

SPECIAL EDUCATIONAL NEED AND DISABILITY NEEDS ASSESSMENT

Part of the Joint Strategic Needs Assessment

EXECUTIVE SUMMARY

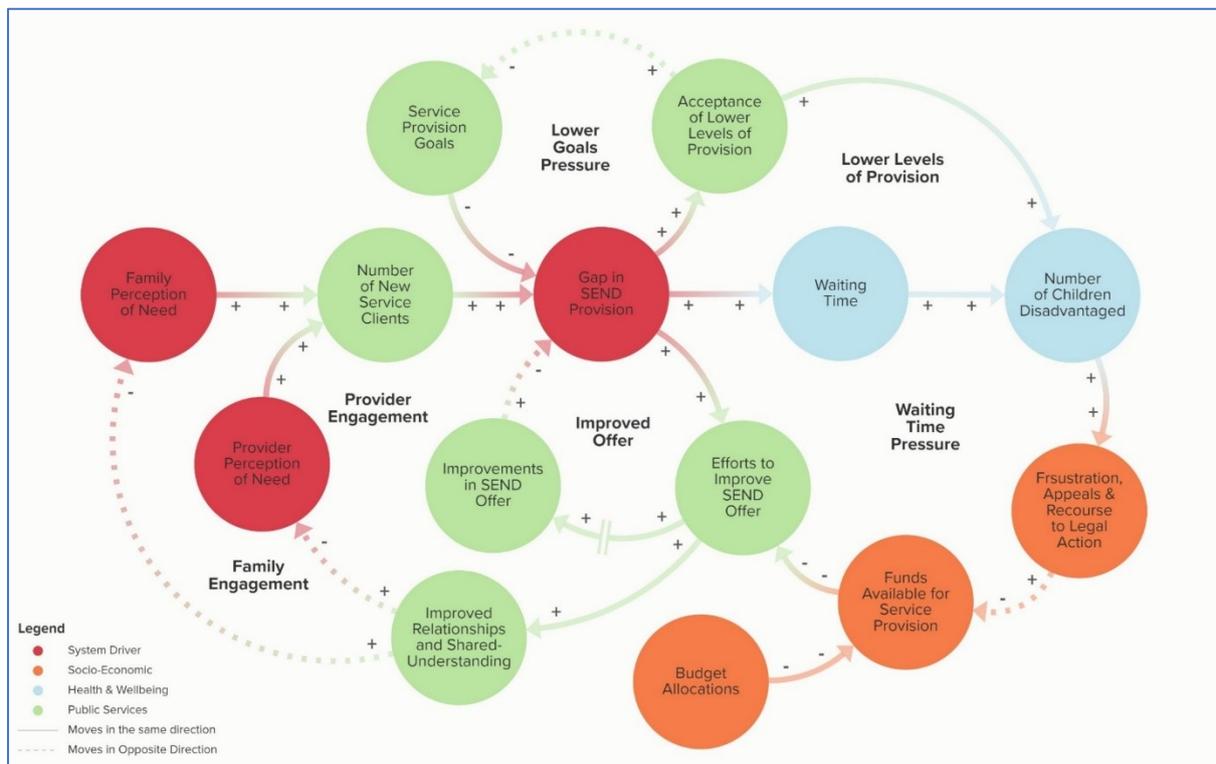
JSNA Process

A Joint Strategic Needs Assessment (JSNA) is a review of the current and future health and social care needs of a defined community. This section of the Bournemouth, Christchurch and Poole JSNA focuses on its population aged 0 to 25 living with Special Educational Needs and Disability.

Knowing ourselves well and using intelligence to inform strategic planning is essential in ensuring both the quality and impact on outcomes for our Children and Young People. The SEND system is complex.

The local JSNA approach worked with stakeholders including parents and carers initially through workshops to develop a shared understanding of the challenges. A set of JSNA online tools are available which present the need, systems insights and logic model. It is an ongoing and regularly reviewed process which complements local data analysis.

Figure 1. SEND Systems Map



We recognise there are gaps in our data / knowledge and will use the SEND strategic board to jointly commission data which can improve our understanding to further develop local plans and identify joint commissioning priorities.

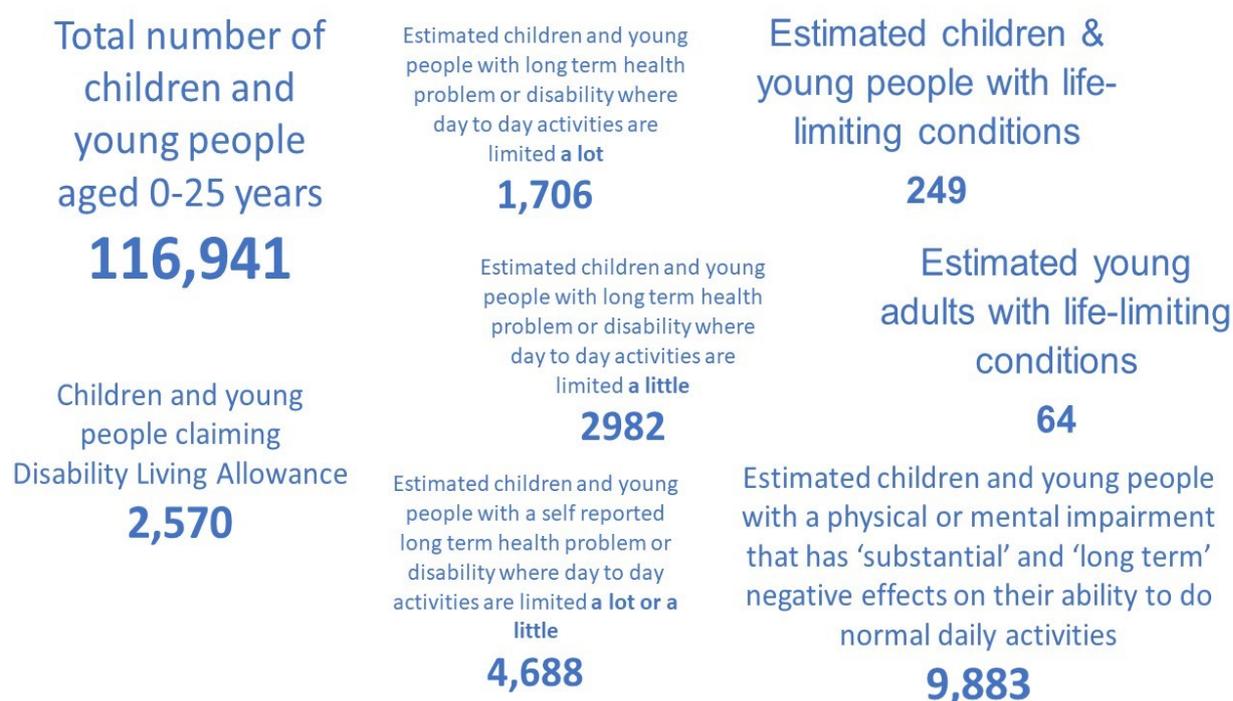
BCP Population

BCP Council formed on 1 April 2019 from the preceding authorities of Bournemouth, Dorset (Christchurch area only) and Poole with a population of 395,800 residents, of which almost 30% (117,000) are aged 0-25 years.

There is one Clinical Commissioning Group, a pan-Dorset Public Health team, one community healthcare provider (Dorset HealthCare NHS Foundation Trust) and currently three Acute hospital Trusts (Royal Bournemouth and Christchurch NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Dorchester County Hospital NHS Foundation Trust).

In January 2019, 6,195 children in BCP schools were identified by schools as requiring SEN Support. Around two-thirds were males, with the most frequent needs of Speech, Language and Communication Difficulty, Specific Learning Disability (Dyslexia), and Social, Emotional and Mental Health.

At the end of September 2019, 2,396 children in BCP had an Education, Health and Care Plan. Demand is rising for those children with more complex needs. Three-quarters of EHCPs are for males, with the most frequent needs of Autistic Spectrum Disorder, Social, Emotional and Mental Health, Moderate Learning Difficulty and Speech, Language and Communication Difficulty.



While the BCP area is sometimes seen as a relatively prosperous area, wealth is not evenly spread, and significant inequalities and pockets of deprivation exist.

- 16,100 people (4% of the local population) live in the 10% most deprived areas in England. This increases to 45,600 people (12% of the local population) for the number of people living in the 20% most deprived areas
- Approximately 9,400 children (under 16) live in families with a low income

Summary of Findings:

Increasing Demand

Education, Health and Care Plans (EHCP)

In 2014 the SEND Code of Practice introduced changes to reform the assistance available for children and young people with special education needs and provision was also extended to 25 years of age.

From 2014 to Jan 2019 Bournemouth and Poole saw a significant rise in Statements or EHCPs, an increase of 366 (54%) for Bournemouth and 360 (74%) in Poole. This compares to increases of 49% for England and 53% for the South West

There are three main reasons for the increase:

1. The extended post 16 provision - across Bournemouth and Poole, the number of EHCPs for post 16s has increased by more than 400 over the 5 years 2014-19.
2. The rise in the population aged 5-15 due largely to a rise in births between 2001 and 2013, accounts for 21% of the rise in EHCPs in Bournemouth and 7% in Poole.
3. Real increase – accounts for a quarter of the increase in Bournemouth and a third of the increase in Poole, a rise of around 220 EHCPs overall

SEN Support

At the Jan 2019 school census there was significant variation in the levels of SEN Support in state-funded primary and secondary schools across Bournemouth and Poole. For Primary's the range was between 3-23% and for Secondary's 3-27%.

Trends in the rate of SEND Support in Bournemouth and Poole dropped from a peak in 2010 of 17.8% in Bournemouth and 18.6% in Poole, to 11.5% and 13.7% in January 2019, respectively. These are similar to national trends, although levels of SEN Support in Poole remain higher.

The House of Commons Education Committee Enquiry Report on SEND - October 2019' was told ***'parents are applying for Education Health and Care Plans in order to get the support their child should be receiving through SEN Support'***

Insights from the JSNA workshops suggests:

- A gap between met and unmet need in SEND provision appears to be driving system behaviour.
- Engagement / feedback loops with Families and Professionals across the system appear to be the most direct way to stabilize the increasing demand for SEND provision.

Life-limiting conditions

Life limiting conditions describe diseases with no reasonable hope of cure that will ultimately be fatal. The estimated number of children aged 0-25 with life-limiting conditions across BCP is around 300. Evidence suggests the prevalence of life-limiting conditions in children is increasing. The most significant increase has occurred in 16-19 year olds, which suggests increasing survival times rather than rising incidence may be the cause. Congenital anomalies account for almost a third of life limiting conditions and have experienced the largest increase in prevalence.

Views of Parents / Carers and Young People

1. SEND Parents Survey, BCP Council Summer 2019

38% of parent /carers felt their needs were met, however another 38% thought their child's needs were not being met

56% of parents/carers considered the staff knowledgeable regarding SEND and efforts were made to listen to the young person

59% of respondents considered the EHCP reflected their child or young person's needs but 18% responded they did not

2. SALT Survey October 2019

48% of respondents reported the length of time between referral and their child's first appointment was 4-8 months

63% of respondents said they were given enough information to understand the process of being referred to the SALT Service

32% of respondents rated the quality of service excellent or very good while 49% rated the service as fair or poor

3. Be Heard Survey, Spring 2018 and CCG Youth Survey January 2019

Respondents rated services positively as good or better:

- 71% for Paediatricians
- 51% for School Nurses
- 86% for Practice Nurses
- 83% Community Hospitals

The Youth survey found: a strong association between SEN and feeling uninformed, being bullied, feeling unsafe when out and about and, of having tried smoking

Young people who identify as SEN describes themselves as significantly less happy than others, more likely to experience name-calling and they feel less safe.

4. Childcare Sufficiency Survey 2018

Parents of 0-5's with SEND
- were mostly satisfied with day nurseries and pre-schools.
- the main reasons given for using childcare was for their child to socialise

Parents of 5-18's with SEND
- were mostly satisfied with holiday childcare and after school childcare
- the main reasons given for using childcare was to be able to go to work

Parents shared the view that facilities, staff capability, opening hours and not having enough specialisms in the area of need were the key barriers they were facing

Outcomes

- 82% of young children with SEND are accessing a good or outstanding place
- The percentage of educational sessions missed by pupils in BCP was higher than national in 2017/18 for ASD, HI, NSA, OTH, SEMH, SPLD and 'unclassified'. Persistent absences of SEN pupils is also slightly higher than national and SW average
- The rate of fixed term and permanent exclusions for pupils with an EHCP and on SEN support is worse than the national average and statistical neighbours
- The gap in the employment rate between those with a learning disability and the overall employment rate was higher in Bournemouth and Poole compared to England in 2017/18

SEND and Children in Care

Of the 6,195 children in BCP schools with SEN Support, 406 are open to social care as Children in Need in BCP (6.6%). This includes 53 children who are subject to a Child Protection Plan (0.9% of all children with SEN Support) and 78 children in care (1.3% of all children with SEN Support).

Of the 2,396 children and young people with an EHCP, 433 are open to social care as Children in Need in BCP (18.1%). This includes 12 children who are subject to a Child Protection Plan (0.5% of all children with an EHCP), 75 are children in care (3.1%) and 17 are care experienced (0.7%).

Recommendations

| Key Issues | Recommendation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>We have an increasing population of young people post 16</p> | <p>There are opportunities to jointly commission projects, posts and innovative approaches to meet potential growing demand and ensure smooth transitions into adulthood</p> |
| <p>Speech, Language and Communication needs are represented highly in our 2-4-year olds and in the category of need of CYP with SEN Support</p> | <p>A whole system approach will not only improve SLC outcomes but may also impact on the category of need for SEMH in secondary schools, where we see an increasing growth in SEMH but decline in SLC</p> |
| <p>Demographic changes, medical science, ACE and increasing complexity puts pressure on our services</p> | <p>We need ways of working differently and jointly to meet these challenges.</p> |
| <p>There are local examples of good practice e.g. Behaviour Development Pathway but a medical model culture persists in some local approaches.</p> | <p>Where appropriate we should challenge the medical model culture and improve our "Local Offer" through confident professionals and parents</p> |
| <p>There is rising pressure on all LA and Health Services across continuum of need</p> | <p>Using intelligence to inform strategic planning is essential to ensuring our resources are effectively and efficiently prioritised whilst safeguarding the quality and impact on outcomes for our CYP</p> |
| <p>Changes in the educational landscape specifically academisation, has altered how funding is allocated and has the potential to impact on some support and provision, specifically to support inclusion in schools</p> | <p>We need to work closely with Schools and communities as an integral partner in building inclusive services as part of our Local Offer</p> |
| <p>The JSNA can describe population outcomes for Children and Young people with SEND, but we recognise we have more to do to better understand the impact on individual and group outcomes from EHCP's.</p> | <p>A more robust Quality Assurance programme will support our understanding of both outcomes and experiences from CYP and parents who have EHCP's so professionals can co-produce more meaningful and impactful plans</p> |

We recognise that parents and professionals need greater confidence in our "Local Offer".

We will jointly develop and promote opportunities which can support children and young people at the earliest opportunity.

We will give priority to bringing a consistent offer across BCP where parents and children tell us there is greatest disparity

We will ensure the views of CYP & families are consistently sought and promote opportunities for inclusive co-production