

# Special Educational Needs and Disability (SEND) JSNA

## Executive Summary



London Borough of Barnet

2017-2020

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## 1 Introduction

Barnet is committed to meet the needs of children and young people with special needs and disabilities living within the borough. The development of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and build them into local commissioning plans.

An up-to-date JSNA is a mandated part of the Ofsted and CQC measurement framework. As a result Ofsted and CQC have chosen to assess the strength of arrangements in local areas as a whole, rather than the contribution of individual agencies against 3 broad strands. These 3 strands have been used to summarise the JSNA findings.

- What we know about children and young people with SEND, including risk factors for SEND and vulnerable groups? (systems to identify need)
- What are the key services within the Local Offer and how do they work together? (Assessing and meeting needs)
- How effective is the local area in improving outcomes for children and young people who have a SEND? (Outcomes achieved)

This JSNA looks at all the evidence available for children and young people with special needs and disabilities within Barnet Council and all health partners, combined with nationally published statistics and research materials. The evidence base looks at current literature and Barnet intelligence about the prevalence and trends in special educational needs and/or disability in the borough. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

The JSNA represents an accurate picture of known data and information available as of May 2017. A key recommendation of the JSNA is to improve the sharing of data between health, social care and education, and it is recommended that this JSNA is refreshed once a single database is introduced.

## **1.1 Strategic Priorities**

### **1.1.1 Strategic Objectives**

#### **1.1.1.1 Performance in Completion of EHCPs, Transition Plan and Annual Reviews**

- To complete all new EHCP assessment in 20 weeks and ensure all plans meet agreed quality standards.
- To convert all of the remaining Statements into EHCPs by 31 March 2018.
- To ensure that the Quality Assurance Framework is fully embedded.

#### **1.1.1.2 Participation and Co-production**

- To ensure engagement with stakeholders in SEN processes and decision-making.
- To ensure families experience greater co-production.

#### **1.1.1.3 Joint Working and Integration**

- To ensure effective working across partner agencies in order to deliver high quality integrated services to children and young people with SEND.

#### **1.1.1.4 Strategic Planning and Provision**

- To ensure sufficient specialist places provided locally to meet current and future needs.
- To ensure that pupils with SEND can access education as close as possible to home.
- To ensure that the schools are as inclusive and resilient as possible.

#### **1.1.1.5 Achievement of pupils with SEND**

- To narrow the gap between pupils with and without SEND.

#### **1.1.1.6 Preparing for Adulthood**

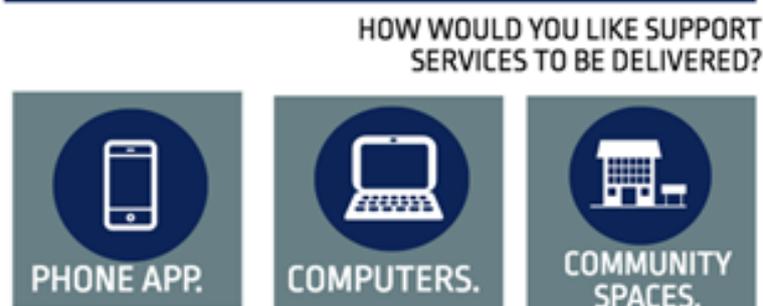
- To provide the best possible employment opportunities for young adults with SEND.
- To ensure young adults with SEND can live as independently as possible.
- To ensure young adults with SEND are as healthy and resilient as possible.
- To develop work based opportunities through supported internships and similar initiatives to maximise work outcomes for those with EHCPs.

## 2 Local Context

### 2.1 Pupil and Parent Voice

Barnet is committed to ensure that one of the strongest themes running through the Children and Families Act and the SEND code of practice is that children and their families should be at the centre of our service delivery and development. This happens on an individual level through the assessment and EHC planning processes around a child and also at the strategic planning level.

Co-production is a key strategic priority of the Barnet SEND partnership. This means putting the views of parent carers at the heart of shaping the services we deliver and highlighting strengths and areas for improvement. Barnet Voice of the Child team and Barnet Youth Development Group have established a SEND youth voice forum working with the SENDIASS team and Cambridge Education. The aim of the youth voice forum is to ensure that children and young people with SEND are able to have a say in decision making that affects their lives.



### WHAT CHALLENGES ARE FACING YOUNG PEOPLE IN BARNET?\*



\*Answered based on individual experience living with SEND.

Barnet's Local Offer is co-produced with input from schools, local community organisations, London Borough of Barnet and children, young people and families. London Borough of Barnet is continually looking for opportunities to enhance the Local Offer to make it more engaging and easy to use and increase input from across the Barnet community.

## 2.2 Prevalence

In 2016, the proportion of identified SEND pupils in Barnet was 13.6%, slightly lower than the London and England averages. This equated to 8,637 students.

1.8% of Barnet's resident population have a Statement of SEN or an EHC Plan. This is below the national and London average, and below Barnet's statistical neighbours.

2.6% of Barnet's school population have a Statement of SEN or EHC Plan this is below the national average and below the majority of Barnet's statistical neighbours.

10.9% of the Barnet school population have Special Educational Needs without a Statement or EHC Plan. This is below the national average but higher than the majority of statistical neighbours

National trends suggest that there has been a rise in the prevalence of Specific Learning Disabilities and Profound Multiple Learning Difficulties, largely as a result of:

- Increases in maternal age
- A rise in the number of premature and low weight births.

Factors that are likely to lead to a decrease in incidence include:

- The increasing availability of pre-natal screening;
- Advances in medical interventions, e.g. cochlear implants;
- Improving health care and support resulting in fewer 'at risk' infants developing learning disabilities;
- Reduction in child poverty rates;
- Improvements in early years services.

## 2.3 Trend

The prevalence of statements of SEN or EHC Plans within the resident population of Barnet remained fairly stable between 1.75% and 1.8% between 2011 and 2015. There appears to be an increase in the prevalence in 2016 for all comparators, and the 2017 data for Barnet suggests this is set to continue to increase in 2017 although the national and London 2017 data is not yet available<sup>1</sup>.

The prevalence of Statements of SEN or EHC Plans within Barnet's school population is higher than within the resident population (2.6% in the school population in 2016, compared to 1.84% for the

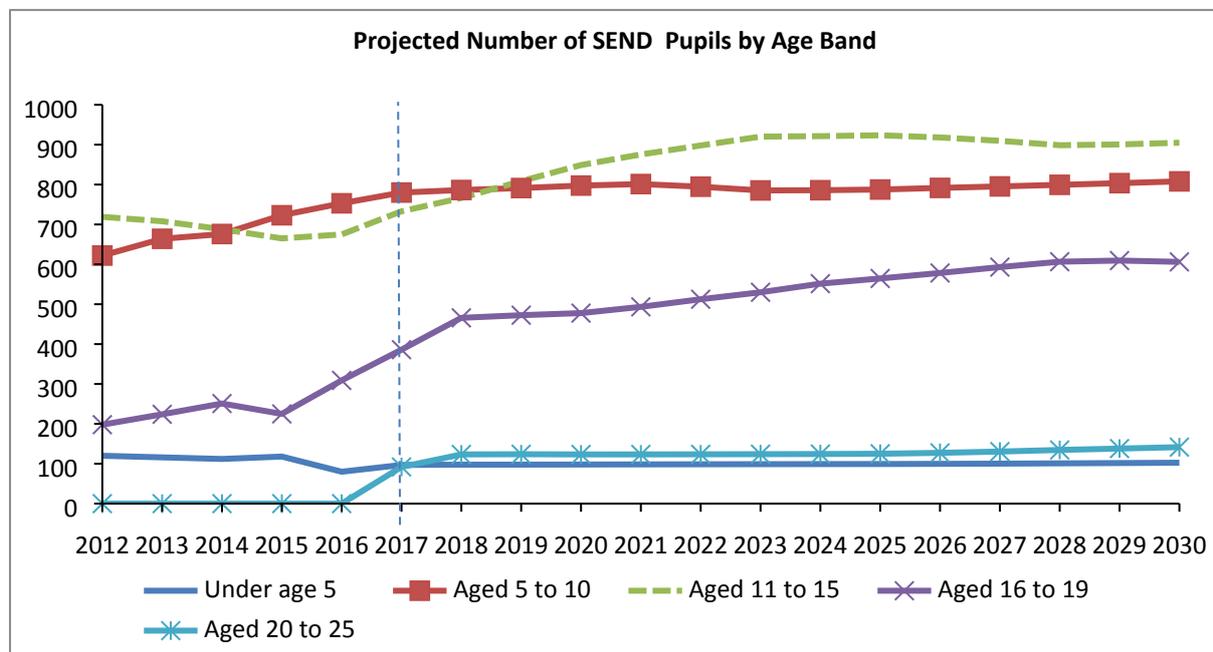
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<sup>1</sup> Source: DfE SFR29/2016 and ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015

resident population). Barnet’s prevalence rate has remained between 2011 and 2017, whilst the prevalence for statistical neighbours and London has gradually increased over time<sup>2</sup>.

The prevalence of Special Education Needs without a statement of SEN or EHC Plan within the school population in Barnet schools has fallen more than the national, London and statistical neighbour average since 2011. The impact of the new SEN Code of Practice and Children’s and Families Act, 2014 can be seen between 2014 and 2015 in the sharp drop across all data series<sup>3</sup>.

A significant portion of the growth is due to the extension of SEND eligibility from 0-18 to 0-25. There was also an increase in the prevalence of SEND within certain age groups between 2014 and 2017, which has been factored into these projections. The rest of the growth is a result of changes to the size of the broader population of children and young people in Barnet (primarily as a result of large regeneration schemes).



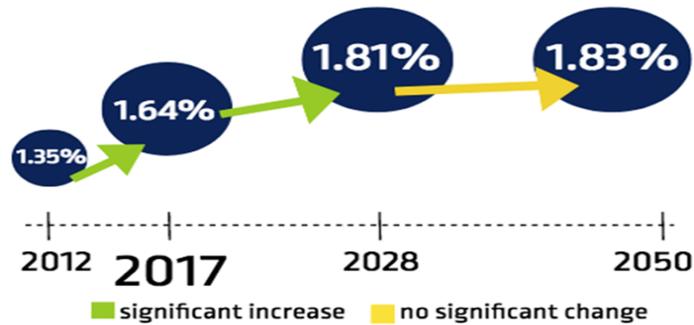
<sup>2</sup> Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016

<sup>3</sup> Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016

## 2.4 Projections

The overall number of SEND pupils has risen by 21% since 2014 and the overall number of SEND pupils is expected to rise by a further 20% between 2017 and 2025 (a rise of 412 SEND pupils, from 2088 to 2500).

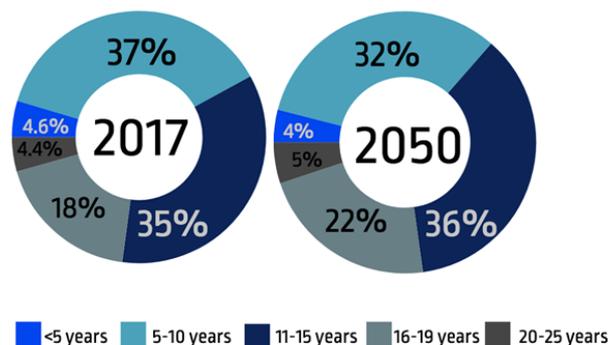
Figure 1 Forecasted prevalence of SEND population ages 0-25 years, Barnet source: Source: GLA Central Trend-based projection (housing linked); GLA Central Trend based projection (housing linked, ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.



### 2.4.1 Projected growth by age

Between 2017 and 2050, the number of SEND pupils aged 5-11 is estimated to grow by 5%, 16-19 year olds to grow by 4%, 11-15 year olds by 1%, 20-25 year old by 0.6% and under 5s by 0.4%.

Figure 2 Projected prevalence of SEND by age cohort. Source: GLA Central Trend-based projection (housing linked); GLA Central Trend based projection (housing linked, ward level); SEND Data 2012 to 2017; Tribal extract February 2017.



### 2.4.2 Projected growth by ward

Burnt Oak and Colindale are estimated to have the highest projected growth in the number of SEND pupils between 2017 and 2030 for both for the 0-15 population and for the total population (ages 0 to 25).

## 3 Identification of Children and Young People who have SEND

The initial identification of a potential disability or special educational need can happen in a number of different places but primarily the main areas are:

- Within the home where a parent or carer identifies a difficulty;
- Within health where a health professional identifies concerns;
- Within an educational establishment where a teacher may express concern with learning.

Within SEND learner support, the majority of referrals for very young children come from health professions including health visitors, therapists, paediatricians, other consultants and specialists within the field of Hearing Impairment/Visual Impairment e.g. audiology professionals, although very few referrals are actually via GPs.

### **3.1 Parental involvement in identification**

Barnet is committed to Listening to parents/ carers and help them stay involved in the identification process. Barnet Parent/ Carer forum identified that:

- Parents felt that they controlled the identification process and drove the process around gathering the evidence to support identification. Their experiences of identification of needs by health were poor in particular when needs were less obvious, support from GPs was patchy, complex needs were identified more effectively and this was likely to have been whilst in hospital.
- The parents' experience of local health visitors is poor and the HV awareness of the SEND reforms can be ill informed. Parents are worried about the identification of mental health issues; unnecessary delays can worsen the problems whilst needs are not being met. They are keen to find out more information about local services available.
- SENCO support was perceived to be mixed across the area; identification from within this service is seen as an area for improvement.
- Parents feel frustrated when there are differences of professional opinion between schools and parents which often families obtaining independent private professional.

### **3.2 Local Services**

#### **3.2.1 Barnet Child Development Service**

Within Barnet, a weekly Child Development Service Intake Referral meeting is held to ensure that all clients' (0 – 19) access relevant services in a timely way. This supports early identification of a delay in a child's growth and development.

#### **3.2.2 Maternity Services**

Strong links with maternity services are essential to ensure risk prevention, where possible, and early identification and referral to services as required. Low birth-weight babies (infants under 2,500g) are at increased risk of problems at birth, early childhood and in later life in 2015. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health

problems, including: lower birth weight, pre-term birth and placental complications, which could lead to disabilities.

### **3.2.3 Maternal Mental Health Services**

Historically there has not been a specialist clinical service for maternal mental health and in 2016 we identified an urgent need to develop one. A new clinical service covering North Central London is now under development and will be in place by the summer of 2017.

### **3.2.4 Health Visiting Services**

The Health Visiting Team undertakes an assessment of a child's growth and development at every contact either in a community setting or in the family home.

### **3.2.5 School Services**

The School Nursing Service has a pivotal role in identifying and supporting SEND needs. They carry out a health assessment for all reception year pupils including health and sight tests.

## **3.3 Risk Factors**

### **3.3.1 Maternal and Mental Health**

Between 10% and 20% of women develop a mental illness of some kind during pregnancy or within the first year after the baby's birth (Centre for mental Health / LSE 2014). Data from ONS 2015 suggested that between 10-15% of women were affected by mild-moderate depressive illness at the time of delivery.

### **3.3.2 Child Abuse and Neglect**

Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. Barnet has fewer cases with 'Neglect' recorded as the category of abuse when compared to our statistical neighbours (35.6% compared to 41.3%). Similarly, Barnet has a greater percentage of Physical Abuse cases compared to statistical neighbours (30.7% compared to 8.8%).

### **3.3.3 Looked After Children (LAC)**

Even the best early intervention cannot prevent some children needing to come into care. The evidence over the past few years demonstrates an upward trend of children being placed in care in Barnet. The Barnet rate, at 35 per 10,000, is lower than the national average of 60 per 10,000, the London average of 51 per 10,000 and our statistical neighbours at, 43.5 per 10,000. Burnt Oak and Colindale have the highest number of children looked after. This is in keeping with the concentration of deprivation along the borough's western corridor. As at March 2017 10% of our Looked After Children were recorded with a disability.

### **3.3.3.1 LAC with complex needs/disabilities**

As at March 2017 10% of our Looked After Children were recorded with a disability. The Children's Social Care service currently case manages 36 Looked After Children (13 of which are Out of Borough – in External Residential Placements). 18% of children/ Young People are in residential care, which have a Statement or an EHC Plan (this represents 5% of LAC).

### **3.3.4 Children on a Child Protection Plan**

The number of children being injured in the family home is dropping. Barnet has a rate of 30.1 children per 10,000 who became the subject of a child protection plan; this is lower than the London average at 37.9 per 10,000 and the national average at 43.1 per 10,000. The number of children and young people on Child Protection Plans reached its highest figures seen, between April – December 2016 (274 – 290 children). These increases during 2016-17 meant that the average over this period was 266, compared to the average of 259 during 2015 – 16.

### **3.3.5 Neglect in early years**

Barnet as a lower percentage of cases with Neglect recorded as the category of abuse when compared to our statistical neighbours (35.6% compared to 41.3%). Barnet has a greater percentage of Physical Abuse cases compared to statistical neighbours (30.7% compared to 8.8%).

### **3.3.6 Unaccompanied asylum seekers**

There were 54 recorded UASC as at 31st March 2017. This is a significant increase from 3 as at 31<sup>st</sup> March 2014. This has further increased in 2015/16 with 22 as at 31<sup>st</sup> December 2015.

## **3.4 Service development and improvement**

Some of recent service developments to improve the identification of SEND include:

- a) A multi-agency (including parents) early years work stream is coordinating and overseeing early years improvement activity. This includes developing a model for integrated two-year-old reviews, building on the learning from a pilot scheme.
- b) Barnet's speech and language therapy provider recently reviewed their team structure, made additional appointments to the service so it is now fully staffed and prioritised referrals; consequently improved performance against this target is anticipated over the next few months and is being closely monitored by commissioners
- c) A substantial package of investment for children's safeguarding has been agreed and an improvement plan, overseen by the Department for Education, is in place.
- d) An acute commissioner has been recruited who will review local arrangements for new-born screening, identify any gaps and set out new commissioning intentions.
- e) Barnet's CAMHS Transformation Plan 2015-2020 is beginning to shift the balance of support from crisis intervention to early help.
- f) Parent 'drop-ins'- a universal service for the parent community to meet directly with professionals to discuss any concerns they may have.
- g) The CCG, LA, health providers and parent representatives (BPCF) have initiated work to develop clearer, more responsive pathways and care packages for children with ASC in the early years

- h) Youth justice assessments (ASSET Plus) now routinely examine each young person's current and educational history alongside a speech, language and communication assessment and an emotional health assessment.
- i) Barnet CCG now funds an educational psychologist to work within Barnet's youth offending service one day per week.
- j) Barnet Youth Offending Services (YOS) and the SEND service area have established an information sharing process to identify young people who are subject to youth justice arrangements and who have, or may have, SEND.
- k) To increase capacity within the community paediatric team, the CCG have funded three additional 'programmed activity' (PA) sessions, bringing the total number of PAs to 17.

## **4 Assessing and meeting the needs of children and young people with SEND**

### **4.1 Parental involvement in assessing and meeting needs**

#### **4.1.1 Barnet Parent/ Carer Forum**

Barnet is committed to listening to parents/ carers and engaging them in the assessment and meeting the needs of their child with SEND. Experiences of engagement and coproduction between families and health services has pockets of good practice although specific health input to plans from professionals especially GPs was sometimes inaccurate, and at other times difficult to get a focus on both the input and defining of health outcomes. It is identified that families want a joined up integrated health service with a dedicated Paediatrician. When families brought in their own professional input to the process they felt satisfied that the reports they had purchased were accurate, good value and made a positive contribution. SENCos can sometimes be ill informed. Families don't see enough support and provision in the system, waiting lists and access to services is a challenge and when at home both education and home learning is not happening. They feel that a move towards a tribunal can trigger action, and experiences post plan being agreed can cause issues with provision and disputes occur.

Engagement with officials is frustrating with email and phone calls not being returned, families want a respectful level of communication. Experiences with Special schools are good and they are seen as performing very well at meeting needs. Families reach out to SENDIASS, Barnardo's and other charitable organisations for support around the EHCP process especially when plans are of a poor quality to seek guidance on how to take their concerns and issues forward. Access to mental health services remains poor and there can be a lack of follow up once access is obtained. Staff turnover is an issue. Families are concerned about provision post 19 and are nervous about the re-commissioning of therapies contracts next year.

The Local Offer is improving, the signposting and introduction is good and the language friendly on some pages. Families feel that they have coproduced this well with the local area and is a good example of effective coproduction. However they remain concerned about the engagement and contribution from Health and Social Care. They both need to provide the required information promoting their services especially short breaks and access to services post 16. There is a perceived variability of access to respite and short breaks, access to the provision is mixed and thresholds vary.

Provisions are often described as merely providing a baby sitter service. Relations with Social Care are poor.

Families expect access to more experienced professional staff, improved Local Offer website, fair and equitable short breaks and respite services and improved and stimulating community services providing wheelchair access. Areas for improvement include access to school residentials and school trips, YP are often excluded or the onus is on parents to meet their need.

## **4.2 Key Services within the Local Offer**

### **4.2.1 Children and young adults with a disability (0-25 Service)**

Following on from the SEND and Care Act Legislation, Barnet commissioned a piece of research aimed at ascertaining how services for children, young people and their families could be improved. As a result, the new 0-25 service was commissioned. The service will centre on a resilience model where children, young adults and their families will be supported to develop the strength to navigate through adversity and develop their own resources to manage under difficult circumstances.

Under 18s - The Tripartite Panel of Education, Health and Social Care has facilitated a joined-up approach to cases where children and young people under 18 require joint funding. Services are in place more quickly, there is increased engagement in this process by partner agencies, and the panel has been a forum for creative solutions for complex cases, helping to prevent escalation.

Over 18s - Plans are being advanced to enable young people to retain the same social worker post-18 to facilitate consistency wherever possible and to strengthen the transition planning. Work is also underway to embed packages of support based on need rather than a sense of entitlement.

Transition to adulthood - A joint funding approach has also been developed for children transitioning to adulthood to ensure that smart and efficient planning takes place around health, social welfare and further education or training.

### **4.2.2 Health services for children and young people with SEND**

Barnet as a vast range of health services for children and young people from 0-25 years including GPs, pharmacists, dental services, available to everyone based on the individual's health needs.

Children with special educational needs and disabilities are able to access these services directly without needing to go through any kind of referral. These services are known as 'universal' in that they are available to everyone. General practices (GPs) are funded to provide enhanced care to people with learning disabilities aged 14 and over which includes a health check.

### **4.2.3 Children in Care/Adoption Team**

The Children in Care/Adoption Team provides specialist mental health support to children and young people in the care system and adoptive families, and consultation to professionals and carers. The team applies a fast-track service and assessment to the clients referred and provides a comprehensive multi-disciplinary service (Psychiatrist, Clinical Psychologist, Psychotherapist, Family Therapists, Art Therapists, and Social Workers) to Children in Care of the London Borough of Barnet (LBB), irrespective of their address or GP.

#### **4.2.4 Barnet CAMHS and LAC**

Barnet, Enfield and Haringey each have a CAMHS Access service, which provides a central point of referral for professionals to refer young people with mental health concerns. These referrals may then be discussed with the young person, their family/carers, or the referrer in order for the Access team to gather all the relevant information and send the referral to the most appropriate team or signposting to other support in the borough.

#### **4.2.5 Community Health Services**

CLCH, ELFT, BEH Mental Health Trust and Royal Free currently provide therapy services to children aged 0-19 years registered with a Barnet GP and resident in Barnet in a variety of settings including home, clinics, early years and education. For children and young people the following provisions are available:

##### **4.2.5.1 Community Paediatrics**

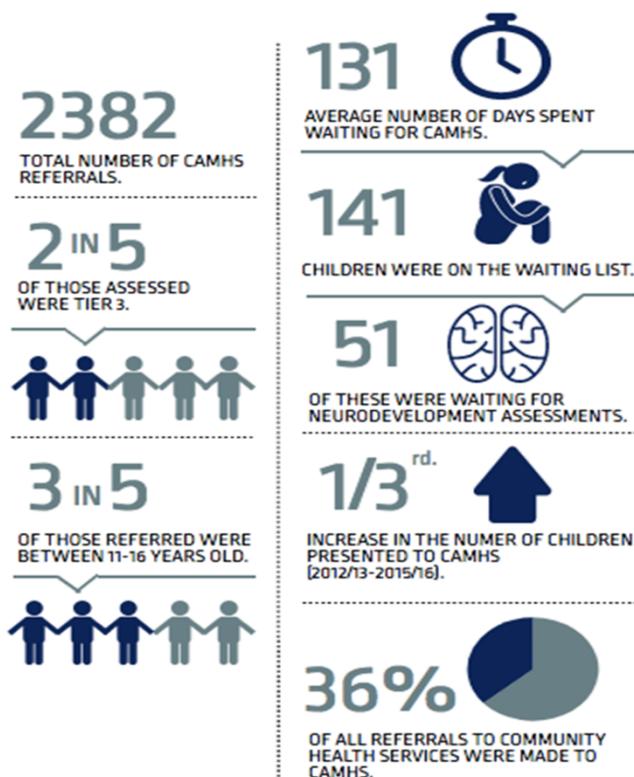
Paediatric NHS services have a higher level of internal referral, as clinicians hold on to cases for longer periods than with adult NHS services and may refer to allied health professionals.

This fits with Children and Young People using these services having Lifelong limiting illnesses and long term conditions and which are usually complicated and with co or multiple morbidities or other health needs i.e. physical and mental.

##### **4.2.5.2 Child and Adolescent Mental Health Services (CAMHS)**

- a) The CAMHS transformation plan has implemented a wide-range of service improvements including:
- clearer reporting and identification for children at higher risk of family breakdown
  - written procedures for Care Education and Treatment Reviews (CETRs); CETRs are now undertaken when required
  - the identification of resources to increase capacity for CAMHS SEND services as part of the new model
  - funding additional emergency capacity through SLAM NHS Foundation trust to reduce waiting list for SCAN
  - improved strategic and operational links between mental health and SEND partners
  - Funding a North Central London (NCL) wide Project Manager for Transforming Care Programme and establishing a working group across the 5 NCL CCG's.
  - identification of the need for additional community based services for LD/Autism CAMHS in section 2 of our NCL CAMHS Transformation plan
  - beginning to establish links with voluntary sector Autism organisations and inviting them into our new CAMHS Network body starting autumn 2017
  - CAMHS commissioners and providers participating in the Barnet Leading Edge Group who are also being consulted on the New CAMHS Model.

4.2.5.3 Figure 3 Barnet CAMHS service insight. (2015-16). Source: Barnet CAMHS, November 2016.



#### 4.2.5.3.1 Occupational Therapy

Central London Community Health (CLCH) provides occupational therapy. In May 2017 review concluded that the children’s occupational therapy service is significantly under-resourced relative to predicted need and comparator benchmarking. Commissioners and the provider have worked hard to reduce waiting times and as at March 2017, the mean waiting time from referral to first treatment was 75 days, which is within the 18 week target. The number of children waiting has been significantly reduced from 96 children in January 2017 to 39 as at 30<sup>th</sup> April 2017. As at 3<sup>rd</sup> May 2017, there were no children breaching the 18 week wait time limit. Further work is needed to close gaps in service provision including meeting the broader needs of children and young people in mainstream school, particularly those with Autistic Spectrum Disorder.

#### 4.2.5.3.2 Physiotherapy

The physiotherapy service, provided by CLCH, is predominantly a clinic-based service covering both musculoskeletal service (for younger children) and neurodevelopmental services; they also organise and clinically support the provision of orthotics with a contracted orthotist. The majority of children and young people are seen within 18 weeks referral to treatment, with any breeches reported and remedial actions put in place. In the period from start of May to end July, the maximum number of CYP waiting for treatment was 57 with five waiting over 12 weeks with one CYP waiting more than 18 weeks. Physiotherapy saw an average increase in contacts of 15% and around a 10% increase in new referrals from 2012 to 2016.

#### 4.2.5.3.3 Speech and Language Therapy

The speech and language therapy service is provided by East London Foundation Trust (ELFT). The service has a range of universal and targeted packages in place, including drop in sessions allowing easy access for families. In June 2017, 77% of children and young people were seen within 18 weeks (referral to treatment).

The re-procurement of a new integrated model for C&YP's Community therapies is underway. The new service will work collaboratively with parents, each other and the wider workforce to achieve the outcomes in line with the Balanced System®. The new model once embedded will result in more early intervention and preventative care; and identifying ways to do things more efficiently. The new model uses an evidenced and outcomes-based framework that has been developed to ensure that the needs of children and young people with therapy needs are met in a whole systems approach, using three levels of intervention: universal, targeted and specialist. Increased investment will allow for an increase in staffing across the service and will address identified gaps including ASD, transitions, special schools and Youth Justice team.

#### 4.2.5.3.4 Therapeutic services offered by specialist LAC clinician

Children benefit from a proactive committed Virtual School and LAC Health Team who become part of the child's journey from the onset of them being in care.

Barnet has successfully launched a new therapeutic care training programme to develop and up-skill approved carers interested in supporting older children with complex needs. The aim is to train 22 carers by March 2018 by providing clinical support and group supervision. Trained carers will be part of a new service being developed to enable children living in residential homes to move to foster families and effectively support children, with a plan for re-unification, to return to their birth families.

#### 4.2.5.3.5 Palliative Care Services

CLCH Continuing Care is provided for children and young people under NICE guidance and using the continuing care decision support toolkit. Working in partnership with Royal Free acute care/tertiary care services, the Home Care team provide practical nursing support, 9-5 Mon-Sun, for children with a terminal illness.

Within Barnet, Noah's Ark Hospice provides support and care to children living with lifelong limiting conditions; this is not directly commissioned by the CCG.

- Community Hospice
- Covers 5 boroughs – Barnet, Camden, Enfield, Haringey, Islington
- Currently undertaking a capital appeal to build a residential 6 bed facility in Barnet.

Barnet Family Services commission Noah's Ark Hospice to offer support to families through their short breaks contract.

### 4.3 Placement type of Looked After Children

As at March 2017:

- 49% of LAC are in foster care placements (17% in agency foster care and 32% in in-house foster care. Over the past 2 years there has been a decrease in agency foster care (24% - 17%) and in-house foster care has remained largely static (32%).
- 10% of the Looked After Children cohorts have a disability, with 3% placed in residential accommodation. Over the past 2 years there have not been any major changes in the numbers of LAC children in residential care (8% - 10%).
- 48% of those in external residential accommodation have SEN.

### 4.4 Schools and Education Engagement

#### 4.4.1 Characteristics of pupil with SEND

The prevalence of pupils with a statement or EHCP are generally slightly higher in Barnet schools than for the Barnet population as a whole, suggesting Barnet schools may be a net importer of SEND statement/EHCP pupils from out of borough.

Gender: Around two thirds of pupils with SEN support are males. The proportion of males to females increases when measuring whether they have an EHCP or statement

Age: Pupils identified as having SEND at both SEN Support and Statement/EHCP are more likely to be male than female. The prevalence of SEN support is higher in primary schools than secondary schools in Barnet – this may be due to a high proportion of selective secondary schools in Barnet. Rates of SEND increase as the age of the child increases, to a maximum around Year 7. From year 7 onwards, the rate generally decreases as the age of the child increases. There is a much sharper drop off in the rate of SEND from Year 14 onwards.

Health Conditions: The largest group of children and young people with SEND are those with Autistic Spectrum Conditions, followed by those with Speech, Language and Communication Needs. The number of children and young people with Autistic Spectrum Conditions is growing significantly faster than other groups need.

Ethnicity: The proportion of Black or Black British with a statement or EHC plan is higher than the proportion of any other ethnicity. The proportion has also risen in all ethnicities other than Chinese since 2014/15.

#### 4.4.2 Education, Health and Social Care Plan

In April 2017, 100% of ECHPs issued were within 20 weeks. As at 30<sup>th</sup> April 2017, 991 transfer reviews had been finalised, 64% of all existing statements. The local area is on track to convert all statements within statutory timescales.

Specialist Inclusion Services and the Educational Psychology team adhere to the 6 week timeframes for completing the assessment and providing advice and outcomes through a report in over 90% of cases. In April 2017, Barnet's SLT service provided advice for EHC assessments within statutory

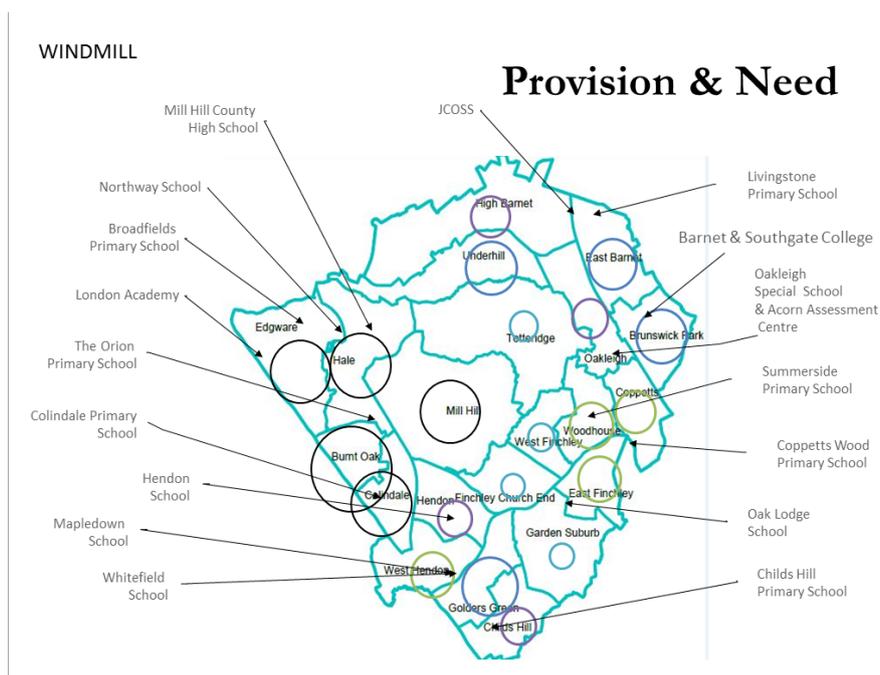
timescales in 68% of cases. SLT providers attribute the delay in providing assessment advice to the volume of EHCP transfers they are required to contribute to.

To date, the rate and timeliness of responses to EHC assessment requests for other service areas has not been routinely recorded; this has been identified as an area for development. Where appropriate, EHC needs assessments should be combined with s.17 social care assessments; from Sept 2017, Personal Education Plan reviews and Child in Need reviews will be synchronised with ECHP reviews.

#### 4.4.3 Schools and Provision

The proportion of children and young people with SEND in maintained mainstream schools is higher than its statistical neighbours. Barnet does not have any children or young people with SEND placed in special academies or SEN units. The placements of pupils in Barnet indicates that Barnet has more inclusive patterns of educational provision for pupil with SEND compared to regional and national comparators. In 2016, 60.6% of pupils with a statement maintained by Barnet were educated in a state-funded mainstream provision compared to 46.7% in England, 53.8% in London and 49.0% across the statistical neighbour average.

**Figure 4 Map of Special schools and schools with specialist provision, Barnet, 2017**



##### 4.4.3.1 Schools and Provision projection

Barnet’s commissioning school places strategy 2015/16 to 2019/20 suggests that, through combining the impact of demographic growth and a desire to reduce dependence on the independent sector, a requirement for the following additional provision before 2019:

There is now a set of clear projections for the additional numbers of specialist places required between 2017 and 2025. These projections have included the following factors:

- Reduced birth rate projections;
- Reduction in migration into Barnet;
- Removal of 2 bulge classes;
- The effect of the current bulge in the primary phase moving into secondary;
- The maintenance of more EHCPs post 16 as a result of the 0-25 agenda;
- Reducing the numbers of pupils placed in out borough provision;
- The increasing numbers of pupils in mainstream that require specialist provision at secondary.

There are two areas of specific required growth:

1. The first of these is for pupils with Autistic Spectrum Conditions in secondary phase.
2. The second is for students with Autistic Spectrum Conditions between the ages of 16 and 25.

Pupil projections indicate that over the coming years there will be additional need for places for children with SEND at both the primary and secondary phases. This arises from the need to:

- reduce the number of pupils placed in out borough provision both to minimise costs and to improve the experience of the pupils
- accommodate the effect of the current bulge in the primary phase moving into the secondary phase
- maintain more Education, Health and Care Plans for young people between the ages of 16 and 25 as required by legislation
- respond to the increasing numbers of pupils in mainstream schools that require more specialist provision at the secondary phase.

The government recognises the need to provide more school places for children with SEND and is making some capital investment funding available, about £3m across 2018/19 to 2020/21 (£1m each year). In the meantime, there are several projects in progress or in the pipeline that help to meet this need:

- The expansion of Oak Lodge Special School was completed in July 2017 providing additional capacity for up to an additional 40 children with special educational needs and/or disabilities.
- Oak Lodge converted to an Academy on 1 January 2017 and its application to open a new special Academy free school for up to 90 children and young people with an autism spectrum condition (ASC) has now been approved by central government and the Council is working with the DfE to identify a site for the new free school (The Windmill).
- In February 2017, Kisharon School, an independent all-through special school with a Jewish ethos, was granted planning consent to proceed with the construction of a new school on its current site. This will enable the school to expand its provision.
- For September 2017, new provision was commissioned from Oak Lodge school and located on its current site for children with ASC working at a higher level than the majority of pupils at the main school therefore requiring a specialist and tailored curriculum.
- Coppetts Wood additional resourced provision (ARP) which is currently designated to cater for children with speech and language needs, is being re-commissioned to focus on the needs of children with ASC.

- Additional places for young people with learning difficulties (LDD) and/or disabilities are being created at Barnet and Southgate College in their LDD provision at the Southgate campus helping to meet the rise in this cohort of young people.
- The regeneration proposals for Brent Cross include the re-building of Mapledown Special School.

Table 1 Need for additional places by age band

Age Band	Need	Number of places required by 2025
0-4	ASC & SLCN	1
5-10	ASC & SLCN	3
11-15	ASC & SLCN	84
16-19	ASC & SLCN	86
20-25	ASC & SLCN	18

These numbers are the numbers of additional places required based on demographic growth and (broadly) the same proportion of EHCPs.

This does not account for additional need if we aim to reduce dependency on OOB placements AND support schools by recognising that we have children currently in mainstream that would benefit from specialist (i.e. displacing the mainstream pupils into specialist).

Table 2 Need for additional places by phase

Phase	Need	Number of places required by 2025
Early Years	ASC & SLCN	0
Primary	ASC & SLCN	15
Secondary	ASC & SLCN	120
Post 16	ASC & SLCN	90

These numbers account for the following:

- Demographic growth;
- Reducing dependency on OOB placements;
- Allowing scope for pupils currently 'just being managed' in mainstream schools additional capacity for those children where specialist provision may be more appropriate.

#### Implications:

- There is a shortfall of 15 places at primary;
- There is a shortfall of 120 places at secondary;
- There is a shortfall of 90 places at post 16;
- 1 additional ARP is required in the primary phase. This would need to accommodate 15 places;
- The Windmill would provide for 72 out of the 120 secondary places required;
- 2 additional ARPs are required in the secondary phase. These would provide for the remaining 48 places;

- 28 additional places are being created at Barnet and Southgate College in their LDD provision. This would leave a shortfall of 62 places.

#### **4.4.4 Location of Pupils with Statements of SEN or EHC Plans maintained by Barnet**

Within Barnet, the highest numbers of children and young people with statements or EHC Plans maintained by Barnet were in the West of the Borough. Burnt Oak has the highest number of SEN Statement/EHCP pupils (175) followed by Colindale (165).

#### **4.4.5 Exclusions and Persistent Absenteeism**

The absence rate for pupils with SEND in Barnet in 2013/14 was higher than London and statistical neighbours for both groups of SEN (those with a statement or EHCP and those with SEN without a Statement or EHCP). This compares to the absence rate of non-SEN pupils in Barnet which is in line with the national and statistical neighbour average.

### **4.5 Youth Justice**

Between 2014 and 2017, 50 young people have been given custodial sentences and/or periods of remand into custody. Of those, a low number were identified on entry as having a statement of educational needs or an EHCP plans. On examination of the custody cohort, a high percentage of the young people were gang related and have had difficult educational experiences, including fixed term and permanent exclusions.

The YOT ASSETplus assessment contains an examination of a young person's current and educational histories. It also includes a speech, language and communication assessment and a further assessment of their emotional health. The YOT also has a protocol with the SEND department (see attached) which addresses the sharing of information and the ways in which we work together, following a young person being made subject to custody. The YOT currently has SALT (Speech and Language Therapy) provision but this is limited in availability, the provider and the YOT Manager meet to discuss the distribution of resource each month. This provision is currently being reviewed and developed. The YOT also has an Educational Psychologist (90 days provision only) which is valuable in supporting the SEND process. Funding to continue the Educational Psychology provision will need to be explored in the future.

### **4.6 Admissions Avoidance Register (AAR)**

In response to the Transforming Care Partnership agenda the JCU LD team maintains a joint Adults' and Children's Admissions Avoidance Register (AAR) which is overseen by a Review Group. The AAR is a central point for sharing and recording information that monitors whether an individual with a Learning Disability and/or Autism is at risk of hospital admission. It enables and requires regular review by a multi-disciplinary team (MDT) to evaluate an individual's needs, support and contingency plans, risk assessing and increasing input and resources if necessary. The aim is to prevent unnecessary admission to inpatient services by assisting people in crisis to remain in the community, wherever it is safe to do so. Meeting fortnightly, the group reviews each case to ensure individual care planning for all those on the Register with Learning Difficulties and/or Autism and who may be at risk of hospital admission; in an effort to ensure that risk does not materialise. We

are very pleased to note that, as a result, there has not been even one unplanned admission in this cohort in over a year.

#### **4.7 Transport**

Recently there has been a refresh of our transport policy and we are working with parents/carers to develop a range of flexible travel options. 402 young people were provided with travel assistance in the 2015/16 academic year, of which 327 are on buses and 75 pupils are in taxis. The Passenger Travel Service operates 34 buses on a daily basis.

#### **4.8 Service development and improvement**

Some of recent service developments to improve assessment and meeting the needs of SEND include:

- b) A new SLA is in place that requires the Pre-school Teaching team to collate evidence on the effectiveness of family service plans; initial findings will shortly be available.
- c) The local authority has developed an EHCP outcomes performance report; this is beginning to enable more rigorous management oversight of the effectiveness and impact of plans. The report will provide detailed analysis of types of outcomes most commonly met/partially met/not met by different cohorts, thus supporting management scrutiny and enabling the development of targeted improvement plans where necessary
- d) A revised EHCP multi-agency quality assurance framework was introduced. The framework is not yet sufficiently embedded to demonstrate an impact on overall quality but it is already enabling more rigorous management oversight and challenge
- e) The DMO for SEND has initiated discussions with the LAC Health Team to improve the quality and timeliness of health advice to EHCP requests for children looked after. The CCG and the LAC Health team are seeking a solution for this within the LAC team, with guidance from the DMO for SEND and DMO for LAC.
- f) The establishment of a coproduction development group, led by a Principal EP with representation from parents, voluntary sector, health, education and social care.
- g) Barnet local area has jointly commissioned additional BPCF activity to support them in outreach work with to hard-to-reach groups, contributions to health recommissioning and advice to the CCG on coproduction.
- h) Joint pathways and plans for partial integration of services between CAMHS SCAN and other therapies such as SLT have been developed
- i) A Transitions Tracking meeting (including colleagues from health, social care and education) has been re-established to track all pupils from age 13-25 who are likely to require adult health and social care services.

## **5 Improvement of outcomes for children and young people with SEND**

Barnet is committed to Listening to parents/ carers so that realistic and deliverable outcomes are agreed. Outcomes for SEND pupils are good across all phases of education. This is a consequence of effective, tailored support provided to all children with SEND from early years through to KS4.

The Barnet Local Offer is an accessible and comprehensive source of information for children and young people with SEND, their families and professionals access. It includes information about education, health and care services, leisure activities and support groups in their local area. It includes information targeted to support children and young people to gain independence, prepare for adulthood and play an active role in their local community.

### **5.1 Parental involvement in improving outcomes**

#### **5.1.1 Barnet Parent/ Carer Forum**

Listening to parents/ carers so that realistic and deliverable outcomes are agreed is crucial especially around the time of annual reviews. Barnet Parent/ Carer Forum identified that families in Barnet are very frustrated and disappointed with the Preparing for Adulthood (PFA) service as they are aware of positive examples of provision including programmes for supported internships in neighbouring boroughs. A poor picture of transition into college and adulthood is being experienced. Staff support to cover out of borough reviews is an issue. Families described how they wanted access to services in the evening, life skills training for YP including being healthy as possible and support for living independently.

Dedicated units within colleges are sometimes poorly prepared and staffed, relying on parents to make the necessary steps to ease transition and support their children. Existing plans to manage support were not delivered in particular joined up working although on the academic side staffs were working hard and improvements being seen. The college week is shorter and this has adversely affected other areas of care. The College learning style does not fit well for with YP with needs, family members have to provide additional support for independent learning and project work. Well thought through support for work placements is needed. Families say that they actively avoid schools that are perceived to have a poor reputation for supporting SEND and providing SEN support. Families expect better informed staff who are aware of the reforms in mainstream schools.

They also felt that access to services provided by Social care is problematic. Assessments for carer support have been poor with families complaining about the process and in particular the follow ups. Families moving into the area with statements and plans report a poor experience of the system. Families want an improved PFA offer on the LO with a more user friendly and less jargonised website which contains a published, agreed clear Barnet SEND vision and strategy for the future.

### **5.2 Education**

#### **5.2.1 Mission Statement**

Our mission for education is to ensure that:

- Every child attends a good or outstanding school, as judged by Ofsted.
- The attainment and progress of children in Barnet schools is within the top 10% nationally.
- There is accelerating progress of the most disadvantaged and vulnerable pupils in order to close the gap between them and their peers.

### 5.2.2 Education attainment

- Early years pupils with SEN with a Statement or an ECH Plan are performing better than the national average.
- Early years pupils with SEN without a Statement or an EHC Plan are achieving the national average (and below the London and Statistical neighbour average).
- Pupils in Key Stage 1 both with and without a Statement or a Plan are performing better than the national average.
- Pupils in Key Stage 2 both with and without a Statement or a Plan are performing better than the national average.
- Pupils in Key Stage 4 both with and without a Statement or a Plan are performing better than the national average.

### 5.2.3 LAC attainment

- Key stage 1 attainment is in line with the national average for pupils in care for 12 or more months.
- Key stage 2 attainment of the expected standard is above the national average for pupils in care for 12 or more months. Key stage 2 progress is broadly in line with the national average for all pupils in reading, writing and maths.
- Key stage 4 attainment across 8 subjects is ranked 115th (below the national average) and progress across 8 subjects is ranked 129th (88th percentile). Key stage 4 attainment in English is broadly in line with the national average, and above the national average in maths for pupils in care for at least 12 months. In English pupils make significantly less progress than the national average for all pupils. Pupils make progress below the national average for all pupils in maths.
- Key stage 4 progress in English Baccalaureate and other subjects is very low compared to the national average for all pupils, and compared to looked-after children nationally.
- Attendance has rapidly improved between 2013/14 and 2015/16, and is now broadly in line with the national average for looked after pupils, and the national average for all pupils.
- The rate of fixed term exclusions is in the lowest 1% of LAs nationally, and has been for the past 3 years.

Source: DfE

### 5.2.4 Other insights

- The absence rate for pupils with SEND in 2013/14 was higher than London and statistical neighbours for both groups of SEND (those with a Statement or EHCP and those with SEND without a Statement or EHCP). This compares to the absence rate of non-SEND pupils in Barnet which is in line with the national and statistical neighbour average.
- The rate of fixed term exclusions increases as the level of SEND intervention increases, although the fixed term exclusion rate for Barnet for both SEND Statement/EHCP pupils and SEND (no

Statement/EHCP pupils) is below all comparator groups, suggesting inclusive practices for most challenging behaviour in schools is strong.

- The proportion of NEETS in Barnet is low (in 2016 89% of 16-18yr olds were in education or training). It is below the national, London and statistical neighbour average. There are more males who are NEET and the largest numbers of NEETs are seen in the west of the borough. This correlates with levels of deprivation.

#### **5.2.5 Education, Health and Social Care plans**

- In April 2017, 100% of ECHPs issued were within 20 weeks. As at 30<sup>th</sup> April 2017, 991 transfer reviews had been finalised, 64% of all existing statements.
- The local area is on track to convert all statements within statutory timescales.
- Within Barnet, the highest numbers of children and young people with Statements or EHC Plans maintained by Barnet were in the West of the Borough. Burnt Oak has the highest number of SEND Statement/EHCP pupils (175), followed by Colindale (165).

#### **5.2.6 Schools and Provision**

Currently, there are four special schools in the borough that are all rated as good or outstanding, two Primaries and two Secondaries.

### **5.3 Service developments and improvements**

Some of recent service developments to improve SEND leadership and outcomes include:

- a) The CCG has recently increased the capacity for the SEND DMO from three to six programmed activity sessions to allow the DMO to focus on overseeing the health care of children and young people with SEND; coordinating medical information, assessments and recommendations; contributing to development of strategic commissioning arrangements including joint commissioning strategies and participation.
- b) In relation to early years:
  - An extended moderation plan that includes earlier agreement trialling for all schools. This enables schools to identify those at risk of not achieving 'good levels of development' (GLD) at an earlier stage and develop appropriate early interventions.
  - 'School readiness' programmes delivered through Barnet children's centres and targeted at localities (by postcode) that achieved lower GLD rates in 2016.
  - All termly network meetings for schools and PVI's (plus additional half termly for PVI's) are attended by the pre-school inclusion team who offer advice, guidance and expertise in supporting children and their families with SEND. In addition, a themed network meeting was held in June, focused on transition and attended by schools and preschools; this provided a forum for practitioners to discuss individual children that they have concerns about (particularly SEND).
  - A revised training offer from the Early Years Standards team. Using EYFS profile results, alongside discussions with schools on their baseline profile and any associated trends, tailored projects are offered to selected schools and settings; this is in addition to the core training programme.



## 6 Recommendations

#	Overarching strategic recommendations
1	Improve integration of pathways, processes and governance between education, health and social care
2	To jointly commission integrated services for children with SEND including therapies
3	Embed a meaningful approach to co-produce with children and young people with SEND and their families across health, education and social care
Recommendations for identifying SEND	
4	Refine processes in the In-take team meeting for identifying and supporting children with SEND – include professionals from CAMHS, 0 – 25, Health Visiting and School Nursing alongside the 0 – 19 Family Hubs
5	Increase CCG resource for LAC nursing and initial health assessments for LAC SEND children and develop a paediatric model for LAC Initial Health Assessments aged 0-9 year olds; review for 9 +
6	Improve voice of the child in EHC plans
7	Improve representation and reach of co-production with young people across the local area
Recommendations for meeting needs	
8	Review SEND support at key transition points in educational phases – reception intake, KS1 to KS2, secondary transfer, Post 16, and transition to adulthood to ensure meeting needs
9	Increase local capacity for special schools and for specialist provision in mainstream primary and secondary schools
10	Work with further education providers to increase the range of local provision and reduce the need for young people to access colleges away from home; planning together with CCG to minimise hospital admissions
11	Embed recommendations from CAMHS transformation programme to meet the emotional and mental health needs of all children with SEND including LAC
12	Embed recommendations from the children’s therapies review and offer health sessions outside school time to minimise disruption to the school day
13	Improve quality of EHC plans
14	Improve the quality of the parent experience

<b>Recommendations to improve outcomes</b>	
15	Further improve quality of social work practice to improve quality of outcomes for children with SEND
16	Explore and analyse outcomes for children with SEND by ethnic group
17	Review Fixed Term Exclusion policies and practice to ensure schools are supported to gain EHCPs for behaviour (SEMH) where this would best support the child.
18	Review Early Years 0-5 SEND support and embed recommendations to improve outcomes. Ensure appropriate specialist training in PVI settings and supported integrated pathways are in place.
<b>Technical recommendations</b>	
19	Improve data quality, collection and processes in CCG for health outcomes for 19-25 year olds to inform decision making and planning
20	Improve data recording for post-16 population and for Unaccompanied Asylum Seeking Children (UASC) for review and planning purposes
21	Align caseloads between education and social care to minimise data inaccuracies between systems
22	Work towards a single patient record across health systems/ providers