

JSNA – Special Educational Needs and Disabilities (SEND) 0-25 years

Each topic within the JSNA is composed of twelve sections.

- 1. Summary
- 2. Introduction
- 3. Data and Intelligence
- 4. Which population groups are most at risk?
- 5. Consultation and engagement
- 6. Strategic issues
- 7. Evidence base
- 8. What is being done and why?
- 9. What needs are unmet?
- 10. What needs to be done?
- 11. What additional needs assessment is required?
- 12. Key contacts and references

1. Summary

This summary should state what the major issue/s are with this topic and what needs to be done to resolves these issue/s.

This section should be concise and in order of priority.

Maximum number of issues = 4

All issue numbers should be "linked" throughout the topic.

lssue number	Strategic issue?	What needs to be done?
1 = highest priority		
1	Work in partnership with families.	 Set out and implement requirements and expectations for co-production; Develop and implement mechanisms to ensure services are delivered to the required standard and respond to the needs of service users; Ensure continuous review of the Local Offer to provide high quality and relevant information which is accessible to families. Empower families to work with service providers to ensure their views are actively sought and their voices heard
2	Understand the needs and strengths of children, young people and their families.	 Ensure needs are identified in early years or when they arise and are assessed in a timely fashion. Develop and utilise a system of person-centred planning and support based on a real understanding of needs and strengths. Ensure a focus on outcomes for individual children and young people. Review and revise the EHC assessment, plan and review system to ensure it captures the aspirations and needs of children/young people and is outcome-focussed.
3	Develop a system which meets the needs of children, young people and their families and is accountable for improving outcomes.	 Develop a clear strategy for the provision of support which focusses or outcomes for individuals; Ensure there is a clear and effective governance structure;

		T T
		 Ensure there is joined-up working between education, health and social care professionals and services working with a child/young person and their families; Develop effective information management systems which will support strategic decision-making; Work collaboratively to identify and implement opportunities for joint commissioning of services.
4	Children and young people's needs are met in local, inclusive and mainstream schools.	 Work with mainstream schools to ensure staff have the skills necessary to identify needs at the earliest opportunity and put strategies and interventions in place to meet the needs of children and young people; Provide schools with advice and
		 guidance as required; Embed an effective review process to ensure schools receive support and challenge as required.
5	Provide a range of local, high quality specialist provision.	• Ensure a range of high quality specialist provision is available locally for those who need it and identify any gaps;
		• Explore opportunities to develop additional specialist provision in Stockton to reduce the need for children/young people to be educated out of borough and away from their families and communities.
6	Ensure children and young people achieve their potential and ambitions and live as independently as possible.	• Ensure robust pathways across education, health and social care to support young people in their transition from children's to adult's services;
		• Taking a person-centred approach, promote independence, choice and inclusion for young people to enable them to become successful and happy adults;
		 Work with local education settings, providers and employers to create more employment and training opportunities.

2. Introduction

Provide a brief general background on what the topic is and why it is important, including, what are the health & wellbeing risks and costs to society where possible.

Please also list the other JSNA topics that this topic closely links to.

Special Educational Needs

Children and young people with special educational needs (SEN) have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. There is an overlap between those with disabilities and those with SEN: not all children and young people with disabilities will have SEN and vice versa. Children and young people with SEN may need extra or different help to others.

The Children and Families Act 2014 states that a child of compulsory school age or a young person has a learning difficulty or disability if he/she:

- has significantly greater difficulty in learning than the majority of others the same age, or
- has a disability which prevents him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

Many children and young people may have SEN of some kind during their education. Childcare providers (like nurseries or child minders), mainstream schools, colleges and other organisations can help most children and young people succeed with some changes to their practice or additional support, but some children with SEN will need extra help for some or all of their time in education and training.

The Special Educational Needs and Disability Code of Practice provides guidance on the special educational and disability (SEND) system for children and young people aged 0-25 and sets out four areas:

- Communicating and interacting Children and young people have speech, language and communication difficulties which make it difficult for them to make sense of language or to understand how to communicate effectively and appropriately with others.
- Cognition and learning Children and young people learn at a slower pace than
 others their age, have difficulty in understanding parts of the curriculum, have
 difficulties with organisation and memory skills, or have a specific difficulty affecting
 one particular part of their learning performance such as in literacy or numeracy.
- Social, emotional and mental health difficulties Children and young people have difficulty in managing their relationships with other people, are withdrawn, or they behave in ways that may hinder their and other children's learning or have an impact on their health and wellbeing.
- Sensory and/or physical needs Children and young people with visual and/or hearing impairments, or a physical need that means they must have additional ongoing support and equipment.

Some children and young people may have SEN that covers more than one of these areas.

Disability

Many children and young people who have SEN may also have a disability. The Equality Act 2010 describes a disability as being "a physical or mental impairment, which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day

activities". This includes, for example, sensory impairments such as those that affect sight and hearing, and long-term health conditions such as asthma, diabetes or epilepsy.

The Equality Act requires that early years providers, schools, colleges, other educational settings and local authorities:

- must not directly or indirectly discriminate against, harass or victimise disabled children and young people; and
- must make reasonable adjustments, including the provision of extra aid services (for example, tactile signage or induction loops), so that disabled children and young people are not disadvantaged.

Legislative Background

The Children and Families Act 2014 brought about major reforms in the way local authorities and other organisations support children and young people with Special Educational Needs and Disabilities.

The SEND Code of Practice was introduced which sets out what organisations that work with and support children and young people are required to do. It includes a clear focus on the participation of children and young people and their parents/carers in decision-making at individual and strategic levels, and it focuses on high aspirations and improving outcomes for children and young people. It includes guidance on joint planning and commissioning of services to ensure close co-operation between education, health and social care. It also includes guidance on the publication of a Local Offer of support for children and young people with SEND. Education and training settings are encouraged to take a graduated approach to identifying and supporting pupils and students with SEND. For children and young people with more complex needs, a co-ordinated assessment process and the new 0-25 Education, Health and Care Plan (EHC Plan) were introduced which replace statements and Learning Difficulty Assessment. The Code of Practice also requires support for those with SEN to successfully transition into adulthood.

The identification of SEND

SEN is an umbrella term which covers a range of conditions and diagnoses. The initial identification of a potential disability or special educational need happens in many different places: within the home, by health professionals, or within an educational establishment where a teacher may express concern with learning. Many referrals for very young children come from health professionals including health visitors, therapists, paediatricians, other consultants and specialists within the field of hearing or visual impairment. In terms of addressing the needs of children and young people with SEND, there are a wide variety of services available, for example, occupational therapy, physiotherapy, school nursing, paediatric care and speech, language and communication therapy.

Other JSNA topics this topic closely linked to:				
Autism	Transition Years			
Children				
Education				
Learning Disabilities				

3. Data and Intelligence

Please include information such as incidence & prevalence as well as service activity data that reflects demand for care (usually presented using charts and/or tables).

Please use time series (long term) data, benchmarking, population segmentation, forecasting, lower level geography analysis (e.g. ward) and include numbers & rates where possible.

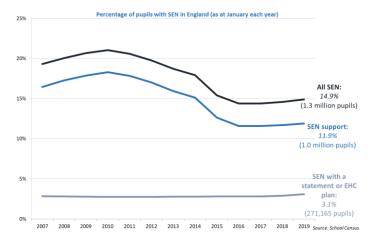
All data and intelligence must be relevant to the strategic issues (box 6).

According to the Department for Education, across all schools in England, the number of pupils with an Education, Health and Care Plan (EHCP) has increased by 8.7%, from 271,200 in January 2019 to 294,800 in January 2020. This represents 3.3% of all pupils, an increase from 3.1% in January 2019.[1]

The number of pupils with SEN support has increased by 3.0% to 1,079,000 in January 2020. This represents 12.1% of all pupils, an increase from 11.9% in January 2019 [1].

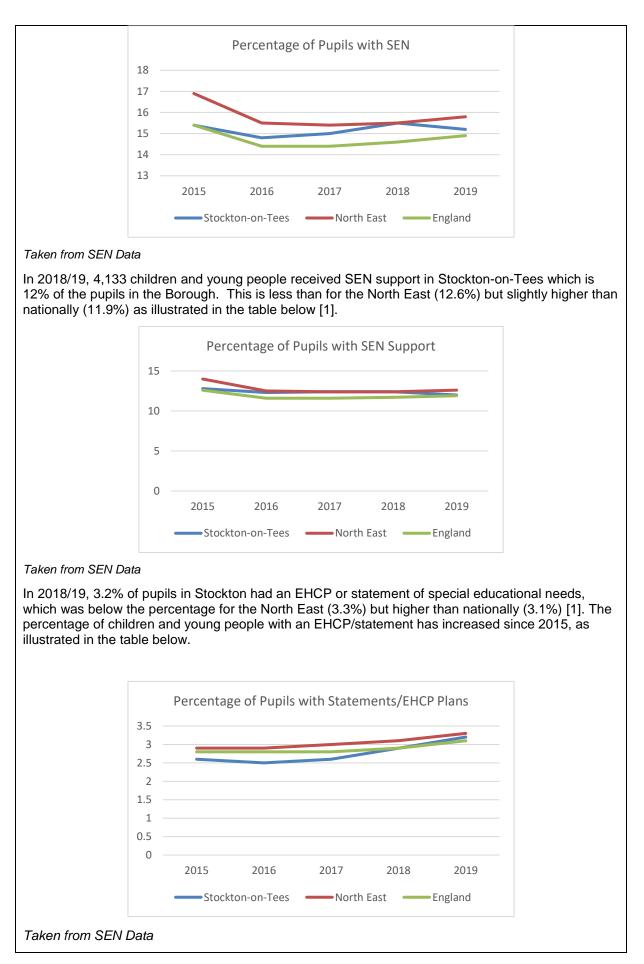
In total, there are 1,373,800 pupils in England with SEN support or an EHCP, or 15.5% of all pupils. This has increased from 14.9% in January 2019 [1].

The chart below shows the percentages of pupils with SEN, SEN Support and ECHPs nationally:



Taken from Department of Education (DofE), Special educational needs and disability: an analysis and summary of data sources (May 2020)

In 2018/19, a total of 32,095 pupils were attending schools in Stockton-on-Tees, of which 4,833 (15.1%) have been identified as having SEN support or an EHCP. This is 0.6% higher than the national average of 14.5% and below the regional average of 15.8% [6]. In terms of the proportion of pupils with SEN (without statement or EHCP) Stockton-on-Tees is 0.37% above its statistical neighbours [3].



Of those children and young people in Stockton-on-Tees who are identified as having SEN, 83% receive SEN support and 17% have an EHCP (or statement) as at January 2019.

School Settings

As at January 2020, nationally 1.8% of pupils in state-funded primary schools had an EHCP, while 12.8% had SEN support. Overall, pupils in primary schools make up 49.9% of all SEN pupils.

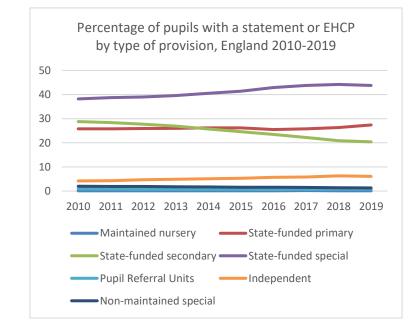
In state-funded secondary schools nationally 1.8% of pupils had an EHCP in January 2020 and 11.1% of pupils had SEN support. Overall, pupils in secondary schools with SEN account for 32.0% of all pupils with SEN.

Nationally there has been a significant increase in the percentage of pupils in pupil referral units with an EHCP, up from 13.4% in 2018/19 to 16.4% in 2019/20. There has also been an increase in the number of pupils with an EHCP, while the overall pupil population in pupil referral units has decreased. Conversely, there has been a decrease in those with SEN support in pupil referral units, from 67.6% to 64.9%. This includes pupil referral units, academy and free school alternative provisions.

Nationally almost all children in special schools have an EHCP (97.9%). The number of pupils in state-funded special schools has increased by 6,400 (5.3%) to 128,100 as at January 2020, continuing a trend seen since 2006. The number of pupils in non-maintained special schools has also increased, by 100 (3.2%) to just under 3,800. 9.3% of all pupils with SEN are attending state-funded special schools, excluding general hospital schools, and a further 0.3% of all pupils with SEN are attending non-maintained special schools.

The percentage of pupils with an EHCP in independent schools has risen to 3.3% as at January 2020, the same as the percentage of all pupils over all schools. The percentage of pupils with SEN but without an EHCP (similar to SEN support) has risen to 13.7% in 2020, from 12.7% in 2019.

The chart below illustrates the school settings for pupils with an EHCP or statement as at January 2019:



Taken from DofE, Special educational needs and disability: an analysis and summary of data sources (May 2020)

The table below shows children and young people in receipt of SEN support/EHCP attending mainstream maintained schools, special academies and other settings in Stockton-on-Tees as at March 2020:

		SEN		
	EHCP	Support	Tot	tal
	No.	No.	No.	%
Total	1,638	4,086	5,724	
No Current Base	3	0	3	0.05
Alternative Education Centre	21	36	57	0.10
Catholic Academy	5	0	5	0.09
Child Dev. Centre	1	0	1	0.02
College of Further Education	150	48	198	3.46
Early Years	26	2	28	0.50
Elective Home Education	13	38	51	0.90
Independent	26	14	40	0.70
Integrated Youth Services	8	0	8	0.14
Mainstream Training Provider	6	1	7	0.12
NEET	15	6	21	0.37
Other	29	4	33	0.58
Primary	390	2,351	2,741	47.89
Secondary	212	1,572	1,784	31.17
Sixth Form College	5	7	12	0.21
Special	716	3	719	12.56
Specialist Provider	12	4	16	0.28

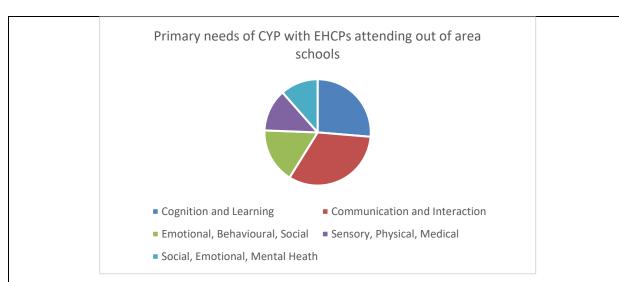
Stockton-on-Tees data as at March 2020

Out of Area Placements

Children who are in placements that are not under the control of a local authority are in 'out of area' placements. Children and young people who require such placements often have complex SEN which may not be able to be met by educational provision within the local authority area. They represent a relatively small group of children, often with very high levels of need and are potentially amongst the most vulnerable children within the education system. When making out of area placements the needs of, and outcomes for, the child or young person must be the most important consideration with costs measured in relation to these needs.

As at January 2020, 35% of children and young people with an EHCP attended special schools of which 14% of pupils with an EHCP attended an out of area special school (n=222). A further 43 children and young people attend an out of area school. There has been a small increase in the number of children and young people who are in out of area placements over time, from 249 in January 2019 to 265 in January 2020.

The chart below shows the primary needs of children and young people with EHCPs attending out of area schools:



Stockton-on-Tees data as at March 2020

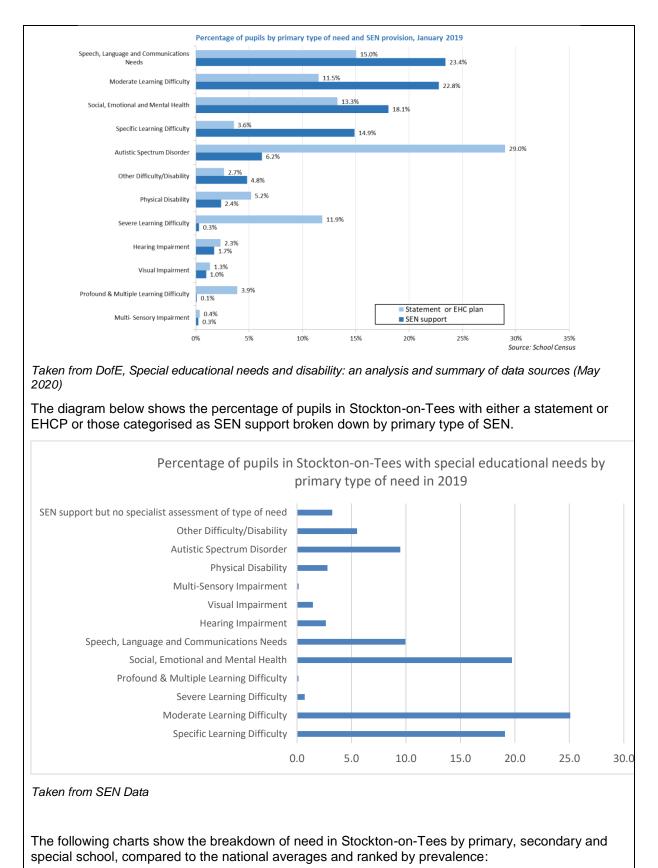
Stockton-on-Tees does not have information on whether children/young people do better or worse if they go out of area. There has been an audit on the highest cost placements to map outcomes. There is anecdotal evidence that going out of area can have impact in terms of social isolation/detachment from their local community, non-attendance, consequent mental health issues which may result in support being required (e.g. Camhs), time taken to travel to and from school, wider impact on family life.

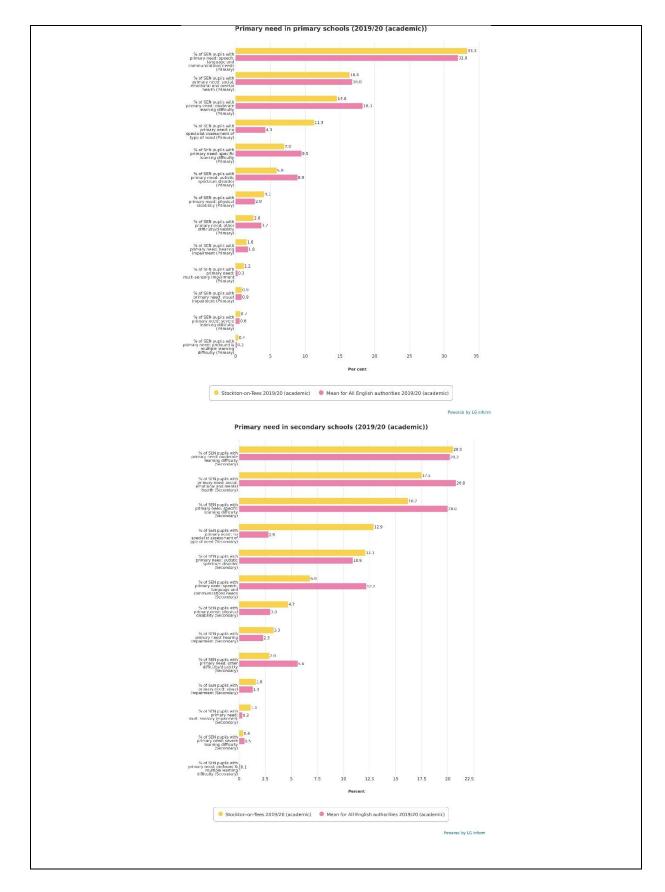
Primary Needs

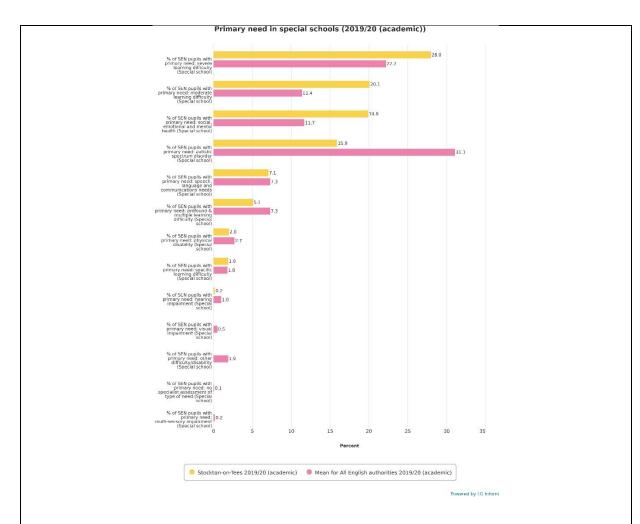
Nationally, the most common primary need among pupils with an EHCP is autistic spectrum disorder (82,800 pupils). This equates to 30% of all pupils with an EHCP. The second most common type of need is speech, language and communication needs, at 15% of all pupils with an EHCP [1].

Among pupils with SEN support, the most common type of need is speech, language and communication needs, with 237,000 pupils (24% of pupils with SEN support) recorded as having this type of primary need. The next highest type of need is moderate learning difficulty (21%) and then social, emotional and mental health (19%) [1].

The chart below illustrates the different primary needs of those with an EHCP and SEN support for 2018/19:







Identification of SEN

Stockton-on-Tees Borough Council does not have information on where special educational needs are identified. This is because SEN could be identified by a range of professionals and settings and the relevant school may then provide support without any involvement by the local authority.

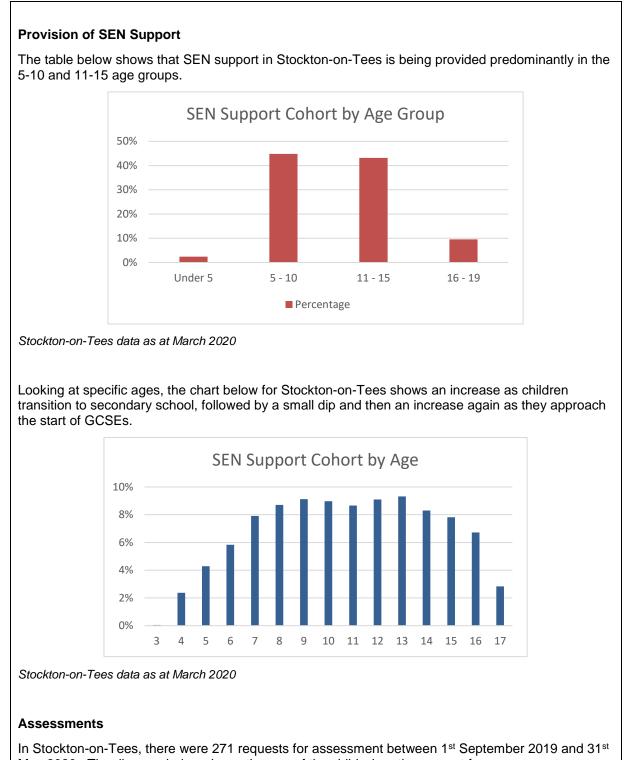
Pre-school identification

The Health Visiting Service, commissioned through Stockton-on-Tees Borough Council, gathers and records performance data relating to (amongst other objectives) infants who receive assessments at 9-12 months and 2-2 ½ years. Health visitors, during their reviews, may observe signs or behaviours that indicate an infant may have special needs. Should such observations be made, a health visitor could then refer for intervention as appropriate.

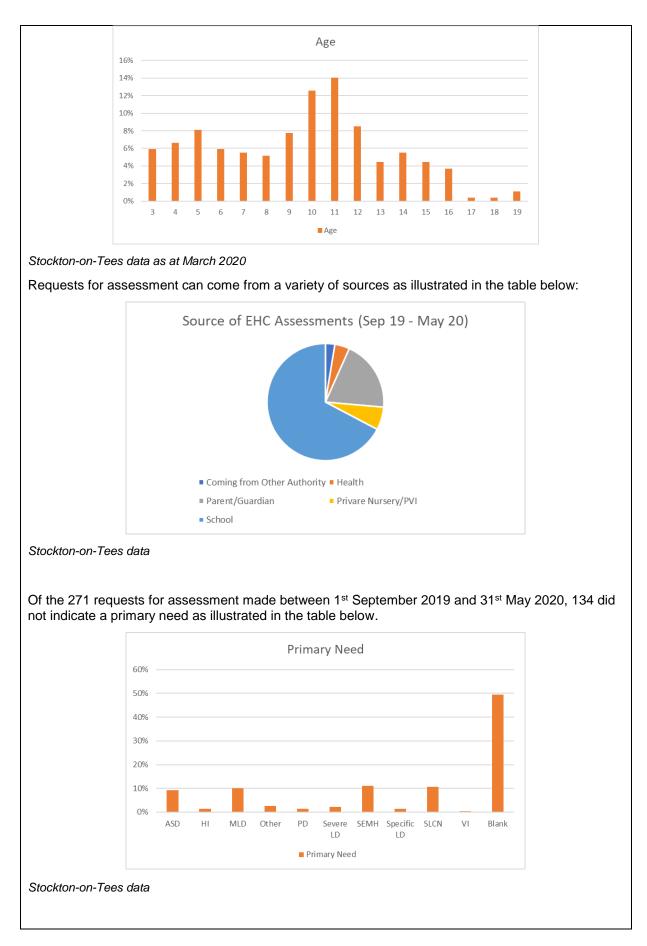
In 2018/19 (financial year), 1,836 infants received a 9-12 month review within 12 months out of a potential 2,132. The average percentage of infants receiving this review within 12 months was 86.1%, whilst 93.1% of infants received their 9-12 month by 15 months. The number of infants requiring additional support following the 9-12 month review and who engaged was 374.

In 2018/19 (financial year), 1,982 children received their 2-2½ year review, out of a potential of 2,291. The average percentage of children receiving the review was 86.5%. The percentage of children identified as requiring additional support and whose families engaged was variable across the twelve-month period, ranging from 11.0% of those identified to 47.7%. In 2019/20, 1,631 children received their 2-2½ year review out of a potential of 1,812. The average percentage of children receiving their review was therefore 90.0%. Of those children receiving a 2-2½ year review, 285 were identified as requiring additional support of which 223 engaged (78.2% of those identified).

Information is not available for the number of health reviews offered at 3½-4 years and the number of these health reviews requiring additional interventions.



May 2020. The diagram below shows the age of the child when the request for assessment was made. There is a marked increase in requests for assessment immediately prior to the transition into secondary school.



In Stockton-on-Tees, 14.9% of children and young people assessed in 2018/19 were not issued with an EHCP compared to an average of 5.5% for all local authorities in England [10].

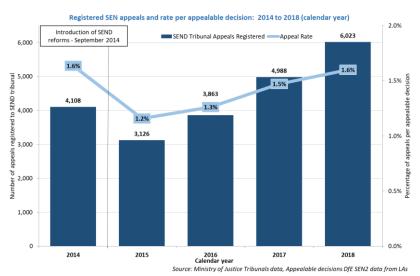
[Although non-published data obtained from the SEN Team indicates that the percentage of EHCPs declined is higher than the percentage given above:

- In 2018 (calendar year) there were 351 requests for assessment of which 246 EHCPs were issued i.e. 29.9% of requests for assessment did not result in an EHCP being issued. (122 of the 246 ECHPs were issued within 20 weeks.);
- In 2019 (calendar year) there were 459 requests for assessment of which 278 ECHPs were issued i.e. 39.4% of requests for assessment did not result in an EHCP being issued. (202 of the 278 EHCPs were issued within 20 weeks.)]

Appeals registered with the SEND tribunal

A central aim of the 2014 legislation was to ensure that the experience of gaining support was positive for children, young people and their families. Parents/ carers and young people can register an appeal against decisions of the local authority with the First-tier SEND tribunal if, for example, there is a refusal to assess or they are unhappy about the contents of the plan. Mediation is available whereby an impartial person, who is trained to deal with two opposing sides, acts as a referee in a dispute.

Nationally there were 6,023 appeals registered in 2018 (calendar year), which is equivalent to around 1.6% of appealable decisions. [2]



Taken from DofE, Special educational needs and disability: an analysis and summary of data sources (May 2020)

Of the 7,002 registered SEND appeals in 2018/19 (academic year), approximately one third (31%) were against 'refusal to secure an Education, Health and Care (EHC) assessment' and over half (54%) were in relation to the content of EHCP [2].

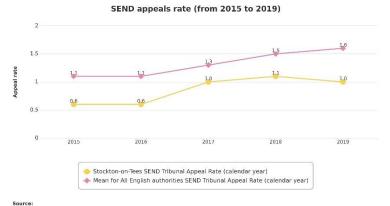
In 2018/19 the outcomes were as follows:

		2018/19		
	Number	Percentage		
Total outcomes		5,900		
Withdrawn		1,247	21%	
Conceded		2,039	35%	

Outcomes decided by tribunal:	2,614	44%
Of which, decided in favour of appellant	2,416	92%

Taken from DofE, Special educational needs and disability: an analysis and summary of data sources (May 2020)

In 2019 (calendar year), the number of mediation cases held in Stockton-on-Tees was 15, and the proportion that went on to appeal was 50.0%. This compares to a mean number of mediation cases for all English local authorities of 27, with 18.4% of these going on to appeal. The SEND tribunal appeal rate was 1.0% in Stockton-on-Tees, which compares to the average for all English local authorities of 1.6% [10].



Source: Metric ID: 10600, Ministry of Justice, Tribunals and gender recognition certificate statistics quarterly, Data updated: 11 Jun 2020 Powered by LG Inform

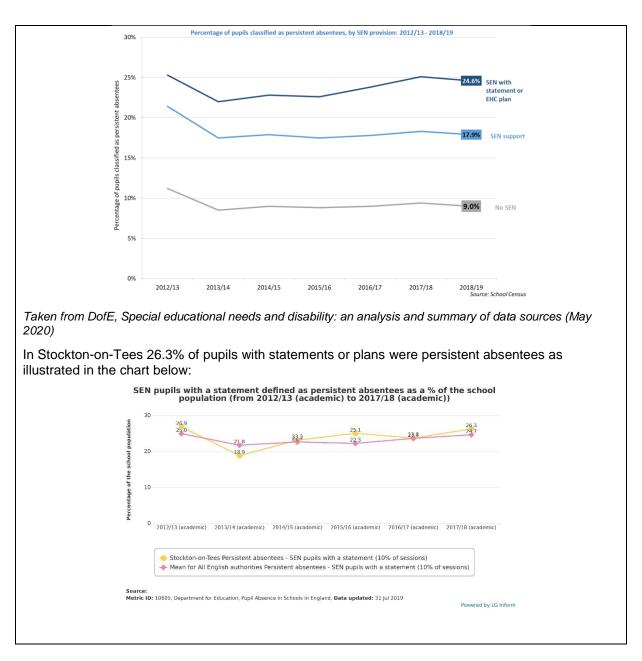
Timeliness of issuing EHCPs

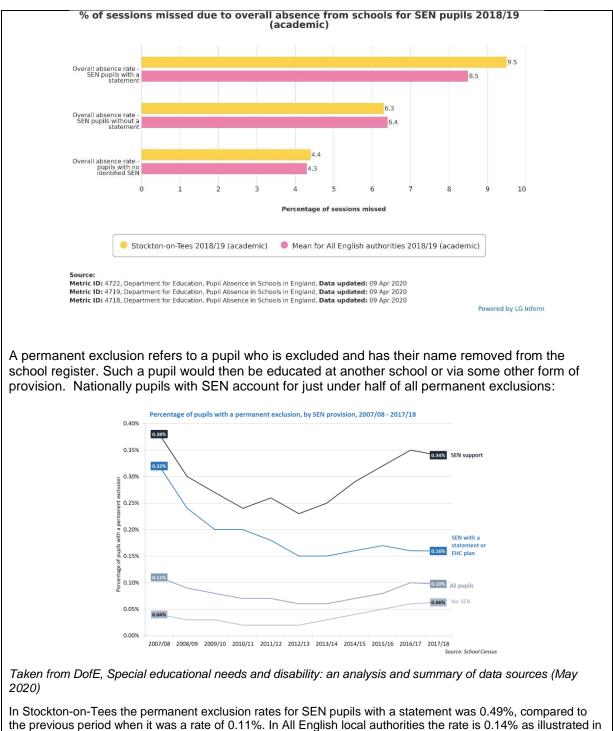
The overall time it takes from the local authority receiving a request for an assessment and the final EHCP being issued (if one is required) should be no longer than 20 weeks. In 2019, Stockton-on-Tees issued 93.5% of EHCPs within 20 weeks (excluding exceptional cases where local authorities are allowed to exceed the 20 week time limit) compared to an average of 65.3% for all local authorities in England. Including exceptions, 72.9% were issued within 20 weeks in Stockton-on-Tees, compared to the average of 63.4% for all local authorities in England [10].

Absenteeism and Exclusions

Persistent absentees are defined as pupils who have missed 10% or more of school sessions through authorised or unauthorised absence.

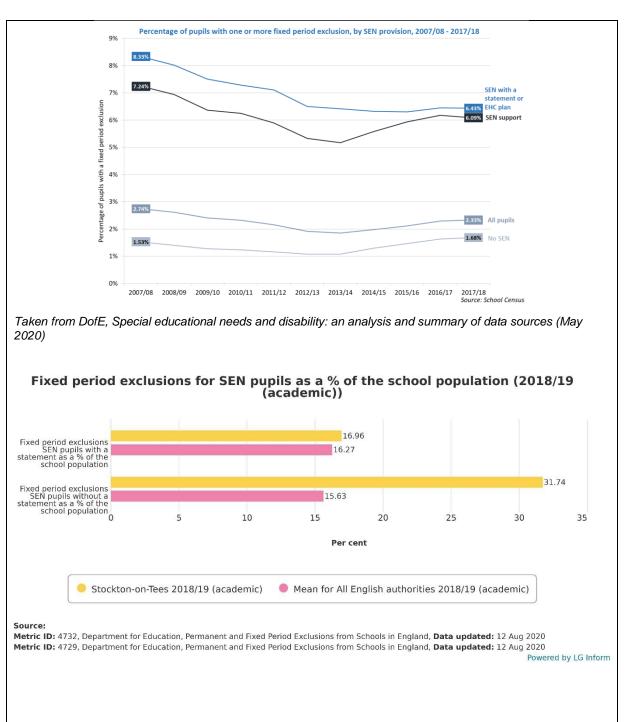
The chart below illustrates the percentage of pupils nationally who are classified as persistent absentees:





the chart below [10]:



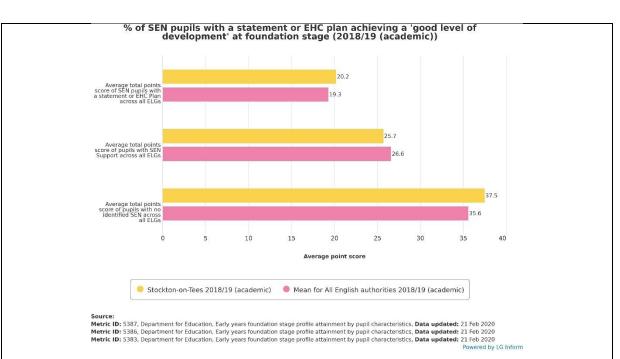


Educational Outcomes

<u>EYFS</u>

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the end of the academic year in which the child turns five. The new profile introduced in 2012/13 assesses children in 7 areas of learning covering 17 early learning goals (ELGs). A child is scored 1 for emerging, 2 for expected, and 3 for exceeded. Therefore, the minimum score is 17 points and the maximum possible score is 51 points.

The chart below shows the average EYFSP score achieved by pupils with statements/plans, pupils on SEN support and pupils without SEN:



In the 2018/19 academic year, the SEN support and EHCP cohort of 202 pupils in Stockton-on-Tees had an EYFS total average points of 24.8. This was an increase of 0.5 from 24.3 in 2017/18, and 0.5 points lower than the national SEN support and EHCP cohort [6].

In 2018/19, 22.8% of the SEN support and EHCP cohort in Stockton-on-Tees achieved a good level of development (i.e. 46 pupils out of 202), an increase of 5.4% from 17.4% in 2017/18 and 1.5% less than the national SEN support and EHCP cohort in 2018/19 [6].

<u>KS1</u>

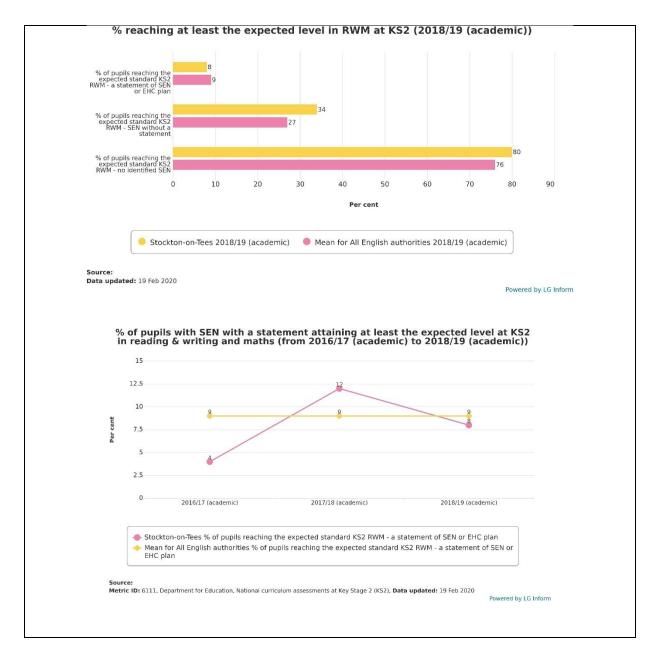
In 2018/19, 19.7% of the SEN support and EHCP cohort in Stockton-on-Tees achieved the expected standard in reading, writing and maths (i.e. 77 pupils out of 391), an increase of 0.6% from 19.1% in 2017/18 and 0.8% higher than the national SEN support and EHCP cohort [6].

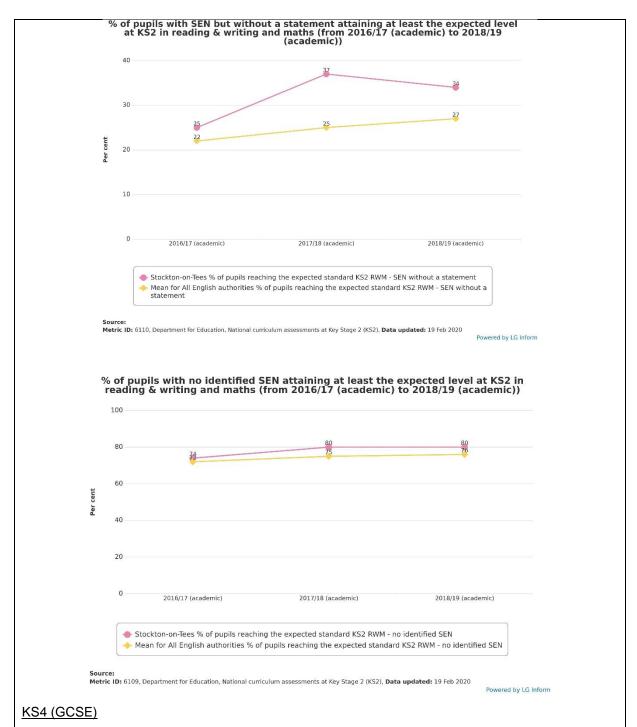
<u>KS2</u>

All children in state funded primary schools are required to take part in key stage 2 national curriculum assessments before they move to secondary school. The tests are designed to show what pupils have achieved in selected parts of a subject at the end of each key stage.

In 2018/19, 28.9% of the SEN support and EHCP cohort in Stockton-on-Tees achieved the expected standard in reading, writing and maths (134 out of 464), which was a decrease of 5.2% from 30.8% in 2017/18 and 6.6% higher than nationally [6].

8% of pupils with statements of SEN or EHC plans and 34% of pupils on SEN support in Stocktonon-Tees achieved at least the expected level in reading, writing and mathematics at KS2. For pupils with statements, this is worse than the previous period (12%) and for pupils with SEN support this is worse than the previous period (37%) [10].

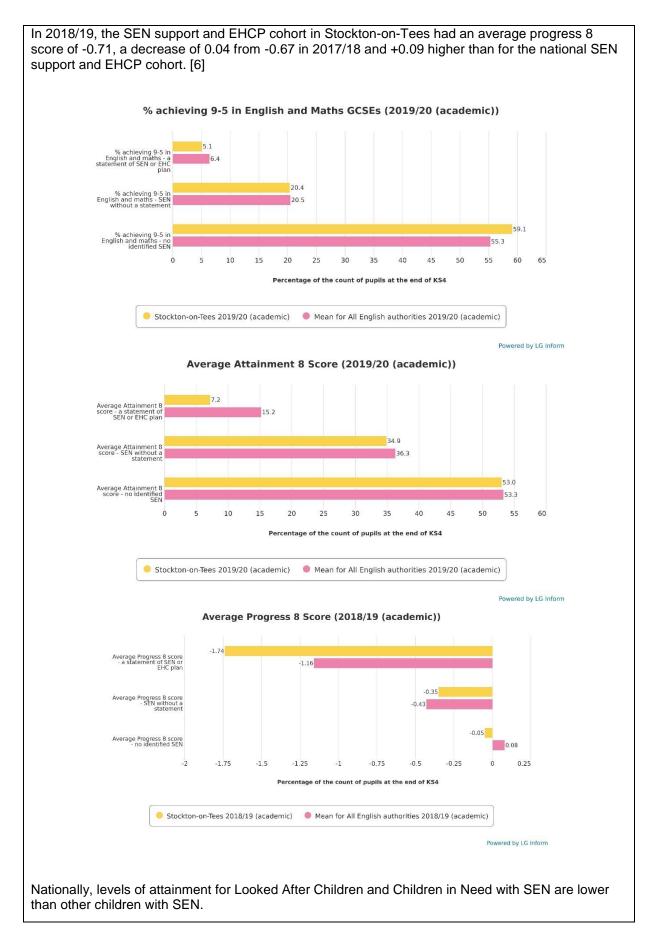




In 2018/19, the SEN support and EHCP cohort in Stockton-on-Tees (309 pupils) had an average Attainment 8 score of 27.4, an increase of 2.2 from 25.2 in 2017/18 and 0.2 lower than the average national SEN support and EHCP cohort [6].

16.5% of the SEN support and EHCP cohort achieved a grade 5 or greater in English and maths (51 pupils out of 309), which is 1.3% higher than in 2017/18 and 2.7% higher than the national SEN support and EHCP cohort [6].

In Stockton-on-Tees, 28.8% of the SEN support and EHCP cohort achieved a grade 4 or greater in English and maths (89 pupils out of 309), which is 4.8% higher than in 2017/18 and 2.1% higher than the national SEN support and EHCP cohort [6].



At Key Stage 2, 17% of LAC with SEN achieved the expected level in Key Stage 2 reading, writing and maths in 2018/19, compared to 22% of non-looked after children with SEN and 12% of CIN [2].

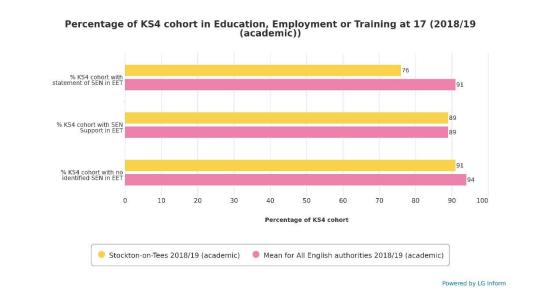
At Key Stage 4, the average attainment 8 score for looked after children with SEN in 2018/19 was 13.0 compared to a score of 25.7 for non-looked after children with SEN and 9.3 for CIN. The average progress 8 score for looked after children with SEN in 2018/19 was -1.47 compared to -0.79 for non-looked after children with SEN and -1.79 for children in need [2].

Post-16 education

The legislation places increased emphasis on supporting children and young people with SEND to make a positive transition to adulthood, including paths to employment, good adult health, independent living and participating in society.

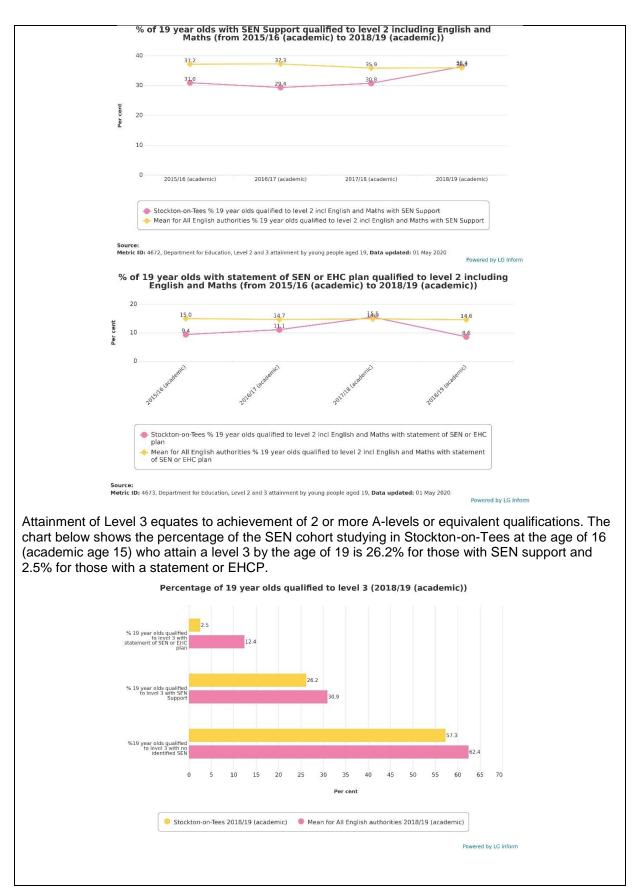
Nationally, in 2018/19, 30.4% of pupils identified with SEN in year 11 achieved Level 2 (equivalent to 5+ A*-C/9-4 at GCSE) including English and maths by age 19, compared to 75.8% of pupils without SEN [2].

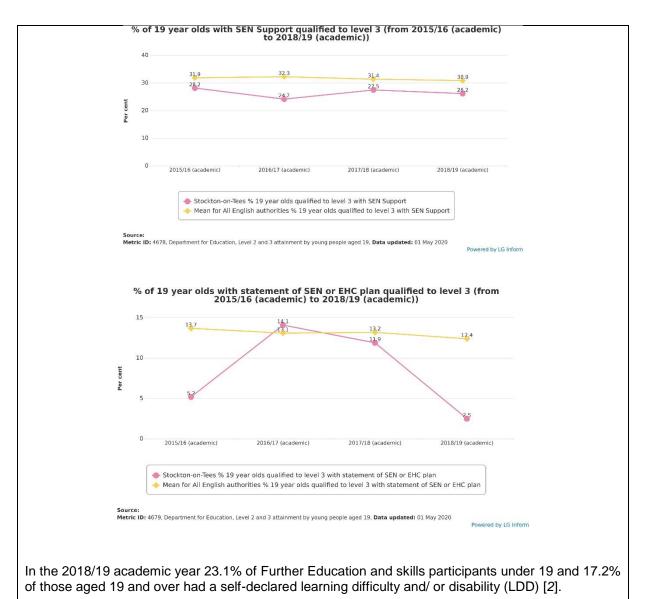
This chart below shows the percentage of the Key Stage 4 SEN cohort in a sustained education, employment or training destination at 17. To be included in the measure, young people have to show sustained participation in education, training or employment destinations in all of the first two terms of the year after they completed key stage 4. In Stockton-on-Tees, 76% of the KS4 cohort with a statement were in education, employment or training at 17. This compares to the previous period of 88% and the All English authorities average of 91%. [10]



Key Stage 5 is the period of education covering pupils aged 16-18. The chart below shows the percentage of the Key Stage 5 SEND cohort in a sustained education, employment or training destination in the first two terms of the year after they completed A level or other level 3 qualifications. This is 80% in Stockton-on-Tees, which compares to 80% in the previous period, and the average of 85% for all English local authorities.







After Key Stage 5 - 86% of pupils with SEN in mainstream schools progressed to a sustained education or employment/training destination six months after completing Key Stage 5, compared to 88% of those without SEN. 78% of those with self-declared Learning Difficulty or Disability (LDD) in colleges progressed to a sustained education or employment/ training destination compared to 77% of those without LDD (2017/18 destinations) [2].

In 2017/18, nationally 18.4% of pupils identified with special educational needs in year 11 entered Higher Education by age 19, compared to 48.0% of pupils who were not identified with special educational needs in year 11. For those with a statement or EHCP in year 11, 8.5% had entered Higher Education by age 19 and for those with SEN without a statement or EHC in year 11, 20.8% had entered HE by age 19 [2].

For those aged 19 or above, only those young people who have an EHCP are monitored by local authorities, and there is no such oversight for those who previously received SEN support. Furthermore, little joint working exists between education, health and social care for those post-19 young people regarding education, employment or training [3].

The table below shows educational/training/work outcomes for Years 12-16+ (ages 16-24):

	England	North East	Stockton- on-Tees
Cohort	123,655	4,726	257

	Mainstream Education and Training (%)	48.9	65.4	70.8	
	ISPs (%)	1.1	1.3	0.0	
	Supported internships (%)	0.6	2.4	5.8	
	Total (%)	5.06	69.1	76.7	
	NEET (%)	8.9	12.9	3.1	
	Activity not known (%)	38.7	14.4	18.7	
	NEET and not known (%)	47.6	27.3	21.8	
SBC data (You	th Direction)				
	n-Tees, in 2019/20, 6.1% of a 5.2% last year and a national % of adults with learning dis	average of 6.1%	6, as illustrated	l in the chart be	
	12.5	2019/20)			
	10	10.4			
	7.5 6.2 5	71	6.4 5.2	61	
	2.5				
	0 2016/17	2017/18 2	2018/19	2019/20	

Stockton-on-Tees % of adults with learning disabilities in paid employment
Mean for All English authorities % of adults with learning disabilities in paid employment

Source: Metric ID: 10672, NHS Digital, Measures from the Adult Social Care Outcomes Framework, England, Data updated: 11 Dec 2020

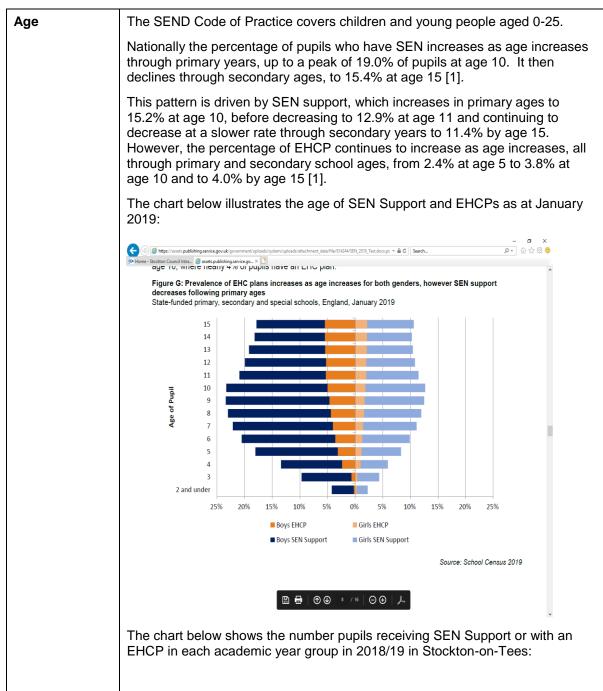
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This section will focus on core epidemiological issues that take account of fixed risk factors (such as age, gender, ethnicity, family history) and modifiable risk factors (such as behaviour). The wider determinants of health (such as housing, transport and environment) are also considered.

This is about who is at risk of developing/starting "topic name inserted here", <u>NOT</u> the outcomes and risks of people who already have/are "topic name inserted here".



		SEN SUPPORT & EI	ICP: NC YEAF	R BREAKDOW	/N	
	NC Year					Tota
	R		Girls Boys	52		209
	1	85		253		338
	2	115		270		385
	3	128		306		434
	4	152		276		428
	5	152		290		442
	6	163		290		453
	7	189		314		503
	8	115		254		369
	9	113		248		361
	10	111		242		353
	11	125	19 20	196		321
	12		18 30			48
	13 Other		22 25			47
	Total		40 102			142 4,833
ender		ial educational needs bils with an EHCP an				
ender	Nationally spec 73.1% of all pur boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% c Tees, for all key stag ficantly higher than th	d 64.6% of demic yea male and 3 evalent am f all girls) [es the nun	f all pupils ir, 66% of 34% were iong boys [4]. nber of boy	with SEN s children an female [5]. at age 9 (2 ys receiving	support ar d young 3% of all g SEN
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ender	Nationally spec 73.1% of all pup boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g In Stockton-on- support is signif	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% c Tees, for all key stag ficantly higher than th	d 64.6% of demic yea male and 3 evalent am f all girls) [es the nun le number	f all pupils ar, 66% of 34% were iong boys [4]. nber of boy of girls, as	with SEN s children an female [5]. at age 9 (2 ys receiving illustrated	d young 3% of all SEN in the
ender	Nationally spec 73.1% of all pur boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g In Stockton-on- support is signif tables below [6] <u>EYFS</u>	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% c Tees, for all key stag ficantly higher than th : Stockton-on-Tees Non-SEN SEN	d 64.6% of demic yea male and 3 evalent am f all girls) [es the nun le number North Non-SEN	f all pupils ar, 66% of 34% were ong boys [4]. hber of boy of girls, as East SEN	with SEN s children an female [5]. at age 9 (2 ys receiving illustrated Non-SEN	and SEN SEN
ender	Nationally spec 73.1% of all pur boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g In Stockton-on- support is signif tables below [6] <u>EYFS</u> Boys (%)	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% of Tees, for all key stag ficantly higher than the stockton-on-Tees Non-SEN SEN 50.9 73.3	d 64.6% of demic yea male and 3 evalent am f all girls) [es the num e number <u>North</u> <u>North</u> 49.1	f all pupils ar, 66% of 34% were ong boys [4]. hber of boy of girls, as East SEN 70.9	with SEN s children an female [5]. at age 9 (2 ys receiving s illustrated <u>Engla</u> <u>Non-SEN</u> 49.2	and SEN 70.6
ender	Nationally spec 73.1% of all pur boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g In Stockton-on- support is signif tables below [6] <u>EYFS</u>	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% c Tees, for all key stag ficantly higher than th : Stockton-on-Tees Non-SEN SEN	d 64.6% of demic yea male and 3 evalent am f all girls) [es the nun le number North Non-SEN	f all pupils ar, 66% of 34% were ong boys [4]. hber of boy of girls, as East SEN	with SEN s children an female [5]. at age 9 (2 ys receiving illustrated Non-SEN	and SEN SEN
ender	Nationally spec 73.1% of all pur boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g In Stockton-on- support is signif tables below [6] <u>EYFS</u> Boys (%)	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% c Tees, for all key stag ficantly higher than th : Stockton-on-Tees Non-SEN SEN 50.9 73.3 49.1 26.7	d 64.6% of demic yea male and 3 evalent am f all girls) [es the num e number <u>Non-SEN</u> 49.1 50.9	f all pupils ar, 66% of 34% were aong boys [4]. hber of boy of girls, as <u>5EN</u> 70.9 29.1	with SEN s children an female [5]. at age 9 (2 ys receiving s illustrated <u>Engla</u> <u>Non-SEN</u> 49.2 50.8	and SEN 70.6 29.4
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ender	Nationally spec 73.1% of all pup boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g In Stockton-on- support is signif tables below [6] <u>EYFS</u> Boys (%) KS1	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% of Tees, for all key stag ficantly higher than the stockton-on-Tees Non-SEN SEN 50.9 73.3 49.1 26.7 Stockton-on-Tees Non-SEN SEN 46.4 69.6 63.6 30.4	d 64.6% of demic yea male and 3 evalent am f all girls) [es the num e number Nor-SEN 49.1 50.9 North Non-SEN 47.8 52.2	f all pupils ar, 66% of 34% were ong boys [4]. hber of boy of girls, as East SEN 70.9 29.1 East SEN 68.6 31.4	with SEN s children an female [5]. at age 9 (2 ys receiving s illustrated Non-SEN 49.2 50.8 Engla Non-SEN 48.1 51.9	and SEN 70.6 29.4 and SEN 68.5 31.5
ender	Nationally spec 73.1% of all pur boys [1]. In Stockton-on- people receiving As at January 2 boys), and for g In Stockton-on- support is signif tables below [6] <u>EYFS</u> <u>Boys (%)</u> <u>Girls (%)</u> <u>KS1</u>	ial educational needs bils with an EHCP an Tees, in 2019/20 aca g SEN support were 2019, SEN is most pro- irls at age 10 (13% of Tees, for all key stag ficantly higher than the cantly higher than the stockton-on-Tees Non-SEN SEN 50.9 73.3 49.1 26.7 Stockton-on-Tees Non-SEN SEN 46.4 69.6	d 64.6% of demic yea male and 3 evalent am f all girls) [es the num e number Nor-SEN 49.1 50.9 North Non-SEN 47.8 52.2	f all pupils ar, 66% of 34% were ong boys [4]. hber of boy of girls, as East SEN 70.9 29.1 East SEN 68.6	with SEN s children an female [5]. at age 9 (2 ys receiving s illustrated Non-SEN 49.2 50.8 Engla Non-SEN 48.1	and SEN 70.6 29.4 and SEN 68.5 31.5

	Cirlo(9/)	55.1	35.6	53.0	35.1	52.2	34.3
	Girls (%)	55.T	33.0	53.0	30.1	JZ.Z	34.3
	KS4						
		Stockton		North		Engla	
		Non-SEN	SEN	Non-SEN	SEN	Non-SEN	SEN
	Boys (%)	48.3	60.2	49.0	63.3	48.9	63.7
	Girls (%)	51.7	39.8	51.0	36.7	51.1	36.3
Socioeconomic status	Studies have shown that the prevalence of special educational needs and disabilities are higher in more deprived areas from an early age. Furthermore the inequality gap increases with age [7]. Children from poorer households or who are living in more deprived						rthermore,
	neighbourhoods learning disabili	s are more					
	Whilst the percentage of children who were eligible for and claiming free sch meals fell nationally by 1% between 2000 and 2015, this rate rose amongst children with special educational needs associated with learning difficulties w had a statement or EHCP [8]. As at January 2020, the percentage of pupils with an EHCP who are eligible for free school meals is 34.6%, more than double that for pupils with no SEN (14.9%). The percentage of pupils with S support eligible for free school meals is 29.9% [1].						mongst iculties who of pupils than
	In Stockton-on- support were di			•	, , ,		
	In Stockton-on- people from dis young people w below:	advantage	d backgrou	unds is sig	nificantly h	igher for c	hildren and
		Stocktor	-on-Tees	North	n East	Engl	and
		Non-SEN	SEN	Non-SEN	SEN	Non-SEN	SEN
	EYFS (%)	15.3	38.6	21.2	36.6	13.5	26.0
	KS1 (%)	22.3	39.8	25.9	45.5	18.2	35.9
	KS2 (%)	30.0	51.5	33.6	56.0	26.6	46.6
	KS4 (%)	25.8	48.2	28.7	51.1	23.6	41.9
	Taken from NCE	R report for	2019				
Ethnicity	Nationally, 5% of have an EHCP, the second high background. Th Gypsy/Roma gr group at 2.1% a [1].	and a furth lest rate for the second roup at 22.0	her 24.9% r EHCP pla highest rat 6%. The la	have SEN ans (4.7%) te for SEN owest rate	support. , followed support is of EHCP i	Black Caril by any oth among the s the Asiar	bbean has er Black e n/ Indian
	The table below shows the percentage of SEN and non-SEN children and young people from BME communities. With the exception of EYFS, the proportion of children and young people from BME communities is less for those with SEN than for those without SEN at local, regional and national levels.						the ess for
		Stocktor	-on-Tees		n East	Engl	and
		Non-SEN	SEN	Non-SEN	SEN	Non-SEN	SEN
	EYFS (%)	10.6	12.9	9.9	10.0	24.1	27.7
	KS1 (%)	10.0	9.7	9.6	8.6	24.7	24.0
	KS2 (%)	10.2 8.8	8.2 6.5	9.6 7.7	6.4 5.2	26.2 24.2	22.2 19.9
	KS4 (%)	0.0	0.0	1.1).Z	Z4.Z	13.3

	-						
	Taken from NCER report for 2019						
	In Stockton-on-Tees, 8.6% (n=417) of pupils with an EHCP or SEN support are also BME, which is 13.6% lower than nationally (22.2%) [6].						
	Nationally, pupils whose first language is known or believed to be English have higher rates of SEN (16.0%) than those whose first language is known or believed to be other than English (12.6%) [1].						
	In Stockton-on-Tees, 5.1% (n=248) of pupils with an EHCP or SEN support also have a first language other than English, which is 10.7% lower than nationally (15.8%) [6].						
Children with social care involvement	Nationally, 55.9% of children who had been looked after continuously for 12 months for whom data were available had a special educational need in 2018/19, which consists of 27.2% with an EHCP and 28.7% on SEN support. This compares to 46.0% of children in need with SEN and 14.9% of all children with SEN [2]. The most common type of need for looked after children was 'Social, Emotional						
	and Mental Health': 40.4% of looked after children with an EHCP had this type of need compared to 13.3% of all children with an EHCP [2].						
	As at March 2019, 104 Looked After Children in Stockton-on-Tees were receiving SEN support and 99 LAC had an ECHP or statement.						
	The diagram below compares the percentage of LAC with SEN support and EHCPs in Stockton-on-Tees in 2018/19 with all English local authorities:						
	% of looked after children with statements of SEN and % looked after children with SEN without a statement (2018/19)						
	% LAC pupils with 25.4 statements of SEN or EHC 27.9						
	pian 24.0						
	without a statement 28.3 0 2.5 5 7.5 10 12.5 15 17.5 20 22.5 25 27.5 30 Per cent						
	 Stockton-on-Tees 2018/19 Mean for All English authorities 2018/19 						
	Source: Metric ID: 2133, Department for Education, Outcomes for Children Looked After by Local Authorities in England, Data updated: 27 Mar 2020 Metric ID: 2134, Department for Education, Outcomes for Children Looked After by Local Authorities in England, Data updated: 17 Dec 2020 Powered by LG Inform						
	In 2018/19, 22.3% of Children in Need in Stockton-on-Tees had SEN support and 23.7% of CIN had an EHCP. The diagram below compares Stockton-on- Tees with all other local authorities in England:						
	% of children in need with SEN support and % of children in need with statements or EHC plans (2018/19)						
	Percentage of CIN SEN 22.3 Support 24.2						
	23.7						
	Percentage of CIN 22.9 statement of FLC plan 0 2.5 5 7.5 10 12.5 15 17.5 20 22.5 25 27.5						
	Percent of children in need						
	 Stockton-on-Tees 2018/19 Mean for All English authorities 2018/19 						
	Source: Metric ID: 4852, Department for Education, Characteristics of Children in Need in England: Outcomes tables, Data updated : 08 Apr 2020 Metric ID: 4855, Department for Education, Characteristics of Children in Need in England: Outcomes tables, Data updated : 08 Apr 2020 Fowered by LG Inform						

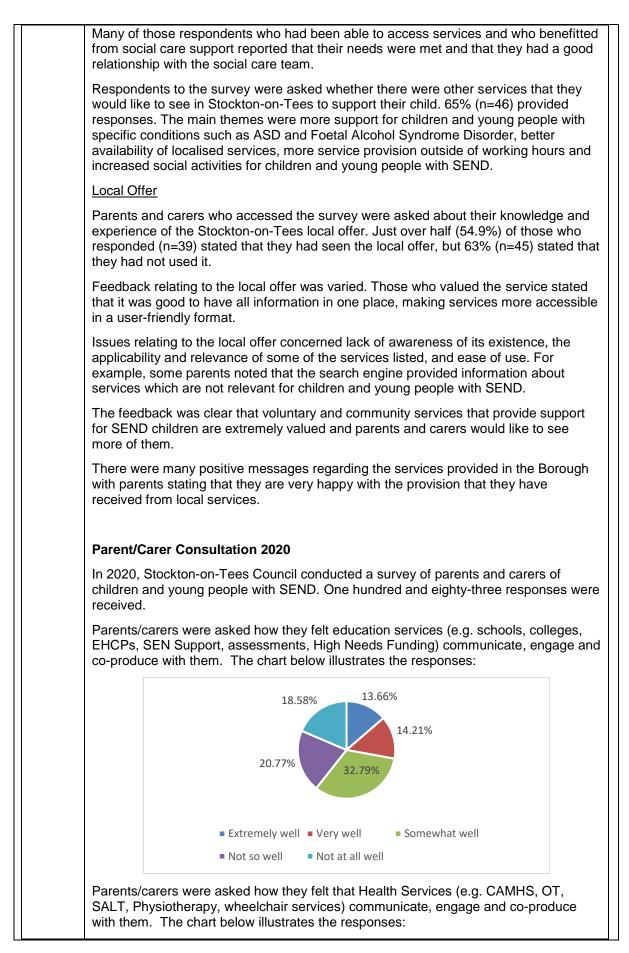
As at March 2020, out of 5,724 children and young people with SEN support or an EHCP, 3,209 are known to social care.	

5. Consultation and engagement

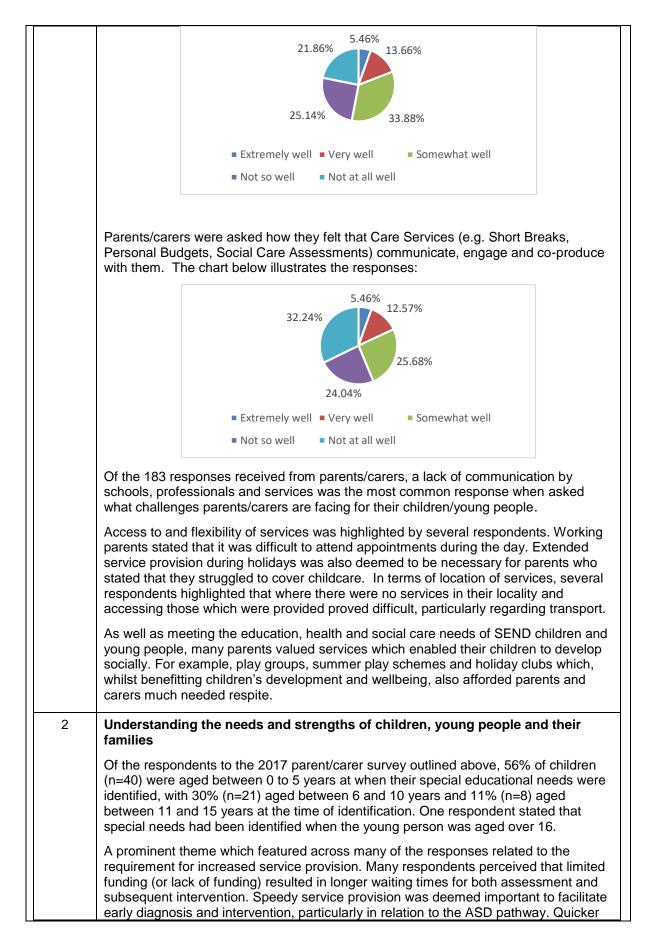
This section is used to summarise the views of the public, dedicated groups and service users. It can make use of formal assessment of views, such as obtained from surveys, feedback meetings and focus groups.

All information must be relevant to the strategic issues (box 6).

lssue number	Strategic Issue
1 = highest priority	
1	Work in partnership with families
	Parent/Carer Consultation 2017
	In May 2017, Stockton-on-Tees Council conducted a survey of parents and carers of children and young people with SEND. Potential participants were identified through two local VCS organisations which specialise in support for children and young people with autism spectrum disorder (ASD) and SEND respectively: Daisy Chain and Stockton United for Change (SUFC). Seventy-one surveys were completed, yielding a response rate of 6.1%. The survey sought to both highlight gaps in service provision and identify unmet need from a parent/carer perspective [3].
	Of the total respondents, 93% (n=66) indicated that their child had a special educational need, whilst 6% (n=4) stated that their child was currently under assessment.
	Access to services
	75% (n=53) of those who responded to the survey stated that they received at least one service for their child which was either good or excellent.
	Several respondents requested that speedy advice and support is provided post- diagnosis so that they felt empowered with greater knowledge of their child's situation. This included the need to increase awareness of services available as not all parents felt fully informed.
	In terms of quality of service, 66% (n=47) indicated at least one service could be improved, citing issues such as lack of communication between departments and/or with families, lack of service availability, waiting times, insufficient resources/staff, lack of after school service availability and lack of partnership working as areas for improvement.
	Regarding access to support services, several respondents to the survey expressed concern regarding lack of availability and high demand. In some cases, those with personal budgets found it difficult to use them because services could not be accessed.



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	turnaround of assessments was also considered very important to enable earlier intervention.
	The issue of waiting times was particularly notable in responses relating to health provision. Just under a third of respondents in the survey cited long waiting times for occupational therapy, speech and language therapy or CAMHS. Many of those who expressed concerns relating to delays in access to services highlighted the potential negative impact upon children and families. Timely intervention was a key issue.
	Stakeholder consultation 2017
	Between May and June 2017, an online consultation was undertaken to gather the views and opinions of those who commission and provide services for children and young people in Stockton-on-Tees with special educational needs and disabilities. The survey was disseminated to commissioners and services across the fields of education, health and social care. A total of 24 responses were received. Approximately three quarters of those responses received were from stakeholders working in education (n=21), with 7% (n=2) from health and 11% (n=3) from social care. 79% (n=19) of respondents provided statutory services with the remainder providing voluntary/community services. All of those who completed the consultation provided services across Stockton-on-Tees with two also providing services in Hartlepool and two in Middlesbrough and Redcar and Cleveland respectively.
	71% (n=17) indicated that SEND identification was either good or very good with 25% (n=6) stating that it was adequate and one respondent stating that it was poor. 58% (n=14) gave reasons for their responses. The clear theme across many of these responses related to early identification. Whilst it was noted that children's needs were beginning to be identified at an early stage and that there was a focus on early help, several stakeholders noted the need to identify needs as early as possible in order that need-specific interventions can be implemented.
	Respondents were asked to rate how effectively agencies across the Borough performed in terms of assessing and meeting needs of SEND children and young people. 48% (n=12) thought that agencies performed well or very well, 28% (n=7) considered performance in this area to be adequate and 20% (n=5) poor.
	Three-quarters of those who responded gave reasons for their answer. Waiting times featured in several responses, where it was felt that long waiting lists for diagnosis restricted the ability of professionals to provide early intervention, resulting in families being unsure as to how they could best support their children where there was a need. This was noted by one respondent as being a particular issue for children and families waiting for autism assessments. In terms of those children and young people with complex needs, demand was seen to be increasing, requiring an expansion of existing services and/or identification of alternative services.
	Stakeholders were canvassed on the strengths and weaknesses of current provision for SEND children, young people and their families. 71% (n=17) provided responses. In terms of perceived weaknesses in current provision, delayed access to early intervention due to long waiting lists was identified as an issue. Access to specialist services (i.e. autism) was also considered problematic due to delays in diagnosis. Several responses highlighted a need for more effective identification of special needs by health visitors so early intervention could be accessed without any unnecessary delay.
3	Developing a system which meets the needs of children, young people and their families and is accountable for improving outcomes
	Some respondents to the 2017 parent/carer survey highlighted the need for greater multi-disciplinary team working so that services shared information relating to a child's particular needs with other services and parents were not required to recall and/or report specific information which could be hard to remember accurately.

	In the 2020 parent/carer consultation, a significant proportion of the 183 respondents commented on lengthy waiting lists for appointments and services, slow diagnosis and assessment for ECHPs, and ECHP reviews not being conducted in a timely fashion. Several respondents pointed to a lack of accountability of services and professionals, with parents being passed around different services, parents/carers not being given adequate information about processes, and slow responses to their enquiries.
	Sixty-three percent (n=15) of respondents to the 2017 stakeholder consultation felt that education, health and social care services worked together effectively to assess and meet the needs of SEND children and young people and their families. Two-thirds of those provided reasons for their answer, with many stating that there was good communication between agencies, particularly when those agencies were located in close proximity (i.e. in the same building). Those who responded positively thought that information sharing was effective and efficient with a good ethos of collective responsibility between education, health and social care.
	Where areas of development were identified to improve joint working for effective assessment and intervention, the contribution of health and social care information was raised by almost half of those who responded. Issues such as lack of representation at EHC meetings, poor provision of information and weak collaboration from health and social care were cited. One respondent indicated that the involvement of parents and pupils was not adequately represented during the planning phase, resulting in their views not being recorded.
	Improved integrated working and communication, strong partnerships, regular reviews, experienced staff/focussed workforce and choice of services (through the local offer) were all cited as strengths in the current provision.
4	Children and young people's needs are met in local, inclusive and mainstream schools
	In the 2020 parent/carer consultation, access to appropriate school provision was commonly identified as a challenge for parents/carers and, more specifically, the lack of specialist school placements. Parent/carers also reported a lack of training and expertise within schools, lack of knowledge of the SENCO, and schools not implementing support plans.
5	Providing a range of local, high quality specialist provision
	The theme of specialist service provision, particularly in terms of education and children with ASD, featured in many responses to the 2017 parent/carer survey. Whilst several respondents cited the need for a specialist ASD school in Stockton-on-Tees, others stated that existing resources would benefit from more specialists in certain fields, such as ASD. Suggestions ranged from schools engaging support from 'specialist providers' and carers to support teaching staff, to more schools having dedicated ASD hubs with appropriately trained staff. Several respondents highlighted the need for multi-disciplinary teams within schools to support teachers.
6	Ensuring children and young people achieve their potential and ambitions and live as independently as possible
	Post-16 provision and transition to adulthood planning was identified in the 2017 stakeholder consultation as a weakness in current service provision. This included issues such as independent travel training and local authority travel arrangements, particularly where parents did not have access to transport and the benefits they receive do not meet their child's travel costs. One respondent also noted that post-16 provision for children and young people with social, emotional and mental health needs was a current weakness.

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6. Strategic issues

This section summarises what was included/discovered in the "Data and intelligence", "Who is at risk and why" and the "Consultation and engagement" sections.

This section should be concise and in order of priority.

Maximum number of issues = 4

Issue Strategic Issue number	
1 = highest priority	
1	Work in partnership with families
	Results of the consultation show that families find it difficult to obtain relevant information and feel excluded from the decision-making process. They feel that services work in isolation and there is a lack of communication, interaction and co-ordination between families and services.
2	Understand the needs and strengths of children, young people and their families
	There is a focus on educational outcomes and the wider views and aspirations of children, young people and their families are not effectively captured. The EHCP process can feel adversarial for families.
3	Develop a system which meets the needs of children, young people and their families and is accountable for improving outcomes
	The system as a whole can feel disjointed for families, with a lack of integrated processes and joined-up decision-making.
4	The needs of children and young people are met in local, inclusive and mainstream schools
	SEN are not always identified as early as possible and it is not clear that all settings have the skills, knowledge and confidence to identify education, health and care needs and put in place timely, person-centred planning and support which is reviewed and updated to support a child or young person's individual journey. Workforce awareness and resources are variable between schools, and it is not clear that all professionals have access to or are attending training on the identification of needs and strengths.
5	Provide a range of local, high quality specialist provision
	There is a significant number of children with out of area placement which can have a negative impact in terms of social isolation/ detachment from their local community, non-attendance, consequent mental health issues which may result in support being required, increased travel time, wider impact on family life etc.
6	Ensure children and young people achieve their potential and ambitions and live as independently as possible
	The system is currently too compartmentalised into education, social care and health issues, and it is not clear that young people are being effectively prepared for independence in later life from an early stage.

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We do not have a clear picture of the rate of young people in education, employment or training and there is a need to ensure a range of education, training and employment opportunities which support the aspirations of young people with special education needs.		
7. Ev	vidence bas	e
This section provides links and a brief summary of robust evidence base. This would usually come from national sources (e.g. Government departments, Office for National Statistics, NICE, NHS Evidence).		
All evidend	e must be re	levant to the strategic issues (box 6).
Issue number 1 = highest priority		
1	Source	
	Title incl. web link	
	Summary	
2	Source	Department for Education
	Title incl. web link	National Statistics on Special Educational Needs in England: January 2020 https://www.gov.uk/government/statistics/special-educational- needs-in-england-january-2020
	Summary	National data on primary needs of pupils with SEN.
	Source	Department for Education
	Title incl. web link	Special Educational Needs and Disability: An Analysis and Summary of Data Sources (May 2020)

web link	Summary of Data Sources (May 2020)	
	Available at: <u>https://assets.publishing.service.gov.uk/government/uploads/syste</u> <u>m/uploads/attachment_data/file/882802/Special_educational_need</u> <u>s_and_disability</u> <u>_an_analysis_and_summary_of_data_sources.pdf</u>	
Summary	Includes data on the primary needs of children who have an EHCP and SEN support; data on the EHCP process, including appeals and timeliness of decision-making.	
Source	LG Inform	
Title incl. web link	Local Area SEND report for Stockton-on-Tees, <u>https://lginform.local.gov.uk/reports/view/send-research/local-area-send-report?mod-area=E06000004&mod-</u>	

	T		
		group=AllLaInCountry_England&mod- type=namedComparisonGroup	
Source School Census 2019 Title incl. National Statistics: Schools pup January 2019 https://www.gov.uk/government characteristics-january-2019		Data on the primary needs of children in primary, secondary and special school settings, and data on EHCPs.	
		School Census 2019	
		National Statistics: Schools pupils and their characteristics: January 2019	
		https://www.gov.uk/government/statistics/schools-pupils-and-their- characteristics-january-2019	
		National data on the age at which pupils are receiving SEN support and EHCPs.	
3	Source	Department for Education	
	Title incl. web link	National Statistics on Special Educational Needs in England: January 2020	
		https://www.gov.uk/government/statistics/special-educational- needs-in-england-january-2020	
	Summary	National data on primary needs of pupils with SEN.	
	Source	Department for Education	
	Title incl. web link	Special Educational Needs and Disability: An Analysis and Summary of Data Sources (May 2020)	
		Available at: <u>https://assets.publishing.service.gov.uk/government/uploads/syste</u> <u>m/uploads/attachment_data/file/882802/Special_educational_need</u> <u>s_and_disability</u> <u>an_analysis_and_summary_of_data_sources.pdf</u>	
	Summary	Includes data on the primary needs of children who have an EHCP and SEN support.	
4	Source	Department for Education	
	Title incl. web link	National Statistics on Special Educational Needs in England: January 2020	
		https://www.gov.uk/government/statistics/special-educational- needs-in-england-january-2020	
	Summary	National data on the number of pupils with SEN and EHCPs, and their primary needs.	
	Source	Department for Education	
	Title incl. web link	Special Educational Needs and Disability: An Analysis and Summary of Data Sources (May 2020)	
		Available at: <u>https://assets.publishing.service.gov.uk/government/uploads/syste</u> <u>m/uploads/attachment_data/file/882802/Special_educational_need</u> <u>s_and_disability</u> <u>an_analysis_and_summary_of_data_sources.pdf</u>	

	1	
	Summary	Includes: information on educational settings for pupils with and EHCP and SEN Support in England; absenteeism and exclusions including the percentages of pupils with permanent and fixed term exclusions over time.
	Source	LG Inform
	Title incl. web link	Local Area SEND report for Stockton-on-Tees,
		https://lginform.local.gov.uk/reports/view/send-research/local-area- send-report?mod-area=E06000004&mod- group=AllLaInCountry_England&mod- type=namedComparisonGroup
	Summary	Data on: the primary needs of children in primary and secondary school settings, and data on EHCPs; absence and exclusion rates; educational outcomes for all key stages.
5	Source	LG Inform
	Title incl.	Local Area SEND report for Stockton-on-Tees,
	web link	https://lginform.local.gov.uk/reports/view/send-research/local-area- send-report?mod-area=E06000004&mod- group=AllLaInCountry_England&mod- type=namedComparisonGroup
	Summary	Data on the primary needs of children attending special schools.
6	Source	LG Inform
	Title incl. web link	Local Area SEND report for Stockton-on-Tees, <u>https://lginform.local.gov.uk/reports/view/send-research/local-area-send-report?mod-area=E06000004&mod-group=AllLaInCountry_England&mod-type=namedComparisonGroup</u>
	Summary	Comparison of educational outcomes between Stockton-on-Tees and all other local authority areas for all key stages and post-16 education; employment outcomes for adults with learning disabilities.
	Source	Department for Education
	Title incl. web link	Special Educational Needs and Disability: An Analysis and Summary of Data Sources (May 2020)
		Available at: https://assets.publishing.service.gov.uk/government/uploads/syste m/uploads/attachment_data/file/882802/Special_educational_need s_and_disability _an_analysis_and_summary_of_data_sources.pdf
	Summary	National further education, employment and training outcomes post-key stage 5.

8. What is being done and why?

This is where to list and describe current <u>STRATEGIC</u> services, programmes, interventions etc.

Please include a brief summary about what each one delivers and state which organisation/s are implementing them.

Strategy/ Governance

In 2017 Stockton-on-Tees Borough Council undertook a detailed health needs assessment which provides an overall picture of special educational needs in the Borough. In response to this and based upon advice and guidance from external inspection, external evaluation and our own self-evaluation, work is underway to review our strategic priorities.

Our governance structures have been re-shaped to be more streamlined and focussed. The SEND Strategic Group is accountable to the Stockton-on-Tees Health and Wellbeing Board, Stockton-on-Tees Borough Council Cabinet and the Executive Committee of the Tees Valley Clinical Commissioning Group for the delivery of the strategy. This group is co-chaired by the Director of Children's Services, Stockton-on-Tees Borough Council and the Director of Commissioning, Strategy and Delivery for Children and Young People, Tees Valley Clinical Commissioning Group (CCG) and draws its membership from the Stockton Parent Carer Forum, the Local Authority and the CCG.

Stockton-on-Tees is developing a SEND strategy to build on learning from the local area inspection in 2019 and bring together our previous strategic implementation plan and action plans into a single, shared and long-term vision. The new Strategy will emphasise outcomes for the system as a whole and how these will be achieved, and the SEND Strategic Group will oversee its delivery. Progress against the strategy will be monitored and scrutinised by the SEND Strategic Group on a quarterly basis to ensure that outcomes for children and young people are continuously improving.

A joint commissioning approach and strategy has been agreed based on the health needs assessment. Partners include Children's Services, Adult Social Care, Public Health, schools and Hartlepool and Stockton-on-Tees Clinical Commissioning Group. Together we have started the process of considering joint commissioning in a number of areas and have a clear plan to expand this work. There has been a focus on the autism pathway, recognising that the existing assessment and diagnosis pathway was not functioning effectively. A clear plan is in place to reduce waiting times, and there will be a re-design of the whole system.

The views of children and young people, their families and practitioners are of paramount importance and we are further developing ways to engage with them to ensure their views are heard. Their views are sought through the annual SEND IASS and parent/carer co-production surveys, during the EHCP process and the SEN support plan process, as well as during annual reviews and SEN support applications into the ONE Point Panel where support, including High Needs Funding, outreach support, in-reach support and IT assessments, can be given.

The Stockton Parent Carer Forum (SPCF) is the recognised parent's forum and works closely alongside the local authority to make sure the services it plans, commissions, delivers and monitors meet the needs of children and families. SPCF is actively involved in our strategic governance and joint commissioning work, the development of the Local Offer as well as in SENCO briefings, focus groups and consultation events.

Data and Performance Monitoring

The local authority collects a considerable amount of operational SEND data on a regular basis and, amongst other things, uses this to monitor and improve service delivery and ensure that all statutory returns are made.

A SEND Strategic Dashboard is being developed to support strategic decision-making. The Dashboard will reflect across the whole SEND system and, as such, will comprise education,

health and care information for the whole SEND cohort (both EHCP and SEN Support). It will be reported to the SEND Strategic Group on a quarterly basis.

As regards population level data, there is a Data Sharing Agreement (DSA) in place between Stockton-on-Tees Borough Council, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NECS, and work is ongoing to import health data to the Dashboard.

In terms of qualitative measures, multi-agency audits are being developed to evaluate the quality of our work with children, young people and families.

School Provision

In recent years Government policy has encouraged the inclusion of children and young people with SEND in mainstream schools and it is the policy of Stockton-on-Tees Borough Council to always try and ensure that a child's needs are met in a local maintained school, Academy or Free school before considering a place in the independent or non-maintained sector.

Some children and young people with SEND may have their needs met at a school with a base or special class which addresses particular special educational need, known as Enhanced Maintained Schools (EMS). The EMS model allocates places for particular special educational needs to particular schools, and efforts have been taken to spread the EMS across the Borough to facilitate access as close to home as possible.

Some children with more complex needs may need to attend a special school which tailors education to a particular child or young person's needs. They may be specialised in dealing with a particular form of disability or SEN. Furthermore, special schools typically have smaller class sizes and staff are often more experienced in dealing with different types of SEN or disability.

In Stockton-on-Tees, the High Flyers early support nursery provides a pre-school education for children with complex and/or multiple special educational needs. Children can attend this nursery from the age of two and are required to have an Education, Health and Care Plan or be in the process of an EHC assessment. The nursery follows the Early Years Foundation Stage curriculum, suitably differentiated and adapted to meet the individual needs of each child.

There are four special schools in Stockton-on-Tees:

- **Ash Trees Academy,** catering for children aged 4 to 11 years, with profound and multiple learning difficulties, severe learning difficulties and autism.
- **Abbey Hill Academy,** catering for children and young people aged 11 to 19 years, with profound and multiple learning difficulties, severe learning difficulties and autism.
- **Westlands Academy,** for children aged 4 to 16 years, with behavioural, emotional and social difficulties.
- **Green Gates Academy,** for children and 4 to 11 years with social, emotional and mental health difficulties.

The SBC Local Offer

The Children and Families Act 2014 places a duty on all local authorities to publish details of the services and provisions in the area to support families with a child or young person with SEND, known as the Local Offer.

The Local Offer for Stockton-on-Tees is a web-based resource which provides information about the support and provision that families can expect for children and young people aged 0-25 with SEND, whether or not they have an EHCP. It sets out in one place what services and support are available from a range of local agencies so that families and professionals have access to the same information.

Work is ongoing to ensure that families are aware of the Local Offer and it is accessible to them. There has also been a focus on providing parent guides to provide more information for parents/carers and improve communications with them.

Services

Children and young people with special educational needs and disabilities and their families face distinct and challenging issues that require a range of dedicated and specialist responses from public services. Their needs are unique to them and can be complex and change over time. In order to reach their potential, children and young people may require co-ordinated and effective support from health, education, social care and voluntary services.

There are many services provided in Stockton-on-Tees by the local authority, health and voluntary and community services to support children and young people with SEND.

The SEN and Engagement Service is responsible for the local authority's statutory requirements for children and young people aged 0-25 with SEND. These include the EHC assessment, plans and reviews. The Service is also responsible for placements of children and young people with EHCPs and for placing children and young people in EMS. The Service works to ensure the Local Offer is up to date, relevant and accessible, and provides support to schools, early years settings and further education providers about SEND, which includes termly training for SENCOs. The Service has responsibility for some of the Council's short breaks provision for disabled children.

The local authority provides the following services:

- The Portage Service, which provides an early years service for children aged 0-4 who are experiencing significant developmental delay(s) and/or sensory impairment'. It provides support and advice to enable parents and early years settings to help children to engage in play-based activities and meet the individual needs of the child.
- The Disabled Children's Team provides a social work service to children and young people aged 0-18 with a substantial and permanent disability that significantly affects daily living and where they have an assessed need rising from their disability that cannot be met by services available to children in general.
- Occupational therapy support for children and young people in educational settings through a contract with a commissioned provider.
- The Stockton Special Education Needs and Disabilities Information, Advice and Support Service (SEND IASS) is a free, impartial and confidential service providing advice, information and support on all matters relating to SEND to parents/carers of children and young people with SEND and to young people up to the age of 25 with SEND.
- Youth Direction uses the Risk of NEET Indicator (RONI) to identify and support students, including young people with special education needs and/or disabilities, who may be at risk of dropping out of education, employment or training.

Health services provided for children and young people with SEND within Stockton-on-Tees are commissioned by a number of different organisations including NHS England, Hartlepool and Stockton Clinical Commissioning Group (HAST CCG) and Stockton-on-Tees Borough Council Public. Each commissioned service has its own criteria regarding who can access the service and how. These services include:

- the Health Visiting Service;
- School Nursing Service;
- Special School Nursing Service;
- Children's Physiotherapy;
- Children's Occupational Therapy;
- General and Community Paediatrics;
- Speech and Language Therapy; and

• Children and Adolescent Mental Health Service (CAMHS).

As noted above, the new joint commissioning approach will bring partners together to review pathways and identify gaps and overlaps in service provision.

9. What needs are unmet?

If the elements of "what is being done and why" (box 8) do not address the "Strategic issues" (box 6), or they are not accessible for the relevant people, then there is unmet need.

If two or more elements of "what is being done and why" (box 8) are required to meet a need, but are not coordinated, then there is unmet need.

Future needs also need to be considered.

lssue number	Unmet need	
1 = highest priority		
1	Work in partnership with families	
	Although work is being undertaken to provide more information and communication for parents/carers, further work is required to ensure that the views of children and young people and their families are being actively sought and their voices heard throughout the SEND system.	
2	Understand the needs and strengths of children, young people and their families	
	Our system remains compartmentalised into education, social care and health issues, with insufficient focus on the development of individual children. We have more to do to develop an effective system-wide approach to evaluating outcomes and progress which would enable us to ascertain whether things are getting better.	
	We do not have a clear view on the quality of EHC Plans and whether they are all aspirational and outcome-focused. Whilst EHCP are reviewed annually, there is no ongoing monitoring across education, health and care which considers their contribution and commitment to an outcome-focused approach.	
3	Develop a system which meets the needs of children, young people and their families and is accountable for improving outcomes	
	Consultation with parents/carers indicates that the system as a whole can feel disjointed for families with a lack of integrated process and accountability. Whilst work has been undertaken or is underway at a strategic level (including the development of a new SEND strategy, strengthening of governance and joint commissioning arrangements, and developing information management systems), further work is required to develop and/or embed these processes.	
4	Children and young people's needs are met in local, inclusive mainstream schools	

	Further work is required to ensure that staff in schools have the necessary support and skills to identify needs and put strategies and interventions in place to meet those needs.	
5	Provide a range of local, high quality specialist provision	
	There is a high number of children and young people with SEN who are being educated out of borough. Gaps in provision needs to be identified and opportunities explored to develop additional specialist provision in Stockton in order to reduce the need for children and young people to be educated out of borough and away from their families and communities.	
6 Ensure children and young people achieve their potential and ambiti and live as independently as possible		
	There is a need to ensure robust pathways across education, health and social care to support young people to transition from children's to adult's services. Young people need to be supported to develop their independence and access appropriate education, training and employment opportunities.	

10. What needs to be done and why?

This is where to put recommendations for commissioners in relation to gaps in service provision and to propose measures to address unmet need

Issue number 1 = highest priority	What needs to be done?	Why?
1	 Set out and implement requirements and expectations for co-production; 	To ensure families are central to the decision-making process and their voices are heard.
	 Develop and implement mechanisms to ensure services are delivered to the required standard and respond to the needs of service users; 	From the perspective of families, services can appear to be disjointed and clarity is required around what is expected of service providers.
	• Ensure continuous review of the Local Offer to provide high quality and relevant information which is accessible to families.	Consultation with parents/carers has shown that a significant proportion are not aware of the Local Officer and there is scope to improve the information that is available to them.
	• Empower families to work with service providers to ensure their views are actively sought and their voices heard.	Parents/carers are best placed to know the needs and preferences of their children/young people but can feel disempowered in the decision-making process.
2	 Ensure needs are identified in early years or when they arise and are assessed in a timely fashion. 	There are gaps in identification and it is not clear that needs are always identified at the earliest opportunity.

	 Develop and utilise a system of person-centred planning and support based on a real understanding of needs and strengths. Ensure a focus on outcomes for individual children and young people. Review and revise the EHC assessment, plan and review system to ensure it captures the aspirations and needs of children/young people and is outcome-focussed. 	The system is too compartmentalised into education, social care and health issues, with insufficient focus on a child-centric system. Data is collected which illustrates the overall picture but does not reflect the outcomes for individuals. Individual progress will depend on the complexity of individual needs and this is not reflected in the overall data. Diagnosis of a SEN can be very black and white from a health perspective and, at the point of diagnosis, health professionals do not always look at the wider support needs. There is a focus on educational outcomes but wider aspirations and outcomes are not apparent. Consultation indicates that parents feel the process of obtaining and ECHP is onerous and adversarial. The EHCP process focuses on educational aspects and it is not clear that all EHCPs capture the wider aspirations of the individual children/young people. There is a need for a broader focus on the following four areas: education, skills and employment; care and independence; health and wellbeing; and friends, relationships and community. EHCPs are reviewed annually but there is no ongoing monitoring across education, health and social care to consider their contribution
3	 Develop a clear strategy for the provision of support which focusses on outcomes for individuals; 	to an outcome-focused approach. There is a need to clearly define and embed a culture where education, health and care services have a clear focus and work supportively together in a joined-up system.
	 Ensure there is a clear and effective governance structure; Ensure there is joined-up working between education, health and social care professionals and services working with a child/young person and their families; 	Further work is required to embed the revised governance arrangements. We currently lack a sense of how effective we are being and the efficacy of existing pathways. The system can feel disjointed to families, with a lack of integrated process and accountability.
	Develop an effective information management systems which will support strategic decision- making;	Further work is required to ensure we use data and intelligence from the local authority, health and social care to develop a shared understanding of current and future need across the system, and use it effectively to jointly plan, develop and evaluate pathways and

	Work collaboratively to identify	service provision to make the best use of	
	and implement opportunities for joint commissioning of services.	resources.	
4	 Work with mainstream schools to ensure staff have the skills necessary to identify needs and put strategies and interventions in place to meet the needs of children and young people; Provide schools with advice and guidance as required; Embed an effective review process to ensure schools receive support and challenge as required. 	It is not clear that needs are always identified as early as possible or that settings have the skills, knowledge and confidence to identify education, health and care needs and put in place timely, person-centred planning and support which is reviewed and updated to support a child or young person's individual journey. Workforce awareness and resources are variable between schools, and it is not clear that all professionals have access to or are attending training on the identification of needs and strengths.	
5	 Ensure a range of high-quality specialist provision is available locally for those who need it and identify any gaps; Explore opportunities to develop additional specialist provision in Stockton to reduce the need for children/young people to be educated out of borough and away from their families and communities. 	There is a high number of children and young people with SEN who are being educated in high-cost, out of borough placements, which impacts on their family life and integration into local communities.	
6	 Ensure robust pathways across education, health and social care to support young people in their transition from children's to adult's services; Taking a person-centred approach, promote independence, choice and inclusion for young people to enable them to become successful and happy adults; Work with local education settings, providers and employers to create more employment and training opportunities. 	The system is currently too compartmentalised into education, social care and health issues, and it is not clear that young people are being effectively prepared for independence in later life from an early stage. We do not have a clear picture of the rate of young people in education, employment or training and there is a need to ensure a range of education, training and employment opportunities which support the aspirations of young people with special education needs.	

11. What additional needs assessment is required?

Are there any issue/gaps that need addressing to complete this JSNA topic effectively?

12. Key contacts and references

Key contact

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