LONDON BOROUGH OF HAVERING

Special Educational Needs and Disability (SEND) 2016

Executive Summary

Joint Strategic Needs Assessment

By LBH Public Health Service
(with contributions from:
Learning and Achievement;
Children Social Care;
Business & Performance Services,
Havering CCG, CSU and NELFT)

HAVERING
J S N A

Acknowledgments

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1. EXECUTIVE SUMMARY

1.1 Context

This needs assessment about children and young people from birth to age 25 with Special Educational Needs or a Disability (SEND)[1] is part of the Havering Joint Strategic Needs Assessment (JSNA). It reflects the new obligations contained within the Children and Families Act 2014. The Act seeks to ensure that all children and young people, irrespective of disability, are better prepared to lead a full, active and productive life. The JSNA is a crucial element in the ensuring that this happens.

Health and Wellbeing Boards are required to capture the needs of vulnerable children and young people, including those with SEND, in the JSNA and reflect them in the local Health and Wellbeing Strategy (HWBS). Local partners must use the insight captured within the JSNA and the priorities identified in the HWBS to shape their commissioning for children and young people with SEND. Their coordinated commissioning will form the 'Local Offer' which sets out the range of facilities, activities and support available for children and young people with SEND, and their parents and carers. Education, Health and Care (EHC) plans will set out the outcomes that are important to the individual child and any services from the 'Local Offer' necessary to meet their needs. Overtime, the needs of all children with an EHC plan will be collated to refresh the JSNA and thereby improve the fit between the Local Offer and the needs of local children.

The Act makes clear that: -

- children and young people, together with their parents and carers must be at the centre of the process;
- education, health and social care services must work together, if that helps them do better for children and young people with SEND.

This needs assessment seeks to describe:-

- what we know about children and young people with SEND, including risk factors for SEND and vulnerable groups
- key services within the local offer and how they work together
- outcomes for children with SEND in terms of their education attainment

Recommendations are made about:-

- how key partners work together to develop and implement relevant strategy
- the local offer in terms of services, how they work together and the further development of staff
- the future development of the JSNA to improve our understanding of the needs of children and young people with SEND

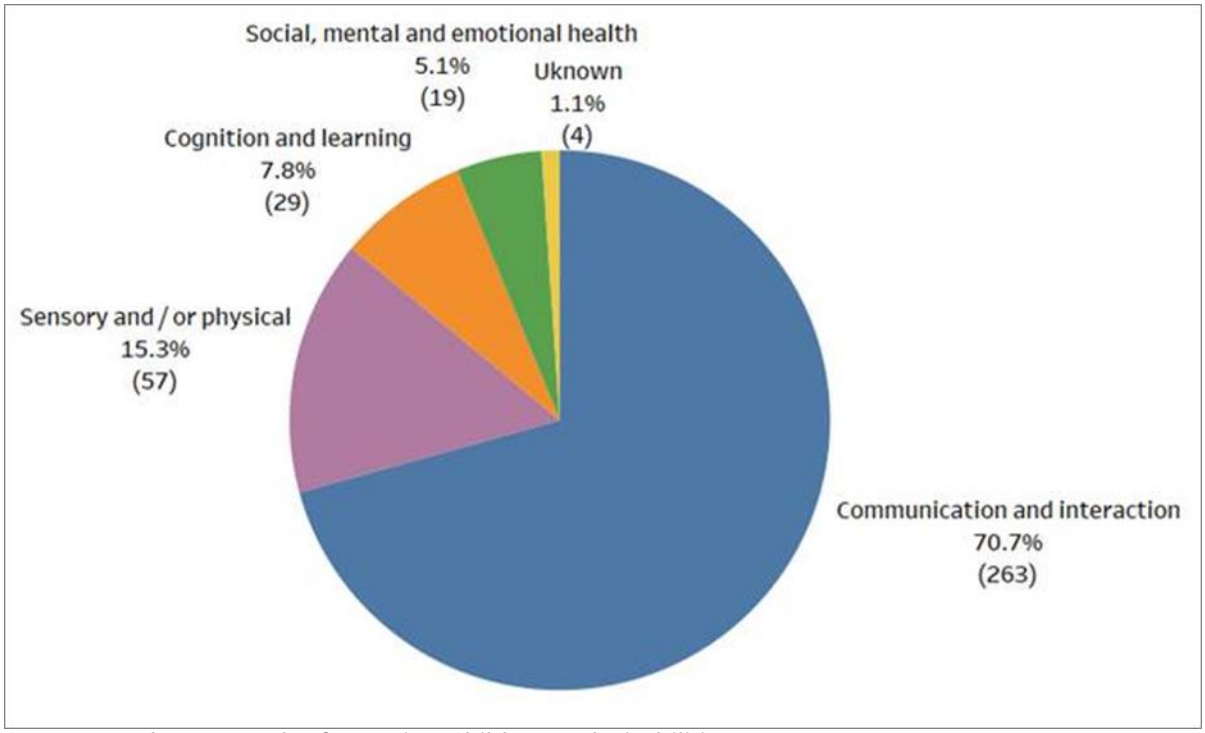
[1] *Department for Education's definition of SEND encompasses all children (or young people up to the age of 25) who have significantly greater difficulty of learning than the majority of others of the same age or… a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions …. including those with mental health needs*

1.2 What do we know about CYP with SEND?

1.2.1 Children aged 0-5

Our best measure of the prevalence of SEND amongst younger children is the number of children known to the 0-5 Children and Disabilities (CAD) team. There were 372 children in 2015, up from 164 in 2014 and 138 in 2013. The great majority of referrals and most of the growth in referrals relate to communication and interaction issues (see Figure 1).

Figure 1: Number of referrals to CAD 0-5 team by primary need of child, 2015



Source: London Borough of Havering Children and Disabilities Team

1.2.2 School aged children

- Currently, there are more than 3400 children with SEND in Havering schools. Very few children with SEND are formally recorded as such before they enter school. About 120 boys and 50 girls are identified with SEND in Year Reception. The number of children with SEND in each year group then increases to around 230 boys and 100 girls in Year 2 to Year 6 and thereafter slowly decreases to 160 boys and 70 girls in Year 11.
- Small numbers of children with SEN attend *alternative provision*[2] (n = 13) or are home schooled (n=8).
- The proportion of school age children and young people in Havering recorded as having SEND (≈10%) is low compared with London and national averages (> 15%). This may reflect the success Havering previously achieved in implementing a 'Statement-less' schools policy. If so, and given national policy has changed, the % of children recorded with SEND may increase over time closer to the national average.

[2] *Alternative provision is for pupils who can't attend mainstream school for a variety of reasons, such as school exclusion, behaviour issues etc*

- Either way, the number of children and young people in the borough, including those with SEND, will increase as a result of an increasing birth rate and the steady influx of families from elsewhere, particularly other London boroughs.
- In line with national trends more than 2/3rd of children with SEND are male. The evidence suggests that boys are more susceptible to harm e.g. from trauma and infection, both pre and post birth. However, there is also evidence the girls' needs may go unrecognised as they tend to exhibit less typical and intrusive behaviours in response to their difficulties.
- The number of Asian/Black or Black British children receiving SEN support is increasing but the proportion is still low in comparison to pupils in mixed or white British ethnic groups. This may be a cultural artefact whereby Asian/ Black families are less willing to have their children 'labelled' as having special educational needs.
- The prevalence of SEND varies with disadvantage – rates are around twice as high in Harold Hill and South Hornchurch compared to Cranham and Upminster.
- Havering schools attract significant numbers of children from adjacent authorities. Flows of children with SEND in and out of the borough are more balanced such that the net inflow is only 24 children. 240 children with SEND are placed out of the borough because their specific needs can be better met elsewhere and / or a desire to maintain an existing placement for young people who have moved into the borough.
- The primary need of statemented children (a sub-set of all children with SEND likely to have the greatest need) varies with age and care setting. The needs of a cohort of children, who were more likely to have behavioural, emotional and social difficulties or autistic spectrum disorder could not be met locally and attended out of borough special schools (see Table 1).

Table 1: Statemented children in Havering by setting and primary need, 2014/15

	Havering			Out of borough special (n = 77)
	primary (n=310)	secondary (n=353)	special (n=294)	
Speech & Language & Communication Needs	28.1%	17.3%	11.6%	
Moderate Learning Disabilities	16.8%	22.9%	19.7%	
Autistic Spectrum Disorder	26.5%	21.8%	27.6%	24.7%
Severe Learning Disability			21.1%	
Behavioural, Emotional & Social Difficulties				36.4%

Source: London Borough of Havering Children and Disabilities Team

1.2.3 Children and young people with mental health problems

The new definition of SEND makes specific mention of children and young people with mental health problems. Improved mental health is associated with better outcomes in all aspects of life for people of all ages and backgrounds. This includes better educational achievement, increased skills, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation.

Based on national predictive models, it's likely that around 1 in 10 children in Havering aged 5 to 16 years (3,093 children) currently have a mental health disorder.

This figure can be broken down as follows:

- 3.5% (1,194) have emotional disorders such as phobias, anxiety, OCD
- 5.5% (1,862) have conduct disorders such as aggression and vandalism
- 1.5% (505) have hyperkinetic disorders including hyperactivity and ADHD

The recently agreed Havering CAMHS Transformation plan provides detailed information about the:

- mental health needs of local children and young people;
- action to strengthen levels of mental wellbeing and prevent mental illness;
- current treatment services and how they will be improved

1.3 Risk factors for SEND

What happens in pregnancy and early childhood impacts on physical and emotional health throughout life, including the risk of having SEND.

1.3.1 Pre-natal and birth factors affecting the risk of SEND

- The majority of permanent disabilities have their origin in neonatal disease or trauma. Exposure in-utero to infection; poor maternal nutrition and maternal obesity; maternal smoking, alcohol and substance misuse increase the risk of premature birth, traumatic birth, low birth weight and congenital anomalies; all of which carry an increased risk of developmental delay or permanent disability.
- One in ten women in Havering smoke during pregnancy. Midwifery services at BHRUHT have adopted the *BabyClear* programme to maximise the impact of advice given to women who continue to smoke during pregnancy. The Council has decommissioned smoking cessation services but has committed to reinstate support for pregnant women.
- Teenage pregnancy is associated with a range of negative health and social outcomes for both mother and baby. Teenage pregnancy rates in Havering have declined and are similar to the national average but higher than the average for London.
- The risk of problems during pregnancy and at delivery; and congenital anomalies rises with maternal age. The risks are more marked for women aged 40 and over. Nonetheless the majority of pregnancies will be unaffected and the trend towards later maternal age is driven by a range of personal, cultural and social factors that are unlikely to change soon.
- Fertility treatment is also associated with an increased risk of poor outcomes, in part due to the increased risk of multiple pregnancy. Twins and triplets are more likely to suffer congenital anomalies, and are also at increased risk of growth restriction and preterm birth, which in turn are associated with disability including cerebral palsy and learning difficulties.

Participation in the complete programme of personalised maternity care affords the opportunity to:-

- Support the adoption of healthier lifestyle choices.
- Offer screening for serious genetic and developmental abnormalities

- Effectively monitor and manage difficulties should they occur during pregnancy

- Targeted outreach to vulnerable and socially excluded groups can reduce the proportion of women who access maternity services late.
- Premature birth can have long term effects on motor development, behaviour and later educational achievement. The prevalence of premature birth in Havering (7.6%) is similar to that in comparable London boroughs.
- Premature birth is associated with visual impairment. Retinopathy of prematurity (ROP) affects 65% of babies weighing less than 1250g at birth to some degree, but only 6% will have advanced ROP requiring treatment. All low birth weight babies or babies born at or before 32 weeks gestation will have regular eye screening examination until the risk is passed. Treatment can limit the harm caused but a small proportion of babies will nonetheless have significant vision loss.
- The risk of hearing impairment is also increased for premature babies because of prior oxygen starvation or as a side effect of the treatment they may require e.g. the use of antibiotics or noise induced deafness as a result of being in intensive care.
- Once sensory impairment is identified, early support is key to development of age appropriate skills, again this has implications for early support services and sensory specialist advisory teachers.

1.3.2 Post-natal factors affecting the risk of SEND

The mother-child attachment bond shapes baby's brain, with effects on self-esteem, their expectations of others, and their ability to develop and maintain successful relationships in later life which in turn influences a range of outcomes including educational achievement. Described below are a number of factors that influence parental attachment.

Breastfeeding is good for babies in so many ways. It helps to reduce the risk of infection and childhood obesity as well as promoting attachment between mother and baby. Only 1/3rd of women in Havering breastfeed beyond 6-8 weeks of birth; significantly below both the London and England average.

Maternal mental illness has adverse effects on the mother herself, but also on the future development of her infant. A handful of new mothers in Havering each year will experience acute and severe mental illness (e.g. post-partum psychosis); many hundreds will have less severe problems that may impair attachment between mother and child. Screening for perinatal mental illness, primarily by health visitors and the provision of appropriate support and treatment where necessary is effective and cost effective.

Child abuse and neglect can impair brain development with long-term consequences for cognition, language skills and education attainment, and pre-dispose to mental illness.

- The proportion of children who come into local authority care in Havering has increased in recent years but is still relatively low compared with rates elsewhere in London and the country as a whole. Nonetheless, the Council is 'parent' to nearly 250 **Looked After Children** (LAC) who are at high risk of having SEND as a result of their experiences in earlier life.

- In addition, in 2014/15, an average of 173 children were on a **child protection plan**[3] at any one time; the average for 2013/14 of 124. Proportionally more children (49 / 100,000) were on a child protection plan in Havering than London (47) as a whole; but fewer than the national average (54).
- Havering has a low rate of **children in need**[4] (500/10,000) compared to the London (818) and national (674) rates. Disability was identified as the primary need for relatively few children and parents when compared to our statistical neighbours.

Child poverty is both a cause and an effect of SEND. About 1 in 5 children in Havering live in poverty. The prevalence of SEND is highest in those areas with the highest levels of disadvantage i.e. Harold Hill and South Hornchurch.

1.4 Pupil and Parent Voice

The Children and Families Act and the SEND code of practice are clear that children and their families should be at the centre of everything we do – at the level of the individual child but also in strategic planning to meet the needs of all children.

Locally, children are involved in a variety of ways:-

- The child's voice is strong in each individual Assessment and EHC planning process.
- *ViewPoint*, the Council's tool for gaining feedback from all children, including those with SEND, involved in children's social care statutory processes is used and consideration given to feedback in service delivery and development.
- Pupil forums are being developed through the *Advocacy for All* contract and work is underway to establish the School Council Pupil network.
- POET, a nationally developed tool for capturing the views of children, young people, their parents and carers was used successfully last year and will be used each year going forward.

Similarly, parents are involved in a variety of ways at different levels:

- Parents are central to the development of individual EHC plans for their children.
- Havering has an established Parent Forum. The Council also uses wider events and targeted consultations to reach as broad an audience as possible
- Parents were involved to the development of the process employed to develop EHCs generally; the Local Offer web site and reviews of existing commissioned services e.g. Transport.
- A task and finish group, comprising officers and parents, was established to create and then implement a new vision for children and young people's preparation for adulthood. The new vision is now in place, new provision opens in September 2016 and work is underway to create a CAD Preparation for Adult team.

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[3] *If, following a child protection conference, the local authority decides that a child is suffering, or is likely to suffer, significant harm, it will draw up a child protection plan setting out how the child can be kept safe, how things can be made better for the family and what support they will need from the Council and other partners.*

[4] *Children in need are defined in law as children who are aged under 18 need local authority services to achieve or maintain a reasonable standard of health or development and / or prevent significant or further harm to health or development.*

- A similar approach will be employed to progress the agreed future work programme including the continued development of our personal budget offer and the re-commissioning of short break provision.

1.5 Key services within the local offer

The Havering Local offer is accessible to local residents on-line and provides information, including contact details, about the help and services available for children, young people and adults with SEND. The JSNA focuses on key statutory sector services and how they work together.

1.5.1 Children and Adults with Disabilities (CAD) Service

The 0-25 Children and Adults with Disabilities Service (CAD) brings together the key functions and responsibilities of the Local Authority regarding Education and Social Care for those aged 0-25 years and with SEND, into a single management arrangement. The multi-disciplinary teams within CAD are focussed on delivering joined up social care and education involvement for our SEND children, putting them and their families at the centre of what we do. The teams together with health partners and schools work to identify outcomes for children and, using available resources, help children to meet them.

1.5.1.1 CAD Assessment and Placement

The Assessment and Placement team within CAD works collaboratively, across the 0-25 age range, with schools, parents and support services including those from the voluntary sector. The main function of the team is to collate a range of information relating to individual children and young people and distil it into Education, Health and Care plans (EHCP) in an accessible format. The team prepares and presents information to a panel which determines the outcome of requests for statutory assessment and the placement of children and young people following assessment. The team works closely with providers to ensure that all children and young people are in education or training. The team works alongside schools, health and social care to determine, review and disseminate information about processes involved in requesting an EHCP, holding Annual Reviews and converting existing statements into EHCPs.

1.5.1.2 CAD Educational Psychology

The educational psychology service is delivered as part of the multi-disciplinary CAD teams offering a collaborative service to children and families. Educational Psychologists primarily work in schools and settings where they plan and carry out assessments of individual children and young people and deliver training for school staff. Educational psychologists support children with academic development, emotional wellbeing and ability to lead independent lives into adulthood through school staff and in collaboration with health and social care colleagues.

1.5.1.3 CAD 0-5

The CAD 0-5 Support team works with agencies across education, health, social care, the voluntary sector and with early years settings, schools and parent/carers to provide appropriate support packages and early intervention.

The team includes Area SEND Coordinators, keyworkers, specialist teachers, an educational psychologist and social worker.

The CAD 0-5 Support Team provides access to:-

- **Home-based support** – working with parents / carers to:-
  - Carry out an in-depth, on-going assessment of their child's needs and set targets to gauge progress.
  - Jointly plan and model appropriate learning opportunities
  - Provide information and guidance on the best approach to help their child.
  - Specific support provided may include : -
    - **Home Learning Support** – for children aged 1–3 years with additional needs; to develop their existing and emerging skills through play.
    - **Social Communication Support** - keyworkers work with parent/carers to support children with social communication needs.
    - **Early Support** – for children with complex needs requiring significant multi-agency support from birth to five; help with coordination of services, keyworker support and multi-agency meetings.
- **Setting-based support:**
  - Area SEND Coordinators - advise and support early years care providers
  - Specialist Teachers - support teaching staff in maintained nurseries and schools
- **Sleep service** – offering weekly sleep advice drop-in sessions and a helpline. A full sleep assessment and individual sleep programme is devised for children with significant sleep issues.
- **Groups** - to help parents understand their child's needs and how to support them to achieve best outcomes. The range of activities offered include; swimming, baby massage, a developmental group, baby signing, messy play and stay and play sessions.

- More than 70% of all referrals to CAD 0-5 are for support with communication and interaction problems. Area SENDCos support the greatest number of children, working with early years care providers. The early support and home learning support teams work with smaller numbers of children with more complex problems.
- The CAD 0-5 Early Support Team receives referrals from the community paediatricians, therapy services and health visitors. Early years settings make referrals for Area SENDCo input for children with SEND.
- The CAD 0-5 team chairs a monthly multi-agency planning meeting to discuss children with complex medical needs with the Early Help Service and relevant health professionals including community paediatricians, therapy services, health visiting. The neonatal team at Queens Hospital send a discharge summary to the Community Paediatrician Service

regarding premature births and babies with health care needs. The paediatricians then present these cases at the monthly planning meeting. Thereafter, children with complex needs are reviewed biannually by a joint education, health and social care panel.

Recommendation
The resulting improvement plans for therapy services should reflect recent / predicted increases in demand and rapid implementation should be a priority.

1.5.1.4 Transition into school

- 161 children with SEND were transitioned to primary school in 2015; 2/3rd with communication and interaction problems.
- A child centred planning meeting is held involving parent/carers, school and early years setting staff, and any other agencies working with the family to put in place an action plan for the child's transition.
- Children with high needs are tracked from pre-nursery and identified on the Early Years Transition list. The child centred approach used ensures that schools are fully prepared for these children and a dedicated team of key workers from the 0-5 and 5-19 CAD teams is allocated to the highest need children to further liaise and work with settings and schools in the Summer Term prior to transition into Reception and Year 7.
- A local nursery offers up to sixteen places for children in the year prior to Reception with social communication difficulties and /or another diagnosis needing highly specialist support.
- Not all children transitioning need continuing help from the CAD team or the help needed may change significantly. Some children progress as a result of early intervention such that a differentiated approach isn't required when entering mainstream schooling. Some parents want to develop the expertise to act as their own key worker. Child centred planning facilitates the agreement of an appropriate, bespoke plan for each child.

1.5.1.5 CAD 5-19

- The 5 -19 CAD Support Team offers support to children and young people with a range of difficulties, their schools, settings and families. The areas covered are sensory (visual, hearing and multi- sensory difficulties); medical and physical; speech, language and social communication needs; complex needs; learning difficulties and transition into Key stage 4 and Key Stage 5. The team includes educational psychologists, social workers, family support workers, specialist advisory teachers, specialist assistants and a 'mobility and habilitation' officer. The team will support children and families wherever they are; at home, out of borough, in school, nursery or clinic.
- In addition to the increasing numbers of children with social communication difficulties, ASD, and complex or challenging behaviour; the CAD 5 – 19 team continues to support significant numbers of children with sensory, medical or physical impairments (> 300 children on the caseload of 3 key workers).

1.5.1.6 Transition to adult services

- Havering has developed a multi-agency protocol to ensure effective transition from child to adult support. The protocol improves the coordination of support so that every young

person with SEND aged of 13-25 years and their parents/carers have a smooth and positive transition. Work is underway to embed the protocol more fully into operation and a Preparation for Adulthood Team within CAD is being established.

This should mean:

For young people that they.....	For their parents/carers that they	That during / after transition .....
make decisions and take the lead or are supported by people that can advocate for them.	see agencies working together and pursuing agreed plans but remaining flexible to accommodate change.	young people and their families are well informed and fully involved in the process to make their own choices.
are supported so they can plan for what they want to achieve.	are listened to and fully involved.	the process is coordinated, systematic and consistent with close partnership working between all professionals and agencies
are able to access the same opportunities as other young people.	have a single point of contact.	every young person receives services and support according to need and eligibility
have access to services.	feel supported.	at the level of the individual young person, the need for services is identified early and planned for in good time
can try things out beforehand.	receive consistent messages.	post 16 services and opportunities are commissioned effectively, based on an accurate assessment of collective needs for young people in the borough as a whole.
can change their mind.	have easy access to understandable information.	

1.5.1.7 Child protection and social care

- Disabled children present additional challenges when fulfilling the statutory functions of child protection and care proceedings. Specialist workers within CAD lead this work and provisions such as foster care for both long and short term are difficult to source but work is underway to increase provision in this area.
- The provision of short breaks can prevent families reaching crisis point. Commissioned services include a range of activities: holiday clubs, pre-school sessions, buddy and befriending services and youth clubs. Nearly 250 young people currently access commissioned short breaks from 6 providers. Approximately 150 families are in receipt of Direct Payments.

Recommendation

Ensure the planned re-commissioning of short breaks includes input from health so that a joint approach can be developed and implemented.

1.5.2 Health services for children and young people with SEND

Historically, data systems within the NHS locally have not recorded the SEND status of children and young people. Hence, it is not currently possible to identify and describe the health services used by this specific cohort. The new iteration of RIO (the local child health information system) has the facility to identify children with an EHC plan but EHC plans will not be in place for all children until 2018. Until then and or until a bespoke SEND database capturing the health, social care and education support provided for all children with SEND in the borough is established, we must make use of the available proxies for SEND status e.g. relevant medical diagnosis and / or look at the activity and performance of health services likely to be accessed by children with SEND.

1.5.2.1 General Practice

People with learning disabilities are known to have higher levels of obesity and physical inactivity and a greater risk of developing chronic illness including diabetes and heart disease. To address this risk, GP practices are funded to provide enhanced care to people with learning disabilities aged 14 and over. As at June 2016, 43% of patients on practices' learning disability registers had had an annual health check and 33% were recorded as having had a health action plan completed.

1.5.2.2 Community health services

North East London Foundation Trust (NELFT) provides community health services to children aged 0-19 registered with a Havering GP in a variety of settings including home, community clinics and early years and educational settings. NELFT operates a **Single Point of Access (SPA)**, so children are referred in once and can then be referred internally to multiple services. This is often needed for children with complex, life-long limiting illnesses; with both physical and mental health needs. Individual children may be engaged with multiple community health services for extended periods of time.

Services include:

- **Community Paediatrics** - Almost 1700 children were under the care of community paediatric services in 2014/15, up by 22% from 2012/13. Just under 60% were aged 0-5 and a further 30% aged 6 – 10. The service received nearly 1100 new referrals in 2014/15. The interval between referral and first appointment is 18 weeks. 14% of first appointments are not attended. 80% of looked after children are seen within 4 weeks of referral.
- **Occupational Therapy** - Almost 500 children were under the care of occupation therapy in 2014/15; up by 2/3rd since 2012/13. About 40% were aged 0 – 5 years and similar proportion were aged 6 – 10 years. The service received 232 new referrals in 2014/15. The interval between referral and first appointment is 27 weeks. 19% of first appointments are not attended. 14% of looked after children are seen within 4 weeks of referral.
- **Physiotherapy -** Paediatric physiotherapy services as a whole received 694 new referrals in 2014/15. The interval between referral and first appointment is 9 weeks. 15% of

appointments of first appointments are not attended. 14% of looked after children are seen within 4 weeks of referral.

- **Child and Adolescent Mental Health Service (CAMHS)** - More than 2400 children were under the care of CAMHS in 2014/15; up by a third from 2012/13; 60% were aged 11 to 16. See Havering CAMHS transformation plan for more information about current services and priorities for development.
- **Speech and Language Services** – Over 1800 children were under the care of NELFT speech and language therapy services in 2014/15, up by 10% from 2012/13. More than 60% were aged 0-5 years and a further 30% 6 – 10 years. The service received more than 1000 new referrals in 2014/15. The interval between referral and first appointment is 14 weeks. 12% of first appointments are not attended. 18% of looked after children are seen within 4 weeks of referral.

  NB. Speech and language therapists (SLT) operate as part of a joint health and education service with specialist advisory teachers and specialist teaching assistants. Assessments and care are largely provided in the school setting. Children are assessed and prioritised based on severity to receive support from an SLT; a specialist teacher /assistant or from within the school's own resources which include access to Language Link and Speech Link, a commercial package which identifies difficulties and provides a programme of intervention. This approach supports over 3000 children each year.

Recommendation

Ensure the data presented in the JSNA regarding community health services informs the on-going review(s) of therapy services.

1.5.2.3 Palliative care

90% of support and care provided by Haven House is to children living with life limiting conditions. End of life care per se is provided to very small numbers of children but this is necessarily intensive and often at very high cost. BHR CCGs intend to review all forms of hospice support in 2016 with the aim of developing new models of care with providers.

1.5.3 Schools and engagement in education

1.5.3.1 School provision for children with SEND

- Havering seeks to meet the needs of pupils with special needs in their local mainstream schools. For children whose needs cannot be met in their local school there are four primary and three secondary schools with Additional Resourced Provisions (ARPs) or targeted additional funding; each with a particular specialism - hearing impairment (x2),language difficulties (x2), ASD (x2) and social, emotional and mental health.
- Capital money has increased and improved the provision at 2 of the above ARPs and has been used to develop a new Primary ARP due to come online in January 2017.
- Rather than being taught in a single school as was previously the case, pupils with visual impairment are now supported in their local school by an Advisory Teacher for VI and the 'Habilitation Officer'. Training for individual schools is given and borough-wide training is also offered regularly.
- For children with more complex needs, Havering has three special schools. One designated for children with severe learning disability (71 places from ages 2 – 16, and an

additional 23 places for post-16 students) and two for moderate learning disability (198 places in total). However, about half of pupils attending the latter have ASD with complex or challenging behaviour, and the schools have adjusted their curricula to reflect this change.

- A similar change is evident amongst Havering's mainstream schools where the pupil population is becoming more complex as, in line with the new SEND Code of Practice, mainstream inclusion is considered as the first line response in most instances. A range of training is offered to grow expertise and confidence about supporting pupils with additional, complex needs.

1.5.3.2 Permanent exclusion

- National data show that children with SEND are far more likely to be excluded. In Havering, there were in total 22 permanent exclusions from Maintained, Academies and Free Schools during the academic year 2013/14 of which 9 related to children with SEND.
- Havering employs two vulnerable children's officers to support pupils and parents where there is the threat of a permanent exclusion. Parents of pupils with SEND can also receive impartial information and advice from Havering's Parents in Partnership (PIPs) service. Where necessary, officers will challenge schools to employ alternative strategies such as managed moves or alternative provision. There is also a team of behaviour support specialists that can advise and support schools where they experience challenging behaviour from pupils, including those with special educational needs.
- A secondary school 'exclusions concordat' is being developed which includes the following:
- *'Before considering fixed term or permanent exclusion, schools should consider whether continuing disruptive behaviour might be the result of unmet educational or other needs. At this point, the school should consider a multi-agency assessment and the possible use of alternative provision'*
- A Fair Access Panel (IYFAP) meets monthly to consider cases of pupils at risk of exclusion. In the case of pupils/young people with a statement of SEN/EHC plan, the Panel will seek advice and support from the CAD team.

1.5.3.3 Fixed term exclusions

- There were 1053 fixed term exclusions days from Academies and Free schools in Havering during the academic year 2013/14; 300 related to pupils with SEND.
- The rate of exclusion of children with SEND in Havering is lower than that in comparator areas but still much higher than the average for all children in Havering.
- Work continues to assist schools to develop strategies to maintain pupils successfully; challenging behaviours linked to with ASD and ADHD is a particular priority.

1.5.3.4 Persistent absenteeism

Persistent absenteeism is defined as being absent for more than 15% of sessions at school. 12% of children with a statement or EHC plan (likely to have the greatest needs) were persistently absent in 2013/14 which was higher than in comparator areas and nearly four times the rate recorded for all children in Havering.

1.5.4 Equipment

- Equipment can promote independence, assist carers and facilitate access to education. Many agencies have a responsibility to provide equipment but this has led to a level of confusion around who provides what and in what circumstances. Work is underway on guidance and eligibility criteria covering provision across health, social care, education and schools. The intention is then to explore the possibility of centralised equipment purchase and recycling to achieve more timely provision and greater efficiency across partners.
- At present, equipment used in nursery settings and mainstream schools is purchased by the Council. Total spend has doubled since 2012 to £59K in 2016. In addition, a further £8K spend was avoided through recycling. This reflects the changing population in mainstream schools.
- Special schools have historically purchased their own equipment out of delegated funds. They have purchased more and more equipment as the complexity of their pupils has increased and a joint mainstream/special school equipment stock is being considered.
- Children's hearing aids demonstrate some of the complexities of current arrangements. Pupils with a hearing impairment in mainstream provision often have a hearing aid rather than Teaching Assistant support and so provision and maintenance of equipment is crucial for access to the curriculum. The upgrading of hearing aids by Paediatric Audiology has necessitated upgrading the type of Radio Aid provided – by Education. Education and health colleagues work closely together to co-ordinate these upgrades and changes.

Recommendation

Implement the findings of the review of equipment services across education, health and social care to further improve user experience and outcomes.

1.5.5 Transport and assistance with traveling

402 young people were provided with travel assistance in the 2015/16 academic year, 80% by bus, the remainder taxis. Following a refresh of our transport policy, the Council is working with parents/carers to develop a range of flexible travel options.

1.5.6 Youth Justice

- The Youth Offending Service (YOS) is designed to address the offending of all entrants into the Criminal Justice System. It is a multi-agency team (CAMHS, Prospects, Police, Social Work, Drugs and Alcohol, Probation) to address the varied drivers for offending.
- The YOS is hosted within Early Help facilitating intervention with young people likely to offend in the future via Targeted Youth Support (TYS).
- The number of first time entrants into the criminal justice system in Havering has fallen almost five fold from nearly 150 in 2010/11 to just over 30 in 2014/15. Only 3 of the 440 cases over this period were recorded by the YOS as having SEND. Just over 50 young people received a custodial sentence in the 5 years 2010/11 – 2014/15. None were recorded as having SEND. The YOS acknowledges that it hasn't consistently recorded SEND in the past.

- Nonetheless, the service recognises that a significant proportion of clients have speech, language and communication needs and it is currently seeking to increase speech therapy input.

1.5.7 Leisure Services

- London Borough of Havering is committed to providing leisure services that are appealing and accessible to everyone including children and young people with SEND. Central Park Leisure Centre, Hornchurch Sports Centre and Chafford Sports Centre have disabled parking bays, full access into the facility, accessible toilets and changing areas and pool hoist into the swimming pool. The former two sites have accessible equipment in the gym area. Further improvements will be made once the new leisure contract is awarded.
- A Havering Disability Group has recently been established to liaise with relevant stakeholders about the activities children and families with SEND want. Subsequently, a first Para Active Open Session Event was held in February 2016 Half Term and attended by 13 children. Further sessions have been held during subsequent holidays and have attracted greater numbers – up to 26 (10 returners and 16 new) during May Half Term. Feedback showed that 100% of the participants enjoyed the event. Coaches from local clubs have contributed to Para Active Sessions. Other local clubs who deliver all inclusive sessions have been invited to come along to future events and promote their sessions via the dedicated webpage: www.havering.gov.uk/paraactive.

1.6 Educational attainment of children with SEND

1.6.1 Monitoring and quality assurance of educational outcomes

- Over the last two years, there have been no adverse references to SEND provision or achievement within any Ofsted report. A quality assurance review of every school is undertaken annually looking at a wide range of areas including provision, policy, curriculum and compliance with regards to SEN. Where significant issues are identified, support is brokered through the Havering Education Providers Monitoring Group, as set out in the Havering Education Providers Quality Assurance Framework, and progress is monitored regularly.
- The Education Providers Monitoring Group meets monthly and comprises representatives from all relevant council services including the SEND team. Any concerns regarding schools are discussed and relayed back to the provider; actions are agreed and implementation monitored. Detailed SEND reviews have been commissioned in response to concerns about provision for SEND pupils resulting in recommendations to the school's leadership team and governors. Where whole school reviews are undertaken, a SEND specialist is included within the reviewing team where the data suggests possible underachievement or poor provision. Support can then be brokered through a school to school support partnership and/or from Council officers.
- Strategic Leads regularly review school websites for compliance, quality and ease of access. Where there are issues, for example with published SEN information, this is brought to the attention of the school's leadership team.
- Governor services support the development of governors, including training and advice on SEND issues for governors generally and those with specific responsibility.

- Head teachers and leaders are regularly briefed and offered training sessions including regular input from the specialist SEND team. Additionally, we hold school-led network meetings for inclusion leads and a SENDCos development network which aim to keep practice current and compliant and to share ideas and strategies. We have invested in the NAHT "Aspire" programme for the past three years for a substantial cohort of schools, and a key driver of this programme is focused on systematic development of inclusion and support for SEND and vulnerable pupils, placing this at the centre of school improvement.

1.6.2 Educational attainment of children with SEN

Various measures of development and educational attainment are reported at the end of each key stage for children with no identified SEN, children in receipt of SEN support and statemented children enabling comparisons to be made between the different pupil cohorts as they progress through school in Havering and elsewhere in the country: -

- Unsurprisingly, the attainment for children with statements or identified SEN is lower than that for children with no identified SEN in Havering and elsewhere.
- Nonetheless a significant proportion of children with identified SEN support achieve the expected minimum level of attainment at the end of each key stage and that proportion tends to increase over the primary school period demonstrating the effectiveness of the support provided within local schools. However:-
    - the attainment of children with identified SEN support locally tends to be lower than that reported for relevant comparators. But fewer children are identified as having SEN support in Havering and as such they are thought likely to represent a different, more complex cohort than in other areas
    - the proportion of children with SEN support meeting the benchmark attainment drops back in secondary schools – most likely reflecting the complexity of those pupils who still require SEN support in Secondary school.
- A lower proportion of children with statements achieve the expected level of attainment at the end of each key stage than children with SEN report or no identified SEN but performance is similar to that reported for relevant comparators, possibly because 'statemented children' represent a more consistent cohort of children across areas.

1.6.3 SEND Transition post-16

The Young People's Education & Skills team commissions *Prospects* to fulfil the Council's statutory duty to ensure young people participate in education, employment or training and to provide Targeted Information Advice & Guidance for all learners.

The Not in Education, Employment or Training (NEET) cohort receive specific targeted interventions from a range of local and neighbouring education and training providers making use of bespoke programmes tailored to the specific needs of this cohort and funded using European Structural & Investment Funds (ESIF).

Advisors support learners and their families with transition e.g. assisting with the completion of applications, attending interviews at potential placements and arranging taster sessions.

The Prospects team work with the 16-25 resident SEND cohort in Havering and robustly track their participating in compliant education, training, apprenticeships and volunteering.

Achievement in Havering is similar if not better than that in comparable areas with a higher proportion in learning and a lower proportion NEET, unknown or in non-compliant destinations (see Table 2).

Table 2: Participation of 16-25 resident SEND cohort in Raising the Participation Age (RPA) compliant learning, Havering and Bexley, June 2016

	Havering	Bexley
Total	318 (100%)	345 (100%)
In learning	280 (88.0%)	281 (81.4%)
NEET	18 (5.7%)	31 (9%)
Unknown	5 (1.6%)	12 (3.5%)
Other destinations non RPA compliant	15 (4.8%)	21 (6.1%)

Source: Department for Education

1.7 Recommendations

The SEND Needs Assessment Steering Group made a series of recommendations under 3 broad headings:-

- Strategic – about how key partners work together to develop and implement relevant strategy.
- Services – in terms of what is available and how services work together to better meet the needs of children and their families.
- Technical – to assist service delivery and improve our understanding of the needs of children and young people as presented in future iterations of the JSNA.

STRATEGIC	1	Undertake a review of the groups responsible for local strategy, commissioning and planning of education, health and social care services relevant to children and young people (0-25) with SEND to eliminate duplication; reaffirm terms of reference and membership and confirm governance with the Health and Wellbeing Board
	2	Use the SEND JSNA to develop strategic commissioning intentions and service development priorities across education, health and social care
	3	Give greater transparency regarding the eligibility criteria for health, education and social care services to aid partnership working and give clarity to children and families.
	4	Ensure key services e.g. community health services are commissioned for outcomes and reports on these outcomes are shared via the refreshed governance structure.
	5	Fully implement the personal budget policy in conjunction with health, where appropriate
	6	Ensure a continued focus on prevention and early intervention (universal services and targeted support) to address the risk factors for SEND
	7	… including healthy lifestyle support for pregnant women / women considering pregnancy to address maternal obesity, smoking in pregnancy etc
SE	8	Review the joint EHC planning and resource allocation meetings to ensure the process and membership enables timely sign off of plans

	9	Implement the findings of the review of equipment services across education, health and social care to further improve user experience and outcomes
	10	Ensure the planned re-commissioning of short breaks includes input from health so that a joint approach can be developed and implemented.
	11	Ensure the data presented in the JSNA regarding community health services informs the on-going review(s) of therapy services
	12	The resulting improvement plans for therapy services should reflect recent / predicted increases in demand and rapid implementation should be a priority
	13	Continue to provide appropriate challenge to any educational provision not achieving good outcomes for children and young people with SEND and other vulnerable groups including LAC and children in need
	14	Monitor the delivery of the recently implemented Transitions Plan
	15	Establish a framework to collate and analyse service user and family feedback to better inform policy, practice and commissioning across health, education and social care services
	16	Work with local GPs to improve uptake of health checks for (young) people with learning disabilities and the subsequent agreement of health action plans to address lifestyle issues and lower the risk of long term conditions
TECHNICAL	17	Create a single database of children and young people with disabilities and /or complex health needs (0-25) across health, social care and education beginning with those with EHC plans
	18	Ensure the new child health information system (CHIS) records children and young people with a EHC plan
	19	The Youth Offending Service should review its processes to identify and record children and young people with SEND so they can better target support as required
	20	Formalise a systematic approach whereby midwives, health visitors and school nurses alert CAD of new born babies and / or children newly resident in the borough likely to have SEND.