

Meeting:

Date:

Classification: Part 1

Key Decision: Yes / No

Title of Report: Joint Strategic Needs Assessment - SEND

Executive Director: Michael Marks – Children and Public Health

Report Author: Adam Shutz (Krishna Ramkhelawon)

Executive Councillor: Cllr M Sadza

1. Executive Summary

- 1.1 The numbers of children seeking additional support via SEN support or EHC Plan in both early years and mainstream education settings has increased significantly since 2015.
- 1.2 The demographics of children with SEND indicate:
 - 1.2.1 An increased prevalence of SEND in more deprived areas;
 - 1.2.2 A higher percentage of males than females;
 - 1.2.3 The data demonstrates a consistency across ethnic groups comparable to the national census.
- 1.3 There are inconsistencies in identification of SEND needs at earliest opportunities (before primary school, this increases as children access early years childcare facilities).
- 1.4 When compared to geographical and statistical neighbours, Southend has the lowest percentages of SEN pupils as a proportion of the mainstream whole school population (this is more prominent in secondary school).
- 1.5 Attainment data indicates that some children with an EHCP are not achieving as well as they could as they progress through secondary school,

with GCSE, Attainment 8 and Progress 8 scores generally below the national average.

1.6 Pupils with SEND are significantly more likely to miss school sessions:

1.6.1 Absences – Significantly higher for SEND pupils compared to general population however the rates for Southend are well below the national average.

1.6.2 Exclusions – Significantly higher for SEND pupils compared to general population, again with Southend below the national average, however it is noted that this rate has increased over the last year.

1.7 Higher than national average of SEN supported children engaged with higher education (KS4), rate has dropped over the last 2 years.

1.8 There are good systems in place for most young people as they move into adulthood, with the number of pupils with an EHCP in education or training (18-24 years age group) being significantly above the national average. However, the rate of post-KS4 destinations indicated “Activity not captured” has increased over the last 6 years.

1.9 Approximately a quarter of children's social care cases at level 3 (Supporting families) involved a SEN supported child, compared to 1 in 10 in the general population.

1.10 There have been significant improvements to the timescale of diagnostic pathways. As at March 2024, a child can expect to complete assessment

from referral to completion is 64 weeks for ASD (Autism) and 66 weeks for ADHD (compared to 77 and 76 weeks respectively the year before).

- 1.11 Having completed a diagnostic pathway, 1 in 3 children over the last year (2023/24) received a positive diagnosis for ASD. This is significantly different to ADHD, with 1 in 18 children receiving a positive diagnosis.
- 1.12 Inconsistencies across education settings with parents' experiences of SEND support.
- 1.13 Parents experiences with Children's Mental Health services, showed dissatisfaction surrounding waiting times and availability of specialist support.
- 1.14 Key areas for improvement include:
 - 1.14.1 Ensure there is consistent early identification and intervention at the SEN Support level, particularly for the those under 3 years;
 - 1.14.2 Attainment levels for those children with EHCPs progressing through secondary school;
 - 1.14.3 Ensure appropriate support is in place from health services for children and young people who are awaiting diagnostic assessments;
 - 1.14.4 Ensure appropriate support for tracking destinations as children and young people move into adulthood;
 - 1.14.5 Improve collaborative efforts between local authority and health providers to understand the joint responsibility for SEND improvement;
 - 1.14.6 Ensure there are consistent approaches to SEND throughout the education settings;
 - 1.14.7 Ensure Children's Joint Commissioning forum is alerted to the feedback surrounding Children's mental health services and specialist services.
 - 1.14.8 Improve the availability and flow of data to enhance decision making;
 - 1.14.9 Improve the quality of data captured and recorded.
- 1.15 The actions required will be encompassed with the delivery plan of Southend's SEND Strategic Partnership Board.

2. Recommendations

It is recommended that the HWB Board:

- 2.1. Is asked to note the key Areas for Improvement.
- 2.2. Is asked to endorse this new JSNA for SEND.

3. Background

- 3.1. Local Authorities and Integrated Care Systems have a statutory responsibility to produce Joint Strategic Needs Assessments (JSNA).
- 3.2. The JSNA helps understand and identify the needs of children and young people with SEND. The report was produced collaboratively across the local area. It draws upon data and intelligence from a wide range of partners including children, young people and families.
- 3.3. We will continue to monitor activity and this JSNA will be refreshed annually where relevant and reviewed on a three-year cycle and reflect the progress made by and with partners as we move forward, in addressing the key areas for improvement.
- 3.4. The statistics section within the summary report has been split into the following chapters:
 - 3.4.1. Early Years SEND
 - 3.4.2. Primary School Phase SEND
 - 3.4.3. Secondary School Phase SEND
 - 3.4.4. Post-16 SEND
 - 3.4.5. Alternative Provision SEND
 - 3.4.6. Transitions between key education phases and to other services
 - 3.4.7. Health SEND
- 3.5. The information synthesised for this needs assessment will be used to inform commissioning and service design.

4. Reasons for Decisions

- 4.1. To provide assistance within commissioned services for the improvement of health, care and wellbeing of the most vulnerable communities.
- 4.2. To seek to maximise opportunities through cross agency and collaborative working with stakeholders in addressing the needs of people with SEND.
- 4.3. To anticipate the needs and future demands of the population, how these compare to our neighbours and evaluate any gaps in service.
- 4.4. To address gaps in data and evidence to inform best practice.

5. Other Options

5.1. There is no other option.

6. Financial Implications

6.1. None

7. Legal Implications

7.1. As part of the Health and Social Care Act 2012 (amended 2022), Local authorities and Integrated Care Boards have equal and joint responsibility to prepare JSNAs.

8. Policy Context

8.1 The overall policy is being driven by national, regional and local policies.

9. Equalities

9.1. The Public Health Intelligence team ensures that a representative level of engagement has taken place in order to enhance the information and data collated to inform decisions and build programmes and services that are more people centred irrespective of their age, gender, race or other special characteristics.

10. Consultation

10.1. No consultation is expected. Extensive engagement took place with face-to-face and online events as well as an online survey. The SEND Network also provided feedback. The 'voice' data collated, informed the final JSNA product.

11. Report Authorisation

This report has been approved for publication by:		
	Name:	Date:
Executive Director(s)	Michael Marks	28/11/2024
S151 Officer	n/a	
Monitoring Officer	Susan Zeiss	28/11/2024
Relevant Cabinet Member(s)	Cllr M Sadza	28/11/2024