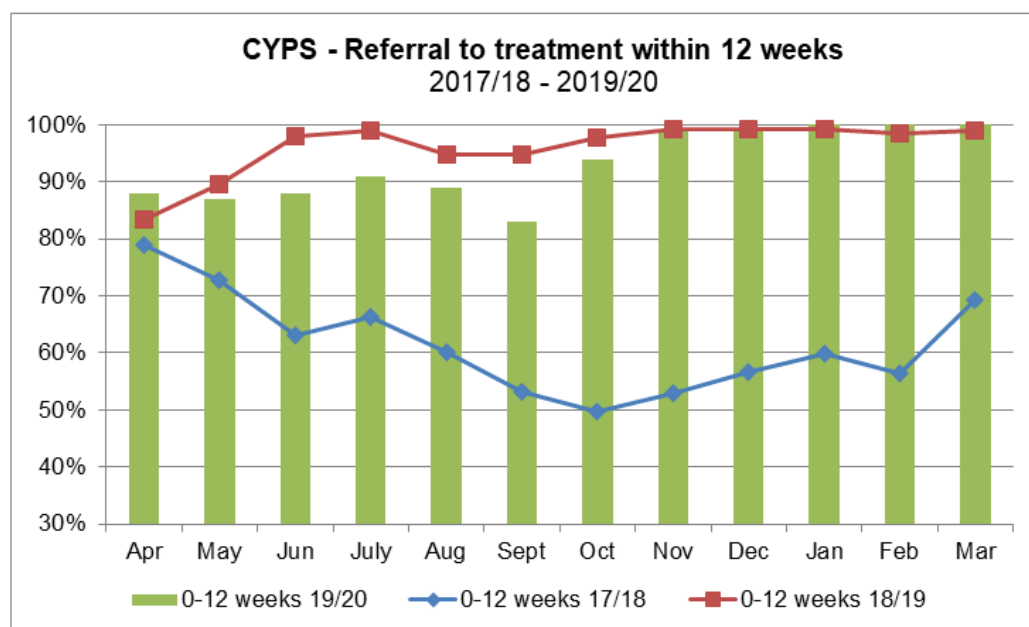
Children and young people can receive up to six sessions of counselling support from Kooth before either moving on, or in some cases being escalated to the CNTW CYPS service, where needed. The service is accessible through any device with internet access, including laptop, smart phone, or tablet. Healthcare professionals can refer in patients and patients can also self-refer. Kooth data will inform future JSNA's.

## CHILDRENS AND YOUNG PEOPLE'S SERVICE (CNTW) (Children and Adolescent Mental Health Services)

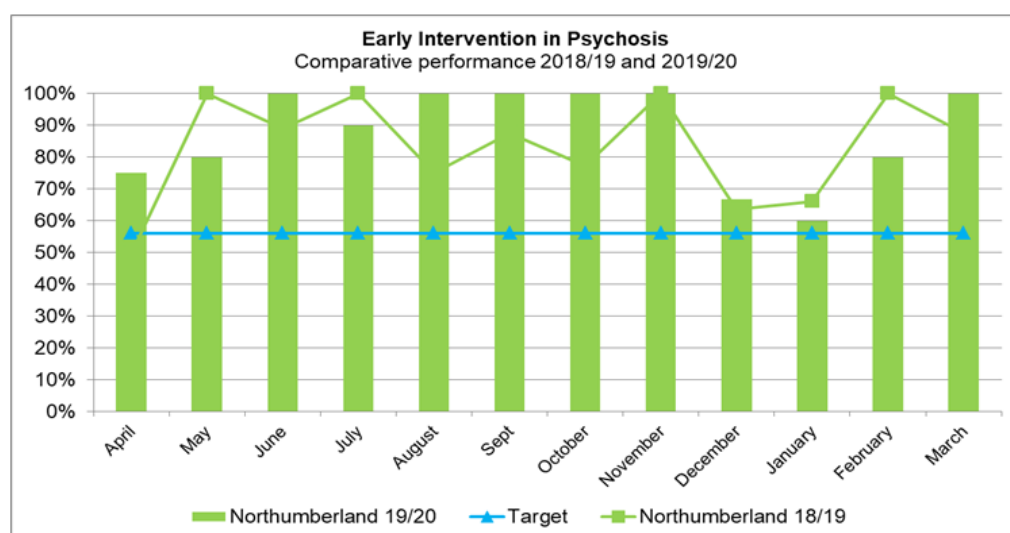
The majority of referrals to CYPS are:

1. GPs
2. Education
3. School Health Advisors and Social Services

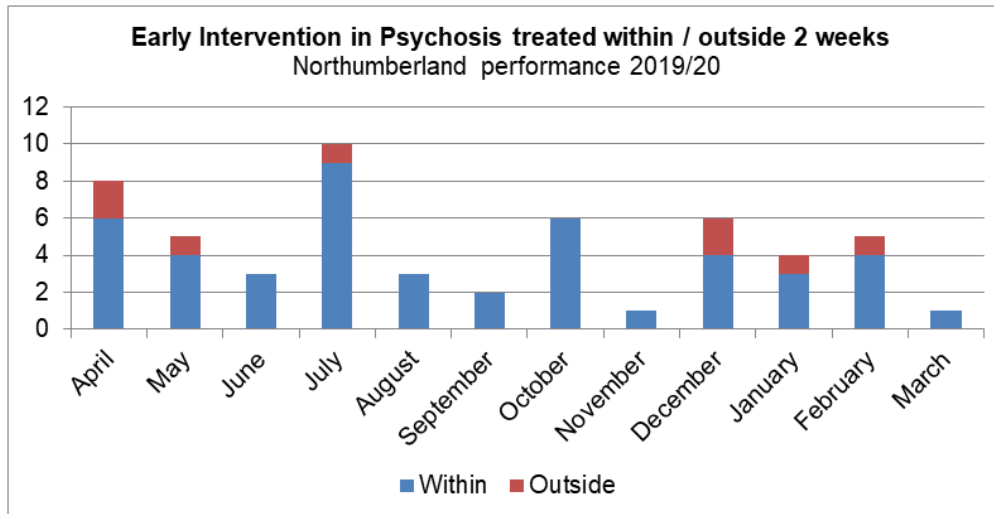
During 2019/20 nearly all the children were seen within 18 weeks. In addition, most children were seen within 12 weeks as shown on the chart below.



#### EARLY INTERVENTION IN PSYCHOSIS (EIP)



The chart above shows our strong performance against the 56% NHS Constitution target. An ongoing challenge is offering children an appointment for treatment within the 2-week time period along with the low volume of children being referred into the service. As the chart below shows a small number or exceptions by a few children can influence our performance significantly.



CYPS performance is strong against the above measures. Analysis of queries and feedback from individual cases highlights that there is a need to ensure there is consistency in communication between CYPS and educational settings.

### **Community CYPS Tier 3 / Getting Help**

As at the end of August 2020, for those waiting for treatment within the Learning Disability pathway the average wait was 14 days (maximum wait 2-4 weeks). As at the end of August 2020, for those waiting for treatment within the Neurodevelopmental pathway the average wait was 15 days (maximum wait 4-6 weeks).

## ASD POST DIAGNOSTIC SUPPORT

Cygnet is a parenting support programme for parents and carers of children and young people aged 7-18 with a diagnosis of autistic spectrum disorder which is commissioned by the CCG and delivered by the ASD SEND Support Service at the Council.

### Early Bird

Staff have been trained within the Portage Team and NHS Speech and Language Therapy, Northumbria to deliver Early Bird (a 3-month programme suitable for those with a younger child who has received a diagnosis of Autism Spectrum Disorder). This started in October 2019. There is no data yet on the impact, however there is a need to ensure that the post diagnostic support commissioned is meeting need and having a positive impact for children, young people and their families. This data will therefore be collected and will inform future JSNAs.

### Cygnet

The Cygnet evaluation forms were reviewed at the end of the first year of delivery in April and the questions amended; it is therefore not possible to make direct comparisons between the two data sets. The review resulted in the answers being changed from a rating scale to a simple yes / no response, this format was felt to be more user friendly. The evaluation questions have been changed so that as a service we can gain an increased understanding of impact. A question has been added to the evaluation to determine whether the parents intend to maintain contact with the parents that they have met on the course. 67% of parents who completed an evaluation form indicated that they would maintain contact with each other.

Summer 2020 course evaluation data shows a high level of satisfaction amongst the parents. Parents have welcomed the opportunity to attend an online training course which is evident in the increased uptake. There has been a 123% increase in the number of parents attending courses compared with the same period in 2019.

There was a 300% rise in the number of parents being offered a place on a Cygnet course between April and July 2020 compared to the same period in 2019. This indicates that reach has significantly improved and that parents are becoming increasingly aware that the training offer exists. Application forms and course information sheets have been circulated to all agencies and are available on the service website for parents and professionals to access.

In response to trainer requests Barnardo's has taken the decision to continue to offer face to face and digital training materials moving forward. The Autism Support Service has purchased the Cygnet digital license so families can choose which they would prefer to attend. Face to face training sessions will be reinstated as soon as COVID 19 restrictions are lifted and it is safe to proceed.

**Comparison of Summer Term figures:**

	<b>Summer Term 2019-2020 April 2019-July 2019 (all courses face to face)</b>	<b>Summer Term 2020-2021 April 2020-July 2020 (all courses online)</b>
How many courses were delivered	2	4
How many courses were cancelled	0	0
How many people applied/invited	20	80
How many delegates attended	17	38
How many delegates did not attend and the reason why?  <ul style="list-style-type: none"> <li>- No response</li> <li>- Asked for future dates</li> <li>- Preferred face to face</li> </ul>	No response: 2  Asked for future dates: 1  Preferred face to face 0	No response 15  Asked for future dates: 5  Did not think the course was applicable: 2  Prefer face to face 20

**Cygnets Courses:**

There has been a 100% increase in the number of courses delivered during Summer 2020 as compared to Summer 2019.

There has been a 300% increase in the number of parents offered courses.

There has been a 123% increase in the number of parents attending courses.

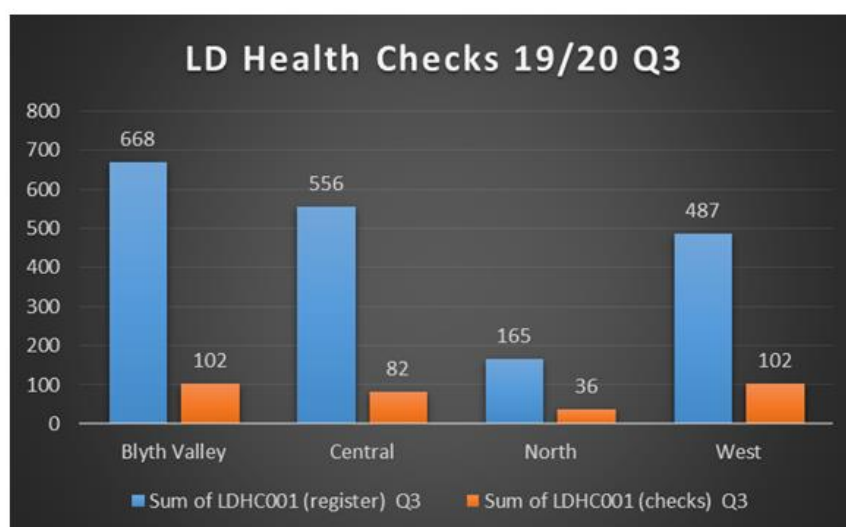
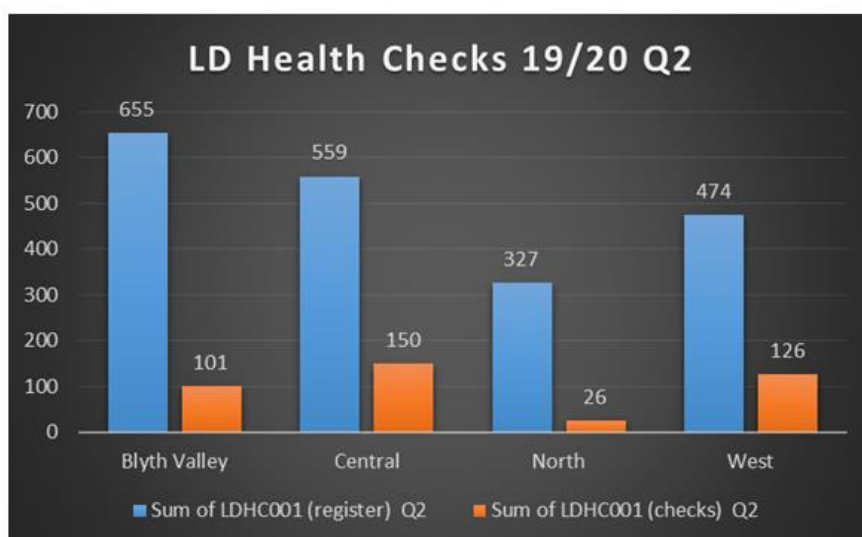
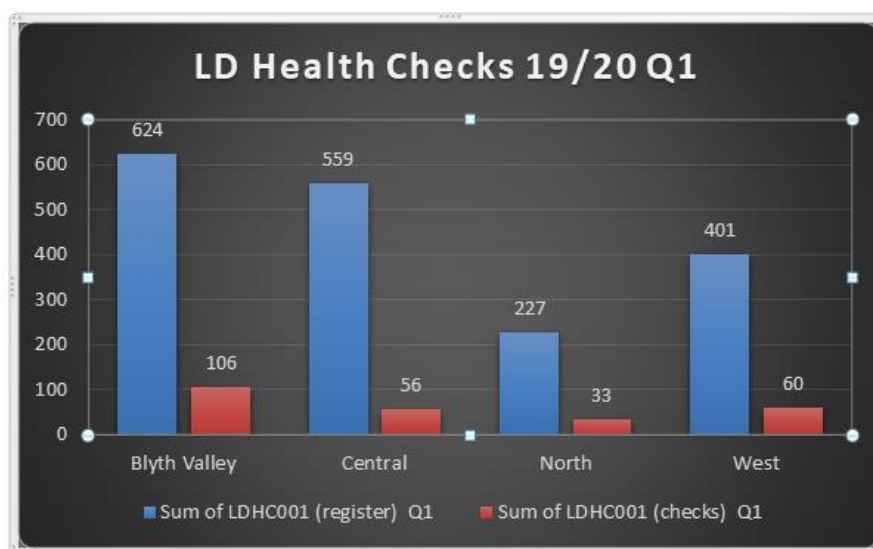
Please note that the parents who have requested a 'face to face' course have been placed on the waiting list and will be offered places when the face to face training offer resumes.

**Evaluation data**

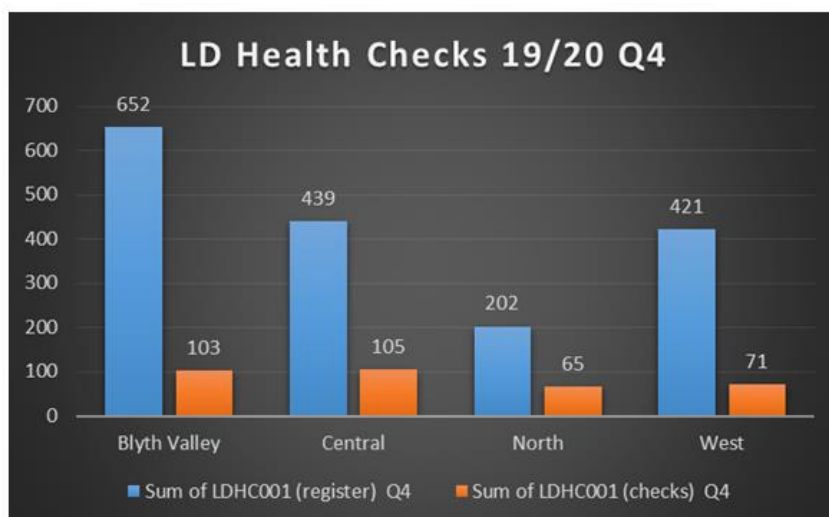
<b>Evaluation questions 2019</b>	<b>Summer Term 2019-2020 April 2019-July 2019 (all courses face to face)</b>
The training delivered met the objectives outlined at the beginning of the session.	87%
Attendance at the training increased the parents' knowledge and understanding of ASD.	85%
The skills and knowledge taught on the course would help the parents to manage the needs of their children.	86%
The standard of presentation, style and delivery was appropriate and encouraging.	90%
Materials and resources used by the trainer were useful and of a high quality.	88%

## ANNUAL HEALTH CHECKS

Outlined below are the number of health checks carried out within each locality within Northumberland in each quarter during 2019/20. It should be noted that not all GP Practices activity have been captured within the West locality.







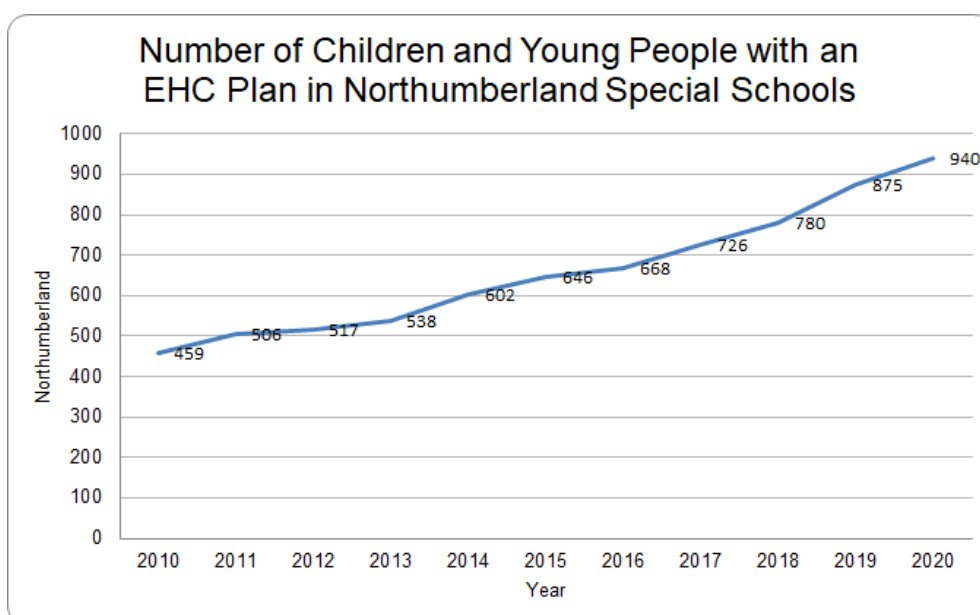
Northumberland CCG continues to work alongside GP Practices to increase the proportion of Health checks undertaken across the County.

#### TRENDS & SUMMARY

- Access to health services are strong as measured within the 18 weeks wait timescale.
- Services for speech, language and communication to be reviewed to identify overlap, need and inform future provision.
- There is a need to explore the scope of existing occupational therapy support and wider support within the system to identify unmet need for sensory support.
- There is a need to improve access to Annual Health Checks.
- Online provision of post-diagnostic support has increased the take up of support, however it should be noted that virtual delivery resulted in 25% of those offered declining the offer until face to face delivery was available.

#### SPECIALIST EDUCATIONAL PROVISION

There has been a significant increase in the number of pupils in Special Schools. Specifically, there has been a growth in the number of placements in maintained and academy special schools. The Local Authority has increased the number of specialist education places available.



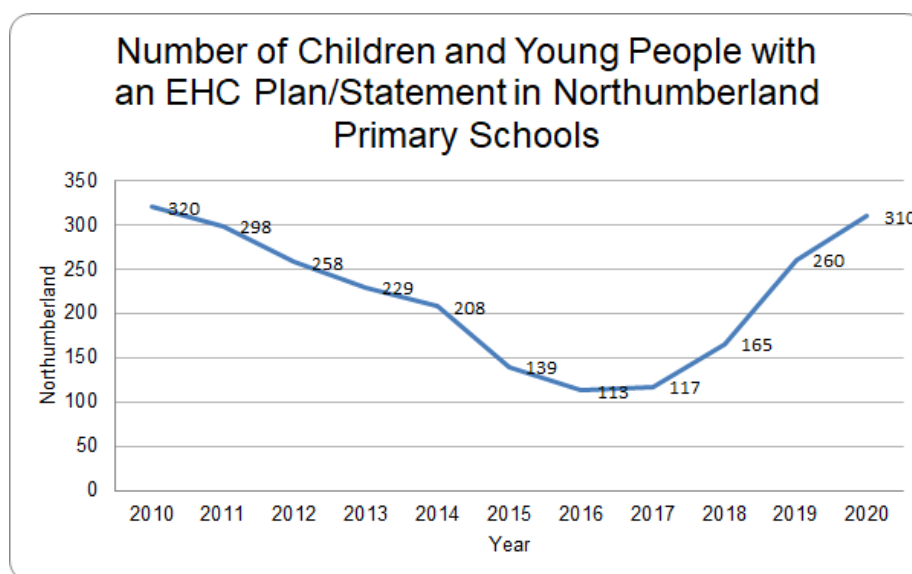
(Source: DfE SEN Statistics – January 2020)

Analysis of primary needs within special schools compared to the national average shows that 'SEMH' and 'SLCN' are identified at a higher level than the national average, whereas MLD is under identified.

## EHCPs AND MAINSTREAM PRIMARY SCHOOLS

The graph below shows:

- In 2010 there were 320 pupils with an EHCP in mainstream primary schools and 10 years later there are 310.
- Numbers decreased four years ago to 113 but have subsequently risen.
- Regionally, since January 2019 to January 2020 the numbers of pupils with an EHC Plan in Primary Schools has risen by 17% and Nationally by 12.4%. This figure for Northumberland has increased by 19%.

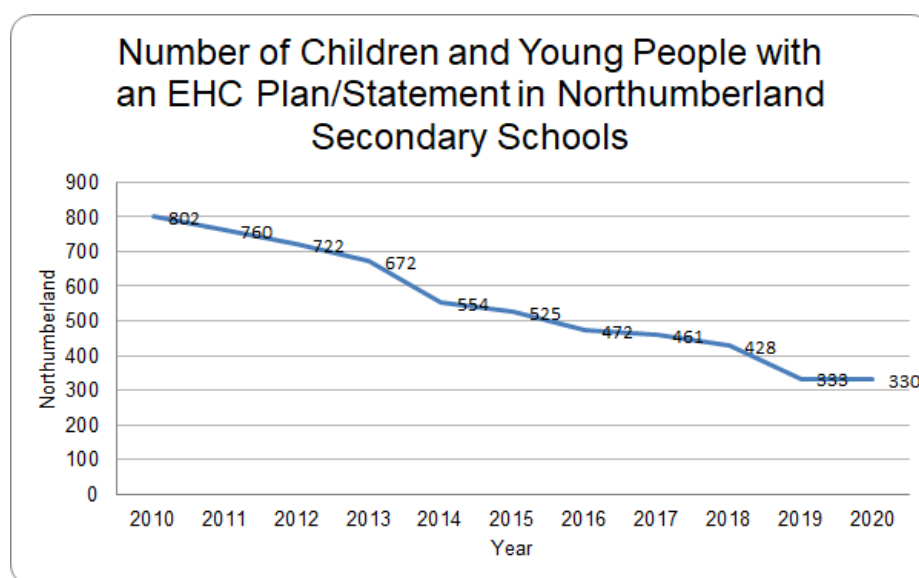


(Source: DfE SEN Statistics – January 2020)

## EHCPs AND MAINSTREAM SECONDARY SCHOOLS

The graph illustrates:

- In 2010, Northumberland had 802 pupils with an EHCP in secondary schools, this has dropped to less than half ten years later.
- This is a 59% decrease in the number of pupils with an EHC Plan/Statement in secondary school since 2010.
- The North East has seen an increase of 8.3% and nationally an increase of 9.04%. Whereas Northumberland's figures have dropped by 0.9%.



(Source: DfE SEN Statistics – January 2020)

There has been, and continues to be, an increasing demand from parents for their children to be educated within special school provision both in and out of the county. It is also widely acknowledged nationally that there are significant financial pressures on mainstream schools in supporting SEND provision, not least due to school budget pressures and expectations on schools to fund the first £6k of support for each SEND learner with an EHCP.

The table below highlights the increasing numbers of pupils with SEND that attend special schools in Northumberland. In addition, the local authority has seen an increasing number (6% since January 2019) of placements at independent and non-maintained special schools.

	2015	2016	2017	2018	2019	2020
Atkinson House School		56	59	64	73	70
Barndale House School	1	36	38	40	37	37
Buzz Learning		13	16	16	31	27
Cleaswell Hill School	1	160	173	175	181	187
Collingwood School & Media Arts College		136	137	146	143	162
Cramlington Hillcrest School		61	73	80	88	92
Dilston College		12	26	16	3	2
NCEA Castle School					102	91
Northumberland Pupil Referral Unit	9	1	2	9	12	10
Nunykirk School		8	10	27	45	41
The Dales School	1	75	88	88	97	140
The Grove Special School		39	39	39	37	39
<b>Grand Total</b>	<b>12</b>	<b>597</b>	<b>661</b>	<b>700</b>	<b>849</b>	<b>898</b>

(Source: SEN2 and School Census Jan 2020)

Within these numbers, there has been a significant increase in the number of children and young people who have been identified with a primary special need of autism and/or social emotional and mental health needs. Northumberland has been successful in bidding for a special free school for secondary age young people who have autism and social, emotional and mental health needs which is due to come online in 2022.

## **SEND PUPILS EDUCATED IN NON-NORTHUMBERLAND SCHOOLS**

285 of the pupils supported with an EHCP are educated in specialist placements, schools and colleges outside of Northumberland; of those 91 are in Post 16 education.

Many students although being educated in mainstream colleges outside of Northumberland are in fact accessing the nearest College to where they live. Also, due to the varied nature of study programmes offered within different colleges young people are entitled to consider colleges outside of their own Local Authority area. In addition, the LA support students to access specialist programmes which are only available in Tyne Met and Newcastle College, where this is considered to be appropriate. Over the last 3 years the Local Authority has been working with providers locally to develop some more Post 16 specialist provision, but it would not be cost effective to attempt to replicate some of the more well-established specialist programmes.

For students under 16 the number of out of authority placements has increased in part due to a lack of appropriate Northumberland provision but also in part due to parental pressure for higher cost and resourced specialist out of authority provision.

### **TRENDS & SUMMARY**

- The numbers of pupils with EHCPs in mainstream schools has steadily decreased over the last eight years, while the numbers educated within special schools have risen
- The early identification of SEN needs to remain a strong focus with our mainstream schools through supporting the consistent implementation of the graduated approach
- Northumberland is below the national average for numbers of pupils with EHCPs in mainstream primary schools
- Whilst the number of EHCP learners in Mainstream Secondary schools nationally has increased by 9%, the number in Northumberland has decreased by 1%.
- The number of pupils travelling across the County to access specialist provision has increased
- There is an increasing demand for specialist educational placements and therapeutic support, particularly for those with social, emotional and mental health needs and / or ASD
- There remains a need to review Post 16 educational provision to understand commissioning implications of high numbers being educated outside Northumberland

## **GEOGRAPHICAL INEQUALITIES**

Other strategies have identified there is a gap in service provision for DCYP with SEND. For example, people with learning disabilities were identified as a group where there was a lack of service provision in the Physical Activities Strategy which went to the HWB Board in June 2019. A specific area that has been raised in Northumberland is about the lack of access to short break activities in the west and the north of the county, whereas the south east and central areas have more easy access to the Ability to play service. There is currently a review of the short break offer in Northumberland ongoing with an aim of more fully understanding need across the county and co-producing a more equitable offer with parents and young people for the future. We need to always ensure that SEND is considered in strategies to ensure inequalities are not perpetuated.

## **HOUSING**

Currently 410 people living in 171 specialised supported housing locations with a range of conditions including learning disabilities and mental health conditions are supported. All of the people who live in these Supported Living places are tenants in their own right. It is not possible to realistically predict how many people may want or need to move into newer Supported Living accommodation, and likewise it would not be correct to make assumptions about the age or standard of the accommodation.

There are a number of schemes currently in development in the County, most of which are blocks of supported living units that will meet need and better utilise care and support available. A block of 12 flats in Bedlington, approximately 17 bungalows in Ashington, 5 bungalows in Morpeth as well as an opportunity in Berwick. However, there are gaps in provision in the North and West of the county and we are keen to work with potential partners to develop ideas to provide specialised supported living solutions to meet demand.

## **ADULT SOCIAL CARE (ASC)**

The current focus of work for Adult Social Care Services (ASC) is to produce and embed a clear transitions pathway for children and young people who will require adult services post 18 years of age. Good preparation for adulthood (PFA) looks to support young people in four main areas:

- Good health
- Education, training and finding employment
- Developing Independence
- Friends, relationships and community

Priority work in this area has developed joint processes with education and children's social care to identify children and young people from year 8 who will require support in adult life. A transitions dashboard has been developed which looks at 12 complexity factors which may indicate a need for support in adulthood. These complexity factors include - children and young people with an EHCP or SEN need, looked after children, those subject to S117 of the MHA, children in out of area placements and children with a recorded disability, open to the Disabled Children's Team (DCT) and those that attend a special school.

This allows children and young people to be identified from the age of 12yrs who are more likely to require substantial health and social care services in adulthood and better predict and identify at an early stage (from year 9 onwards) the range of social care support individuals may require to support preparation for adulthood and timely transition.

As of September 2020, analysis of the transition dashboard shows:

- there are 527 children and young people ranging from 12-17 years old who have been identified as having different complexities which may result in further support needed;
- of the 527 young people, 62% are male and 38% are female;
- primary needs identified in the data base for this group of people are 17% Autistic Spectrum Disorder, 13% ADHD and 12% Learning Disability (further development work is required to better understand the data where multiple needs are shown);
- most of these young people live in the South East area of Northumberland with an equal spread across North and West and a low number living out of County.

Splitting the identified groups down by age this data can be used to support and inform the commissioning and development of services and future planning. The below table allows us to identify the predominant type of need identified and the numbers of young people year on year with a specific recorded disability and potential need. For the purposes of the JSNA, the top three are listed, see table below.

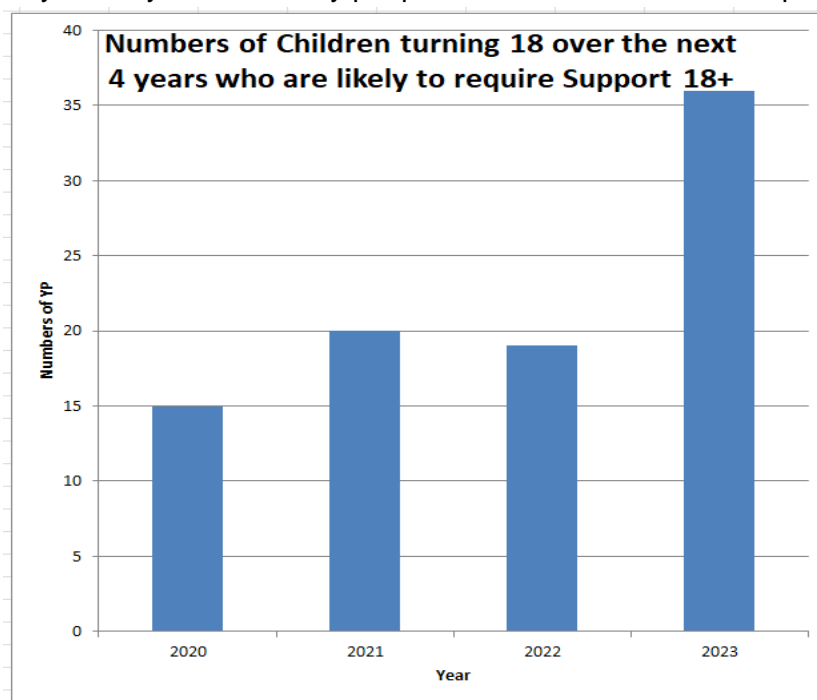
	14 Years Old	15 Years Old	16 Years Old	17 Years Old
<b>Number of YP</b>	115	77	93	88
<b>ASD (%)</b>	24%	10%	9%	14%
<b>ADHD (%)</b>	14%	17%	8%	15%
<b>LD (%)</b>	10%		14%	9%
<b>Behavioural (%)</b>		6%		

There are 93 young people aged 14+ with 4 or more complexity factors who are most likely to transition into adult social care over the next four years, see below for details of the factors in relation to this group.

<b>Factors</b>	<b>Numbers</b>
Identified as having a disability	93
Open to DCT	93
Looked After Child	28
EHCP	93
Flagged in EHCP as needing ASC	10
Flagged as Section 117	3
SEN support	0
Attend Special School	65
Attend School outside of Northumberland	25
Educated at Home	0
Receive a Short Break - Rest bite	7
Receive a short break - Overnight	7

The dashboard indicates that of the 93 young people identified in this group, social care records indicate that 42% have Autistic Spectrum Disorder, 40% a diagnosed Learning Disability and 31% have a diagnosis of ADHD. This correlates with the available education data represented on the dashboard which shows a primary need of Autistic Spectrum Disorder, Physical Disability, Speech Language and Communication Needs and Specific Learning Disability.

The graph below shows year on year how many people are due to turn 18 and require support.



Of the above group 14% live in West Northumberland, 10% in the North around 70% in the South East. There are approximately 6% live in North Tyneside. Initial review of the figures above is that they seem low. Historically ASC have received approximately 30 - 40 referrals pa from children's social care, however more recently over the past 2yrs this has risen to 55 – 65 pa and the trend is rising.

Of note is that the above data includes the indicator “children and young people open to the DCT” for all young people. Here transitions pathways are well defined and already well established. It is evident that there is a far larger group of children and young people who have single or multiple needs with an EHCP who sit outside the criteria of the DCT which may account for the low in the number of transitional cases identified above. Work is currently ongoing via the dashboard to identify and track those people who sit outside the DCT who will require support and strategic plans are being developed to align and better manage the pathways for this larger group.

Age at 24 Sep 2018	18	19	20	21	22	23	24	25	All age 18-25
Number	27	25	20	14	6	2	2	0	96

Of these 96 young people:

- 60% are male, and 96% identify as White British
- 75 have a learning disability as their primary need, 13 a physical disability, and 8 have mental health issues
- 79 receive formal care services, of whom 61 receive services funded exclusively by the local authority, 15 receive services funded through NHS Continuing Health Care, and three are jointly funded, two of whom are receiving mental health aftercare following compulsory treatment in hospital.
- 60 of the young people receiving care services arrange them through a direct payment, held either by themselves or a family member. 55% of these young people have personal assistants employed by themselves or the family member; the remainder use the money to pay a care agency to support them.

Adult social care outcomes data broken down between young people age 18-25 and all adults are in the table below. The next report will be at the end of October 2020 and will inform future JSNAs.

It shows that the higher proportions of 18 - 25-year olds with SEND have as much social contact as they



would like, are satisfied overall with their care and support and live in their own home or with family. However, fewer find it easy to find information about services and fewer are in paid or voluntary employment.

ASC User Survey											
ASC OF indicator	Indicator Description	2014-15	2014-15	2015-16	2015-16	2016-17	2016-17	2017-18	2017-18	2018-19	2018-19
		Indicator value (all ages)	Value (18-25yrs)	Indicator value (all ages)	Value (18-25yrs)	Indicator value (all ages)	Value (18-25yrs)	Indicator value (all ages)	Value (18-25yrs)	Indicator value (all ages)	Value (18-25yrs)
1B	The proportion of people who use services who have control over their daily life	81.2%	94.7%	81.4%	88.2%	81.8%	100%	83.6%	82.6%	80.2%	82.4%
Numerator							20		19		14
Denominator							20		23		17
11 (Part 1)	Proportion of people who use services and their carers, who reported that they had as much social contact as they would like	45.7%	68.4%	51.5%	77.8%	47.8%	55.0%	47.2%	60.9%	46.0%	76.5%
Numerator							11		14		13
Denominator							20		23		17
3A	Overall satisfaction of people who use service with their care and support	69.1%	78.9%	68.3%	72.2%	70.3%	80.0%	69.9%	78.3%	62.3%	64.7%
Numerator							16		18		11
Denominator							20		23		17
3D (Part 1)	The proportion of people who use services and carers who find it easy to find information about services	77.6%	78.6%	80.6%	62.5%	79.9%	92.9%	80.2%	72.2%	77.8%	57.1%
Numerator							13		13		4
Denominator							14		18		7
4A	The proportion of people who use services who feel safe	71.6%	89.5%	75.9%	77.8%	73.8%	60.0%	74.8%	73.9%	70.6%	88.2%
Numerator							12		17		15
Denominator							20		23		17
4B	The proportion of people who use services who say that those services have made them feel safe and secure	92.3%	100%	94.6%	94.4%	93.1%	90.0%	92.4%	91.3%	88.8%	86.7%
Numerator							18		21		13
Denominator							20		23		15
LD Accommodation/Employment											
ASCOF indicator	Indicator Description (LD clients only)	2014-15	2014-15	2015-16	2015-16	2016-17	2016-17	2017-18	2017-18	2018-19	2018-19
		Indicator value (18-64yrs)	Value (18-25yrs)	Indicator value (18-64yrs)	Value (18-25yrs)	Indicator value (18-64yrs)	Value (18-25yrs)	Indicator value (18-64yrs)	Value (18-25yrs)	Indicator value (18-64yrs)	Value (18-25yrs)
1G	Proportion of adults with a learning disability who live in their own home or with their family	78.2%	^	81.8%	96.2%	82.4%	97.6%	83.5%	95.3%	84.3%	96.4%
Numerator		^	^			761	162	772	183	771	187
Denominator		^	^			923	166	925	192	915	194
1E	Proportion of adults with a learning disability in paid employment	2.7%	^	6.6%	5.7%	6.2%	6.6%	5.1%	3.6%	5.2%	5.2%
Numerator		^	^			57	11	47	7	48	10
Denominator		^	^			923	166	925	192	915	194
Local	Proportion of adults with a learning disability either in paid employment or unpaid employment/volunteering	^	^	16.9%	15.7%	19.1%	18.1%	18.6%	14.1%	19.2%	15.5%
Numerator		^	^			176	30	172	27	176	30
Denominator		^	^			923	166	925	192	915	194

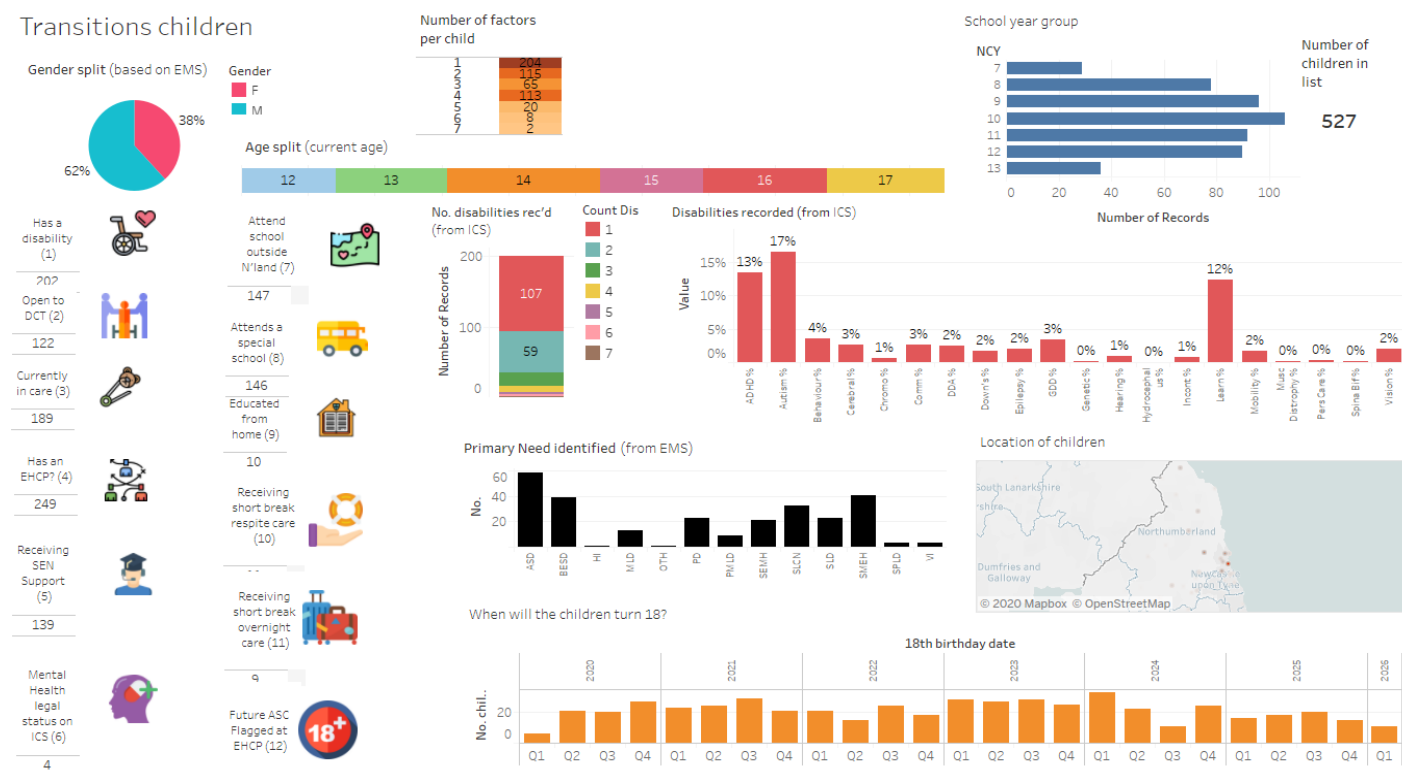
^ not available for 2014-15



## TRANSITION

### YOUNG PEOPLE WHO MAY NEED ADULT SOCIAL CARE INTERVENTION AT OF 18 YEARS OF AGE. - EXAMPLE OF TRANSITIONS DASHBOARD

#### Transitions children



#### TRENDS & SUMMARY

- Further work is required to improve links with Special Schools to identify at an early stage those young people with anticipated adult social care needs so that good PFA advice can be embedded into EHCPs
- There is a need for improved identification and pathways into adulthood for young people who require adult social care support and who are not open to the Disabled Childrens team
- Data collection for adult social care EHCP input to be developed to allow monitoring of frequency, quality and outcomes and better inform future commissioning intentions

## Understanding the impact of COVID-19

### On children and young people and their families with SEND in Northumberland

A survey was carried out between 6<sup>th</sup> July and the 14<sup>th</sup> August 2020 to find out about the impact of COVID-19 on children, young people and their families with SEND in Northumberland. 426 families replied, the largest response there has been for a survey about SEND in Northumberland.

The following is a summary of the findings; however, you can see a full detailed report on Northumberland Local Offer [here](#) .

#### Findings

Lockdown impacted negatively on the mental health and wellbeing of most parents and carers as well as that of their children with SEND. Families also reported having to decrease their spending in order to manage and some reported struggling financially.



*"Worried about paying the rent, cutting down on food, managing to afford uniform for September. Getting a job for husband."*

Home schooling was difficult for many families, particularly when combined with working from home. The nature of their child's needs, a lack of routine, the number of children and adults in the household and the support the family received from school impacted significantly on a family's ability to home school.



*"trying to care for my children's educational needs and well-being whilst simultaneously trying to fulfil my commitments at work has left me feeling overwhelmed and defeated"*  
*"the constant meltdowns as his routine is all wrong"*

The majority of children in this report did not attend school during the period of the survey. A small number of children did not receive any schooling at home and their physical and mental health became worse. Parents reported their child missed family and friends and not being able to go outside. Conversely, some children thrived away from the pressures of school.



*"He has struggled doing his schoolwork due to lack of concentration and he needs someone to prompt him but both parents key workers"*

*"No pressure to socialise and be someone they are not. Eldest has been so happy not to go to school and has found working at home much easier than in a classroom."*

For some families, school provided good support to families around their learning and support for their wellbeing. For others, parents reported a lack of communication and support work being sent home that their child found difficult to do.



*"My child's teachers were amazing always in contact with us either by email or phone. Passing on resources, challenges and message for his classmates."*

*"I do feel like we were just left to get on with it, no home-schooling help was really provided from school and I had to make up all my own resources and attempt what I could"*

Many children and young people with SEND continued to receive more or the same level of health and social care support as before lockdown, while others reported they received less or no support. A group of

children and young people reported their assessments went ahead, while for the remainder it was delayed or cancelled. Two thirds of children and young people undergoing an education assessment to determine if they needed additional support reported the communication was not enough.

Families remain worried and anxious about their children returning to school and how they will catch up on their learning, reintegrate back into school, manage social interactions, cope with transitions and stay safe from the coronavirus.



*"I think my son will struggle following the new rules and likely to find the changes at school overwhelming and distressing"*

*"I am also worried he will be behind and that there will not be the resources needed for him to catch up."*

Looking to the future, families wished for more staffing, training and funding for schools, increase support for mental health and plans for how their children will catch up on any missed learning. Families wanted improved communication with their schools, extra activities available for weekends and holidays and more advice and support if their child needed help at school.

### **On the education and learning of children and young people**

Northumberland has approx. 2300 learners with EHCPs across a number of settings. During lockdown guidance from the government indicated that vulnerable learners, defined as those who had an EHCP and / or those with a Social Worker should attend school if it was safe to do so. Schools were required to complete a risk assessment and review it regularly to ensure the safeguarding of pupils with an EHCP and / or who had a social worker. Education and Children's Social Care worked together to oversee and monitor vulnerable learners during this period of time. Attendance was low with many families choosing to keep their children at home.

#### *Special School attendance*

- Five special schools remained open throughout the pandemic and school closure period
- Four opened for a number of days each week, gradually increasing days over the summer term
- One special school remained closed for six weeks before re-opening
- Daily attendance across all schools combined varied between 66 children and young people attending at the beginning of the lockdown on 24.3.20, to 315 on the 6.7.20

The survey highlighted at the beginning of this chapter showed that some parents had positive experiences of working with their children at home and felt well supported by their school, while a larger number found the experience challenging and reported significant difficulties in being able to support their child's learning for a wide variety of reasons (see report [here](#)).

## **On the delivery of health services**

### Northumbria Healthcare NHS Foundation Trust (NHCT)

Northumbria provides access to community health services which are commissioned by Northumberland CCG with the exception of School Nursing and Health Visiting which is commissioned by NCC. The following is an overview of practice during the peak of the pandemic and schools' closures for the following services:

- Therapies – Speech and Language Therapy, Physiotherapy, Occupational Therapy
- Nursing – School Nursing, Special School Nursing, Children's Community Nursing, Health Visiting
- Mental Health – Primary Mental Health Workers
- Paediatrics

### *Referrals and Waiting Times*

Referrals to all paediatric services in the Trust remained open. Generally, referrals reduced significantly due to lockdown measures and children not being in school. Initial assessment waiting times reduced due to a combination of reduction in referrals and introduction of telephone consultations (for services where this previously did not exist) to ensure initial consultations could take place.

### *Service delivery*

Services core offers were delivered, but via a different method than before (e.g. telephone / video consultation rather than face to face). A robust prioritisation system was put in place which ensured that those children and young people who were high priority with complex health conditions were offered face to face consultation where remote consultation could not meet clinical need. As health services were sometimes delivered from educational settings, the prioritisation system ensured that regardless of placement, children received the level of support required to manage their health conditions safely and effectively.

### *Workforce*

Staff from paediatric services who were initially redeployed within the organisation returned within a period of weeks and months. During the initial pandemic response and period of staff redeployment, all services provided to those assessed as having a high level of clinical need were maintained though delivery was primarily either virtual or face to face according to clinical need.

### *Views of parents, carers and children and young people*

At the beginning of the pandemic, therapy services wrote to all parents/carers of children attending Special School (via school) to ensure that families had contact details and could contact services if they required support at home.

### *Partnership working*

Partnership working continued (as per prioritisation system outlined in pyramid) and conducted via virtual means. Virtual TAF / safeguarding / Annual review / EHCP finalisation meetings have been held, virtual attendance at these meetings is based on the prioritisation system, using the same criteria as it would to define actual attendance.

### Health Visiting

The 0-19 Integrated Wellbeing Team continued to provide a very high standard of healthcare and screening to the children and parents of all ages. Throughout the Covid 19 lockdown period face to face visits were maintained for New Birth Visits and all other mandated and additional touchpoint services were provided virtually as a bridging service until times when face to face contact could be reinstated.

Local data regarding ASQ scores indicate improvement across all domains from the 2018/19 outturn. There had been a downward trend in gross motor and fine motor skill assessments which have not

been seen in the 2019/20 cohort assessments.

### Public Health Nursing

Throughout the national lockdown period, referrals into the service continued to be accepted, assessed and stratified for vulnerability and/or clinical need. The school nurses made contact with children, young people and parents on their current caseload as well as accepting new referrals. Health needs assessments were and are being completed with a comprehensive plan of care agreed. Safeguarding visits are conducted face to face when this is indicated, and all safety guidelines are adhered to using appropriate PPE, when necessary. The public health school nursing service is currently in the process of increasing the number of face to face contacts offered.

Online resources and information packs are routinely shared by post/text and the Chat Health texting service is also available on a daily basis. The Chat health online texting service has been widely promoted so children and young people have access to an on-line school nurse during working hours. The school health team and the local authority are working together to share information with schools and parents and young people to have access to online resources and information for services. Enuresis alarms are sent out by post and follow up is arranged by phone. The team are also actively supporting and promoting the materials on NCC website to support Children and Young People return to school in September

The public health school nursing service is currently in the process of increasing the number of face to face contacts offered. This is being progressed within the context of changes to government advice and guidelines in relation to Covid-19 and with the guidance from NHSE and NHSI on the restoration of community health services for children and young people.

### Primary Mental Health Work Team

During COVID-19 the team experienced a short-term reduction in referrals in the month of April followed by a steady increase from May onwards. There was an initial peak of referrals that did not progress to assessment due to COVID-19, and families expressed a wish to wait until face to face contacts resumed. Although these have reduced as the service has adopted virtual Attend Anywhere appointments which has led to an increase in face to face appointments where clinically indicated. In the initial months of COVID-19 into the summer we offered some flexibility in our acceptance criteria to help other part of the pathway and extended the reach of our Emotional Mental Health Practitioners. From September we have returned to our original service criteria as this multi-agency support is no longer required.

### Children and Young People's Service (CNTW)

CYPS remained fully open and operational during COVID-19. Referrals were accepted, and assessment and treatment were provided via new ways of working (digital solutions) in line with national guidance and providing essential face to face (F2F) contact where appropriate. Risk and needs assessment approaches were taken to identify the most appropriate contact modality in light of the current pandemic.

Referrals into the ASD and ADHD diagnosis pathways continued to be accepted and assessments have been taking place. Impact has been in the main in relation to school observations. Some schools were reluctant to allow staff into complete observations during the lockdown period while some schools were closed, or children have not been attending. The teams have been implementing new ways of working and are working with the schools and families to ensure assessments can be completed though this may take a little longer in some cases than pre- COVID-19.

Referrals to the Service reduced by approximately 40% over lockdown. Despite this, contact activity increased during this period within the CYP Service to enable the provision of the appropriate level of support in a time of increased fear and anxiety. The majority of contacts between April-20 and May-20 took place via telephone, with an increasing number being undertaken by virtual consultation, and face to face appointments completed as appropriate.

In June, the average waiting time to treatment was 4 weeks. As at the end of August 2020, for those waiting for treatment within the Learning Disability pathway the average wait was 14 days (maximum wait 2-4 weeks). As at the end of August 2020, for those waiting for treatment within the Neurodevelopmental pathway the average wait was 15 days (maximum wait 4-6 weeks). (NB Waiting times not specific to SEND). As from September referrals to the service have increased to that of pre-covid levels.

### **On delivery of children and adults' social care**

Since the middle of March 2020, the Disabled Children Team (DCT) continued to support the needs of children and their families by adapting existing ways of working in line with government guidance and the NCC corporate advice provided. All families who were open to DCT at the point of lockdown were risk assessed and RAG rated, with RAG ratings being reviewed regularly. Home visits continued to be offered for the most vulnerable and where safeguarding concerns arose (with appropriate PPE).

All families open to social care and early help have similarly been RAG rated, with regular calls, virtual visits, face to face visits, activity packs and resources made according to need. Referral numbers have remained steady between April and July before reducing (by around 35%) in August before increasing again in September. Numbers of referrals over the last 6 months have been below the 2019 levels each month (aside from May).

In the last 6 months (April to Sept 2020), Northumberland saw an increase in overall numbers of contacts each month from April to July - roughly a 50% increase in that period, before reducing in August - then jumping up again in September. Aside from April and May, the number of contacts has been above the 2019 levels.

### **On the statutory EHCP process**

The statutory EHC needs assessment process has been largely unaffected by the pandemic. Advice has been submitted on time, with all strategic partners prioritising the completion and timely submission of advice. Professionals across education, health and social care have sometimes not been able to see the child or young person in person and have used other means to complete advice e.g. virtual assessments and / or conversations with school and parents. EHCPs have been issued within statutory deadlines of 20 weeks with only a handful of exceptions where additional arrangements have had to be put in place to provide up to date advice.

## GLOSSARY

Code	Descriptor
ASC	Adult Social Care
ASD	Autistic Spectrum Disorder (including Asperger Syndrome)
CCG	Clinical Commissioning Group
CYPS	Children and Young People's Service
DYCP	Disabled Children and Young People
EHCP	Education Health Care Plan
HI	Hearing Impairment
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
MLD	Moderate Learning Difficulty
MSI	Multi-sensory Impairment
OT	Occupational Therapist
PD	Physical Disability
PfA	Preparation for Adulthood
PMLD	Profound & Multiple Learning Difficulty
SEMH	Social, Emotional Mental Health
SEND	Special Education Needs and/or Disability
SLA	Service Level Agreement
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SpLD	Specific Learning Difficulty (e.g. Dyslexia, Dyspraxia)
VI	Visual Impairment

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