



Special educational needs and disabilities in Lancashire

A joint strategic needs assessment

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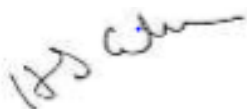
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Foreword

More than 23,000 children and young people in Lancashire have special educational needs or disabilities (SEND). The SEND population faces various challenges across education, health and social care and, as identified in a recent Ofsted inspection, the children and young people of Lancashire have not previously had their needs adequately met. Inequalities such as exclusion rates and access to services need to be addressed, as does the quality and availability of data to support an increased understanding of the SEND population in the future.

Partners from across Lancashire worked together on this joint strategic needs assessment (JSNA) in order to accurately assess the needs of the SEND population, both now and in the future, and to identify gaps in service provision and support. The results highlight some key areas to focus on in the future and the recommendations from this report will be used by local partners in education, health, and social care to improve outcomes for children and young people with SEND and their families.



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Introduction

Background

Issues relating to the SEND population are wide ranging and relate to the educational, health and care needs of the child or young person. Children and young people with SEND have worse educational outcomes and more complex health needs than their peers with no SEND and this is a national trend that is represented locally. Stakeholders include schools, colleges, local government SEND services, social care, health professionals and of course the service user themselves as well as their parents/carers.

In November 2017, the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC) conducted an [inspection](#) of SEND services in Lancashire. The inspection identified areas of significant weakness and determined that a [written statement of action](#) was required to address these issues. The written statement of action was published in May 2018 and a JSNA was identified as necessary to help "support understanding of need across the local area ensuring CYP and Parent/Carers voice is clearly communicated."¹

This JSNA provides analysis of the current and future education, health and social care needs for children and young people up to the age of 25 with SEND in Lancashire. It uses a wide range of data that can be viewed on the Lancashire JSNA web platform here: <https://www.lancashire.gov.uk/lancashire-insight>

Rather than take the form of a single document, the SEND JSNA should be regarded as a repository of education, health and care related intelligence available on a website that all partners can access.

Definitions

SEND

The SEND code of practice (2015) defines special educational needs as:

A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

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

¹ Lancashire Special Education Needs and Disability (2018), Written Statement of Action

SEN support

From 2015, the School Action and School Action Plus categories have combined to form one category of SEN support. Extra or different help is given from that provided as part of the school's usual curriculum. The class teacher and special educational needs co-ordinator (SENCO) may receive advice or support from outside specialists. The pupil does not have a statement or education, health and care plan.

Education, health and care plan (EHCP)

A pupil has a statement or EHCP when a formal assessment has been made. A document is in place that sets out their need and the extra help they should receive.

Early years foundation stage

The early years foundation stage profile (EYFS) sets standards of learning, development and care of children from birth to five years old. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

Key stage 2

Key stage 2 or 'KS2' is the legal term for the four years of schooling in maintained schools in England and Wales normally known as Year 3, Year 4, Year 5 and Year 6, when the pupils are aged between 7 and 11 years.

Key stage 4

Key stage 4 is the legal term for the two years of school education which incorporate GCSEs in maintained schools. This period is normally known as Year 10 and Year 11, when pupils are aged between 14 and 16 years.

Key stage 5

This key stage has no legal definition but includes A-levels, AS-levels, NVQs, National Diplomas and the International Baccalaureate.

Lancashire

Throughout this report, unless otherwise stated, the term Lancashire refers to the 12-district county area or 'Lancashire-12'. For more information about geographies used in the JSNA please see our geographies page on Lancashire Insight:

<https://www.lancashire.gov.uk/lancashire-insight>

Integrated Care System (ICS)

Integrated care systems are brought together in local areas across England with the support of NHS England as a way of working collaboratively, between a range of health and social care organisations, to help improve people's health. Partners in an ICS work together and share resources and budgets to best meet the needs of local people. The Lancashire and South Cumbria ICS covers the 12 county districts of

Lancashire, Blackburn with Darwen and Blackpool unitary authorities, and parts of South Cumbria. For more information about the Lancashire and South Cumbria ICS, also known as 'Healthier Lancashire and South Cumbria' please visit [their website](#) or visit: <https://www.england.nhs.uk/integratedcare/integrated-care-systems/lancashire-and-south-cumbria-ics/>.

Scope

The focus of this JSNA is children and young people aged 0-25 who are identified as having SEND. It focuses on the resident population of Lancashire. Where it has not been possible to identify a SEND need, for example in health services, service data targeted at children and young people with learning difficulties (LD) or mental health (MH) needs have been considered. The JSNA also looks at the wider determinants of health that affect the SEND population, such as deprivation. Each section of this report describes a priority issue for the SEND population, what is being done already to address the issue, and what else could be done to improve outcomes for children and young people, their parents, carers and families.

Methodology

In mid-2018 a project group of data and intelligence specialists from across Lancashire began the process of data gathering and analysis, underpinned with a broad literature review of international and national evidence on SEND. As part of the JSNA a data dashboard has also been developed to present the data relating to the educational, health and care needs of the SEND population.

The views of parents and carers were obtained primarily through a series of parent engagement events called 'Your Child: Your Voice' which were held during the summer term, 2018.

A prioritisation event took place at the start of December 2018, where representatives from partner organisations and service users came together to discuss the issues highlighted by the JSNA project group. Stakeholders came up with several recommendations to tackle the issues presented at the event, as well as additional key issues that attendees identified. The issues that were discussed in detail were:

- Deprivation
- Exclusion rates
- Out of county placements
- Health needs
- Early identification/intervention
- Data
- Joint working
- Transitions

The next sections of the report summarise the key figures relating to the SEND population and the main findings and recommendations for each of the key issues identified.

Key figures

This section of the report highlights some of the main facts and figures from the JSNA analysis. There is a greater level of detail in the [interactive SEND dashboard](#) on the Lancashire Insight web pages.

Prevalence

In 2018, 23,293 children and young people aged 0-25 in the Lancashire area were recorded as having SEND. Of these, 17,807 children and young people (76%) required SEN support and 5,486 children and young people had an education, health and care (EHC) plan.

Moderate learning disabilities (MLD) was the most common primary category of need, with 5,076 falling within this category. Please see [appendix A](#) for all categories. This was followed by speech, language and communication needs (SLCN) with 2,850 children and young people; autistic spectrum disorder (ASD) with 2,309 children and young people; social, emotional and mental health needs (SEMH) with 1,709 children and young people; and finally, specific learning difficulties (SpLD) with 1,374 children and young people.

Education

School placements

There were 12,077 children and young people with SEND placed in mainstream primary schools in 2018, 6,210 pupils were placed in mainstream secondary schools and 2,787 pupils with were placed in special schools maintained by Lancashire County Council.

In mainstream primary schools, the primary categories of need with the highest proportion of pupils were SLCN with 2,850, SEMH with 1,709 and MLD with 1,440.

In mainstream secondary schools, the primary categories of need with the highest proportion of pupils were MLD with 1,440, SpLD with 1,375 and SEMH with 921.

In maintained special school settings, the primary categories of need with the highest proportion of pupils were ASD with 840, severe learning difficulty (SLD) with 493 and SEMH with 395.

Of those pupils subject to an EHC plan, 2,636 pupils were placed in maintained special schools, 1,524 pupils were placed in mainstream schools, 1,144 pupils were in post-16 settings and the remainder were placed in independent or alternative provision.

Attainment and progress

Early year's foundation stage

Of the pupils in Lancashire who were at foundation stage during the 2017/18 academic year:

- 3% of pupils subject to an EHC plan, 22% of pupils receiving SEN support and, 74% of pupils with no identified SEND achieved 'a good level of development
- 16% of pupils subject to an EHC plan decoding, 41% of pupils receiving SEN support and 87% of pupils with no identified SEND met the expected standard of phonic decoding.
- 2% of pupils subject to an EHC plan, 20% of pupils receiving SEN support and 72% of pupils with no identified SEND achieved at least the expected standard in all early learning goals.²

Key stage 2

Of the pupils in Lancashire who were at key stage 2 during the 2017/18 academic year; 9% of pupils subject to an EHC plan, 21% of pupils receiving SEN support and 74% of pupils with no identified SEND achieved at least the expected level in Reading, Writing and Maths. For all three cohorts, the percentage of pupils achieving this goal has increased from previous years.

Key stage 4 and 5

Of the pupils in Lancashire who were at key stage 4 during the 2017/18 academic year; 8% of pupils subject to an EHC plan, 18% of pupils receiving SEN support and 48% of pupils with no identified SEND achieved a grade 9-5 in English and Maths GCSEs.

Of the pupils with SEND who completed their education in the 2015/16 academic year, 81% were in education, employment or training at age 17 and this compares to 86% nationally.

Level 2 and 3 qualifications³

Of pupils who were qualified to level 2 or 3 in 2016/17:

- 18% of pupils subject to an EHC plan, 36% of pupils receiving SEN support and 78% of pupils with no identified SEND were qualified to level 2.
- 15% of pupils subject to an EHC plan, 32% of pupils receiving SEN support and 66% of pupils with no identified SEND were qualified to level 3.

Absence and exclusions

During the 2016/17 academic year, 22% of pupils with SEND were defined as persistent absentees, with 4% of sessions missed on average. The percentage of persistent absentees in the SEND cohort has been increasing over time.

During the 2016/17 academic year, there were:

- 653 (15%) fixed period and 11 (0.3%) permanent exclusions for pupils subject to an EHC plan in the Lancashire area.
- 2,065 (13%) fixed period and 123 (0.8%) permanent exclusions for pupils receiving SEN support in the Lancashire area

² See: <https://www.gov.uk/government/publications/eyfs-profile-exemplification-materials>

³ See: <https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels>

- 4,756 (3%) fixed period and 220 (0.2%) permanent exclusions for pupils with no identified SEND in the Lancashire area.

Health

Registered patients

General practitioners (GPs) in England have the option to participate in the Quality and Outcomes Framework (QOF) – a voluntary annual reward and incentive programme to support and encourage best practice in clinical and public health domains. Part of the requirement is to establish and maintain certain disease registers – lists of patients who have a particular disease or condition, sometimes within a specified age range. Among these conditions are learning disabilities and mental health. QOF data has its limitations for secondary uses - not all practices take part in QOF (nationally, less than five percent of practices aren't involved), recording practices vary, and a small proportion of people are not registered with a GP. However QOF data can provide a rough estimate of the number of people in an area with these conditions.

In August 2018, 1,374 patients in Lancashire aged 25 and under were on the LD register and 591 patients aged 25 and under were registered on the MH register.

Males were more likely than females to be registered on each of the two registers: 66% for LD and 58% for MH.

There were a total of 3,352 outpatient hospital attendances by patients aged 25 and under who were on the LD register in 2017/18. Looking at the most common specialty areas, 493 were for paediatric services, followed by 308 for child and adolescent psychiatry services and then 285 for neurology services.

There were a total of 1,992 outpatient attendances by patients aged 25 and under who were on the MH register in 2017/18. In terms of the main specialty areas, 397 were for adult mental illness services, followed by 268 for child and adolescent psychiatry services and then 148 for trauma and orthopaedics.

Community health services

The majority of referrals to, and activity with community health services for patients aged up to 18 across Lancashire were for speech and language therapy services. There were a total of 5,279 new referrals to speech and language therapy services across Lancashire in 2017/18 and 34,575 total appointments in 2017/18. Referrals and activity were greatest in the clinical commissioning group (CCG) areas with the largest registered populations.

Social care

Children's social care

Children in need

There were 1,250 children in need (CiN) who were identified as having SEND in Lancashire in the 2017/18 academic year and this accounted for 24% of all CiN. Of these, 454 were female and 796 were male. The majority (401) were aged between 8-11 years, and this was the most common age range for children to be assessed as a CiN, with 486 cases opened.

The most common reason for a child with SEND to be classed as a CiN was abuse or neglect with 527 children within this category of need, 428 were categorised as child illness or disability and 158 CiN were categorised as family dysfunction.

501 of SEND cases lasted for 0-6 months, 248 cases lasted for 6-12 months, 136 cases lasted for 12-24 months and 365 cases lasted for two years or more. Overall, CiN who have SEND are more likely to have a longer case duration than those with no identified SEND.

Looked after children

There were 637 looked after children (LAC) who were identified as having SEND in Lancashire during the 2017/18 academic year and this accounted for 25% of all LAC. Of these, 245 were female and 392 were male. The majority (201) were aged between 8-11 years, and 5-7 years was the most common age range for children to commence their placement, with 173 cases opened.

The most common category of need for looked after children with SEND was abuse or neglect with 431 children; 106 had the category of need of family dysfunction and 61 had the category of need of family in acute stress.

474 looked after SEND children were placed under a full care order in the 2017/18 academic year, 78 looked after SEND children were placed under an interim care order and 65 SEND children were placed under a single period of accommodation under Section 20 of the Children Act (1989).⁴ Looked after SEND children were more likely to have a full care order in place than those with no identified SEND.

Child protection plans

There were 472 children with SEND who were subject to a child protection plan (CPP) in Lancashire in the 2017/18 academic year and this accounted for 15% of all CPPs. Of these, 176 were female and 296 were male. The majority (195) were aged between 8-11 years, and this was the most common age range for a CPP to be opened – 204 cases.

The most common category of abuse for children with SEND subject to a CPP was emotional abuse with 218 in this category, 151 cases were categorised as neglect

⁴ <https://www.legislation.gov.uk/ukpga/1989/41/section/20>

and the remainder were split evenly between the categories of multiple abuse, physical abuse and sexual abuse.

291 SEND children subject to a CPP had not had a previous registration, 135 had one previous registration and 46 had more than one previous registration. Children with SEND who were subject to a CPP were more likely to have had a previous registration than those with no identified SEND.

Adults' social care

The following figures relate to children and young people with SEND who were known to children's social care and received support through adults' social care in 2017/18. It has not been possible to get the data for all children and young people with SEND and as such the figures do not reflect the entire SEND population who have moved on to services in adulthood.

There were 332 adults who previously were identified as having SEND, receiving support through adults' social care in 2017/18. Of these, 319 were accessing support because of a learning disability. The remainder were accessing support because of a visual impairment, mental illness, hearing impairment or an autism spectrum condition.

The majority (121) of these service users initially accessed adults' social care via community routes and 44 accessed support through planned entry via the transitions team. There were 253 direct payments in place for this cohort in 2017/18 and this was the most common service received. There were 216 supported living services, 188 homecare support services and 145 day care services in place for this cohort.⁵

Deprivation

The following figures are based on the income deprivation affecting children index (IDACI), a subset of the income deprivation domain of the Index of Multiple Deprivation (IMD). IDACI measures the proportion of all children aged 0-15 living in income deprived families, including those where adults are either out of work or in work with low incomes. The figures presented here relate to children under 16 who have been identified as having SEND as of the 2016/17 academic year. The children have been allocated to one of five quintiles and this is based on household income.

Of the 2016/17 SEND cohort, 56% were living in areas in the bottom two deprivation quintiles, 5,441 in the most deprived quintile and 4,839 in the second most deprived quintile. There were a significantly higher number of children in the two most deprived quintiles when compared to those living in the remaining three quintiles.

The trend between deprivation and SEND is most noticeable with the primary categories of need, MLD, SLCN and SEMH, where the proportion of children and young people living in the most deprived quintile is significantly higher than all other deprivation quintiles.

⁵ A service user could be receiving more than one of these services at a time

Priorities and goals

This section sets out the goals and recommendations for SEND under the priorities identified by the multiagency stakeholder reference group. Some of the issues addressed underpin others and, as such, recommendations should be considered in relation to each other.

Deprivation

Priority	Goals
Address the wider determinants of health	<ul style="list-style-type: none"> • Improvements to the social, environmental and economic aspects of children and young people's lives to minimise the risk of developing SEND. • To deliver SEND services universally but proportionate to need in order to reduce inequalities.

Higher levels of deprivation can impact on the health and wellbeing of a population. For the SEND population, the project team looked in particular at the IDACI, as this is the most relevant indicator of a child or young person living in deprivation.

The data available suggest a strong relationship between the SEND population and deprivation. Most categories of SEND were found to be more prevalent in the more deprived areas of Lancashire. Children and young people categorised as having SEMH, SLCN and moderate learning difficulties MLD, were more likely to live in more deprived areas.

Deprivation underpins many of the other issues relating to the SEND population and SEND can be a product or driver of deprivation. If there are identification issues in more deprived areas, this could impact the support a child or young person receives to manage their needs. It could also have an impact on the outcomes for the child or young person, including educational attainment, wellbeing, access to the support they need and their ability to find well-paid work in adulthood.

Deprivation does not always lead to poor outcomes. Social capital generates resilience to some of the issues that deprivation brings. This shows the importance of providing support for children and young people and their parents/carers in more deprived areas. This support is vital to improve the mental health and resilience of the local population and will help to reduce inequalities.ⁱ

Recommendations:

- A mapping exercise that enables the identification of community resources available to support particular areas of need across the county should be completed to identify and seek to address any

Key points

- *SEND is strongly linked to deprivation*
- *There is a known association between children in need and SEND over the age of eight*
- *Interventions to improve socioeconomic prosperity can prevent poor health and increase resilience to its negative effects*

Parent/carer views

- *Some parents see no other option than to give up work to care for their child, making their financial situation worse*
- *In certain parts of the county the provision of support and community resources is limited*



potential gaps in provision. This should be led by commissioners in across children's services in the Council and health.

Exclusion rates

Priority	Goal
Reduce exclusion rates	<ul style="list-style-type: none"> To reduce the number and rate of permanent exclusions from school and minimise the impact these have on children and young people.

Fixed period exclusion refers to a pupil who is excluded from a school for a set period of time. A fixed period exclusion can involve a part of the school day and it does not have to be for a continuous period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days in a single academic year.

A permanent exclusion refers to a pupil who is excluded and has their name removed from the school register. These pupils are educated at another school or via some other form of provision.

When pupils are permanently excluded and are being educated in a different setting this has a disruptive impact on their education. Addressing this issue will ensure that children and young people have the opportunity to stay within their original education setting and reduce the negative impacts permanent exclusion can have on educational outcomes and wellbeing.

In Lancashire, permanent exclusion rates for all secondary school children are increasing and are higher than most other local authorities nationally. In Lancashire the permanent exclusion rates for SEND pupils receiving SEN support and those with an EHC plan are higher than the national rates. This issue has already been identified as a priority and was highlighted in the Ofsted inspection.

Key points

- *Permanent exclusions have a large impact on the education and wellbeing of the child or young person*
- *Rates of permanent exclusions in Lancashire are higher than national and on the rise*
- *Action is already being taken to reduce permanent exclusions but more could be done*



What is already happening?

- Work between the Inclusion and School Improvement service and schools to develop local models for supporting children or young people at risk of permanent exclusion in the primary sector. It is anticipated that children's social care teams will have a greater level of involvement.
- An external consultant is working with Lancashire County Council and school leaders in the secondary phase to develop a model that is more effective in terms of maintaining school placements and also one that demonstrates a more efficient use of alternative resources.
- Better liaison between county council services for children or young people with education, health and care plans. So far, only one child with an EHC plan has been permanently excluded since the start of the 2018/19 academic year.

- Specific focus is given to this concern within the workforce development strategy.

Recommendations:

- Children's services in the Council will follow government guidance and best practice identified in authorities where exclusions are low by adopting a more proactive, multiagency approach to prevent exclusion.
- Children's services in the Council will establish effective and productive working relationships with school leaders and their overarching organisations in order to augment collective responsibility and solutions to support this vulnerable group.

Out of county placements

Priority	Goal
Effective use of resources	Increase the sufficiency and sustainability of placements within Lancashire to reduce the number of out of county placements.

Out of county placements refers to school placements that are not maintained schools, free schools or academies within the Lancashire area, or they could be schools outside of the geographical county border or an independent establishment within Lancashire. The SEND code of practice states that the local authority must comply with the expressed preference of the child or young person, or their parent or carer, unless there are good reasons for not doing so.

Over the last five years there have been over four hundred children and young people attending out of county placements. The total cost to the local authority in 2018 was over £11 million and at least half of this was for placements for children or young people with SEMH and/or ASD.

Students attending out of county placements may also have to travel significant distances to their provision, increasing pressure on transport budgets or on the family.

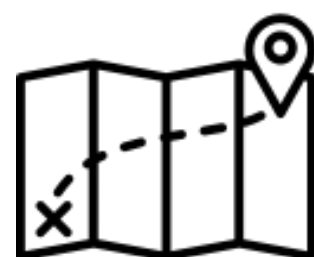
Systems for tracking and monitoring the attainment and progress of Lancashire children and young people attending independent schools need to be refined.

What is already happening?

- In 2018, the Department for Education (DfE) allocated Lancashire County Council additional special provision funding to increase the number of school places and improve facilities for children and young people aged 0-25 who are subject to an EHC plan. A site has been identified in the north of the county, on which a provision for primary-aged children with SEMH and/or those at risk of exclusion can receive specialist interventions.

Key points

- In 2018 LCC spent more than £11m on out of county placements
- The majority of children and young people who attend out of county placements have a primary category of need ASD or SEMH
- Almost 2,500 children and young people use SEND transport



Recommendations:

- Children's services in the Council will lead on the creation of more robust systems that allow for better tracking of educational outcomes for children and young people in out of county placements.
- Children's services in the Council will lead on establishing on how alternative educational settings can be more effective than out of county placements, particularly for older children. Further research to be conducted in to the effectiveness of virtual schools and blended learning environments for children and young people with SEND.
- Children's services in the Council will lead on gathering the views of parents and schools and work together to identify ways in which it will be possible to improve the provision in Lancashire mainstream and special schools.

Health needs

Priority	Goal
Good health for children with SEND	<ul style="list-style-type: none"> • To deliver cost-effective, community-based health services across the whole of Lancashire which are delivered proportionate to need and meet agreed quality standards.

Children and young people with SEND are more likely to have more complex health needs than their peers. It is not possible to gain a specific understanding of children and young people with SEND accessing these services as the recording practices within the NHS do not identify the specific SEND category. However, children and young people recorded as having an LD or MH issue can serve as a proxy.

The data available show that children and young people on the LD register are more likely to be an unhealthy weight. This could be a body mass index (BMI) classification of either underweight, overweight or obese. In particular, young people aged 18 to 24 are more likely to be overweight or obese than other age groups and this could suggest that as a child with LD reaches adulthood, they may not have the support and resources to maintain a healthy weight. Best practice suggests that healthy eating and activity should be promoted from early years as this can then be maintained throughout life.

As with SEND, males make up the largest proportion of children and young people on both the LD and MH registers and this is particularly noticeable for those aged 21-25 years. When looking at the IMD it also appears that for both registers, children and young people with LD or MH problems are more likely to live in deprived areas.

Children and young people with SEND are likely to access additional support via community health services. These services

Key points

- *There are high levels of referrals to speech, language and communication therapy services*
- *These needs are strongly associated with deprivation*
- *Children without an EHC plan are missing out on speech, language and communication therapy*

Parent/carer views

- *Parents feel that clear diagnostic pathways are important to meet their child's needs*
- *Parents have found that there can be long waiting lists for accessing speech and language therapy or child and adolescent mental health services (CAMHS)*

include the following:

- Learning disability services
- Occupational therapy
- Physiotherapy
- Speech and language therapy
- Hearing services
- Community based mental health services

What is already happening?

As part of the ten-year plan, the NHS has identified several areas to be developed and improved for people with LD and MH needs across all health services. These areas include:

- improving the uptake of annual health checks by people with LD and/or ASD;
- raising awareness of LD and ASD needs via training courses for primary care staff;
- reducing the wait time for children with ASD to receive a diagnostic assessment and access specialist services;
- providing a keyworker to all children and young people with LD and/or ASD who can support them through different health services;
- enabling people with LD and/or ASD to receive support in the community
- working with the CQC to implement recommendations and improvements to inpatient settings for children and young people with LD and/or ASD; and
- investment in expanding access to community-based mental health services to meet the needs of more children and young people.

A redesign of child and adolescent mental health services (CAMHS) across Lancashire and South Cumbria is currently underway.

At the time of publication the Lancashire and South Cumbria ICS is leading a mental health needs assessment which will include information about children and young people with mental health conditions.

Public health in Lancashire has commissioned the University of Lancaster to provide training and support in relation to mental health in schools.

Recommendations:

- The CAMHS redesign that is underway should review the effectiveness of the services available in Lancashire, define the organisational responsibilities for mental health conditions and ensure that workforce development focuses on identifying mental health issues and building resilience.
- Children's services in the Council will lead on creating the learning disabilities service specification to ensure that it meets the needs of children and young people with autism and other learning disabilities and is implemented at the earliest possibility.



Early identification and intervention

Priority	Goal
Identify and implement intervention at the earliest stage possible.	<ul style="list-style-type: none"> Increase awareness and detection of SEND and its risk factors.

There is considerable variation in people's understanding of what is meant by early intervention. For the purpose of this report it refers to interventions taken at a stage where it is possible to prevent detrimental outcomes later in life, such as poor educational attainment or mental health problems.

Significant concerns regarding schools, education and health services' abilities to identify and meet a child or young person's needs were raised during parental engagement events held in 2018.

There is variation in referral rates and activity levels for SEND services across the county. In the east of the county, there is a higher proportion of pupils identified as having SLCN, so referral rates are higher than elsewhere, yet activity is lower. It is unclear whether the higher level of referrals is an indication or a determinant of the higher prevalence of SLCN in the east. Cancellation and non-attendance rates are higher in the east than elsewhere.

In 2017/18, speech, language and communication outcomes were worse at the end of the early years foundation stage than the previous year, particularly in the east of the county and outcomes overall at the end of the reception year were poor in all five of the east Lancashire districts.

What is already happening?

- As part of the written statement of action, ongoing work is looking at developing a National Institute for Health and Care Excellence (NICE) compliant diagnostic pathway for neurodevelopmental conditions, such as ASD.
- Joint work between paediatric speech and language and education services is underway to support workforce development particularly in the early years and reception year.
- A system-wide, joint commissioned service specification is being rolled out across speech and language therapy services and will address issues with referral rates and monitoring outcomes.
- A more streamlined and collaborative approach to work in the early years is being introduced. There has been more involvement from early year's services within SEND prior to school entry than previously for children with SEND.

Key points

- Speech, language and communication needs are high in the east of Lancashire, and provision is inadequate
- Speech, language and communication outcomes are worse than last year
- Access to public health data would help analysts estimate future need

Parent/carer views

- Parents are calling for more information and advice about services and processes



- The introduction of a workforce development strategy is underway, which is a joint project between the special schools teaching alliance and local authority services.
- The workforce development group is in the process of developing a directory of evidence-based interventions and support services available for particular types of need. This will complement what is already available on the [local offer website](#).
- A list of SEND categories and definitions has been shared with schools to ensure they have consistent information about classifications. The correct classification is essential in order to give a more accurate picture of need. This will assist decision making in resourcing and delivery of services at a scale and intensity proportionate to the needs of the population.
- The local offer is being revised and updated to ensure it is fit for purpose.

Recommendations:

- Establish systems across services to monitor the effectiveness of interventions, particularly those designed to enhance the development of speech, language and communication skills.
- Further work to understand the needs of the population and how services and resources can be deployed most effectively in order to meet the needs of local communities, for example by targeting services in areas where there are higher prevalence rates to support earlier intervention and reduce cancellation and non-attendance rates.
- Monitor the effectiveness of the speech and language therapy service specification once this has been rolled out. This will be determined by how well issues with referral rates and outcomes have been addressed across all areas.

Data

Priority	Goals
Access to good quality data	<ul style="list-style-type: none"> • To improve the quality and usefulness of data and intelligence. • To support the procedural and cultural changes needed to promote data sharing.

The availability and quality of data underpins the whole JSNA process. The collection, analysis and synthesis of data, and the process of turning that analysis into intelligence is the first stage of the commissioning cycle.

Problems with data hamper the ability to provide quality care and interventions for individuals and this is detrimental to the decision-making and commissioning processes.

Along the JSNA journey, several issues were identified:

- The project group was unable to answer all questions raised at the scoping event due to some data not being collected and/or published.
- There is currently no way to link health data with local authority data.
- Even within the authority, datasets can be difficult to link together; for example, children's and adult social care records.
- There are limitations in the data that is available. For example, due to inconsistent recording practices or incomplete records.
- Information that could be useful may not be routinely recorded because the need for it has not been expressed.
- Analytical capacity is limited so complex analysis such as predictive modelling cannot be carried out.
- There is limited understanding across services of how data is used.

Key points

- *Data availability and quality is a cross-cutting issue that underpins SEND services*
- *Linking datasets from different sources is problematic*
- *Making the most of opportunities for partnership working is key to maximising the usefulness of data*



Improvements in the availability and quality of data would facilitate better identification of need and allocation of resources.

Access to public health information for preschool children is very limited. Improving access to information such as the Ages and Stages Questionnaire⁶ results from the health visiting service would help in identification of current and future need and would aid service planning.

Currently, no data is available to show how old children are when they are referred to the speech and language therapy service or how many children are receiving different types of support from the service. A more detailed dataset containing information about which children receive what support and how often, as well as information about the child's progress would be beneficial. Once a methodology has been introduced to gain this level of detail this could then be introduced across other areas.

Joint working can be hindered when organisations work in 'silos' and information is not shared with the other agencies involved. Information relating to service users is often recorded on different systems and there can be different inputting practices. This can cause difficulties for all professionals involved in a case working to gain a picture of the full needs of a child or young person.

What is already happening?

- A new information system, Liquid Logic, has been brought in with a view to improving the ability to link datasets between SEND services, social care and health teams.

⁶ <https://agesandstages.com/>

- Improved data sharing of targeted and specific information across services, for example, the sharing of data on the educational attainment of SEND cohorts within districts.

Recommendations:

- Strengthen data sharing between health, public health, education and social care teams and develop a more coordinated and standardised approach to data recording. A single unique identifier for each child or young person should be used across systems to allow for a more detailed understanding of their needs and progress.
- Review existing datasets to identify areas for improvement to support a better understanding of need across services.
- Use the new opportunities for collaborative working brought about by the establishment of the ICS to influence the production of shared key performance indicators and the data collection process.

Joint working

Priority	Goal
Improve joint working	<ul style="list-style-type: none"> • Develop joint working arrangements in order to improve outcomes for children and young people and their families.

Due to the complexity of SEND cases, it is imperative to ensure that effective joint working arrangements are in place. A coordinated approach ensures that the right professionals are involved at the right time.

When a child is identified as needing SEN support, a school-based SEN support plan should set out the needs of the child or young person across education, health and care. It should also identify outcomes from these needs and plan strategies to achieve them.

An EHC plan sets out the educational, health and social needs of a child or young person who is identified as requiring extra support. As such it is imperative for professionals and practitioners to work together to meet these specific needs.

Ofsted, parents and carers all identified significant shortcomings in the quality of EHC assessment, processes and plans. In particular EHC plans have focused on educational outcomes and the contribution of health and social care professionals has been limited. Parents have expressed concerns about their level of involvement in the development of SEND processes and in the co-production of individual EHC plans.

Key points

- *Joint working is a cross-cutting issue that underpins SEN services*
- *Ofsted highlighted areas of significant weakness relating to joint working*
- *Work is underway to improve joint working arrangements across the partnership*

Parent/carer views

- *A joint approach between services helps to meet the needs of a child or young person*
- *Some parents felt that the timescales for an EHC plan*

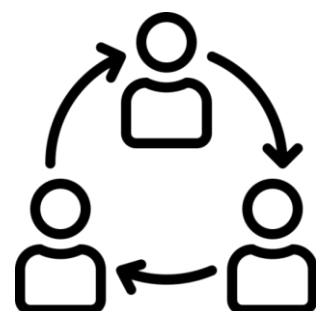
Children and young people with SEND tend to be identified as either children in need or to be the subject of a child protection plan later than is the case for the general population. The time of involvement is likely to be extended for children and young people with SEND who are identified as children in need in comparison to the general population. Children and young people with SEND are also more likely to be the subject of a full care order and to have more than one child protection plan. The interpretation of these data should be undertaken with some caution as the numbers of the SEND population are relatively small in comparison with the general population.

What is already happening?

- The "SEND Working Together Strategy (2018-2021)" has been produced and outlines how communication, participation and co-production are key. The strategy outlines the roles of the partner agencies and the ways in which they should work closely together.
- The Lancashire Parent Carer Forum has now been established and will work at gathering the voice of parents and carers in Lancashire and will work as a key strategic partner on the SEND partnership board.
- The implementation of a new information and communications technology (ICT) system will support the tracking and monitoring of health and social care advice.
- Designated clinical officers have been appointed in each area and are working closely with the SEND partnership team.
- There is a comprehensive workforce development programme to support improvement in the quality of EHC plans. An audit process has been established for quality assurance purposes.
- Links between the youth offending team (YOT) and SEND services have been established and there are very few children and young people who have an open case with the YOT and have an EHC plan in place.

Recommendations:

- Children's services in the council along with other partners will establish mechanisms to ensure that feedback from the monitoring, review and auditing processes leads to improvement.
- Children's services in the council along with other partners will continue to develop systems for monitoring the effectiveness of the approaches identified above so that we are sure the steps identified above lead to positive experiences for families and better outcomes for children and young people.
- The integrated neighbourhood approach that is being rolled out across Lancashire should be used to support the needs of children and young people with SEND.



- Provide consistent training and development across all partner organisations, ensuring shared language is applied.

Transitions

Priority	Goal
Provide a seamless transition for children with SEND	<ul style="list-style-type: none"> • To improve the experience of children and young people and their families at key transition points.

Transitions can refer to the following:

- transition of young people from children's services to adults' services,
- transitions between educational stages, for example early years to primary, primary to secondary, or
- transitions between different healthcare services.

Transitional periods can be a source of stress and this may be exacerbated by the additional needs of the SEND population. It is therefore imperative to ensure that a child or young person receives a seamless transition between services and that they have the skills and knowledge to help them in adulthood.

The SEND Code of Practice 2014ⁱⁱ provides guidelines and the responsibilities for organisations involved, on how to best prepare a child or young person as they transition in to further education and adulthood. It highlights how a coordinated, person-centred approach is key to supporting a young person into adulthood. There should be a focus on employment, independent living, social participation and good health. When planning for transitions the needs and aspirations of the child or young person need to be taken into consideration and goals set should be challenging and achievable. Resources, advice and services should be clearly explained to the child or young person and their families to assist with the transitional process. For children and young people with an EHC plan, the plan must include a section for preparation for adulthood from the age of thirteen and this should be reviewed annually.

As a child or young person transitions in to adulthood, they may access adult social care, health services and further education establishments. A coordinated approach is key to supporting a child or young person transitioning to these services and to avoid any gaps in provision. The professionals involved need to identify the most appropriate transition pathway with input from the child or young person. These could include post-16 education, training options, job advice and housing options.

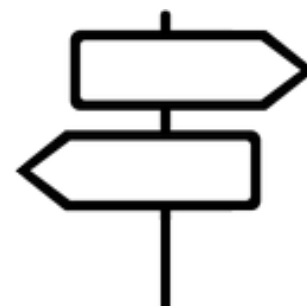
The data available suggest that children and young people who have been known to SEND services and go on to receive support through adults' social care, predominantly receive this through LD services. There are a variety of ways these

Key points

- *Transitional periods can cause emotional stress for children and young people, and their families*
- *A person-centred approach is key to seamless transitions*
- *Organisations need to work more closely together, sharing information appropriately to improve care and wellbeing during transitions*

Parent/carer views

- *Parents feel there is often a gap when transitioning between services*
- *Parents have worries about how their child will manage into adulthood*



service users can access support and the most common of these are through supported living, direct payments, domiciliary care or day care.

What is already happening?

- This area has been identified as a priority within the Ofsted inspection and a significant amount of work is underway to tackle the issues. A working group consisting of senior members of staff from various partner agencies has developed a delivery plan as part of the written statement of action.
- Engagement sessions have been held with children and young people to gather their views on transitions. Similarly, multi-partner events have also been held to gain practitioners' views and review different aspects of transitions. This feedback has informed the creation of a draft transition policy and, at the time of publication of this report, the policy is currently out for review and feedback.
- The recent self-assessment framework completed by the Lancashire Autism Partnership Board included a section on transitions. It found that there is a "gap" in social care provision, as services tend to be focused on LD and are not suitable for people with ASD.

Recommendations:

- Data sharing must be improved between partner agencies for key transition points.
- Children's services in the council will develop a set of consistent outcome measures that identify a successful transition.

Appendices

Appendix A – SEND categories

Autistic spectrum disorder (ASD)	Autistic spectrum disorder is the name for a range of similar conditions, including Asperger syndrome, that affect a person's social interaction, communication, interests and behaviour.
Hearing impairment (HI)	A hearing impairment involves an issue with hearing which interferes with a pupil's academic pursuits.
Moderate learning difficulty (MLD)	Children and young people with moderate learning difficulties will have attainments well below expected levels in all or most areas of the curriculum, despite appropriate interventions. They will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and underdeveloped social skills.
Multi-sensory impairment (MSI)	Children and young people with a multi-sensory impairment have a combination of visual and hearing difficulties.
Other difficulty/disability (OTHER)	Any other difficulty/disability not captured in the other categories.
Physical disability (PD)	Children and young people with a physical disability have a diagnosed medical condition which affects them physically.
Profound and multiple learning difficulty (PMLD)	Pupils with profound and multiple learning difficulties have complex learning needs. In addition to their severe learning difficulties, they may have other significant difficulties, such as physical disabilities, sensory impairment or a severe medical condition.
Severe learning difficulty (SLD)	Children and young people with severe learning difficulties have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support.
Social, emotional and mental health (SEMH)	Children and young people who have social, emotional and mental health needs experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.
Specific learning difficulty (SpLD)	The term specific learning difficulty refers to a difference/difficulty people have with particular aspects of learning. The most common SpLDs are dyslexia, dyspraxia, attention deficit disorder (ADD), attention deficit hyperactivity disorder, dyscalculia and dysgraphia.
Speech, language and communication needs (SLCN)	The term speech, language and communication needs encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially.
Visual impairment (VI)	A visual impairment involves an issue with sight which interferes with a pupil's academic pursuits.

ⁱ Public Health England. (2015). A guide to community-centred approaches for health and wellbeing.

ⁱⁱ Department for Education and Department for Health and Social Care. 2014. SEND code of practice: 0 to 25 years.