SEND Joint Strategic Needs Assessment

2015-2020

London Borough of Barnet

BARNET
LONDON BOROUGH

NHS
Barnet
Clinical Commissioning Group

Contents

Abbreviations

AAR	Admissions Avoidance Register
ARP	Additional Resourced Provisions
ASD	Autistic Spectrum Disorder
BAME	Black, Asian and Minority Ethnic
BAS	Barnet Adolescent Service
BCDS	Barnet Child Development Service
BESM	Behavioural, Emotional, Social and Mental health needs
BEYA	Barnet Early Years Alliance
BMI	Body Mass Index
CAD	Children and Adults Team for people with disabilities
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CIC	Children in Care
CIN	Children in Need - A child in need are ned under the Children Act 1989 as a child
CLCH	Central London Community Health
CMG	Contract Management Meeting
CP	Child Protection Child protection is the process of protecting individual children
CO	Carbon Monoxide
CYP	Children and young People
CYPHS	Children and Young People's Health Data Set
EHC/P	Education and Health Care / Plans
FSP	Foundation Stage Profile
GFR	general fertility rate
GP	General Practice
GLA	Greater London Authority
HSCIC	Health and Social Care Information Centre
JCU	Joint Commissioning Unit
JSNA	Joint Strategic Needs Assessment
KS	Key Stage
LA	Local Authority

1. Introduction

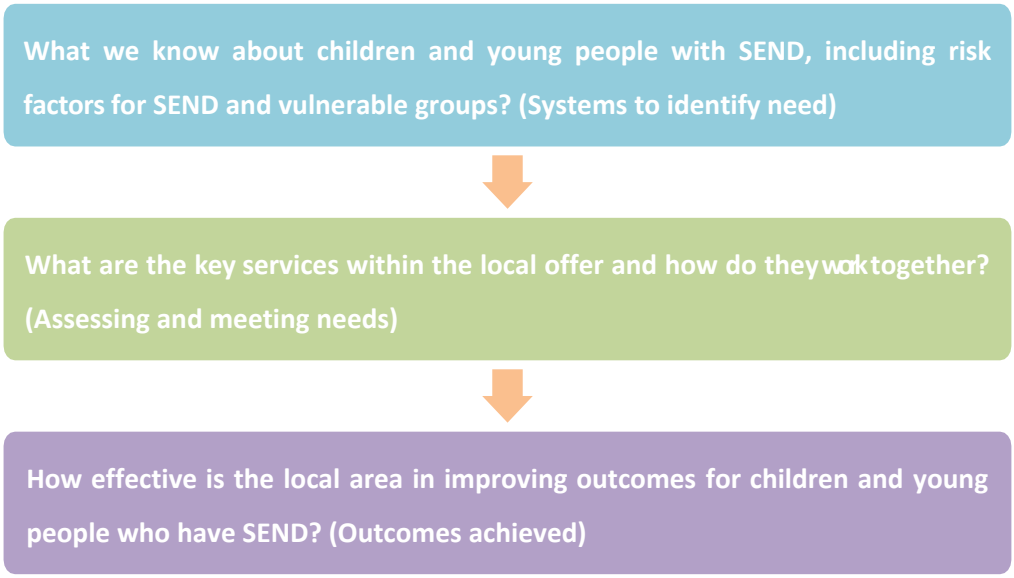
Barnet is committed to meet the needs of children and young people with special needs and disabilities living within the borough. The development of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and build them into local commissioning plans.

Support for children with Special Educational Needs and Disabilities (SEND) is undergoing radical reform. The Children and Families Act 2014 extends the SEND system from birth to 25; replacing statements of special educational need with a new birth-to-25 Education Health and Care plan (EHC); broadens the definition of SEND to include any disability including mental health; and, offers personal budgets to those families with children affected by SEND.

The act puts children, young people, parents and carers at the centre of the process. Providers are required to make available and easily accessible the full range of support in the Local Offer. A key feature of the Act is that health, (locally this is Barnet's Clinical Commissioning Group (CCG), and NHS England), are required to make joint commissioning arrangements to secure Education, Health and Care provision for children and young people for whom the authority is responsible for as well as those who have special educational needs.

The Special Educational Needs and Disability Code of Practice requires Health and Wellbeing boards to consider the needs of vulnerable groups, including those with SEN and disabled children and young people, those needing palliative care and looked after children. In order to ensure that the reforms are implemented successfully the Department for Education is introducing a new SEN Ofsted and Care Quality Commission (CQC) Inspection Framework for Local Areas.

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.



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 National Context

1.1.1 Definition

Under Section 20 of the Children and Families Act 2014 and Section 312 of the 1996 Education Act, a child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them.

Children have a learning difficulty or disability if they:

- have a significantly greater difficulty in learning than the majority of others the same age;
- have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions; or

- are under compulsory school age and fall within one of the definitions above or would do so if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form a language of their home is different from the language in which they will be taught.

Special educational provision means:

- for children of 2 years or over, educational provision additional to, or different from, the educational provision made generally for children of their age in schools maintained by the local authority, other than special schools, in the area; or
- for children under 2, educational provision of any kind.

In addition, the SEND Code of Practice (2015) sets out four broad areas of need and support which may be helpful when reviewing and managing special educational provision. These are:

- communication and interaction;
- cognition and learning;
- social, emotional and mental health difficulties; and
- sensory and/or physical needs.

Further information can be found within Section 6.28 – 6.35 of the SEND Code of Practice (2015).

1.1.2 Joint Strategic Needs Assessments

The Code of Practice sets out the relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans (see Figure 1). In line with guidance from the SEND Code of Practice states that this JSNA will inform the joint commissioning decisions made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer. At an individual level, services should co-operate where necessary in arranging the agreed provision in an EHC plan. Partners should consider how they will work to align support delivered through mechanisms such as the early help assessment and how SEN support in schools can be aligned both strategically and operationally. They should, where appropriate, share the costs of support for individual children and young people with complex needs, so that they do not fall on one agency.

Figure 1 **JSNA Process, SEND Code of Practice. Source: SEND code of practice, Department for Education/Department of Health (June 2014)**

1.1.3 National Prevalence

Nationally the true prevalence of SEND is unknown. The recorded prevalence has varied overtime in response to changes in national policy and its interpretation at local level.

Nationally there is not much data on the prevalence of disabilities in children and certainly not much comparable data showing changes over time, which makes future forecasting difficult. The last study of the prevalence of disabilities in children was carried out in 2004/05, following the Audit Commission's 2002 report:

Approximately 20% of children and young people will have a special educational need at some time; 2% may typically require resources over and above what might be commonly available in mainstream schools and require a statement. Recently however, the national rate for children being issued with statements has risen to closer to 3%.

National trends suggest that there has been a rise in the prevalence of Severe Learning Disabilities (SLD) and People with Mild Learning Disabilities (PMLD), largely as a result of:

- Increases in maternal age (associated with higher risk factors for some conditions associated with learning disabilities, such as Down's syndrome). However, the data suggests that this change happened mainly during the 1990s and that the pattern of age of maternal birth has

been fairly static since 2006. It is therefore unlikely that this factor will require consideration in forecasting over the next ten years.

- A rise in the number of premature and low weight births. Pre-term birth rates in England and Wales have remained steady (7.3% in 2009, 7.1% in 2010, and 7.2% in 2011). Very early pre-term births (under 24 weeks) have also remained steady (1.3% in 2009, 1.5% in 2010, and 1.3% in 2011). Barnet statistics mirror the national trend. The change is not in incidence of pre-term births, but in survival rates. The mortality rate of all pre-term births has dropped by 11% since 2006. This followed an improvement of 13% between 1995 and 2006.

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.

The impact of these competing pressures on the incidence of learning disabilities is complex and there has been no detailed research into their net effect. The following sections look at the most important of these factors in order to determine which and how these should influence forecasting for future needs.

1.2 Strategic objectives

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.

Participation and Co-production

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

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.

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.

Achievement of pupils with SEND

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

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.

1.3 Joint Commissioning & Partnerships

Developing stronger partnerships across the borough's SEND sector is a key strategic priority. This includes bringing together Education, Health and Social Care, as well community and voluntary sector organisations, parent cares and their advocates. Stronger partnerships between organisations will lead to resilient communities; communities in which children and young people with SEND are well prepared to tackle the challenges they are presented with, as they grow and develop.

As a partnership with statutory duties, we work hard to increase the resilience of children and young people with SEND. Resilience based practice means protecting families from the big bumps, and supporting them through the little bumps, so that they can get the best for their child. This means all the services working with a family, coming together to share information and co-operate with each other, to ensure all children, including those with SEND, achieve their full potential.

The partnership between the **London Borough of Barnet and Cambridge Education** for the provision of SEND services is governed in partnership with schools. Partnership with schools, between schools and between the education service and other agencies is key to the continuing success of our schools and young people.

The partnership with Cambridge Education aims to maintain Barnet's excellent education offer and the good relationship between the council and schools, whilst also achieving the budget savings required by changes in local authority funding. This is a significant challenge but we have made a good start in addressing it. There was a smooth transfer of all services previously provided to

schools and the council, and new governance and performance monitoring regimes have been put in place.

The **CCG and the Local Authority** are continuing to work together to further develop joint pathways of support. Key priorities:

- Remodelling & Re-commissioning
- CAMHS
- Therapies
- LAC pathways
- Public health nursing
- Pathway for children's complex needs

have been agreed and work is beginning to take place on these key priorities. There are formal arrangements in place to support ongoing discussions which provide the structure for joint commissioning and integrated working going forward.

The **Children's Joint Commissioning Team** leads on developing the market for health provision, thereby impacting on services offered locally and outcomes for children in the borough. The aim of the JCU is to deliver an integrated commissioning process for partner organisations based on the shared priorities delivered through a shared work programme to make best use of our available resources to improve the health and wellbeing outcomes for children ensuring resilience and improving quality. This is also responsible for developing a strategic approach to commissioning across the SEND partnership. The aim of the service is to improve outcomes for children, young people and adults in Barnet, reduce duplication, ensure resilience, improve quality and increase efficiencies through effectively commissioning services across Children, Adults and Public Health.

Services that are currently jointly commissioned include occupational therapy, Speech and Language Therapy and the Children and Adolescent Mental Health Services. Further opportunities for joint commissioning of services are also being explored.

The Sustainability and Transformation Plan (STP) is a strategic driver for more cooperation at the North Central London level in relation to health and wellbeing. Partner organisations working together for the benefit of local people, is one of the North Central London Commissioning Strategy Principles. Within that, the SEND partnership has an important role to play in advocating that children and young people with SEND in Barnet retain access to the high quality health provision that they need, to achieve positive outcomes.

2.Methodology

2.1 Scope

A working group comprising policy, research and intelligence officers from health, education and social care was formed to scope this JSNA and contribute data, analytical products and intelligence from their areas of expertise. The partnership arrangement expanded the knowledge base and ensured that all parties were represented in this cross organisation work. This joint strategic needs assessment (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.

2.2 Data Sources and Limitations

2.2.1 Community Health Services

NHS Barnet CCG undertakes monthly Contract Management Group meetings (CMG) and Service Performance Meetings of both the adults and children and young people community health services managed by CLCH, ELFT and Royal Free. For children and young people community paediatric, occupational therapy, speech and language and physiotherapy services are monitored. The JSNA has highlighted that the data collated is activity and process driven, and Barnet CCG are working with providers in developing a more outcome based approach. Some of this issue will be addressed through the new national data collection process managed by the Health and Social Care Information Centre (HSCIC) called the Children and Young People's Health Data Set (CYPHS)[1].

This will collate data on: personal and demographic; social and personal circumstances; breastfeeding and nutrition; care event and screening activity; diagnoses, including long term conditions and childhood disabilities; scored assessments

[1] http://content.digital.nhs.uk/maternityandchildren/CYPHS

2.2.1 Children and young adults with a disability (0-25 Service)

- The Not in Employment, Education or Training (NEET) and Unknown data provides a snapshot in time and does not reflect this in context of the overall population at that time.
- The placement data and student numbers are based on a snapshot in time – numbers will fluctuate depending on children and young people moving in and out of borough as well as changing placements mid-year.
- General Practices do not routinely collect SEND data on their systems so it is not possible to analyse primary care activity or level of support.
- Data accessibility and quality between Education, Health and Social Care proved to be one of the limitations with regards to analytical insights. The focus needs to continue on developing joint robust data collection and recording with responsibilities for SEND.
- There are related datasets from various council teams or services working with SEND. Integration of all related SEND datasets within the council is an important first step and is beginning. A second step is the integration with datasets from other relevant local partners and organisations. This will be important in ensuring that across all parties capacity can be evaluated, gaps identified and addressed.
- National data sources did not contain local level data particularly at ward level for some indicators; this meant that within Barnet comparison were difficult to produce for those indicators at a more local level.
- A significant proportion of the analysis was based on school census. The school census collects only a limited range of statutory indicators for 5-16 age range. This should be noted when interpreting the outputs produced. It is also important to note not all data is mandatory in the School Census and therefore could not be used as a comparator for all indicators.

3. Local context

Barnet is a suburban North London borough and is a great place to live for most families, children and young people, with some of the best schools in the country, some of the best parks and open spaces in London, and low levels of unemployment.

Barnet is the largest borough in London by population and is continuing to grow. The population of 93,590 children and young people (0 – 19) remains the second largest in London and accounts for one quarter of Barnet's overall population. This is estimated to grow by 6% between 2015 and 2020 when it will reach 98,914. Population growth is linked to the large-scale regeneration projects and migration, with the GLA estimating a net international migration into Barnet of almost 50,000 people over the period 2002 – 2013.

Barnet's population is diverse and is projected to become increasingly diverse. The overall Black, Asian and Minority Ethnic (BAME) population is projected to increase from 39% to 44% of the total Barnet population. This diversity is amplified for children and young people, there are more children from BAME groups in the 0 – 9 age group, than there are white children.

Although by religion, Christianity is the largest faith community in Barnet accounting for 41% of the total population. There is a significant Jewish and Muslim population. Judaism is the second most common religion (15%), this equates to 1 in 5 of all Jewish people in England and Wales living in Barnet. The Muslim community accounts for 10.3% of the community.

19% of children under five (5,000 children) live in low income families and the west of the Borough has the highest concentration of more deprived LSOAs, with the highest levels of deprivation in Colindale, West Hendon and Burnt Oak.

Children in Barnet achieve good levels of educational attainment against statistical neighbours and national averages. However, the attainment for disadvantaged groups against their peers in Barnet has widened compared to the London gap (CJJ to investigate). Furthermore, although participation at 16 is good in Barnet, there are specific issues for some young people who attend college rather than a school sixth form who become NEET at the age of 17.

Barnet has had relatively low levels of CIN, CP and CIC per 10,000 of the population compared to national and statistical neighbours. Analysis and modelling undertaken has shown that once population characteristics, including religion, are taken into account Barnet's rates are not significantly different from the rates of other local authorities.

Barnet is well known for the excellent quality of its schools and the diversity of its educational offer. These are at the heart of Barnet's continuing success as a desirable place where people want to live, work and study. Excellent educational outcomes and ensuring children and young people are equipped to meet the needs of employers are vital to Barnet's future success.

Barnet has 125 schools serving 54,524 pupils. There are 22 secondary schools, 90 primary schools, three all through schools, four nursery schools, four special schools and two pupil referral units. The number of pupils is growing and although there has been a substantial investment programme to provide new school places, more still are required as we move towards the end of the decade.

In recent years, children's achievements in Barnet's schools at all key stages have been among the very best in the country and a high proportion of Barnet's young people progress on to higher education. Over 90% of Barnet pupils are at schools which were graded good or better at their last Ofsted inspection.

We want to make Barnet the most Family Friendly Borough by 2020. Our strategy to achieve this is to focus on developing families' resilience, which evidence tells us is pivotal to delivering the best outcomes for children and young people. The role that schools play in the day to day life of children and their families provides a unique opportunity to promote and embed resilience. Resilience based practice sits at the heart of improving outcomes for children and young people; an approach that is based on looking for strengths and opportunities to build on, rather than for issues or problems to treat.

At the same time our education vision recognises the barriers facing many disadvantaged and vulnerable children and young people and includes a clear commitment to accelerating their progress and closing the gap between them and their peers.

In April 2016, the council entered into a seven-year strategic partnership with Cambridge Education (trading as Mott Macdonald) for the provision of its education services, an arrangement that is governed in partnership with schools. Partnership with schools, between schools and between the education service and other agencies is key to the continuing success of our schools and young people,

The council is committed to maintaining an active role in working with schools to ensure the continued and growing success of education in Barnet. We recognise and welcome the growing diversity of governance models amongst our schools and the changing role of the local authority but we believe in investing in education, in championing the needs and aspirations of children and young people and in taking a strategic pro-active approach to ensuring we have sufficient school places, a high quality educational offer in all our schools and that we and schools work together to meet the needs and promote the achievement of all pupils, including the most vulnerable and disadvantaged.

The partnership with Cambridge Education aims to maintain Barnet's excellent education offer and the good relationship between the council and schools, whilst also achieving the budget savings required by changes in local authority funding. This is a significant challenge but we have made a good start in addressing it. There was a smooth transfer of all services previously provided to schools and the council, and new governance and performance monitoring regimes have been put in place. We have also completed a number of service reviews in order to identify opportunities for service improvement, business development and efficiency savings.

3.1 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 though 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.

Insight has recently been gathered from young people at our SEND youth voice forum. Insight was also collected through the youth parliament, focus groups and youthorium.

Youth Parliament Survey

- Online survey
- Up to 7899 CYP responded
- Prescribed responses to questions asked.

- School focus groups and Youthorium
  - 18 focus groups delivered in schools, PRU, specialist schools, faith schools and VCS groups. Just over 200 CYP people participated. Use of technology and face to face facilitation throughout.
  - Youthorium; youth conference attended by 108 CYP people.
  - Blend of prescribed answers to closed questions and open questions

Figure 2 The Youth Parliament survey asked "Which of the following would you approach for support about mental health issues?" these are the results that came from this. Source: CAMHS

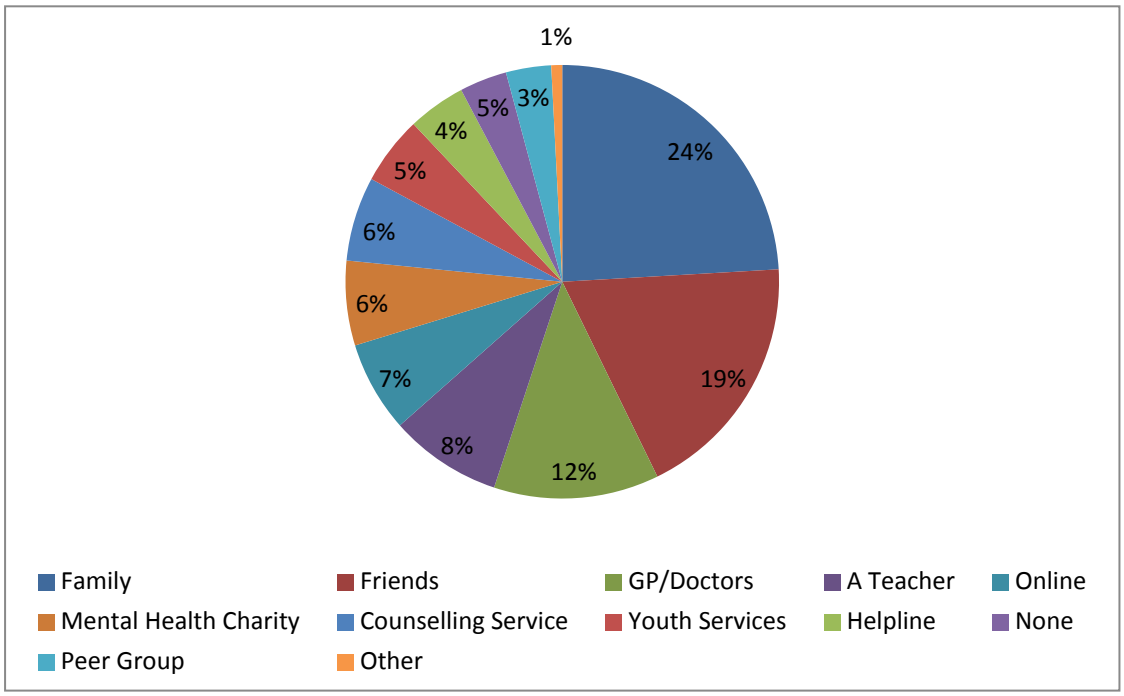
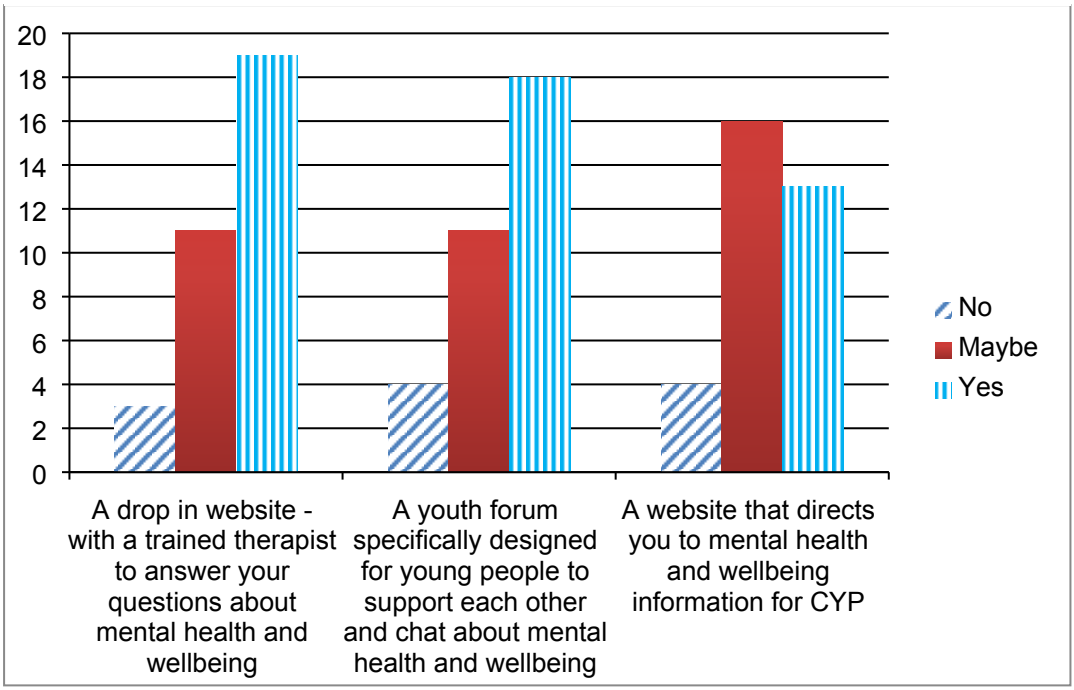


Figure 3 Feedback from children and young people on how they would like to receive support from CAMHS (Question: 'Out of these options, which would you use with regards to emotional wellbeing?') Source: CAMHS



3.2 Co-production with families

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. The importance of listening to the views of parents and carers is enshrined within the Children and Families Act 2014.

Barnet Parent Carer Forum is made up of parent and family carers for children and young people with SEND. It works with London Borough of Barnet and Barnet Clinical Commissioning Group (CCG) to shape the development of services and ensure that the voices of parents and listened to and responded to. Barnet Parent Carer Forum is part of the National Network of Parent Carer Forums (NNPCF). NNPCF representatives, who are all parent carers, work with a broad range of organisations including Department of Education, Department of Health, Council for Disabled Children, British Academy of Childhood Disability and IPSEA.

The Barnet Local Offer is an accessible and comprehensive source of information for children and young people with Special Educational Needs and Disabilities (SEND), their families and professionals access. It includes information about education, health and care services, leisure activities and support groups in their local area.

Barnet's Local Offer is co-produced with input from schools, local community organisations, London Borough of Barnet and children, young people and families. Visitors to the site are able to provide feedback on the site and London Borough of Barnet are 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.

4. What do We Know about Children and Young People with Special Educational Needs & Disabilities?

Barnet has the largest population of any London borough (GLA 2017 estimate, 389,600). By 2039, the borough's population is expected to exceed 450,000[2] . While this growth will affect all age groups, the number of children and older people will increase at a faster rate than the population as a whole[3]. In 2015, the general fertility rate (GFR) was 64.5 per 1,000 women of reproductive age (ages 15 to 44 years), a 3% increase from 2005[4]. Additionally, the net increase of children ages 0-19 from 2014-15 was 870[5]. By 2039, the number of children ages 0-19 will increase by about 7,000 with the greatest expansion expected in the south and west of the borough[6].

[2] GLA. (updated 2017). GLA Population Projections: Custom Age Tables. Retrieved from, https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables

[3] *Barnet Housing Strategy 2015 to 2025.* Barnet Council, 2015, p. 11. https://www.barnet.gov.uk/dam/jcr:b49187f8-d93a-41c8-9f32-57e8f49a15ae/Approved%20Housing%20Strategy%202015%20to%202025.pdf

[4] GLA. (2015). Births & Fertility Rates by London Borough. https://data.london.gov.uk/dataset/births-and-fertility-rates-borough

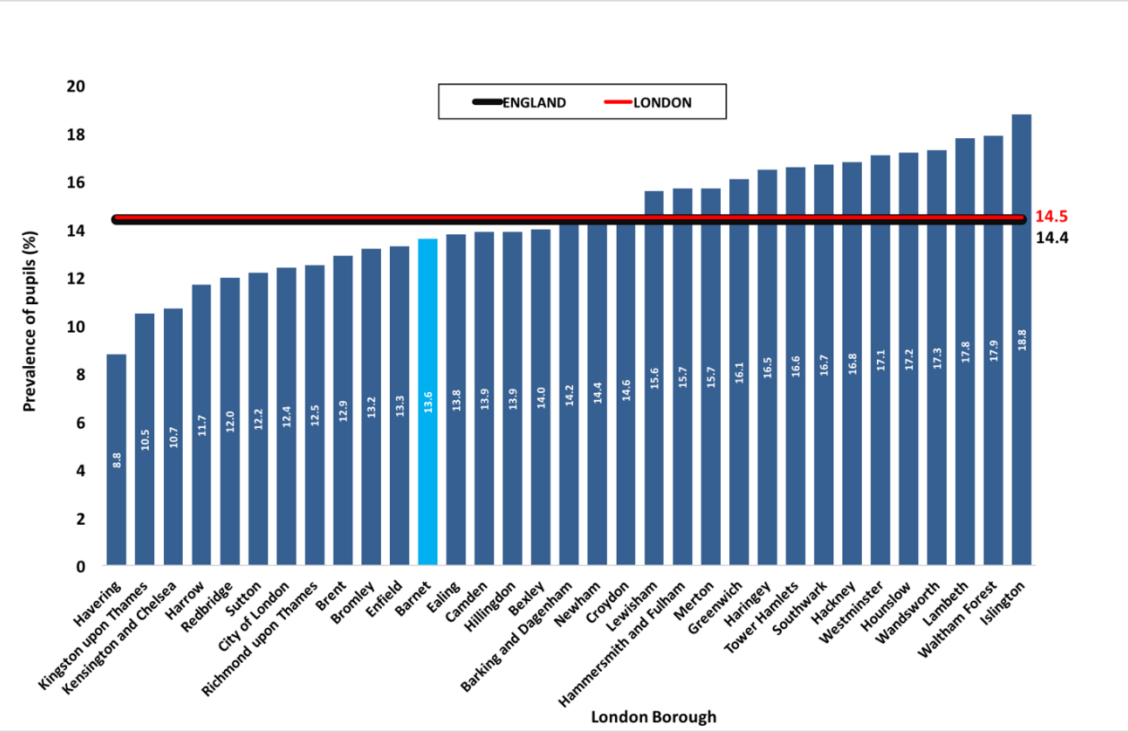
[5] GLA. (updated 2017). GLA Population Projections: Custom Age Tables. Retrieved from, https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables

[6] *Barnet's Joint Strategic Needs Assessment 2015–2020.* London Borough of Barnet, 2015, p. 24. https://www.barnet.gov.uk/jsna-home

4.1 Local 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.

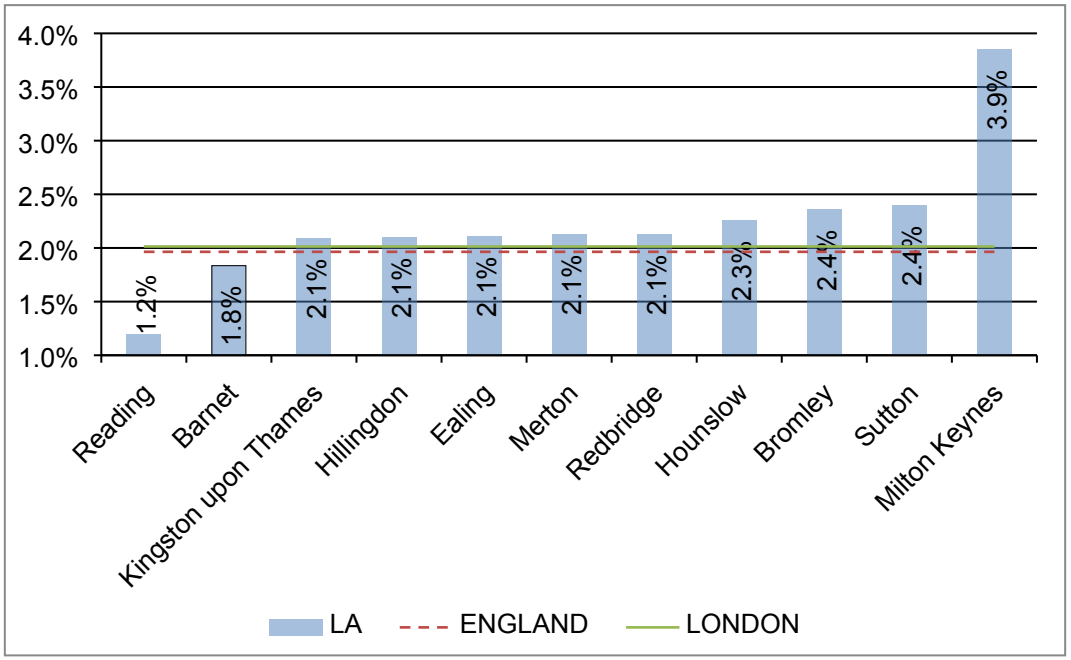
Figure 4 **Total prevalence of SEND across all London boroughs in 2016 (as identified as Statements/EHCP/SEN Support). Source: SEN statistics, Department for Education (2016).**



For whom the LA maintains a statement of SEN or EHC Plan?

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.

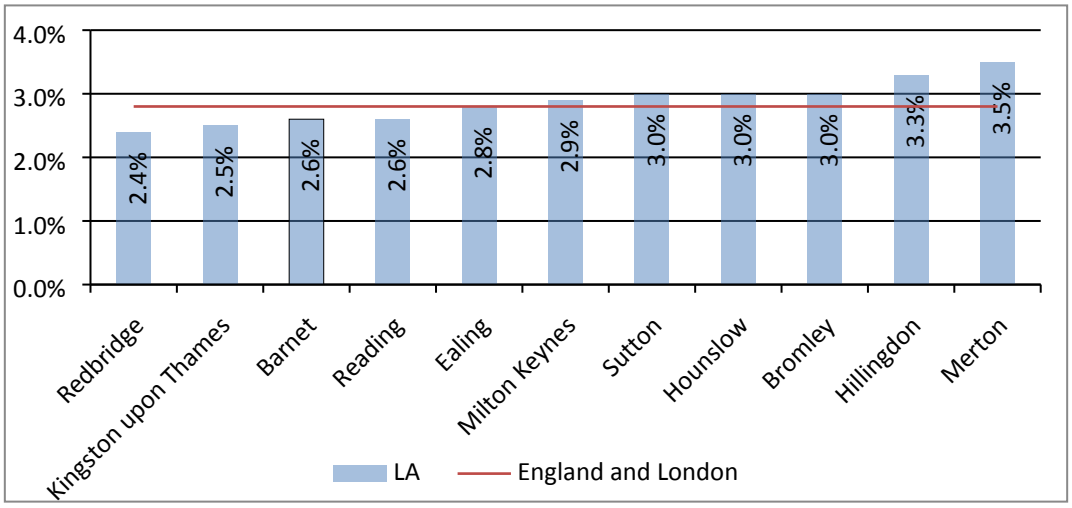
Figure 5 **% of Resident Population (ONS midyear estimates) for whom the LA maintains a Statement of SEN or EHC Plan, 2016. Source: DfE SFR29/2016 and ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015**



Statements of SEN or EHC Plan within Barnet Schools

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.

Figure 6 Prevalence of Barnet school population with Statement of SEN or EHC Plan, 2016 Source: DfE SFR29/2016

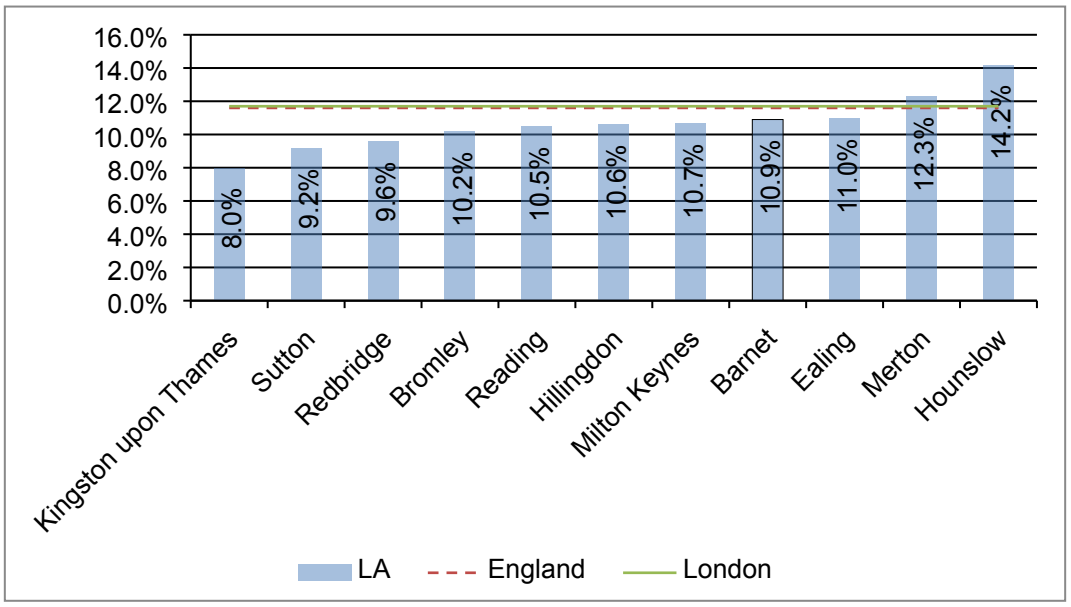


Peer moderation of SEND identification is underway to provide assurance that prevalence rates reflect local need; however current internal analysis indicates that Barnet's low prevalence rates reflect confident and competent practice within early years settings and schools, who are increasingly able to meet SEND needs without additional resources.

Special Educational Needs without a Statement of SEN or EHC Plan within Barnet Schools

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.

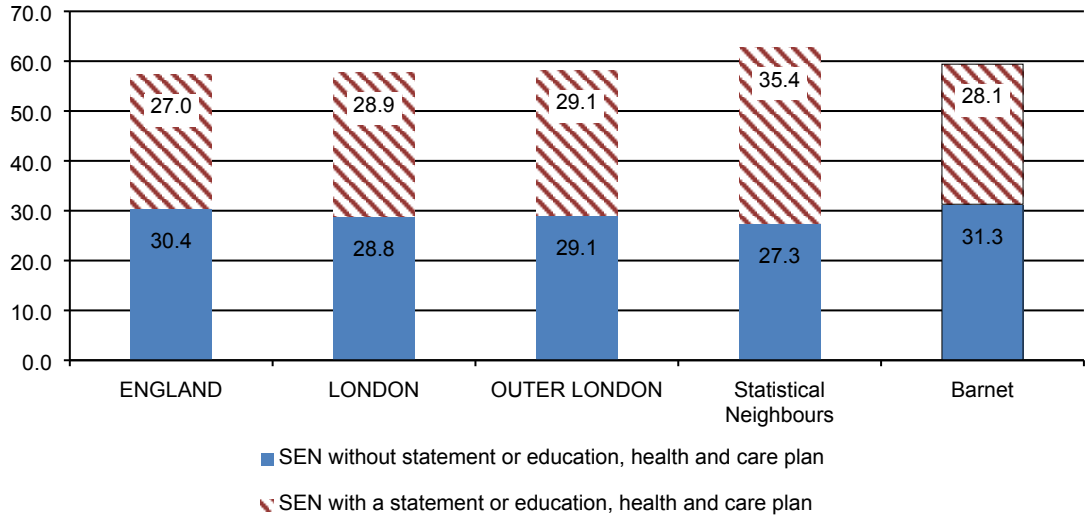
Figure 7 **Prevalence of Barnet school population with Special Educational Needs without a Statement or SEN or EHC Plan, 2016. Source: DfE SFR29/2016**



Looked after children with complex needs and disabilities

As at March 2017 10% of our Looked After Children were recorded with a disability. The stresses and strains of caring for a child with a disability are reflected in this figure 8. 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 children/ Young People are in residential care, which have SEND statements (this represents 5% of LAC).

Figure 8Looked After Children with SEND. Source: DfE SFR12/2017.

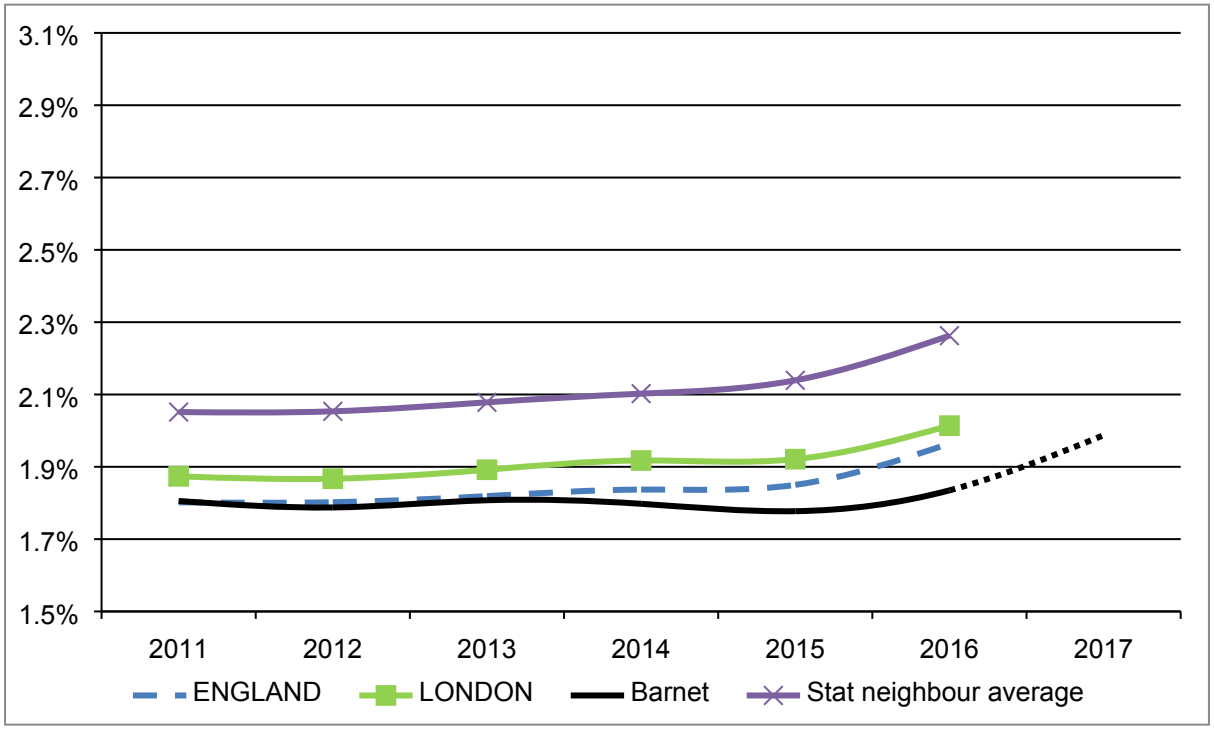


Trend

4.1.1 For whom the LA maintains a statement of SEN or EHC Plan

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.

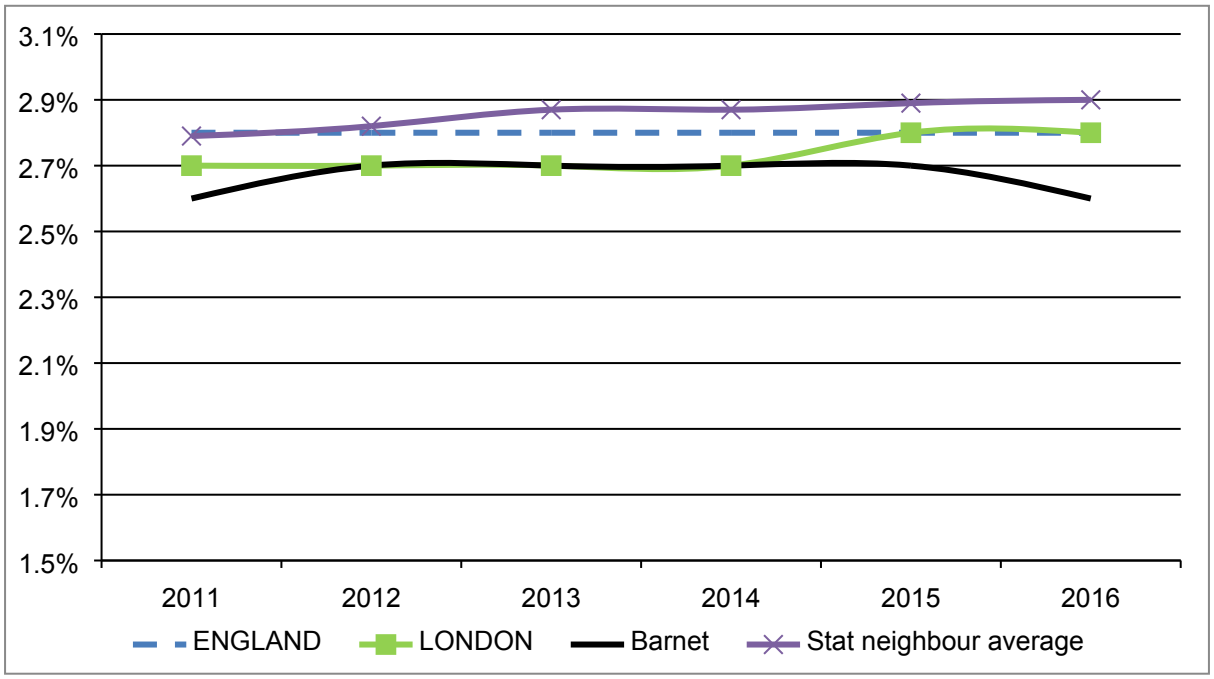
Figure 9 **prevalence of Statements of SEN or EHC Plan within the Resident Population, Trend Source: DfE SFR29/2016 and ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015**



4.1.2 Statements of SEN or EHC Plan within Barnet Schools

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 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.

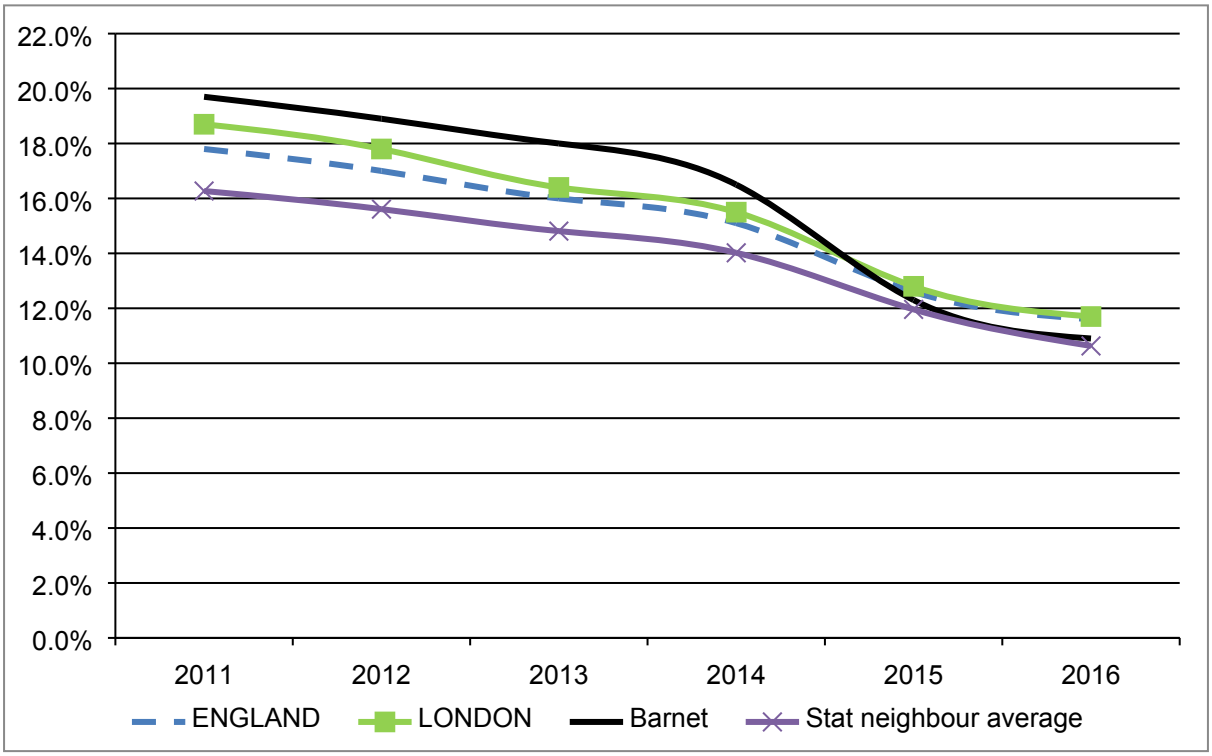
Figure 10 **Prevalence of Statements of SEN or EHC Plan within the School Population, Trend Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016**



4.1.3 Special Educational Needs without a Statement of SEN or EHC Plan within Barnet Schools

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 nationally, regionally and locally.

Figure 11 **Prevalence of Special Educational Needs (without a Statement of SEN or EHC Plan) within the School Population, Trend. Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016**

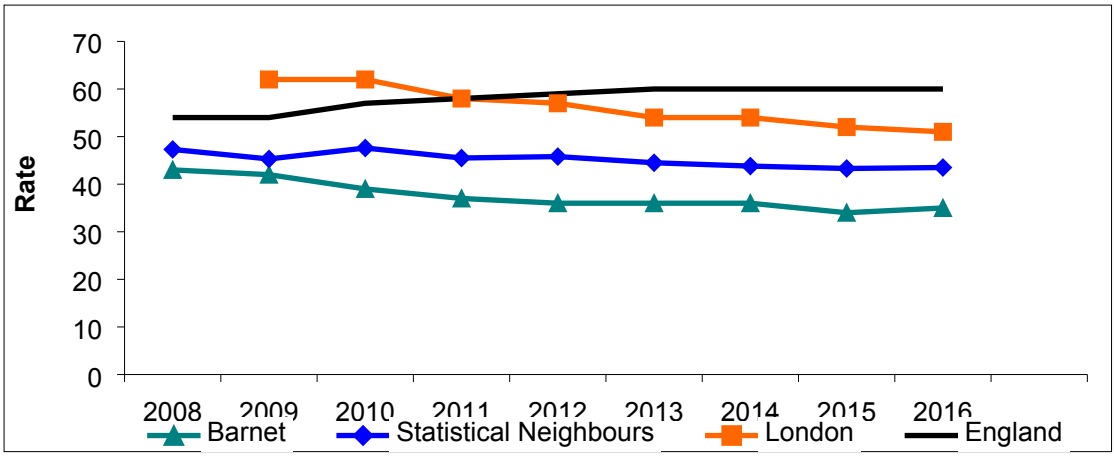


Following analysis on this, it appears that during 2013 and 2014, there was some over identification of pupils at school action plus. These numbers where then revised following the reforms in September 2014. This led to a significant downturn.

4.1.4 LAC Current picture and Trend

Comparisons with national and statistical neighbour data on the rate of children who are looked after shows that 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 neighbour at 43.5 per 10,000.

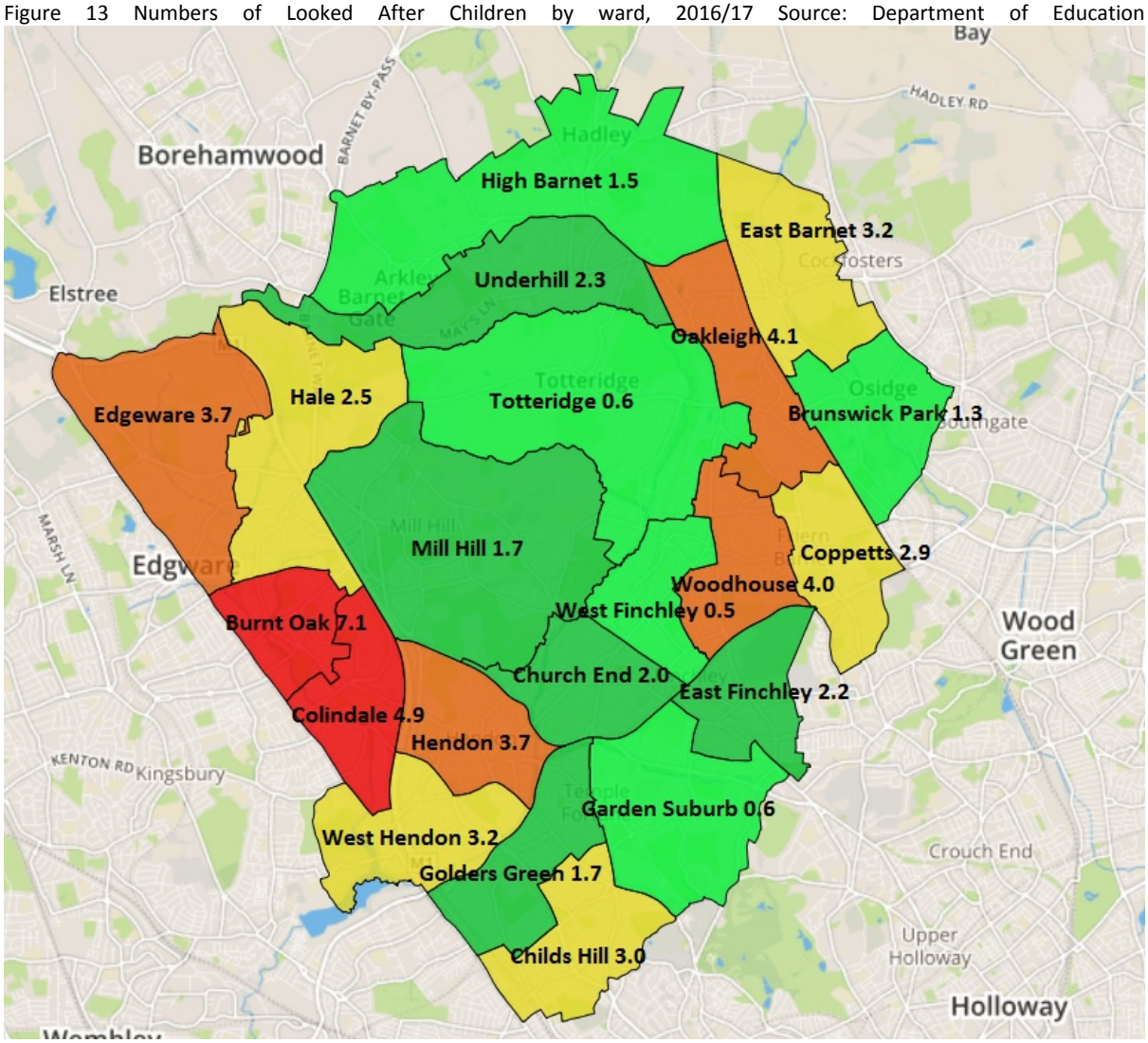
Figure 12 Children looked after at 31 March 2008 to 2016, rate of children per 10,000 comparing Barnet with Statistical Neighbours, London and England. Source: LAIT



4.1.5 Geography of LAC

Based on ward of family residence: 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 (see 13).

Figure 13 Numbers of Looked After Children by ward, 2016/17 Source: Department of Education



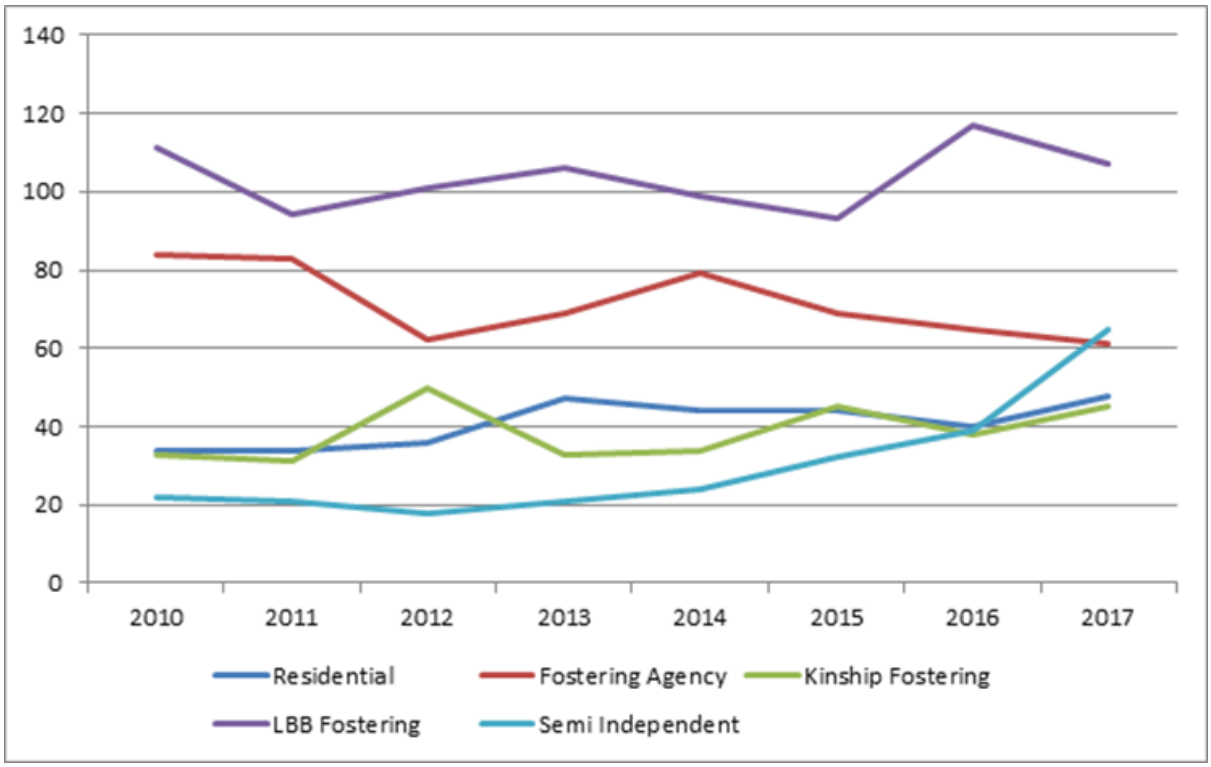
Below are key findings of placement type of Looked After Children as at March 2017 (see Figure 13):

49% 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 cohort 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.

Figure 14 Distribution of LAC by placement type, 2015/16 to 2016/17



(*Other includes: placed with prospective adopters; Secure accommodation; Semi Independent accommodation; on remand; health trusts, family trusts, etc.)

Future projections have not been included due to the fact that proposed changes to policy will lead to any linear projections being inaccurate.

4.2 Projections

4.2.1 Rationale

- A linear regression has been fitted to the 2015, 2016 and 2017 data points to ensure the impact of the new SEND Code of Practice: 0 to 25 years (2015) is fully reflected.
- As only two time periods have been used for forecasting purposes, the total number of forecasting periods used are equal to the total number of ages in the age band minus 2 (for age bands 5-10 and 11-15).

- The purpose of this constraint is to ensure that the forecast prevalence does not exceed operational capacity (e.g. rate of plan processing, etc.) yet allows for differences in the rate of transfers within each age within age bands.
- The Under 5s age band prevalence has been held constant as it was felt there was a stable balance between rate of increase of prevalence and high quality early intervention.
- The 16 to 19 age band prevalence and 20 to 25 age band prevalence has been held constant after one year as it was felt, due to Barnet's SEND processes, most children and young people who would choose to extend their EHC Plan would have been reflected in the 2017 data.
- The overall forecast is calculated from the aggregation of the individual age band forecasts to incorporate and accurately reflect the range of impact of the new SEN code of practice across the difference age bands.

Figure 15 **Forecasted prevalence of SEND population ages 0-25 years, Barnet. 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.**

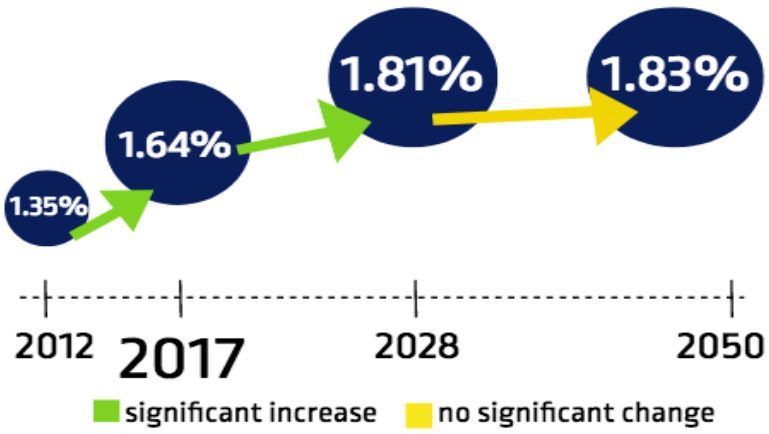


Table 1 **Forecast Numbers Source:GLA**

	SEND Prevalence						Numbers of SEND					
Year	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**
2012	0.44%	2.22%	3.36%	1.22%	0.00%	1.35%	120	622	719	198	0	1659

	SEND Prevalence						Numbers of SEND					
Year	Under age 5	Aged 5 to 10	Aged 11 to 15	Aged 16 to 19	Aged 20 to 25	TOTAL	Under age 5	Aged 5 to 10	Aged 11 to 15	Aged 16 to 19	Aged 20 to 25	TOTAL
2013	0.42%	2.28%	3.30%	1.34%	0.00%	1.39%	116	664	708	224	0	1712
2014	0.41%	2.25%	3.16%	1.51%	0.00%	1.39%	112	676	688	251	0	1727
2015	0.43%	2.33%	3.03%	1.36%	0.00%	1.38%	118	723	665	225	0	1731
2016	0.30%	2.35%	3.02%	1.86%	0.00%	1.44%	80	753	675	309	0	1817
2017	0.37%	2.38%	3.16%	2.34%	0.32%	1.64%	97	780	733	386	92	2088
2018	0.37%	2.38%	3.18%	2.83%	0.43%	1.74%	98	786	766	466	123	2240
2019	0.37%	2.40%	3.24%	2.83%	0.43%	1.77%	98	791	809	472	124	2294
2020	0.37%	2.42%	3.30%	2.83%	0.43%	1.79%	98	797	849	478	123	2346
2021	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	98	801	875	493	123	2392
2022	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	99	795	898	512	124	2428
2023	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	99	785	920	530	124	2458
2024	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	99	786	921	552	124	2482
2025	0.37%	2.44%	3.30%	2.83%	0.43%	1.84%	99	788	924	565	125	2500
2026	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	100	792	918	578	127	2515
2027	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	100	795	910	593	131	2529
2028	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	101	799	899	607	135	2540
2029	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	102	804	901	609	138	2553
2030	0.37%	2.44%	3.30%	2.83%	0.43%	1.80%	103	808	905	606	142	2563
2031	0.37%	2.44%	3.30%	2.83%	0.43%	1.79%	103	813	911	598	145	2571
2032	0.37%	2.44%	3.30%	2.83%	0.43%	1.78%	104	815	914	584	146	2563
2033	0.37%	2.44%	3.30%	2.83%	0.43%	1.78%	104	817	915	581	146	2563
2034	0.37%	2.44%	3.30%	2.83%	0.43%	1.79%	104	818	916	582	144	2564
2035	0.37%	2.44%	3.30%	2.83%	0.43%	1.79%	103	819	918	583	143	2567
2036	0.37%	2.44%	3.30%	2.83%	0.43%	1.80%	103	820	919	584	142	2569
2037	0.37%	2.44%	3.30%	2.83%	0.43%	1.80%	103	821	921	585	140	2571
2038	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	822	922	586	139	2572
2039	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	822	924	586	138	2574
2040	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	822	926	587	138	2576
2041	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	821	927	588	139	2578
2042	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	821	928	586	138	2576
2043	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	821	929	584	138	2575
2044	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	822	929	582	137	2574
2045	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	824	930	581	136	2576
2046	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	826	932	580	135	2577
2047	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	104	830	933	578	134	2579

	SEND Prevalence						Numbers of SEND					
Year	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**
2048	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	104	833	935	577	133	2582
2049	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	104	836	938	575	132	2586
2050	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	104	840	942	574	131	2590

Figure 16 **projected number of SEND pupils in Barnet 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.**

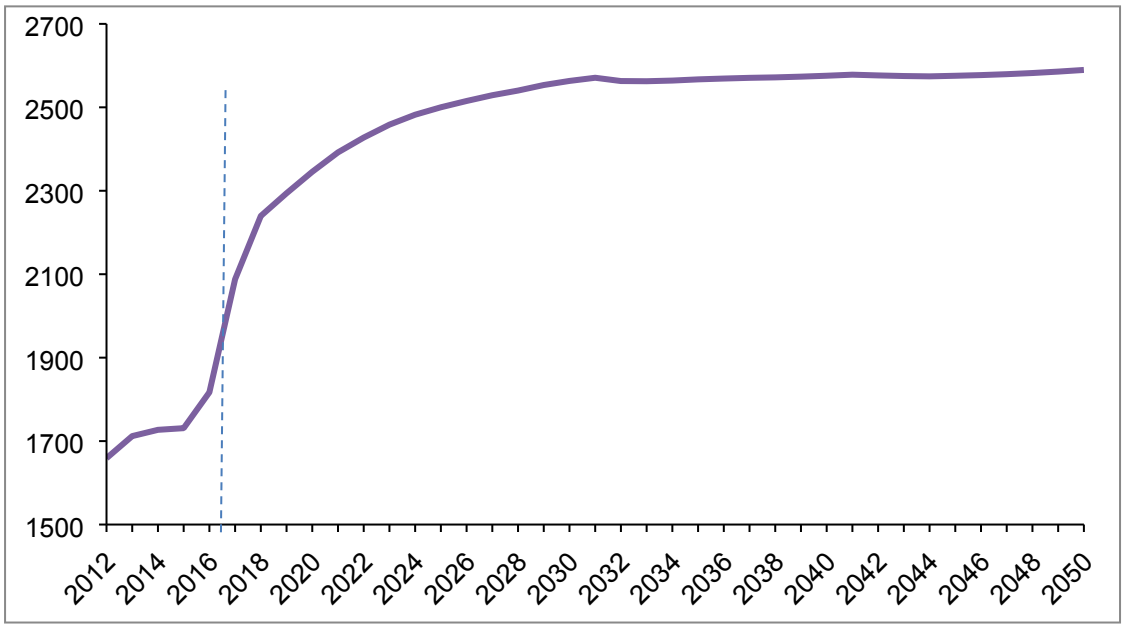


Figure 17 **Prevalence of SEND by age cohort (2017) and projected prevalence (2050), Barnet. GLA Central Trend-based projection (housing linked); GLA Central Trend based projection (housing linked, ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.**

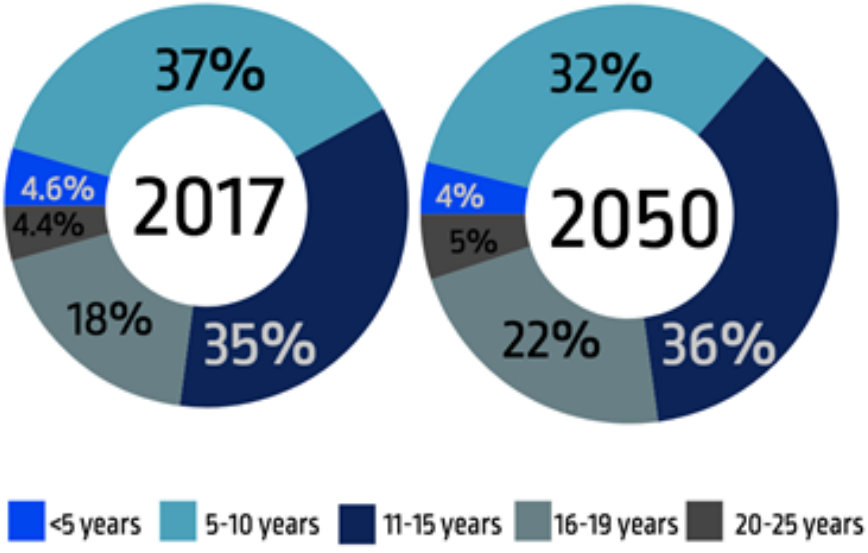
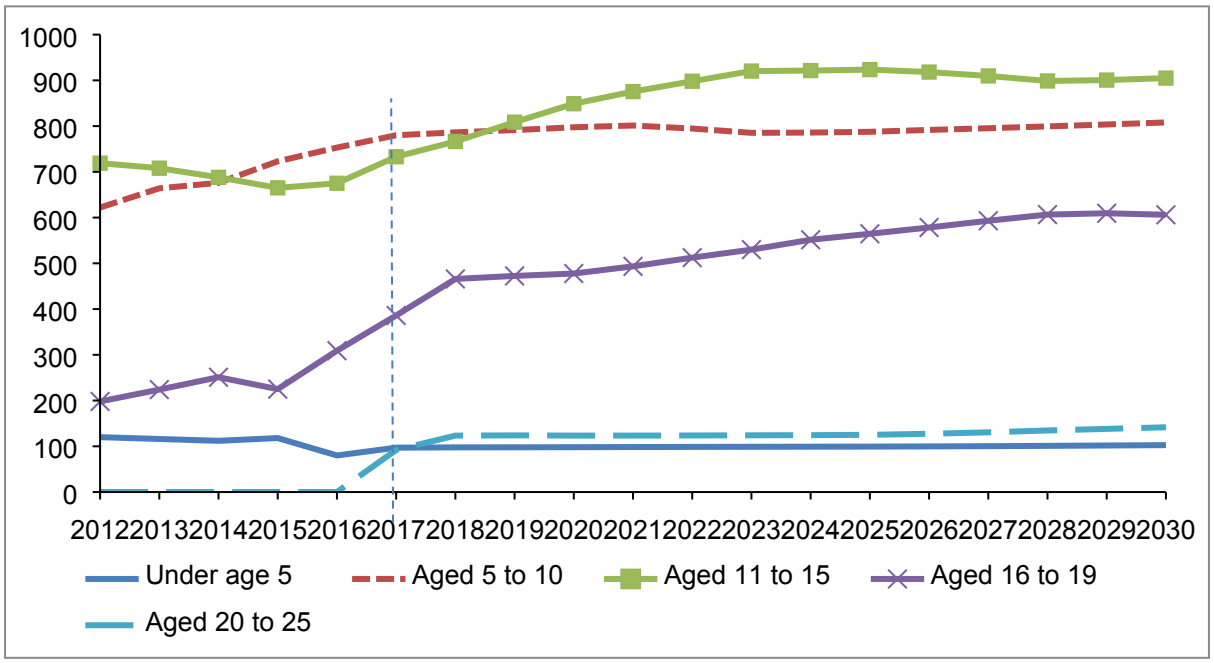


Figure 18 **Projected Number of SEND Pupils by Age Band Source: GLA Central Trend- based projection (housing linked); GLA Central Trend based projection (housing linked) ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.**



4.2.2 Type of SEND projections

Need has been apportioned out according to SEND EHCP/Statements as of February 2017.

Table 2 **SEND projections by type of SEND 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.**

Year	TOTAL	Autistic Spectrum Disorder	Hearing Impairment	Moderate Learning Difficulties	Multi-Sensory Impairment	Physical Difficulties	Profound and Multiple Learning Difficult	Severe Learning Difficulties	Social, Emotional & Mental Health (SEMH)	Specific Learning Difficulty	Speech Language And Communication Needs	Visual Impairment	Other Difficulty/Disability
2015	1731	582	46	161	9	151	19	40	194	62	409	27	33
2016	1817	597	48	169	8	159	22	43	210	65	434	28	34
2017	2088	684	55	213	9	183	30	48	238	72	488	32	37
2018	2240	726	59	234	9	197	35	51	258	77	522	34	39
2019	2294	739	61	239	9	202	35	52	266	79	536	35	40

2020	2346	752	62	244	9	207	36	54	274	82	549	36	41	
2021	2392	764	64	249	10	211	36	55	281	84	561	37	42	
2022	2428	771	65	253	10	215	37	55	287	85	571	38	42	
2023	2458	776	66	256	10	218	38	56	293	87	579	38	42	
2024	2482	783	67	259	10	220	39	57	297	88	584	39	42	
2025	2500	788	67	261	10	222	39	57	299	88	589	39	43	
2026	2515	793	68	263	10	223	40	57	301	89	592	39	43	
2027	2529	798	68	265	10	225	40	58	302	89	594	39	43	
2028	2540	802	68	267	10	226	41	58	302	89	596	39	43	
2029	2553	807	69	269	10	227	41	58	304	89	599	39	43	
2030	2563	811	69	270	10	228	42	58	304	89	601	39	43	
2031	2571	814	69	272	10	228	42	58	305	90	602	40	43	
2032	2563	812	69	271	10	227	41	58	303	89	600	39	43	

4.2.3 Type of SEND – Primary and Secondary

The 5-10 age band (i.e. Years 1 to Year 6) and 40% of the 0-5 age band (to account for the age-related interaction of having an EHCP for the Reception cohort) has been combined to calculate the primary population.

Table 3 : Type of SEND – Primary 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.

Year	**PRIMARY**	**Autistic Spectrum Disorder**	**Hearing Impairment**	**Moderate Learning Difficulties**	**Multi-Sensory Impairment**	**Physical Difficulties**	**Profound and Multiple Learning Difficult**	**Severe Learning Difficulties**	**Social, Emotional & Mental Health (SEMH)**	**Specific Learning Difficulty**	**Speech Language And Communication Needs**	**Visual Impairment**	**Other Difficulty/Disability**
2015	782	346	17	66	6	63	6	20	48	17	167	9	17
2016	793	348	17	66	6	63	6	21	49	18	172	9	18
2017	829	365	18	69	6	66	6	22	51	18	179	9	18
2018	835	368	18	70	7	67	6	22	52	19	181	10	19
2019	840	370	18	70	7	67	6	22	52	19	182	10	19

2020	846	373	18	71	7	68	6	22	52	19	183	10	19
2021	850	374	18	71	7	68	6	23	53	19	184	10	19
2022	844	372	18	71	7	68	6	22	52	19	182	10	19
2023	835	368	18	70	7	67	6	22	52	19	180	10	19
2024	835	368	18	70	7	67	6	22	52	19	181	10	19
2025	837	369	18	70	7	67	6	22	52	19	181	10	19
Growth 2025	9	4	0	1	0	1	0	0	1	0	2	0	0
Specialist Req	4	2	0	0	0	0	0	0	0	0	1	0	0
2026	841	371	18	70	7	67	6	22	52	19	182	10	19
2027	846	372	18	71	7	68	6	22	52	19	183	10	19
2028	850	374	18	71	7	68	6	22	53	19	184	10	19
2029	854	376	19	71	7	68	6	23	53	19	185	10	19
2030	859	378	19	72	7	69	6	23	53	19	186	10	19
Growth 2030	31	14	1	3	0	2	0	1	2	1	7	0	1
Specialist Req	14	7	0	1	0	0	0	1	1	0	3	0	0
2031	864	381	19	72	7	69	6	23	53	19	187	10	19
2032	867	382	19	72	7	69	6	23	54	19	187	10	19

The secondary population includes the 11-15 year old population (i.e. Years 7 to 11).

Table 4Type of SEND – Secondary 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.

Year	**SECONDARY**	**Autistic Spectrum Disorder**	**Hearing Impairment**	**Moderate Learning Difficulties**	**Multi-Sensory Impairment**	**Physical Difficulties**	**Profound and Multiple Learning Difficult**	**Severe Learning Difficulties**	**Social, Emotional & Mental Health (SEMH)**	**Specific Learning Difficulty**	**Speech Language and Communication Needs**	**Visual Impairment**	**Other Difficulty/Disability**
2015	665	145	19	62	2	60	5	14	112	36	181	14	14
2016	675	147	19	63	2	61	5	15	114	37	184	15	15
2017	733	160	21	69	2	66	5	16	124	40	199	16	16
2018	766	167	22	72	2	69	5	17	129	42	209	17	17
2019	809	176	23	76	2	73	6	18	136	44	220	18	18
2020	849	185	24	80	2	76	6	18	143	46	231	18	18
2021	875	191	25	82	2	79	6	19	148	48	238	19	19

2022	898	195	26	84	2	81	6	20	152	49	244	20	20
2023	920	200	26	86	3	83	6	20	155	50	250	20	20
2024	921	201	26	86	3	83	6	20	155	50	251	20	20
2025	924	201	26	87	3	83	6	20	156	50	251	20	20
Growth 2025	191	41	5	18	1	17	1	4	32	10	52	4	4
Specialist Req	78	21	0	9	1	0	1	4	16	0	26	0	0
2026	918	200	26	86	2	82	6	20	155	50	250	20	20
2027	910	198	26	85	2	82	6	20	153	50	248	20	20
2028	899	196	26	84	2	81	6	20	152	49	245	20	20
2029	901	196	26	85	2	81	6	20	152	49	245	20	20
2030	905	197	26	85	2	81	6	20	153	49	246	20	20
Growth 2030	172	37	5	16	0	15	1	4	29	9	47	4	4
Specialist Req	70	19	0	8	0	0	1	4	15	0	23	0	0
2031	911	198	26	86	2	82	6	20	154	50	248	20	20
2032	914	199	26	86	2	82	6	20	154	50	249	20	20

The same proportions of specialist provision requirements have been applied as detailed in Barnet's 'Provision for Children and Young People with Special Educational Needs - Discussion Document for Head teachers, June 2015' to identify the number of additional specialist places required over 2017 to 2025.

4.2.4 Note regarding specialist provision

It is important to recognize that the amount of additional specialist provision may be greater than that identified in this document as:

- In 2015, mainstream schools may have been 'just managing' with some pupils with SEND, whereas these pupils may have benefitted from specialist provision and could therefore increase demand
- There may be changes in the complexity of SEND needs over time which may lead to changes in the proportion of pupils needing specialist provision
- Barnet may choose to make strategic decisions to reduce their dependence on independent placements, resulting in a displacement of demand into maintained specialist provision

4.2.5 SEND Projections by Ward

The projected number of SEND pupils in 2025 and 2030 by Ward, as well as the change between 2017 and 2030 are shown for the 0-15 population (i.e. early years to Year 11) and for the total population (ages 0 to 25). The projected number of SEND pupils has been apportioned based on the proportion in each ward in February 2017, and apportioned out across age bands based on the ward population.

Table 5 SEND Projections by Ward 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.

Borough	2015	2016	2017	2025	2030	Change To 2030
Brunswick Park: 0-15	74	72	85	96	96	+11
Brunswick Park: Total	92	96	111	132	136	+25
Burnt Oak: 0-15	118	115	135	152	153	+17
Burnt Oak: Total	146	153	176	210	216	+40
Childs Hill: 0-15	51	50	59	66	67	+8
Childs Hill: Total	64	67	77	92	94	+17
Colindale: 0-15	111	108	128	144	144	+16
Colindale: Total	137	144	166	198	203	+38
Coppetts: 0-15	59	57	68	76	76	+9
Coppetts: Total	73	76	88	105	108	+20
East Barnet: 0-15	70	69	81	91	91	+10
East Barnet: Total	87	91	105	125	128	+24
East Finchley: 0-15	63	61	72	81	81	+9
East Finchley: Total	78	81	94	112	115	+21
Edgware: 0-15	87	85	100	112	113	+13
Edgware: Total	107	113	130	155	159	+29
Finchley Church End: 0-15	34	33	39	44	44	+5
Finchley Church End: Total	42	44	51	61	62	+12
Garden Suburb: 0-15	36	35	41	47	47	+5
Garden Suburb: Total	44	47	54	64	66	+12
Golders Green: 0-15	81	79	93	105	105	+12
Golders Green: Total	100	105	121	144	148	+27
Hale: 0-15	89	87	102	115	115	+13
Hale: Total	110	115	133	159	163	+30
Hendon: 0-15	50	49	58	65	65	+7
Hendon: Total	62	65	75	89	92	+17

High Barnet: 0-15	57	56	66	74	74	+8
High Barnet: Total	71	75	86	103	105	+19
Mill Hill: 0-15	87	85	100	112	113	+13
Mill Hill: Total	107	113	130	155	159	+29
Oakleigh: 0-15	53	52	61	69	69	+8
Oakleigh: Total	66	69	80	95	98	+18
Totteridge: 0-15	41	40	48	53	54	+6
Totteridge: Total	51	54	62	74	76	+14
Underhill: 0-15	74	72	85	96	96	+11
Underhill: Total	92	96	111	132	136	+25
West Finchley: 0-15	39	38	44	50	50	+6
West Finchley: Total	48	50	58	69	71	+13
West Hendon: 0-15	62	61	71	80	81	+9
West Hendon: Total	77	81	93	111	114	+21
Woodhouse: 0-15	64	62	73	82	82	+9
Woodhouse: Total	78	82	95	113	116	+22

4.2.6 Delivery of additional provision

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:

Table 6 SEND school place projections. Source: LBB, Education and Skills

	Primary ASD/SLCN	Secondary ASD/SLCN	Secondary SEMH	Secondary MLD/SLD
In addition to 2017 existing provision	3	21/26	16	13

These figures take into account the projects already underway: the expansion of Oak Lodge and Oakleigh Special schools; the new resourced provision developing in the new relocated Orion School; the additional capacity planned at the new Academy Special School intended to replace the Oak Hill annex to Mill Hill Academy. They also assume that the Kisharon Day School, a local independent Special School with 27 places which has plans to become a Free School, can, as planned, expand its capacity to 40 places in its first year of operation, rising to 50 places over time. The increased MLD requirement would best be met by changing the balance of needs met by Oak Lodge and increasing

the additional ASD provision. We are therefore planning on the basis of an additional requirement of a minimum of 6 primary and 11 secondary ASD classes

5. 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; or 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.

Overall the local response to initial SEND identification is good with some variability depending on the age of the child, the type of presenting need, and where the child goes to school. Schools and settings are confident in their understanding and use of what is 'ordinarily available'. The local response to initial SEND identification is good for children and young people who require lower level SEN Support and those who meet the threshold for an EHC needs assessment.

Barnet's children's centres are aware of two-year olds in their locality who have a common assessment (CAF), child in need or child protection plan in place and those centres lead the coordination of progress checks. Speech therapy clinics held at Barnet's children's centres are effective in identifying speech and language needs and referring into the child development team. A broad and high-quality programme of training to improve the identification of SEND is offered to all early years settings. This could be strengthened by training private, voluntary and independent early years settings and schools together.

Barnet developmental paediatrics, SLT and the pre-school teaching team will shortly trial a 'social communication, faster response' clinic. The clinic will be offered to families whose children have been identified as being at higher risk through the one- or two-year check and aims to ensure that children with ASC are identified as soon as possible and provided with the right support.

Commissioners and providers have a clear and consistent understanding of current decision-making and care pathways within their own service areas; work is underway to develop understanding

across the partnership. Barnet CCG recognises the need for clearer, more responsive pathways for children and young people with SEND and reduced waiting times; a specification for a single, integrated 0-25 therapies service is in development and a new service will be in place by April 2018.

5.1 Parental Involvement in Identification

Barnet Parent/ Carer forum

Barnet is committed to Listening to parents/ carers and help them stay involved in the identification process. 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. This experience in hospital is more likely to have been in early years, and the subsequent access to services more straight forward and the pathway clearer. Young people in transition from Early Years to school without plans in place yet with their needs identified can be challenging, its essential that protocols are in place, and schools are in good shape to support at this time. In later year's identification and subsequent follow up contained gaps in the system particularly around the 2 year integrated health check. The parent experiences 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 understand more about the access to mental health services in Barnet schools and how this service performs to meet needs and supports identification of mental health issues.

The support provided by local authority staff in particular the pre-school team was recognised as being very good, although parents also stated that they were aware of large waiting lists to access this service. SENCO support was perceived to be mixed across the area; identification from within this service is seen as an area for improvement. Access to services in particular therapies is variable, thresholds were inconsistent and access to EPs challenging, including undertaking basic observation.

Transitions when led by schools in particular between primary and secondary schools were very good with a good mix of helpful and supportive staff along the way. At other transition points the experience was poor. Post 16 families reported that their children felt isolated, attainment fell and they dropped behind. Transition into adult services including health introduces different working practices and attitudes as to how identification and needs are to be met.

Parents are greatly frustrated when there are differences of professional opinion between schools and parents; often families obtain independent private professional advice to support their child's issues. They have significant concerns around access and the thresholds in place to access social care services. There should be signposting to address these issues as parents can be distressed when working full time, as there is limited time to seek help and support outside the confines of the borough and schools. Parents see a more resilient programme of SEN support in schools as a way to reduce the number of plans issued.

5.2 Identification of SEND Needs by Health

Pre-school children

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6%[7] .

Development checks in Early Years Settings

Developmental checks in nurseries and clinics identify children with additional needs at an early stage, who are promptly referred to specialist services as required; these referrals have a high rate of acceptance, indicating that most referrals are appropriate. For 2016/17, 70% of two-year-old health reviews are completed; this is being monitored through contract monitoring and performance meetings on a six weekly basis. This is higher than the London average (57%) and slightly lower than the England average (75%). Two-year-old checks are not always integrated, often due to issues of consent, difficultly in synchronising the timings of early year's reviews and the health check, and practitioner availability. The 'Ages and Stages' questionnaire forms the basis of the two-year-old health review and is an accurate, engaging way to screen children for developmental delays; work is required at a national level to make the questionnaire accessible to families who may have English as a second language or who have low levels of literacy. The collation of clinical outcome measures requires improvement. Health visitors run child health clinics for under 5's where assessment, advice and guidance can be given to parents; however parents say these clinics are not always effective in responding to initial SEND concerns. Barnet's children's centres are aware of two-year olds in their locality who have a CAF, child in need or child protection plan in place and coordinate development checks for those children. Speech therapy clinics held at Barnet's children's centres are effective in identifying speech and language needs and generate a significant number of referrals to Barnet's virtual child development service.

[7] https://www.ncbi.nlm.nih.gov/pubmed/16492262

To support families while they are waiting for direct interventions, the Pre-school Teaching Team (PsTT) offer quarterly 'Introduction to the PsTT' sessions; these groups provide support, information and advice to around 30 families a year, and reduces the volume of paperwork required at the commencement of direct work. The PsTT have received very positive feedback from families accessing this provision.

Barnet has a well-established and high quality early years SEND training programme for children's centres and child-minders. All early years settings, children's centres with childcare and CODPs have a named Area SENCo who are proactive in helping to identify children at risk of SEND and offer a core SEND training package, INSET, as well as additional specialist training as required. Therefore settings are confident in their understanding and use of what is 'ordinarily available'.

3.3 Barnet Early Years Alliance (BEYA) is a federation of three 'outstanding' nursery schools and a children's centre; BEYA uses the Early Excellence Assessment Tracker which is effective in identifying children who may have additional needs at the earliest point

The Role of Health Visiting the identification of Need

The health visiting team undertake an assessment of a child's growth and development at every contact either in a community setting or in the family home. Early identification of a delay in a child's growth and development is essential to ensure that relevant services are accessed in a timely way, a referral is made to the appropriate service with parental consent and families are supported through this process.

Referral pathways at point of identification for children and Young People with SEND

Currently the referral pathway for children with mental health and SEND conditions is divided into 0-7 age - Barnet Child Development Service (BCDS.) This is a Paediatrician led service. At 7 years of age, the child or young person will be referred to CAMHS SCAN- Service for Children and Adolescents with Neurodisability The virtual BCDS is well-established, and used by health, education, social care, parents and the voluntary sector. Parents can refer to the service directly. Referrals are reviewed on a weekly basis by a multi-agency team, including a virtual link into CAMHS – that is clinician to clinician telephone consultations, and a single referral form facilitates access to this 'one stop shop' for referrals to all agencies except CAMH in this instance referrals are received through the Access Team.

CAMHS SCAN has its own referral policy as outlined in the CAMHS referral policy for ages 0-17. This is accessible online. The CAMHS Access service 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, or the referrer in order for the Access team to gather all the relevant information and send the referral to the most appropriate team in this case SCAN or for signposting for other support in the borough. The referral criteria for Barnet SCAN is two-fold, firstly the referred child or adolescent must have a mental health problem as defined in the CAMHS Access Policy and the CYP neurodisability must be at a level where they attend one of the four special schools in Barnet. Some referrals are considered where the CYP attends one of the special educational units with a mainstream school and has a neurodisability such as an IQ below 70.

Referral Rates- the Barnet SCAN for BEHMHT Managers and Barnet Commissioners identified the following referral rates between April 2012 and July 2017.

Referrals to Barnet SCAN	
April 2017 – July 2017	15
April 2016 – March 2017	72
April 2015 – March 2016	69
April 2014 – March 2015	77
April 2013 – March 2014	92
April 2012 – March 2013	76

As at July 2017 there were 148 cases open to the SCAN team. The client group has a complex presentation of neurodisability and mental health problems and other difficulties such as chromosomal or physical health needs. Based on an audit taken in 2014, 82% of the patient caseload had at least 2 additional diagnosed neurodevelopment disability or medical conditions comorbid with multiple mental health difficulties. The audit demonstrated that nearly all the CYP have a learning disability and half are diagnosed with autism. Additionally the majority of the children and young people even if they do not have a formal diagnosis of ASC do have profound speech and language difficulties. Other presenting problems include:

Mood disorders, obsessive-compulsive disorder, psychosis; attention deficit hyperactivity disorder; significant challenging behaviours; self- injurious behaviours and harm to others; repetitive and sexualised behaviours as well as eating and sleeping problems.

The SCAN team have various processes in place to manage the high levels of risks that the CYP can present. For example, the team has a daily rota to attend to urgent calls; high risk patients are discussed weekly in team meetings so the whole team is aware of care and risk management plans. Management of risks and safeguarding are discussed directly with the family and referrals are made to social care when appropriate. The service recognises the impact of parenting a CYP with disabilities can have, for example, stress fatigue, anxiety and depression and refer to the Disabled Child standard, National Service Framework for Children and Young People and Maternity services (DH04Oct2004,p 27). Accordingly Barnet SCAN have developed a range of multidisciplinary approaches to support parents, including behaviour management, psychoeducation, parent support work, family therapy and network support. They recognise that supporting the parent is a vital part of effectively treating the mental health needs of CYP. The SCAN report also describes the decreasing availability of social care and community resources being available to struggling families. They provide the following examples: reduction in Respite services from MENCAP and difficulties in getting a social worker. To address some of the challenges faced, by CYP and their families, Barnet LBB and CCG are commissioning an Mental Health and Emotional Wellbeing system that has as, an integral element of it design, the ambition to build and support the capacity of the third sector to deliver a range of community services closer to home in line with future in mind promoting and building resilience in children and families.

The BCDS could be strengthened with social care input as social care needs are not routinely identified at the point of referral and by input from a Specialist Health Visitor. The forum enables a swift and coordinated multi-agency response to initial SEND identification and enables health to meet their duty to notify the local authority of children whom they believe has, or probably has, SEND. The time it takes to access waiting lists has been reduced through the weekly BCDS meeting as referrals to all necessary services are accepted simultaneously and families do not need to wait to see one professional before being referred to another; nevertheless, individual service waiting times are still too long. Prompt health checks in nurseries and clinics identify children with additional needs at an early stage and referrals are made as required. The virtual BCDS processes approximately 1500 referrals per annum and this number is increasing year on year. Over 2014/15-2015/16 there was a 42% rise in the number of referrals to the pre-school teaching team (PsTT); many of these referrals are subsequent to early health checks. This has increased the length of time that families wait to receive a PsTT service. To support families while they are waiting for direct-time interventions, the PsTT offer quarterly 'Introduction to the PsTT' sessions; these groups provide support, information and advice to around 30 families a year, and reduces the volume of paperwork

required at the commencement of direct work. The PsTT have received very positive feedback from families accessing this provision.

Commissioners and providers have a clear and consistent understanding of current decision-making and care pathways within their own service areas; work is underway to develop understanding across the partnership. Barnet CCG recognises the need for clearer, more responsive pathways for children and young people with SEND and reduced waiting times; a specification for a single, integrated 0-25 therapies service is in development and a new service will be in place by April 2018 and a 0 – 19 CYP emotional wellbeing and mental health service will be also be in place by April 2018.

Current Commissioned Services

CAMH services are currently commissioned primarily by the Joint Commissioning Unit (JCU), a team of commissioners from the London Borough of Barnet and Barnet CCG. The largest spend is through a block contract with the main provider Barnet Enfield and Haringey Mental Health Trust (BEHMHT). In total there are currently 3 key providers of CAMH services in Barnet: Barnet Enfield Haringey Mental Health Trust, Tavistock & Portman NHS Trust and Royal Free Foundation Trust.

- Barnet, Enfield and Haringey Mental Health Trust provides generic tier 3 services, primary/secondary projects in schools, looked after children, Service for Children and Adolescent with Neuro Developmental Difficulties ("SCAN") Barnet Adolescent Service ("BAS") and paediatric liaison.
- Royal Free Hospital provide out of hours, paediatric liaison and eating disorder service and general CAMHS.
- Tavistock and Portman provide brief therapy, family service, refugee service, autism team and fostering, adoption, kinship care and trauma service.

Finance and Investment

In 2014/15 approximately £5.6m was spent on commissioning CAMHS, including spot purchasing, with an estimated 88.61 FTE deployed across the services. The largest spend is with BEHMHT (£3.4m) with Royal Free Foundation Trust (£614k) and Tavistock and Portman (£306k). In addition to the unsatisfactory outcomes for children and families the estimated cost pressure on the whole system by failing to offer early help is £3.5-£5m, based on a baseline assumption for London average.

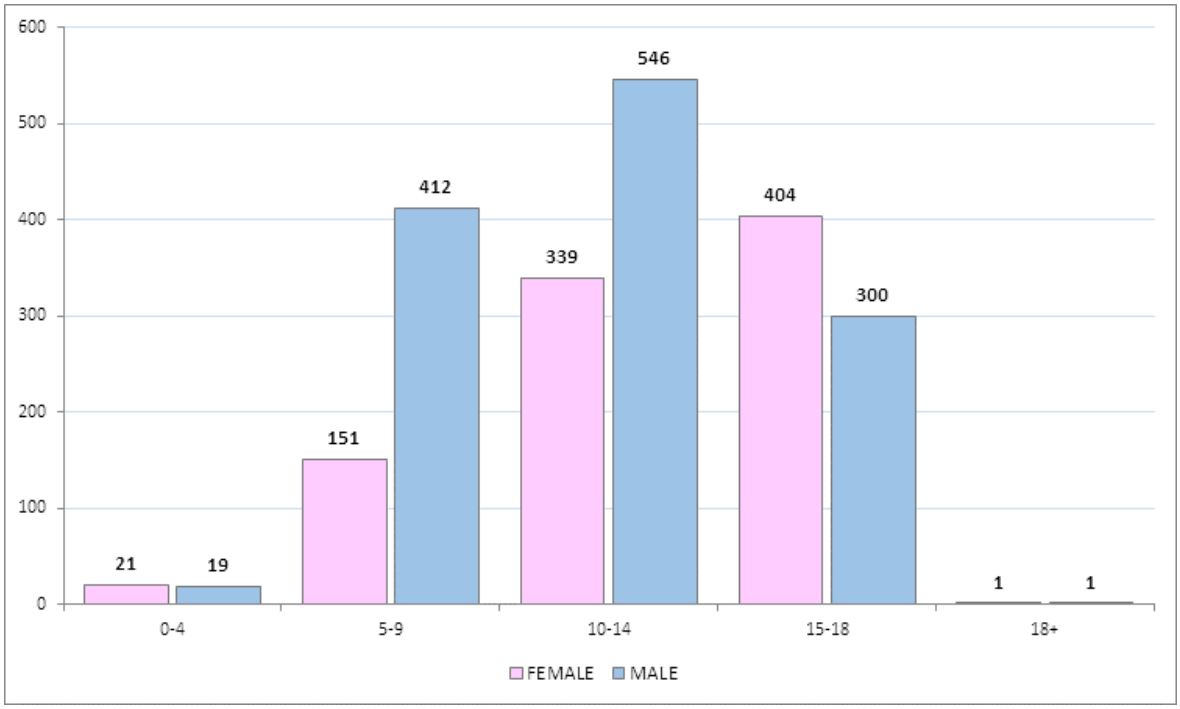
Table 7 Overview of CAMHS Activity Data 2015.16*, *November 2016. Source: CAMHS

Referrals	2382
Initial Assessments	1386 of which 963 Tier 3
Discharges	1621 of which 1175 Tier 3
Waiting Times*	Average 131 days Number on waiting List 141 Of which 51 waiting for Neurodevelopmental Assessments

A total of 2423 children (36.4% of referrals to community health services) were presented to the CAMHS service which accounted for the highest number of children compared to all the services in 2015/16. Almost 59% of children referred to CAMHS were aged 11 to 16 but only 1 child was over 19. In contrast there were only 17 (0.3% of referrals) children presented to Audiology services.

The total number of children presented to CAMHS increased by 34% (611) from 2012/13 to 2015/16; whilst the number of children presented to occupational therapy services increased by 188 which accounted for the highest percentage increase of almost two thirds (64%) from 2012/13 to 2015/16. In general the total number of children presented increased for all services.

Figure 19Number of children presented to CAMHS by age and gender up to month 10 (Jan 2017). Source: CAMHS



2% of the CAMHS caseload is pre-school children, 98% are school age and 58% of the caseload is male.

Relevant Findings from Barnet Needs Assessment and Service Review (November 2016):

In November 2016, Children Mental Health Commissioners undertook a review of local services. The review highlighted Barnet's limited provision of early help for mental ill-health and how this gap in provision was contributing significantly to demand on clinical community CAMHS, Crisis/Tier 4 services when compared to other London boroughs. Further CAMHS expenditure rates per 100,000 in Barnet are high on primary prescribing, mid-range on secondary care and low on community care and social care. Barnet's CAMHS Transformation Plan 2015-2020 sets out a clear plan to shift the balance of support.

The following issues were identified:

- A lack of satisfaction among GP's and other professional regarding current provision
- Findings of OFSTED Inspection BEH CAMHS 2016 on waiting times at BEH (requires improvement)
- Multiple providers (BEH, RFL and Tavistock and Portman under different contracts and difference governance arrangements
- Lack of integration with voluntary sector and council care services. There is recognition within the system that too many young people and children are ending up in acute hospitals, CAMHS residential units and CAMHS Clinical Services.
- Children and Young people wait on average 131 days waiting time referral to treatment.
- Tier 4 admission rate (per 100,000) for mental disorder in Barnet 167.6 is 2nd highest in London compared with London (87.1) and England (87.6).
- Higher level of Tier 3 referrals (2400 per year) than Tier 2 (400 per year) whereas the opposite picture would be expected.
- Young people with learning disabilities and autism experiencing severe delays – 6 months+ for assessment and treatment.
- No Telephone/Skype or online counselling/support available.
- No self-referral routes. Barriers to non-medical professionals making referrals.
- High level of need among vulnerable groups including Looked After Children and 'edge of care' (at risk of becoming LAC), Youth Offending, NEETS and others.

Source: Barnet CAMHS, November 2016.

Response to CAMHS Review Findings

In response to the key findings of the CAMHS Review Barnet CCG and Council have:

- Established an Admission Avoidance process for LD/Autism who have mental health or challenging behaviour (in line with Transforming Care Programme guidance
- Established clearer reporting and identification for children at higher risk of family breakdown
- Have put written procedures in place for Care Education and Treatment Reviews and undertaken CETR's when required
- Have identified plans and resources to increase capacity for CAMHS SEND services as part of our new service model
- Funded additional emergency capacity through SLAM NHS Foundation trust to reduce waiting list for children with SEND.
- Improve strategic and operational links between mental health and SEND partners
- Funded a North Central London (NCL) wide Project Manager for Transforming Care Programme and established a working group across the 5 NCL CCG's.
- LBB and CCG have identified the need for additional community based services for LD/Autism CAMHS in section 2 of our NCL CAMHS Transformation plan
- CAMHS Commissioners are developing links with Voluntary sector Autism organisations who are being invited to participate in the new CAMHS Network body which is due to be launched in autumn 2017
- CAMHS commissioners and providers are participating in the Barnet Leading Edge Group a strategic planning network who are informing the development of the New CAMHS service specification

5.3 Local services

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. Premature births have long term effects in motor development, behaviour and academic performance compared to term births. These types of impairments can be prevented through early parental guidance, monitoring by specialized

professionals and interventions. The proportion of premature live births in Barnet was 0.3% of total births in 2014-15. Early identification via newborn hearing screen and Health Visitor vigilance for sight problems in premature babies is essential. Once identified early support is key to development of age appropriate skills, again this has implications for early support services and sensory specialist advisory teachers.

Maternity Services

Strong links with maternity services are essential to ensure risk prevention, where possible, and early identification and referral to services as required. Barnet supports a comparably high proportion of women to receive a full health and social care assessment by 12 weeks, 6 days compared to 95.7% for London and England. We no longer concentrate on 12+6, but on booking by 10+0, this is to meet the screening KPI with NHSE for Sickle and thalassaemia. I don't have borough wide data, but Royal Free rates are 43% against an achievable rate of 50%.

Within maternity services the neonatal team at Royal Free hospital send a discharge summary of premature births and babies with health care needs. Community Paediatricians receiving the discharge summary take the information to the multi-agency planning meeting for appropriate services to be involved. It is recommended that there is a focus on healthy lifestyle support and advice in maternity services to address risk factors for SEND including obesity, maternal diet and smoking.

Low birthweight babies (infants under 2,500g) are at increased risk of problems at birth, early childhood, and in later life in 2015. A baby's low weight at birth is usually a result of a preterm birth (before 37 weeks of gestation) or due to restricted growth during pregnancy. The latter may be a result of maternal diet prior to and during pregnancy. The risk of having a low birthweight baby increases with increasing deprivation. There were 5,833 births in Barnet in 2015, of which 2.6 per cent (151) were born with birth weight less than 2500grams. 2016 data show this is below the average for London and England[8]

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. Whilst the proportion of women smoking at time of delivery is decreasing

[8]http://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/8000073/pat/6/par/E12000007/ati/101/are/E09000003

year on year in Barnet, the Borough have a lower percentage of pregnant women who smoke (3.4%), compared with the rest of London (4.9%), lower than England (10.6%) in 2015.

Barnet provides smoking cessation services through GPs and pharmacies and midwives routinely test for carbon monoxide through The Royal Free smoking cessation service.

Maternal Mental Health Services

Historically there has been not been a specialist clinical service for maternal mental health and in 2016 we identified an urgent need to develop a pathway which ensures that all women in North Central London (including Barnet) are able to access, not only the physical care they need during the perinatal period, but the emotional and mental health care too. In November 2016 a North Central London (NCL) funding bid to NHS England was successful. A new clinical service covering NCL is now under development and will be in place by the summer of 2017. The service will provide rapid access to specialist mental health support and diagnosis for high risk women and those with emerging severe mental health conditions.

Health Visiting Services

The health visiting team undertake an assessment of a child's growth and development at every contact either in a community setting or in the family home. Health Visitors lead and deliver the healthy child programme for the 0 – 5 population and their families. They are a key contact for children's health including prevention and early identification of developmental delay and its associated issues. As part of their role they run child health clinics for the under 5's where assessment, advice and guidance can be given to parents. At present in Barnet, the Midwife would refer a baby to the Child Development Centre at birth if disability is identified or known. The Health Visitor would refer to the CDC if a disability is picked up at the regular touch points within the Healthy Child Programme. Then following referral it is a question whether the right support is put in place which then feeds into the Education Healthcare Plan. Pathways are currently under review.

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. School nurses lead care plans for children with epilepsy and asthma as well as train school staff in these conditions.

CLCH are commissioned to deliver the special school nursing provision to improve the life chances for the child / young person with complex health or disability, so that they are able to achieve their full potential within their families and the community and in school.

There is a specialist school nurse attached to Northway and Oak Lodge and a resident school nurse in Mapledown Special School. Immunisations are carried out within special schools by the Immunisation Team.

Where children have a significant health need, school nurses are involved in EHC planning.

5.4 Risk Factors

Maternal mental health issues can have an adverse effect on the woman herself and on the future development of her infant. 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). The table below identifies the number of live births in Barnet (2014), by hospital site along with the estimated prevalence of mental health problems expected for that population.

Maternal Mental Health

Table 8: Live births in Barnet in 2015 Source: CCG

2015 births ONS			**Expected by 2015 Barnet total live births 5244**
Disorder	**Established rate per 1000 births**	**% women affected**	**Expected cases**
Postpartum psychosis	2/1000	0.2%	10
Chronic serious mental illness	2/1000	0.2%	10
Severe depressive illness	30/1000	3%	157
Mild-moderate depressive illness	100-150/1000	10-15%	524-786
Post-traumatic stress disorder	30/1000	3%	157

*Rates of perinatal psychiatric disorder per thousand births and the numbers that would be expected for Barnet.

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. These alterations in brain maturation have long-term consequences for cognitive, language and academic abilities, and are connected with mental health disorders. The immediate emotional effects of abuse and neglect – isolation, fear, and an inability to trust, can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Barnet have 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%).

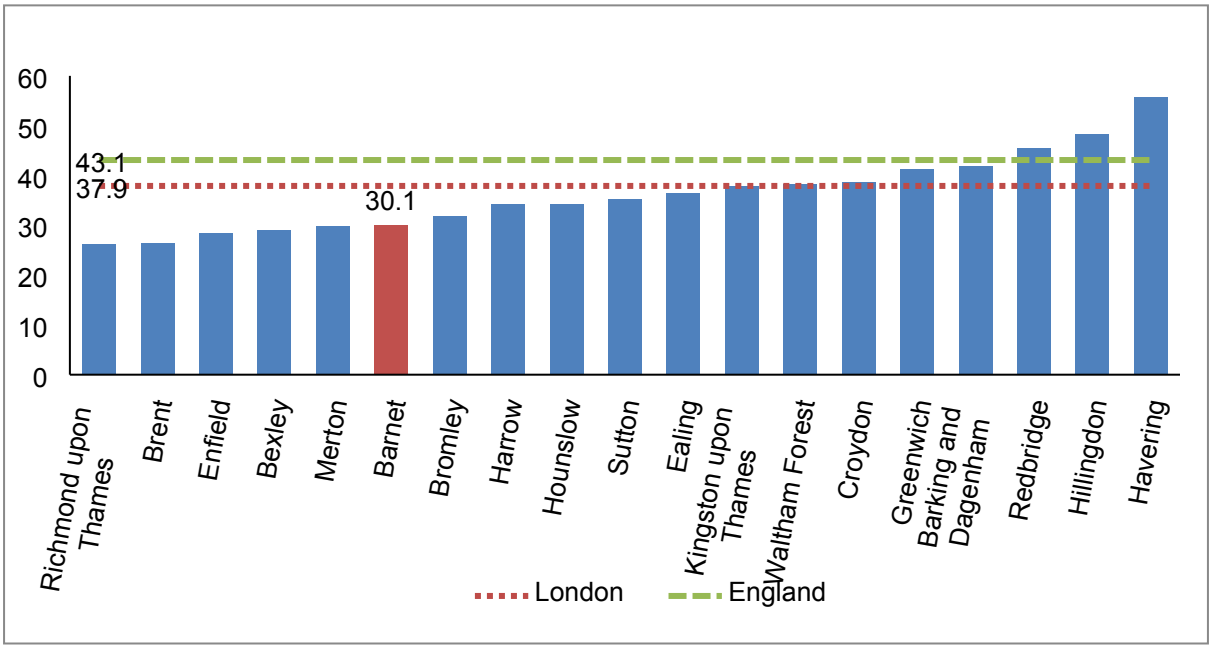
Looked After Children (LAC)

Even the best early intervention cannot prevent some children needing to come into care. This section sets out the current picture of demand from children entering into Barnet's care system. The evidence over the past few years demonstrates the upward trend of children being placed in care in Barnet. Over the past financial years the number of children on average who are looked after has risen from 312 to 332, which is subject to constant monitoring. Comparisons with national and statistical neighbour data on the rate of children who are looked after shows that: 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 our statistical neighbour at 43.5 per 10,000. As at November 2017, there are 52 LAC children with an EHCP in Barnet.

Children on Child Protection Plan

The number of children being injured in the family home is dropping and the category which is rising in Barnet is neglect. 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.

Figure 20 Number of children per 10,000 who became the subject of a child protection plan during the year ending 31 March 2016 in London boroughs. Source: LAIT

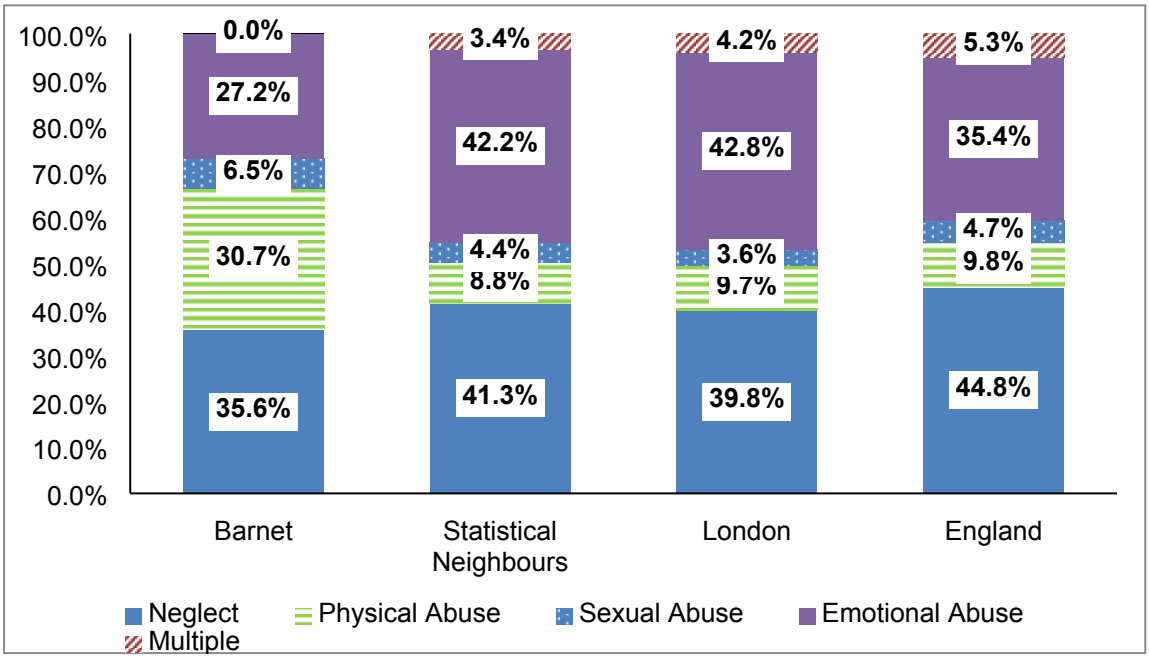


Colleagues in social care work in partnership with families to reduce risks but, whilst families increasingly understand the need to not physically chastise children, they need further support and education for better parenting and the provision of stimulating environments.

Neglect in early years

Data shown in Figure 21 relates to the initial category of abuse for children on a Child Protection Plan during the year 2015/16. As can be seen, 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%).

Figure 21 Percentage of children becoming the subject of a child protection plan by category of abuse; comparing England, London, Barnet and its statistical neighbours. Source: LAIT



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.

A policy has been introduced whereby loans and grants are made available for foster carers to extend their homes to provide additional placements for the most difficult-to-place children including teenagers, children with disabilities and siblings. Funding has been agreed for a minimum of 4 years and the initiative has been welcomed by foster carers.

Barnet CAMHS and Looked After Children

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.

Children in Care/Adoption Team

BEH also provide a specialist service to looked after children. 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. This is to allow for continuity of treatment and best care for this vulnerable group of children. The team offer support to the LBB residential settings and offer training to professionals and carers improving understanding of severe mental health difficulties and attachment issues. When appropriate, the team offers outreach to support young people.

Unaccompanied asylum seekers

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

6. Assessing and meeting the needs of children and young people with SEND

6.1 Parental involvement in assessing and meeting the needs of CYP with SEND

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.

6.2 Key services within the local offer

6.1.1 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.

Research tells us that resilience is what gives people the psychological strength to cope with stress and hardship and that resilient people are able to better handle adversity and rebuild their lives after a catastrophe. The intervention 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.

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.

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.

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.

Pathways to and from this service are being developed to include strong partnership arrangements with Adult Social Care and Health to ensure families receive a consistent approach from both Children and Adult social care.

Improved processes to ensure regular review of support packages with families and young people are being implemented as part of the redesign of the 0-25 service.

6.1.2 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.

6.2.3 Primary care

Analysis of primary care data provides us with some of our most comprehensive available health data for this population. General practices (GPs) are funded to provide enhanced care to people with learning disabilities aged 14 and over which includes a health check.

6.2.4 Community health services

NHS Barnet CCG undertakes monthly Contract Management Group meetings (CMG) and Service Performance Meetings of both the adults and children and young people community health services managed by CLCH, ELFT and Royal Free. For children and young people community paediatric, occupational therapy, speech and language and physiotherapy services are monitored. The JSNA has highlighted that the data collated is activity and process driven, and Barnet CCG are working with providers in developing a more outcome based approach. Some of this issue will be addressed through the new national data collection process managed by the Health and Social Care Information Centre (HSCIC) called the Children and Young People's Health Data Set (CYPHS)[9].

This will collate data on: personal and demographic; social and personal circumstances; breastfeeding and nutrition; care event and screening activity; diagnoses, including long term conditions and childhood disabilities; scored assessments

[9] http://content.digital.nhs.uk/maternityandchildren/CYPHS

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 provision is available:

- Community Paediatrics
- Physiotherapy
- Speech and Language
- Occupational Therapy
- Child and Adolescent Mental Health Service (CAMHS)
- Audiology

6.2.5 Trend (Community Health Services)

There has been no change in service activity across all therapies in Barnet over the past 3 years.

	2014	2015	2016*
Community Paediatrics		1077	847
Physiotherapy	846	783	743
Occupational Therapy	651	779	594
Audiology Service	1261	1544	1601

Table 9 *Up to 2016 month 10. Source: Barnet CCG

Figure 22 Number of children presented to each Barnet community health service, 2014 , 2015 and 2016 Source: Barnet Community Health Services, 2014 to 2016

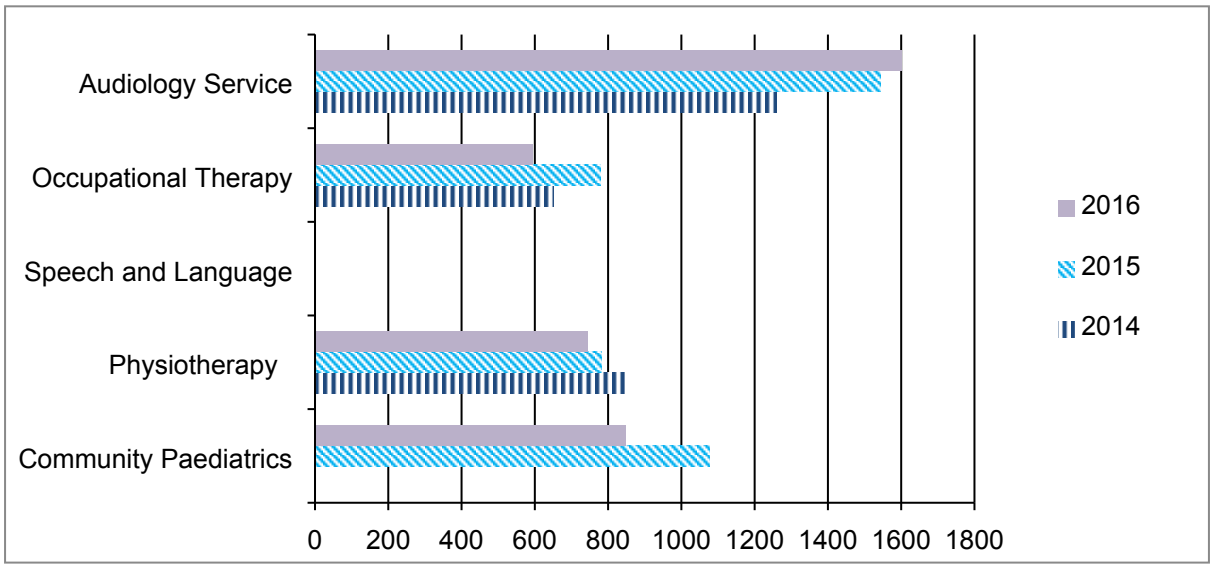


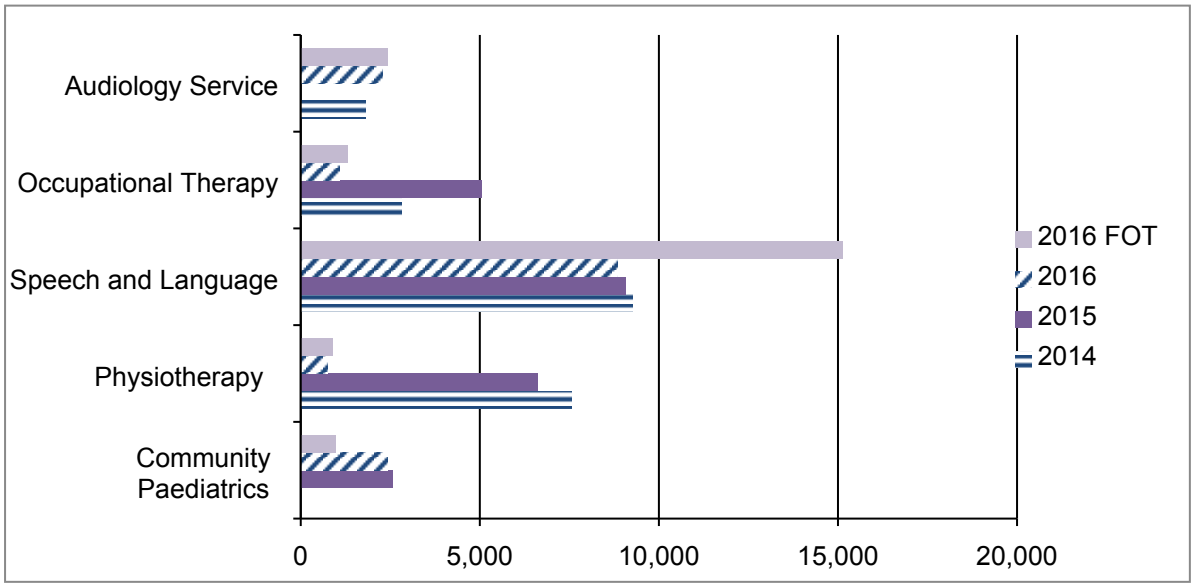
Table 10 New Referrals (First OP). Source: Barnet CCG *Up to 2016 M10

	2015	2016	2016 FOT
Community Paediatrics	550	416*	499
Physiotherapy	Not available	Not available	Not available
Speech and Language	Not available	Not available	Not available
Occupational Therapy	Not available	Not available	Not available
Audiology Service	1150	1139	Not available

Table 11 All Activity. Source: Barnet CCG. *Up to 2016 M10, **Up to 2016 M7

	2014	2015	2016	2016 FOT
Community Paediatrics	Not available	2,565	2,431	965
Physiotherapy	7,547	6,605	743	892
Speech and Language	9,263	9,081	8,833*	15,142
Occupational Therapy	2,815	5,045	1,087**	1,304
Audiology Service	1,820	Not available	2,284 *	2,429

Figure 23 Community health services by service and year: Number of contacts (face to face and non-face to face) and new referrals. Source: Barnet CCG

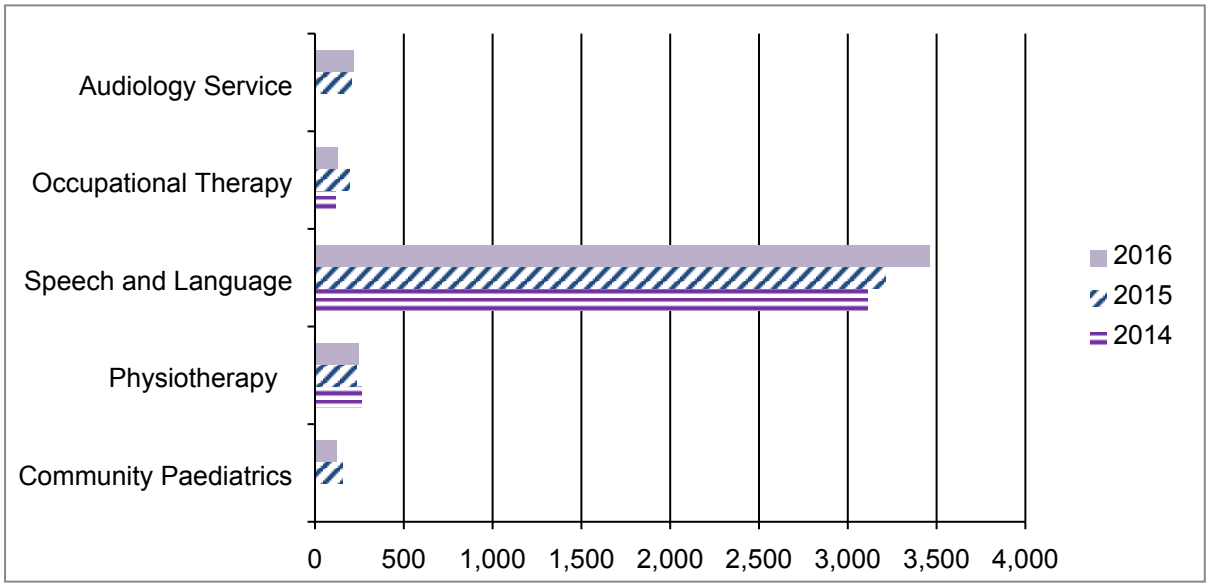


Average caseload

Table 12 Average Caseloads. Source: Barnet CCG. *2014 from M6 **2016 up to M7

	2014	2015	2016
Community Paediatrics	Not available	155	121
Physiotherapy	264	231	245
Speech and Language	3,109*	3,213	3,458**
Occupational Therapy	117	194	128
Audiology Service	Not available	205.56	218.61

Figure 24 Community health services by service and year: Average caseloads per month of service (2015/16 Month 10). Source: Barnet CCG



Gender

Regarding gender all services had a noticeably higher proportion of male children presented compared to female. There were close to double as many boys presented to Occupational Therapy compared with girls.

Table 13 Number of children presented to each service by gender in 2015/16. Source: Barnet CCG. (*Up to 2016 M10)

	2015/16		2016/17	
	Male	**Female**	**Male**	**Female**
Community Paediatrics	1564	967	874*	459*
Physiotherapy			6776	5201
Occupational Therapy			2670*	1347*

6.3 Service breakdown

6.3.1 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.

6.3.2 Occupational Therapy Physiotherapy, Speech and Language 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 30th April 2017. As at 3rd 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.

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.

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.

6.3.3 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.

6.3.4 Child and Adolescent Mental Health Services (CAMHS)

CAMHS national context

In the All Party Parliamentary Inquiry into children's and adolescent mental health and CAMHS 2014, the Government and key stakeholders recognised that the current provision of CAMHS nationally does not adequately meet the emerging needs of children, young people and their families. The evidence demonstrates the difficulties CYP and their families experience in accessing services often having to endure lengthy waiting times for treatment and inconsistent quality of provision. Further since the inception of the familiar Four Tier CAMHS model which was originally described in 'Together We Stand', the gap between children's needs and service delivery has widened significantly. The key policy and service review 'Future in Mind 2015' makes clear that the tiered model is out-dated, and the needs of young people and demand for service has increased. Recently

models have emerged that aim to meet the needs of the child in a wholistic way and not just by addressing the level of the severity of need. For example, THRIVE takes whole-system resilience approach to the delivery of services and advocates the need to move beyond the medical model and apply psychological and social interventions and approaches in a range of settings and contexts.

CAMHS local context

Risk factors for mental illness in childhood

Risk factors for mental illness can be grouped as child, parental and household factors. Regarding parental factors, alcohol, tobacco and drug use during pregnancy increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive–emotional development problems. Maternal stress during pregnancy is associated with increased risk of child behavioural problems, low birth weight is associated with impaired cognitive and language development, poor parental mental health with four- to five-fold increased risk of emotional/conduct disorder and parental unemployment with two- to three- fold increased risk of emotional/conduct disorder in childhood. Child abuse and adverse childhood experiences result in increased risk of mental illness and substance misuse/dependence later in life. Looked-after children, those with intellectual disability and young offenders are at particularly high risk. In addition, teenage parents, young carers, children living in households affected by domestic violence those with a physical disability and those not in education, employment or training (NEET) tend to have higher rates of mental ill-health than their peers.

Conduct disorders are characterised by repetitive and persistent patterns of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age- appropriate social expectations. They are associated with increased risk of personality disorder, with 40–70% of children with conduct disorder developing antisocial personality disorder as adults. Overall, children who had conduct disorder or sub-threshold conduct problems in childhood and adolescence and whose problems are not treated contribute disproportionately to all criminal activity. Nearly half of children with early-onset conduct problems experience persistent, serious, life-course problems including also crime, violence, drug misuse and unemployment.

Public Health Estimates of Local Need

It is estimated that in Barnet 12,800 young people require tier 1 CAMH services, 5,975 require tier 2 services, 1,580 tier 3 services and 65 tier 4 services. According to National prevalence data (extrapolated to Barnet Population) conduct disorder is present in 5.8% of young people, followed by emotional disorder 3.8% of young people; and the data also suggest a significantly higher prevalence in boys between the age of 5-10 years than girls.

Table 14 Public Health Estimated of Need CYP Mental Health

	Percentage of CYP anticipate as need each Step	Estimated number that should be receiving support	Number of children currently receiving help
Step 1 Coping Prevention/Resilience	All	93,600	No universal coverage in Barnet Schools
Step 2 Needs Early Help	7%	6552	400 (NHSE Target 30% = 2000)
Step 3 CAMHS Needs more Help/Treatment	1.85%	1731	2400
Step 4 In Crisis/Hospital and Residential Treatment	0.075%	70	100+ CAMHS Hospital 300-400+ Acute Hospital

Future in Mind and Local Transformation Plan

Future in Mind sets out an ambitious vision for the transformation of CAMHS services. In essence it states that CAMHS services should be redesigned to meet the changing needs of young people. It recognises that levels of anxiety and depression among young people have increased by 70% in the last 25 years and presentations to A+E for psychiatric symptoms doubled between 2009 and 2013 accordingly a new focus on early intervention resilience and prevention is required.

In autumn 2015 the government confirmed that areas would be allocated a dedicated pot of funding to support CAMHS Transformation.

Barnet submitted a Local Transformation Plan (LTP) was in November 2015. As a result Barnet received an initial £621K of funding rising to £1m in 2016.17. In November 2016 Barnet was required to submit a refreshed LTP to NHS England for assurance. The refreshed LTP set out the need for a more fundamental re-design of the service system and that procurement was the planned process for achieving this outcome. The LTP refresh was assured in January 2017.

6.4 Placement type of LAC

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.

6.5 Schools and education engagement

6.5.1 Characterises of pupil with SEND

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. 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

Table 15: Pupils with SEND by gender. Source: January School Census, 2014, 2015 and 2016 AND Synergy Extract as of 17/03/2017

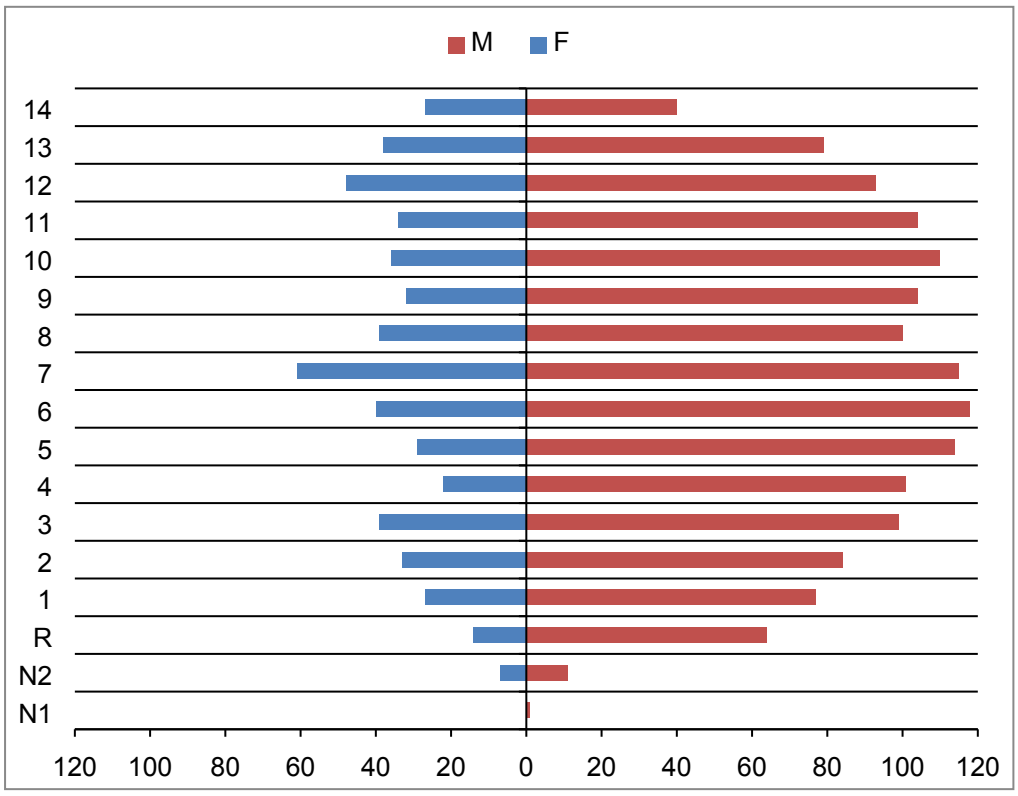
	Gender	2014	2015	2016
SEN Support	**Female**	35.5%	38.1%	37.0%
	Male	64.5%	61.9%	63.0%
School EHCP/Stat	**Female**	28.0%	28.0%	28.3%
	Male	72.0%	72.0%	71.7%
Maintained by Barnet	**Female**	28.1%	28.1%	27.8%
	Male	71.9%	71.9%	72.2%

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.

Table 16 Academic Year Summary. Source: Synergy Extract as of 17/03/2017

	SEN Support	School EHCP/Stat	Maintained by Barnet	SEN Support (%)	School EHCP/Stat (%)	Maintained by Barnet (%)
Nursery 1	45	0	1	1%	0%	0%
Nursery 2	158	5	18	3%	0%	1%
Reception	339	71	78	6%	5%	4%
NC Year 1	533	96	104	9%	6%	5%
NC Year 2	584	103	117	10%	7%	6%
NC Year 3	616	109	138	10%	7%	7%
NC Year 4	622	117	123	10%	8%	6%
NC Year 5	604	131	143	10%	8%	7%
NC Year 6	571	127	158	9%	8%	8%
NC Year 7	330	121	176	5%	8%	8%
NC Year 8	383	115	139	6%	7%	7%
Nc Year 9	352	138	136	6%	9%	7%
NC Year 10	343	127	146	6%	8%	7%
NC Year 11	375	146	138	6%	9%	7%
NC Year 12	167	70	141	3%	5%	7%
NC Year 13	87	46	117	1%	3%	6%
NC Year 14	4	29	67	0%	2%	3%
NC Year 15			44	0%	0%	2%
Postschool			106	0%	0%	5%
Total	6113	1551	2090	100%	100%	100%

Figure 25 Number of Statements of SEN or EHC Plans maintained by Barnet, 2016. Source: Synergy Extract as of 17/03/2017



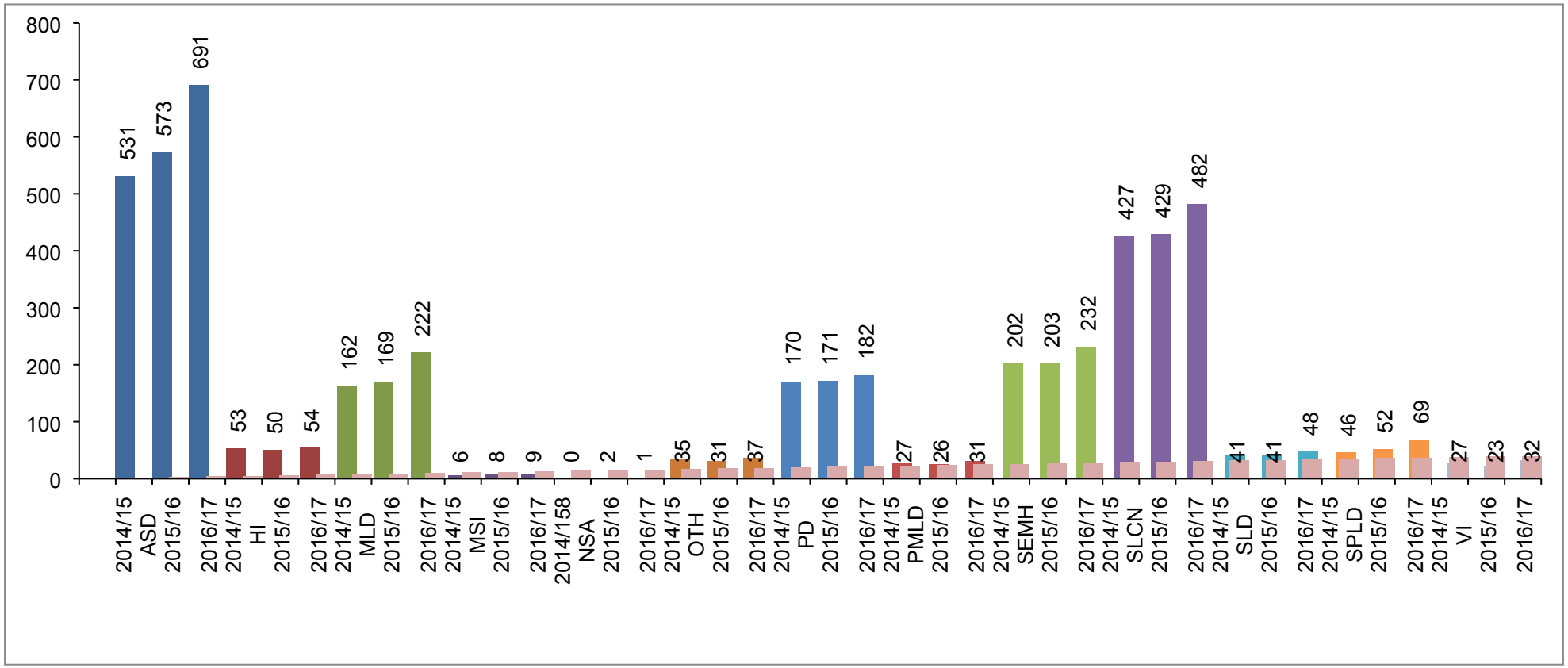
There are more males in every school year.

Table 17 Proportion of children with SEND that are in each year group. Source: Synergy Extract as of 17/03/2017

NC Year	2014/15	2015/16	2016/17
Nursery 1	0.1%	0.0%	0.0%
Nursery 2	2.0%	0.4%	0.9%
Reception	5.1%	4.1%	3.7%
NC Year 1	5.6%	5.5%	5.0%
NC Year 2	6.0%	6.1%	5.6%
NC Year 3	6.8%	6.0%	6.6%
NC Year 4	7.5%	7.1%	5.9%
NC Year 5	8.5%	8.1%	6.8%
NC Year 6	7.8%	8.3%	7.6%
NC Year 7	6.8%	7.8%	8.4%
NC Year 8	7.4%	6.5%	6.7%
NC Year 9	7.6%	7.4%	6.5%
NC Year 10	8.4%	7.4%	7.0%
NC Year 11	8.2%	8.1%	6.6%
NC Year 12	6.0%	7.8%	6.7%
NC Year 13	4.2%	5.0%	5.6%
NC Year 14	2.1%	2.6%	3.2%
NC Year 15	0.0%	1.7%	2.1%
Post-school	0.0%	0.1%	5.1%
Setting types	0.1%	0.0%	0.0%
Grand Total	100.0%	100.0%	100.0%

Rates of SEN begin picking up in Reception and rise steadily through primary schools years (Reception to Y6). In general, 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.

Table 18 SEND Type, Trend, Statements and EHC Plans Maintained by Barnet. Source: Synergy Extract as of 17/03/2017

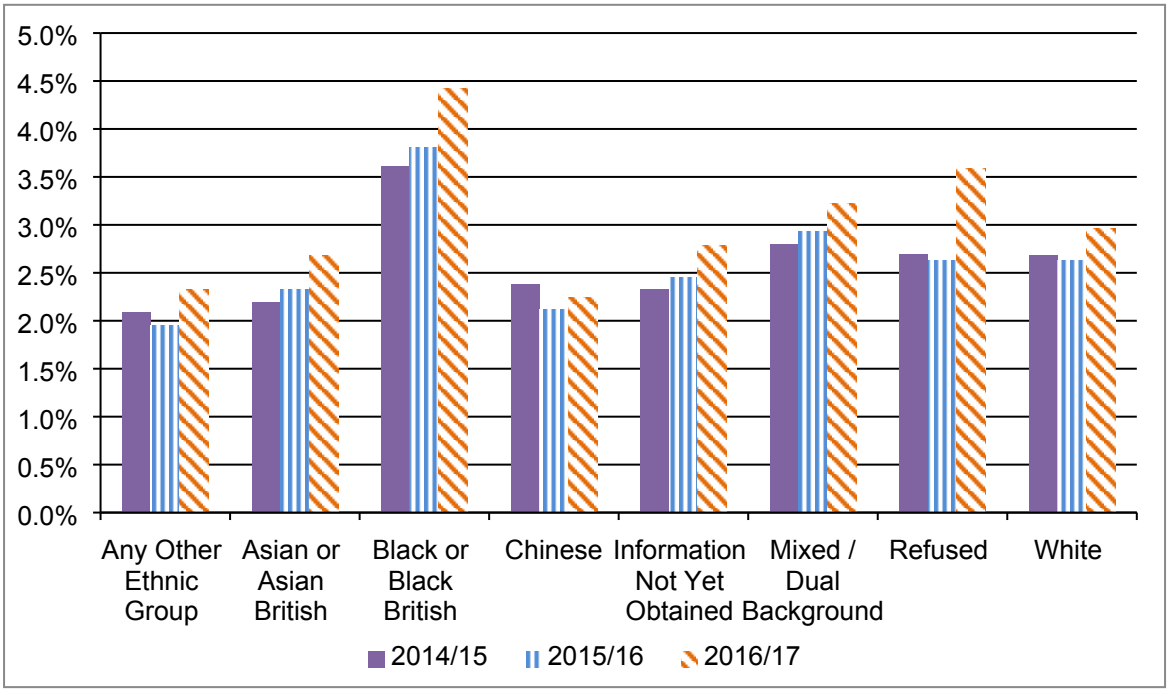


The largest group of children and young people with SEND are those with Autistic Spectrum Conditions, followed by those with Speech, Language and Communication Needs. The number of children and young people with Autistic Spectrum Conditions is growing significantly faster than other groups need.

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.

Table 19 Percentage of Ethnic Group with a Statement of SEN or EHC Plan Maintained by Barnet Source: Synergy Extract as of 17/03/2017



6.5.2 Education, Health and Social Care Plan

In April 2017, 100% of ECHPs issued were within 20 weeks. As at 30th 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.

6.5.3 Schools and Provision

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

Table 20 Special schools within Barnet. Source: SEND

School	Age range	Type of provision
Mapledown (secondary)	11 - 19	Severe Learning Difficulties/Profound and Multiple learning difficulties
Northway (primary)	5 – 11	Moderate Learning Difficulties/Communication Difficulties/Autism
Oak Lodge (secondary)	11 – 19	Moderate Learning Difficulties/Communication Difficulties/Autism
Oakleigh (primary)	2 - 11	Severe Learning Difficulties/Profound and Multiple Learning Difficulties

Table 21 Resourced provision within Mainstream Schools. Source: SEND

	School	Type of provision
Primary	Broadfields	Autism Spectrum Condition
	Childs Hill	Autism Spectrum Condition
	Colindale	Physical disability
	Coppetts Wood	Language needs
	Livingstone	Autism Spectrum Condition
	Orion	Autism Spectrum Condition
	Summerside	Hearing impairment
Secondary	Hendon (2 resources)	Hearing impairment, Autism Spectrum Condition
	Mill Hill High	Emotional and behavioural difficulties
	London Academy	Language
	Whitefield	Physical disabilities
	JCoSS	Autism Spectrum Condition

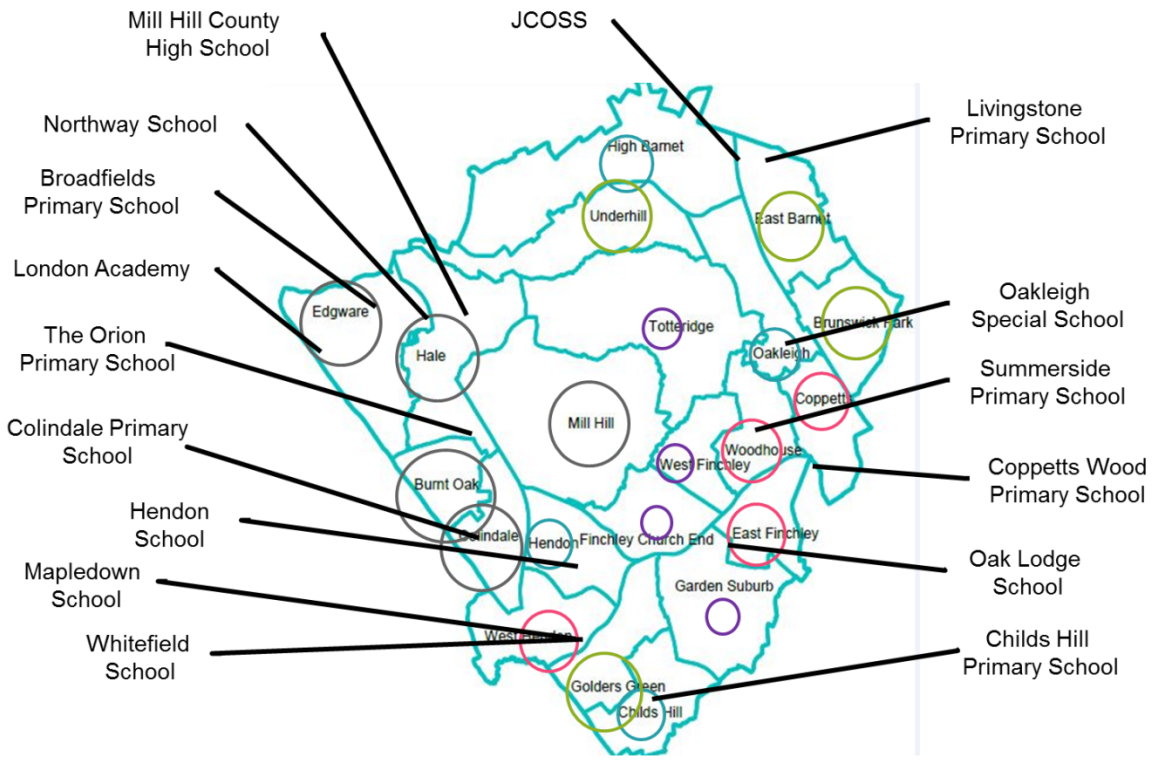
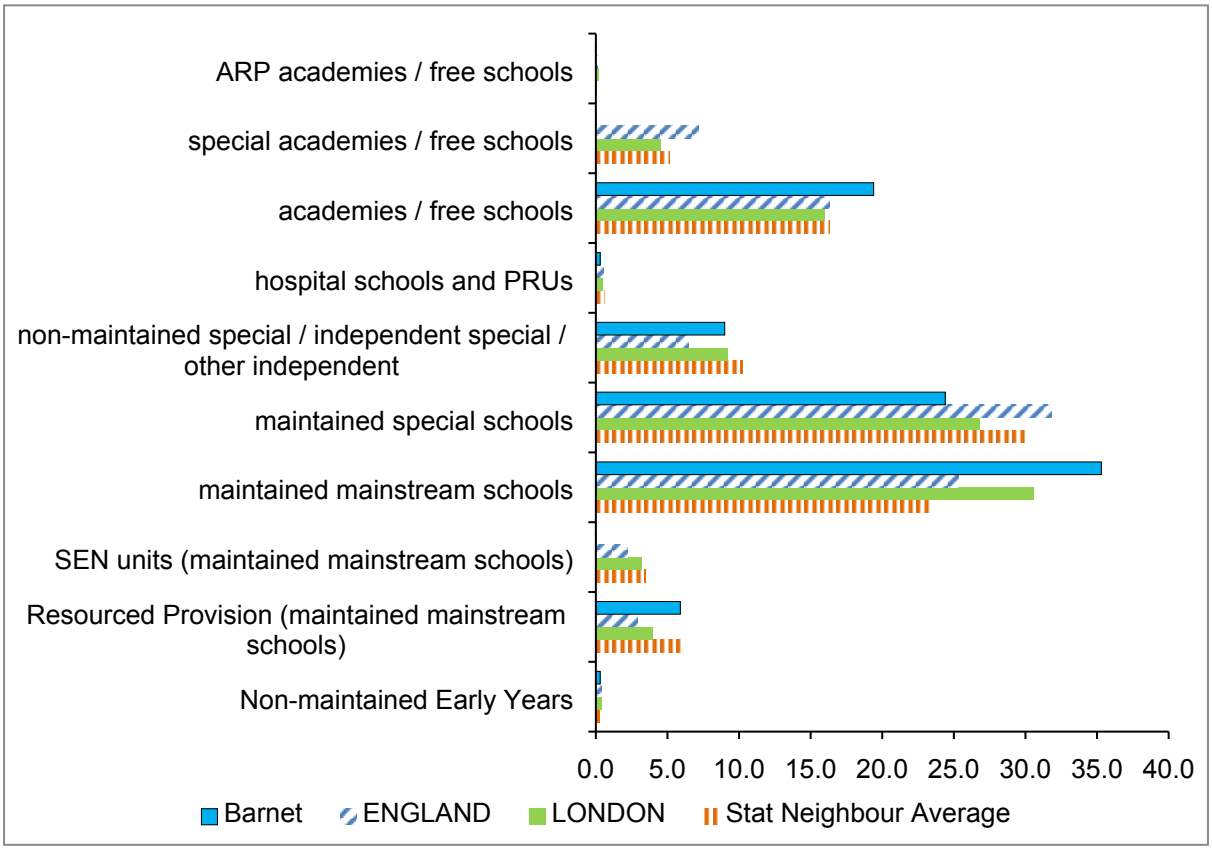


Figure 26 illustrates the locations of SEND provision and the number of individuals with SEND in each Ward. Source: SEND

Figure 26 shows the location of statements and EHC plans by ward. It is organised into quintiles, the larger the circle, the higher the SEND population within a particular ward. The boroughs with the highest number of statements or EHC plans have black circles, i.e. these boroughs have a SEND population higher than four fifths of other boroughs. . This shows that there is a high prevalence in the west of the borough. This correlates with the most deprived areas.

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 27 breakdown of where children and young people with SEND are placed – Placement of children and young people for whom local authorities maintain a statement or EHC Plan, 2016. Source: DfE SFR29/2016.



Children and Young people are most commonly placed in maintained mainstream schools and maintained special schools. 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.

6.5.4 Location of pupil with statements of SEND 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).

Table 22 Number of SEN Statements/EHC Plans by Ward. Source: Synergy Extract as of 17/03/2017

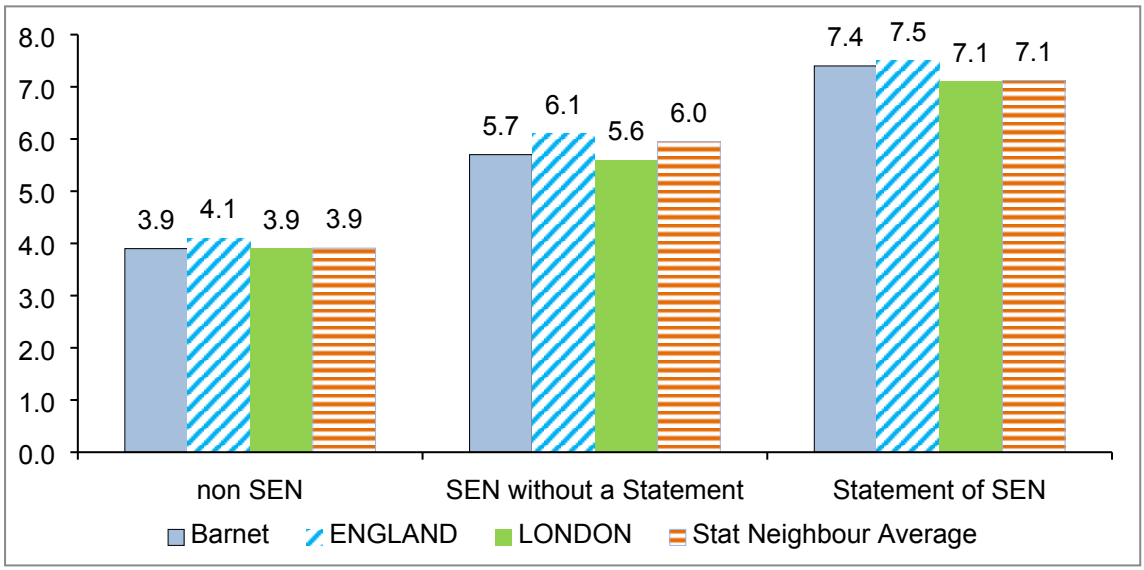
Ward	2014/15	2015/16	2016/17
Brunswick Park	91	97	110
Burnt Oak	141	153	175
Childs Hill	62	62	76

Colindale	134	152	165
Coppetts	84	83	87
East Barnet	78	84	104
East Finchley	67	79	93
Edgware	105	96	129
Finchley Church End	42	42	50
Garden Suburb	40	44	53
Golders Green	97	96	120
Hale	112	115	132
Hendon	74	72	74
High Barnet	83	82	85
Mill Hill	115	113	129
Oakleigh	73	67	79
Totteridge	52	55	61
Underhill	83	81	110
West Finchley	42	46	57
West Hendon	77	73	92
Woodhouse	76	77	94
Out of Borough	2	23	15
Unknown	1		
Grand Total	1731	1792	2090

6.5.5 Exclusions and persistent absenteeism

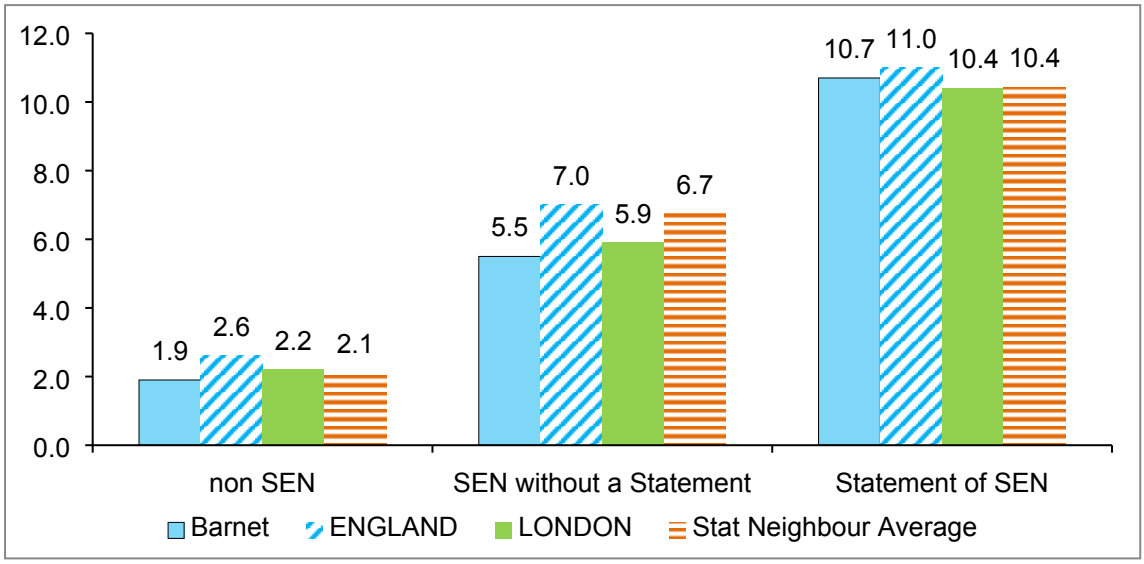
The absence rate for pupils with SEND in 2013/14 was higher than London and statistical neighbours for both groups of SEN (those with a statement or EHCP and those with SEN without a Statement or EHCP). This compares to the absence rate of non-SEN pupils in Barnet which is in line with the national and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

Figure 28 Absence rate for pupils by SEND, 2013/14 Academic Year. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis.



Rates of persistent absenteeism are better than the national, London and statistical neighbour average for non-SEN pupils and SEN pupils (with no statement or EHCP). The persistent absence rate for pupils with a statement or EHC Plan is better than the national average but above the London and statistical neighbour average.

Figure 29 Prevalence of Persistent Absence for pupils by SEND, 2013/14 Academic Year Source: DfE Research and analysis: SEN absences and exclusions: additional analysis.



The rate of fixed term exclusions increases as the level of SEN intervention increases, although the fixed term exclusion rate for Barnet for both SEN statement/EHCP pupils and SEN (no statement/EHCP pupils) is below all comparator groups, suggesting inclusive practices for most challenging behaviour in schools is strong.

Table 23 Fixed Term Exclusions as % of School Population. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis

	No SEN	SEN without a Statement	SEN with a Statement of SEN
England	1.7	10.8	15.2
London	1.6	8.0	12.2
Barnet	1.4	5.6	9.7
Stat Neighbour Average	1.2	9.5	13.4

Table 24 Percentage of Pupils receiving a 1+ Fixed Term Exclusion. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis

	No SEN	SEN without a Statement	SEN with a Statement of SEN
England	1.1	5.2	6.4
London	1.1	4.7	5.4
Barnet	1.0	3.6	4.5
Stat Neighbour Average	0.9	5.0	5.5

The rate of permanent exclusions for SEN (no statement or EHCP) pupils is in line with the national average and statistical neighbours, but after the national average.

Table 25 Percentage with permanent exclusion. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis

	No SEN	SEN without a Statement	SEN with a Statement of SEN
England	0.0	0.3	0.2
London	0.0	0.2	0.1
Barnet	0.0	0.3	X(suppressed)
Stat Neighbour Average	0.0	0.3	0.0

6.6 Youth Justice

6.6.1 Young People with SEND Sentenced to Custody

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 (Table 26).

Table 26 Barnet YOTs with statements or EHCPs. Source: Barnet Youth Offending Team

2013/14	2014/5	2015/16	2016/17
2	5	2	2

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 fractured nature of the young people's educational histories may explain why the numbers of young people entering custody with a SEN/EHCP plan is so low.

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. This includes the work which is undertaken with young people whilst they are in custody but also, in the planning of their resettlement into the community.

The YOT currently has SALT 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.

6.7 Admissions Avoidance Register (AAR)

London Borough of Barnet works in concert with Barnet Clinical Commissioning Group in the form of a Joint Commissioning Unit (JCU) responsible for, amongst other things, Learning Disabilities (LD). 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.

6.8 Transport and assistance for travelling facilities

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

6.9 Service development and improvement

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

a) 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.

b) 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

c) 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

d) 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.

e) The establishment of a coproduction development group, led by a Principal EP with representation from parents, voluntary sector, health, education and social care.

f) 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.

g) Joint pathways and plans for partial integration of services between CAMHS SCAN and other therapies such as SLT have been developed

h) 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.

6.10 Short breaks

There are a range of short breaks services for children and young people in Barnet. These services are commissioned via a framework of 9 providers which offer group based social, sport and cultural and play activities in various settings, overnight short breaks in the family home or a community setting, an enabling service with one to one support and personal assistance and specialist respite care services. This provision is for children and young people with Autistic Spectrum Disorders (ASD) and with complex health needs including cognitive or sensory impairments.

The services seek to ensure children and young people are well supported at home, undertake regular activities to improve wellbeing and resilience, increase social and emotional independence and give opportunities for parents and carers to benefit from a break. In 2016/17 over 333 children and young people accessed this provision with an average take up rate of 90% which included nearly 3,000 play scheme sessions, 148 supported swimming sessions and 131 residential sessions. This support also includes personal assistant support hours of which there was 3,699 hours in 2016/17.

Services are planned to be recommissioned in 2018/19 in line with the strategic development of the 0 – 25 service, the parent carers forum is taking an active role in the re-development of the short breaks services.

Some families who submitted their views to BPCF as part of the self-evaluation perceive that thresholds to access short breaks are unclear and that consequently access is not as equitable as it should be.

6.11 Transitions

Early years to school

Children transitioning from Early Years settings into Primary School are supported by the 0-5 CAD team. Guidance is sent to both early years settings and schools in planning and preparing children for transition. A person-centred planning meeting takes place for all SEN supported children transferring to school. This meeting is attended by early years setting staff; parent/carers; relevant agencies working with the child and family; and the staff from the school. An action plan is put into

place for the school in preparation for the child's transition. School staffs are encouraged to observe the child in the early years setting.

7. Improving outcomes for children and young people with SEND

7.1 Parental involvement in improving outcomes

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.

7.2 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.

7.3 Local transformation plan and improving outcomes for children and young people

The local Transformation Plan builds on the priority areas outlined in Future in Mind and aligns them to local needs of children, young people and other stakeholder. The Local Transformation Plan is iterative and will continue to be developed over the timeframe of the five year plan.

Barnet's vision is to transform mental health services for children and young people by 2020, building the resilience of children and young people and their families and improving their mental well-being therefore enhancing the life chances of children and young people in Barnet.

The 5 key elements of the vision are:

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

(Source Local Transformation Plan)

Delivery of the plan will be led by Barnet Clinical Commissioning Group ("Barnet CCG") and London Borough of Barnet ("LBB") working closely with a range of partners, and children and young people at the centre driving transformation. Our local transformation events have included.

We have undertaken extensive consultation and engagement programme with children and young people within the borough, aged 11 – 18, through 3 key mechanisms:

- Online survey activity (through our annual Youth Parliament elections)
- Focus groups delivered within schools, colleges and organisations
- Delivery of a high level youth conference titled 'Youthorium'.

Up to 7899 children responded to our online survey activity. Just over 300 children and young people participated within our Youthorium conference and schools focus groups combined.

Online survey activity

Our Youth Parliament elections were conducted between 23rd February and 6th March 2017 across the borough. Every year children and young people aged 11 – 18 who live, work or are educated within the borough are asked to vote for one of their peers to represent them within the national Youth Parliament. Within the 2017 online ballot form young participants were further asked to respond to questions regarding transformation to CAMHS services and the review of 0 – 19 provision within the borough.

Up to 7899 children and young people, across 23 schools, colleges and organisations voted within the elections. Whilst no data is available on how many went on to submit responses to the questions asked, a robust sample size has been obtained that provides valuable insight upon CAMHS transformation and 0 – 19 service review.

Focus groups

Our schools focus groups were delivered between January 2017 and March 2017. In total 24 focus groups were delivered in schools, specialist schools, faith schools and with Voluntary and Community Sector groups. We invited all VCS and SEND groups in the Barnet Practitioners Forum database to take part to take part. We also held a specific group with the councils SEND focus group. Just over 200 children and young people participated within the schools focus groups. Use of MeetingSphere digital technology and face to face facilitation was used throughout to glean insight from young participants upon CAMHS transformation and Emotional Wellbeing in general.

Youthorium 2017

On 23.02.17 a high level youth conference was delivered entitled 'Youthorium 2017'. The purpose of Youthorium 2017 was to provide an opportunity for young residents to express their views upon CAMHS transformation and 0 – 19 provision in an engaging and participative manner, which utilised digital technology to consult. This technology was provided for by MeetingSphere. 108 children and young people attended Youthorium, with representation from: Barnet & Southgate College, The Compton, Copthall, Dollis Junior, Hasmonean Girl, Hendon School, JCoSS, London Academy, Northgate, Saracens/Hitz, Whitefield School and a number of Voluntary and Community Sector organisations such as Unitas (Barnet Youth Zone), ARTiculate and Art Against Knives.

A broad qualitative approach was used by facilitators to capture insight from young participants. Their responses were then 'themed' and categorised.

We therefore believe that this consultation produced rich insights from the perspective of children and young people into mental health provision within our borough and to inform senior leaders and officials in order to:

- Improve outcomes for children and young people
- To ensure that children and young people have access to the right services at the right time
- To co-produce with children and young people in order to support our vision for Barnet to be the most Family Friendly Borough in London by 2020 with resilient families and resilient children.

A full report of the findings in CYP CAMHS Consultation – End of Project Report as authored by the LB of Barnet Voice of the Child team. (2017)

Emotional Wellbeing and CAMHS Workshops to develop Service Specification

We have continue to engage with young people, practitioners, VCS organisations and other internal and external stakeholders though a series of Emotional Wellbeing and CAMHS Workshops to develop Service Specification each with a specific focus.

- Workshop 1a -Wellbeing Hub - Professionals/Partners
- Workshop 1b - Wellbeing Hub - Barnet Young People
- Workshop 2 - LD/Autism, SEND, Neurodevelopment and Paediatric Liaison
- Workshop 3 - Wellbeing Network (Voluntary Sector)
- Workshop 4 - CAMHS Complex Care Service

7.4 Mental Health and Emotional wellbeing Whole System Redesign to Improve Outcomes for Children and Young People

The government strategy for mental health recognises that mental health problems contribute to perpetuating cycles of inequality through generations. Early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime.

Stigma and experiences of discrimination continue to affect significant numbers of people with mental health problems. For all groups of people with mental health disorders, including children, this can:

- stop people from seeking help;
- keep people isolated, and therefore unable to engage in ordinary life, including activities that would improve their wellbeing;
- mean that support services have low expectations of people with mental health problems, for example their ability to do well at school; and
- stop people being educated, realising their potential and taking part in society.

Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking (over 40% of children who smoke have conduct and emotional disorders) and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation. Children with a long term physical illness are twice as likely to suffer from emotional or conduct disorders.

In order to improve outcomes for children, young people and their families Barnet LBB and CCG aim is to develop an Mental Health and Emotional Well Being System' of which CAMHS is an integral part. This is in line with our promoting population resilience approach utilising the "Thrive Model", creating a more efficient, responsive, integrated and outcome focused approach to support and promote children's mental health and emotional wellbeing. Further the service will be designed to

improve patient and family experience by reducing waiting times, providing better prevention, early intervention and building resilience universally in schools. Another core feature of the service design will be to ensure that access is streamlined, easier and, less stressful by moving service to more community based settings. Co- production with children, young people, their families/carers will be at the heart of the redesign services. We expect to reduce Tier 4 admissions by providing a better community offer working with the voluntary sector which is not currently represented within the current commissioned system.

Mental Health Transformation Progress to date

Barnet CAMHS has made progress in a number of priority areas which we identified in the Child and Adolescent Mental Health Service Transformation Plan 2015-2020 published in February 2016. Key areas of progress include:

- Embedded our strategic approach to Family Friendly Barnet.
- Established resilience based practice at the heart of vision for children and young people.
- New CAMHS satellite provision at Pupil Referral Units.
- Significant reduction in waiting times for the Eating Disorders Service.
- Improved performance management of services and new targets.
- Participation with NCL partners in a successful bid for Child House Model.

Successful funding bids for additional capacity to reduce waiting times, develop CAMHS for Young Offenders, employ four trainee Psychological Wellbeing Practitioners and develop a new perinatal Mental Health Service.

Barnet's children's partnership have adopted a 'resilient families, resilient children' model of practice, whereby birth and foster families are empowered to 'bounce back' from stress and adversity and take on new challenges, leading to better outcomes. To do this, children's social care is focused on developing:

- A highly skilled, stable workforce, who build respectfully curious relationships with families
- Proactive management oversight, enabled through accurate and timely performance information
- Therapeutic care and support, provided using evidence-based interventions

7.5 Education attainment for children with SEND

Overall, attainment and progress for children with SEND (both SEN Support and Statements/EHC Plans) performs well compared to the same group nationally and against statistical neighbours across most key stages – with significant success by the time children reach key stage 4 and beyond. This is due to the very strong academic offer we have across all schools in Barnet.

In June 2017, 95% of all Barnet primary, secondary, nursery and special/PRU schools are rated good or outstanding at their latest Ofsted inspection (nationally, 88% are rated good or outstanding); 39.5% of all schools are rated outstanding (nationally, 19.4% are rated outstanding).

There is a proactive approach to identifying schools which are vulnerable to requires improvement (or worse). Schools undergo a systematic process of monitoring and challenge throughout the year, in which the performance of SEND and other vulnerable groups is a key focus.

There remain areas where performance is relatively weaker, and we have a programme of support to raise achievement in these areas.

The attainment of SEN Support pupils at the Early Years Foundation Stage dropped to the national average in 2016 – it is felt this is reflective of an all-pupil (SEN and non-SEN) performance picture at Early Years, and this is being addressed through the Early Years SEN workstream as well as through the School Improvement and Barnet Partnership for School Improvement programmes.

At Key Stage 1, attainment in Maths is relatively lower compared to the London and Statistical neighbour averages, although this reflects a picture for all SEN pupils. Attainment at Key Stage 1 in Maths is a School Standards Partnership Board and the School Improvement Team are working with advisers to ensure an appropriate training and development programme is in place.

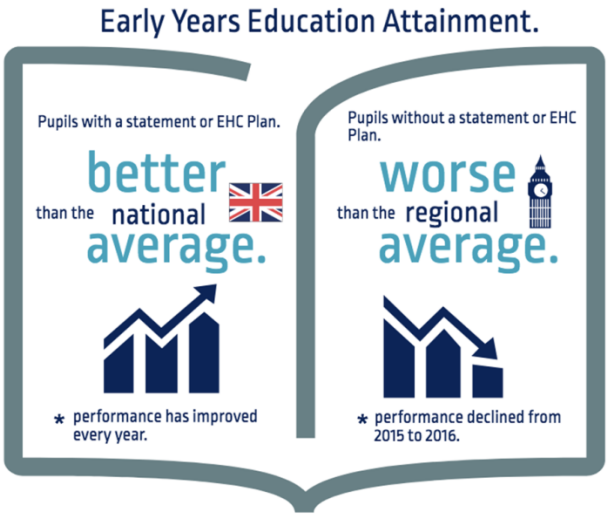
At Key Stage 2, the progress of pupils with an EHCP or Statement from their starting points is broadly in line with the same cohort nationally; whereas SEN Support pupils make more progress than the same cohort nationally. There have been national issues in measuring the progress of pupils at the pre-key stages, due to the implementation of the new national assessment system, and the outcome of the recent consultation on the Rochford Review Recommendations may change the picture. The progress and attainment of pupils with a statement or EHC Plan have remained a focus of individual school monitoring and progress discussions.

It should however be noted that, at both Key Stage 2 and Key Stage 4, the progress of SEN Support pupils (in KS2 Writing and KS4 Overall), and Statemented / EHCP (at KS2 Reading, Writing and Maths, and KS4 Overall) is below that of all pupils nationally from their starting points. This suggests that the

attainment gap against their peers continues to widen as they progress through education, although each group continues to perform above the same group nationally.

7.5.1 Early years statistics

The percentage of pupils with SEN but without a statement achieving a good level of development has stayed at a similar level with a peak in 2015. The achievement of SEN Support pupils at the Early Years Foundation Stage has gone from being well above the national, London and statistical neighbour average in 2013 to being in line with the national average, and below the London and statistical neighbour average in 2016. This reflects the same picture across Early Years provision in Barnet, where attainment is also equal to the national average.



For the percentage of pupils with a statement or EHC Plan, the percentage achieving a good level of development has gradually increased in line with the London, national and statistical neighbour average, thereby continuing to perform favourably comparably.

Table 27 % Good level of development achieved - Pupils with SEN, without statement Source: LAIT

	2013	2014	2015	2016
Barnet	25	24	32	26
London	18	25	29	31
Statistical Neighbours	13.8	20.6	25.4	28.7
England	16	21	24	26

Table 28 % Good level of development achieved - Pupils with SEN, with statement

	2013	2014	2015	2016
Barnet	-	5	4	6
London	2	3	4	5
Statistical Neighbours	13	5.5	6.25	6.67
England	2	3	4	4

Early years strengths

Pupils with a statement or EHC Plan perform above the national and London average and have improved every year

Early years areas for development

SEN Support pupils perform below London and statistical neighbours, reflecting a wider issue with performance across Barnet in the EYFS

7.5.2 Key stage 1

In Reading, pupils in both SEND categories (SEN Support and Statement/EHC Plan) perform above the same group of pupils in statistical neighbour LAs and nationally. SEN Support pupils perform slightly below the London average in Reading.

In Writing, pupils in both SEND categories (SEN Support and Statement/EHC Plan) perform above the same group of pupils in statistical neighbour LAs and nationally. SEN Support pupils perform slightly below the London average in Writing.

In Maths, pupils with a Statement/EHC Plan perform above the same group of pupils in statistical neighbour LAs, London and nationally. SEN Support (and all pupils) pupils perform slightly below the London average in Mathematics.

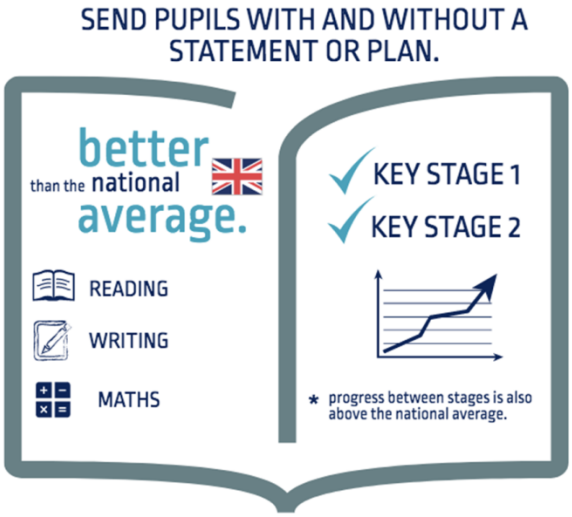


Figure 30 Percentage of pupils reaching the expected standard (Reading). Source: LAIT

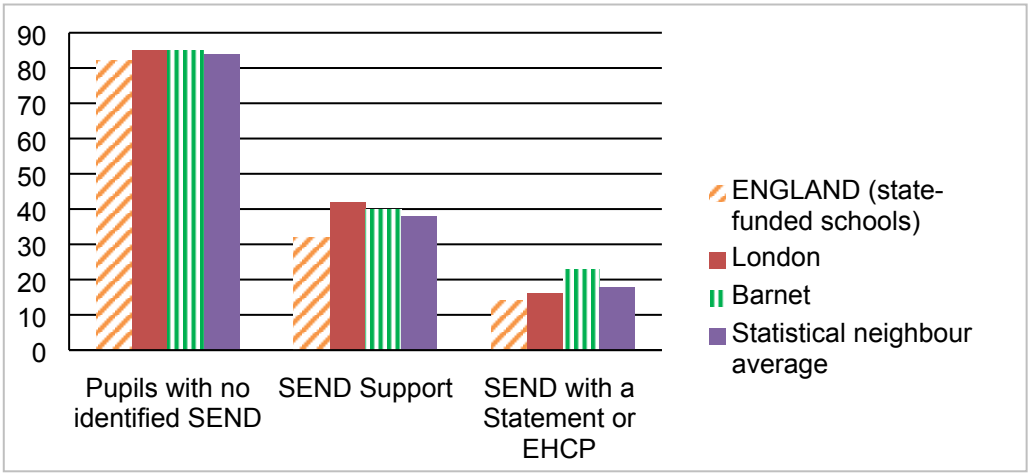


Figure 31 Percentage of pupils reaching the expected standard (writing). Source: LAIT

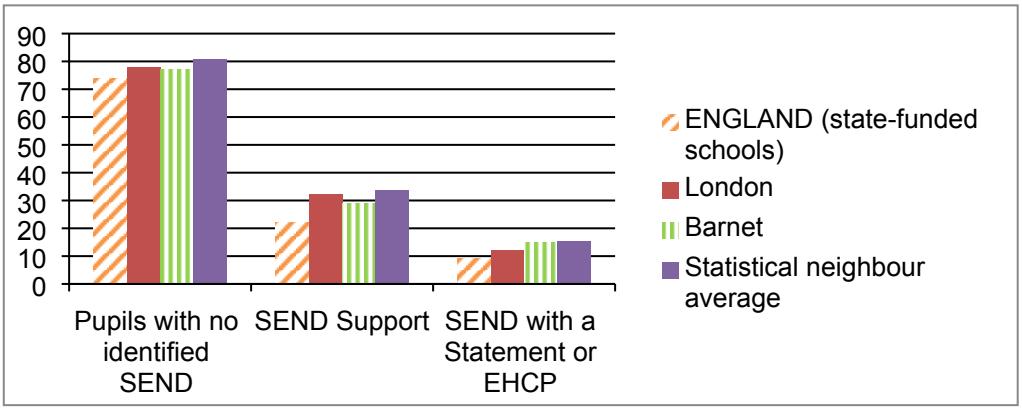
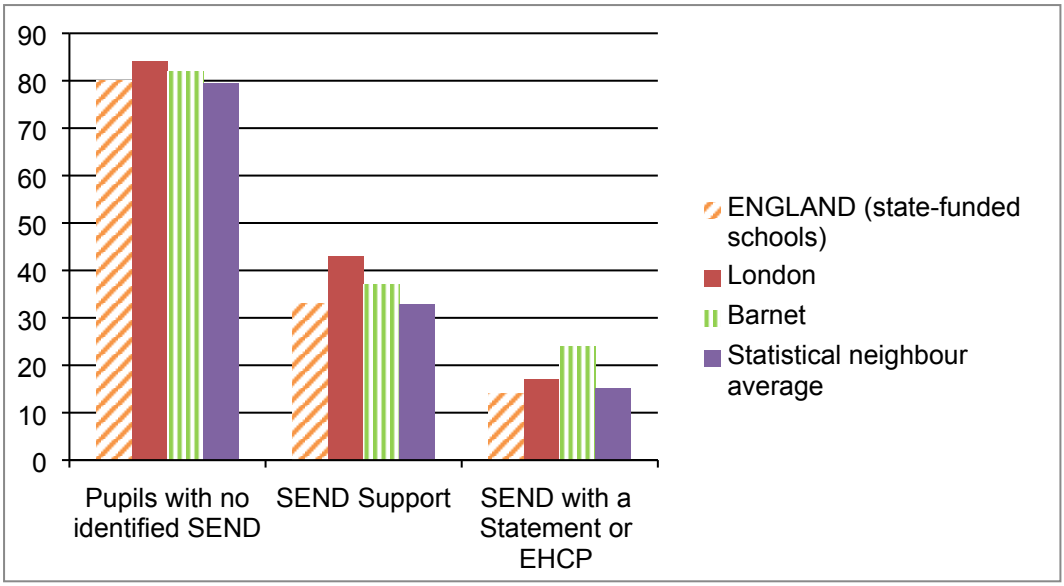


Figure 32 Percentage of pupils reaching expected standard (Maths). Source: LAIT



Key stage 1 strengths

Attainment in Reading and Writing is strong for both pupils with SEN Support and pupils with a Statement/EHC Plan compared to similar Las and the national average

Key stage 1 areas for development

There remains a gap between the performance of SEN Support pupils and those in London local authorities (although this reflects a wider Barnet issue)

The performance in Maths – as across the rest of Barnet pupils – is relatively low for both SEN Support pupils and all pupils.

7.5.3 Key stage 2

The proportion of pupils reaching the expected standard or above in Reading, Writing and Maths is above the national average for all SEND groups (SEN Support and Statement/EHC Plan) and above the statistical neighbour average for SEN Support pupils (and in line with the statistical neighbour average for Statement/EHC Plan pupils). The performance of SEN Support pupils is slightly below the London average.

In Reading, SEN Support pupils perform in line with the London average and above the national and statistical neighbour averages. Pupils with a statement/EHC Plan perform above the London and national average but below statistical neighbours.

In Writing, the performance of SEN Support and Statement/EHC Plan pupils is below the London, statistical neighbours, and broadly in line with the national average. This reflects a similar pattern seen across all pupils in Barnet.

In Maths, SEN Support pupils perform above the London, national and statistical neighbour averages. Pupils with a statement/EHC Plan perform in line with the London average, above the national average but below statistical neighbours.

In GPS, SEN Support pupils perform above the London, national and statistical neighbour averages. Pupils with a statement/EHC Plan perform in line with the London average, above the national average but slightly below statistical neighbours.

Table 29 Reading, Writing and Maths Expected Standard+ Source: LAIT

	Pupils with no identified SEN	**SEN support**	**SEN with a statement or EHC plan**
ENGLAND (state-funded schools)	62	16	7
London	68	24	9
Barnet	68	23	10
Statistical neighbour average	68	20	10

Figure 33 KS2 Reading, Writing and Maths expected standard+. Source: LAIT

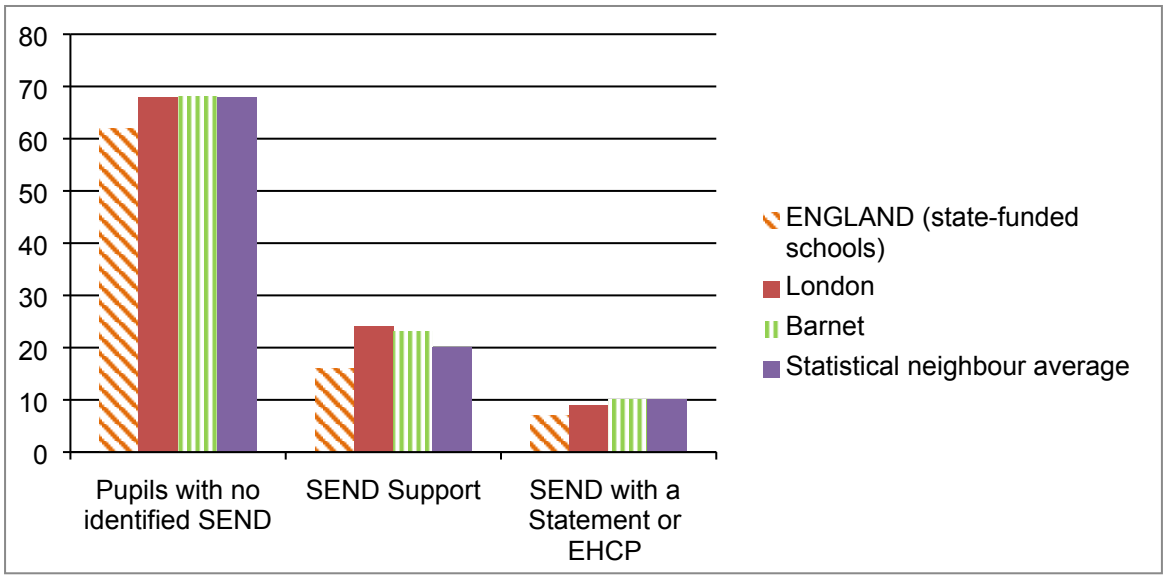


Table 30 Reading Expected Standard+. Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	74	32	14
London	77	40	17
Barnet	81	40	18
Statistical neighbour average	78	38	20

Figure 34 Reading Expected Standard+. Source: LAIT

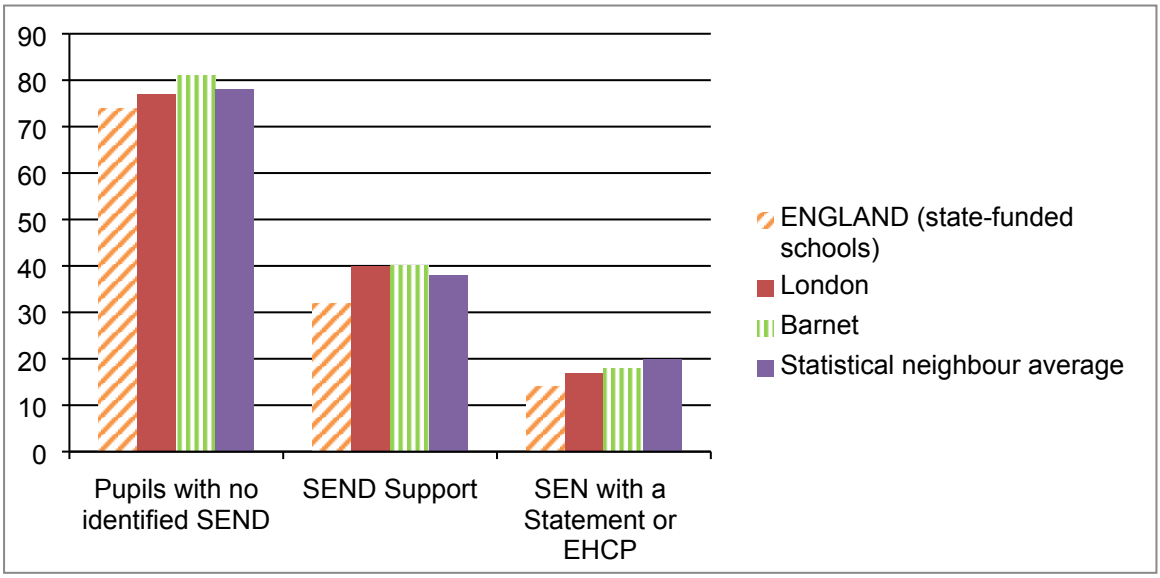


Table 31 Writing Expected Standard+. Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	84	32	13
London	88	43	16
Barnet	83	36	13
Statistical neighbour average	86	38	17

Figure 35 Writing Expected Standard+. Source: LAIT

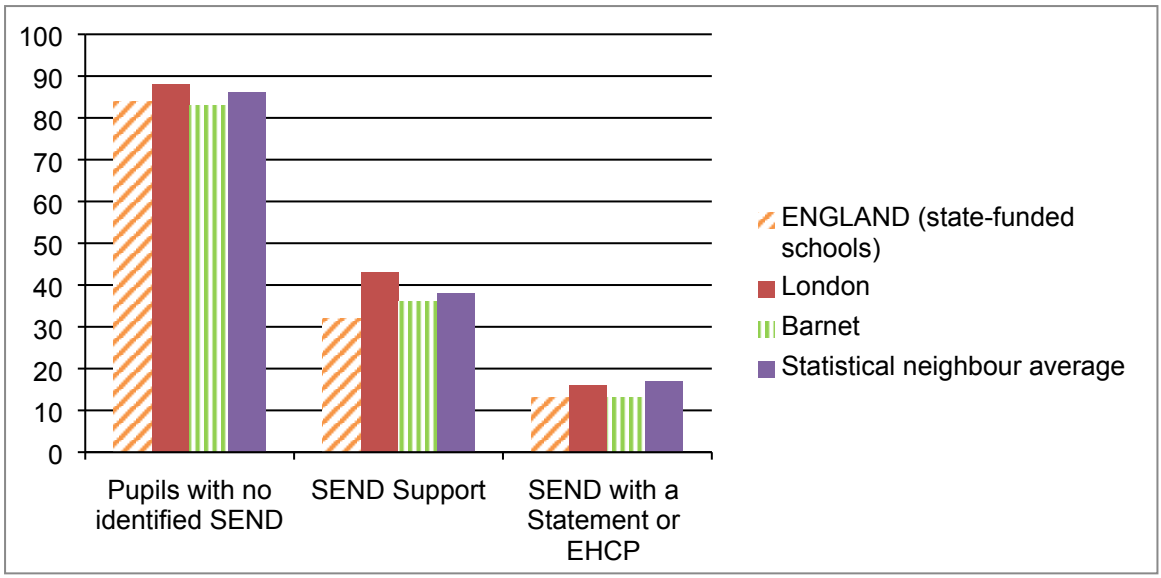


Table 32 Mathematics Expected Standard+ Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	78	36	15
London	84	47	19
Barnet	85	48	19
Statistical neighbour average	84	44	21

Figure 36 Mathematics Expected Standard+ Source: LAIT

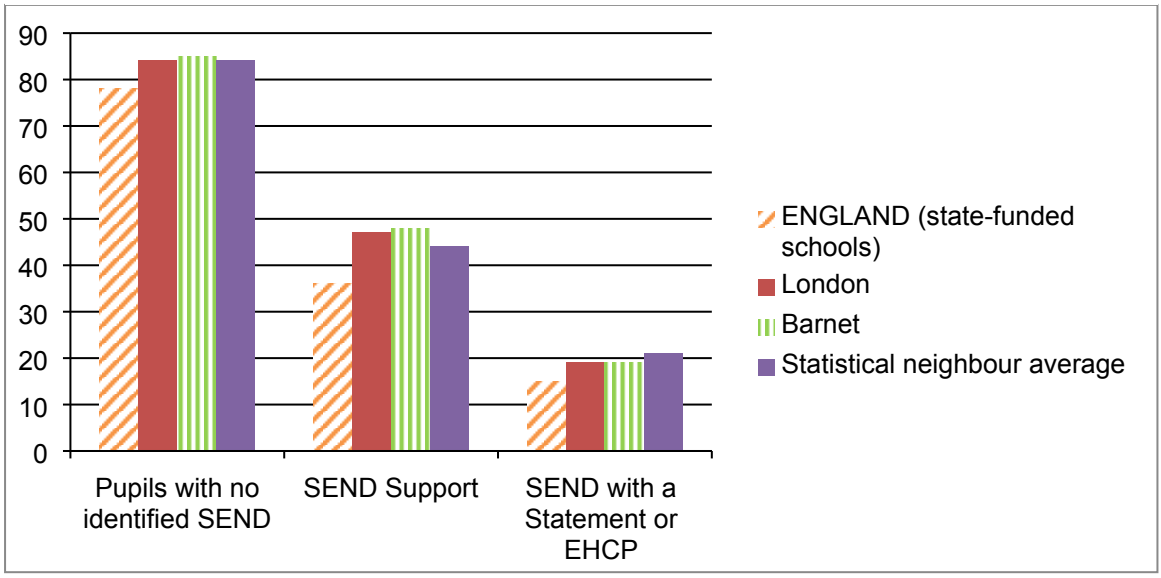
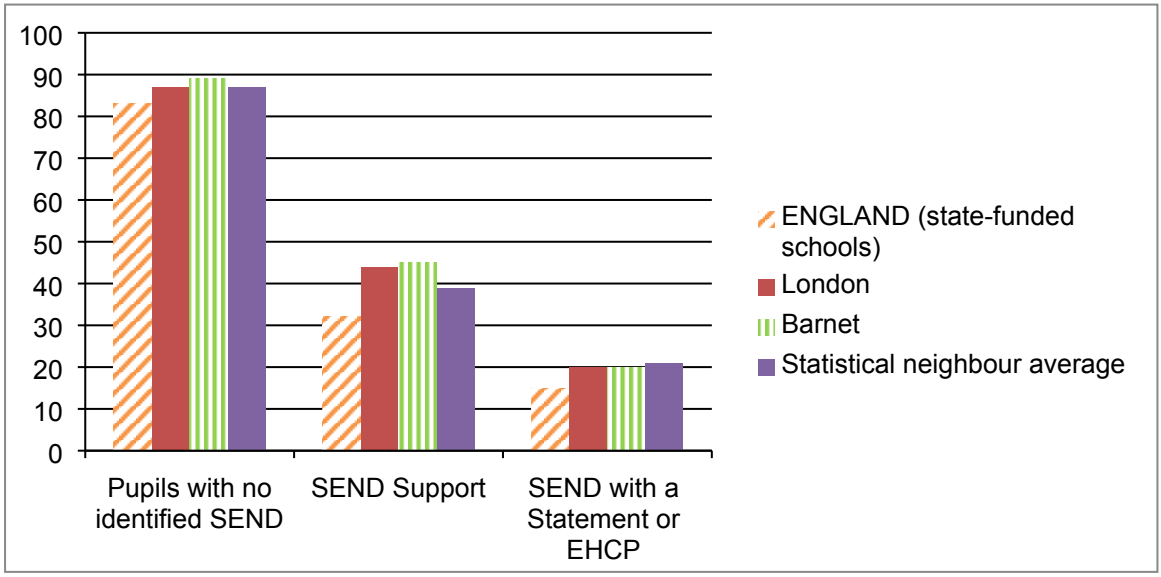


Table 33 GPS Expected Standard+ Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	83	32	15
London	87	44	20
Barnet	89	45	20
Statistical neighbour average	87	39	21

Figure 37 GPS Expected Standard+ Source: LAIT



Between Key Stage 1 and 2, it is important to consider the progress pupils make from their starting points (source: LA populated Raiseonline). The progress of pupils with SEN Support is strong across all subjects, whereas progress of pupils with a Statement/EHC Plan is weaker, being in line with SEN Statement/EHC Plan pupils nationally.

Reading progress

Pupils with a statement / EHCP scored 3.36 points less on the reading test than similar pupils nationally. This is broadly in line with the national average when compared to only pupils with a statement/EHCP (-3.12).

Pupils with SEN support score broadly the same (+0.2) on the reading test as similar pupils nationally. This is above the national average when compared to only SEN Support pupils nationally (-1.3).

Table 34 KS2 Reading Progress. Source: LAIT

	Barnet Average Progress	National Average Progress (same group nationally)
SEN with statement or EHC plan	-3.36	-3.12
SEN support	0.2	-1.3
no SEN	1.91	0.29

KS2 Maths progress

Pupils with a statement / EHCP scored 3.55 points less on the maths test than similar pupils nationally. This is broadly in line with the national average when compared to only pupils with a statement/EHCP (-3.47).

Pupils with SEN support score, on average, 0.61 points more on the maths test than similar pupils nationally. This is significantly above the national average, and significantly above the national average when compared only to pupils with SEN Support (-1.14).

Table 35 Key Stage 2 Maths progress. Source: LAIT

	Barnet Average Progress	National Average Progress (same group nationally)
SEN with statement or EHC plan	-3.55	-3.47
SEN support	0.61	-1.14
No SEN	2.08	0.27

KS2 Writing progress

Pupils with a statement / EHCP scored 4.09 points less on the writing teacher assessment than similar pupils nationally. This is broadly in line with the national average when compared to only pupils with a statement/EHCP (-4.02).

Pupils with SEN support score, on average, -1.25 points more on the writing teacher assessment than similar pupils nationally. This is likely to be significantly above the national average when compared only to pupils with SEN Support (-2.44).

Table 36 Key Stage 2 Writing Progress. Source: LAIT

	Barnet Average Progress	National Average Progress (same group nationally)
SEN with statement or EHC plan	-4.09	-4.02
SEN support	-1.25	-2.44
No SEN	0.76	0.53

KS2 Strengths

Progress and attainment of SEN Support pupils is strong across all subjects, compared to similar pupils nationally and in statistical neighbour LAs.

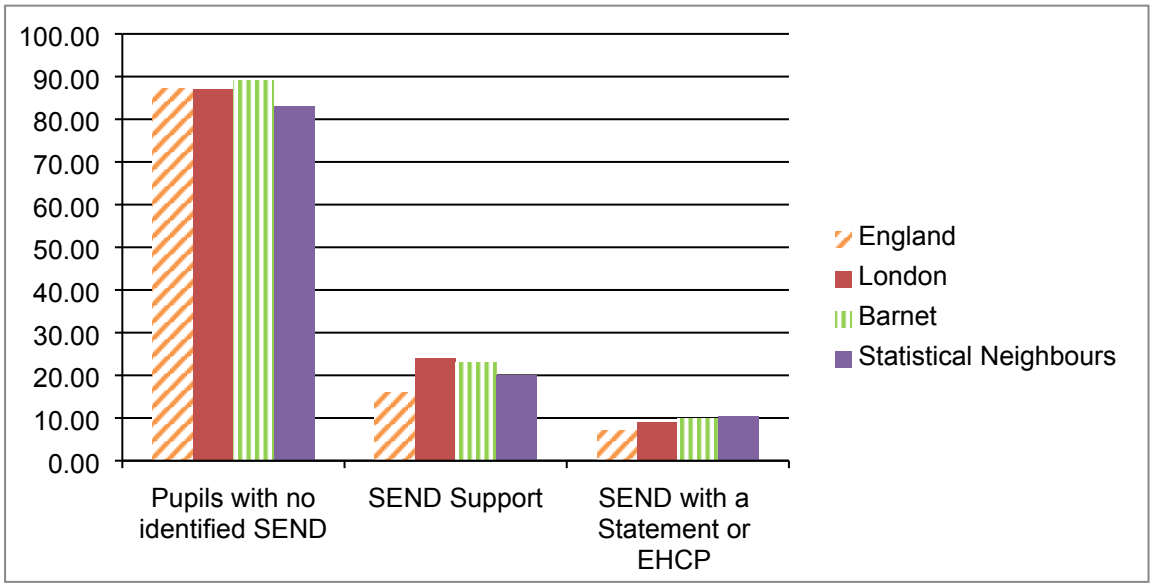
SEN Support pupils make significantly more progress than all pupils with the same starting points (both SEN and non-SEN pupils) in Maths.

KS2 areas for development

The attainments of pupils with a statement/EHC Plan is in line with the London average, but slightly below the statistical neighbour average in Reading, Maths and GPS.

There is scope to raise aspirations for the progress than pupils with a statement/EHC Plan make between KS1 and KS2 in all KS2 subjects, as it is currently in line with the national average.

Figure 38Key Stage 2 Attainment Reading, Writing and Maths. Source: LAIT



7.5.4 Key stage 4

Overall attainment at the end of KS4 for SEN Support and pupils with a statement or EHC Plan is above the London, national and statistical neighbour average. This also reflects strong rates of progress (i.e. attainment compared to their starting points) with the progress of both SEN support

pupils and pupils with a statement or EHC Plan above that of the national, London and statistical neighbour average.

The high attainment seen across 8 subjects is also demonstrated in terms of threshold measures, % of pupils achieving A*- C grades in English and Maths, and % of pupils achieving the English Baccalaureate as both measures achieve higher performance than London, national and statistical neighbour averages.

Table 37 Attainment 8. Source: LAIT

	Pupils with no identified SEN	SEN Support	SEN with a Statement or EHCP
England	53.3	36.2	17.0
London	55.6	39.5	18.7
Barnet	59.2	41.4	23.2
Statistical neighbour average	53.2	36.2	16.8

Figure 39 Average Attainment 8 score. Source: LAIT

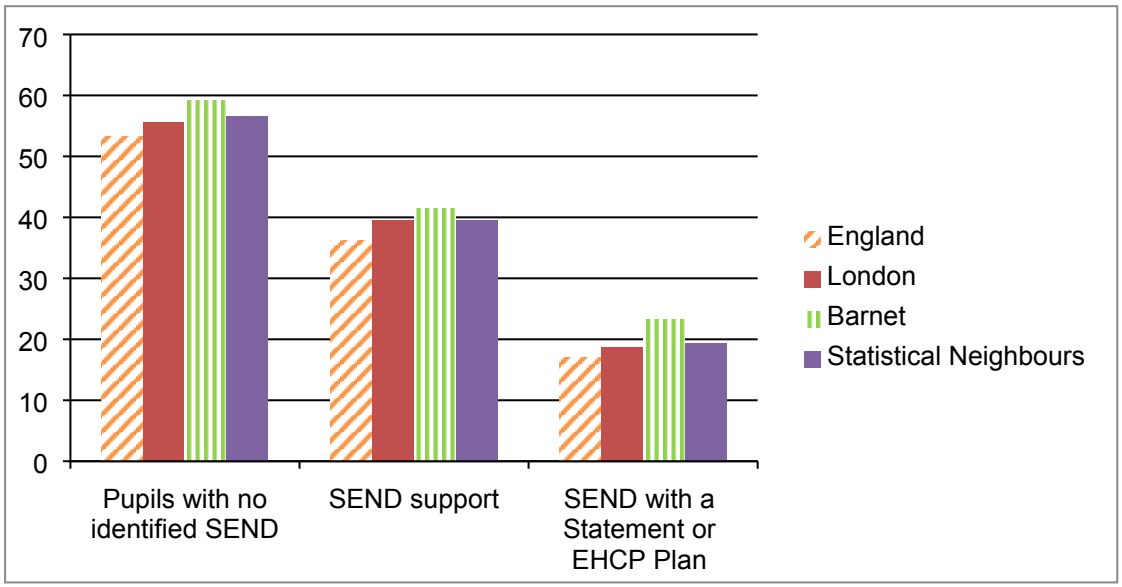


Table 38 Progress 8. Source: LAIT

	Pupils with no identified SEN	SEN Support	SEN with a Statement or EHCP
England	0.1	-0.4	-1.0
London	0.3	-0.2	-0.9
Barnet	0.4	-0.1	-0.7
Statistical neighbour average	0.1	-0.4	-1.0

Figure 40 Average Progress 8 score. Source: LAIT

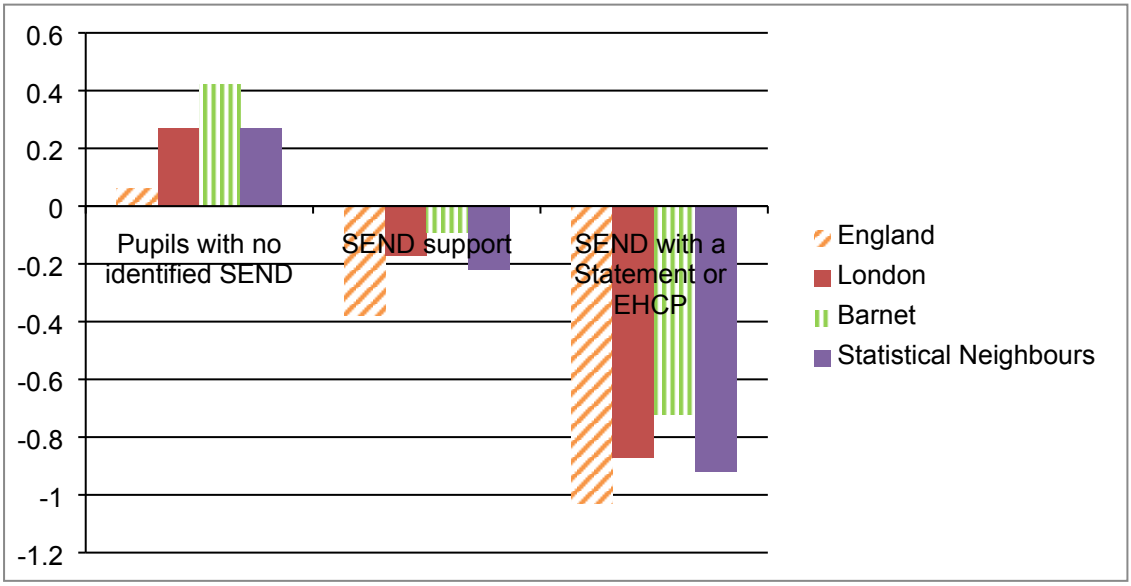


Table 39 % Achieving the English Baccalaureate. Source: LAIT

	Pupils with no identified SEND	SEND Support	SEND with a Statement or EHCP
England	28.3	6.0	1.8
London	36.9	9.4	3.0
Barnet	48.5	17.4	3.6
Statistical neighbour average	28.3	6.5	2.9

Figure 41 % attainment of English Baccalaureate, no identified SEND. Source: LAIT

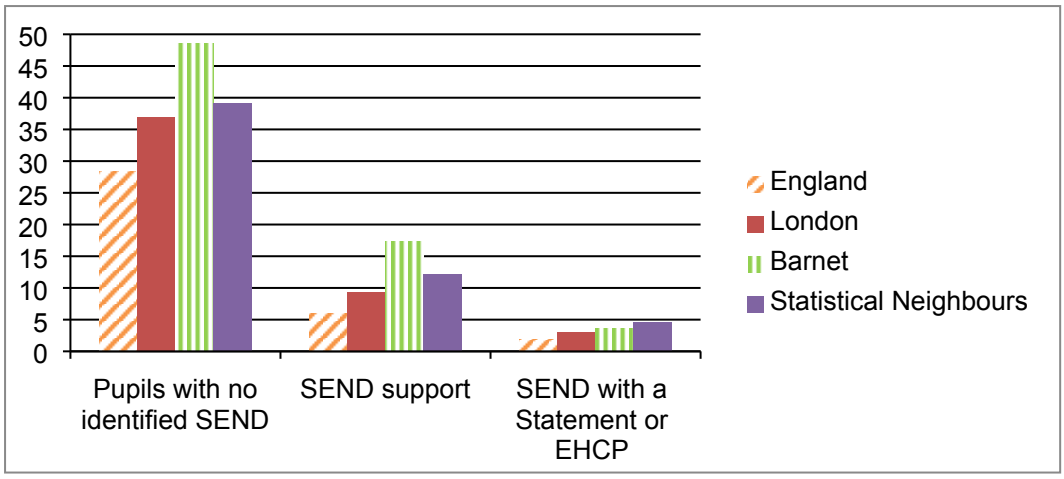
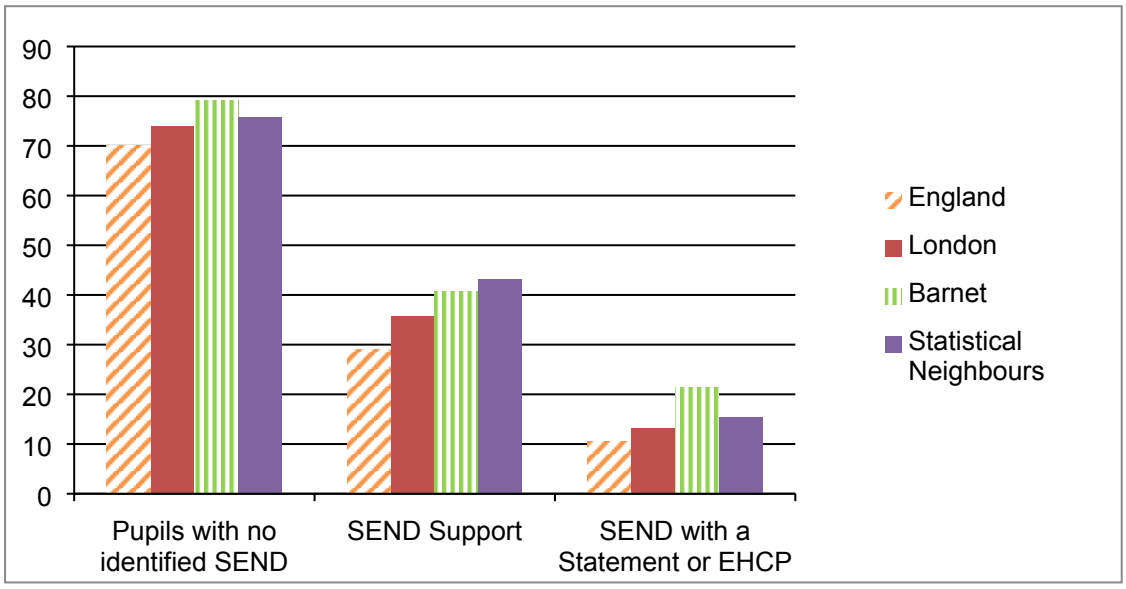


Table 40 A*-C in English and Maths. Source: LAIT

	Pupils with no identified SEND	**SEND Support**	**SEND with a Statement or EHC Plan**
England	70.1	29.0	10.5
London	73.9	35.7	13.2
Barnet	79.2	40.6	21.4
Statistical neighbour average	69.5	29.3	11.0

Figure 42 % attaining A* - C GCSE inc. English & Maths attainment. Source: LAIT



Key stage 4 areas for development

Attainment is strong overall, reflecting strong rates of progress made by all SEND groups.

Key stage 4 areas for development

To ensure pupils with SEND make the same strong rates of progress from pupils' individual starting points across all settings in Barnet.

7.5.5 Qualifications by age 19

By the age of 19, pupils with SEND are more likely to be qualified to level 2 threshold levels than the national, London and statistical neighbour average. In 2016, a higher proportion of pupils with SEND are more likely to be qualified to level 3 than the statistical neighbour and national averages, and only slightly below the London average for SEN School Action/School Action Plus pupils.

Table 41%19 year olds qualified to Level 2, inc. English & Maths, SEND without a Statement or EHCP Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	32.9	33.9	40.7	44.6	48.4	48.4
London	31.8	36.6	40.3	40.7	45.4	44.9
Statistical Neighbours	29.6	32.4	35.9	38.3	45.4	45.6
England	26.6	30.5	33.2	34.2	36.6	37.0
Nat Ranking	32	49	21	14	13	16

Figure 43%19 year olds qualified to Level 2, inc. English & Maths, SEND without a Statement or EHCP. Source: LAIT

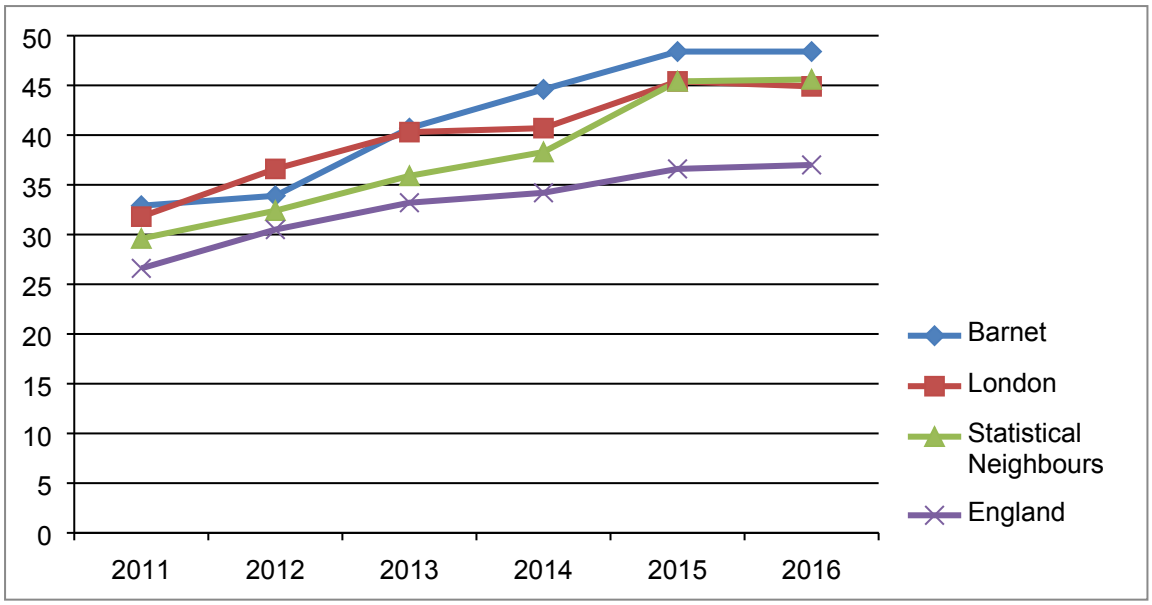


Table 42 %19 year olds qualified to Level 2, inc. English & Maths, with a Statement or EHCP. Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	16.9	20.8	15.9	23.8	19.8	27.4
London	11.8	12.4	13.5	14.8	16.9	17.7
Statistical Neighbours	10.9	11.5	13.0	16.2	14.2	17.3
England	10.4	11.1	11.7	13.0	14.1	15.3
Nat Ranking	14	6	28	5	17	4

Figure 44 % of 19 year olds qualified to Level 2, inc. English and Maths, with a Statement or EHCP Source: LAIT

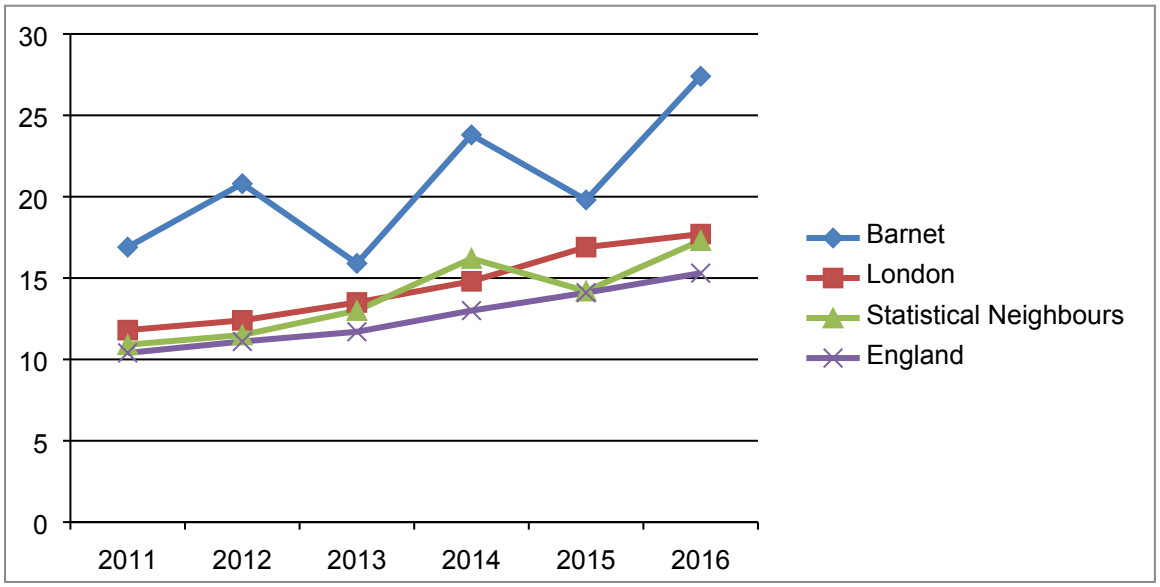


Table 43 %19 year olds qualified to Level 3, SEND without a Statement or EHCP. Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	36.3	38.8	40.5	46.0	47.4	42.8
London	35.6	39.5	42.0	42.8	45.1	43.8
Statistical Neighbours	31.4	34.8	37.1	39.3	44.0	42.3
England	25.5	28.7	30.7	31.0	31.8	31.2
Nat Ranking	21	21	24	15	15	22

Figure 45 % 19 year olds qualified to Level 3, SEND without a Statement or EHCP Source: LAIT

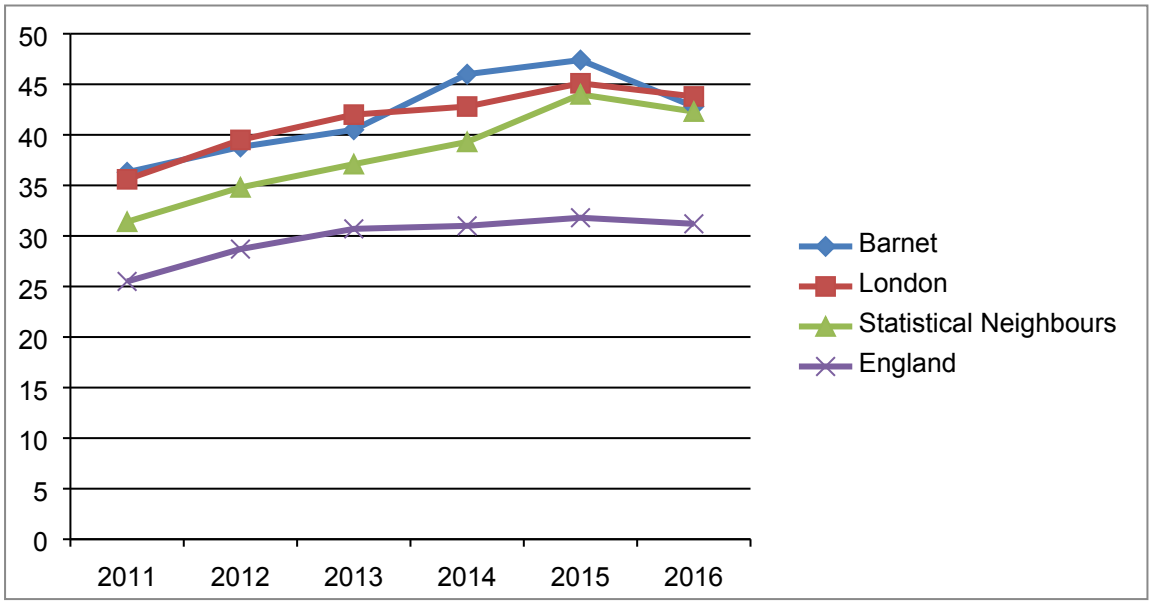
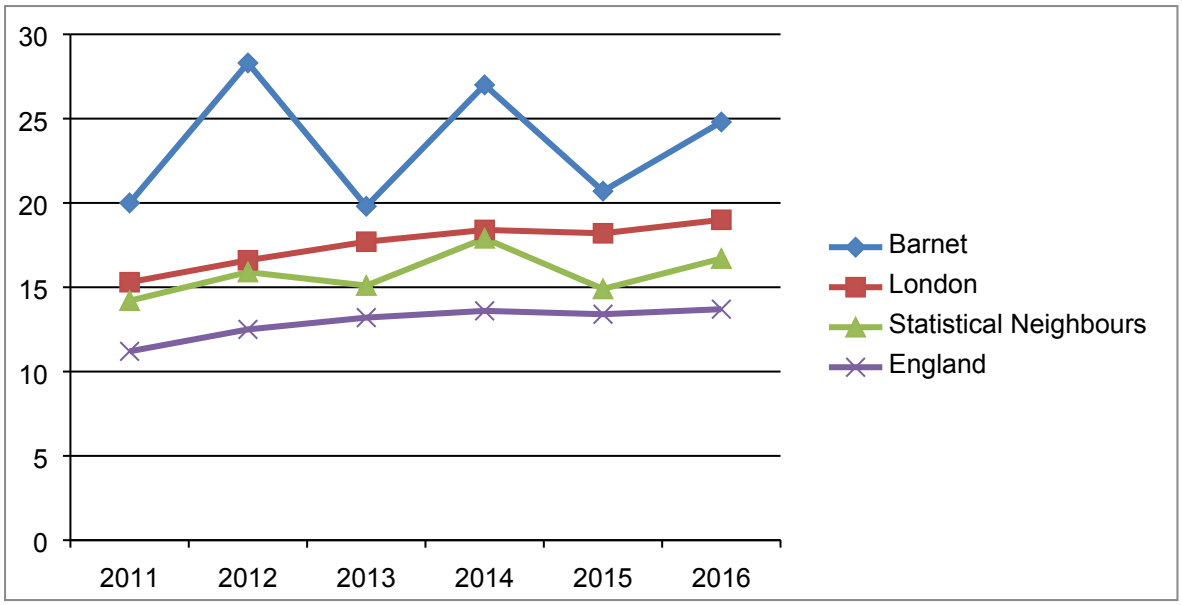


Table 44 %19 year olds qualified to Level 3, with a Statement or EHCP. Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	20.0	28.3	19.8	27.0	20.7	24.8
London	15.3	16.6	17.7	18.4	18.2	19.0
Statistical Neighbours	14.2	15.9	15.1	17.9	14.9	16.7
England	11.2	12.5	13.2	13.6	13.4	13.7
Nat Ranking	12	1	15	3	15	6

Figure 46 %19 year olds qualified to Level 3 – with a Statement or EHCP. Source: LAIT



Attainment by age 19 strengths

A higher proportion of SEND pupils reach level 2 and level 3 standards compared to the national and statistical neighbour average, and compare favourably with the London average in general.

Attainment by age 19 areas for development

School Action/School Action Plus attainment by age 19 dropped slightly below the London average for the first time since 2013.

7.5.6 Educational attainment next steps

In general, attainment of SEN Support and pupils with a statement or EHC Plan is above the national and statistical neighbour average in all key stages and subjects, reflecting the high expectations we have for all pupils in Barnet.

There is generally a gap across the primary phase between the performance of pupils with a statement or EHC Plan and how well similar pupils perform across London.

Progress of SEN Support pupils generally make strong rates of progress compared to similar pupils nationally across all phases, whereas the progress of pupils with a statement or EHC Plans tends to be broadly in line with the national average in the primary phase.

7.5.7 Participation of 16-18 year olds with SEND in education or training

The proportion of young people in Barnet with SEND participating in post-16 education or training is significantly higher than the London, national and statistical neighbour average. It is also shows a strong trajectory of improvement over 2014-2016. As at December 2016, 95.2% of 16-17 year olds with SEND in Barnet were in learning, compared with 87.5% across England and 88.8% across London. There is an established process to identify and track children at risk of NEET from year 11 onwards; this leads to targeted interventions that are effective in reducing that risk. 'Risk of NEET' screening is carried out by all secondary schools, including Oakhill and the PRU but does not include Barnet's other special schools.

The range and quality of post-16 provision for young people with SEND in Barnet is good. In 2013, the local authority led a rigorous process of mapping post-16 provision and pathways; this informed the development of a new post-16 SEND offer at Barnet and Southgate College and created a greater breadth and depth of local provision, increasing the post 16 options available to young people with SEND and reducing reliance on Oak Lodge. Previously there was concern that young people moved from one course to the next without real progression; new arrangements have introduced more rigour and ensure young people are stretched and developed as appropriate. Oak Bridge is unable to accept an intake of students in September 2017 but new provision will be available in September 2018. In the interim, increased support has been made available to Barnet and Southgate College to ensure appropriate provision is available for young people who would otherwise have attended Oak Bridge in September 2017. There remains a good range of provision across the borough.

Figure 47 Participation of 16-18 year olds with an EHCP or a Statement in education or training Source: Post 16 Education and Skills Service

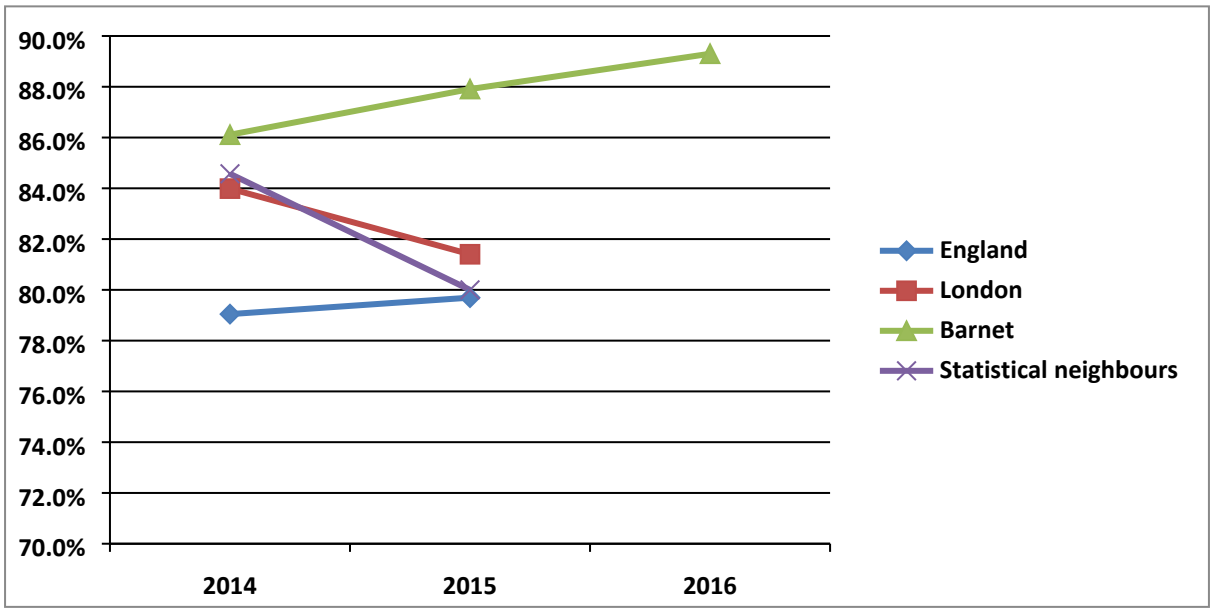


Figure 48 Destination of all SEND young people in the transitions cohort Source: Live CCIS data, downloaded on 21/6/17

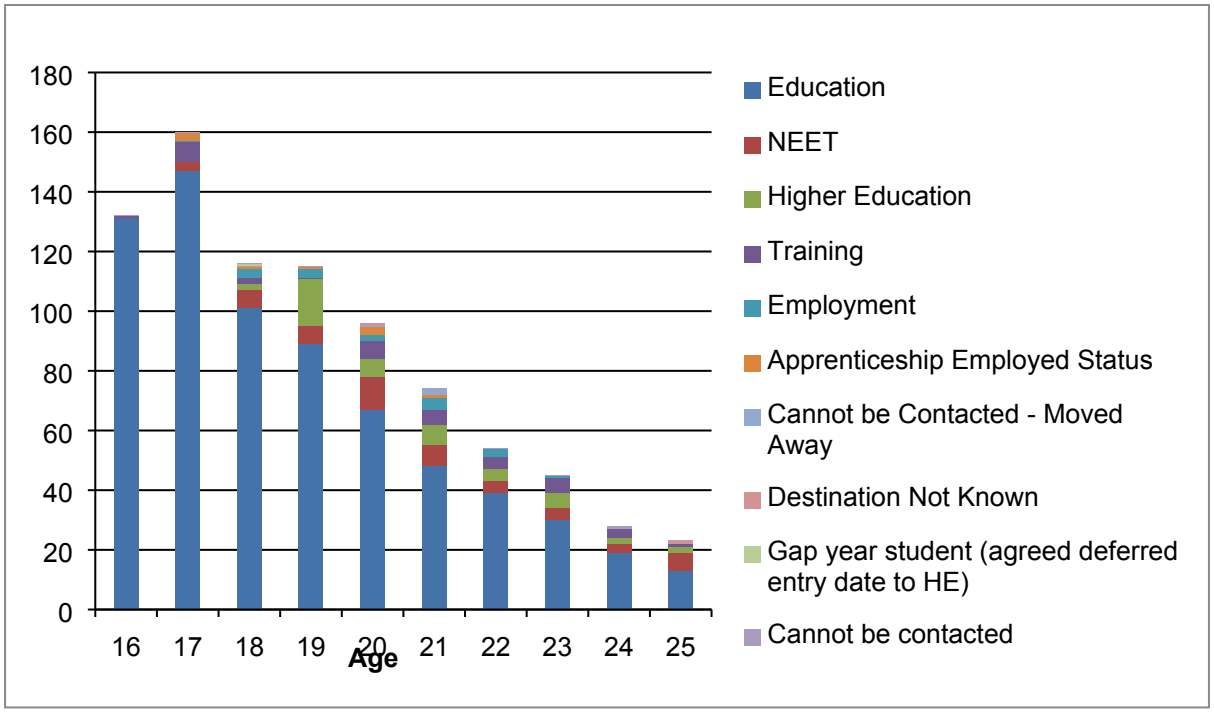


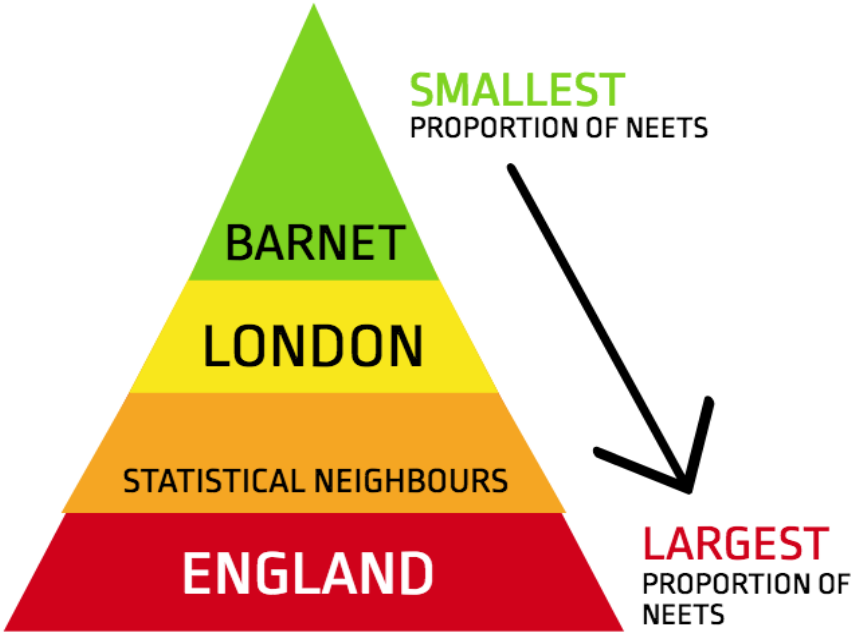
Table 45 Ages that all NEET. Source: PfA service, data on any young people with an EHCP or a Statement, NEET between April 1st 2015 and 31st March 2017

Age stopped being NEET	Age became NEET: 15	16	17	18	19	20	21	22	23	24	25	Total frequency	Consecutive years NEET	No. of young people
15	0	0	0	0	0	0	0	0	0	0	0	0	0	34
16	0	13	0	0	0	0	0	0	0	0	0	13	1	34
17	0	7	8	0	0	0	0	0	0	0	0	15	2	18
18	0	2	5	8	0	0	0	0	0	0	0	15	3	9
19	0	0	2	5	4	0	0	0	0	0	0	11	4	10
20	0	1	1	4	5	3	0	0	0	0	0	14	5	5
21	0	1	2	0	2	2	0	0	0	0	0	7	6	2
22	0	0	0	1	1	2	0	0	0	0	0	4	7	3
23	0	1	0	0	1	2	2	0	0	0	0	6	8	0
24	0	0	0	0	0	1	1	2	0	0	0	4	9	0
25	0	0	0	3	2	2	2	6	7	4	0	26	10	0
Total frequency	0	25	18	21	15	12	5	8	7	4	0	115	Total	115

Participation in education or training by young people with SEND in Barnet is above its statistical neighbours and the London and National Average. It is also increasing over time.

The proportion of NEETS in Barnet is low. It is below the national, London and statistical neighbour average. There are more males who are NEET and over half of NEETs are white. The largest numbers of NEETs are seen in the west of the borough. This correlates with levels of deprivation.

Figure 49 Proportion of NEETS in Barnet compared with regional, national, and statistical neighbours. Source: Post 16 Education and Skills Service (June 2016).



7.5.8 LAC attainment – SEND

Key stage 1 (2016)

- There were 4 children with SEND at the time of the KS1 assessments (3 with SEN Support, 1 with an EHCP) of a total of 8 children who were LAC.
- 0% of SEN Support or EHCP pupils met the expected standard in Reading or Writing.
- 33% of SEN Support and 100% of EHCP pupils met the expected standard in Maths and Science.

- Of those 4 children with SEND, 3 (all of which had SEN Support) were looked after for at least 12 months. 0% met the expected standard in Reading or Writing, and 33% met the expected standard in Maths and Science.

Key stage 2 (2016)

- There were 11 children with SEND at the time of the KS2 assessments (7 with SEN Support, 4 with an EHCP or statement) of a total of 14 children who were LAC.
- 71% of SEN Support pupils met the expected standard in Reading, Writing or Maths
- 0% of EHCP/Statement pupils met the expected standard in Reading, Writing or Maths
- Of those 11 children with SEND, 8 were looked after for at least 12 months (5 with SEN Support and 3 with EHCP/Statement). 80% of SEN Support pupils met the expected standard in Reading, Writing or Maths; 0% of EHCP/Statement pupils met the expected standard in Reading, Writing or Maths.

Key stage 4 (2016)

- There were 20 children with SEND at the time of the KS4 assessments (11 with SEN Support and 9 with a statement – none had EHCPs).
- Attainment 8 was 16.0 for SEN Support pupils (22.7 for national CLA SEN Support pupils) and progress 8 was -2.13 (-1.61 for national CLA SEN Support pupils).
- Attainment 8 was 7.1 for Statemented (22.7 for national CLA EHCP/Statemented pupils) and Progress 8 was -2.92 (-1.62 for national CLA EHCP/Statemented pupils).
- Of those 20 children with SEND, 13 were looked after for at least 12 months (7 with SEND Support and 6 with a Statement or EHCP). Attainment 8 was 18.4 for SEND Support pupils (26.8 for national CLA SEND Support pupils) and -2.44 for progress 8 (-1.17 for national LAC SEN Support pupils). Attainment 8 was 10.0 for Statemented pupils (11.5 for national CLA SEND Support pupils) and -1.4 for Progress 8 (-1.47 for national CLA SEND Support pupils).

LAC attainment – Overall (Source: DfE)

- 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.

7.6 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.

8.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
	Recommendations to improve outcomes
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.
	Technical recommendations
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