

NHS

Hartlepool and
Stockton-on-Tees
Clinical Commissioning Group



HARTLEPOOL
BOROUGH COUNCIL

SEND
Needs
Assessment
November 2019

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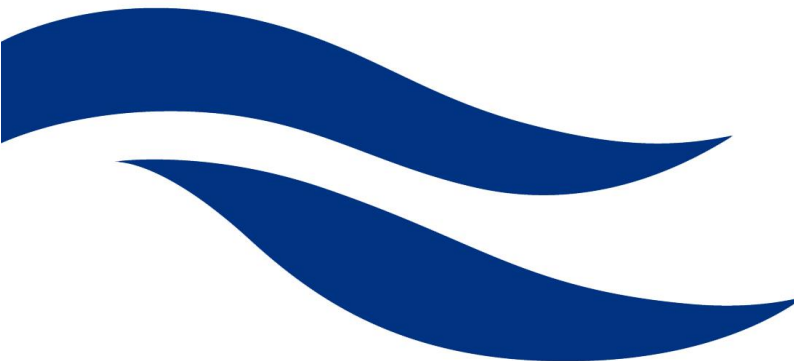
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1. Main Findings

- Hartlepool SEN population (EHC and SEN support) is 16.8% compared to 14.9% nationally
- The proportion of EHC plans in Hartlepool within the domains are:
 - 39% Communication and Interaction
 - 25% Cognition and learning
 - 20% Social Emotional and Mental Health
 - 16% Sensory and/or Physical
- In 2019, Hartlepool had a significantly higher prevalence of moderate learning difficulties (37.0 per 1,000) compared to England where the prevalence was 29.3 per 1,000. The prevalence of Moderate Learning Difficulties, Severe Learning Difficulties and Specific Learning Difficulties have increased both in Hartlepool and nationally since 2015.
- In Hartlepool there is a rate of 39.4 per 1,000 school population classified as having speech, language and communication needs. This is in line with national averages. However prevalence of SLCN was found to be higher in most deprived areas of Hartlepool compared to less deprived areas.
- There are more boys than girls with EHC plans; however for SEN support there are significantly more girls than boys in Hartlepool receiving support, this does not reflect the national average. This could indicate that the SEN support needs of girls are being met within a mainstream provision whereas boy's needs are not.
- Over the last 3 years there has been an increase in requests for statutory assessment for children with Autism and Social, Emotional and Mental Health needs. Requests for Autism assessment in Hartlepool are higher than the national average.
- Children and young people with Social Emotional and Mental Health (SEMH) needs form the largest percentage of out of area educational placements to meet needs identified in their EHCP. This could either indicate a gap in knowledge and expertise to meet these needs earlier in Hartlepool and/ or a gap in the current in Hartlepool offer of specialist provision.

- In Hartlepool in 2018/19 there were no permanent exclusions for children and young people with an EHCP, this is an outlier with regard to the national picture.
- The highest number of children and young people receiving fixed term exclusions were in year 7. Nearly half of the fixed term exclusions were children in Year 7.
- Year 10 children who were SEN (SEN support or EHC) had the highest number of exclusions (both fixed term and permanent exclusions) at 36% of the number of overall FTE and PEX
- In Hartlepool in 2018/19 the highest percentage of fixed term exclusions were for young people with an identified SEMH need. This indicates that the system is struggling to deal with SEMH issues. This indicates a need to further explore the reasons for the SEMH issues and the local areas response to this.
- In December 2018 Hartlepool had 95.3% of young people participating in learning, this is well above the national and North East average. In particular Hartlepool's Not Knowns have remained consistently low over the last 2 years. This indicates there is a broad and balanced offer at post 16 and a high proportion of young people continue with their studies.
- Information gathered from schools shows that the highest proportion of children identified with emerging needs were those in year 2 at 19% and year 4 at 17% in the academic year 2018/19. The highest area of need was identified as Communication and Interaction at 48% of the total.
- Hartlepool schools buy health based services to support children in their schools. A recent review of the services being bought showed that the largest amount of funding across schools in Hartlepool was for speech and language support. This indicates that schools do not feel that the current offer is meeting children's needs.
- Consultation with schools and the wider workforce has shown there are gaps in skills and knowledge to support children and young people with SEMH at an early age. Schools also indicated that they had concerns about attachment issues being evident within their school cohort but did not always know how to deal with this. This indicates that there is a further need to explore the expertise available within Hartlepool in relation to attachment and the support offered.

2. Introduction

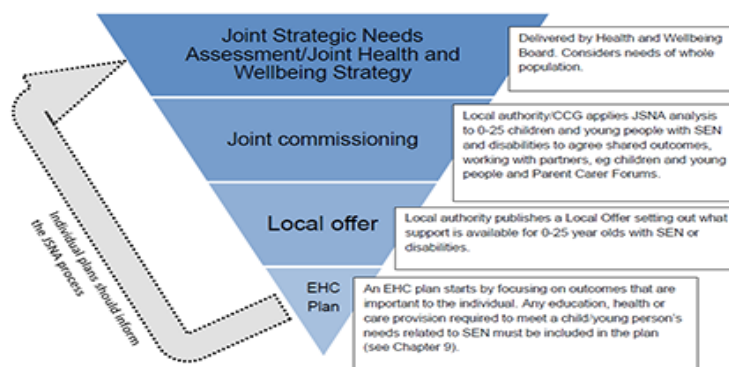
2.1 Context

The reforms to the Government’s Children and Families Act (2014) and introduction of the ‘Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years’ (2015) are transforming the way children and young people with SEND receive services across education, health and social care. In Hartlepool, SEND is a key priority for joint commissioning between the Local Authority and Clinical Commissioning Group (CCG).

Children with SEND are a diverse group; where some children require minimal support others require multi-agency intervention across the three sectors of education, health and social care. In order to ensure the best outcomes for these children, young people and families, it is vital to understand the needs of this population.

This needs assessment aims to collate and analyse national and local information and data to develop a comprehensive picture of the education, health and social care needs of children and young people with SEND in Hartlepool. The SEND Code of practice emphasises the role of the Joint Strategic Needs Assessment (JSNA) in identifying the needs of children and young people with SEND and driving the commissioning of services that meet the needs of these children identified in their education, health and care plans

Role of JSNA in meeting the needs of children and young people with SEND



The objectives of this needs assessment are to:

- Determine the number of children and young people requiring SEND services currently and to project future need
- Determine the current education, health and social care needs of children and young with SEND and whether this meets assessed need
- Determine the current services provided for children and young people with SEND
- Determine any unmet need /identified gaps in service provision
- Develop recommendations on how these gaps may be addressed

2.2 Scope of SEND Needs Assessment

This Needs Assessment focuses on children and young people aged 0 to 25 years who live in Hartlepool. It considers the education, health and social care needs of children and young people with:

- Learning difficulties (specific learning difficulties, moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties)
- Special educational needs (Across the 4 areas of need described in SEN(D) code of practice , that is, communication and interaction, cognition and learning, social, emotional and mental health and sensory and/or physical needs). This would also include hearing impairment, visual impairment and multi-sensory impairment (MSI)
- Physical disability
- Autistic spectrum disorder (ASD)
- Children with SEND can fit into one of more of the above categories

2.3 Limitations

The needs assessment examines data that is readily available. The process of gathering the information for this needs assessment has highlighted areas of data collection that need to be further developed. This includes:

- Information gathered at birth re: additional needs

- Information gathered in the early years when children are at private, voluntary and independent education settings
- Health data in relation to primary care, mental health and community therapies
- Nationally, SEND cohort data for community paediatric services and for CAMHS is difficult to collect. Whilst data is available, identifying those with SEND is difficult

2.4 Defining Special Education Needs (SEN) and Disability (D)

Special Educational Needs is a term often used to describe children or young people with additional learning needs who require additional support in school. However, this term includes a wide spectrum of children and young people, ranging from those requiring minimal or temporary interventions and who are happy in mainstream school to those with complex needs requiring long term multi-agency support. Within education, SEND is defined under the SEND code of practice and the Education Act 2001 as follows:

Definition of SEND (SEND Code of Practice 2014)

- (i) Children have SEND if they have a **learning difficulty or disability** which calls for **special educational provision** to be made for them.
- (ii) A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
 - has a significantly greater difficulty in learning than the majority of others of the same age, or
 - has a disability which prevents or hinders 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
- (iii) For children aged two or more, special educational provision is educational or training provision that is additional to or different from that which is generally available for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post 16 institutions or by relevant early years providers. For

a child under two years of age, special educational provision means educational provision of any kind.

- (iv) A child under compulsory school age has special educational needs of he or she is likely to fall within the definition in paragraph (ii) above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014)

Disability has been defined by a number of statutory organisations and no common definition has been agreed to be used across health and social care.

The SEND Code of practice utilises the Equality Act 2010 definition which defines disability as follows:

‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’.

This definition provides a relatively low threshold and includes more children than many realise: ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

2.5 Types of SEN

The SEN code of practice (2014) describes four broad areas of need which provide an overview of the range of need amongst children and young people with SEN(D) requiring additional support.

Communication and interaction

- Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

- Children and young people with autistic spectrum disorder (ASD), including Asperger's Syndrome and autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Cognition and learning

- Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD - where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication), through to profound and multiple learning difficulties (PMLD - where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment).
- Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Social, emotional and mental health difficulties

- Children and young people may experience a wide range of social and emotional difficulties which may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Sensory and/or physical needs

- Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support.

- Some children and young people with a physical disability (PD) require additional on-going support and equipment to access all the opportunities available to their peers.

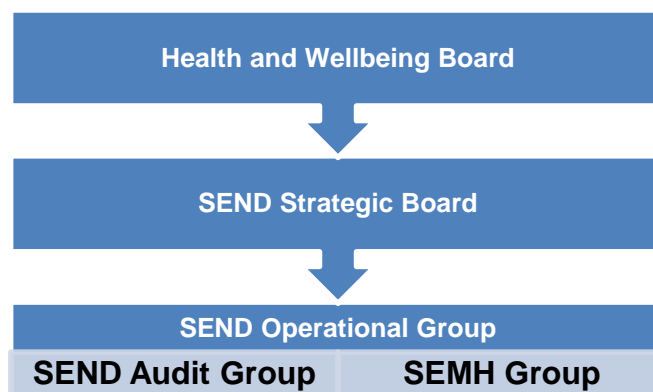
2.6 Educational Intervention for children identified with SEN(D)

There are two levels of intervention for children identified with SEN(D) in school within the SEN(D) Code of practice,:

- **SEN Support:** Schools must provide SEN support to children identified as needing additional learning support. This may include specialist input.
- **Education, Health and Care (EHC) Plan:** to meet the needs of the child or young person who has not made expected progress despite the school having taken relevant and purposeful action to identify, assess and meet the special educational need. An Education, Health and Care needs assessment can be requested by the school or parents.

2.7 Local SEND Structure

Hartlepool and Stockton (HAST) CCG and Hartlepool Local Authority are working together to meet the requirements set out in the SEND code of practice. There are clear strategic governance structures in place across both the CCG and Local Authority to ensure the SEND agenda is a priority and taken forward jointly. The Governance Structure in Hartlepool for SEND is illustrated below.



Task and finish groups as required e.g. Neurodevelopmental pathway

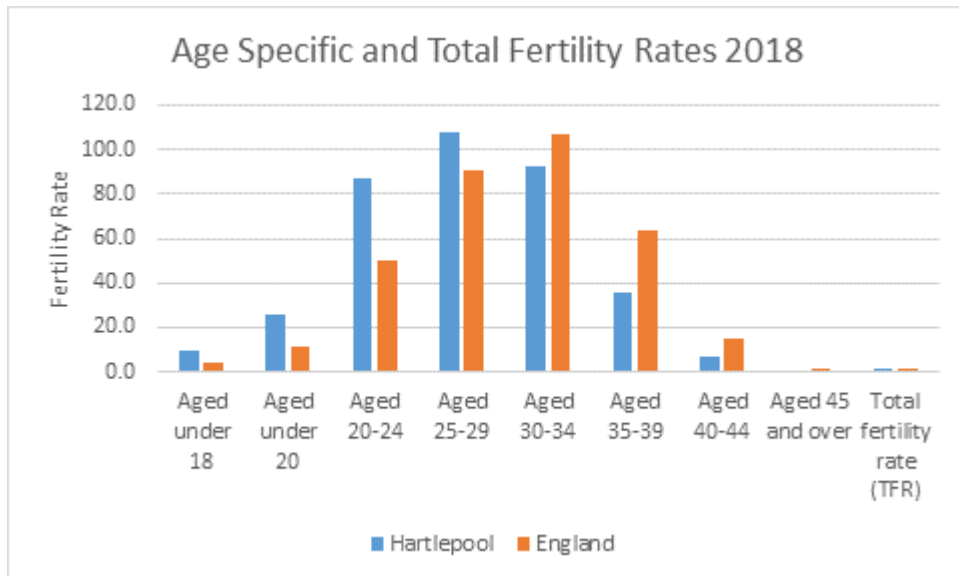
3. Risk Factors

There are a range of risk factors which can impact on a child having special educational needs and/or disabilities. The sections below highlight the most important contributory factors.

3.1 Maternal Age

Maternal age, especially at the extreme ends of the spectrum, has been linked to pre-term birth and low birth weight. Both pre-term birth and low birth weight are risk factors that increase the chance of a child having special educational needs.

Total fertility rate (TFR) is an indicator which looks at the number of children who would be born per woman (or per 1,000 women) if they were to continue through the childbearing years bearing children according to their current age-specific fertility rates.



This table above shows that Hartlepool has twice the national average of young mums (under 20). This a potential risk factor for those women to have underweight baby or pre term baby which are risk factors to having a child having special educational needs.

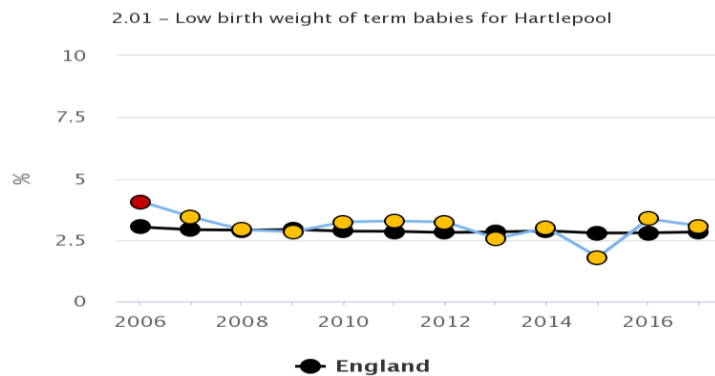
3.2 Infant Mortality

In 2015-17, the infant mortality rate in Hartlepool was 3.5 per 1,000 live births in infants aged under 1 year; this is a significant decrease over time since 2001-03 when the rate was 5.8. Whilst national and regional comparators have also seen a decline in this rate, it has been far less significant. It has been hypothesised that the infant mortality rate may have decreased in Hartlepool because of the increasingly sophisticated services at North Tees and Hartlepool Foundation Trust, which has seen the protection of lives of infants who previously would not have survived. Infants, who have been born prematurely, or with significant health issues, may go on to have developmental issues in later life and therefore become part of the SEND cohort in Hartlepool.

3.3 Low Birth Weight of Term Babies

Low birth weight is defined by the World Health Organisation as weight at birth of less than 2500 grams. Low birth weight is associated with poor outcomes in babies, including infant mortality, and it is more prevalent in lower socio-economic groups. Low birth weight is often associated with developmental problems for children later in life, low birth weights could also indicate lifestyle issues of the mothers, some of these issues are also associated with developmental problems that may lead to children becoming SEND.

In Hartlepool, during 2017, 3.06% of babies were born with a low birth weight, which is similar to the England average (2.8%) and is equal to the average for the average for the North East (3.07%). The trend for low birth weight babies in Hartlepool has improved from 4.6% in 2005 to 3.07% in 2017.



Period 2006 to 2017 – Source Office for National Statistics)

3.4 Alcohol, Smoking and Substance Misuse in Pregnancy

Alcohol

If a woman drinks alcohol at any time during pregnancy, she risks damaging her unborn baby. Foetal Alcohol Spectrum Disorder (FASD) refers to the range of conditions that can occur in a child because of foetal exposure to alcohol during pregnancy. FASD is a lifelong disability that has no cure but is completely preventable if a mother abstains from alcohol during pregnancy.

The true prevalence of FASD is not known; however it is estimated to be prevalent in more than 1% of all live births in the UK and can be directly linked to issues resulting in children and young people accessing SEND services and support.

Research in 2016 examining hazardous alcohol use amongst pregnant mothers in other areas of the North East also produced a prevalence figure of around 1%. Applying the 1% prevalence to the annual number of live births in Hartlepool would provide us with an estimated 11 babies born a year with FASD.

Substance Misuse

There are currently no measures to monitor the prevalence of substance misuse in pregnancy therefore it is impossible to identify the true prevalence of this subject. However, there is much evidence to demonstrate the effects that substance misuse in pregnancy has on the unborn child and the subsequent lifelong effects that would result in a child developing a learning disability. In 2013 the American Academy of Paediatrics published a report

*Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Foetus*¹ which highlighted several long-term effects related to prenatal drug exposure:

- Growth – more likely to be obese, higher BMI, poor growth
- Behaviour – Impulsivity, attention problems, hyperactivity, and negative and externalising behaviours in children.
- Cognition/Executive Functioning – abnormalities in learning and memory, slightly lower IQ scores and school readiness.
- Language – poor language development and long-term problems in social interaction.
- Achievement – poor performance in maths, deficits in reading, higher risk of learning disabilities.

Parental substance misuse information in Hartlepool for 2018/19 shows:

- 53% of adults in contact with alcohol and drug treatment in Hartlepool were parents,
- 16% of alcohol treatment service users had children living with them,
- 37% of drug treatment and alcohol treatment service users were parents not living with their children.

It is not unreasonable to assume that some of the children born to these parents will have been born to a mother with a substance misuse problem during pregnancy, added to which children being brought up in homes where any substance misuse, including alcohol and tobacco could have related issues as a result of this environment which would add them to the SEND cohort in Hartlepool.

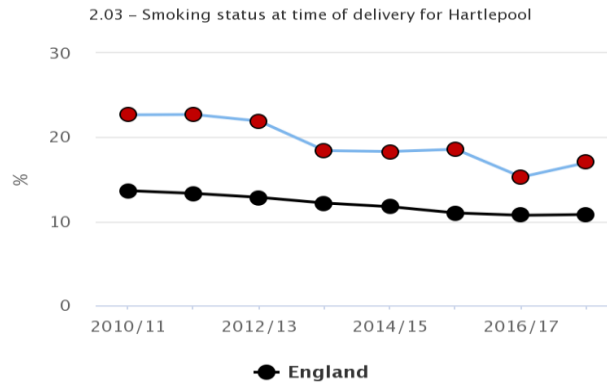
Smoking

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth and low birth-weight. Children born to mothers who smoked during pregnancy are more like to be born with developmental and behavioural problems.

In 2017, 17% of mothers were known to be smokers at time of delivery in Hartlepool, this is a reduction over time of around 6% from 22.7% in 2010/11. While a downward trend has been seen in both the North East and England,

¹ <https://pubsdocuments.s3.amazonaws.com/has/hasresources/Pediatrics-2013-Beinke-s1009-24.pdf>

Hartlepool has consistently had a higher rate of smoking mothers at the time of delivery and this will no doubt be a factor in some children being born with developmental problems which result in SEND support².



Period 2010/11 to 2017/18 – source PHE and NHS Digital)

3.5 Summary

In summary there are:

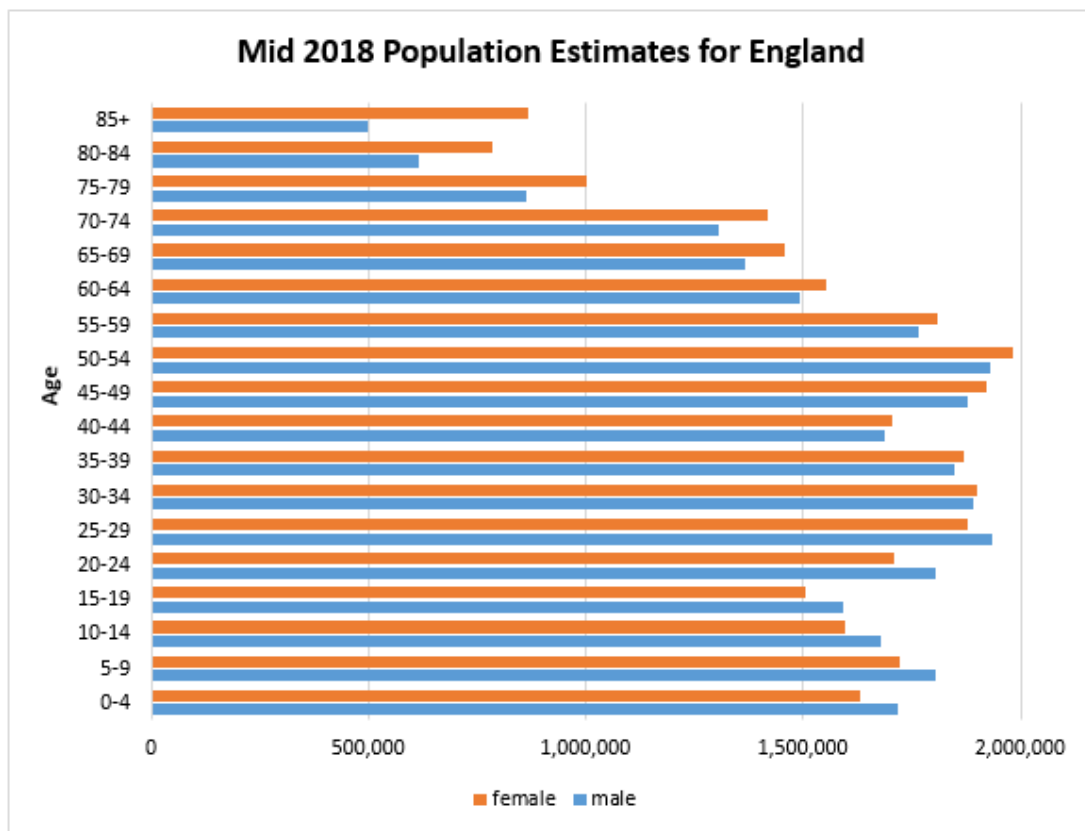
- High risks factors associated with lower maternal age, however there are lower risk factors associated with higher maternal age.
- Reductions in infant mortality in Hartlepool which may be due to the increases in advanced technologies in local maternity services.
- The number of babies born with a low (at term) birth weight in Hartlepool is decreasing.
- The high than average numbers of women smoking in pregnancy, and the increase in pregnant women drinking alcohol and misusing substance can have a detrimental impact on the development unborn child. This may result in children requiring SEND support.

² BMA Smoking and reproductive life: the impact on smoking, reproductive and child health. London BMA 2004

4. National Context/Data

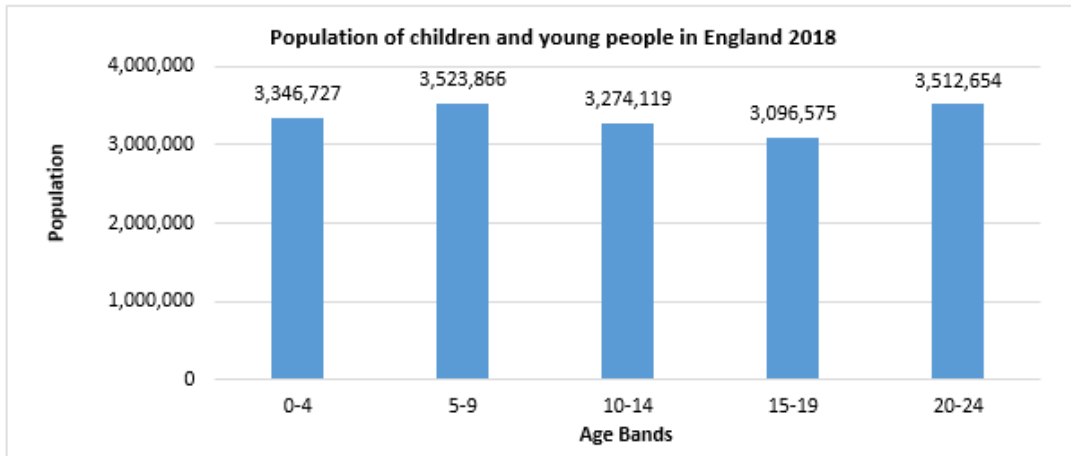
4.1 Population

The 2018 population estimates from the Office of National Statistics (ONS) suggest that there are just under 56 million residents in England. Of these, 31.3% are children and young people aged 0-25 years (Fig 5). The population of children and young people aged 0-25 years has increased by 8% since 2015.



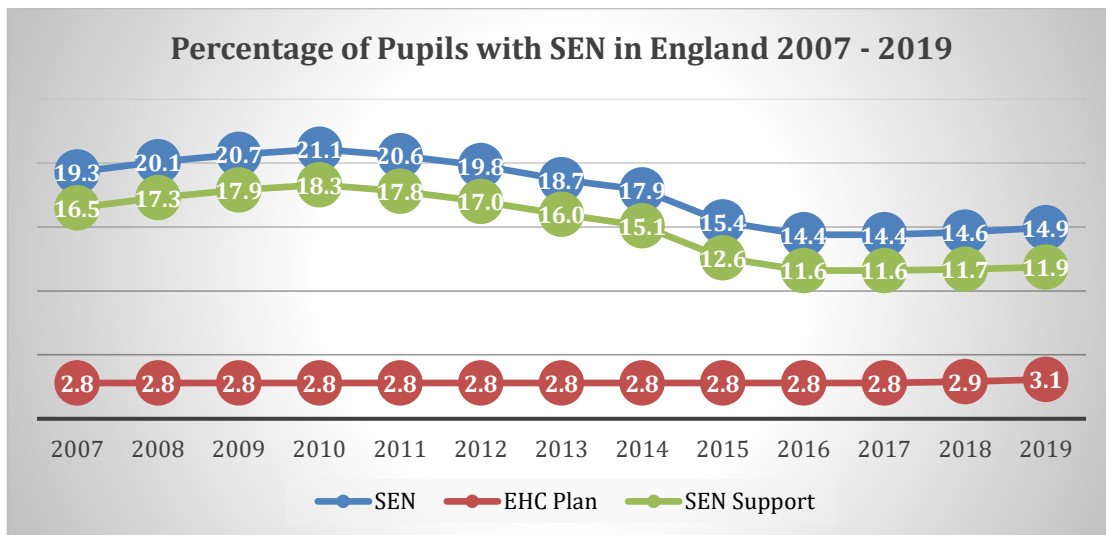
(Mid 2018 population estimates Source: ONS)

In England, the highest proportion of children and young people are in the age bands 5-9 years (21%) and 20-24 years (20%). Since 2011, the population of children aged 5-9 years has increased by 18% and the population of 20-24 year olds has decreased by 2%. An increase of 3% has been observed overall between 2011 and 2018 for the 0-25 year old population.



Source: ONS 2018 mid-year population estimates

Prevalence of SEND current estimates suggest that there are 1.3 million pupils (14.9%) in schools in England with special educational needs (SEN) including 271,200 (3.1%) EHC plans and just over 1 million pupils (11.9%) who are receiving SEN support. From 2007 to 2017, the percentage of pupils with EHC plans has been constant at 2.8%, with a small increase to 3.1% in 2019. The percentage of pupils with SEN support has fallen from 16.5% in 2007 to 11.9% in 2019.



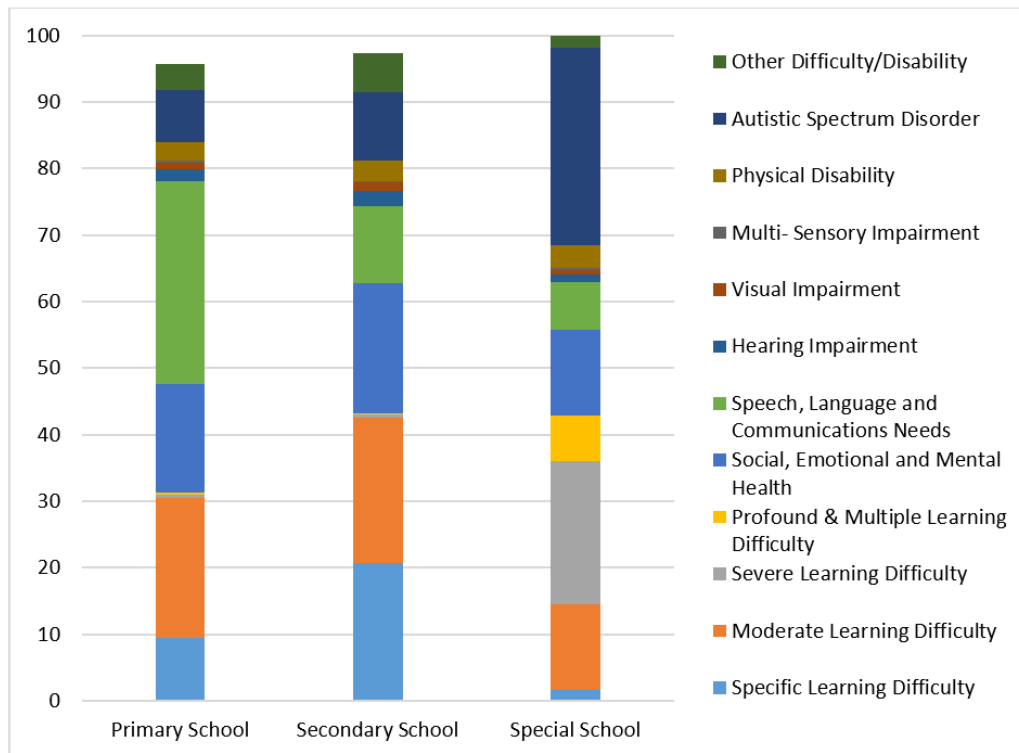
Source: DfE SEN England January 2019)

4.2 SEN by primary need by type of school

In primary schools, speech, language and communication (30.6%) is the most common primary need followed by moderate learning difficulty (20.9%) in England in 2019.

In secondary schools moderate learning difficulty (22.0%) is the most common primary need followed by specific learning difficulty (20.6%) in England.

However in special schools, autistic spectrum disorder (29.8%) is the most common type of primary need followed by severe learning difficulty (21.6%)

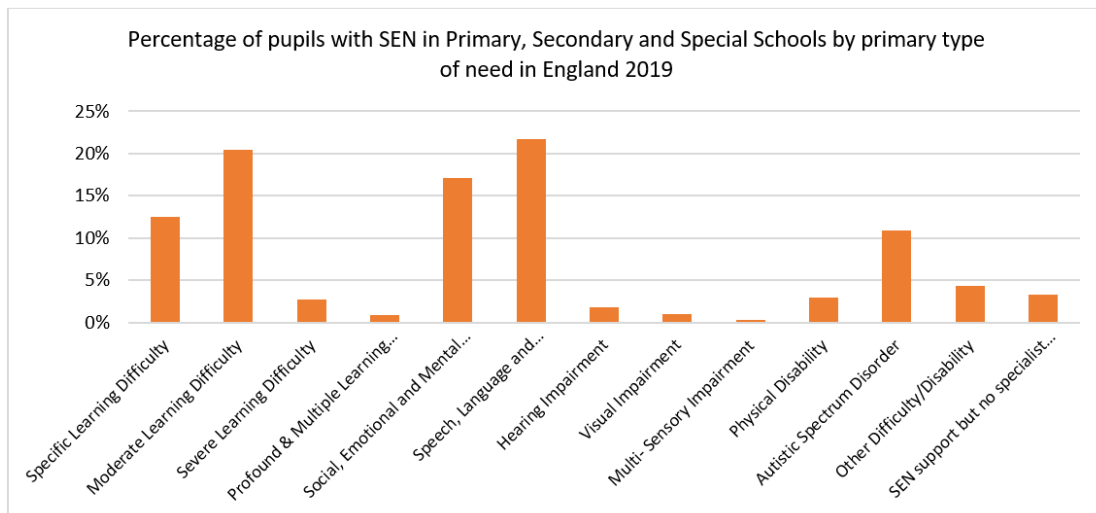
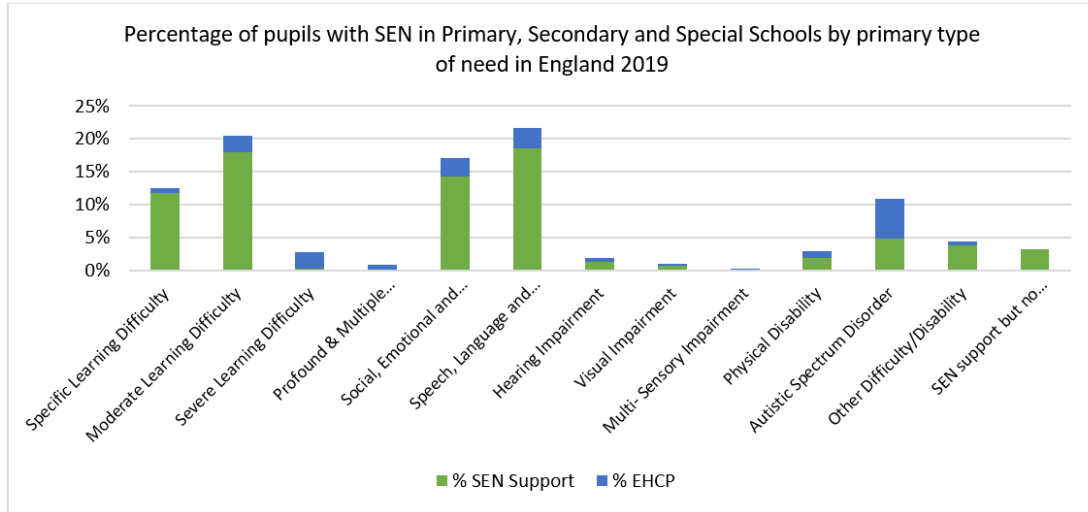


Source: DfE SEN England January 2019

4.3 SEN by primary need by type of SEN intervention

In 2019, the most common type of primary need for children with SEN support in England was speech, language and communication needs (23.4%) followed by moderate learning difficulty (22.8%). The most common type of primary need for children with SEN statement/ EHC plans in England was autistic spectrum disorder (29.0%) followed by speech, language and

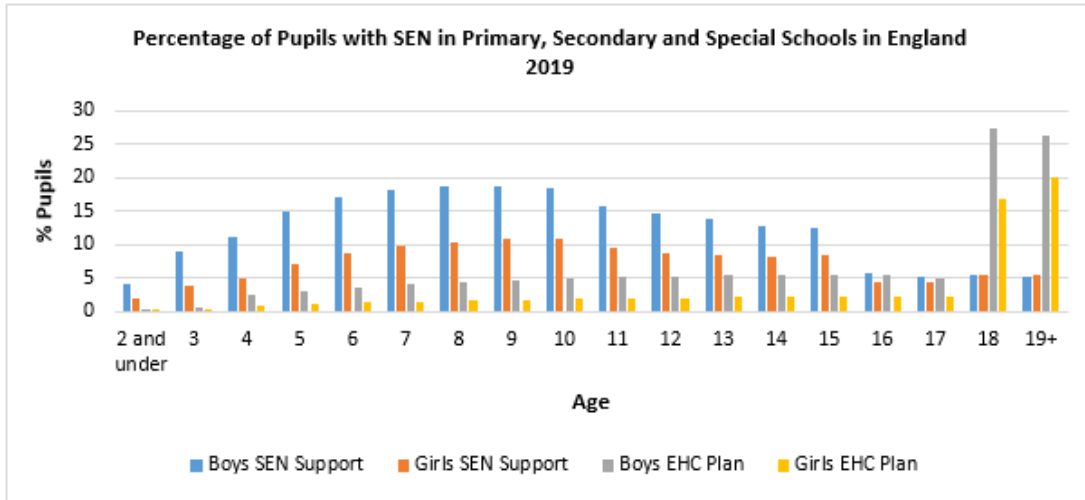
communication difficulty (15.0%).



.Source: DfE SEN England January 2019)

4.4 SEN by age and gender

Special educational needs remain more prevalent in boys than girls, 4.4% of boys and 1.7% of girls had an EHC plan, both genders display small year-on-year increases. Similarly, boys were almost twice as likely to be on SEN support; 15% compared to 8% of girls. There has been an increase in the percentage of children receiving EHC plans at the age of 18-19 years and older, this is likely to be connected to the new guidance which increased the upper threshold of EHC Plans to 25 years.

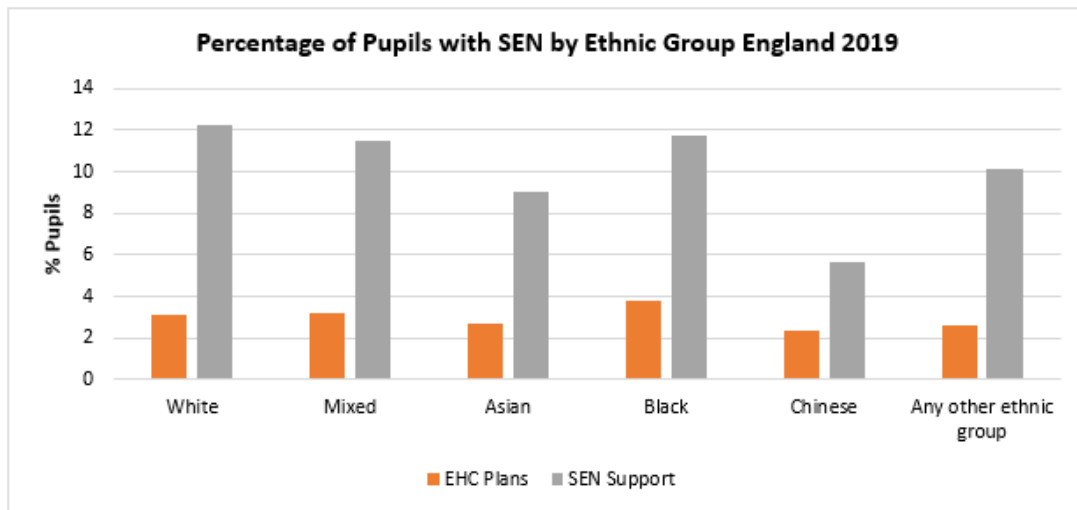


Note: percentage of 18 and 19 years in school 6th forms

Source: DfE SEN England January 2019

SEN by Ethnicity

SEN is found to be most prevalent in children and young people of black ethnic origin (15.5%) followed by children and young people of white ethnic background (15.3%)



Source: DfE SEN England January 2019

4.6 Type of SEN

Physical Disability

Physical disability can be associated with a number of medical conditions such as cerebral palsy, spina bifida and muscular dystrophy which impact mobility or sensory impairments, neurological problems and learning difficulties. Having a disability does not necessarily suggest that the child will have SEN if they are able to access the curriculum and learn effectively without additional educational provision.

In January 2019 the Department of Education statistics reported that there were 35,627 (3% of SEN population) children in England with physical disability as their primary need. Of these, 37% have an EHC Plan. 53% (n=18,907) of these children are in maintained primary schools, 35% (n=12,552) are in maintained secondary schools and 12% (n=4,168) are in special schools.

Autistic Spectrum disorder (ASD)

There is no register or exact count of the number of children with autistic spectrum disorder in the UK. Therefore, all estimated prevalence of ASD is based on epidemiological studies. The latest prevalence studies suggest that 1.1% of the UK population may have autism, which means that over 695,000 people in UK may be suffering from autism (estimates based on 2011 census data). Prevalence of childhood autism is estimated to be 38.9 per 10,000 and prevalence of ASD has been estimated to be 77.2 per 10,000. It has remained steady through 2010 with annual prevalence rates of approximately 3.8 per 1,000 boys and 0.8 per 1,000 girls and annual incidence rates of 1.2 per 1,000 boys and 0.2 per 1,000 girls.

Visual Impairment

Visual impairment refers to a range of difficulties from partial sight through to blindness. For educational purposes, a pupil is considered to be visually impaired if they require adaptations to their environment or specific differentiation of learning materials in order to access the curriculum. Epidemiological research on estimating the prevalence of visual impairment in younger population in the UK is quite limited.

Department of Education statistics indicate that in January 2019 there were 12,687 (1.1% of SEN population) children in England with visual impairment as their primary need. Of these, 27% have an EHC Plan. 49% (n=6,218) of these children are in maintained primary schools, 44% (n=5,625) are in maintained secondary schools and 7% (n=844) are in special schools.

Hearing Impairment

Pupils with a hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. For educational purposes, pupils are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or particular teaching strategies in order to access the concepts and language of the curriculum.

Department of Education statistics indicate that in January 2019 there were 22,344 (1.8% of SEN population) children in England with hearing impairment as their primary need. Of these, 26% have an EHC Plan. 51% (n=11,486) of these children are in maintained primary schools, 42% (n=9,465) are in maintained secondary schools and 6% (n=1,393) are in special schools.

Multi-Sensory Impairment (MSI)

Pupils with multi-sensory impairment have a combination of visual and hearing difficulties. Pupils are recorded as MSI only if sensory impairment is identified as their greatest need.

Department of Education statistics indicate that in January 2019 there were 3,371 (0.3% of SEN population) children in England with MSI as their primary need. Of these, 27% have an EHC Plan. 65% (n=2,177) of these children are in maintained primary schools, 24% (n=825) are in maintained secondary schools and 11% (n=369) are in special schools.

Speech, Language and Communication Needs (SLCN)

Pupils with SLCN may have difficulty in understanding and/or making others understand information conveyed through spoken language. Their acquisition of speech and their oral language skills may be significantly behind their peers. Their speech may be poor or unintelligible. Pupils with language impairments find it hard to understand and/or use words in context. They may use words incorrectly with inappropriate grammatical patterns, have a reduced vocabulary or find it hard to recall words and express ideas. They

may also hear or see a word but not be able to understand its meaning or have trouble getting others to understand what they are trying to say.

Department of Education statistics indicate that in January 2019 there were 261,718 (21.7% of SEN population) children in England with SLCN as their primary need. Of these, 14% have an EHC Plan. 78% (n=205,111) of these children are in maintained primary schools, 18% (n=47,574) are in maintained secondary schools and 3% (n=9,033) are in special schools. This suggests that most of the children with SLCN are being identified early and being managed in maintained schools.

Social, Emotional and Mental Health Difficulties (SEMH)

The SEND Code of practice states that children with SEMH may display challenging, disruptive or disturbing behaviour or may be withdrawn or isolated. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained.

Department of Education statistics indicate that in January 2019 there were 209,093 (17% of SEN population) children in England with SEMH as their primary need. Of these, 16% have an EHC Plan. 53% (n=108,979) of these children are in maintained primary schools, 39% (n=81,223) are in maintained secondary schools and 8% (n=15,891) are in special schools.

Learning Disability and Learning Difficulties

There are four types of learning difficulties recognised by the SEN Code of Practice:

Specific Learning Difficulty (SpLD)

A specific learning difficulty is an umbrella term which indicates that pupils display differences across their learning. Pupils with SpLD may have a particular difficulty in learning to read, write, spell or manipulate numbers so that their performance in these areas is below their performance in other areas. Pupils may also have problems with short-term memory, with organisational skills and with co-ordination. Specific learning difficulties include dyslexia, dyscalculia and dyspraxia.

Department of Education statistics indicate that in January 2019 there were 151,128 (12.5% of SEN population) children in England with SpLD as their primary need. Of these, 6% have an EHC Plan. 42% (n=63,693) of these children are in maintained primary schools, 57% (n=85,393) are in maintained secondary schools and 1% (n=2,042) are in special schools.

Moderate Learning Difficulty (MLD)

Pupils with moderate learning difficulties will have attainments well below expected levels in all or most areas of the curriculum, despite appropriate interventions. Their needs will not be met by normal differentiation and the flexibilities of the National Curriculum. Pupils with MLD have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.

Department of Education statistics indicate that in January 2019 there were 246,837 (20.4% of SEN population) children in England with MLD as their primary need. Of these, 12% have an EHC Plan. 57% (n=139,998) of these children are in maintained primary schools, 37% (n=90,933) are in maintained secondary schools and 6% (n=15,906) are in special schools.

Severe Learning Difficulty (SLD)

Pupils with severe learning difficulties have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have associated difficulties in mobility and co-ordination, communication and perception and the acquisition of life skills. Pupils with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations and gain some literacy skills.

Department of Education statistics indicate that in January 2019 there were 32,890 (2.7% of SEN population) children in England with SLD as their primary need. Of these, 91% have an EHC Plan. 13% (n=4,136) of these children are in maintained primary schools, 6% (n=1,928) are in maintained secondary schools and 82% (n=26,826) are in special schools.

Profound and Multiple Learning Difficulty (PMLD)

Pupils with profound and multiple learning difficulties have severe and complex learning needs, in addition they have other significant difficulties, such as physical disabilities or a sensory impairment. Pupils require a high level of adult support, both for their learning needs and also for personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye movement or symbols, others by very simple language.

Department of Education statistics indicate that in January 2019 there were 10,726 (0.9% of SEN population) children in England with PMLD as their primary need. Of these, 92% have an EHC Plan. 16% (n=1,742) of these children are in maintained primary schools, 4% (n=385) are in maintained secondary schools and 80% (n=8,599) are in special schools.

Down's Syndrome

Downs syndrome is a chromosomal disorder which is caused by an additional chromosome. Down's syndrome is the most frequent cause of mild to moderate intellectual and developmental disabilities in England and Wales. In 2013 there were 1,872 diagnoses of Down's syndrome in England and Wales, a rate of 2.7 per 1,000 births. Of the 1,872 diagnoses, 65% were diagnosed prenatally. England and Wales had a live birth rate for Down's syndrome of 1.0 per 1,000 live births, this was estimated to be 717 live births. The proportion of terminations after a prenatal diagnosis of Down's syndrome has remained constant at 90% for 2011-2013. In the North East there was a Down's syndrome diagnoses rate of 2.0 per 1,000 live births, this was above the national average, though differences in diagnoses rate can be affected by several factors, including age and deprivation. The uptake of the screening test can also be affected by cultural beliefs.

Wider Determinants

Child poverty has been defined as the percentage of all dependent children under 20 in relative poverty that is, living in households where income is less than 60 per cent of median household income before housing costs. In 2013, there were 18% children in England who were deemed to be living in relative poverty which is a decrease from 20.8% in 2006.

Research demonstrates a strong relationship between low income and social exclusion among families who have a disabled child. The link between poverty and SEND is also evident from the data from Department for Education (DfE) in relation to free school meals being accessed by children and young people with SEN. In 2019, free school meals were claimed by 28% of pupils with SEND compared to 13% of pupils without SEND. This suggests a clear link between disadvantaged children and SEND. Pupils with EHC plans are more likely to be eligible for free school meals than pupils on SEN support (33% compared to 27%).

A recent report on ‘special education needs and their link to poverty’ by Joseph Rowntree Foundation suggests that:

‘Children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood, and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and are also more likely to experience poverty as they grow up.’

Looked after children (LAC)

The Department for Education statistics suggest that 29% of all looked after children (that is, children looked after continuously for at least twelve months as at 31 March 2018, excluding those children in respite care), are identified as SEN support whilst 26.5% have an EHC Plan.

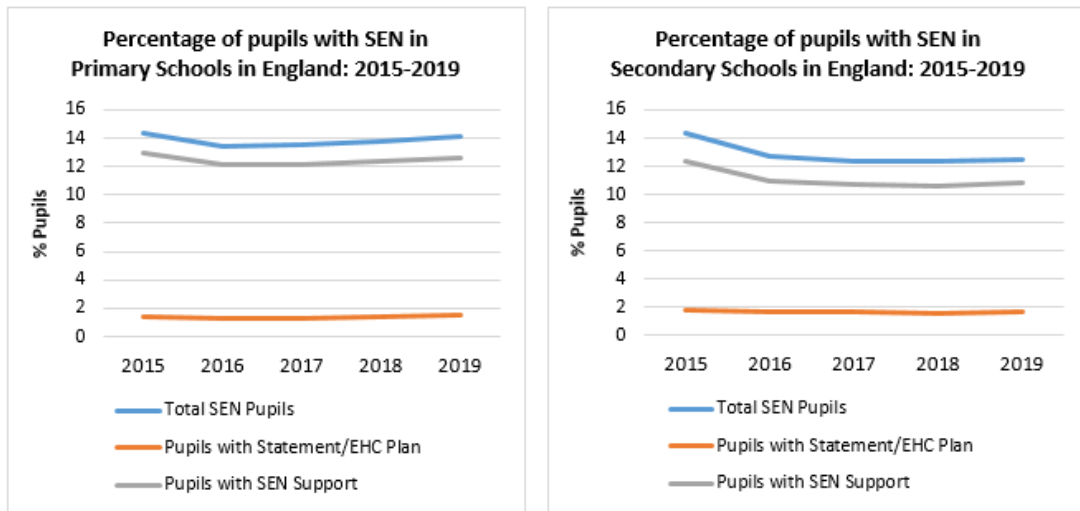
The Department for Education statistics also suggest that in 2018, 46% of all school age children in need (CIN) are identified with SEN, of which 21% have an EHC Plan.

Education

In England, during 2019, 14% of primary school pupils and 12.4% of secondary school pupils were identified with SEN. Of the pupils identified with SEN, 1.6% primary school pupils and 1.7% secondary school pupils were in receipt of SEN statement/ EHC Plan.

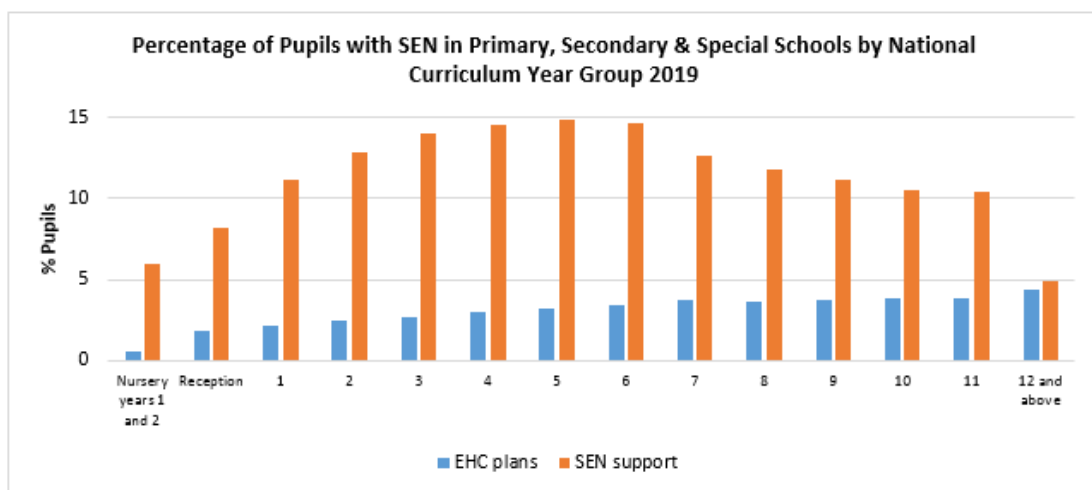
Since 2015 in England, the percentage of total pupils with SEN has decreased from 14.4% to 14.2% in 2019 in primary schools and from 14.3% to 12.4% in secondary schools. The percentage of pupils with EHC plans/

statements has increased slightly from 1.4% (2015) to 1.6% (2019) in primary schools and has slightly decreased from 1.8% (2015) to 1.7% (2019) in secondary schools in England. There is a downward trend for the percentage of pupils receiving SEN support secondary schools; however support in primary schools remains static in England.



Source: DfE SEN England January 2019

The distribution of children with SEN by the national curriculum year in England increases from Year 2 to Year 6 and then shows a gradual decrease thereafter. A similar pattern is present for children with SEN support. There is a gradual increase in the percentage of children with an EHC plan from Reception to Year 12 and above.



Source: DfE SEN England January 2019

Educational Attainment

Education is key to enabling an individual to fulfil their future potential, yet disabled children face multiple barriers to achieving the outcomes their peers can expect. Children with SEN are only a third likely to achieve national expectations as those without SEN.

The Department for Education statistics indicate that pupils with SEN are less likely to perform well compared to pupils without SEN at all stages of education.

	% Pupils with SEN attaining expected goals	% Pupils without SEN attaining expected goals
EYFS (2018)	24%	77%
Y1 Phonics (2019)*	43%	88%
Y2 Phonics (2019)*	63%	97%
KS2 Reading, writing and mathematics (2019)*	22%	74%
GCSE Grade 9-4 in English & Maths (2017/18)	25.8%	70.6%
Year 11 age 19 - Level 2 (2018)	54.5%	87.6%
Year 11 age 19 - Level 3 (2018)	26.6%	63.1%

Sources: EYFSP 2018 additional tables by pupil characteristics
Phonics screening check and key stage 1 assessments: England 2019
National curriculum assessments: key stage 2, 2019 (provisional)
Key stage 4 and multi-academy trust performance 2018 (revised)
Level 2 and 3 attainment by young people aged 19 in 2018
* - provisional use only

Across all ages, levels of SEN provision, and subjects, pupils eligible for free school meals (FSM) are less likely to achieve expected levels of development than those not eligible.

School Absences

Persistent absentees are defined as having an overall absence rate of 10% or more, based on the individual pupil's possible sessions.

Children with EHC Plans are more than twice as likely to be persistent absentees compared to children with no SEN. In England during 2018/19, 24.3% of pupils with EHC Plans were classified as persistent absentees compared to 8.7% of pupils without SEN. Pupils receiving SEN support were also twice as likely to be persistent absentees compared to pupils without SEN at 17.2%. In England in 2018/19, there was no significant difference in the percentage of pupils that were persistent absentees by gender.

School Exclusions

Pupils with special educational needs (SEN) account for just under half of all permanent exclusions and fixed term exclusions. The permanent exclusion rate for pupils on SEN support in 2016/17 was 0.35%, compared to 0.16% of pupils with statements or EHC plans and 0.06% of pupils with no SEN.

Pupils with primary need type of 'Social, emotional and mental health' (SEMH) have the highest permanent exclusion rate at 1.09%.

6.18% of pupils on SEN support received one or more fixed term exclusion in 2016/17 compared to 6.44% of pupils with statements of EHC plans and 1.63% of pupils with no SEN.

Not in Education, Employment or Training (NEET)

'NEET' stands for young people aged 16-24 who are not in education, employment or training. A person identified as NEET is either unemployed or economically inactive and is either looking for work or is inactive for reasons other than being a student or a carer at home.

In England, 2.6% of all academic age 16 and 17 year olds were classified as NEET in December 2018 whilst 6.4% of all academic age 16-17 year olds with a learning difficulty/ learning disability are recorded as not being in education, employment or training.

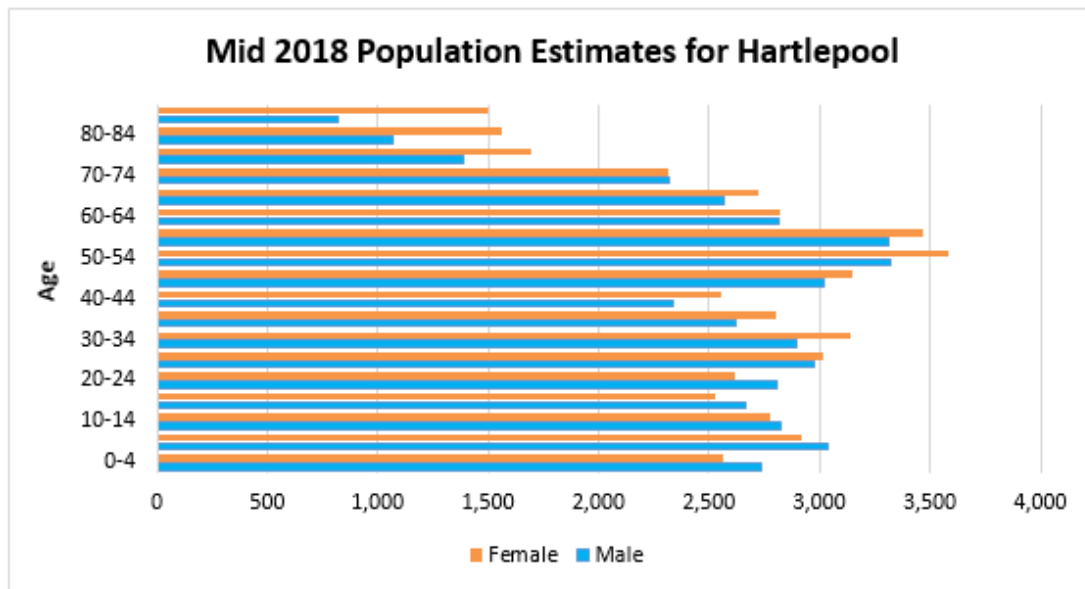
In December 2018, 87.9% of the 16-17 year olds with SEND in England were in education, employment or training compared to 93.5% of the academic age 16-17 year olds without SEND. The gap between children with and without SEND has increased from 4% in 2015 to 5.6% in 2018.

In England in the 2017/18 academic year 194,060 learners in Further Education (FE) aged under 19, self-declared a learning difficulty or disability (LDD) (22.0% of all learners in this age group). There were 356,240 learners aged 19 and over in Further Education (FE) with a self-declared learning difficulty or disability (LDD) (16.3% of all learners in this age group).

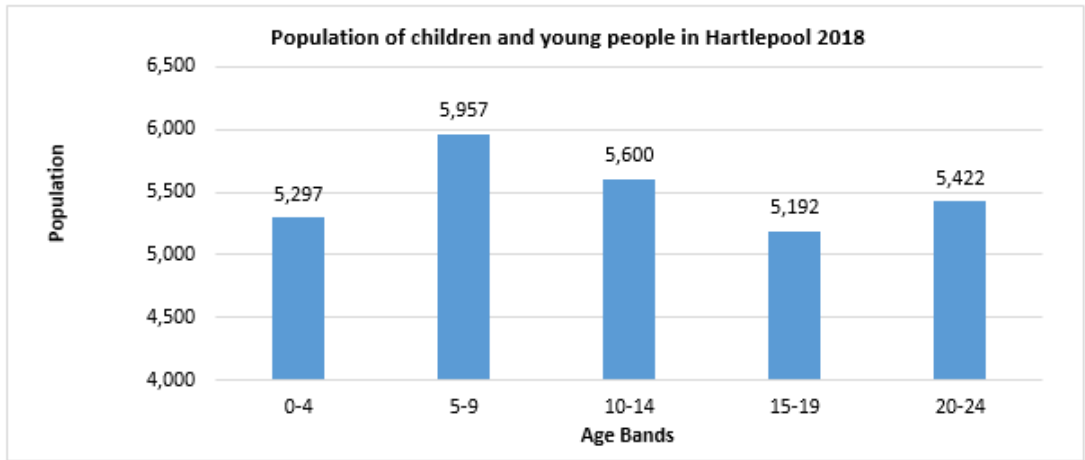
5. Local Context/Data

5.1 Hartlepool population.

The latest Office for National Statistics (ONS) population estimates that there are 93,242 residents in Hartlepool. Of these, 29.5% (n=27,468) are children and young people under 25 years of age. This is slightly lower compared to England’s average, where approximately 30.3% of the population are children and young people under 25 years.



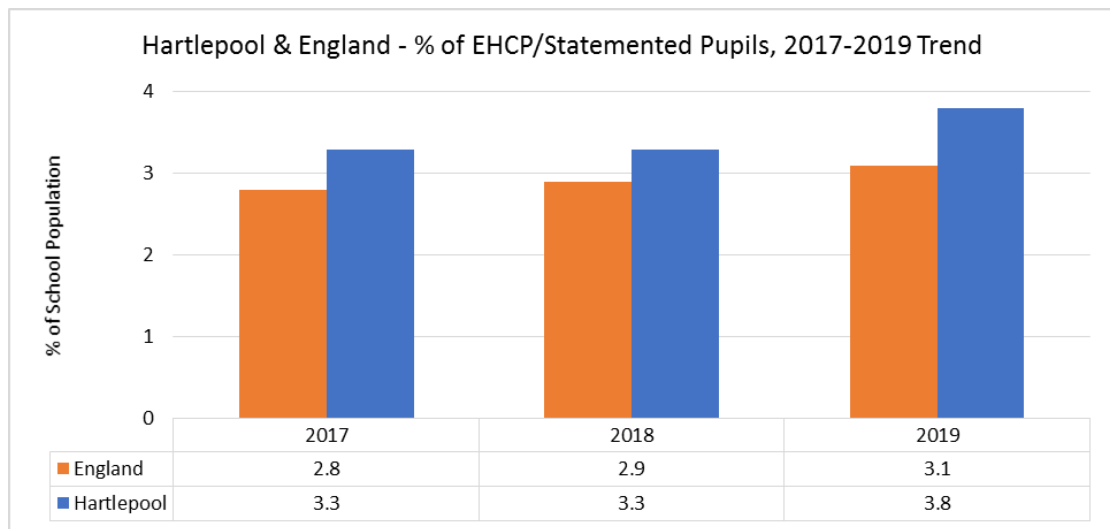
In Hartlepool, the highest proportion of children and young people are in the age group 5-9 at 21.7% and lowest proportion in 15-19 at 18.9%. This is similar to the national picture where 21.0% and 18.5% of children and young people are in the age bands 5-9 and 15-19 respectively.



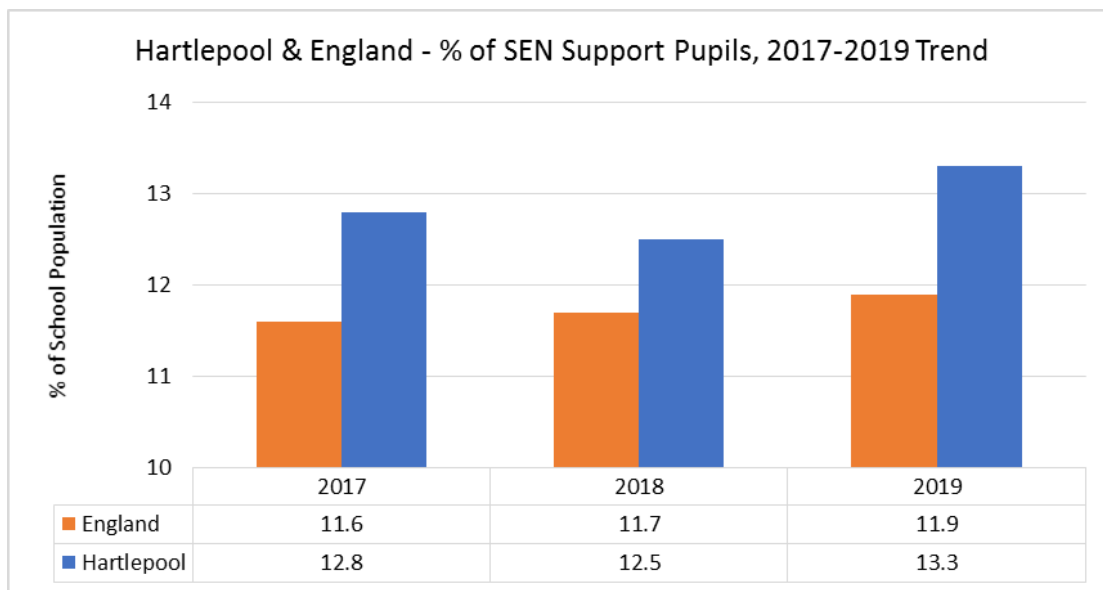
Source: ONS

5.2 Prevalence of SEND in Hartlepool

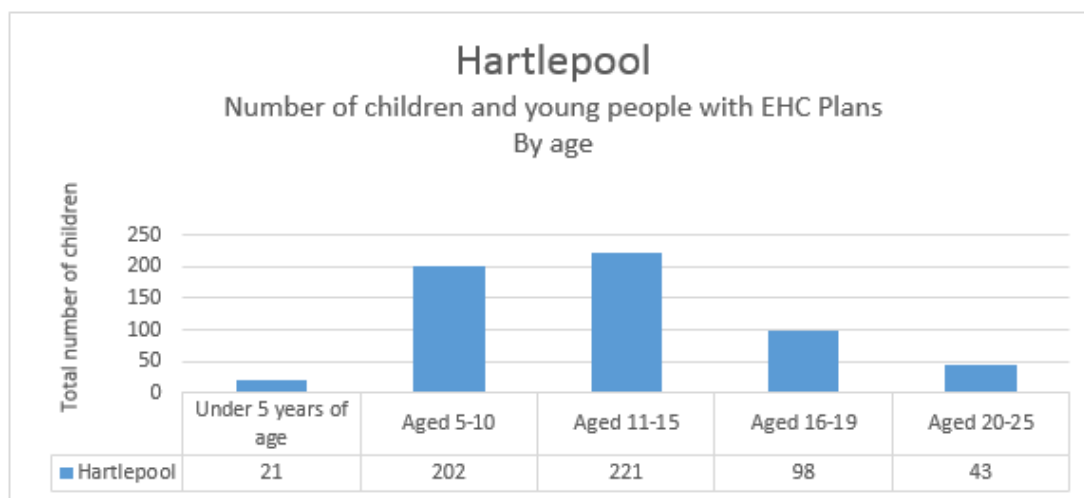
In January 2019 School Census there were 15,356 children who make up the school age population of which 2,583 pupils were identified as having special educational needs (EHC and SEN support) which is 16.8% of the school population. Hartlepool has a higher proportion of children identified as SEND (16.8%) compared to national 14.9%.

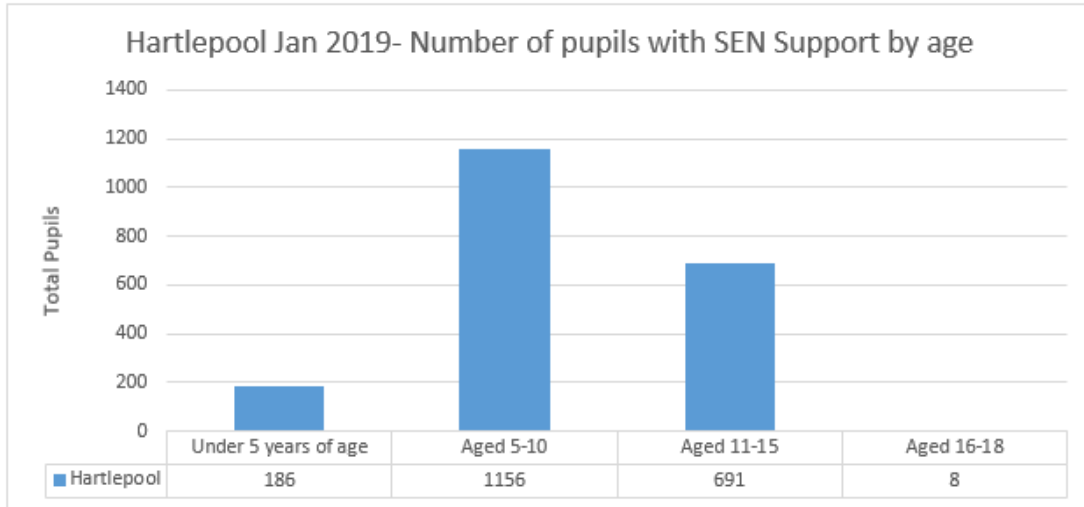


Source: Statements of SEN and EHC Plans: England 2019 (By Local Authority)



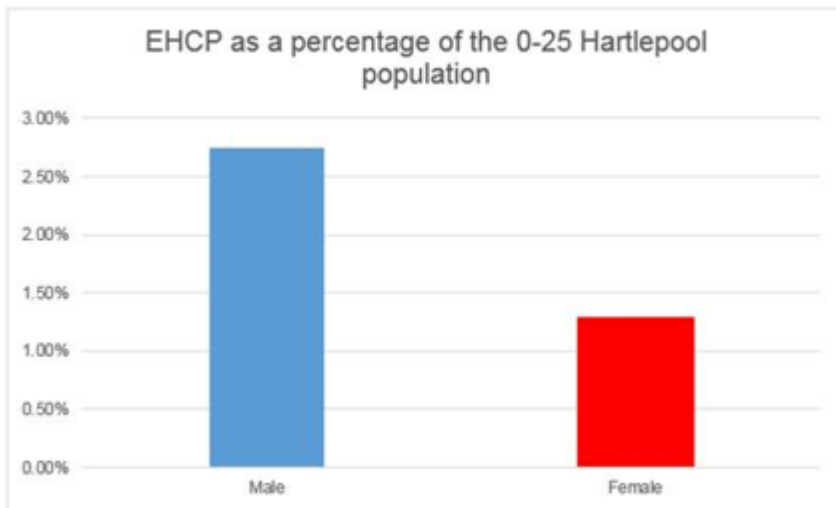
Source: DfE SEN England 2019: Number of pupils with SEN support, based on where the pupil attends school





Source: Hartlepool January 2019 School Census

Gender Split - EHC



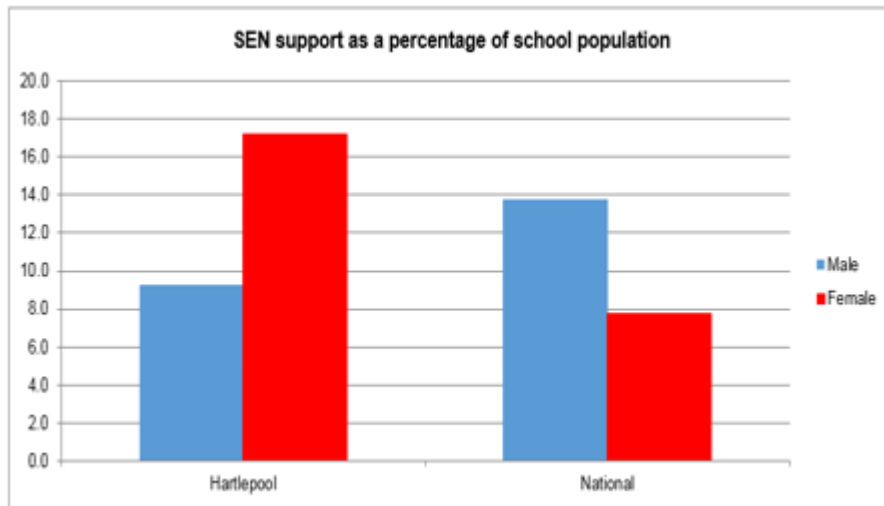
The prevalence of Statements of SEN or more recently EHC plans within the resident population remained fairly stable between 2013 (1.1%) and 2018 (1.3%).

Based on national figures published in January 2019, the percentage of pupils at state funded primary, secondary and special schools with EHC plans are 1.7% for girls and 4.4% for boys. This compares to the Hartlepool January School Census figures as 1.9% for girls and 3.4% for boys.

Gender Split - SEN Support

As at January census 2019, 2042 school age children were classed as SEN support.

Of the 2042 pupils receiving SEN support this equates to 13.3% of the school population. This compares to our statistical neighbours of 13.1% and is slightly higher than the national average of 11.9%. SEN support data is collected from schools at census returns. The way in which some schools record SEN support may differ, which may explain the variance with national and local data.



There are more boys than girls with EHC plans; however for SEN support there are significantly more girls than boys in Hartlepool receiving support, which does not reflect the national average. This could indicate that the needs of girls at SEN support are being met within a mainstream provision and without an EHC plan.

Statistical comparisons

AREAS	Total Pupils	Pupils with statements or EHC plans (%)	Pupils on SEN support (%)	Total pupils with SEN (%)	RANK (Total SEN)
North East Lincolnshire	24,357	2.7	11.8	14.5	1
Gateshead	30,156	3.4	11.5	15.0	2
Tameside	37,019	2.4	12.7	15.1	3
Hartlepool	15,371	2.7	13.3	16.0	4
Sunderland	41,622	2.9	13.2	16.1	5
Redcar and Cleveland	22,052	3.9	12.7	16.5	6
St. Helens	27,111	2.7	14.4	17.0	7
Halton	19,555	2.9	14.7	17.6	8
Blackpool	19,435	3.3	17.1	20.4	9
South Tyneside	22,394	4.0	16.5	20.5	10
ENGLAND	8,819,289	3.1	11.9	14.9	-
NORTH EAST	403,936	3.3	12.6	15.8	-

Source: DfE SEN in England January 2019 - number of pupils with special educational needs, based on where the pupil attends school

Since the introduction of Education, Health and Care Plans in 2015, Hartlepool has seen a year on year increase in the number of children being identified for assessment. In January 2015, there were 385 children who had a Statement or Education Health and Care Plan, as at January 2019 there are currently 542 children with an EHC Plan, which shows a 53% increase in EHC Plans over a 4 year period in Hartlepool. This is above the national average at 47% and North East average of 46%. As at September 2019 this figure has increased to 644 EHCP's.

Requests for Statutory Assessment

The information below highlights the increase in requests for statutory assessment over the last 3 academic years:

2016/17 – 85 requests to assess received and considered by panel. 22 declined and 63 proceeded to assessment. Of those who proceeded to assessment 14 were in year 6.

2017/18 – 126 requests to assess received and considered by panel. 26 declined and 100 proceeded to assessment. Of those who proceeded to assessment 18 were in year 6.

2018/19 – 125 requests to assess received and considered by panel. 42 declined and 83 proceeded to assessment. Of those who proceeded to assessment 12 were in year 6.

In the autumn term of 2019/20 there has been 23 assessments started for children and young people in year 6. This is a significant increase from 2018/19, particularly given we have only one term of data. Work needs to be undertaken to understand why children and young people are coming forward for assessment so late in their primary phase of education.

EHC and SEN Support by Age

At the latest SEN2 return (which is the mandatory return that Local Authorities must report all statements of SEN and EHC plans), the number of EHC plans had risen to 585. The highest percentage of plans was for children aged 11-15 at 37.7%. Plans for those children aged 16-18 dropped considerably to 16.7%. This compares to the national figures of 43.3% and 7.5% for children ages 11-15 and 16-18 respectively.

At January 2019 census, there were 2,583 children registered in Hartlepool schools aged 0 – 19 years old who were identified as receiving SEN support of which 542 held an Education Health and Care (EHC) Plan.

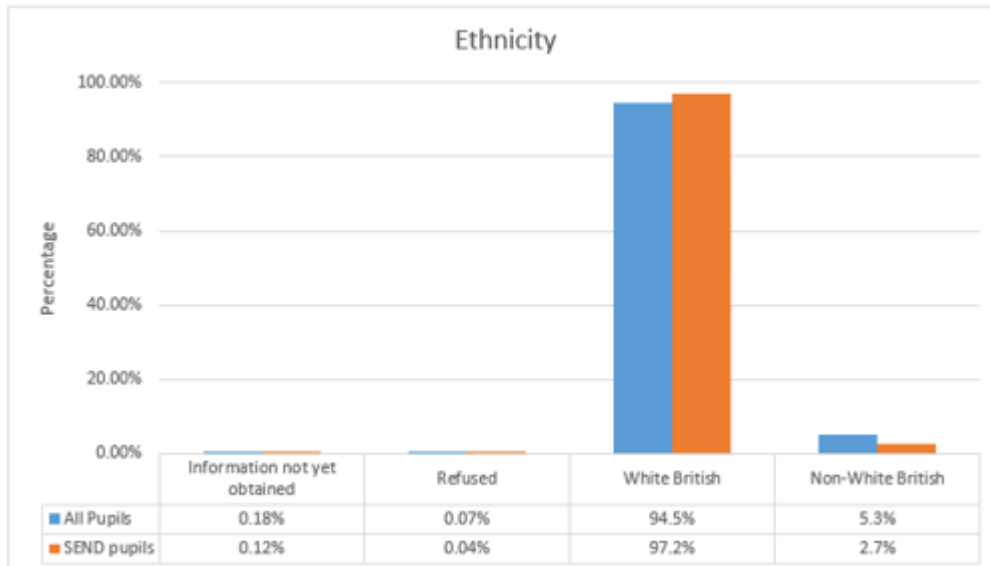
There are 542 children and young people aged 0-19 years old for whom the local authority maintains an EHC Plan which is 3.5% of the school population. This compares to our statistical neighbours^[2] 4.2% and the national average of 3.8%.

Ethnicity

In Hartlepool, SEN is most common in people of white British ethnic origin over 97.2% followed by children of Asian ethnic origin. In comparison, when looking at all pupils of the school age cohort, 94.5% are of white British ethnic origin. This is significantly higher than the national average of 75.9% for SEN

^[2] Statistical Neighbours include: Tameside, Redcar & Cleveland, Blackpool, South Tyneside, Gateshead, St Helens, Halton, Sunderland & Lincolnshire

pupils and 73.4% for all pupils. However, Hartlepool has a low overall ethnic minority population.

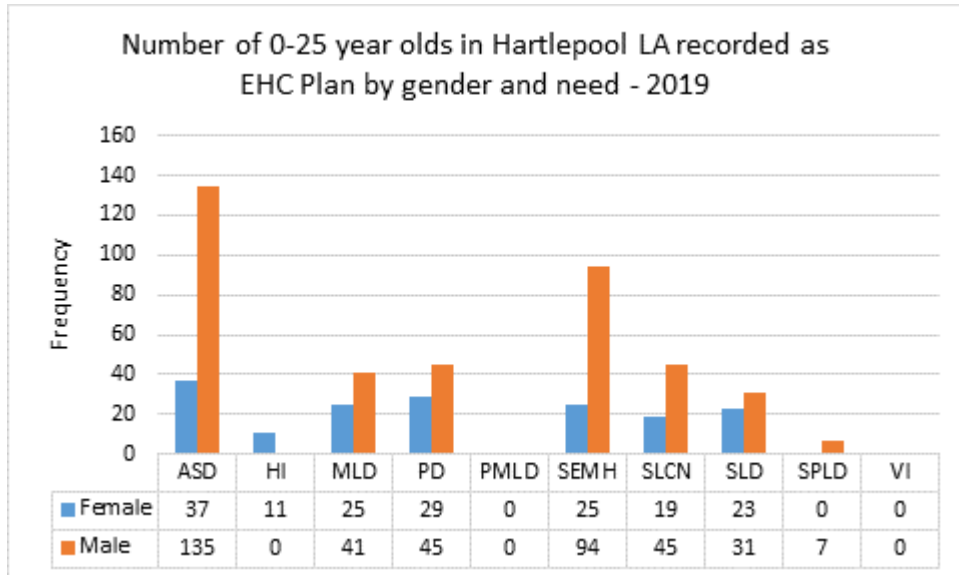


Deprivation

The 2019 Index of Multiple Deprivation indicated that Hartlepool was ranked 9th most deprived out of 151 top tier local authorities in England. Estimated level of child poverty in Hartlepool as classified by the government is 35.9%.

Of the children and young people with SEN (EHC Plan) approximately 59% come from the most deprived backgrounds. This is similar to the children and young people with primary needs of Speech, Language and Communication Needs (64%), Severe Learning Disability (61%), Social Emotional Mental Health (59%), Autistic Spectrum Disorder (56%) and Physical Disability (55%). It is particularly prevalent that the primary need that has the largest proportion of children from the most deprived area, where the **cohort is larger than 15**, is Moderate Learning Difficulty at 68%.

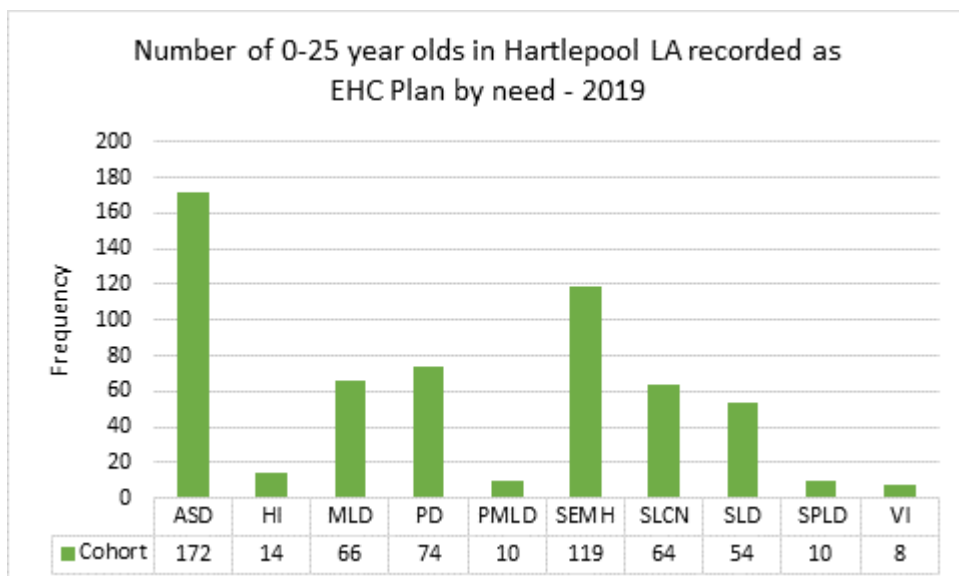
5.3 Main Types of special educational needs and disabilities in Hartlepool



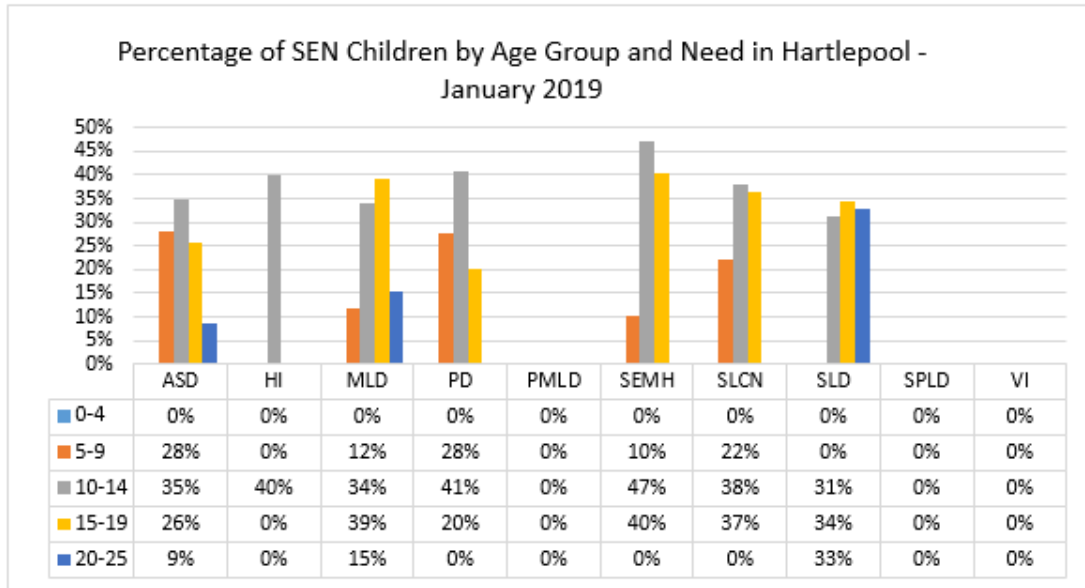
Source: Hartlepool EHCP data as at November 2019

Note – Figure of “0” includes suppressed data, unable to disclose due to confidentiality. SEN Support data not collected internally, this includes male and female split.

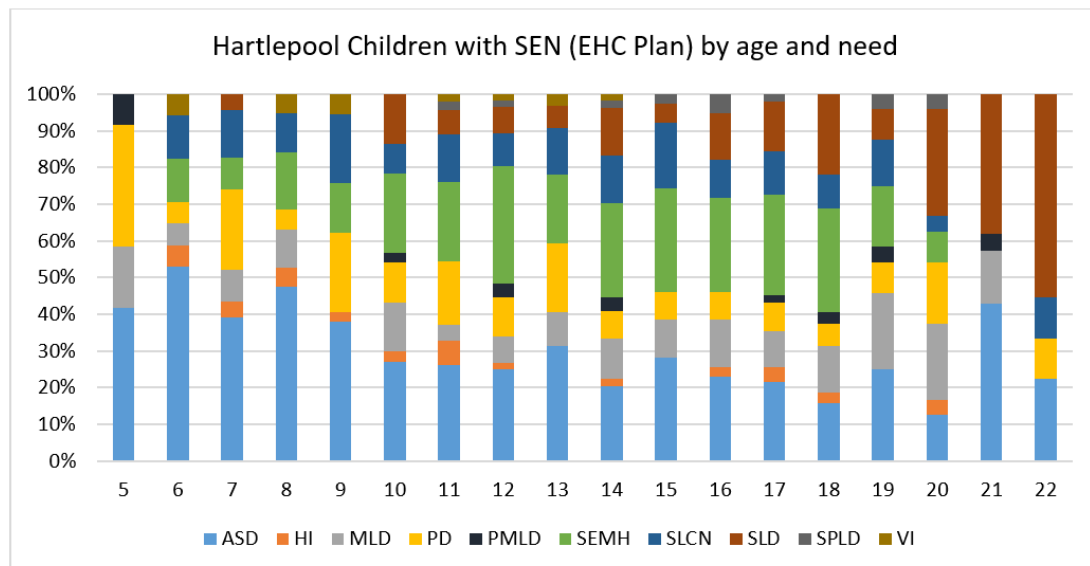
The data below shows male and female combined EHC Plans so that numbers do not have to be suppressed.



Autistic Spectrum Disorder is the most prevalent primary need for children on an EHC plan issued by Hartlepool, followed by social, emotional and mental health needs. Both of these are more prevalent in boys. The greatest proportion of children with an EHC plan are between 10 and 14 years old.



Source: Hartlepool EHCP data as at January 2019 (Note – Figure of “0%” includes suppressed data, unable to disclose due to confidentiality.)



Autistic Spectrum Disorder (ASD)

In 2019, the rate of children with autism known to schools in Hartlepool was 14.9 per 1,000 school population an increase from 9.6 per 1,000 in 2015. This is a greater increase than the national trend which has increased from 10.8 per 1,000 in 2015 to 15.7 per 1,000 in January 2019. Whilst ASD is the most prevalent primary need for pupils with an EHC plan issued by Hartlepool, it is not the most prevalent in pupils attending Hartlepool schools.

In Hartlepool there is a need for additional specialist Autism provision and this can be demonstrated by the increase in demand on Special Schools. The provision for Autism support in primary and secondary schools is now full to capacity. The secondary special school in particular has seen an increase in the number of learners with moderate learning difficulties over the last 3 years which has resulted in the school now being at capacity in all areas.

Visual Impairment

The Department for Education statistics indicate that in January 2019 there were 21 (0.9% of SEN population) children in Hartlepool with a visual impairment as their primary need. Of these, 38.1% of the 21 have an EHC Plan (n = 8); 47.6% attend a state funded primary school (n=10) and 52.4% attend a state funded secondary school (n=11).

Hearing Impairment

The Department for Education statistics indicate that in January 2019 there were 41 (1.7% of the SEN population) children in Hartlepool with a hearing impairment as their primary need. Of these, 36.6% of the 41 have an EHC plan (n=15). *Please note that due to data being less than 5 we are unable to report at a primary and secondary school level*

Multi-Sensory Impairment

The Department of Education statistics indicate that in January 2019 there were 15 (0.6% of the SEN population) children in Hartlepool with a multi-sensory impairment as their primary need. None of the children had an EHC Plan. *Please note that due to data being less than 5 we are unable to report at a primary and secondary school level*

Speech, Language and Communication Needs (SLCN)

In Hartlepool there were 605 children and young people recorded on School Census with SLCN in latest data 2019. This equates to a rate of 39.4 per 1,000 school population.

SCLN is the highest primary need in Hartlepool schools for children with SEN, which is in line with national averages. Prevalence of SCLN was found to be higher in most deprived quartiles of Hartlepool compared to less deprived quartiles.

Across Hartlepool the highest buy back for schools is speech and language (SALT) support which indicates the current town wide offer of support is not meeting needs. A review of SALT has been undertaken by CCG and this is an area of potential joint commissioning to better support children and young people going forward.

Social, Emotional and Mental Health Difficulties (SEMH)

In 2019, there were 358 children with SEMH as their primary need recorded. Significantly more boys were recorded with SEMH compared to girls and it was found to be more prevalent in children aged 10-14 and 15-19.

There was also a higher prevalence of SEMH in the most deprived quartile of Hartlepool, as with SLCN.

Hartlepool has seen an increase in the number of children with SEMH needs over the last 3 years which has resulted in a significant increase in requests and placements in out of area day provision, due to a lack of provision within the mainstream and special schools. As at September 2019 there were more than 35 children accessing SEMH out of area provision.

Learning Difficulties

Hartlepool in 2019, had a significantly higher prevalence of moderate learning difficulties (37.0 per 1,000) compared to England where the prevalence was 29.3 per 1,000. Hartlepool had a slightly higher rate for Severe Learning Difficulties (4.4 per 1,000) compared to 3.9 per 1,000 nationally and also for Specific Learning Difficulty (19.6 per 1,000) compared to 17.9 per 1,000 nationally.

The prevalence of Moderate Learning Difficulties, Severe Learning Difficulties and Specific Learning Difficulties have increased both in Hartlepool and nationally since 2015.

Pupils by Primary Area of Need by EHC and SEN Support

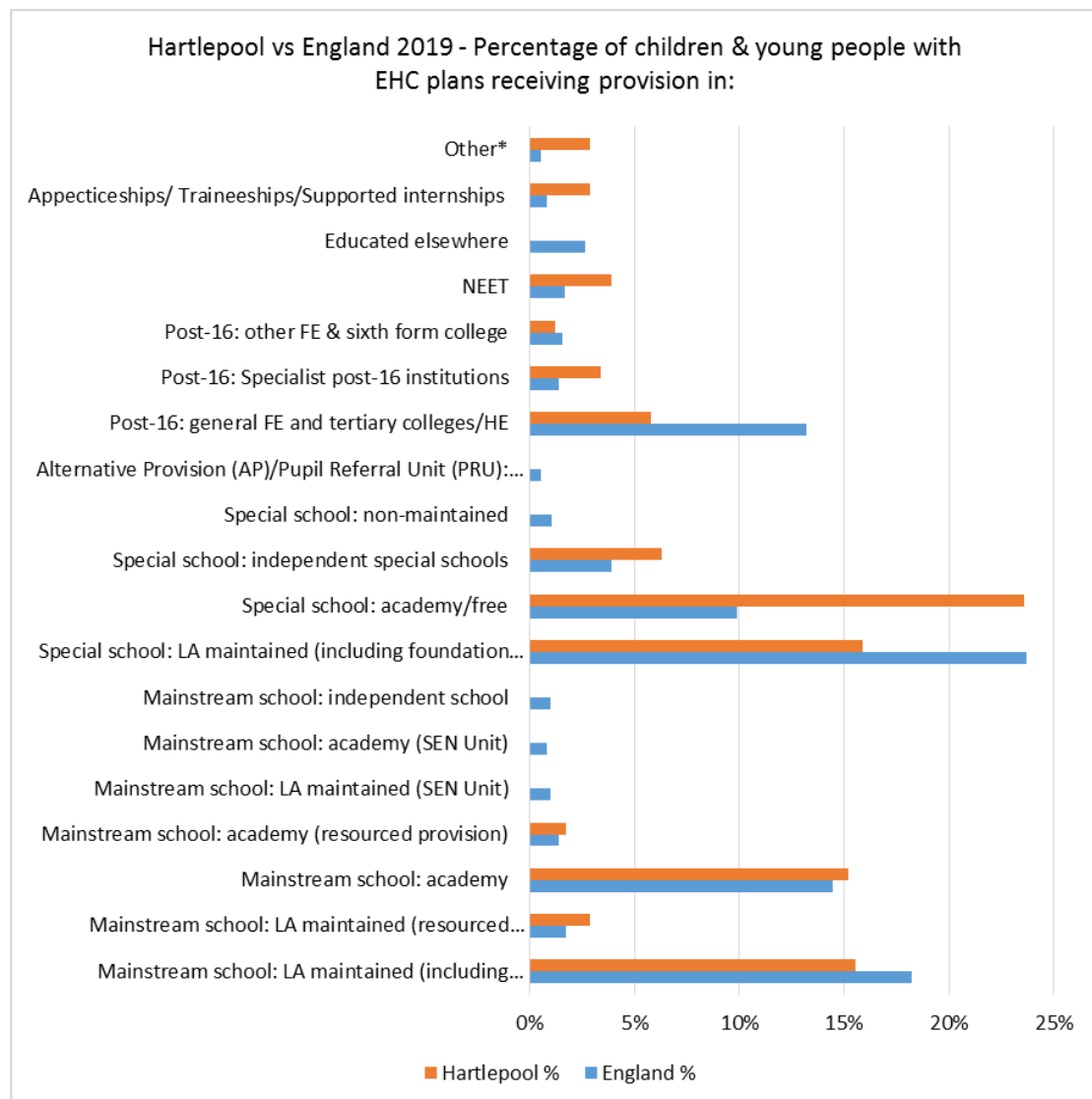
Primary Need	Number	% of Total	National Average
Specific LD	322	14.2%	12.6%
Moderate LD	578	25.6%	21.6%
Severe LD	64	2.8%	2.8%
Profound LD	16	0.7%	0.9%
Social, Emotional and MH	337	14.9%	16.6%
SLC needs	501	22.1%	21.1%
SEN Hearing	42	1.9%	1.9%
SEN Visual	21	0.9%	1.1%
Multi-Sensory	12	0.5%	0.3%
Physical Disability	83	3.7%	3.0%
Autistic Spectrum	193	8.5%	10.3%
Other Difficulty	59	2.6%	4.6%
No specialist assessment	34	1.5%	3.3%
Total	2,262	100%	100%

Hartlepool sits above the national average in five areas, the highest percentage above being for Specific and Moderate Learning Difficulties. These needs are currently met in Hartlepool mainstream or specialist provision and children do not need to access out of area provision.

5.4 Understanding SEN Provision in Schools

Children with an EHC or SEN Support by Institution Type

Of the 585 children and young people under 25 with an EHC plan in Hartlepool, the highest percentage (45.8%) were educated in Special Schools either maintained, academy or independent. The next highest percentage i.e. 35.3% of children and young people, had their needs met within mainstream maintained schools, academies or resource units. Nationally 38.6% of children with an EHC plan are in special schools with 39.2% in mainstream provision.

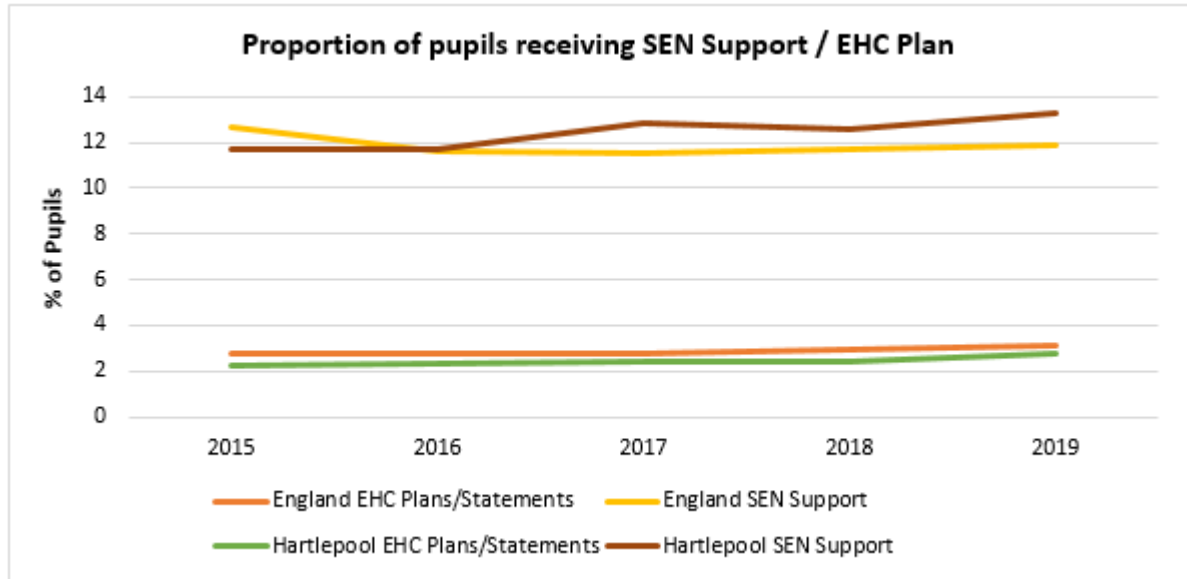


Source: DfE SEN2 January 2019

'Other' covers cases where an establishment type could not be provided, including children and young people where a notice to cease has been issued and children under compulsory school age are not in an early years setting.

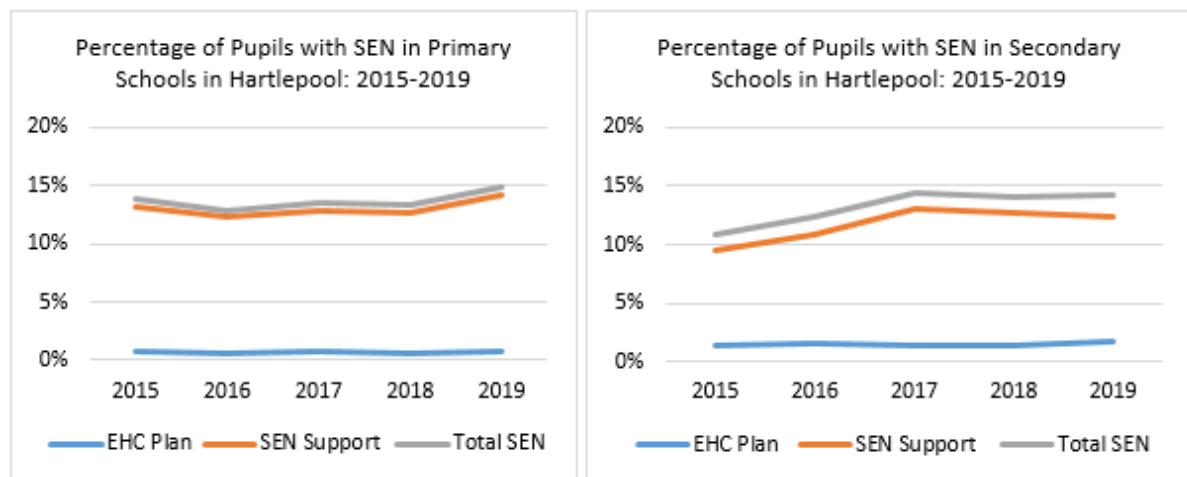
Please note figures of 0% includes suppressed data due to confidentiality.

Understanding SEN Provision in Schools



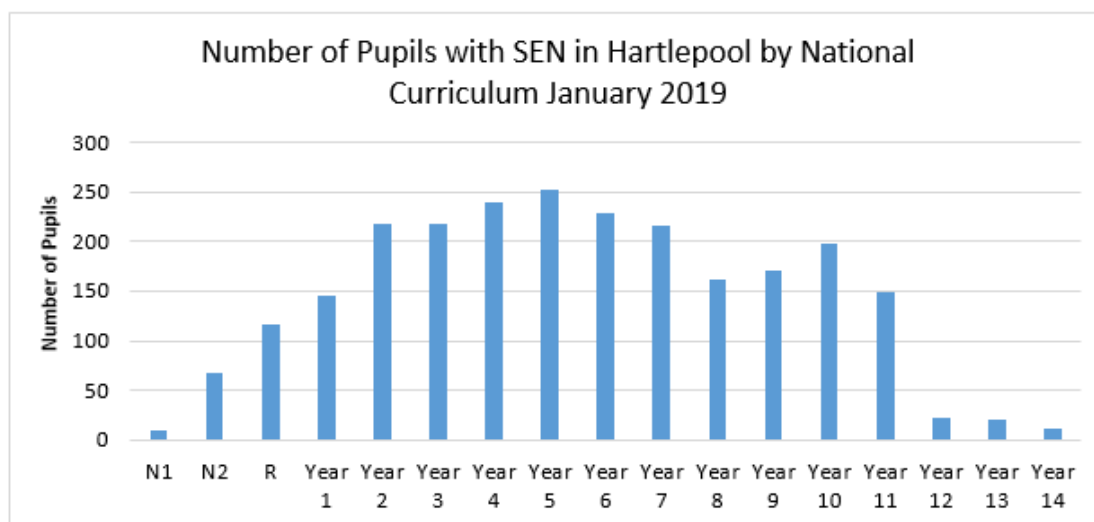
Source: DfE SEN England January 2019

Over the last five years in Hartlepool, the percentage of pupils who have special educational needs in primary schools has increased from 13.8% in 2015 to 14.8% in 2019 and from 10.9% to 14.2% in secondary schools.



Source: DfE SEN in Primary & Secondary Schools in Hartlepool, 2015 to 2019

The distribution of children with SEN in Hartlepool by the national curriculum year represents a fairly similar distribution across year 2 to year 7 and year 8 to year 11 and then drastically reduces after year 11.



Source: Hartlepool School Census January 2019

In 2019, within Hartlepool, the largest proportion of children with SEN reside in Manor House ward at 15.1% followed by 13.4% in De Bruce and the lowest proportion of children with SEN reside in Headland and Harbour (<0.2%).

Ward	SEN Children	Proportion	IMD (Rank)*
Manor House	370	15.1%	147
De Bruce	329	13.4%	390
Jesmond	274	11.2%	303
Headland & Harbour	240	9.8%	137
Burn Valley	230	9.4%	486
Hart	203	8.3%	4,674
Foggy Furze	199	8.1%	1,252
Victoria	197	8.0%	322
Seaton	162	6.6%	2,529
Fens & Rossmere	130	5.3%	2,338

Rural West	63	2.6%	5,935
Out of Town	44	1.8%	n/a
Unknown	6	0.2%	n/a
Headland and Harbour	<5	<0.2%	137

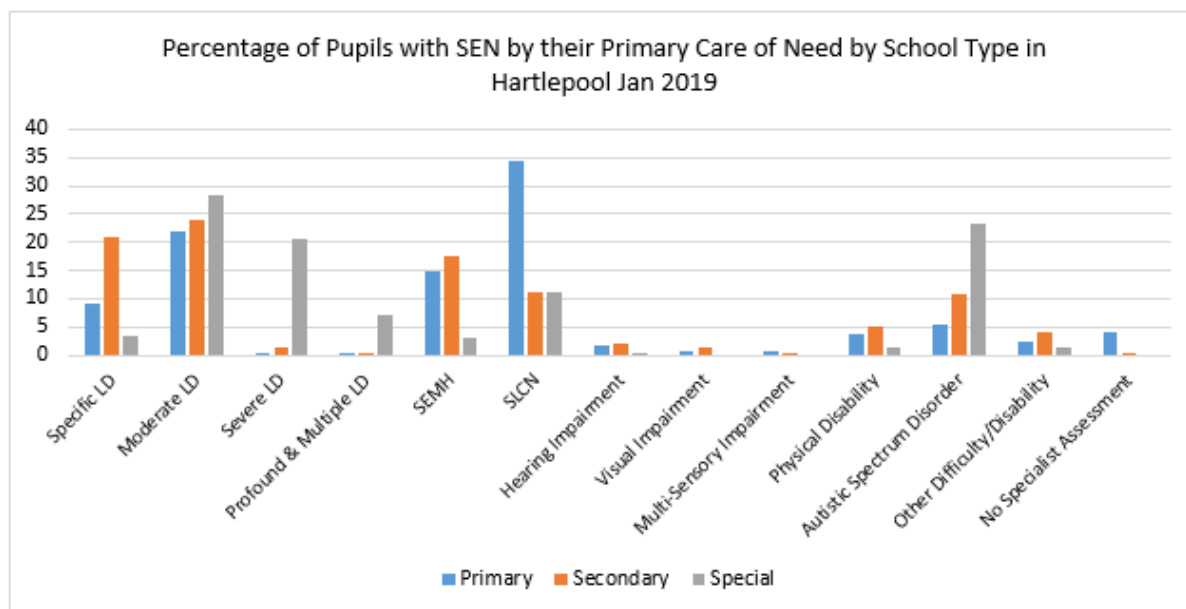
*1 = most deprived and 7,522 least deprived

Source: Hartlepool School Census January 2019

In Hartlepool secondary schools, the most common primary SEN need is MLD (23.9%) followed by Social, Emotional and Mental Health (17.6%). In Hartlepool Special schools in Hartlepool, MLD is the most common primary SEN need (28.5%) followed by Autistic Spectrum Disorder (23.4%) and Severe Learning Disability (20.5%).

There is a similar picture in England with SLCN (30.6%) and Moderate LD (20.9%) being the top 2 types of primary SEN need in primary schools.

Moderate LD (22.0%) is the main primary SEN need for secondary schools and Autistic Spectrum Disorder (29.8%) is the main SEN for special schools.



Source: DfE SEN England January 2019

5.5 Attainment

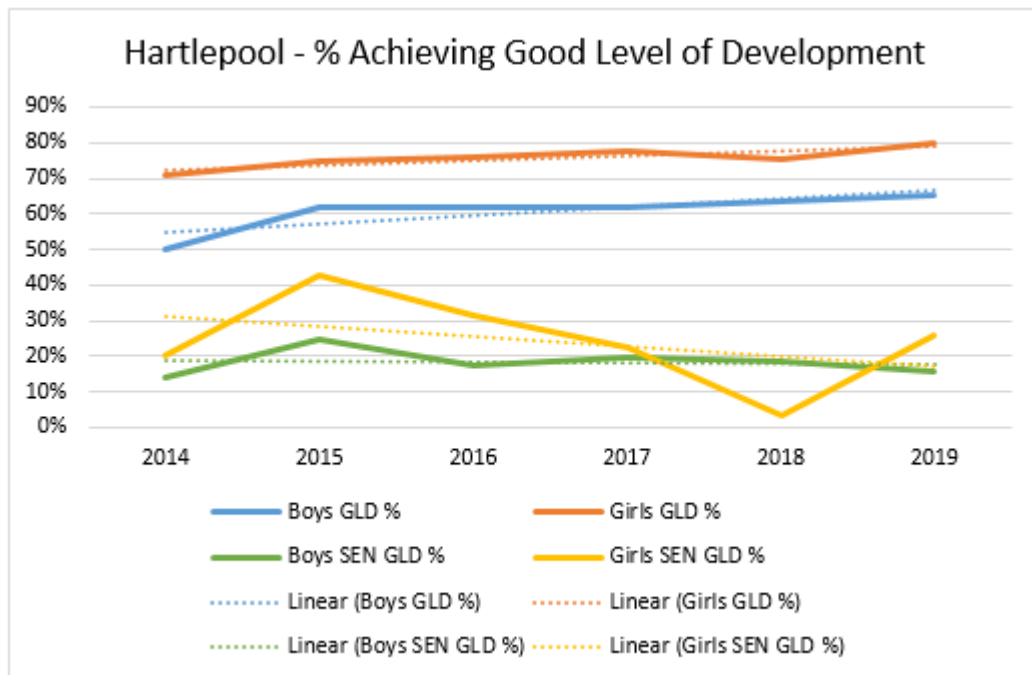
Early Years Foundation Stage

Educational Attainment Early Years Foundation Stage: In 2019, 18.2% of pupils with SEN in Hartlepool achieved the expected standard in all early learning goals which cover: Communication and Language Physical Development, Personal, Social and Emotional Development,

Literacy, Mathematics, Understanding of the World, Expressive Arts and Design.

The table below shows the achievement for girls and boys who have been identified as having SEN. In line with national and North East averages, girls perform better than boys in early years.

Good levels of development have continued to increase since 2013.



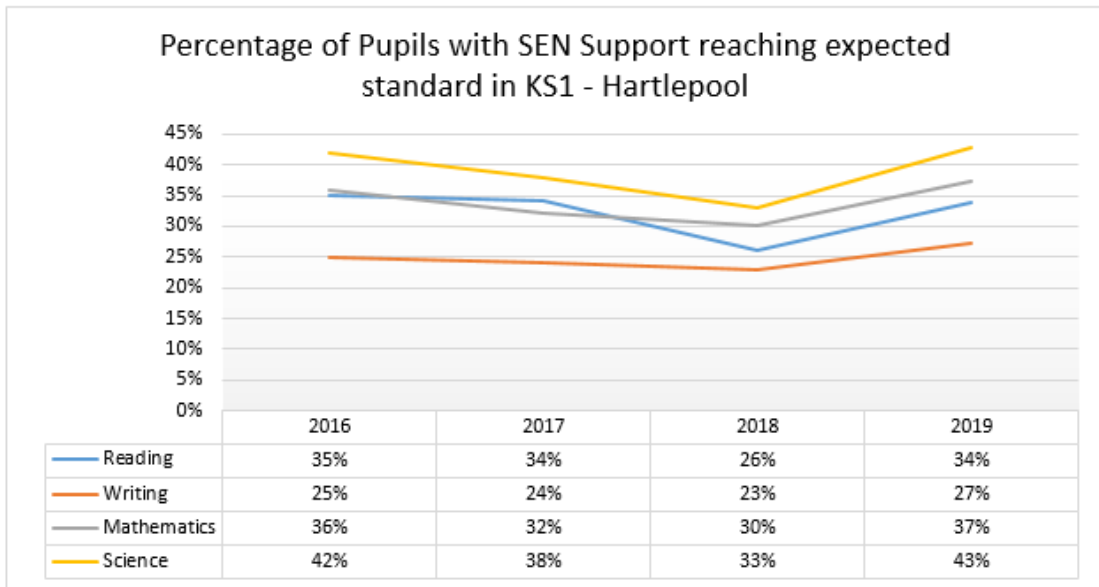
Source: Nexus Hartlepool Early Years Exports 2014-2019

Key Stage 1

In 2019, 43.5% of Hartlepool pupils with SEN Support met the expected standard of phonics in Hartlepool which has decreased from 53% since 2015. EHC Plan data is suppressed to protect confidentiality.

In 2019, 7.1% of Hartlepool Pupils with EHCP met the expected standard of phonics (KS1) in Hartlepool. *Note: This equates to a cohort of 14 of which 12 were dis-applied (never sat test).*

This decreased from 25% in 2018, although due to small cohort sizes the percentages have high volatility. *Note: This equates to a cohort of 12 of which 5 were dis-applied.*



Source: DfE Key Stage 1 Assessments, Hartlepool SEN Support 2016-2019, Provisional

*Data suppressed for EHC Plan/Statement figures to protect confidentiality

Key Stage 2

The code of practice states that ambitious standards should also be expected for children with complex needs and disabilities. Nationally, fewer pupils with SEN support and an EHC plan are achieving the expected standard for reading, writing and mathematics at key stage 2 compared to pupils with no identified SEN.

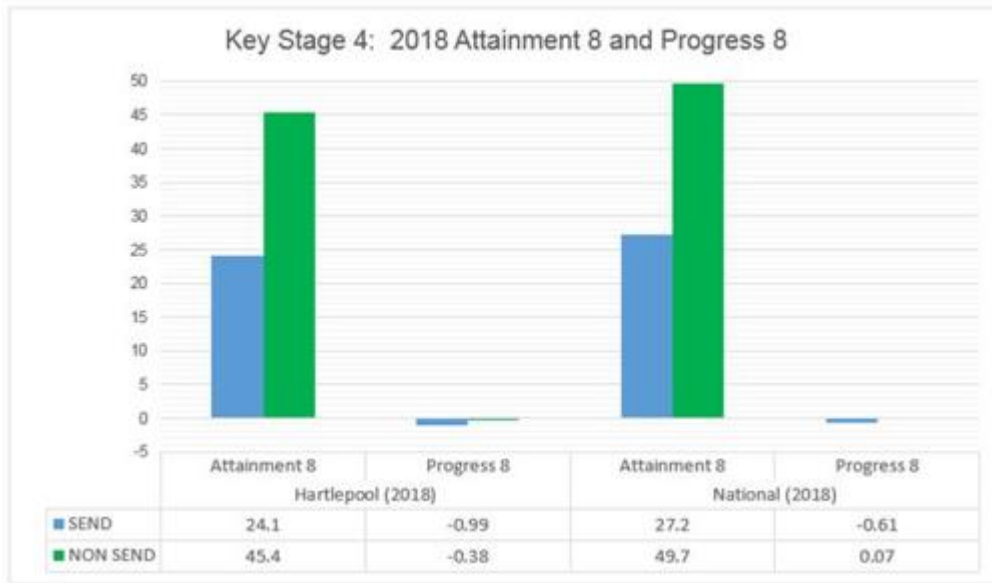
Key Stage 2: % at expected level in reading, writing & maths – SEN



Improvements can be seen for 2019 for mathematics for children have SEN, however reading and writing achievement has declined marginally. Nationally, the percentage of SEN children achieving the expected standard at Key Stage 2 has increased for both mathematics and writing, whilst reading has declined.

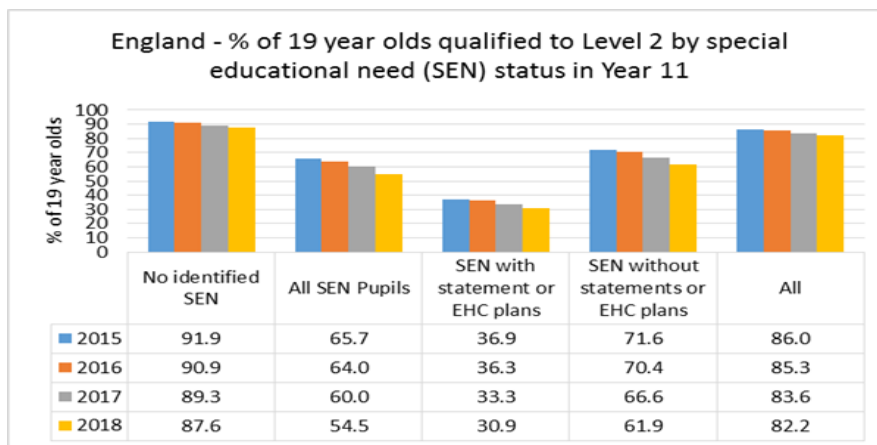
Key Stage 4 Attainment

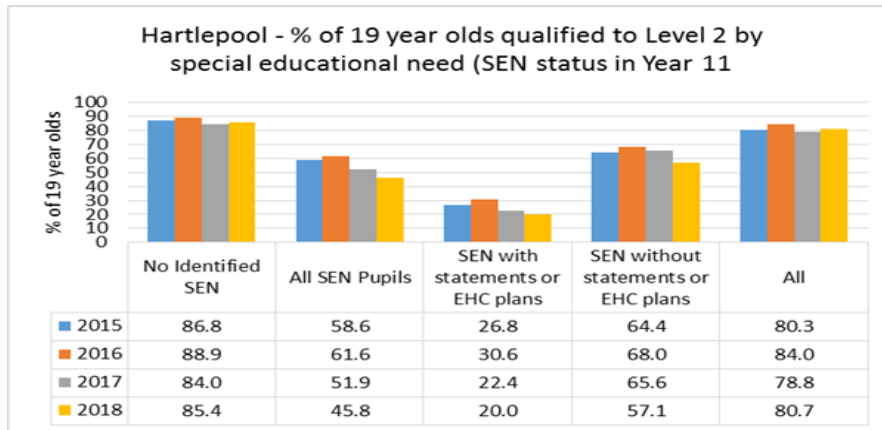
Attainment 8 measures the achievement of a pupil at Key Stage 4 across eight qualifications including mathematics, and english (both of which are double weighted). Each individual grade a pupil achieves is assigned a point score, A* having the highest point score, which is then used to calculate a pupil’s attainment 8 score.



Hartlepool remains below the national average for key stage 4 achievement for both SEN and non-SEN pupils.

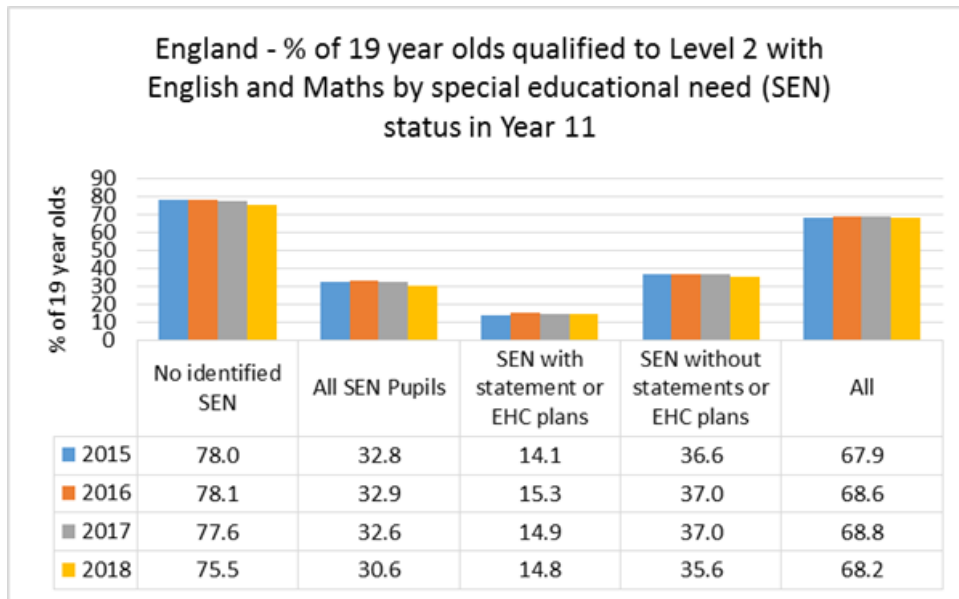
Level 2 by age 19

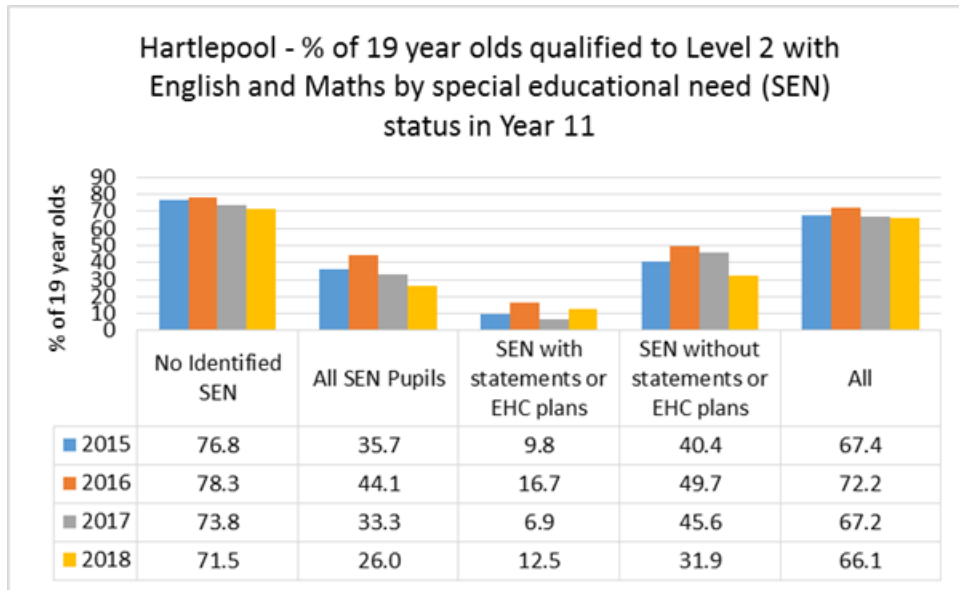




Hartlepool has remained below the national average for the last 4 years. There has been a particular drop in level 2 achievement by age 19 in 2018. Previous year's data had shown improvements, therefore this maybe an area which requires further investigation.

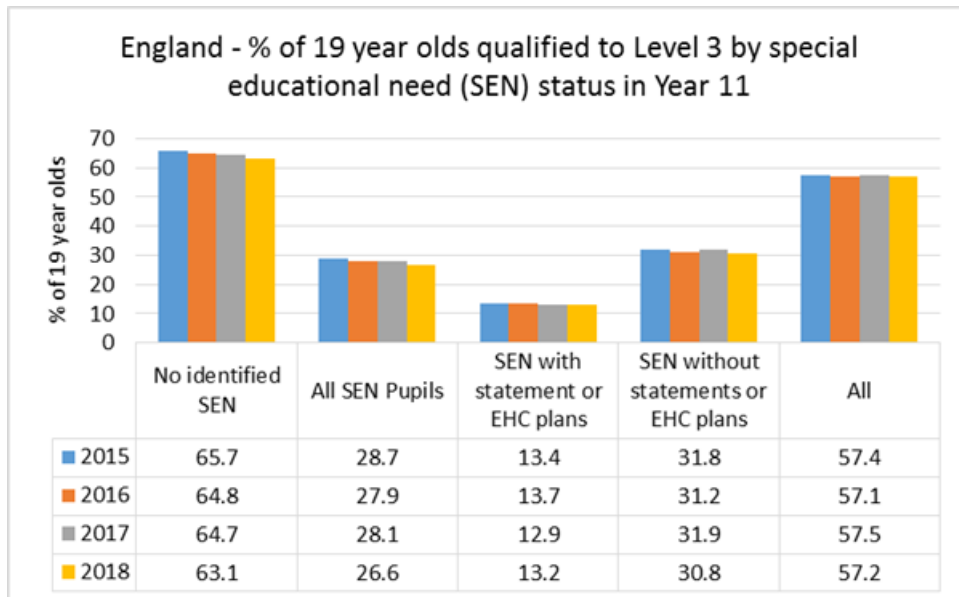
Level 2 by Age 19 including English and Maths

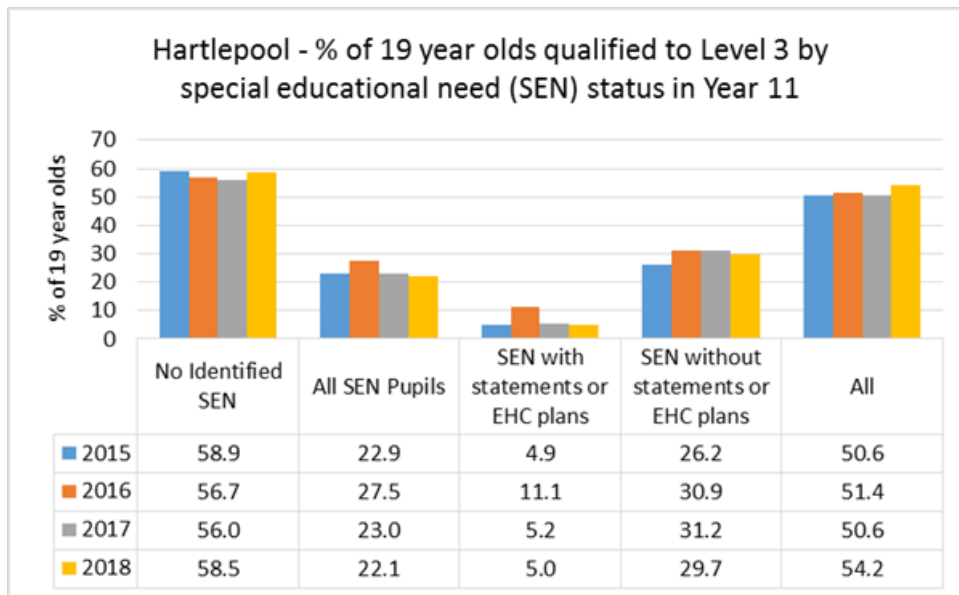




In line with Level 2 achievement data there has been a dip for all Hartlepool pupils who are SEN; however children who have an EHC plan performed significantly better in 2018 than in the previous year.

Level 3 by Age 19





For Level 3 achievement data Hartlepool young people without an identified SEN have improved, whilst those with SEN and with an EHC have continued to decline since 2016.

5.6 Absences

Persistent absentees are defined as having an overall absence rate of around 10% or more of the pupil’s individual possible attendance, for pupils aged between 5 and 14 years.

In the 2017/18 academic year, the percentage of children with an EHC plan defined as persistent absentees was lower in Hartlepool 19.5% compared to 24.3% in England. Children with SEN support that were defined as persistent absentees in Hartlepool was higher at 21.% compared to 17.2% in England and the percentage of children with no identified SEN that were defined as persistent absentees in Hartlepool was also higher; 13.2% compared to 8.7% nationally.

5.7 Exclusions

Permanent Exclusions (PEX)

The rate of permanent exclusions continues to increase for Hartlepool. In the 2018/19 academic year 34 children were permanently excluded; the highest percentage of which was at year 9. This is a significant increase on the 2017/18 academic year, where 16 children were permanently excluded.

Of the 34 children excluded, none had an EHC Plan and one young person was classified as being SEN.

Nationally 16% of children excluded in 2017/18 had an EHC plan and 0.34% were SEN Support. Whilst Hartlepool has higher than average numbers of children who are PEX, it is below the national average for exclusions for children with an EHC or SEN Support.

Fixed Term Exclusions

Fixed term exclusion rates for Hartlepool for the 2018/19 academic year has reduced to 2906 incidents, relating to 767 pupils compared with 4352 incidents for the previous academic year.

For 2018/19 children with an EHC or receiving SEN support accounted for 30% of the pupil numbers. This is an increase on the previous year where 21% of children that had fixed term exclusions had an EHC or received SEND support. Hartlepool is in line with the national average for children who have EHC or SEND support who received a fixed term exclusion.

Exclusions Data and Local Summary

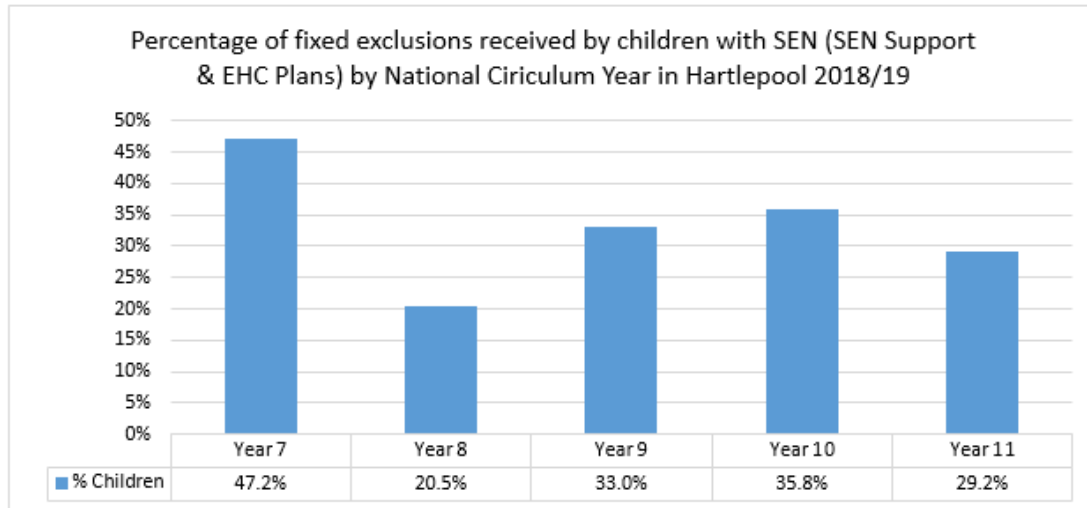
Invalidated data for 2018/19 shows that the number of days lost to fixed term exclusion has reduced by 33%; however PEX figures have doubled on the previous academic year. This has been attributed to a higher number children reaching 45 days fixed term exclusions in one academic year for one off isolated incidents.

Nationally, the highest percentage of children who are PEX or receive fixed term exclusions have SEMH identified as their primary SEN. The three main reasons for exclusion are persistently disruptive behaviour, assault against an adult or assault against a child.

Hartlepool's data for 2018/19 is in line with national data, the highest number of incidents for PEX or fixed term exclusions were persistently disruptive behaviour (50%), verbal aggression against an adult or child (39%), physical assault (29%).

Across primary and secondary education for all children those in year 8 for academic year 2018/19 had the highest percentage of incidents relating to fixed term exclusion and the second highest of those who were PEX at 30%.

Across primary and secondary education, children in year 10 with an EHC or who were SEN had the highest number of fixed term exclusions or PEX at 36% of the cohort.



Source: Hartlepool Census Jan/May 2019 Note: Unable to publish figures for primary schools or separate EHC Plan figures due to confidentiality.

The highest number of children and young people receiving fixed term exclusions were in year 7. Of the 53 children and young people who received an exclusion 47.2% (25) were SEN.

5.8 Not in Education, Employment or Training (NEET)

Transition years and Post 16

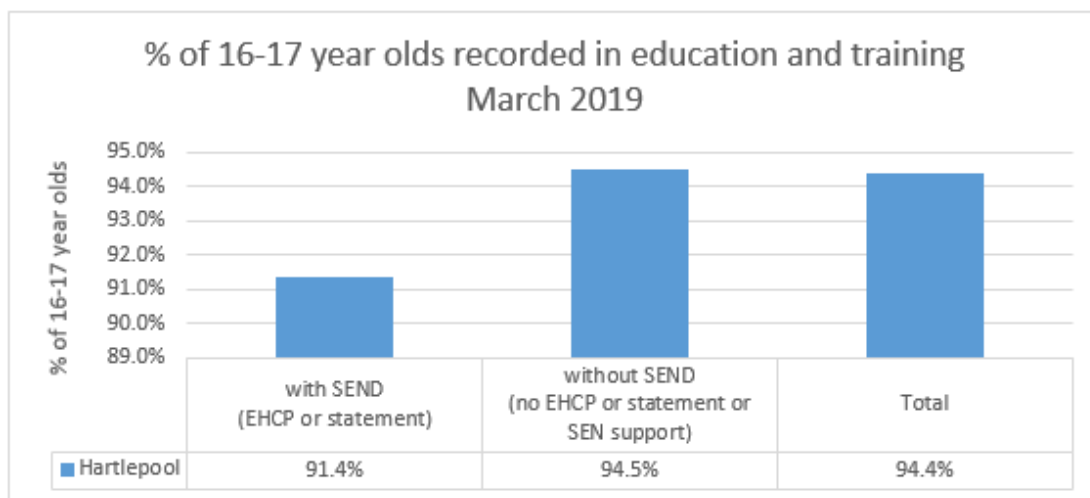
Children and young people with SEND generally do less well on a range of outcomes that affect their long term future: academic performance is lower, exclusion and absence rates are higher, higher numbers go on to be not in education, employment or training (NEET) or in youth custody. Nationally, prison populations have a high prevalence of people with learning difficulties; in 2012, 18% of young offenders had a statement of SEN compared with 3% of the general population (Jacobson et al, 2010).

Although numbers have decreased, the highest numbers nationally for EHC plans is in pupils aged 11-15. There have only been EHC plans available for 20-25 year olds since 2015, therefore numbers are low but are expected to rise. Hartlepool has had a growing number of young people accessing post 16 education in the last 2 years due to a strong post 16 offer from Catcote Special School and Hartlepool College of Further Education, which also

began to offer Supported Internships in the 2018/19 academic year. Hartlepool is one of a few LA’s in the county which has a 19-24 Independent Specialist Provision (ISP) in Catcote Futures who offer not only education but lifelong learning and skills once young people have fulfilled their academic potential.

In the 2018/19 academic year, 127 young people with and EHC or a SEN need who required support received funding from the LA. This is an increase of 14% on the 2017/18 academic year.

Participation in education or training is important for young people’s outcomes, however OFSTED nationally have reported insufficient transition arrangements for people with SEND³⁴. To support young people in transitioning to secondary or post 16 provision, all Hartlepool schools and colleges offer an enhanced programme of transition which begins early in the summer term and provides, when appropriate, summer school activities in the holidays.



The data within the DfE dataset shows there are no young people recorded as receiving SEN support and accessing post 16 education, which appears to skew the numbers in post 16 education. A number of young people who receive SEN support in post 16 are doing so via a co-ordinated support plan. This data will have to be checked when it is re published in April 2020 to check validity as a number of areas across the North East appear to have the same issue.

³ DfE Statistics SEN absences and exclusions

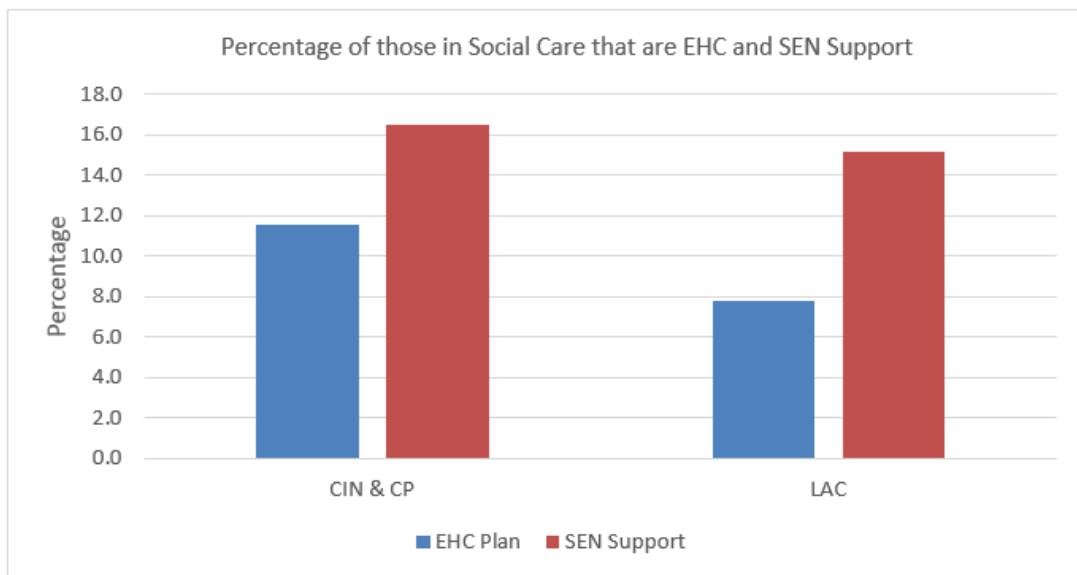
⁴ Progression post-16 for learners with learning difficulties and/or difficulties, Ofsted Survey, 2012

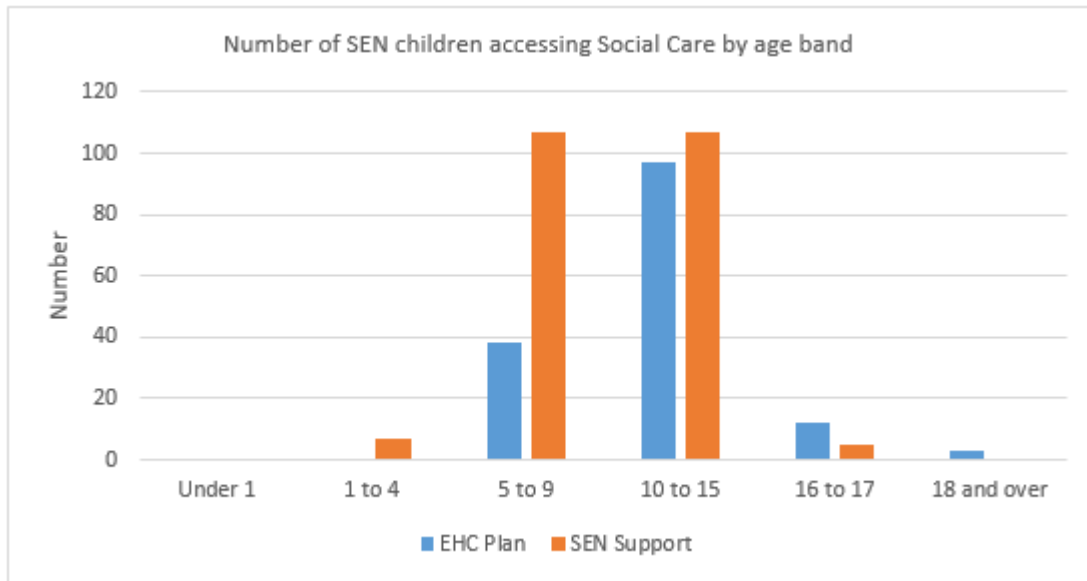
% of academic age 16-17 (yr12-13) year olds with SEND in Education, Training and Learning

	Young People with SEN - December 2018					All Young People - December 2018			
	16-17 yr olds with SEND	% In Learning	NEET %	% not known	% NEET & Not Known	% In Learning	NEET	% NK	NEET and Not Known %
ENGLAND	42,763	87.9%	6.4%	3.7%	9.9%	91.7%	2.6%	3.8%	6.4%
NORTH EAST	2,121	86.8%	9.4%	2.4%	11.8%	90.3%	4.2%	3.5%	7.7%
Hartlepool	81	93.8%	3.7%	0.0%	3.7%	95.3%	3.2%	0.3%	3.5%

In December 2018, Hartlepool had 95.3% of young people participating in learning, which is well above the national and North East average. In particular Hartlepool’s Not Knowns have remained consistently low over the last 2 years. This indicates there is a broad and balanced offer at post 16 and a high proportion of young people continue with their studies.

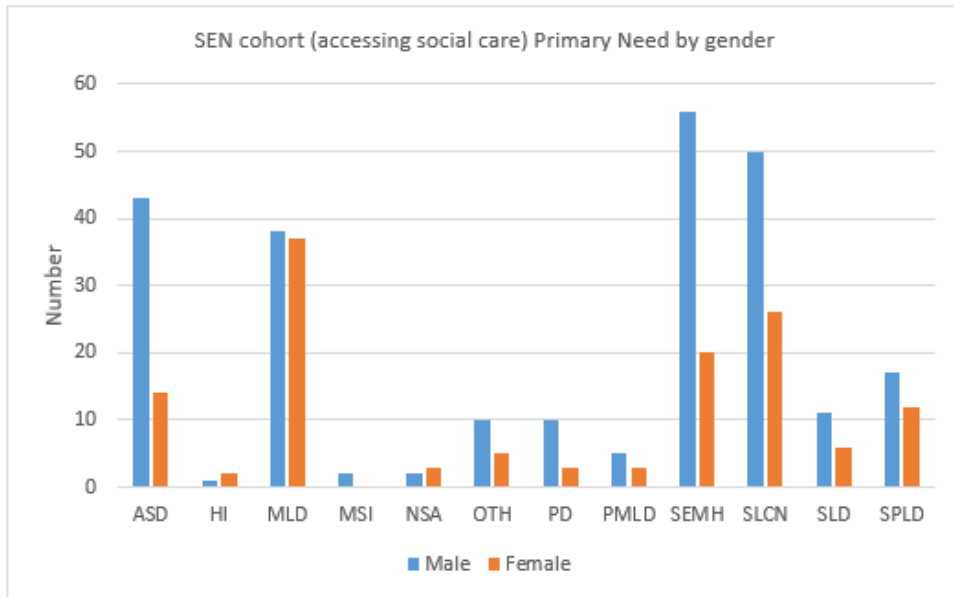
5.9 Vulnerable children and young people





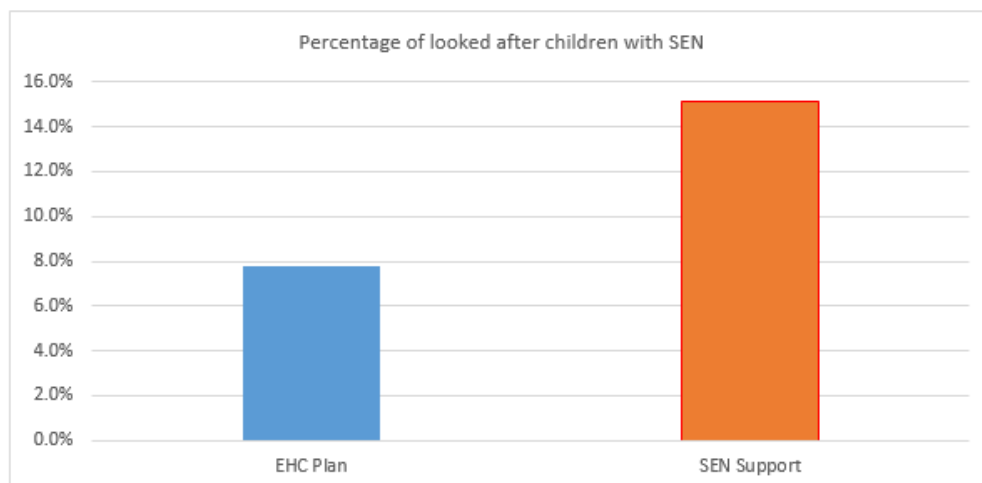
The 2019 latest data shows there were 376 children and young people who were known to social care. Of these, 17.3% are Looked After Children (LAC) and 76.1% are Children in Need and 6.6% are subject to child protection. Among children on EHC Plan 14.7% are looked after children and among those on SEN support 28.7% are looked after children.

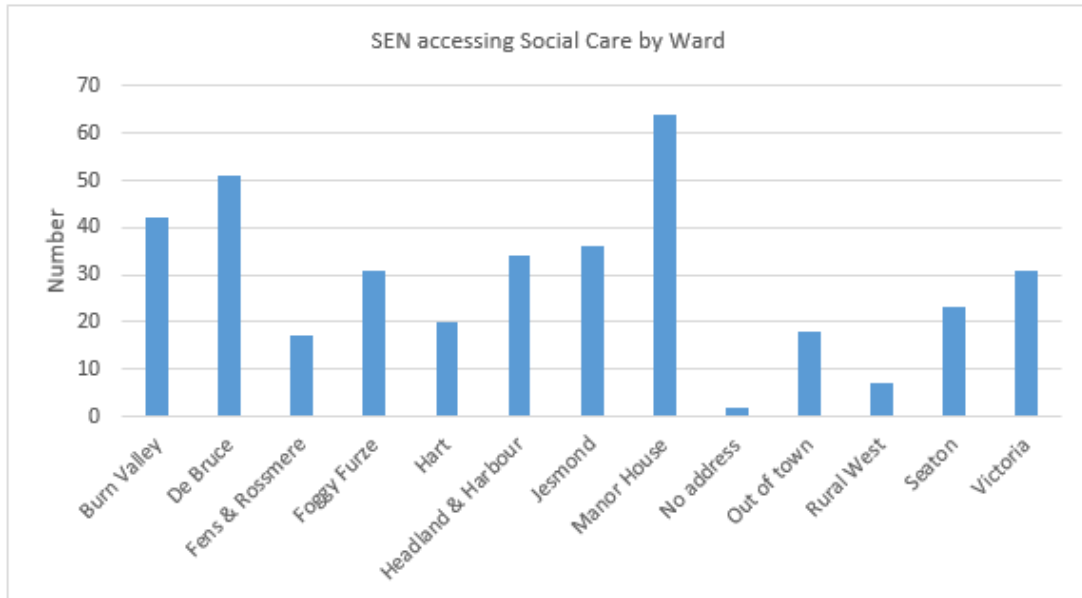
Speech, language and communication needs (19.9%) is the most common type of need identified among children in need. SEMH is the most common type of need identified amongst children on child protection (48%) and moderate learning difficulty is the most common type of need identified for looked after children (29.2%).



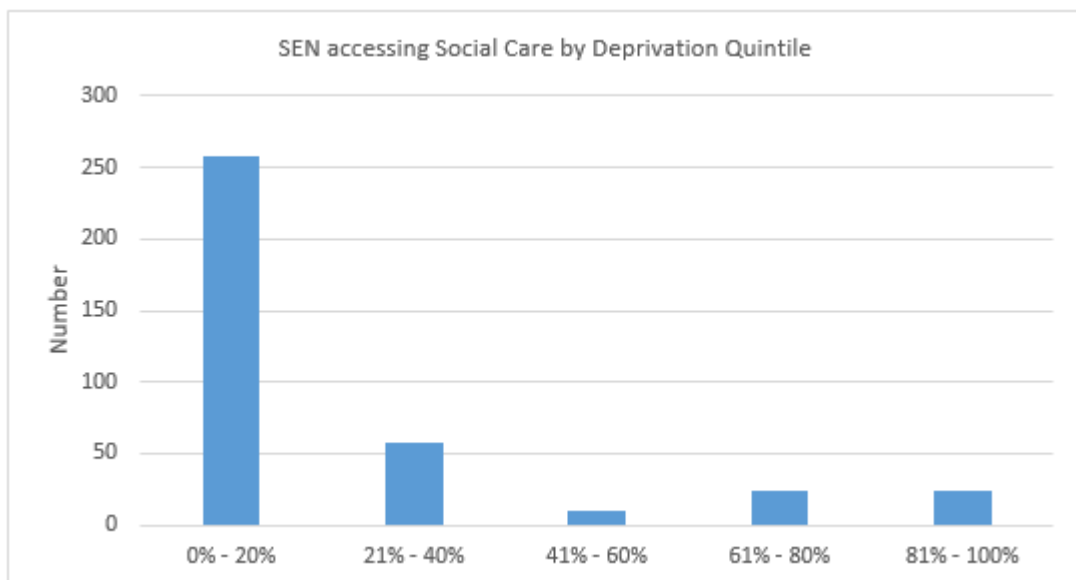
Looked after children evidence suggests that those children who are LAC are more likely to have SEN.

The latest 2019 data, suggests that there were 115 children in Hartlepool schools who had been looked after continuously for at least 12 months. The proportion of children with SEN who are looked after for at least twelve months in Hartlepool has increased from 46.9% in 2015 to 51.3%. Of these 51.3% (n=59) were children with SEN. Of the 59 children with SEN, 35.6% (n=21) were children with EHC plans and 64.4% (n=38) were children receiving SEN support.



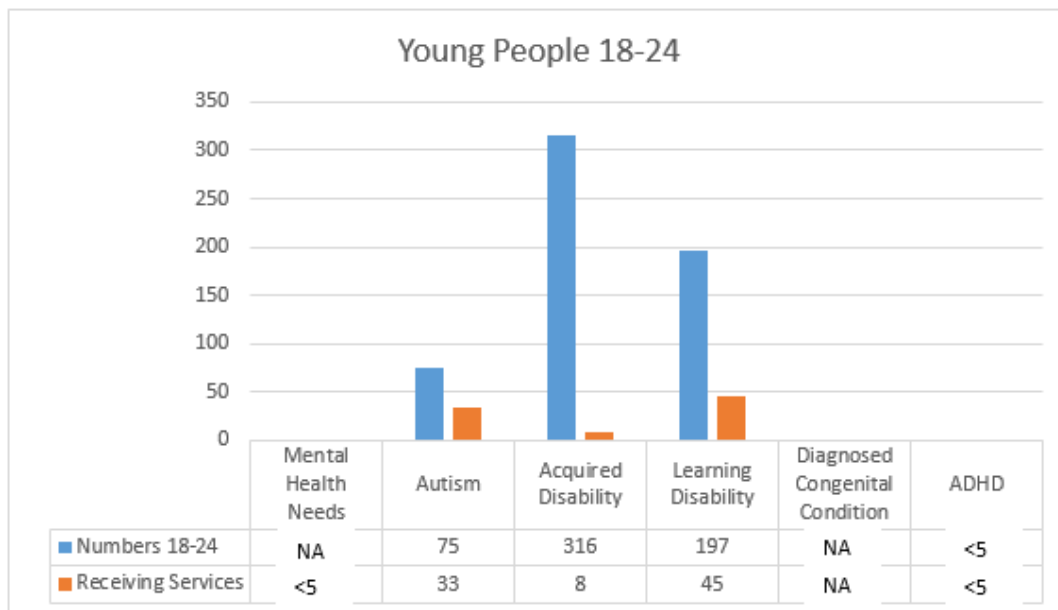


Data shows that 69% of children and young people with SEN accessing social care services live in the most deprived area of Hartlepool. This is consistent with research studies suggesting that additional needs can be related to poverty, deprivation and low income.



The adult social care services provide support to young people with SEN aged 18 to 24 years. In 2019 latest data, the majority of young people known to adult social care services was for an acquired disability (n=316) but only 2.5% (n=8) received social care services. After further analysis it was found

that the 2.5% would include costed services only i.e. Care Homes, Day Care, Direct Payments, Extra Care, Homecare, Internal Day Services, ISF-Support, Shared Lives, Specialist Accommodation, Supported Housing, Supported Living It does not include low level services i.e. adaptation/equipment, telecare etc. Also a proportion of the aged 18-24 will be supported by parents/guardians and therefore won't be accessing services at that age. 44% of young people known to adult social care services with autism received social care services.



5.10 Health Services

There are a range of health services that support children and young people with SEND. Some of the more specialist health provision which supports children and young with SEND are described below.

North Tees & Hartlepool NHS Services

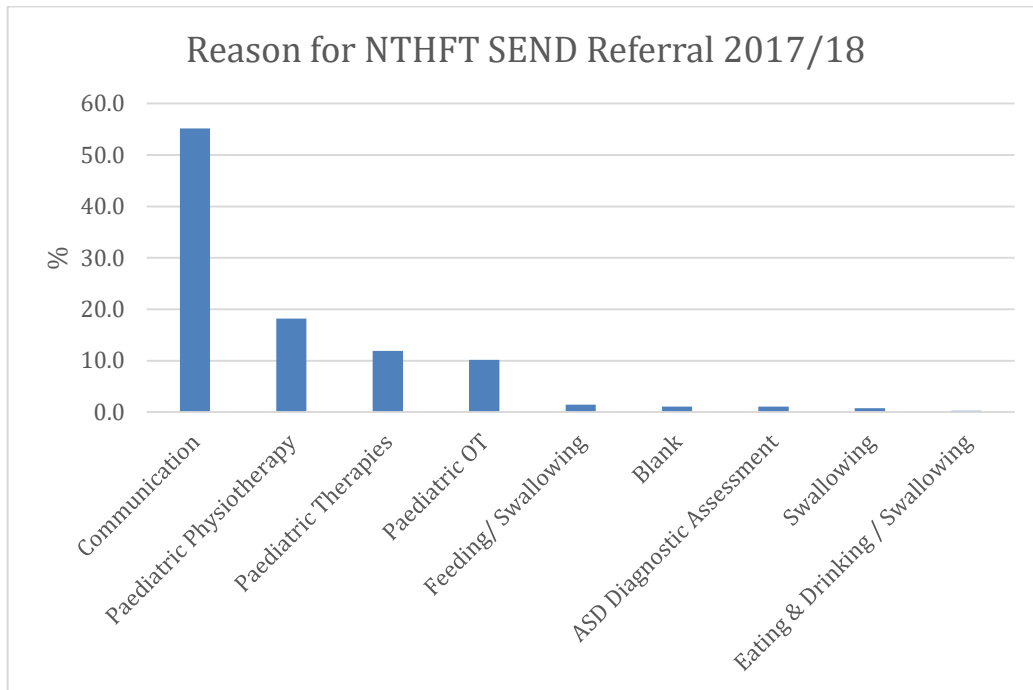
North Tees and Hartlepool NHS Foundation Trust (NTHFT) provides a range of Acute Paediatric and Community Children's services for the local population. The service offers a range of clinics for children and young people from birth to 18 years old and depending on the clinic, a team of paediatricians, doctors, specialist nurses, speech and language therapists, community nurses or other specialities are available.

Various clinics and interventions which are not limited to but include:

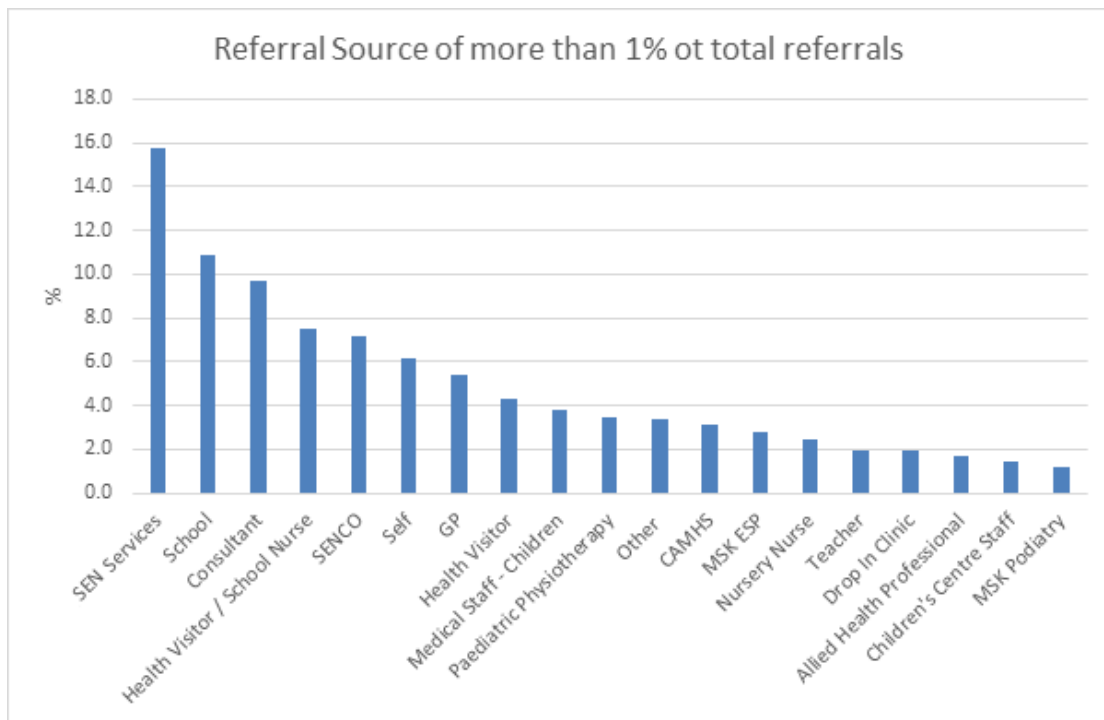
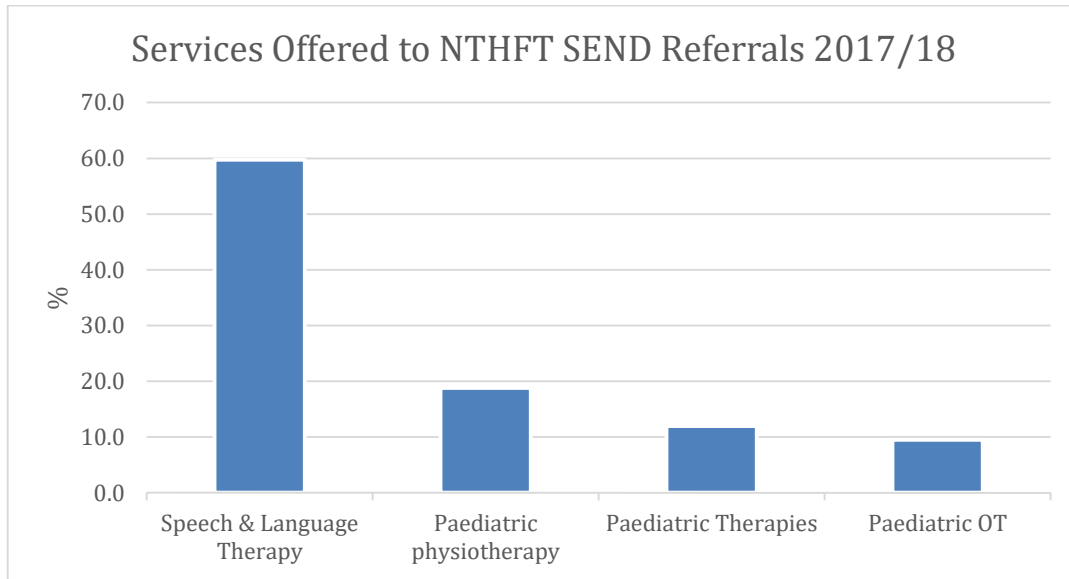
- diabetes
- epilepsy
- endocrine
- respiratory
- feeding
- general and urology surgery
- general paediatrics
- urinary tract infections
- constipation
- allergy
- gastroenterology
- neuro-disability
- dietetics
- neonatology
- cardiac echo screening
- BCG immunisations
- speech and language
- psychology for children and young people with diabetes
- blood sampling

There are a number of consultants from other NHS trusts who provide specialist clinics for immunology, hepatic conditions, cystic fibrosis, paediatric nephrology, neurology, genetic conditions, paediatric respiratory and muscle disorders. Initial consultant appointments are supported by specialist nurses on an ongoing basis.

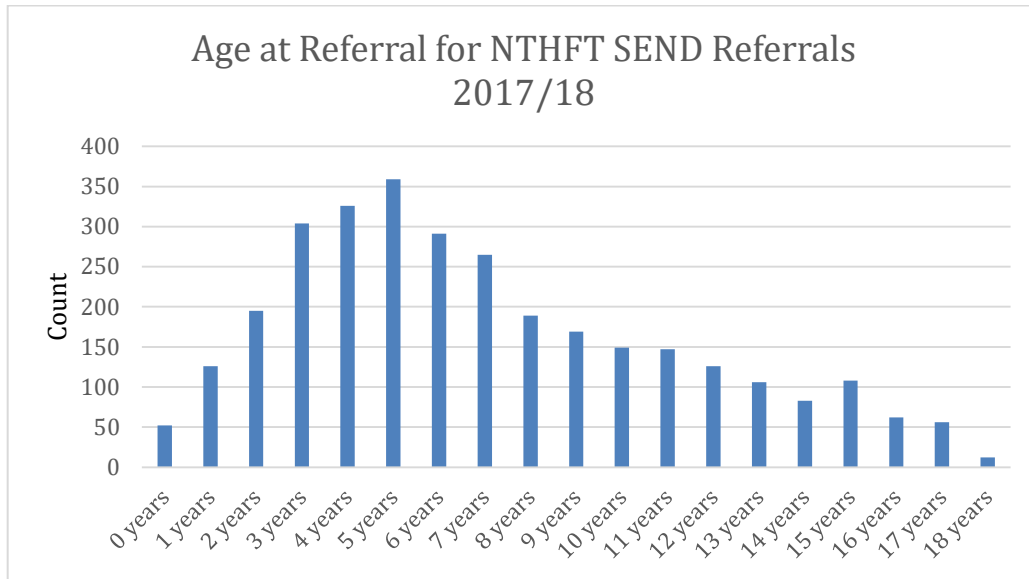
For those children and young people with SEND referred to NTHFT more than half (55.1%) were referred for issues about communication. This is more than three times the number of the next largest referral reason which is paediatric physiotherapy.



This referral reason pattern can be seen to continue through to the services offered, where Speech & Language Therapy accounts for nearly six out of every ten referrals.

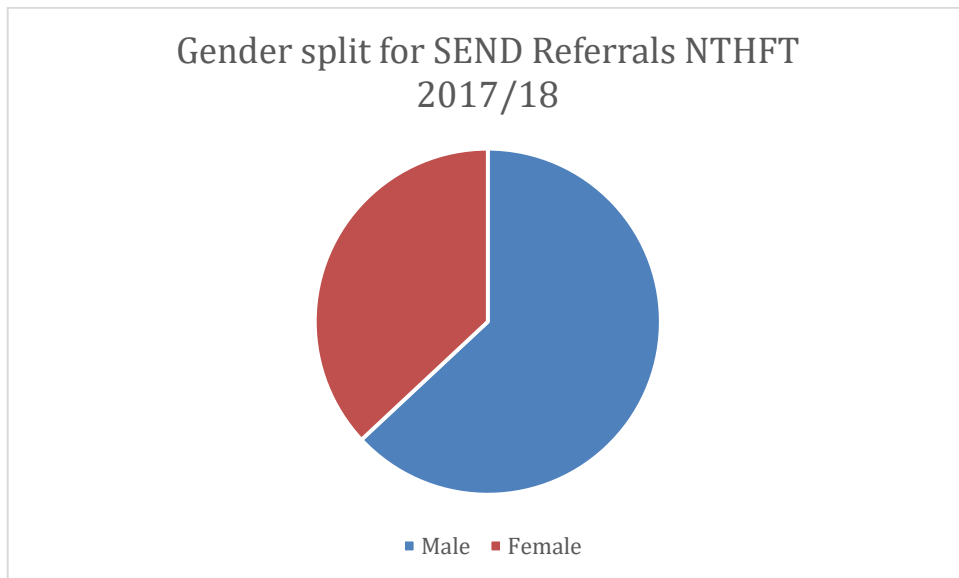


Referrals are received from a range of sources as set out above. In 2017/18 there were 53 individual referral sources for SEND referrals to NTHFT. The most frequent referrer was SEN Services with 15.8% of all referrals, followed by School with 10.8% and Trust Consultants 9.7%. Of the 53 referral sources, 34 of them each referred fewer than 1% of the total referrals, with eight only making one referral in 2017/18.



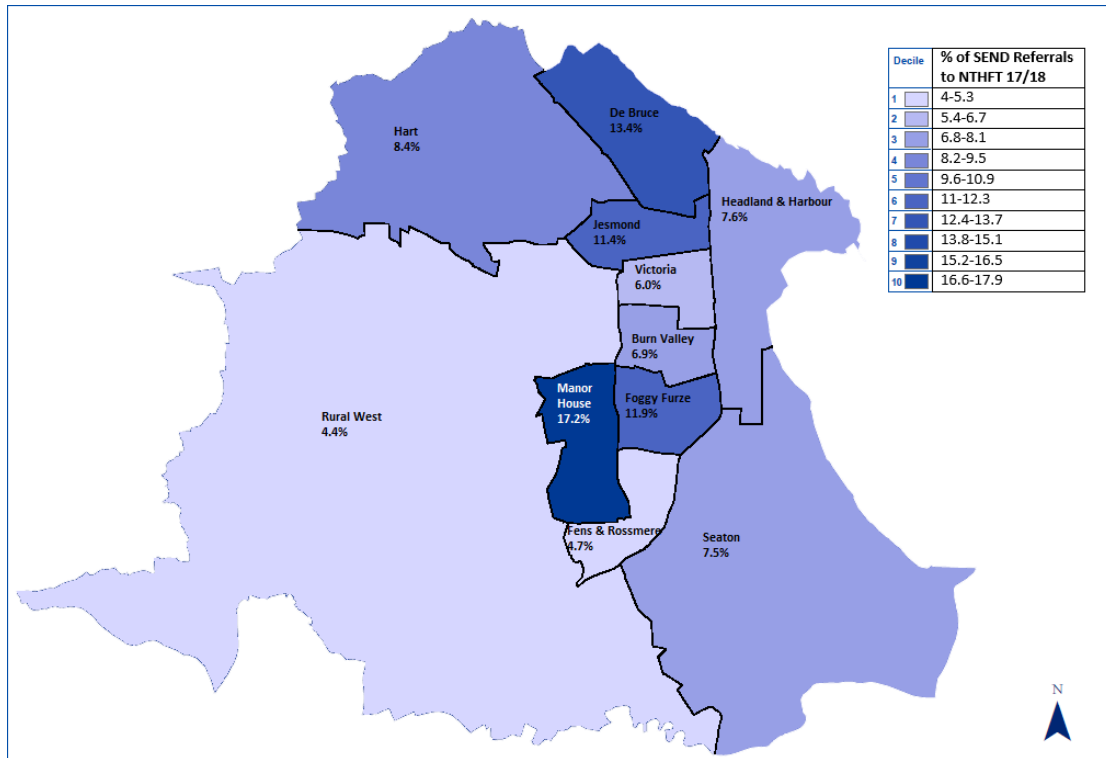
In 2017/2018 the number of SEND referrals into NTHFT peaked at age 5, before gradually declining again., There was another peak at aged 15, which is the only age after 5 which has a larger number of referrals than the preceding age year.

The gender split for referrals into NTHFT shows 63.0% of referrals for males and 37.0% for females.



The geographical dispersion of the referrals to NTHFT shows the largest concentration within the Manor House ward.

Four wards, Manor House, De Bruce, Foggy Furze and Jesmond, account for 53.5% of all referrals, with the remaining seven wards accounting for 46.5% of referrals.



Paediatric Speech and Language Therapy (SALT)

The service provides an evidence-based specialist service for children and young people with speech, language, communication and /or eating, drinking and swallowing disorders. Speech and Language Therapists (SLTs) within the service work in partnership with children/young people and their families, other professionals and agencies, to identify the most effective support required for individual children and young people. The aim of the service is to increase functional ability and, by so doing, reduce the impact of the speech, language, communication or eating, drinking, swallowing difficulty on an individual’s life.

The Health Promotion Workforce Development leads in the service are currently working with two groups of parents within the localities covered by the service. The two pieces of work are focusing on developing:

- ‘What to expect at your first appointment’ leaflets for both parents and children and young people. These will be used throughout the service including in the Hartlepool locality.
- An overview of the care journey of a child or young person accessing Speech and Language Therapy. It is hoped that this can then be used on local offer pages and on the service website.

Paediatric Occupational Therapy/Physiotherapy

The Children's physiotherapy service provides inpatient, outpatient, neonatal and postnatal ward cover. Community Paediatric physiotherapists treat children from 0-19 with additional or complex needs. The service is delivered in patient's homes, schools, specialist provision and nursery. Children are seen within both an outpatient and community setting.

The Children's Occupational Therapy service provides assessment and treatment for children with a wide range of conditions from 0-19 to improve all areas of function and promote independence. Sensory integration assessment advice is provided for children with a diagnosis of autism. Children are seen within both an outpatient and community setting.

The physiotherapy service provide regular drop in clinics and accept self-referrals.

The occupational therapy service delivers sensory integration training to multiple partners.

Both services work together and have excellent links with school SENCO's to support children and families through the transition process from primary to secondary school.

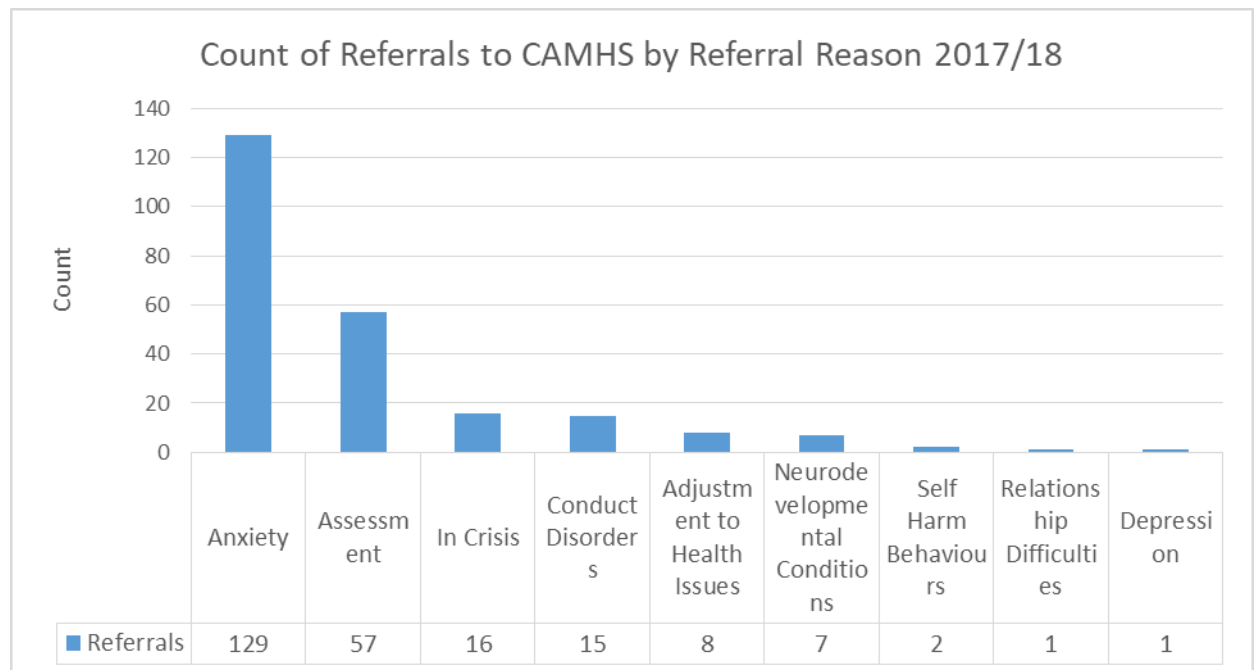
Child and Adolescent Mental Health Services (CAMHS)

The Child & Adolescent Mental Health Service (CAMHS) is provided by Tees Esk and Wear Valleys NHS Foundation Trust (TEWV). The service works with Children, Young People and their families up to the age of 18 years old who are experiencing mental health problems / complex emotional and behavioural difficulties, offering assessment, diagnosis and treatment. The team has a wide range of professional registered practitioners including Psychiatrists, Clinical Psychologists, Mental Health Nurses, Occupational Therapists, Social Workers and Primary Mental Health Workers.

In addition there is a CAMHS team specifically for Children and Young People with a diagnosed Learning Disability to ensure that the needs of children, young people and families are met in the most appropriate way.

The service provides a range of specialist health services to children and young people up to the age of 18 years old with mild, moderate or severe learning disabilities as well as a significant mental health problem or complex need.

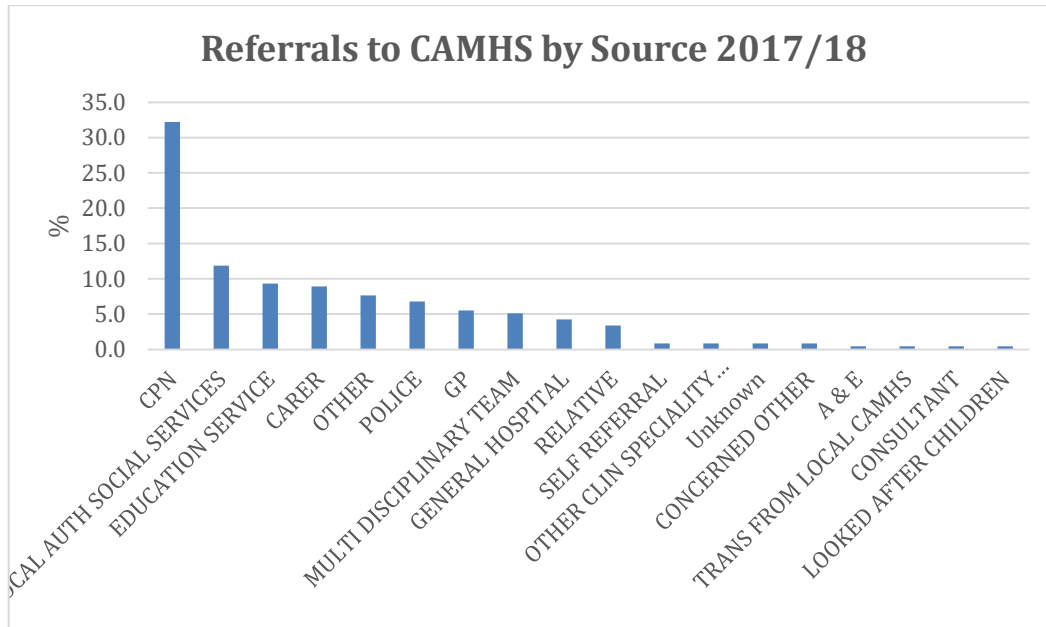
There were 236 referrals for young people who were SEN in 2017/18 into CAMHS. The highest number of referrals was for anxiety at 54.7%. This is more than twice the size of the next largest referral reason, assessment, which accounted for 24.2 % of referrals. These two referral reasons were the only ones that reached more than 10% of all referrals in 2017/18.



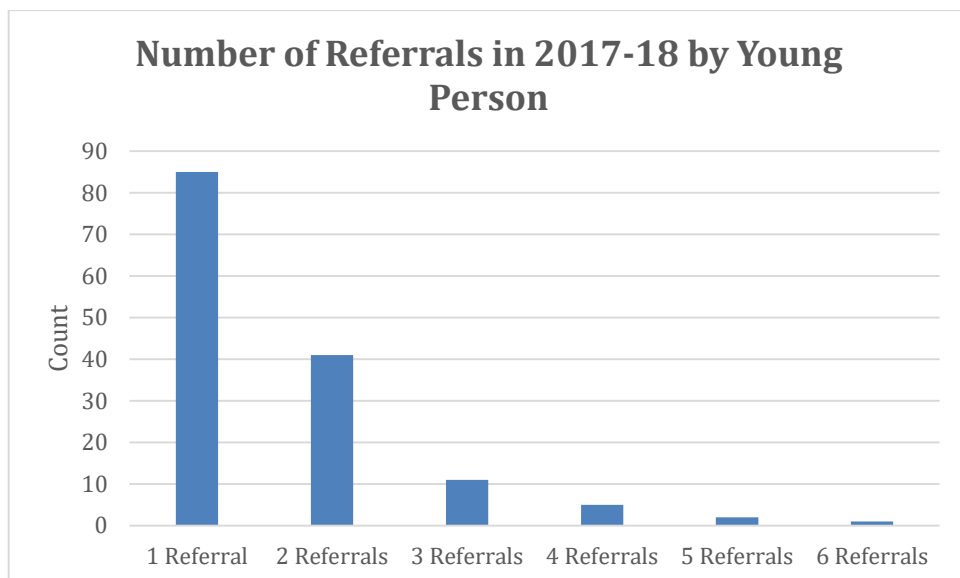
Three CAMHS teams received 78% of all of the SEND referrals. The CYP Hartlepool Tier 2 team, the CYP Hartlepool Community team and the CYP CAMHS Learning Disability Hartlepool team each received between 23% and 29% of referrals in 2017/18. Outside of these three teams the largest percentage of referrals received was 3.4%. The table below shows referrals for Hartlepool children received by services both in and outside of Hartlepool.

Team	Referrals	%
CHILD AND YOUNG PEOPLE HARTLEPOOL TIER 2	67	28.4
CHILD AND YOUNG PEOPLE HARTLEPOOL COMMUNITY	61	25.8
CHILD AND YOUNG PEOPLE - CAMHS LEARNING DISABILITY HARTLEPOOL TEAM	56	23.7
OHC CLEVELAND L AND D	8	3.4
CHILD AND YOUNG PEOPLE TEES ENHANCED CRISIS AND LIAISON TEAM	8	3.4
CHILD AND YOUNG PEOPLE - HARTLEPOOL LOOKED AFTER CHILDREN	8	3.4
ADULT MENTAL HEALTH, TEES STREET TRIAGE	6	2.5
ADULT LEARNING DISABILITY, NORTH TEES COMMUNITY	6	2.5
CHILD AND YOUNG PEOPLE TRUSTWIDE FORENSIC COMMUNITY	5	2.1
CHILD AND YOUNG PEOPLE REDCAR AND CLEVELAND COMMUNITY	2	0.8
ADULT MENTAL HEALTH, HARTLEPOOL ACCESS	1	0.4
ADULT MENTAL HEALTH, HARTLEPOOL CRISIS RESOLUTION	1	0.4
CHILD AND YOUNG PEOPLE SERVICE, EASINGTON TARGETED TEAM	1	0.4
ADULT MENTAL HEALTH, TEES MENTAL HEALTH URGENT CARE CENTRE	1	0.4
CHILD AND YOUNG PEOPLE NORTH YORKSHIRE LOOKED AFTER CHILDREN TEAM	1	0.4
CHILD AND YOUNG PERSON SERVICE - CAMHS LEARNING DISABILITY STOCKTON TEAM	1	0.4
CHILD AND YOUNG PERSON DARLINGTON COMMUNITY	1	0.4
ADULT MENTAL HEALTH, HARTLEPOOL AFFECTIVE DISORDER	1	0.4
CHILD AND YOUNG PERSON MIDDLESBROROUGH COMMUNITY	1	0.4

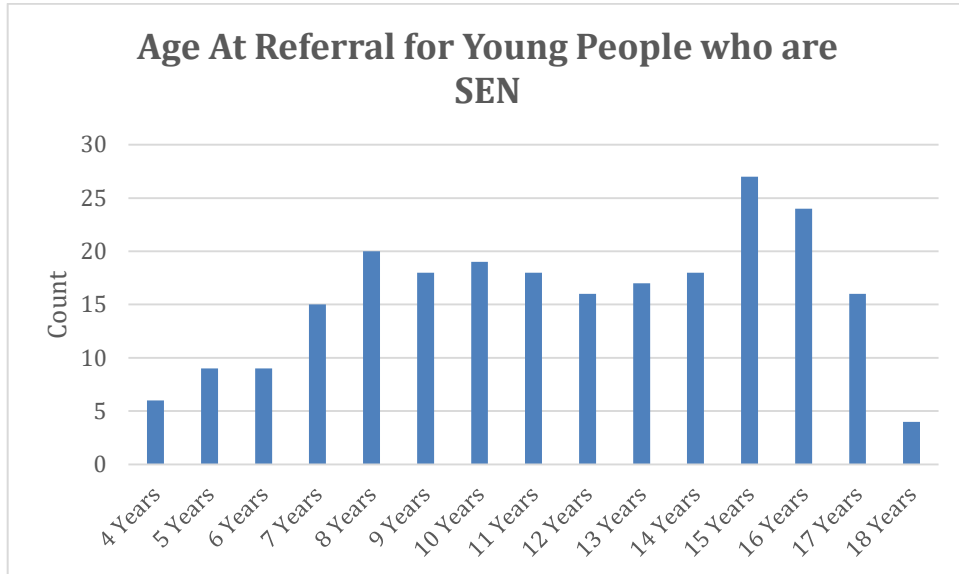
Community Psychiatric Nurses (CPNs) generated slightly under 1 in 3 referrals (32.2%). This was nearly three times the volume produced by the second largest referrer, local authority social services.



The 236 referrals were spread across 145 individuals. The majority of these, 58.6% had only one CAMHS referral in 2017/18, but 13.1% of those referred for CAMHS who are SEND had three or more referrals in 2017/18, with one person having six referrals in 2017/18.

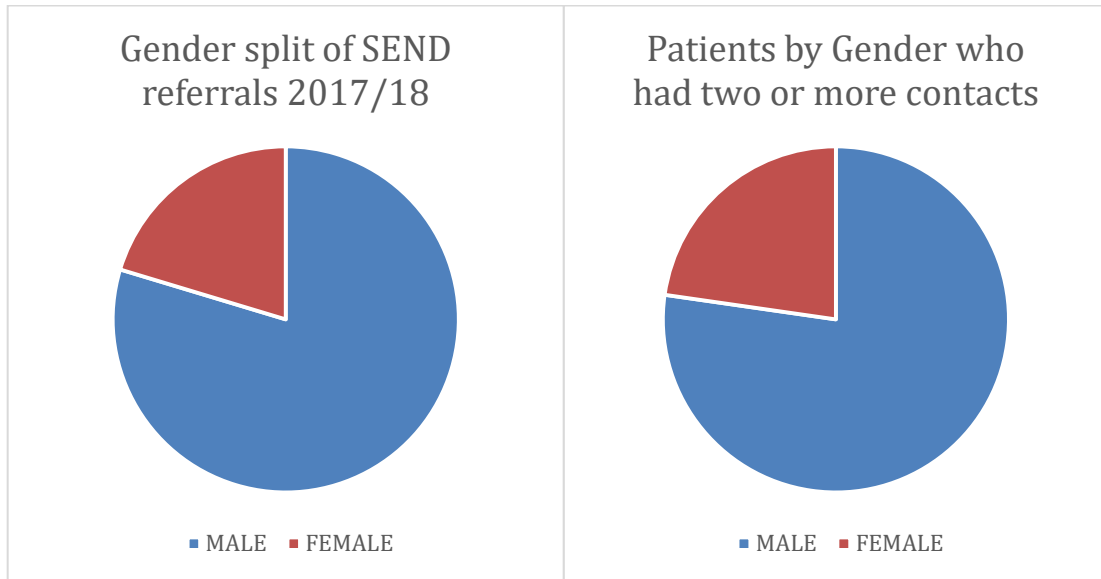


The ages of those referred show two statistically significant peaks, the first at 8 years old, and the second at 15 years old.



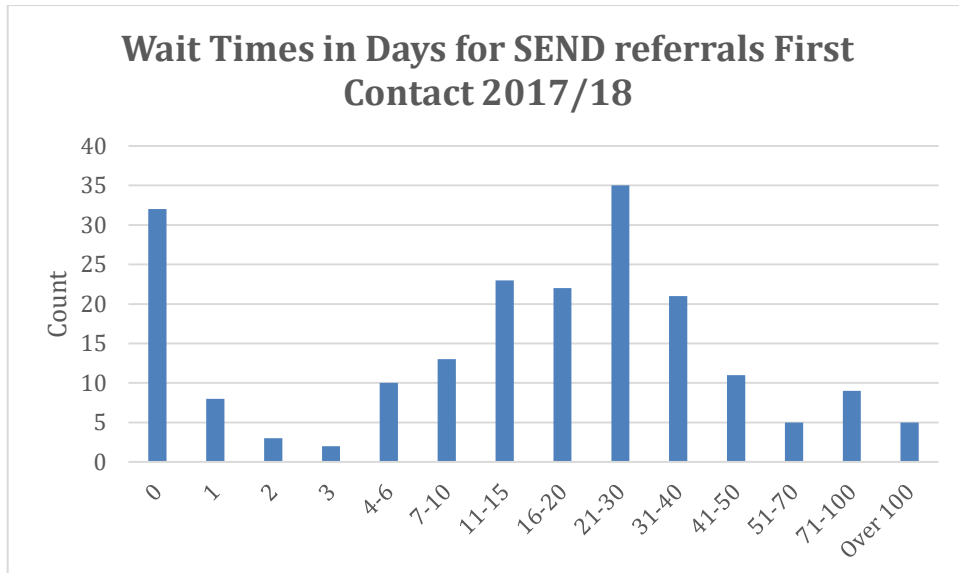
The number of referrals increases from six for those aged four, up to 20 for those aged eight. The rate then largely stabilises, before reaching its ultimate peak of 27 for those aged 15. The number of referrals for 15 years olds is 50% larger than for 14 year olds. This is the second largest increase for consecutive ages, only the 67% increase from 6 years to 7 years is larger. The decline in numbers between 17 years and 18 years however is the largest movement in either direction, as the numbers decrease by 75% from 16 for 17 year olds, to 4 for 18 year olds.

The gender split for SEND referrals into CAMHS is roughly four male referrals to every one female referral, 79.7 % male and 20.3% female.



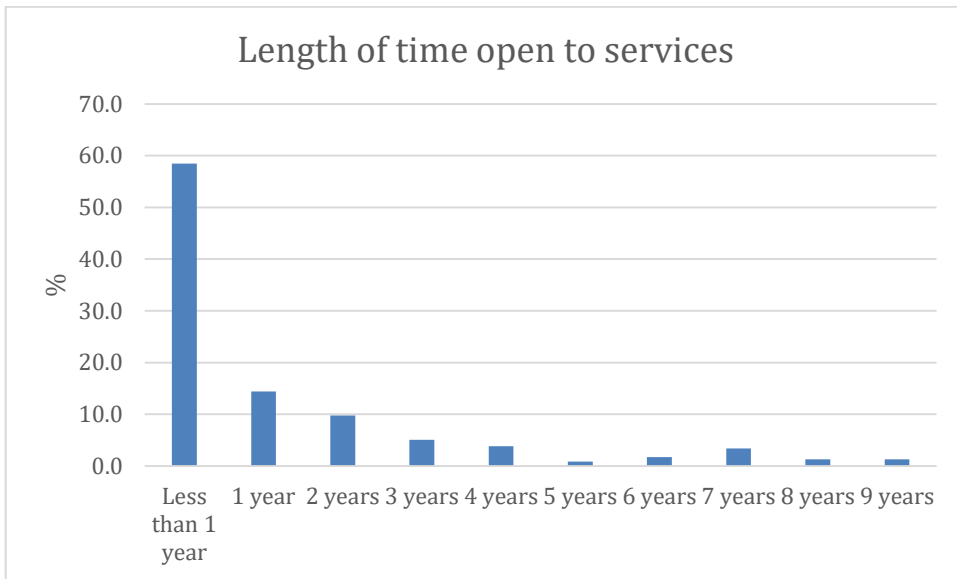
For those individuals who had 2 or more referrals the gender split decreases to 77.3 % boys and 22.7% girls, still slightly more than three boys to every one girl.

In 2017/18 the average wait from referral to first successful face to face contact was 24 days from first contact. However 51 referrals, 25.6%, took more than a month before the first face to face contact, and five referrals took more than 100 days.

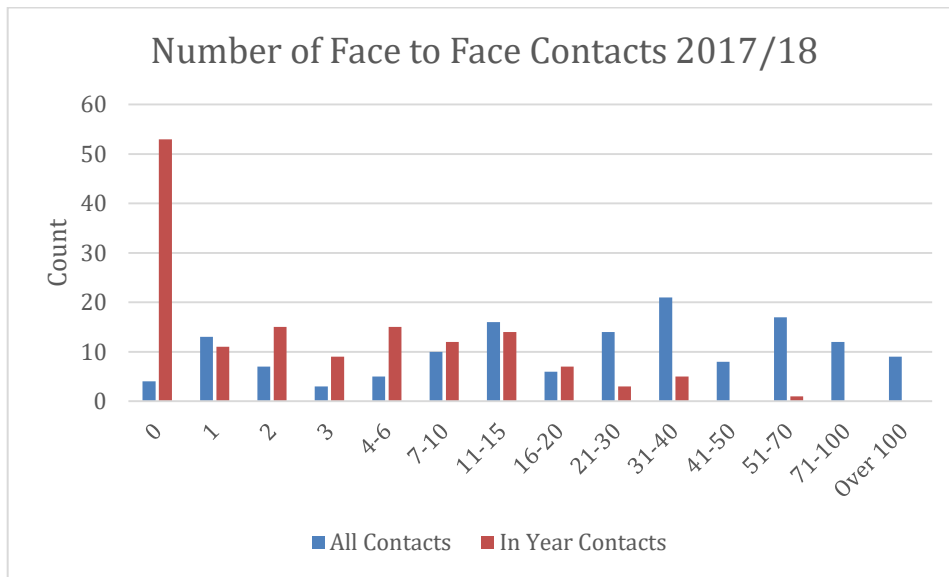


From the wait times given, a wait of 0 days was more likely than every wait banding other than 21-30 days. 16.1% of referrals had a wait time of 0 days until first face to face contact.

In 2017/18, 27.1% of individual’s had been open to services for at least two years, and 8.5% open for at least 5 years. However, the majority, 58.5% were open to services for less than a year.



There were 53 individuals open to services in 2017/18 who had zero face to face contacts during 2017/18, however only 4 individuals open to services during 2017/18 ended the year with zero face to face contacts in total. This means that there were 49 individuals open to services before 2017/18 who remained open during 2017/18 who had zero face to face contacts during 2017/18.



Of those who received face to face contact during 2017/18, the average amount was between 4-6 contacts. The average number of face to face contacts an individual had received in total by the end of 2017/18 was between 21-30, although 6% had received over 100 face to face contacts.

Children's Continuing Care

The Children's Continuing Care team is hosted by the North of England Commissioning Support Unit. Children's Continuing Care is for children and young people whose health needs cannot be met by our commissioned services. Children who meet continuing care criteria frequently have multiple co-morbidities and needs across mental and physical health which results in packages which are jointly commissioned between health, social care and education.

The children's continuing care team in partnership with children, young people, their families and professionals known to them use the National Framework (<https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework>) to identify the level of need and eligibility for children's continuing care.

The team, in partnership with the child, young person and their family and the Local Authority, where appropriate, commission a package of care or support to meet the unmet health needs of the child or young person who is eligible for children's continuing care funding.

In 2018-2019 the trend in referrals to the children's continuing care team continued to rise with the service receiving eight new referrals from the Hartlepool Locality. The number of personal health budgets (PHBs) is also increasing as every family who is eligible for children's continuing care are offered a PHB and families are recognising the benefits and flexibility of this option in comparison to a care package provided by a complex health care provider.

The children's continuing care team also work collaboratively with CAMHS case workers, Designated Clinical Officers (DCOs), SEND teams and other professionals in accordance with the SEND agenda.

Secondary Care

The cohort of patients used within the reporting is currently all patients aged 0-25 with an identified SEND..

A cohort for SEND is currently provided by North Tees & Hartlepool Foundation Trust (NTHFT). To date this contains 634 unique patient Pseudo NHS Numbers across Hartlepool & Stockton CCG. 124 patients in Hartlepool were matched in the Acute Care dataset. Going forwards, a different approach will be taken to source data for CYP with SEND accessing services at NTHFT which will more accurately reflect this cohort.

A&E Attendance

For Hartlepool SEND (EHCP) patients there were 454 attendances to a Type 1 and Type 3 A&E provider overall in a 3 year period, of which;

- 211 in 2017/18
- 187 in 2018/19
- 56 in 2019/20 Year To Date

Inpatient Admissions

For Hartlepool SEND (EHCP) patients there were 83 Elective and 153 Non-Elective Admissions overall in a 3 year period, of which;

- 37 Elective in 2017/18
- 39 Elective in 2018/19

- 7 Elective in 2019/20 Year To Date
- 61 Non-Elective in 2017/18
- 73 Non-Elective in 2018/19
- 19 Non-Elective in 2019/20 Year To Date

Gender

There is a significant gender split for SEND activity within A&E. In 2018/19, 64.2% of attendees to A&E were male. For Inpatient Admissions there is a smaller proportion with an average of 52.7% admissions being male.

In comparison to trends across all patients aged 0-25, gender proportions are less variable for patients accessing secondary care aged 0-25 and more evenly distributed between genders, approximately 52% female and 48% male.

Age Bands

The highest proportion of SEND patients attending A&E are Young Adults ages 18-25 followed by Primary School ages (4-10). However for Inpatient Admissions the highest proportions of the SEND cohort are Primary School age band (4-10).

This varies in comparison to all patients aged 0-25 where Nursery aged patients (0-3) are the highest users of A&E and those patients being admitted.

Frequency

Trends show that a higher proportion of the SEND cohort attend A&E from Monday – Wednesday. The data demonstrates those young people without SEND aged 0-25 attend A&E services from Saturday - Monday.

The majority of attendances are across in-hours services between 9am to 8pm, and therefore potentially within school hours, which is also similar to trends across all patients aged 0-25.

A&E Diagnosis

The highest proportion of children and young people with SEND attending A&E per year are those presenting which resulted in a diagnosis of nothing abnormal detected. On average 0.61% of the SEND cohort are attributable to all attendances for these reasons.

Central Nervous System conditions are fairly common across the SEND cohort with 16.22% of all 0-25 aged attendances relating to this area within the SEND cohort.

Admission Reasons

The most common reason for emergency admissions per year for SEND patients relate to respiratory infections and this is also a common trend across all patients 0-25. Emergency admissions related to epilepsy are also common within the SEND cohort but due to low numbers proportions against all patients aged 0-25 cannot be identified.

For elective admissions the most common reasons for admittance are related to multiple teeth extractions, although due to low numbers proportions against all patients aged 0-25 cannot be identified.

The average length of stay in 2018/19 to date for a non-elective admission is 1.44 days for SEND cohorts, and 1.65 days across all patients aged 0-25.

For planned elective admissions the average length of stay is 1.18 days for SEND cohorts and 0.54 days across all patients aged 0-25.

6. Local SEND Pathways

6.1 Local Intelligence – what we know

Maternity Care and Health Visiting

All pregnant women are screened as part of their ante-natal care and these include: screening for infectious diseases, inherited conditions, Down's, Edward's and Patau's Syndromes and screening for abnormalities at 18 -21 weeks.

Post-natal screening tests are also offered to babies and these screening tests include: new-born physical examination, new-born hearing screening and new-born blood spot screening. These tests identify these conditions at an early stage.

All families are offered the five mandated health visitor contacts, with vulnerable families offered more intensive support from health visitors as part of the Healthy Child Programme. At the 2-2 ½ year check the Ages and Stages Questionnaire (ASQ) is completed with parents and the outcomes are used by health visitors to identify a range of issues early. The outcomes of the ASQ3 for 18/19 are outlined below:

In 2018/19 88% of children aged 2-2 ½ years received an ASQ3⁵ and the outcomes are:

Year	Communication Skills	Gross Motor Skills	Fine motor Skills	Problem solving skills	Personal social skills	Above all 5 domains
2018/19	90.6%	89.8%	79.4%	93.3%	90%	73.5%

In 2018/19 258 children were identified through the ASQ3 as having an additional need or developmental delay. A further 58 children were referred to specialist services and four identified as having a SEND plan. Health Visitors follow an ASQ pathway for those children who have been identified with additional needs or developmental delay to ensure a plan is in place support the child and family.

⁵ Child Development outcomes at 2-2 ½ , Public Health England, 2019 (unconfirmed)

Early Years Provision - Under 5 Years of Age

There are 3,220 children aged 3 and 4 that are benefitting from funded early education in Hartlepool. Of these, 21 children have an EHC plan (0.006%). Individual Pupil Support (IPS) funding can be accessed to support children identified at SEN Support as part of the graduated response in Hartlepool schools and providers. Currently 2 two year old children, 10 three year old children and 20 four year old children receive additional funding.

SEN Inclusion Funding

SEN Inclusion Fund is money that is available for early years providers (Schools/PVI and Childminders) for 2, 3 and 4 year old children accessing a nursery place in a registered setting.

There is currently £25K per year available. The fund is for low level, emerging needs to enable children with SEND to access a nursery place. Funding is used for 1:1 support, equipment, training etc, funding is paid direct to providers.

The Disability Access Fund (DAF) is another fund. This is for 3 and 4 year old children in nursery, not reception, and is an annual payment of £615.00. The child needs to be in receipt of Disability Living Allowance.

In 2019 the following number of young people have been supported by the SEN Inclusion Fund.

- 3 children who are 3 years old
- 4 children who are 4 years old

To ensure there is a link into SEN and to support early identification the requests for SEN inclusion are heard at SEN Commissioned Place Panel which is a multi-agency panel to make other professionals aware. The SEN team then link this into their pathway.

SEN Support in Mainstream Offer

Individual Pupil Support (IPS) is provided to schools to support children and young people in early years, primary and secondary school settings to support their needs in a mainstream setting. Schools bring cases to a monthly IPS panel and demonstrate why additional funding over and above the notional SEN funding is required. Each young person is assessed on an individual

basis and is banded accordingly using the SEND Funding and Banding ranges tool. Support is agreed for a period of time and children and young people are brought back to panel prior to their funding ending to ensure funding is needs led.

Our Educational Offer

The best school or educational setting for a child depends on their needs. Most children with SEND, including those with Education, Health and Care Plans, will attend a mainstream school, college or university. Children with more specialist needs may benefit from a more specialist setting.

Hartlepool LA is working hard with schools to get all schools to Ofsted grade good or better. Ofsted is a government funded system used to categorise English schools. The categories are; Inadequate, Requires Improvement, Good, and Outstanding. The Ofsted framework used to judge schools was significantly changed from September 2019, however all previous judgements still stand.

There are 38 schools in Hartlepool, made up of:

- 5 secondary schools
- 1 pupil referral unit
- 1 special secondary school
- 30 primary schools
- 1 special primary school

Of these:

- 1 is judged Inadequate
- 4 are judged Requires Improvement
- 27 are judged Good
- 6 are judged Outstanding

As such 87% of schools in Hartlepool are judged as Good or better compared to 85% nationally (March 2019).

The table below shows the current Hartlepool landscape for Hartlepool:

Overall Judgment

Phase	School Name	31-Aug-16	31-Aug-17	31-Aug-18	31-Aug-19	2015-16	2016-17	2017-18	2018-19	Latest Inspection (as at 31 August 2019)
Primary	Barnard Grove Primary School	2	2	2	2	→	→	→	→	15/03/2017
Primary	Brougham Primary School	2	2	2	2	→	→	→	→	13/06/2019
Primary	Clavering Primary School	2	2	2	2	→	→	→	→	01/05/2019
Primary	Eldon Grove Academy	1	1	1	2	→	→	→	↓	31/01/2019
Primary	Eskdale Academy	2	2	2	2	→	→	→	→	05/12/2018
Primary	Fens Primary School	2	2	2	2	→	→	→	→	16/03/2018
Primary	Golden Flatts Primary School	2	2	2	2	→	→	→	→	12/07/2017
Primary	Grange Primary School	2	2	2	2	→	→	→	→	02/07/2019
Primary	Greatham CofE Primary School	2	2	2	2	→	→	→	→	04/10/2017
Primary	Hart Primary School	1	1	1	1	↑	→	→	→	21/04/2016
Primary	Holy Trinity Church of England (Aided) Primary School	1	1	1	1	→	→	→	→	14/01/2010
Primary	Jesmond Gardens Community Primary School	2	2	2	2	→	→	→	→	21/05/2019
Primary	Kingsley Primary School	2	3	3	2	→	↓	→	↑	09/01/2019
Primary	Lynnfield Primary School	3	3	3	3	→	→	→	→	12/06/2019
Primary	Rift House Primary School	2	2	2	2	→	→	→	→	18/10/2018
Primary	Rossmere Primary School	2	2	2	2	→	→	→	→	28/03/2017
Primary	Sacred Heart RC Primary School	1	1	1	3	→	→	→	↓	31/01/2019
Primary	St Aidan's CofE Memorial Primary School	3	2	2	2	→	↑	→	→	20/10/2016
Primary	St Bega's RC Primary School	1	1	1	1	→	→	→	→	17/06/2015
Primary	St Cuthbert's RC Primary School	3	2	2	2	→	↑	→	→	27/04/2017
Primary	St Helen's Primary School	2	3	3	2	→	↓	→	↑	17/01/2019
Primary	St John Vianney RC Primary School	1	1	1	1	→	→	→	→	22/10/2008
Primary	St Joseph's RC Primary School	2	2	2	2	→	→	→	→	28/11/2017
Primary	St Peter's Elwick Church of England Voluntary Aided Primary School	2	2	2	2	→	→	→	→	10/06/2015
Primary	St Teresa's RC Primary School	2	2	2	2	→	→	→	→	23/11/2017

Primary	Stranton Primary School	1	1	1	1	→	→	→	→	20/06/2012
Primary	Throston Primary School	2	2	2	2	→	→	→	→	10/01/2017
Primary	Ward Jackson Primary School	2	3	3	2	→	↓	→	↑	03/04/2019
Primary	West Park Primary School	2	2	2	2	→	→	→	→	08/11/2018
Primary	West View Primary School	2	2	2	2	→	→	→	→	12/09/2017
Pupil Referral Unit	Hartlepool PRU	2	2	2	2	↑	→	→	→	24/02/2016
Secondary	Dyke House Sports & Technology College	2	2	2	2	↓	→	→	→	26/02/2019
Secondary	High Tunstall College of Science	2	2	2	2	↑	→	→	→	24/06/2016
Secondary	Manor College of Technology	4	no data	3	3	→	↓	↔	→	22/02/2018
Secondary	St Hild's Church of England Voluntary Aided School	3	3	3	3	→	→	→	→	21/06/2017
Secondary	The English Martyrs School & Sixth Form College	2	3	3	3	→	↓	→	→	03/07/2019
Special	Catcote Academy	2	2	2	2	→	→	→	→	01/03/2016
Special	Springwell School	1	1	1	1	→	→	→	→	13/03/2019

Additionally Resourced Provision (ARP)

In addition to the provision within schools, Hartlepool LA also commission a number of Additionally Resourced Places (ARP's) for children who are able to attend a mainstream setting but whom require more specialist teaching and learning and tailored or specialist facilities to meet their identified SEN needs.

Our current offer is as follows:

School	Type of provision	Number of places
Eskdale Academy (P)	Speech and Language – Key Stage 1	10
Kingsley Primary School (P)	Autistic Spectrum Disorder – Key stage 1 and 2	25
Grange Primary School (P)	Autistic Spectrum Disorder/Physical and Medical - Key stage 1 and 2	16
Rossmere School (P)	Social, Emotional, Mental, Health - Key stage 2	6
Springwell School (P) – Open Jan 19	Social, Emotional, Mental, Health - Key stage 2	8
High Tunstall College of Science (S)	Autistic Spectrum Disorder/Physical and Medical – Key Stage 3 and 4	20

Manor Community Academy (S)	Autistic Spectrum Disorder – Key Stage 3 and 4	20
Catcote Special Academy (SS) – Open Sep 19	Autistic Spectrum Disorder – Key Stage 3 and 4	5
High Tunstall College of Science (S) – Open Oct 19	Social, Emotional, Mental, Health – Key Stage 3	6

Emerging Needs

In line with national growth in the number of EHC Plans, Hartlepool has seen a year on year increase. The most prevalent primary needs for children and young people when issued with an EHCP have, for a period of three years, has been SEMH or ASD. Although the areas of need have remained the same we have seen a steady increase in the number of children and young people being brought for statutory assessment who are then issued with an EHCP to ensure their needs can be appropriately met.

In the last 3 years we have seen an increase in demand for our specialist provision for children with SEND, we have seen growth in the support required, funding and places for children and young people with; ASD, MLD and SEMH from the following:

- Increase in requests for support for funding in early years and mainstream school settings
- Increase in requests for EHC by the identified primary areas of need at statutory assessment
- Increase in requests for ARP provision
- Increase in requests for Special School places
- Increase in requests for out of area placement requests brought to SEN Panel for SEMH

The greatest number of requests for statutory assessments received in the following years were as follows:

Top Three Areas of Primary Need in Ranking Order	2016	2017	2018
	SEMH	ASD	SEMH
	ASD	SEMH	ASD
	MLD	PD	SCLD/MLD

Intelligence Gathering With Schools

To inform future commissioning and as part of a wider consultation with schools to map future provision and predict need, the LA carried out an exercise with primary schools. This asked schools to identify children they expect to require statutory assessment within the primary phase of education by their primary area of need.

In total across the current phase of primary education, schools anticipate a further 226 children from nursery age to year 6 will need to come forward for statutory assessment.

The highest proportion of children identified were those in year 2 at 19% and year 4 at 17% in the academic year 2018/19. The highest area of need was identified as Communication and Interaction at 48% of the total.

This is in line with new EHC requests coming forward where Communication and Interaction has consistently been the highest % of presenting primary need and basis for statutory assessment for the last 3 years.

This supports the LA and partners need to conduct a review of ASD pathways, provision, training and support across the town to ensure it meets future need in a planned way.



6.2 How We Are Responding to the Highest Levels of Need

Social Emotional Mental Health (SEMH)

Hartlepool has seen a year on year increase since 2016 in the number of children who require high cost provision in out of area specialist placements for SEMH due to a lack of local provision and skills available, this is in line with other North East authorities.

In 2019, there are 39 children with an EHC plan who are placed in out of area independent specialist SEMH provision and a further 10 children with an EHC plan in out of area academies or special schools whose needs are SEMH, of the 49 children 15% are in residential SEMH provision. Since 2016 the proportion of children accessing out of area provision for SEMH has grown by over 300%.

In summer 2019 Hartlepool's Educational Psychology Service carried out a consultation with Head teachers linked to SEMH to establish what support was required within the whole school system to identify training needs and where best practice or particular areas of support could be found, which will inform future Continuous Professional Development (CPD) and best practice sharing. Particular gaps were supporting SEMH from an earlier age, better understanding and more whole school training around issues which relate directly to attachment issues and how this presents in behavioural issues at school.

To support schools an ongoing systems architecture review is underway across education and the school improvement and support services (which the LA provides) to allow for a more joined up approach to identify and support children's mental health at all levels across the town. Programmes and support such as the Trailblazer, Adverse Childhood Conditions (ACE's), Anna Freud, Kooth and the towns SEMH graduated response need to be more cohesive to ensure they have the most impact and provide support for children and schools to:

- Reduce fixed term exclusions and PEX
- Provide support to children for low to moderate mental health
- Have a robust package of CPD in schools to support professionals
- Reduce referrals into mainstream CAMHS
- Support families
- Identify training gaps and work with partners to commission resources and support
- Embed the graduated response particularly within the mainstream setting
- Reduce the number of children who fail in secondary school and move to high cost out of area provision

In response to this increased demand from September 2018 the LA commissioned two Primary SEMH Additionally Resourced Provisions (ARPs) which allow children to access a period of intervention and support before transitioning back to their home school. Children are assessed for entry into the ARP by a multi-agency panel who maintain oversight of the young person referring into other services when appropriate and monitor progress and outcomes. To allow for a flow through to secondary provision if required in January 2020 a Secondary SEMH ARP will also form part of the SEMH graduated response.

In January 2020 the LA will employ an external specialist to assess the impact of the primary SEMH ARP provision to understand whether it is meeting its aims prior to future commissioning in September 2020.

The LA was recently successful in securing an SEMH free school for up to 50 children, which it is anticipated will be ready subject to Secretary of State Approval in 2021/22. The SEMH free school will provide the missing element in the current offer of provision and reduce the reliance on high cost out of area provision.

Autistic Spectrum Disorder (ASD)

As indicated, Hartlepool has seen an increase in statutory assessment for ASD and need for school places within an ARP or Special School Setting. Using the SEND Capital fund 2018/19, the LA added an extension to Springwell Special Primary School to replace a temporary building and provide an additional classroom for children with Autism. This has supported us to meet the presenting needs of children with SEN and allow them to continue their education in area.

A further ASD ARP has been developed at Catcote Special School which started in September 2019 to allow children with high functioning ASD but complex sensory needs to access provision in area. Due to an increase in ASD and the flow through from the increase in primary provision, in October 2019 the LA began a feasibility study to assess capacity within the current secondary special provision offer. The feasibility study is looking at the current capacity in the school and exploring current floor space to ensure it is best utilised and identify where any potential extensions could be sited.

Moderate Learning Difficulties (MLD)

In the last 2 years the LA has seen an increase in the number of children accessing special school provision who have a diagnosis of MLD. Further investigation in this area is required to identify whether it is possible for children with MLD to access their provision within nurture provision or ARPs in a mainstream setting.

Working with Our Schools and Partners

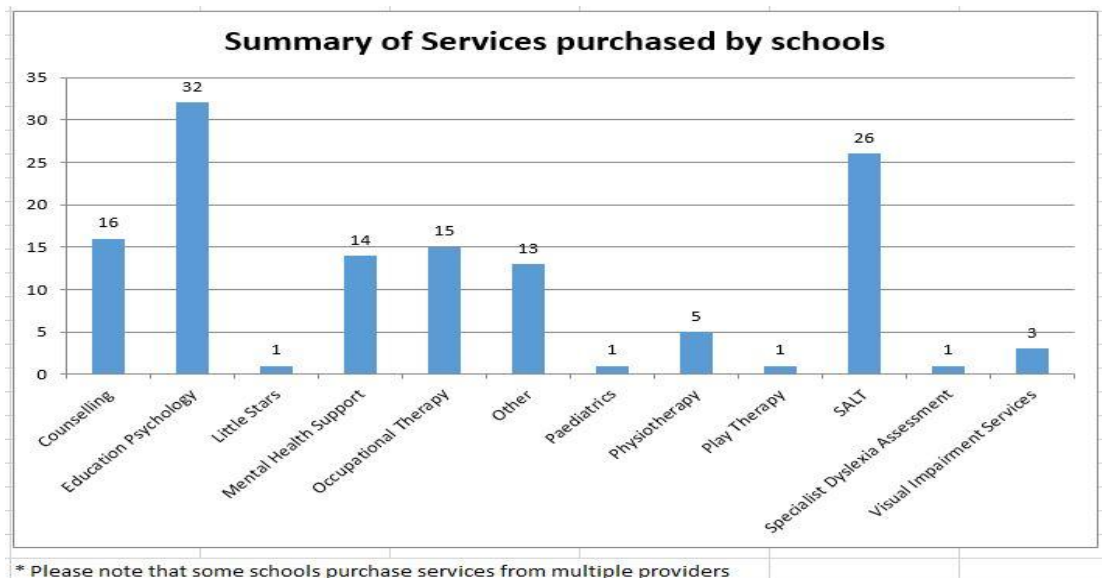
To ensure the LA and CCG fully understand the needs of schools and the children they support, in May 2019 an extensive consultation exercise began with schools as key stakeholders to gather hard and soft data to identify;

- Current spend and usage of commissioned services to support children
- Greatest areas of need for services into schools
- Workforce development and additional CPD required to support staff
- Numbers of children in each year group who may require statutory assessment

All schools across the town responded to the consultation and we were able to gather data at a very detailed level. This information gathered is being used to;

- Feed into the review of current provision across the town and identify future needs
- Identify areas for joint commissioning with LA, CCG and partners
- Inform future CPD and workforce development opportunities for staff and parent/carers

Summary Number of Schools Buying Back Services



Since July 2019 all schools have been offered the opportunity to have individual meetings with the CCG to discuss CCG block contract services. At these meetings schools are able to identify their requirements of the services and provide feedback on current services. There is also the opportunity to discuss in more detail individual buy back of health commissioned services to identify the opportunity to pool resources and jointly commission, as it may be the case that the schools involved in joint commissioning are those with the highest spend who sit within different cluster groups. To date 8 schools across the town have been involved and further meetings are planned in the new academic year with any schools who wish to take this up.

From the cluster group meetings held and individual meetings to date, schools are interested in further work around additional capacity and possible joint commissioning in:

- School nursing and expanding the current offer within the cluster – North Cluster Group
- Exploring joint commissioning opportunities around SALT purchased services – All clusters
- Exploring joint commissioning opportunities around emotional wellbeing of children, staff and parent carers – All clusters
- Training for staff on understand and supporting Autism and associated conditions – All clusters

6.3 Areas of Joint Commissioning currently being explored

Speech and Language Therapy (SALT)

The CCG have led a meeting with Hartlepool, Darlington and Stockton LAs to look at how each area commission SaLT support for their children. More localised consultation needs to start to map provision and highlight demand in more detail to potentially scope a new service which pools available resources and best meets need. A further exploratory meeting is being held in December 2019 with schools and the LA to further scope this area.

Emotional Mental Health Trailblazer Bid

In July 2019 Hartlepool and Stockton CCG were successful in their bid for Trailblazer funding to develop a mental health support teams around schools. The bid was shared across Hartlepool Council, Stockton Council and Hartlepool and Stockton-On-Tees CCG.

Due to the levels of deprivation, there are significant health inequalities experienced by the children and young people living in Hartlepool. Mental Health Support Teams will not only provide something new but elicit an overall approach of early intervention, knowledge transfer and sustainable solutions to wellbeing.

There will be 2 MHST's who will work into each identified school with children and young people aged 5-18. This is acknowledging that mental health issues can manifest at any point of a young person's life.

The MHSTs will focus their interventions depending on 'need' within each school and will build on existing infrastructures and teams already supporting into schools; utilising these existing services to promote mental health and wellbeing

The overarching aims of the MHSTs are:

- Better transition between Year 6 and 7, and also into FE or employment.
- Reducing exclusions from school/college and reintegration of CYP back into school.
- Improved whole-family mental health.
- Identification of low-level mental health needs at an earlier age.

Neurodevelopmental Training and Support

The CCG and LA have piloted a Neurodevelopmental diagnosis model. Schools, parents and carers and other partners have worked with CCG to develop the model and referral routes.

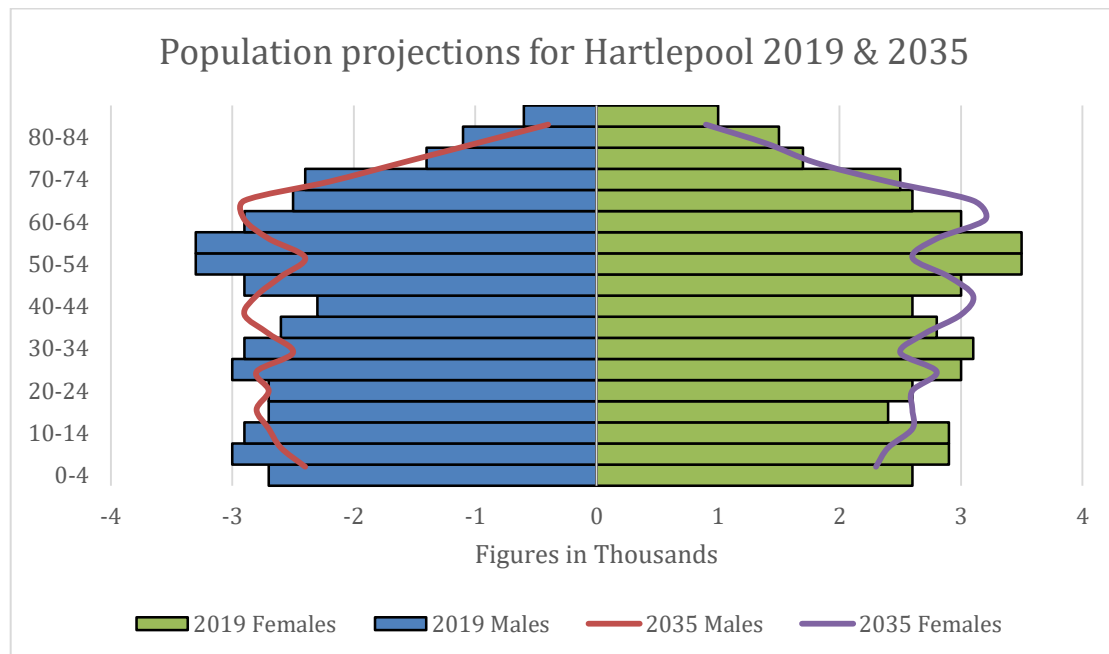
A programme of training and support for schools and families currently on the waiting list for diagnosis has been developed to offer ongoing support. This includes training offered by Daisy Chain, into LA's, and various other providers across the town to support professionals and families.

In July 2019 Daisy Chain provided 'Understanding Neurodevelopmental Conditions' training to over 40 Hartlepool LA front line staff who support children and families and an extended version of this training is being rolled out to all school SENCO's .

7. What's on the Horizon? Future Needs

7.1 Population Projections

Population projections for Hartlepool up to 2035 predict that the total population will have increased by only 0.1%. The population aged 0-24 is predicted to decrease by 5.9% by 2035 in Hartlepool, with a decrease of 5.4% for males and 6.8% for females. The only age bracket within 0-24 which is predicted to increase is 15-19, which is projected to increase by 3.7% for males and 8.3% for females. The age bracket with the largest decline is 5-9, which is predicted to fall by 13.3% for males and 17.3% for females.



7.2 Projecting Adult Needs and Service Information System (PANSI)

The Department of Health's PANSI looks at how demography and certain conditions can impact on population projections aged 18-64. By focusing on just the population aged 18-24 in Hartlepool will give an indication of levels of service need in the years preceding.

Data from PANSI suggests that the population of 18-24 year olds with a learning disability will decrease till 2025; however it is estimated to increase thereafter till 2035 bringing it back to 2019 levels. The table below provides the detailed breakdown.

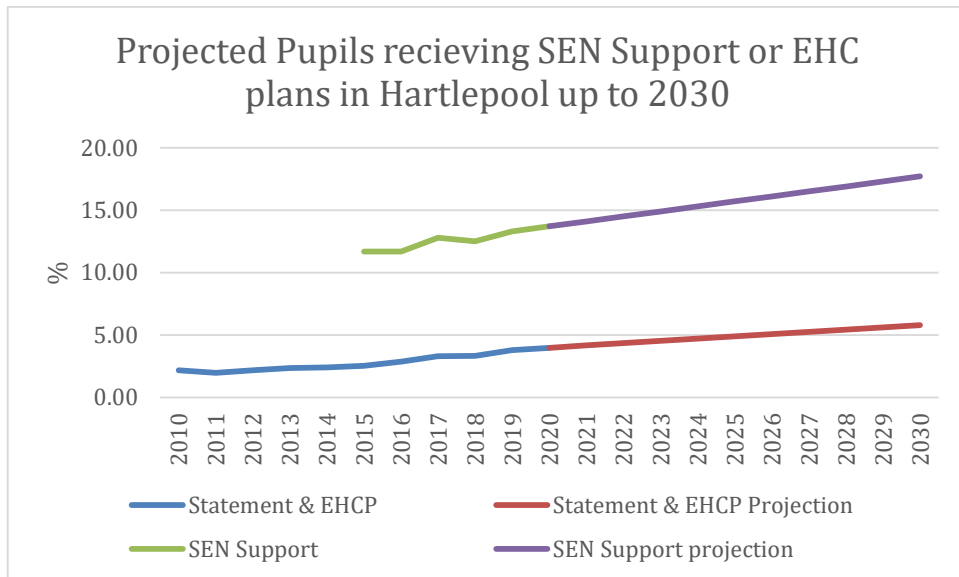
Estimated number of 18-24 year olds with selected disabilities					
	2019	2020	2025	2030	2035
Learning disability: Baseline estimates	197	192	183	201	196
Learning disability: Moderate or severe	46	45	43	48	47
Learning disability: Severe	15	15	14	16	15
Downs Syndrome	5	4	4	5	5
Autistic Spectrum Disorder	75	73	70	78	75
Impaired mobility	73	71	68	75	73
Moderate personal care disability	44	43	41	45	44
Visual Impairment	5	5	4	5	5
Hearing Impairment	130	125	120	133	130

Source: PANSI

7.3 Projecting Need

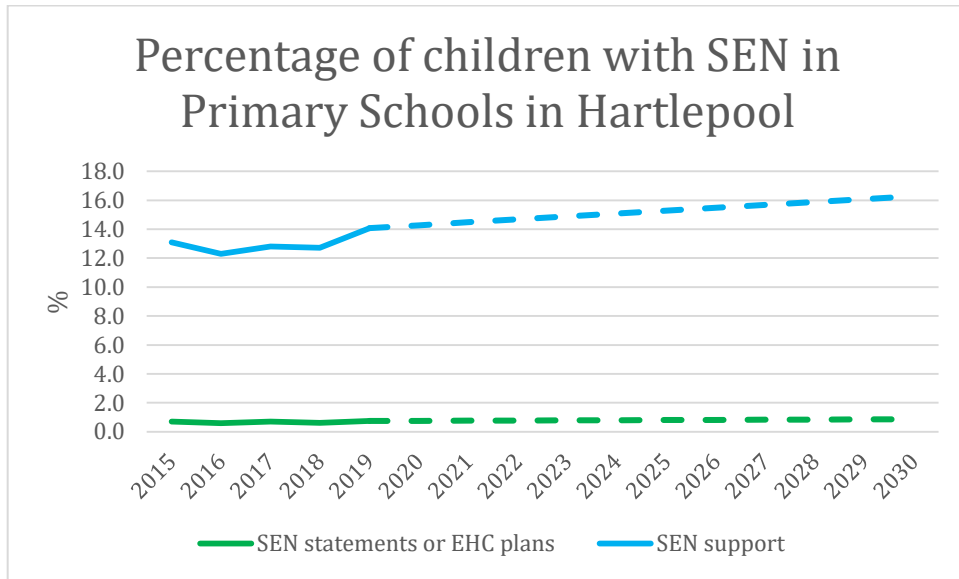
The future SEN needs of Hartlepool’s children and young people have been projected using trends from the previous years’ data. However, this projection must be understood only as an indication of possible future trends. The projection is only based on trend data and does not take factors of service provision into account.

The percentage of pupils receiving SEN support and the percentage receiving either a SEN statement or an EHCP have increased up to 2019, up to 3.99% for EHCP and 13.7% for SEN support. If this increase were to continue, then by 2030 EHCP levels would be 5.79% and SEN support 17.7%.



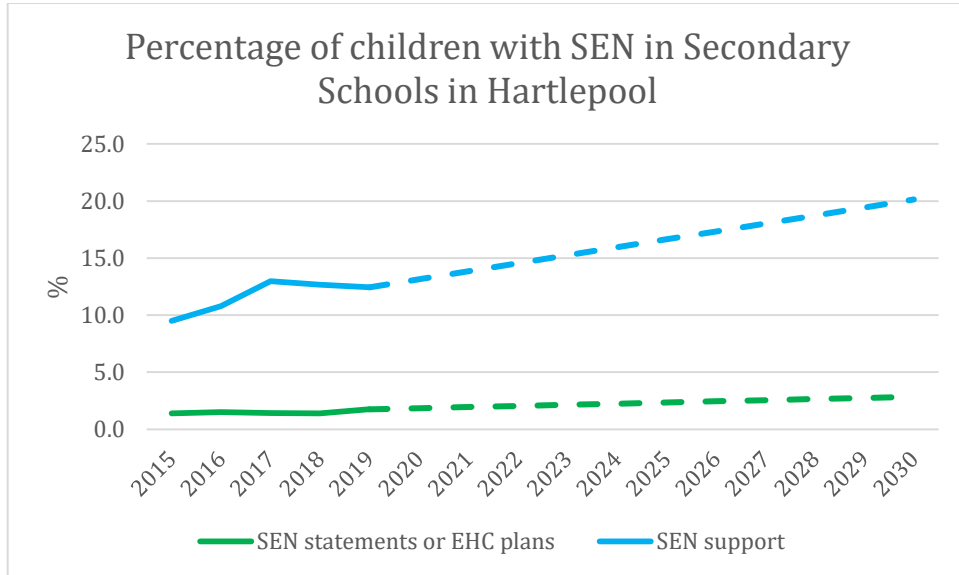
Source ONS

For primary school age children the level of EHC plans is projected to remain consistent throughout the period, remaining below 1% all the way up to 2030. The level of SEN support is forecast to increase from 14.1% to 16.3% by 2030.



Source: ONS

For secondary school age children the level of EHC plans is forecast to increase from 1.7% to 2.8% by 2030, and the level of SEN support to increase from 12.4% to 20.1% by 2030.

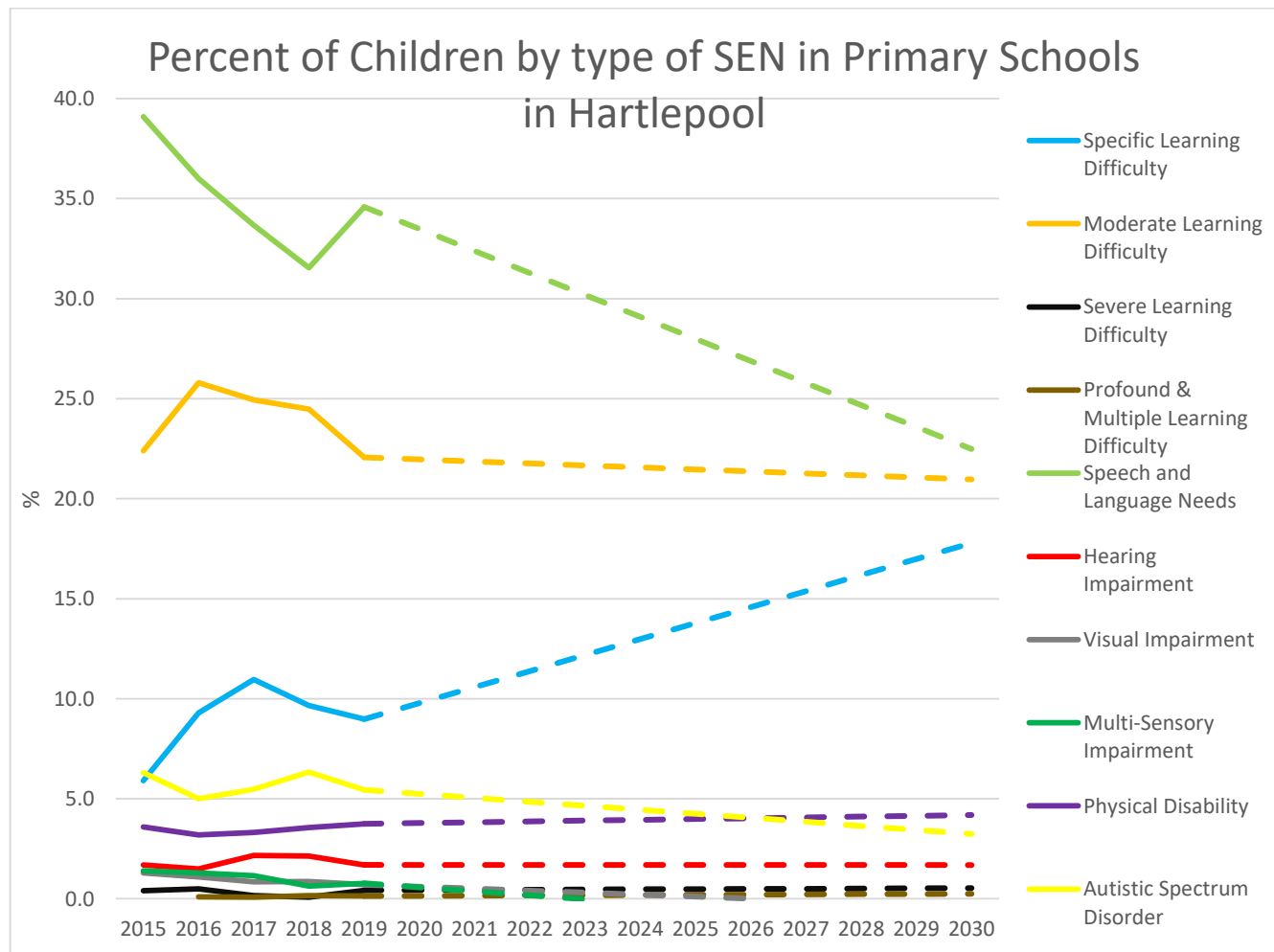


Source: ONS

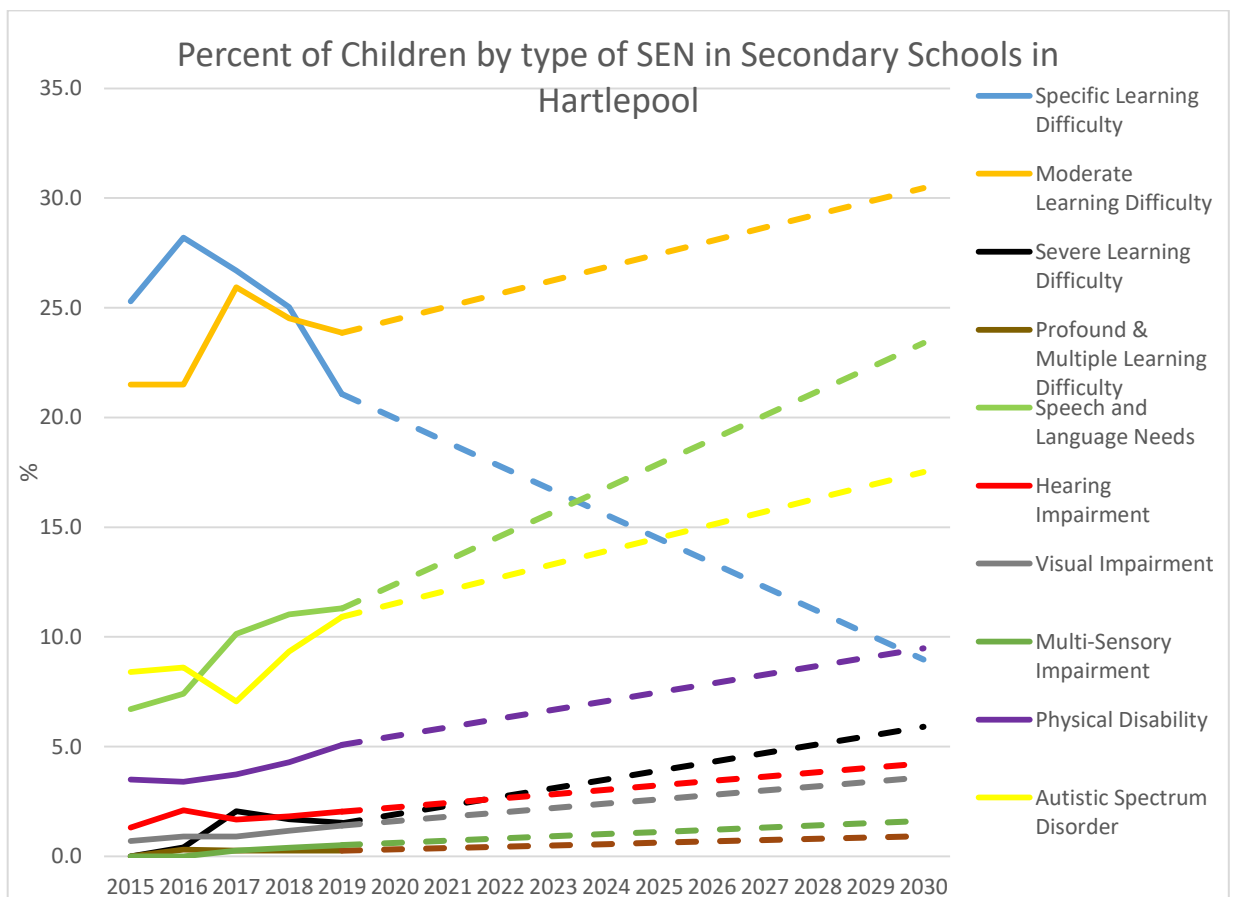
7.4 Type of Need

The future SEN needs of Hartlepool’s children and young people has been projected using trends from the previous years’ data. However, this projection must be understood only as an indication of possible future trends. The projection is only based on trend data and does not take factors of service provision into account.

At primary school level, only Specific Learning Difficulty and Speech and Language Needs are forecast to change greatly from their current level. Specific learning Difficulty is forecast to increase from 9% to 17.8% by 2030, and Speech and Language Needs are forecast to decrease from 34.6% to 24.5% by 2030. All of the other indicators are forecast to be at comparable levels in 2030 to their 2019 levels.



At secondary school level, a different picture emerges, with all indicators except Specific Learning Difficulty forecast to increase by 2030. Moderate Learning Difficulty is forecast to continue to be the most predominant type of SEN in secondary schools, increasing from 23.9% to 30.5% by 2030. Severe Learning Difficulty is forecast to overtake Hearing Impairment to become the 6th most predominant type of SEN, increasing from 1.5% to 5.9% by 2030. Conversely, Specific Learning Difficulty is forecast to be overtaken by Speech and Language Needs, Autistic Spectrum Disorder and Physical Disability, moving from the 2nd most predominant in 2019 to the 5th most predominant by 2030, a decrease from 21.1% to 9%. While in 2019 the level of Speech and Language Need and Autism Spectrum Disorder was comparable, by 2030 the gap between them is forecast to increase to almost 15 times the size of the 2019 gap.



7.5 Summary

In summary, forecasting estimates predict the following changes that may impact on the provision of future needs for children and young people with SEND:

- It is estimated that there will be a 5.9% decrease in the 0-24 year old population
- The only increase that is projected in the 0-24 year population will be seen in 15-19 year age group and it is estimated that this age group will increase by 3.7%
- Predicted increase(s) in:
 - Specific learning difficulty in primary school
 - All categories other than specific learning difficulty in secondary schools

8. Stakeholder Views

8.1 Hartlepool Parent/Carer Forum

1 Hart, 1 Mind, 1 Future are Hartlepool's recognised parent led forum, we recognise the importance of working collaboratively to best meet the needs of our families of children with additional needs and/or disabilities.

Over the previous years we have built excellent relationships with Hartlepool Borough Council, in developing meaningful services for families within social care and education.

We are key stakeholders in the developments of Hartlepool Local Offer, to ensure useful information is available for families, children and young people. Families recognised the local offer was 'text heavy' and they were unable to locate relevant information. We continue to work with partners to ensure families views and suggestions are included to allow us to move forward to improve this offer in Hartlepool.

Working with Hartlepool SENDIAS service has provided invaluable support and information to families. Working in partnership has allowed us to raise participation and awareness of statutory duties, to ensure children's needs are met effectively and in a timely way. Families have received guidance around Special Educational Needs Support, Education, Health and Care Plans and support for SEND Tribunals. The feedback from this service has been extremely positive, receiving recognition from inspectors at the recent re-visit.

We continue to co-produce the local areas, Short Breaks Provision Statement, outlining the current local offer for short breaks. Working in partnership with HBC Short Break Lead we have completed joint surveys to ensure family's views are not lost, informing future commissioning of services to best meet the needs of our children.

We are key members in many strategic groups including Hartlepool SEND Operational Group and SEND Strategic Group, working collaboratively to meet the Educational, Health and Social Care needs of children and young people. This provides families with the opportunity to share their experiences with strategic leaders, ensuring 'real life' examples are a key focus when making changes to systems and pathways.

Families for several years have shared their concerns and grievances around the pre and post autism diagnostic support for CYP. Although concerns have been raised, we continue to see slow progress in this area. Families are pleased to see the formation of the Neuro-Development Group, to ensure families start to see positive changes in the support offer locally. We continue to work in partnership with the group to ensure families experiences help drive forward this piece of work.

The key topic for families is ‘communication and information’. Families share their frustrations that departments and professionals do not always communicate the correct information, resulting in longer waiting for the right support. It is essential we continue to improve this for families to ensure children’s needs are met effectively.

Families feel a ‘diagnosis’ continues to be key in receiving the right support. Further awareness amongst professionals from all sectors is needed to fully implement the joint vision for a ‘Needs Led Support Model’ this will provide families with the right support at right time.

8.2 Young People

Children and Young people’s views are collected as part of the EHC planning and annual review process, it is important that children and young people feel empowered and when appropriate for them can contribute to the development and ongoing review of their plan.

In 2018 at a ‘Rights of Passage’ Event held annually by the LA for young people with SEN from 16 years onwards it was raised by young people that there was a lack of opportunities for work experience and qualifications to support this which could lead to employment (paid or voluntary). Following this the LA made contact with Health Education England and commissioned, with the support of local providers, the Supported Internship Programme which began in September 2018.

The first cohort had 12 young people access the programme, which offered a wealth of work experience opportunities with SME’s and larger employers in and out of the town. 75% of young people from cohort one have progressed to paid/voluntary employment or further learning. In 2019 cohort 2 began and 12 young people are currently engaging in the programme. At Hartlepool’s recent Area Wide Re-visit the voice of the learner and subsequent

commissioning of a programme to meet needs was identified as good practice.

8.3 Schools

The LA and CCG work closely with schools as key stakeholders to identify improved ways of working, put in place support around CPD and practice sharing, identify improvements in the current SEN offer to schools and establish areas of potential joint commissioning.

In summer 2019 Hartlepool's Educational Psychology carried out a consultation with Head teachers linked to SEMH to establish what support was required within the whole school system around training gaps and where best practice or particular areas of support could be found. Particular gaps were supporting SEMH from an earlier age, better understanding and more whole school training around issues which relate directly to attachment issues and how this presents in behavioural issues at school.

To support schools an ongoing systems architecture review is underway across education and the school improvement and support services the LA provides to allow for a more joined up approach to identify and support children's mental health at all levels across the town. Programmes and support such as the Trailblazer, ACEs, Anna Freud, Kooth and the towns SEMH graduated response need to be more cohesive to ensure they have the most impact and provide support to children, young people and schools.

The CCG are holding individual meetings with schools to take on board feedback around the current offer of commissioned services, the discussions also identify whether schools wish to take part in joint commissioning around SALT and emotional well-being.

Further surveys need to take place at set times throughout the school year to ensure schools views are taken into consideration around improvements and service planning.

8.4 Summary

In conclusion, schools, children and young people and their parents and carers have a framework in which to feedback their views. If they are not satisfied there are systems in place to share this feedback across services in

the Local Authority and the Clinical Commissioning Group. It is identified above that there is a need to:

- To improve communication with parents and carers to ensure children's needs are met effectively.
- Implement the joint vision for a 'Needs Led Support Model' to provide families with the right support at right time.
- Continue the Rights of Passage events to ensure that young people with SEND are able to feedback their views.
- Undertake school surveys to ensure schools views are taken into consideration around improvements and service planning.

9. Recommendations

9.1 Strategic Recommendations

- 9.1.1 Improve integration of pathways, processes and governance between education, health and social care
- 9.1.2 Implement processes to improve the sharing of data across health and the local authority to allow more rigorous analysis to be undertaken

9.2 Identification of SEND

- 9.2.1 Work with health colleagues to identify children with significant needs at birth e.g. PMLD
- 9.2.2 Improve consistency of SEN support across the town to increase parents' confidence in this element of the system
- 9.2.3 Work with parents to improve the local offer
- 9.2.4 Develop workforce development plan to ensure that needs can be met at the earliest opportunity

9.3 Meeting the needs of children and young people with SEND through jointly commissioning services

- 9.3.1 Children and young people's wishes and feelings are heard and responded to within their individual plans and to inform commissioning of services across the system
- 9.3.2 Review whether local area is meeting communication and interaction needs:
 - Current education provision
 - Implement neurodevelopmental pathway
- 9.3.3 Review current education provision for MLD to consider if needs can be met within mainstream schools or Additionally Resourced Provision to ensure that special school provision are meeting specialist needs
- 9.3.4 Implement recommendations from the emotional health and wellbeing transformation programme to meet the emotional and mental health needs of all children with SEND

- 9.3.5 Undertake whole system review of speech and language and communication needs, provision to meet these and impact of the provision on children and young people's outcomes
- 9.3.6 Undertake a gap analysis for provision to support children and young people presenting with attachment difficulties

9.4 Improve outcomes for children and young people with SEND

- 9.4.1 Improve the quality of EHC plans
- 9.4.2 Embed quality assurance activities to monitor the effectiveness of services for children with SEND.
- 9.4.3 School Improvement in Hartlepool will work alongside SEND, Educational Psychology and any other relevant services to ensure that mainstream schools receive appropriate and timely advice in delivering a curriculum, developing strategies and utilising pedagogy that support Quality First Teaching, which should always reflect the needs of the pupil population.
- 9.4.4 Undertake a review of transition processes to ensure that needs are being met appropriately.

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