**North East Lincolnshire**

**Special Educational Needs and Disabilities (SEND) Strategy 2020 – 2023**

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| Internal Ref: | NELC.SEND Strategy Draft  |
| Review date | 2023 |
| Version No. | V0.02 DRAFT CONSULTATION |

## Introduction:

This draft sets out the process by which we intend to develop our SEND strategy for the place which clearly identifies how we will work with partners, children, young people and parents/carers to improve our collective SEND offer.

It will detail progress against the implementation of the 2014 SEND reforms and ensure that everyone is working to achieve the same vision for children and young people with SEND from birth to age 25.

Against this background this SEND vision and strategy proposal has been developed based on:

* The findings of the 2018 Joint Area Inspection of SEND and the associated Written Statement of Action and listening events
* The findings of the Impower SEND Support Review May 2019
* The findings of the 2019 Healthwatch review of the Access Pathway
* The results of the SEND survey of parents/carers which took place throughout January 2020
* The 2020 Joint Strategic Needs Assessment of Vulnerability in Children and impact on health

Throughout all of this activity we have begun to improve our partnership working (for example with schools and other education providers) and our approach to working with children, young people and families so that their voice is at the heart of the future planned work for SEND.

This draft will outline the current picture of SEND, and the key messages that we are hearing from children, families, schools and other partners. This forms a key element of our strategic framework for SEND can be described as seen in Figure 1 below:



*Figure 1 – Our SEND Strategic Framework*

Our SEND Strategic Framework explains why we need to do things differently, what we need to do differently, and how we are doing that.

We got intelligence about why we need to do things differently from:

1. SEND Health Needs Assessment
2. SEND Survey
3. SEND Listening Events and feedback

You will find out what we needed to do differently from the SEND Strategy/ vision.

You will find out how we are doing things differently in the Joint Commissioning Strategy.

The delivery mechanism for this strategy over the next 3 years is through Council’s and the Clinical Commissioning Group’s Joint Commissioning Strategy.

This draft is intended for consultation purposes to ensure that our plans meet the needs of children, young people and families. Following this consultation there will be a process of further listening, talking and work together (see Draft Joint Commissioning Strategy) to identify the best way to work together to deliver improvements in our offer for children with SEND and their families in accordance with our Engagement Strategy. The final strategy and joint commissioning strategy are due to be approved by June 2020.

## Our Vision:

***“Our vision is for every young person in North East Lincolnshire with Special Educational Needs and Disabilities to be included in education and society; to develop their independence; and to achieve the outcomes that are important to them to lead successful and fulfilling lives.”***

Achieving this will mean:

**Children and Young People** will be supported as individuals, feel included, and be understood and supported by peers and professionals. They will live fulfilling lives, achieving personalised outcomes through effective support from the right services who are involved at the right time.

**Parents** will have confidence and trust in the SEND system to deliver appropriate support that meets their child’s individual needs. Parents, carers and professionals will support and enable each other to help children meet outcomes. Parents will feel supported, heard and informed.

**The wider community** will be better able to proactively support children and young people with high quality, personalised interventions helping them achieve their full potential.

## As partners working together we need to ensure that we focus on aspiration, inclusion, opportunity and achievement for all children and young people.

Our Principles:

* Children, young people and their families’ views are at the centre of all our planning to empower them to make informed decisions.
* Early identification of individual needs ensures quality and personalised support for children and young people.
* Successful outcomes for children and young people are encouraged by robust partnership working and joint commissioning.
* Children and young people need to be able to develop and achieve, wherever possible, within their local community.
* Children and young people should be safe, resilient and achieve their full potential.
* A holistic approach to priorities for children and young people’s mental health and wellbeing.
* Having the correct information and realistic expectations ensures successful transition for children and young people throughout their lives.
* All staff are proactive and confident in our role corporate parent role responsibilities for looked after children and young people.
* A skilled, confident and supported workforce is essential to do their job well.

## SEND in North East Lincolnshire

To inform future commissioning a Vulnerable Children Health Needs Assessment for SEND has been completed so that decisions can be made on the basis of robust evidence. The following is an overview of the key points in relation to SEND in North East Lincolnshire:

* The percentage of pupils with special educational needs (SEN) is lower in North East Lincolnshire than that of the mean for our nearest neighbours.
* The numbers of children with education, health and care plans (EHCPs) and with SEN support have risen year on year from 2016 to 2019.
* There are considerable variations in the percentages of pupils with SEN between individual schools, by free school meal status, and by level of deprivation.
* Of the pupils with an EHCP, the most common primary needs are autistic spectrum disorder, and severe learning difficulty. Of the pupils with SEN support, the most common primary needs are moderate learning difficulty, social emotional and mental health, speech, language and communication need, and specific learning difficulty.
* Children born prematurely are at greater risk of having special educational needs compared with children born at full term. There is a high prevalence of children born prematurely in North East Lincolnshire.
* There are more than double the number of boys with SEN than there are girls. This may be due in part to differences in social interaction and communications, non-gender sensitive assessment tools, underreporting in educational settings, gender norms and expectations by parents/carers and professionals. This could mean that we could be under-identifying girls with SEN.
* The percentage of new EHC plans issued within 20 weeks in North East Lincolnshire is much lower than that of the mean for our nearest neighbours but has increased significantly during the last 6 months.
* School absence is higher for pupils with SEN compared to pupils with no SEN.
* Pupils with SEN are much more likely to be excluded from school than children with no SEN. The rate of fixed term exclusions of pupils with SEN is lower than that of the mean for our nearest neighbours. The rate of permanent exclusions of pupils with SEN is higher than that of the mean for our nearest neighbours.
* Pupils with a primary need of social, emotional and mental health, have by far the highest rates of fixed period exclusion nationally in both primary and secondary schools. Challenges with inclusion could therefore be driving demand for higher cost services.
* Speech Language and Communication (SLC) difficulties are commonly associated with other problems in early childhood and beyond including social, emotional and behavioural difficulties. They also account for approximately 21% of all SEND within England’s primary education system. In line with coding guidance, SLC difficulties may be designated as either a primary or secondary condition, so reliance on data of primary reason to determine need, may lead to an under-reporting of prevalence within the SEND cohort.
* As is the case nationally, it would appear that we are likely under-identifying those with SLC issues, and SEN pupils with ASD as a primary need (although coding issues may have an effect). There is an association between the prevalence of SLC issues in children who also experience social, emotional and behavioural problems. Left unidentified and unsupported, both issues can go on to manifest as more severe and costly behavioural problems ranging from a diagnosable conduct disorder to youth offending and anti-social behaviour. Both SLC and ASD have the potential to negatively impact on all aspects of life right across the life course, and more so if not appropriately supported and managed.
* The key stage 2 and key stage 4 attainment of North East Lincolnshire pupils with SEN is lower than that of the mean for our nearest neighbours.
* The average key stage 4 Attainment 8 score of pupils with no SEN is higher than the score of pupils with SEN support, which in turn is higher than the score of pupils with EHC plans.
* Of the young people known to the local youth offending service (YOS), 61% had a recognised SEND.
* The most common primary SEND need of young people known to the YOS was speech, language, and communication needs.
* A significant factor for the clear inequalities of children with SEND who appear disproportionately in fixed term exclusions, NEETs, and the Youth Offending Service, could be earlier unmet need for health, care and education.
* Of the North East Lincolnshire looked after children at 31 March 2018 and who had been continuously looked after for at least 12 months, 56.9% had SEN provision.
* Of the children in need in North East Lincolnshire as at 31 March 2019, 5.3% were recorded with disability.
* The percentage of adults with learning disability in North East Lincolnshire who are in paid employment is higher than that of the mean for our nearest neighbours.
* Needs of children and young people are changing but an incomplete understanding of these changes is putting pressure on provision.
* The number of children identified with SEND in the early years appears lower than expected, considering the prevalence of development issues, the majority of which are identifiable by 2 years of age.
* Children may not be having their needs identified and/or met as early as possible (if at all) leading to further challenges for those children and their families.
* SEND data is held in a number of services and it is difficult to form a clear picture of children with SEN, particularly in the early years.
* Parents and carers sometimes feel confused with and disconnected from the SEND system.
* There are currently gaps in data in relation to children with SEND and those with complex care. One of the key issues is that SEND per se is not a category within health service coding. Rather health service coding is in line with the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders (DSM).

**SEND Parent / Carer Survey Results (2020)**

Of the respondents to the survey:

Education Health and Care Plans:

50% had an EHCP

81% had EHCP or SEND support at school

63% understand their EHCP

60% agree with EHCP outcomes

61% annual review process went well – 5 people scored a 10

Voice, Influence and Change:

50% have confidence in their ability to access information about SEND

62% of respondents said they knew where to get information about SEND

43% of respondents felt that their child and family was getting the right amount of support

19% of respondents said that they get feedback about SEND developments in my area

28% found the local offer useful

5-16 Education and Wider Outcomes:

49% of respondents said that their SENCO is supportive.

60% there’s good communication in my child’s school about their needs.

51% I feel my child is part of their community.

58% my child has an equal chance at school

62% my child with SEN has been well supported in their school (42)

67% my child has been well supported in their specialist setting (27)

77% my child with SEND is included in school or Academy life. (39)

Transitions and Preparation for Adulthood

44% talking about preparation for adulthood in Y9 or before

61% my child has been supported to reach their goals (18)

41% I’m confident that my child would like to access FE when they turn 16 that they will be supported to do so

42% I am confident that my child will be supported to gain employment

42% I am confident that my child will be supported to live independently

Health and Social Care:

29% our family gets the social care/social worker support they need

43% our child gets the health care support they need.

37% our family gets the health care support we need

90% having a diagnosis is necessary to get the support my child needs

35% know how to access therapy services

19% I know which social care service will be looking after my child’s care needs when they turn 16.

17% I know which health service will be looking after my child’s health when they turn 16

## Recommendations:

The key recommended areas of focus from the Joint Strategic Needs Assessment in relation to SEND are as follows:

* The School Nursing service is a dedicated public health nursing service and is at the forefront of prevention in relation to school-aged children. Caseloads tend to be at the higher thresholds of needs. A new outcome-focused service specification should be developed based on available intelligence and insight, to re-orientate the service back to its public health foundations i.e. prevention and early intervention. Delivery should therefore be geared towards those most at risk of poor outcomes and addressing the inequalities that emerge. The service should be promoting and supporting whole school approaches to health and wellbeing, along with the provision of individual level interventions.
* There is an opportunity to ensure work within Inclusion Services includes a clear thread to drive down inequalities in fixed period exclusions particularly including in those with SEND. If not already an area of focus, work should also consider transition arrangements from primary into secondary schools, informed by exclusion data at individual school level.
* The ASQ-3 at 2-2.5 is an opportunity to assess development before a child reaches school. Inequalities in the delivery of the 2-2.5 year review and the ASQ-3 check by the health visiting service need to be understood. The Health Visiting Service should maximise completion of this for all children, whilst ensuring it is targeted at those most at risk. To do this, the service will need to understand and record SEN status. Early Years may be able to support this with appropriate data sharing (in line with IG policies).
* Speech and language therapy (SALT) services are currently commissioned by three separate commissioners (NEL CCG, LA SEND Services, and Children’s Public Health Services). Individual schools also commission some SALT services. The review currently underway of current provision should be used to inform future commissioning arrangements.
* It would be beneficial to gauge the extent of the likely under-identification of those with SLC issues (using estimated prevalence in pupil numbers), and review the SLC system pathway (not just SALT service) from identification, assessment, and intervention, to ensure it is of sufficient scale and evidence-based.
* Further work is needed to understand why we might have comparatively fewer SEN pupils with ASD, and for those currently in a special school setting, whether that is the most appropriate setting, based on best practice evidence and needs as expressed by child/parent/carer/professionals.
* Further work is needed to understand apparent gender differences in SLC, ASD and LD, and how the system can be attuned to address these such as to maximise equitable and appropriate identification and support for both boys and girls.
* There are clear inequalities for children with SEND who appear disproportionately in fixed term exclusions, NEETs, and the Youth Offending Service, which is likely due to earlier unmet need, variously for health, care and education. It is important a strategic lens is maintained on reducing these inequalities, and that they are monitored within the SEND performance framework and those of relevant services.
* Those with identified SEND in the early years, seems lower than expected against the prevalence of development issues, the majority of which are identifiable by 2 years of age. This may in part reflect previous poor performance in the 2-2.5 year healthy child programme contact. However, time will confound the picture with a lag between query, actual identification, and SEN support/EHCP in some cases. It is therefore suggested that an audit take place on a particular cohort (3-4 years back) of those who did not meet a good level of development (GLD), to see how they moved through the system over time from identification, assessment, identification, intervention, and relevant support to any improvement opportunities.
* Despite as stated above, most developmental issues being identifiable by 2 years, SEND services (SEN Support or EHC plan) do not peak until NCY 3, with very few in early years settings. Indeed, the greatest proportion of EHC plans are among the 8-13 age group. Even recognising some of this apparent lag might be due to the time taken to identify a condition, or that school can be a prompt to seek SEND services, children may not be having their needs identified and/or met as early as possible (if at all) leading to further challenges for those children and their families. High levels of children with SEND have been noted in the YOS, within school exclusions, and the NEET cohort, so early action may help to reduce these. It is suggested an audit of cases be undertaken to identify opportunities for earlier support. Development of system pathways for particular issues e.g. communication, speech and language, social and emotional health, spanning identification, assessment, intervention, and outcome may assist in this regard. It is also suggested a SEND strategic lens is sharply focused on the early years, proportionate to school aged and transition years.
* Prematurity is a considerable issue in North East Lincolnshire and poses risks for a range of developmental problems. NICE Guideline 72 covers enhanced surveillance and support for those born prematurely. Evidence of compliance with that guideline should be sought or otherwise pursued through audit, along with timely and effective handover procedures to health visiting. This will enable early identification of, and support for, any developmental issues and SEND which emerge in the early years.
* Ensure oral health and access to dental care is included within SEND assessments.
* There are opportunities to improve the evaluation of SEND investment and the outcomes for children and young people.

These are therefore areas of focussed activity detailed within the Joint Commissioning Strategy and Plan which accompanies this strategy and builds on the improvement work from the written statement of action.

## Supporting Documentation:

**Related North East Lincolnshire Strategies and Documents:**

* The Joint Strategic Needs Assessment for SEND
* NELC’s Outcomes Framework
* Joint Commissioning Strategy
* The Local Offer
* Health and Wellbeing Strategy
* The Engagement Strategy
* The SEND Sufficiency Strategy