

Joint Strategic Needs Assessment

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

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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 and mental health
SEND	Special Educational 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

Summary of Findings

Key Data Messages

- There are less CYP receiving SEND support; more demand for EHCPs, especially amongst younger children and adults aged over 20.
- 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. There are too many CYP whose primary need is identified as 'other'.
- The gap in education outcomes between SEND and all CYP 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.

Themes Arising

The Joint Strategic Needs Assessment has highlighted a number of general themes which need to be borne in mind when planning provision and support for children and young people with SEND:

- geographical access - Northumberland is a large county and there are challenges in providing equitable access to services across all areas, particularly the north and west
- importance of early identification and workforce development
- the need to further develop data collection systems to increase understanding of the needs of the SEND population, particularly around health and social care

Specific Theme	Gaps, challenges and opportunities	Page Reference
Joint commissioning	<ul style="list-style-type: none"> • 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 would benefit from greater joint working. 	7 - 13
	<ul style="list-style-type: none"> • There is a gap in the equity of access to short break activities across Northumberland 	34
	<ul style="list-style-type: none"> • Gaps identified in the equity of access to supported living across Northumberland 	34
Early Identification	<ul style="list-style-type: none"> • High prevalence of SEMH requires multi-agency focus on the needs of pupils with SEMH through the development of a graduated response 	9 & 19
	<ul style="list-style-type: none"> • There is under identification of specific learning difficulties and moderate learning difficulties in settings 	9
	<ul style="list-style-type: none"> • Inconsistency in schools and settings in relation to recording of identification of need 	9
	<ul style="list-style-type: none"> • Gaps identified in the equity of access to SEND Support Services in schools and settings 	26
Therapies & Special Schools	<ul style="list-style-type: none"> • Triangulated feedback from various sources indicate shortfalls with Occupational Therapy, particularly for those with sensory needs 	26

Nurses	<ul style="list-style-type: none"> • There are 2 services that support speech, language and communication needs leading to a degree of overlap 	23
	<ul style="list-style-type: none"> • Access to therapies, Special School Nurses and services to ensure equity across Northumberland 	26
Transition into adulthood	<ul style="list-style-type: none"> • Audit tells us that therapeutic input at transition into adulthood needs to increase 	35 - 36
Data	<ul style="list-style-type: none"> • Health data is currently not SEND specific and focuses on activity rather than outcome; this has identified the need for the pseudo-anonymisation of health data 	6
	<ul style="list-style-type: none"> • The data tells us that we need to review how we capture and analyse data across the local area 	6
Educational specialist capacity	<ul style="list-style-type: none"> • 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 	30
	<ul style="list-style-type: none"> • 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 	33
	<ul style="list-style-type: none"> • Data on demand for specialist provisions indicated a historic lack of additionally resourced provision within mainstream schools 	32

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 2017-18
- SEND Joint Commissioning Strategy-Sept 2017
- SEND strategy 2018-2020
- Northumberland County Council Special Provision Plan 2018

METHODOLOGY

A working group comprising of policy and intelligence officers from health, education and social care was formed to scope this 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, however further health data will be available following the process of pseudonymisation which will allow information to be interrogated specifically against those with identified special educational needs at local level. An update of this JSNA will therefore be undertaken in Spring 2020. 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. There is inconsistency in understanding of these categories across schools in Northumberland and when to apply each category. This is being addressed through the provision of training on categories of need, however the data should be interpreted with some caution.

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 seven years of data and should therefore be interpreted with caution.

Whilst this document presents the key findings and implications for strategy and commissioning, there is also a web-based version developed using an analysis tool called Tableau which allows readers to view the data in relation to their area of interest.

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 316,000 people in 2018
- According to the Office for National Statistics, the county's population is forecast to increase to around 322,000 by 2039
- The number of children and young people aged 0 to 15 living in Northumberland has declined, with circa 57,500 in 2001, 55,000 in 2006 and 52,000 in 2016.
- The birth rate in Northumberland has also declined

ABOUT SEND IN NORTHUMBERLAND

TOTAL SEND

At January 2019 there were:

- 45,378 pupils on roll in Northumberland maintained and academy schools;
- 14.5% receive additional support to meet their Special Educational Needs
- The National Average across all English Unitary authorities is 15.3%. In Northumberland; 11.1% are SEN Support, 3.4% have EHCPs.

(Source : LG SEND Report)

Mirroring the national trend, two thirds to three quarters of boys have SEND compared to girls.

	Boys	Girls
SEND Support	67% ↓	33% ↓
EHCP	75% ↑	25% ↑
All	69% ↑	31% ↔

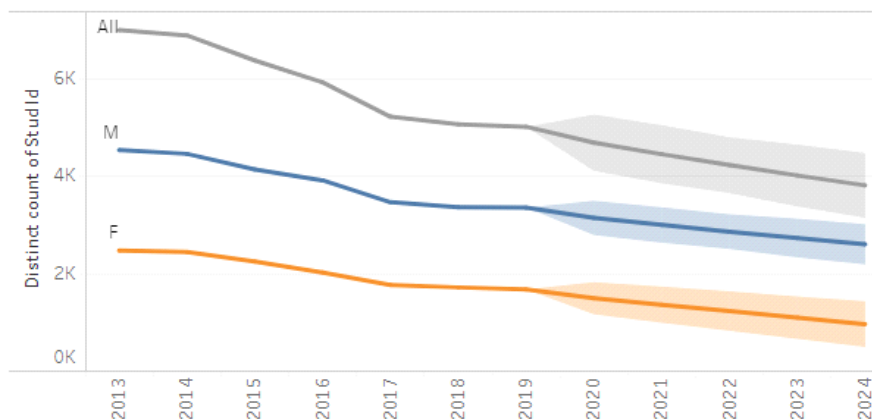
The gender split between male and female is a nationally recognised fact, though there is not as yet a common agreed understanding as to the underlying factors causing this.

ABOUT NORTHUMBERLAND CHILDREN AND YOUNG PEOPLE RECEIVING SEND SUPPORT

Northumberland is in line with the national trend of falling SEND Support numbers, from 13.8% in 2014/15 to 11.1% 2018/19, which is below the national average of 12.1%.

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

Overall Trend with Forecast



(NB Interpret with caution due to accuracy of forecasting due to limited number of years forecast is based on)

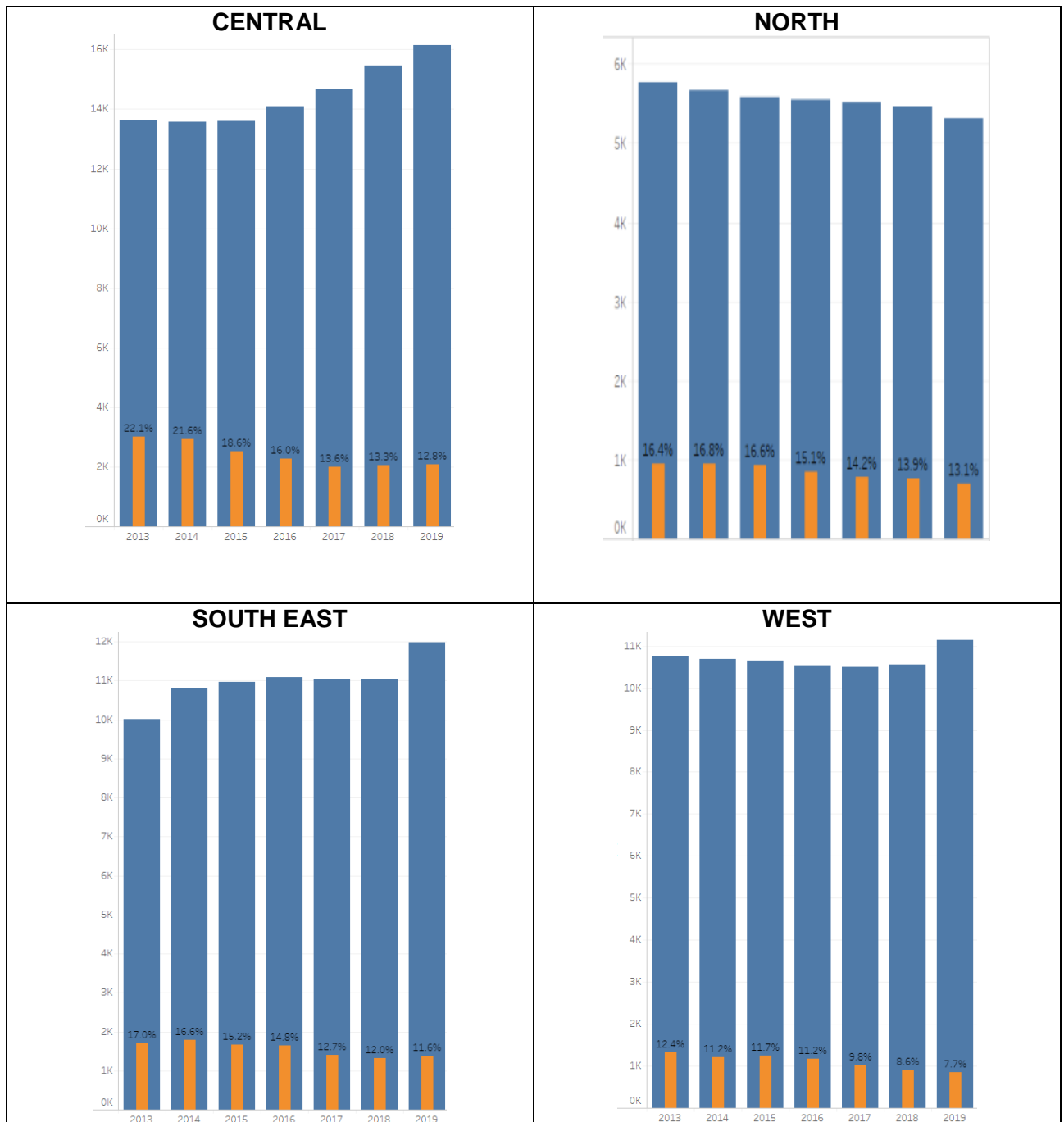
Compared to the national average, Northumberland primary and secondary schools are:

- over identifying Social, Emotional and Mental Health & Speech, Language and Communication Needs
- under identifying Specific Literacy Difficulties
- In addition, 11% of pupils are recorded as 'Other' with no primary need recorded.

Primary need across all mainstream schools 5-16	% of SEN Support	National average	
SLCN	25.5%	22.8%	Numbers highlighted in red are significantly more / less than the national average. (LG SEND report)
SEMH	21.7%	17.5%	
MLD	21.4%	24%	
OTHER	11.4%	5.1%	
SpLD	8.4%	15%	
ASD	5.4%	5.7%	
HI	2.6%	1.7%	
PD	2%	2.4%	
SLD	0.2%	0.3%	
VI	0.2%	1.0%	
PMLD	0.1%	0.1%	

END BY LOCALITY

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



All localities show a decrease in the numbers of pupils on SEND Support with schools in the West having the lowest percentage of pupils with SEND Support in mainstream.

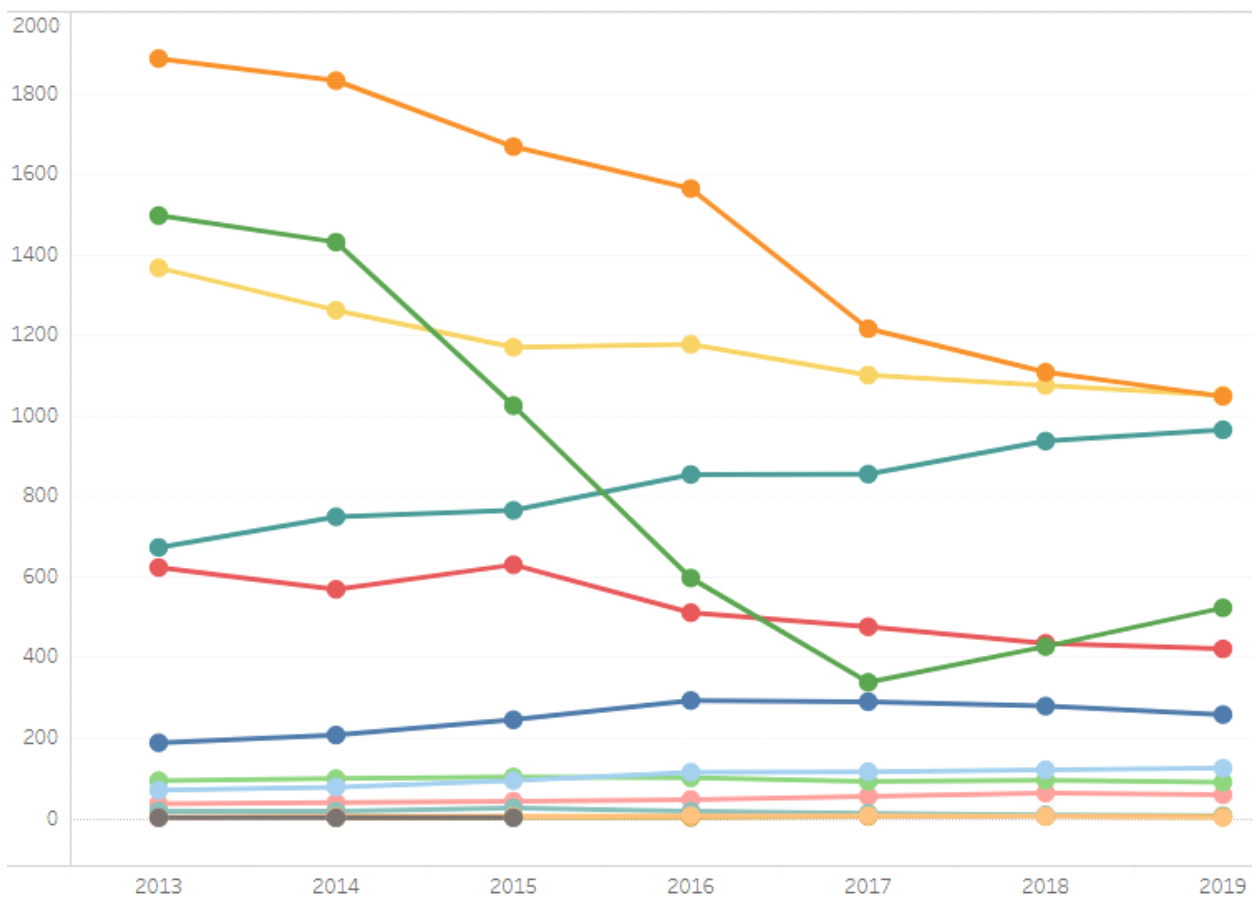
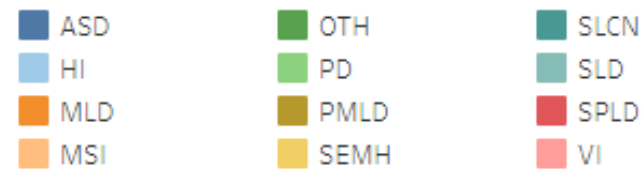
SEND SUPPORT PRIMARY NEED ACROSS ALL LOCALITIES, AGED 5-16 IN MAINSTREAM SCHOOLS

Overall, MLD is falling, SEMH is gradually declining while SLCN and Other are increasing.

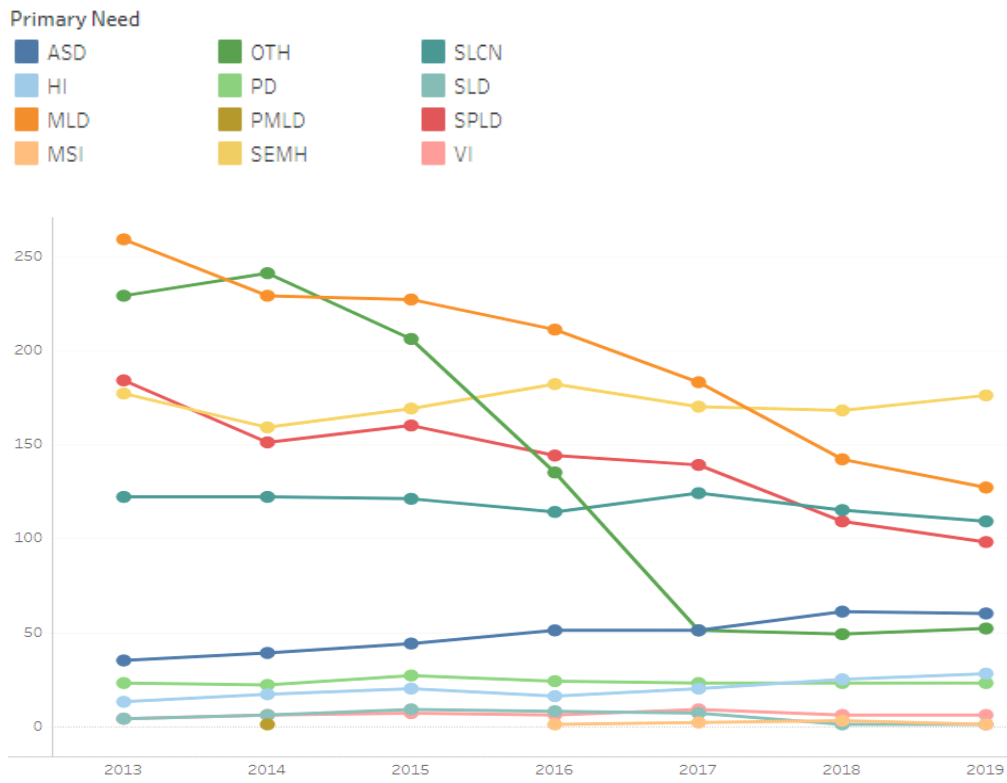
The following graphs show the pattern of primary need at SEND Support across the four localities

Primary Need SEND Support - NORTH

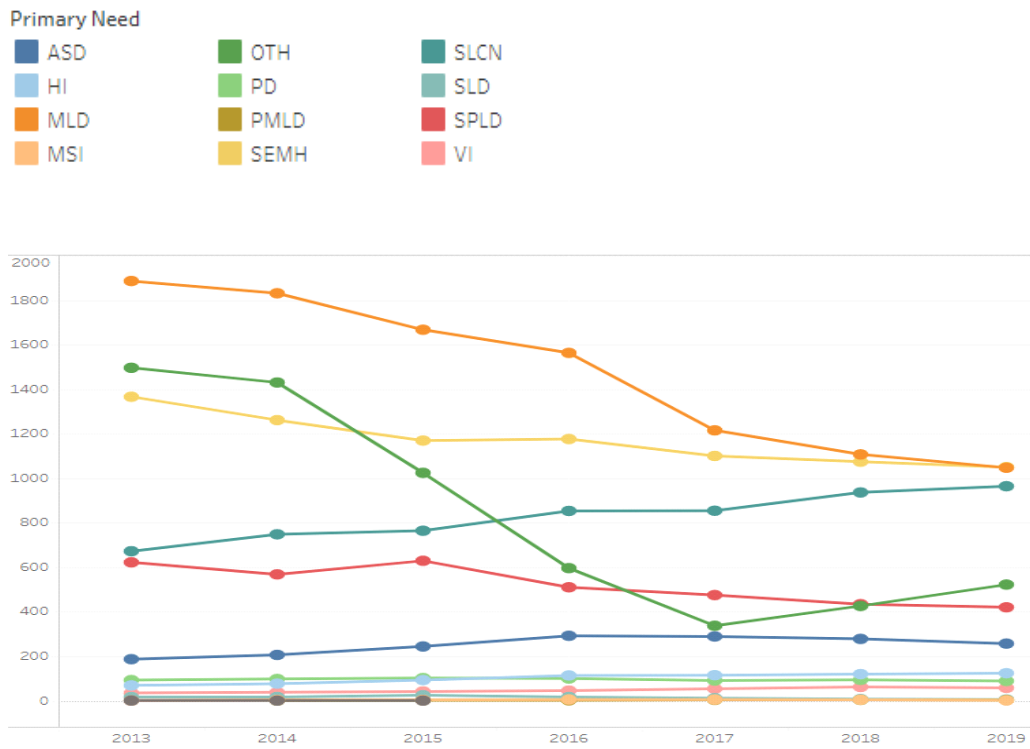
Primary Need



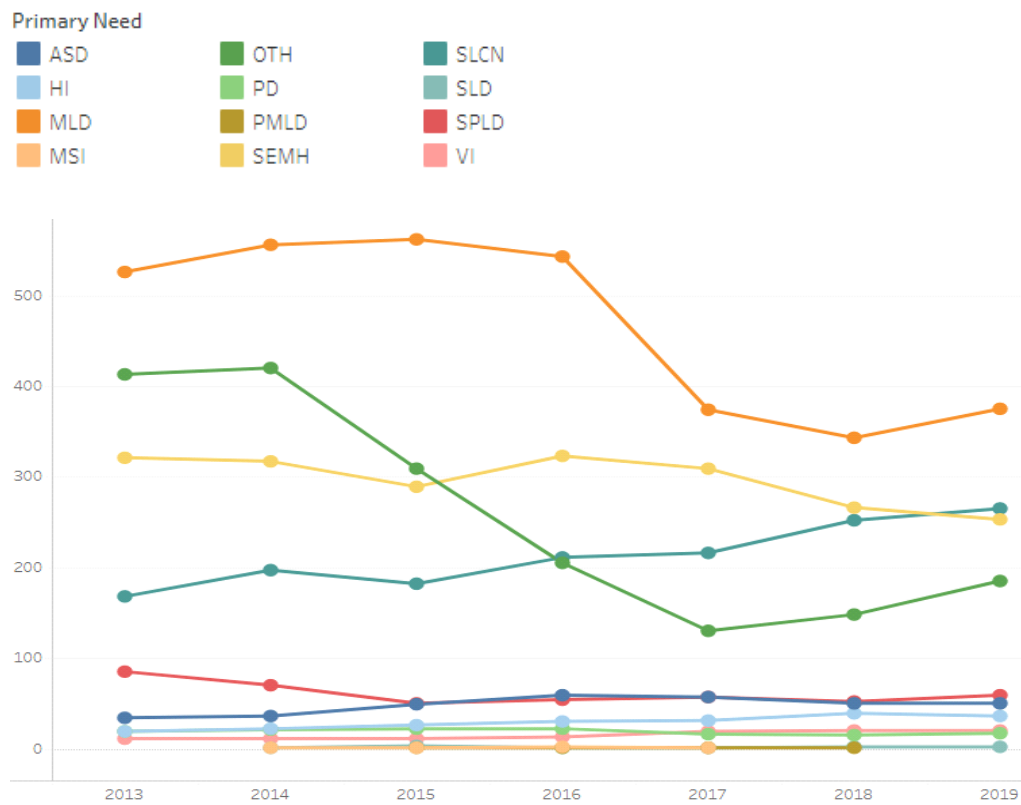
PRIMARY NEED SEND SUPPORT - WEST



PRIMARY NEED SEND SUPPORT - CENTRAL



PRIMARY NEED SEND SUPPORT - SOUTH EAST



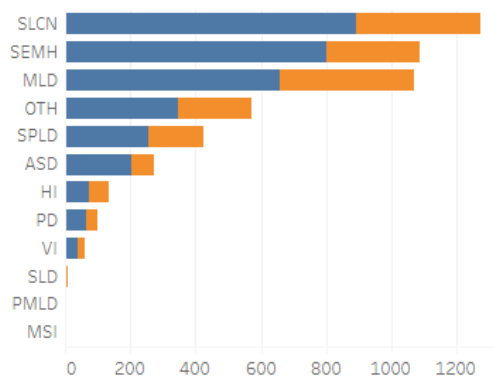
Top three primary needs at SEND Support in localities

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

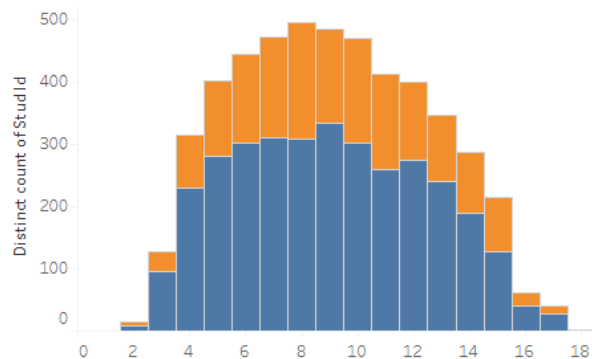
GENDER, AGE AND SEND SUPPORT

(MALE : FEMALE)

Primary Need



Distribution by Age

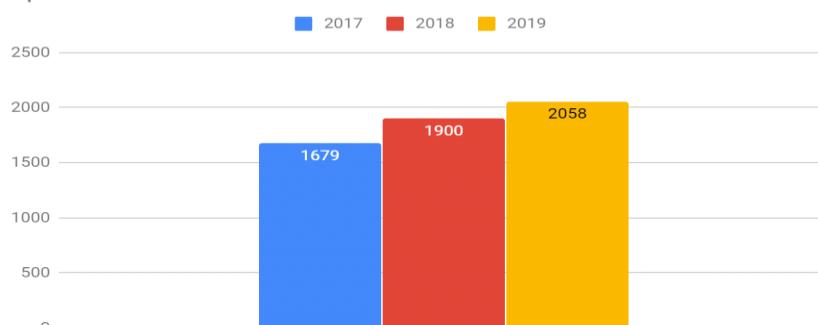


Top 5 primary need - SEND Support		
	Male	Female
1	SLCN	MLD
2	SEMH	SLCN
3	MLD	SEMH
4	OTH	OTH
5	SPLD	SPLD

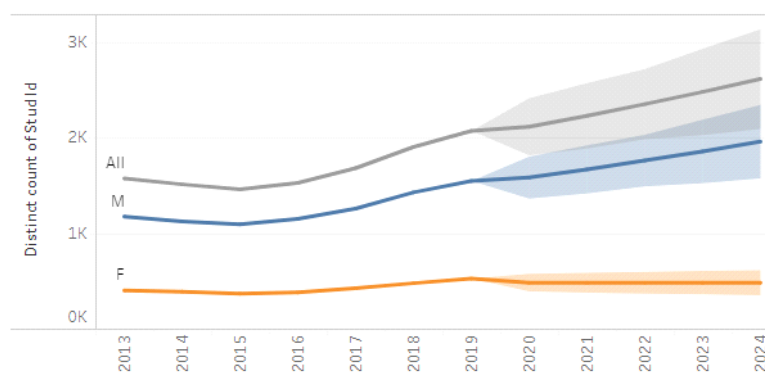
ABOUT NORTHUMBERLAND CHILDREN AND YOUNG PEOPLE WITH AN EHCP

Across All English unitary authorities, the proportion of pupils with an education, health and care (EHC) plan ranges from 1.6% to 4.8%. Northumberland has a value of 3.1%, compared to an average of 3.0% in All English unitary authorities.

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



Overall Trend with Forecast



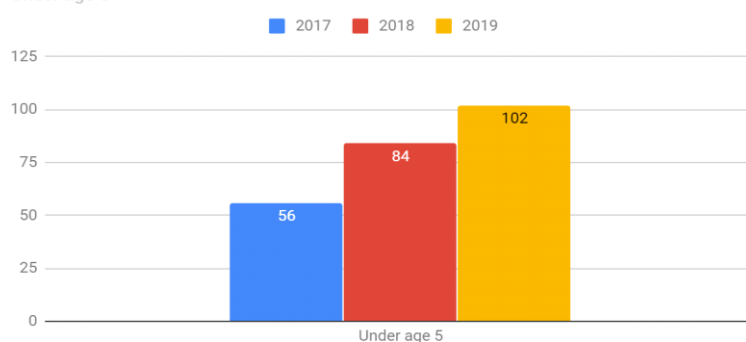
There were:

- 2058 children and young people with an EHCP in January 2019. This has increased by 7% in the last 6 months to 2207 (August 2019)
- An increase of 8.3% since 2018, compared to the national increase of 11%.
- 83 plans were discontinued
- 21 transferred to another Local Authority.

This rise is driven by increases across most of the age groups with the largest increases in the 0 - 5 age group (21.4%, nationally this is 13%) and the 5-10 age group

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

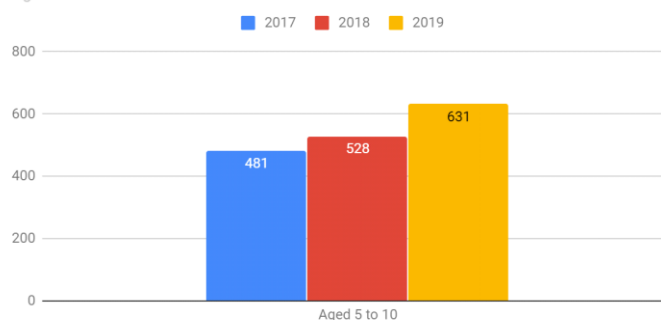
Under age 5



Children in the 5 - 10 age group have similarly shown an increase (32% increase compared with 11% nationally)

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

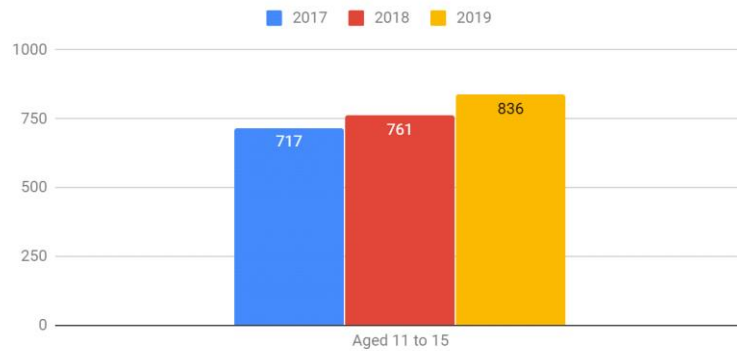
Aged 5 to 10



The 11 - 15 age bracket account for the largest number of children and young people with an EHC plan as at January 2019 - a 10% increase on the previous year.

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

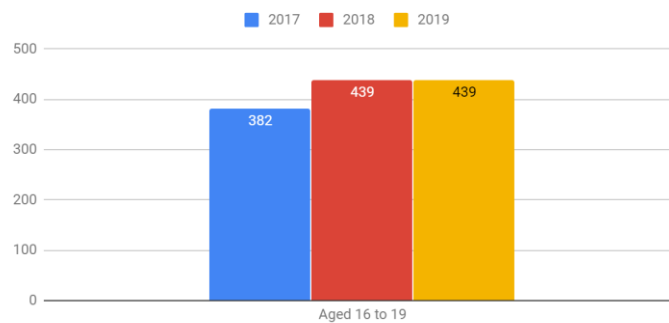
Aged 11 to 15



Numbers for pupils aged 15 - 19 remained static.

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

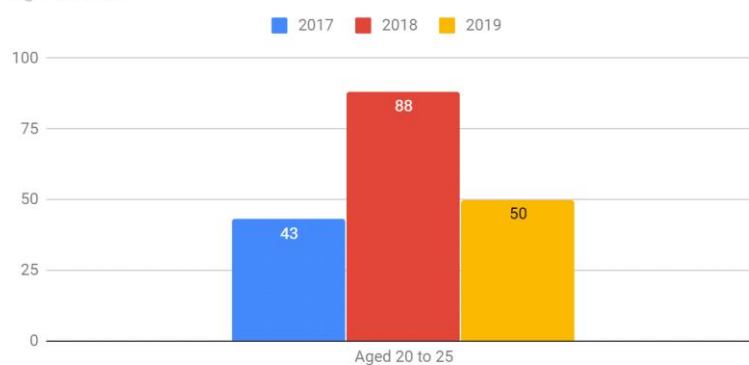
Aged 16 to 19



However, it is with the 20 - 25 age bracket where the national percentage has risen considerably (32%), however in Northumberland this number appears to have decreased. This fall in numbers should be treated with caution as it coincided with a review of the accuracy of internal systems and subsequent cleansing of historic data.

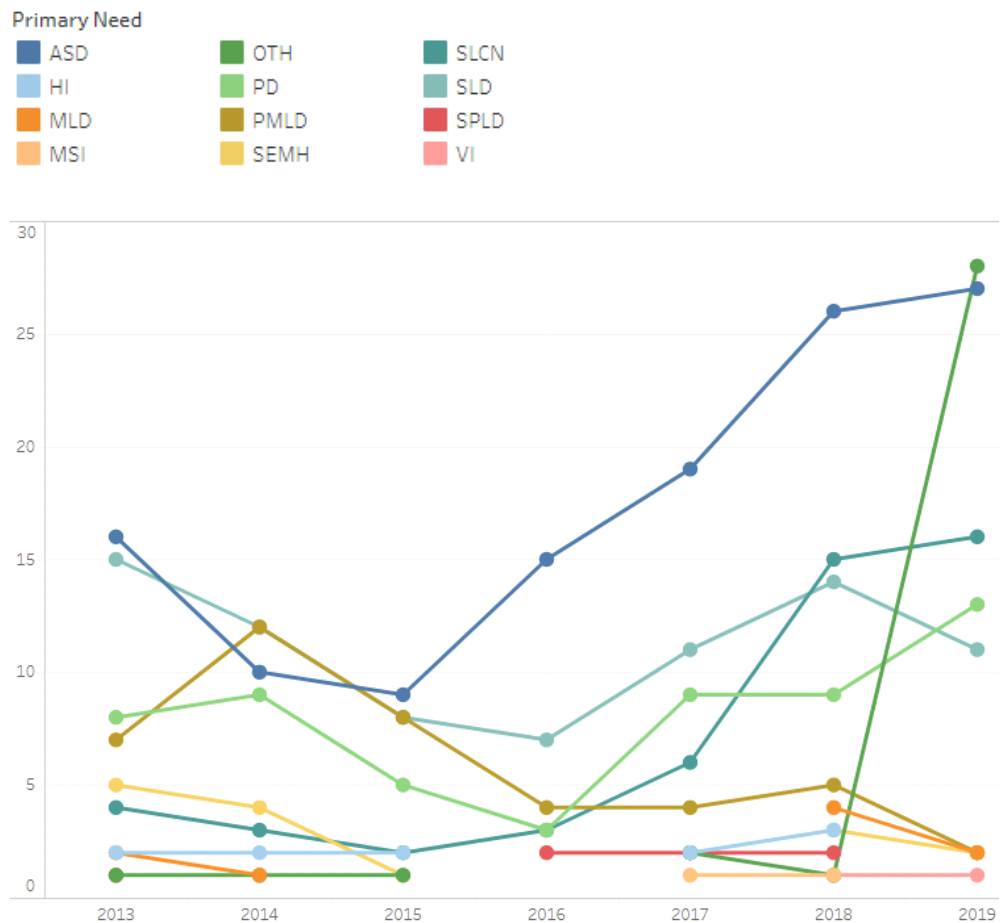
All pupils for whom the authority maintains a statement of special educational needs or an EHC Plan

Aged 20 to 25



Primary need for under 5's with an EHCP

Other and ASD are the more frequently used categories by schools and settings in the under 5's with an EHCP, with SLCN third, followed by Physical Difficulties fourth.

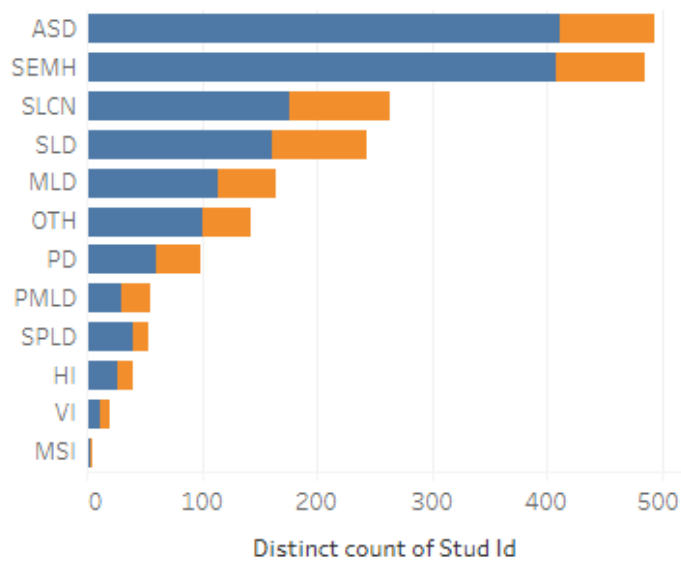


Across EHCPs as a whole, the most commonly identified primary need was Autistic Spectrum Disorder, followed closely by SEMH. Nationally the most common primary need within EHCPs is ASD at 28.2%.

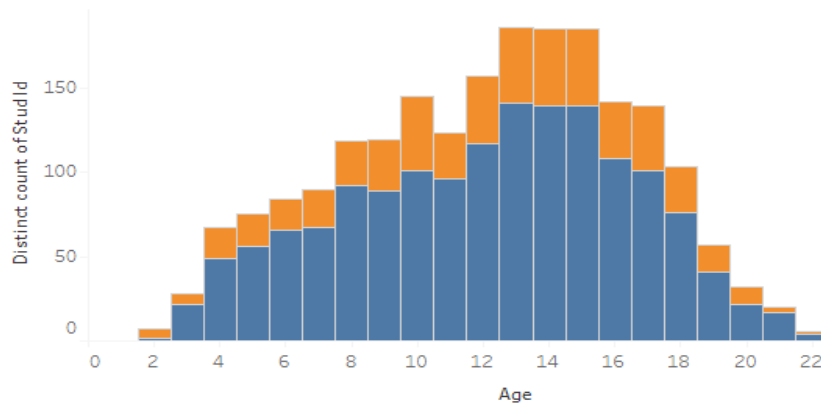
Top four primary need	% of EHCPs	National Average	
ASD	23.7%	28.2%	Numbers highlighted in red are significantly more / less than the national average.
SEMH	23.5%	12.8%	
SLCN	12.8%	14.6%	
SLD	11.7%	12.5%	
MLD	7.9%	12%	
OTH	7%	2.6%	
PD	4.8%	5.4%	
PMLD	2.7%	4.3%	
SpLD	2.7%	3.5%	
HI	1.9%	2.5%	
VI	1.0%	1.4%	

GENDER, AGE AND EHCP's
(MALE: FEMALE)

Primary Need



Distribution by Age



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

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

Currently Year 9 has the highest number of EHCP's (202 (9.7%) of the total number of active plans). This number is closely followed by Year 11 where 183 (8.7%) plans are currently active.

SEND SUPPORT AND EHCP COMMENT

Northumberland mirrors the national trend within the pattern of numbers of SEND 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 and a need to more fully embed the graduated approach within our mainstream schools.

TRENDS & SUMMARY

- Numbers of pupils at SEND Support are falling in line with the national trend, with Northumberland now below the national average
- Schools in the West have lower numbers of SEND 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 particularly increasing in the 0-5 and 5 - 10 age bracket
- Some needs are over / under identified indicating a development / support need within schools around identification of need and the graduated response
- There continues to be a training need to support schools to correctly identify need within school census returns

EARLY YEARS EDUCATION

Across Northumberland there are 471 private, voluntary and independent settings and schools providing a range of services to parents from birth to the end of primary, 399 of which deliver funded early years entitlement to 2, 3 and 4 year olds.

Two year olds

In January 2019, 920 children accessed the two year offer which is 90% of eligible children. Of these, 3 have an EHCP (0.3%) and 6 (0.7%) are receiving SEN support via the Inclusion Fund.

Three and four year olds

In January 2019, 39 children out of 4198 have an EHCP and 28 are receiving SEN/ inclusion support via the Inclusion Fund.

Inclusion Support

105 requests for inclusion support which include visits, advice and guidance were received by the early years team from schools and the PVI's. This is 2% of the full 2, 3 and 4 year old January 2019 cohort. Of these, 36 have requested additional resources from our inclusion fund in order to access their entitlement. 80% of these have an Early Help Assessment. 6 of these children have now progressed a COSA application.

More than half of all requests for support state speech, language and communication as their primary need and requests for support with behaviour management are also high.

Attainment for children with SEND

The percentage of pupils with SEND in early years' foundation stage reaching a good level of development in 2018 is 31.9% which is above the national average of 24.0%, and an increase of 0.7% from 2017.

Early Years Foundation Stage

In 2018 the performance of those with an EHCP is 0.3% above the national average. The SEN Support cohort also performs well and is 7.7% above the national average.

TRENDS & SUMMARY

- Percentage of SEND children reaching a good level of development in Northumberland in 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 and is at or above the national average (24%) for this group. The trends for EHCP learners at Key Stage 1 continues into Key Stage 2. Rates are falling and the gaps have widened. The trend of the gap between all learners and SEND learners in writing standards remains at Key Stage 2, although it is narrowing from Key Stage 1.

Key Stage 4: Validated Attainment 8 scores show an improvement for SEN Support learners but a decrease for EHCP learners (this mirrors a drop in national figures) in 2018. 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 EHCP.

Post 16: Level 2 attainment at age 19 for Northumberland learners was 77.5% and is 2% above the national average. This falls to 31.7% for SEN Support in the county a gap of 3.9% with the national average. Rates fall again to 19.4% for those with an EHCP but are 4.6% above the national average. Level 3 attainment at age 19 for Northumberland learners was 60%, 3.1% below the national average. This falls to 23% for SEN Support in the county and again the gap of 8% behind the national average remains and is too large. Rates fall again to 15% for those with an EHCP but are 2% above the national average.

OUTCOMES ACROSS EDUCATION, HEALTH AND SOCIAL CARE

While we are able to comment on educational attainment, EHCPs also reflect outcomes wider than nationally recorded attainment. There is a need to identify a mechanism by which outcomes in EHCPs can be monitored.

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
- Identified gap in data about progress made towards EHCP outcomes

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.

SEND Support	EHCP																																																		
<table border="1"> <tr> <td>No ACW Involvement</td> <td>5,356</td> </tr> <tr> <td>Central Locality Team</td> <td>86</td> </tr> <tr> <td>SE Locality Team</td> <td>80</td> </tr> <tr> <td>MASH</td> <td>36</td> </tr> <tr> <td>North Locality Team</td> <td>27</td> </tr> <tr> <td>West Locality Team</td> <td>26</td> </tr> <tr> <td>ASYE Academy</td> <td>15</td> </tr> <tr> <td>14+ Team</td> <td>9</td> </tr> <tr> <td>Disabled Children Team</td> <td>5</td> </tr> <tr> <td>Leavers</td> <td>1</td> </tr> </table>	No ACW Involvement	5,356	Central Locality Team	86	SE Locality Team	80	MASH	36	North Locality Team	27	West Locality Team	26	ASYE Academy	15	14+ Team	9	Disabled Children Team	5	Leavers	1	<table border="1"> <tr> <td>No ACW Involvement</td> <td>1,721</td> </tr> <tr> <td>Disabled Children Team</td> <td>202</td> </tr> <tr> <td>SE Locality Team</td> <td>43</td> </tr> <tr> <td>Central Locality Team</td> <td>40</td> </tr> <tr> <td>MASH</td> <td>26</td> </tr> <tr> <td>14+ Team</td> <td>21</td> </tr> <tr> <td>North Locality Team</td> <td>16</td> </tr> <tr> <td>West Locality Team</td> <td>16</td> </tr> <tr> <td>ASYE Academy</td> <td>7</td> </tr> <tr> <td>18+ Team</td> <td>3</td> </tr> <tr> <td>Emergency Duty Team</td> <td>2</td> </tr> <tr> <td>Leavers</td> <td>2</td> </tr> <tr> <td>First Contact</td> <td>1</td> </tr> </table>	No ACW Involvement	1,721	Disabled Children Team	202	SE Locality Team	43	Central Locality Team	40	MASH	26	14+ Team	21	North Locality Team	16	West Locality Team	16	ASYE Academy	7	18+ Team	3	Emergency Duty Team	2	Leavers	2	First Contact	1				
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NB Primary and secondary need is recorded for pupils aged 5-16, therefore there is not this level of data for the full population of those open to social care.

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.

Early Help - SEND Support	Early Help - EHCP																																																						
Total number of 437 children and young people receiving SEND Support are known to Early Help.	Total number of 291 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 below shows Northumberland's five year trend summary in relation to both permanent and fixed term exclusions for all and SEND pupils. Northumberland mirrors the national picture in this regard with a rising trend over the period. Robust actions have been put in place to support and challenge schools, however there is a need to ensure that vulnerable learners with SEND have their needs identified and met appropriately at the earliest opportunity.

Permanent Exclusions				Fixed Term Exclusions			
**census	Total	EHCP	SEND Support	Pupil population	Total	EHCP	SEND Support
**2014/15	44	4	16	45557	1599	143	355
2015/16	41	0	26	39349	1270	221	704
2016/17	75	3	39	39609	1967	133	767
2017/18	115	6	53	39827	4514	291	1347
2018/19	83	4	23	40439	3337	180	769

(2017/18 - 2409 fixed term exclusions from one school (The Blyth Academy))

TRENDS & SUMMARY

- Numbers of children and young people with SEND being excluded were rising but there are early indications that this trend is being reduced 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 SEND Support Services are teams of specialist teachers and workers who are available to support schools and settings to deliver the graduated approach for school age learners.

The services provide 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.

The SEND Support Services include:

- Portage Service
- Sensory Support Service
- Autism Support Service (Accessed via SLA)
- Behaviour Support Service (Accessed via SLA)
- Literacy Support Service (Accessed via SLA)
- Psychological Services (Accessed via SLA)
- Speech, Language and Communication Service (Accessed via SLA)

Apart from Portage and Sensory Support Services, all operate on service level agreements where schools buy 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 2017-18.

Service	Number of schools who purchased an SLA	Number of schools who did not buy an SLA	% schools 'buying in'
Autism Support Service	116	49	70%
Behaviour Support Service	88	77	53%
Literacy Support Service	96	69	58%
Psychological Services	135	30	82%
SLCN	115	50	70%

Data indicates that:

- Specialist support services have a key role to play in identifying and addressing SEND needs at an early stage
- Inequity of access - access to the services depends on whether a school buys in to the service, and not on the level of need of an individual
- Support for parents and attendance at meetings not being purchased as part of SLA
- Need focus on workforce development
- Lack of clarity around the offer from NHS services e.g. NHS Speech and Language Therapy and Speech, Language and Communication SEND Support Service

School leavers have fed-back that:

- Cost and financial position of the school
- Difficulty forecasting need
- Smaller schools (of which there are a significant number in Northumberland) lack the financial flexibility to be able to buy in to the SLA

TRENDS & SUMMARY

- There is inequity of access to specialist teaching advice for children and young people in mainstream schools in Northumberland
- Services for speech, language and communication to be reviewed to identify overlap, unmet need and inform future provision

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 having the same constraints. The following data therefore relates to ALL children and young people and is not SEND specific. The current work on pseudonymisation is addressing this.

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	
	18/19 outturn
Percentage of births receiving a face-to-face New Birth Visit within 14 days by a Health Visitor	90.96%
Percentage of children receiving a 6-8 week review	90.08%
Percentage of children who received a 12 month review by the time they turned 15 months	94.82%
Percentage of children who received a 2-2½ year review	90.16%
Percentage of children who received a 2-2½ year review using ASQ	95.98%

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	
	18/19 outturn
Communication skills	91.14%
Gross motor skills	92.86%
Fine motor skills	92.09%
Problem solving skills	96.17%
Personal-social skills	92.02%
All five domains	87.39%

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. Analysis of caseload shows that approximately 20-30% of this caseload is predicted to have a level of need that may require specialist educational provision within the Foundation stage.

NORTHUMBERLAND PORTAGE						
Primary Need	Totals	2019	2019	2019	2019	2019
MLD	7	0	0	5	x	0
SLD	x	0	0	x	x	0
Developmental Delay	33	0	6	14	10	x
SLCN	57	x	19	32	x	0
ASD	31	x	17	7	0	0
PMLD	6	0	x	x	x	0
Totals	134	x	43	60	17	x

x denotes suppressed number (<5)

Of the 134 cases, 104 were identified as living in Central and South East Northumberland, 20 in the West of the County and the remaining 10 in the North.

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. The total number of children and young people on the SLT caseload over 2018-19 varies between 1993 and 2135.

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
- 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

SPECIAL SCHOOL NURSES

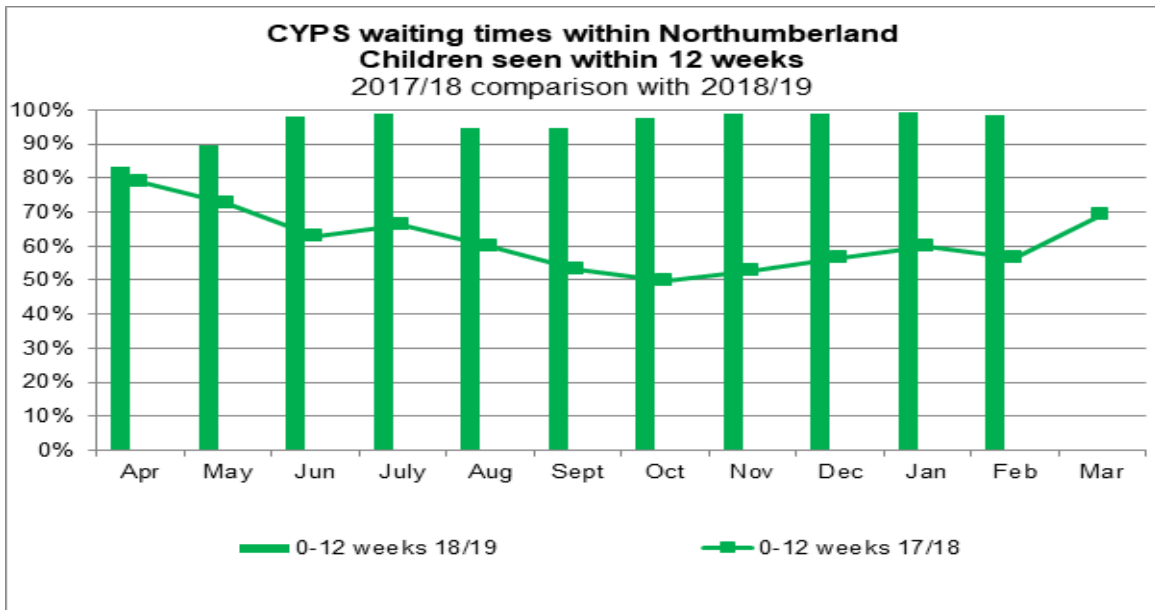
An audit has highlighted an inequality of access to Special School nurses across Special Schools in Northumberland.

CHILDRENS AND YOUNG PEOPLE'S SERVICE (CAMHS)

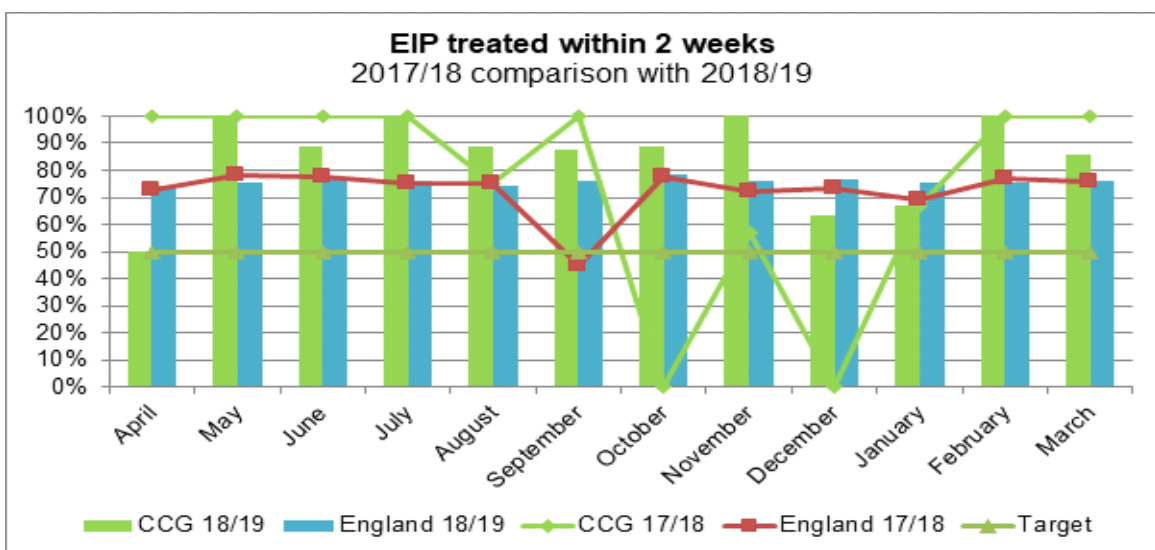
The majority of referrals to CYPS are:

- GPs
- Education
- School Health Advisors and Social Services
- 69% of referrals are male and 31% of referrals are female
- Missed appointments within the service for first appointments in 2018-19 are consistently low, however subsequent appointments missed following initial consultation can vary between 250 and 400 a month.

During 2018/19 all children were seen within 18 weeks. In addition, most children were seen within 12 weeks as shown on the chart below.

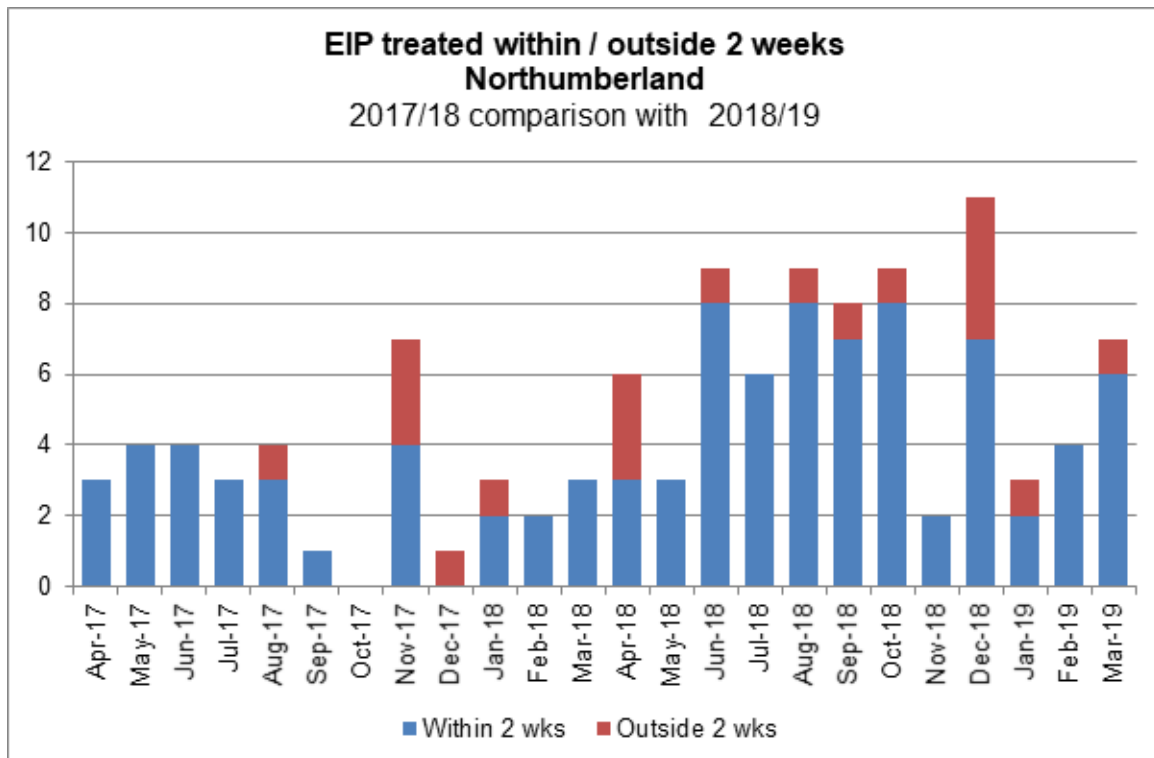


EARLY INTERVENTION IN PSYCHOSIS (EIP)



The chart above shows our strong performance against the 50% 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 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.

ASD POST DIAGNOSTIC SUPPORT

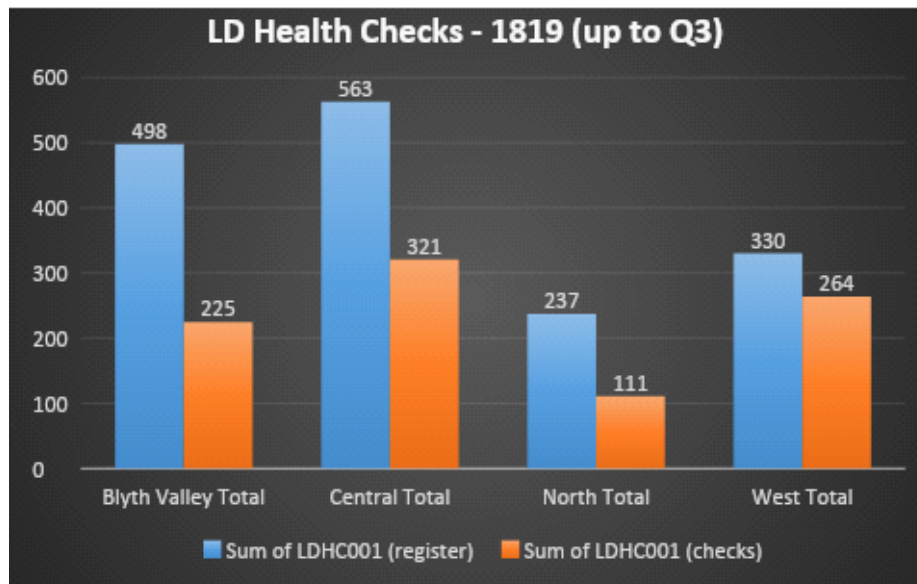
Cygnets is a parenting support programme for parents and carers of children and young people aged 7-18 with a diagnosis of autistic spectrum disorder which is commissioned by the CCG and delivered by the ASD SEND Support Service at the Council.

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 will start 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 be collected and will inform future JSNAs.

ANNUAL HEALTH CHECKS

While performance on annual health checks is on a par with regional counterparts, there are inconsistencies across the four localities, with those living in the West more likely to receive an annual health check than those in the other three localities. It is not clear why this is the case and further investigation is indicated to more fully understand the picture.

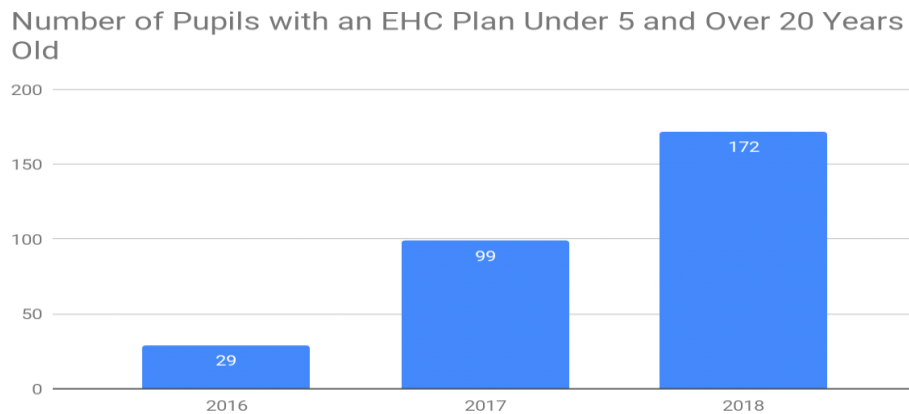


TRENDS & SUMMARY

- Access to health services are strong as measured within the 18 week wait timescale
- Levels of therapeutic provision (specifically OT & SLT), particularly around transition require further investigation to understand whether existing arrangements are meeting the current level of need
- Services for speech, language and communication to be reviewed to identify overlap, unmet 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

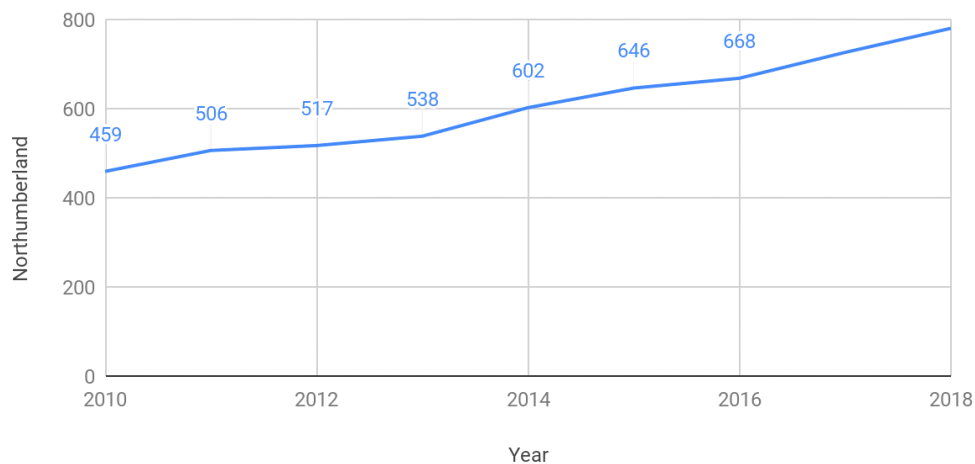
SPECIALIST EDUCATIONAL PROVISION

Overall, the number of children and young people in Northumberland with an Education, Health and Care Plan/Statement has risen. Growth is significant in the under 5, 5 - 10 and over 20 age group.



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 and the Local Authority has increased the number of pupils placed in GUST, Nunnykirk and Buzz Learning.

Number of Children and Young People with an EHC Plan in Northumberland Special Schools



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

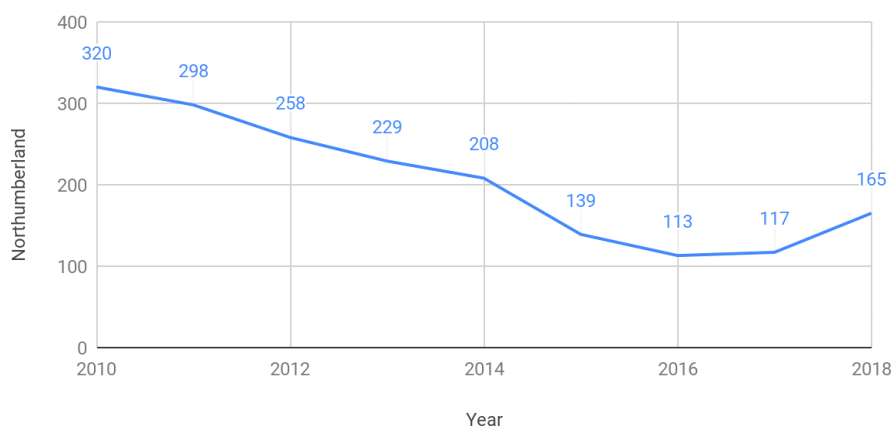
EHCPs AND MAINSTREAM PRIMARY SCHOOLS

In 2010 there were 320 pupils with an EHCP in mainstream primary schools it is now nearly halved to 165.

The graph below shows a

- 48.4% decrease in the number of Northumberland pupils with an EHC Plan in Primary Schools since 2010.
- Regionally, the numbers of pupils with an EHC Plan in Primary Schools has risen by 2.9% and Nationally by 14.2%.
- In the North East, Northumberland has the 9th highest number of pupils with an EHC Plan in Primary Schools, however, in 2010 it had the 2nd highest.

Number of Children and Young People with an EHC Plan/Statement in Northumberland Primary Schools



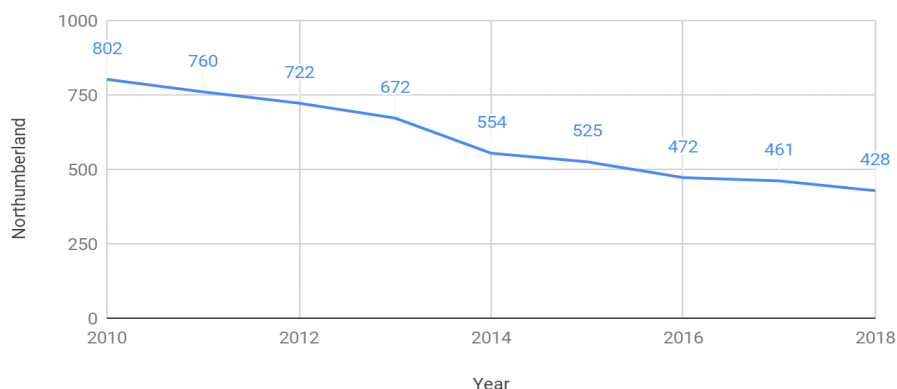
EHCPs AND MAINSTREAM SECONDARY SCHOOLS

In 2010, Northumberland had 802 pupils with an EHC Plan/Statement in secondary schools, nearly halving to 428 in 2018.

Below, the graph illustrates a:

- 46.4% decrease in the number of pupils with an EHC Plan/Statement in secondary school since 2010.
- The North East has seen a decrease of 30% and nationally a decrease of 16.7%.

Number of Children and Young People with an EHC Plan/Statement in Northumberland Secondary Schools



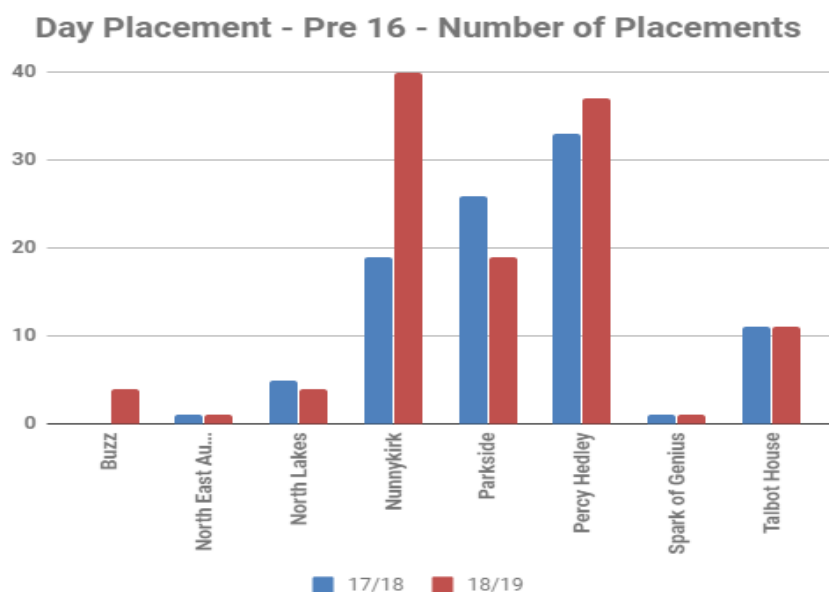
There has been, and continues to be, an increasing demand from parents for their children to be educated within special school provision both in and out of the county. It is also widely acknowledged nationally that there are significant financial pressures on mainstream schools in supporting SEND provision, 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 local authority special schools in Northumberland. In addition, the local authority has seen an increasing number of placements at independent and non-maintained special schools.

Special School	2013	2014	2015	2016	2017	2018
Atkinson House	62	53	56	59	66	77
Barndale House	36	38	40	37	39	39
Cleaswell Hill	126	149	155	163	173	180
Castle School NCEA						91
Collingwood School	105	129	145	137	137	145
Cramlington Hillcrest	46	56	58	62	74	91
Hexham Priory	61	65	77	78	89	102
The Dales School	68	73	76	76	89	96
The Grove School	36	39	42	43	45	46
TOTAL	540	602	649	655	712	867

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 submitted a bid for a new special free school for secondary age young people who have autism and social, emotional and mental health needs. A formal competition for a trust which would run the school, as required by the Department for Education, has begun.

In addition to the number of pupils in maintained specialist provision, the number of pupils placed in independent and non-maintained special schools has also increased, as detailed below. A new independent special school, Buzz Learning, has opened in Ashington and is now offering places for a small group of pupils aged 13 to 16.



SEND PUPILS EDUCATED IN NON NORTHUMBERLAND SCHOOLS

278 of the pupils supported with an EHCP are educated in specialist placements, schools and colleges outside of Northumberland; of those 105 are attending a General Further Education College.

Many students although being educated in mainstream colleges outside of Northumberland are in fact accessing the nearest College due to where they are living. 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.

JOURNEY TIMES

There are a number of CYP with an EHCP who travel throughout the County to specialised provisions. This number has steadily increased since 2013 with some having to travel for over 1 hour each way. This has increased from 82 pupils in 2013 to 154 in 2019 an increase of 87%. Since 2017 this has increased by 43%.

TRENDS & SUMMARY

- The numbers of pupils with EHCPs in mainstream schools have decreased by 45% in seven years, while the numbers educated within special schools have risen
- The early identification of SEN needs to remain a strong focus with our 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, while just above for the numbers in secondary schools
- The number of pupils travelling across the County to appropriate 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
- We 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. We need to always ensure that SEND is considered in strategies to ensure inequalities are not perpetuated.

HOUSING

Currently we support 172 people in 74 specialised supported housing locations with a range of conditions, but predominantly people with Learning Disabilities. Many of these properties have a low number of people living in them, and so the services that are delivered may not be as cost-effective as is possible in a block of Supported Living units. 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. Over the next year we will be strategically reviewing these placements with a view to rationalising and better utilising resources available to us.

There are a number of schemes currently in development in the South and Central areas of the County, most of which are blocks of supported living units that will meet need and better utilise care and support available. However, there are gaps in provision in the North 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

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 is to develop joint processes with education and children's social care to identify children and young people from year 9 who will require support in adult life. Via a named social worker model, ASC will support PFA by providing good advice in EHCP annual reviews and for those young people who require it an adult assessment of need prior to their annual review in year 12 when aged 17 years of age. Currently, ASC do not collect data around EHCP input and advice, systems to do so are currently been implemented and will inform future JSNA's.

Information from children's and adults social care data collected from the start of the last academic year regarding the number of young adults with an EHCP who receive adult care support is shown in the table below. The number falls with age, as young people leave school or college. Work is underway to obtain data for this academic year and will inform future JSNAs.

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:

- a. 60% are male, and 96% identify as White British
- b. 75 have a learning disability as their primary need, 13 a physical disability, and 8 have mental health issues
- c. 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.
- d. 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 overleaf. The next report will be in October 2019 and will again 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.

Northumberland ASCOF Outcome Measures - comparison 2014-15 to 2017-18

ASC User Survey									
ASCOF indicator	Indicator Description	2014-15	2014-15	2015-16	2015-16	2016-17	2016-17	2017-18	2017-18
		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%
Numerator							20		19
Denominator							20		23
1I (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%
Numerator							11		14
Denominator							20		23
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%
Numerator							16		18
Denominator							20		23
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%
Numerator							13		13
Denominator							14		18
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%
Numerator							12		17
Denominator							20		23
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%
Numerator							18		21
Denominator							20		23

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
		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%
Numerator						761	162	772	183
Denominator						923	166	925	192
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%
Numerator						57	11	47	7
Denominator						923	166	925	192
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%
Numerator						176	30	172	27
Denominator						923	166	925	192

N.B. results for 2018-19 are due for publication October 2019
 ^ not available for 2014-15

From 2019 a transitions tracker (see overleaf) has been in place collating live client information across children's and adult's social care and education including some relational health information. The purpose is to identify those children and young people who will require adult health and social care support from an early point (year 9 onwards). The tracker is one of the main tools to support work around the target in the written statement of action this being, 75% of young people 17 and under who require adult social care support receive an initial adult assessment prior to leaving school.

Delivery of this will be via a named social worker model. Work this year has focused on young people 16yrs and above who are:

- known to children's social care services with one or more of the following indicators:
 - Having an EHCP, open to the Disabled Children's Team
 - a recorded disability
 - a legal mental health status
 - currently in care
 - currently in a special school

- may be attending a school outside of Northumberland
- where adult social care support is identified in EHCP.

At the end of the 2018 -19 academic year there are 63 young people in this group who are identified as requiring adult service support. As of August 2019, 31 have named adult workers and have received an adult social care assessment or the assessment is in co-production with young people and their families. The remaining 32 young people have been highlighted to children's social care to progress appropriate consent and referrals.

From September 2019, Social Work Senior Practitioners in each locality will undertake the role of PFA Champions and act as named adult social care contacts for all Northumberland special schools. They will directly work with named adult social workers and identified key school and children's services staff to work towards having an oversight of all pupils from year 9 onwards who will require adult service support post 18 yrs and ensure that good quality social care advice is embedded into EHCPs.

Development of this work will further support the growing number of adults over 20yrs of age who have an EHCP which has over 2016 – 2018 increased by 66% from 0 to 84 adults.

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
- Data collection for adult social care EHCP input to be developed to allow monitoring of frequency, quality and outcomes

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

Transitions children

Gender split (based on EMS)



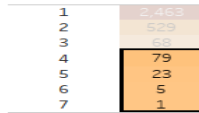
Gender



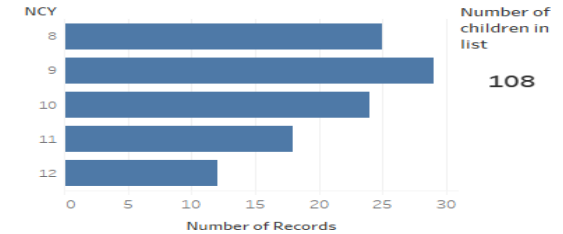
Age split (current age)



Number of factors per child



School year group



Has a disability (1)



108

Attend school outside N'land (7)



26

Open to DCT (2)



85

Attends a special school (8)



81

Currently in care (3)



31

Educated from home (2)



26

Has an EHCP? (4)



108

Receiving short break respite care (10)



6

Receiving SEN Support (5)



5

Receiving short break overnight care (11)



6

Mental Health legal status on ICS (6)



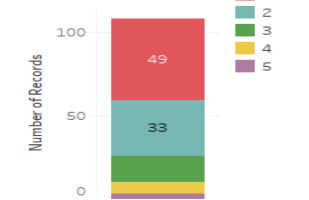
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Future ASC Flagged at EHCP (12)

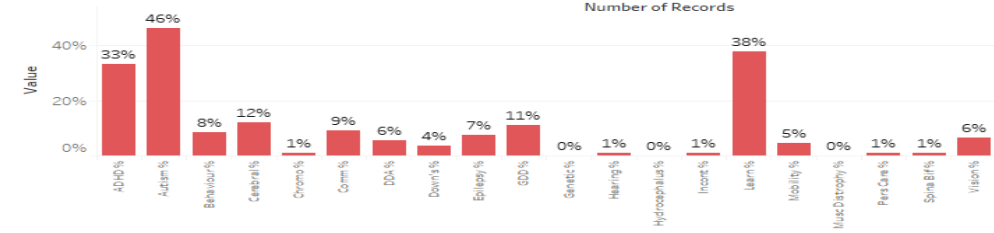


15

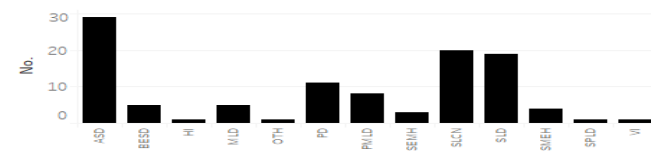
No. disabilities rec'd (from ICS)



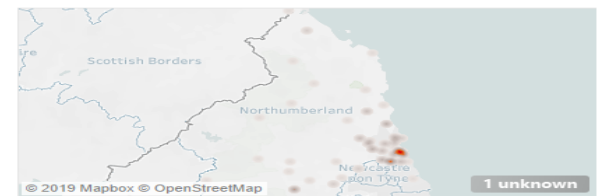
Disabilities recorded (from ICS)



Primary Need Identified (from EMS)



Location of children



When will the children turn 18?



KEY NEXT STEPS

- **Progress work on the summary findings to inform the refresh of the SEND Strategy and our joint commissioning**
- **Implement the data sharing agreement across the Local Authority and Health Partners to enable the future use of pseudonymised data. This will fill gaps in our intelligence concerning the identification of SEND within those receiving health care services.**

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