

## Special Educational Needs and Disability (SEND) Needs Assessment

---

Interim Report for consultation.

Final version to be published November 2019

Name	Version / Date	Comment
Rebecca Tonks	17/06/19	For SEND Standards Board consideration on 21 June
Rebecca Tonks	01/08/19	Consultation / critical review version
Rebecca Tonks	02/09/19	Post Consultation version

Document Control

Version 4: 02/09

## Contents

Why do we need a SEND Needs Assessment? .....	1
Definition of Special Educational Needs:.....	1
Summary of legislation and guidance .....	2
Duties under the Children and Families Act 2014 .....	2
Duties under the NHS Act 2006.....	2
Duties under the Care Act 2014 and Transition .....	2
2. Local Strategy SEND Inclusion Plan ‘All our Children’ .....	3
Scope, Limitations & Structure of this document .....	4
Theme 1: Population and Demographics .....	5
1.1.0 North Lincolnshire Children and Young people population .....	5
1.2.0 Population projections .....	5
Theme 2: Special Educational Needs (SEN) .....	8
2.1.0 Children with an Education Health Care (EHC) Plan or with a Statement of Special Educational Needs (SEN) .....	8
2.2.0 Children supported at SEN Support level .....	10
2.3.0 Primary Needs .....	11
2.4.0 Children with SEN who are resident in North Lincolnshire .....	14
2.5.0 Ethnicity .....	15
2.6.0 Vulnerable groups and SEND.....	17
2.7.0 Looked After Children and Children in Need with SEN .....	19
2.8.0 Young Offenders with SEN .....	20
2.9.0 Education Provision by Phase and Type of School .....	21
2.10.0 Special School Provision .....	22
2.11.0 Transport to alternative provision and special schools.....	23
2.12.0 Pupils with SEN placed in SEN units or Resourced Provision .....	23
2.13.0 Out of County School Placements .....	25
2.14.0 Development and Attainment for SEN pupils.....	25
2.15.0 Personal Budgets and Direct Payments .....	28
2.16.0 Young People who are not in Education, Employment or Training and are SEN .....	28
2.17.0 Fixed term Exclusions and Pupil Absence.....	31
Theme 3: Disability .....	34
3.1.0 Information on Children in North Lincolnshire with a disability .....	34
3.2.0 Children in Need with a disability.....	38
3.3.0 GP Health Checks for People with Learning Disabilities.....	39
Theme 4: Health and Care .....	40
4.1.0 Visual and Hearing impairment .....	40

4.2.0	Speech and Language Therapy .....	40
4.3.0	All Age Carers Service .....	42
4.4.0	Short breaks .....	43
4.5.0	Overnight Short Breaks at the Cygnets.....	44
4.6.0	Home Care .....	44
4.7.0	Children accessing play schemes.....	45
4.8.0	Children and Adolescent Mental Health (CAMHS).....	45
4.9.0	ASD and ADHD Pathway.....	46
4.10.0	Children with Long term and Chronic Conditions .....	47
4.11.0	Transition to Adult Services .....	52
4.12.0	Children with Medical Care Plans .....	53
4.12.0	Prevention and early intervention of SEND .....	53
4.13.0	Children’s voice - North Lincolnshire Lifestyle Surveys .....	54
	Key Messages .....	58
	Commissioning Intentions .....	<b>Error! Bookmark not defined.</b>
5.0.0	How does the data inform our commissioning intentions.....	<b>Error! Bookmark not defined.</b>
	Appendix 1.....	60

## Why do we need a SEND Needs Assessment?

This is the third revision of the SEND JSNA, a document bringing together data which describes the SEND population within North Lincolnshire.

Its purpose is to:

- Help ensure that policy makers and providers of SEND provision have easy access to key data-sets which will help them better understand our children and young people's current and future needs.
- Provide an evidence base for decision making to ensure that resources continue to be targeted effectively to improve outcomes in the short, medium and long term.
- Provide a diverse array of data-sets, to help professionals to better understand different perspectives which will help facilitate more effective collaboration between strategic partners.
- Enable strategic needs to be better understood, by developing a collective understanding of North Lincolnshire's populations' needs.
- Identify emerging trends and highlight commissioning and service delivery opportunities in order to better meet the needs of children and young people with SEND
- Inform North Lincolnshire's Joint Strategic Needs Assessment (JSNA).

A needs assessment is important as it is the foundation of the commissioning process and will form the basis from which outcomes are identified, services are planned, resources committed and progress measured. The following extracts from the Special Educational Needs and Disability Code of Practice: 0 to 25 years shows the value of robust data to ensure children and young people's needs are met in the most appropriate way:

- Local authorities must work with one another to **assess local needs**. Local authorities and health bodies must have **arrangements in place to plan** and commission education, health and social care services jointly for children and young people with SEN or disabilities.
- Joint commissioning arrangements should enable partners to make **best use of all the resources** available in an area to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way.
- To inform commissioning decisions, **partners should draw on the wide range of local data sets** as well as qualitative information about the likely education, health and social care needs of children and young people with SEN or disabilities.

## Definition of Special Educational Needs:

The Children and Families Act states a child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her. This is defined as if he or she has significantly greater difficulty learning than the majority of others of the same age, or if he or she 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 schools or mainstream post-16 institutions.

The Act has replaced the Statement of Educational Needs with the Education, Health and Care Plan (EHCP). Since 1<sup>st</sup> September 2014, all new statutory assessments have been made under the new system. Children with existing statements are in the process of being transferred to EHCPs over the course of a three-year transition (Department of Health, 2014).

## Summary of legislation and guidance

### Duties under the Children and Families Act 2014

A **local authority** in England must exercise its functions to identify all children and young people who have or may have special educational needs or disability (C&FA S.22)

Local authorities are responsible for integrating education, training, healthcare, and social care where this would promote the wellbeing of young people with SEND. This addresses a range of subjects such as their mental and physical health, personal relationships, recreational opportunities, contribution to society and more.

Local authorities and partner commissioning bodies are also required to put in place joint commissioning arrangements in order to plan and jointly commission the education, health and care provision for disabled children and young people with SEN.

If a **health body** (such as a Clinical Commissioning Group (CCG) or NHS Trust) informs the opinion that a child has (or probably has) special educational needs or a disability they must:

- Inform the child's parents and provide an opportunity to discuss
- Bring their opinion to the attention of the Local Authority (C&FA S.23)

As part of the Children and Families Act 2014, the support for children with SEN was simplified to two levels:

- SEN Support (replacing 'School Action' and 'School Action Plus'). The majority of children and young people with SEN will have their needs met by this non-statutory SEN support service in schools.
- Education, Health and Care (EHC) Plan for children and young people up to 25 years who require more support (replacing 'Statements' of SEN). These identify the educational, health and social needs and define the additional support required to meet those needs.

Children and young people can receive SEN Support or support provided through an Education, Health and Care Plan in an early years setting, a mainstream primary or secondary school, a college, in a home school setting, or in a special school.

### Duties under the NHS Act 2006

Under the NHS Act 2006, the Clinical Commissioning Groups have a duty to commission services to meet the needs of the population for which they are responsible, to a reasonable extent.

### Duties under the Care Act 2014 and Transition

For children approaching adulthood, the Care Act 2014 requires local authorities to assess the needs of children likely to need care and support after turning 18 (as is very likely in the case of SEND young people) (CA S.58). NICE offers guidance on the transition from children's to adults' services for young people using health or social care services (NICE, 2016).

Preparation for transition should start early. The SEND Code of Practice says, "When a child is very young, or SEN is first identified, families need to know that the great majority of children and young people with SEN or disabilities, with the right support, can find work, be supported to live independently, and participate in their community. Health workers, social workers, early years' providers and schools should encourage these ambitions right from the start."

When a young person is under the care of a paediatrician, health professionals must work with the young person to develop a transition plan, which identifies who will take the lead in co-ordinating care and referrals to other

services. The young person should know who is taking the lead and how to contact them. If the young person has an EHC plan, the CCG and local authority must cooperate to meet the outcomes in the EHC plan.

## 2. Local Strategy SEND Inclusion Plan 'All our Children'

North Lincolnshire's Special Educational Needs and Disability (SEND) Inclusion Plan 'All our children' 2017 – 2020 outlines our aspirations for children and young people (aged 0-25) with Special Educational Needs and Disabilities (SEND). The aspiration in North Lincolnshire is that all our children and young people with SEND will:

- Feel safe and be safe
- Enjoy good health and emotional wellbeing
- Recognise and achieve their potential

The Key principles underpinning the plan are:

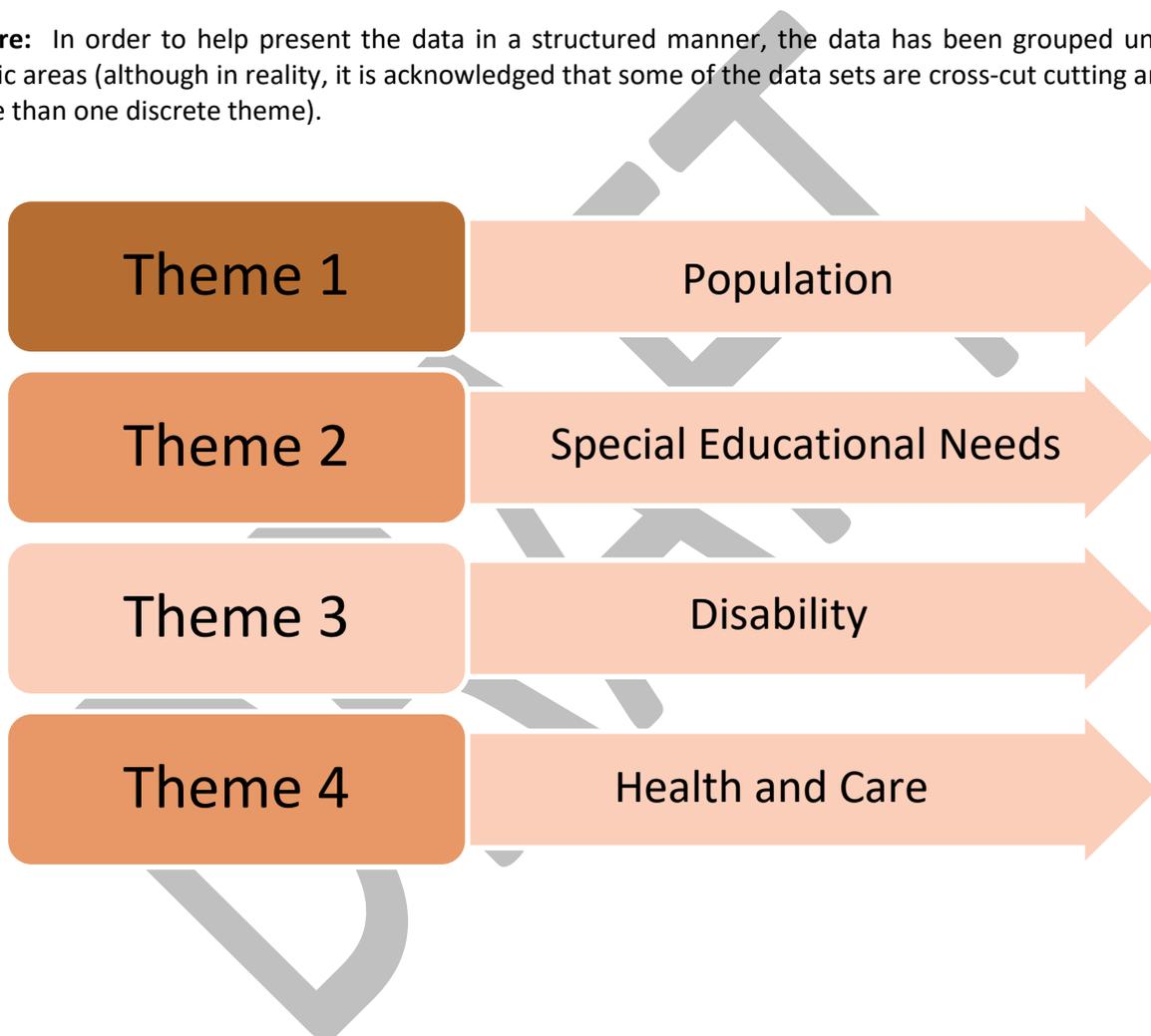
- We are driven by improving outcomes for all children and young people.
- 'Nothing for us without us' – children, young people and their families are central to planning for improved outcomes both at individual level and also in terms of developing and co-producing the wider SEND Local Offer.
- We individually and collectively value every child and every young person for who they are – we demand equality of opportunity and equality of access to provision that meets the needs, aspirations and potential of each individual.
- Each child and young person must feel safe and be emotionally resilient if they are to recognise and achieve their potential.
- There are ambitions within North Lincolnshire that can only be addressed through deep and effective partnership working.
- People drive improvement – families, communities, professionals and most importantly children and young people – the more enabled people are, the better outcomes will be.
- A culture of high-support and high challenge drives continuous improvement.
- It is recognised that every child and young person is unique and that some children and young people do require additional help and support in order to achieve their individual potential and to realise their goals and aspirations.
- Some children and families will need more help at certain times to access their universal entitlements – education, health and care providers are all well placed to contribute to this early help so that families get the support they need, when they need it.
- All our children and young people are central to the on-going social, economic and environmental development and regeneration of North Lincolnshire.

## Scope, Limitations & Structure of this document

**Scope:** Data contained within this document has been gathered from a range of sources. Whilst the report covers the age ranges from 0-25, not all data sets will relate to this specific entire age range. This is because some data sets are unique to specific children and young people populations – for example statutory school aged children only includes 4 to 16 year olds.

**Limitations:** Whilst the document includes a comprehensive and diverse presentation of information, there may be specific information that has not been included. Therefore this document should be used in conjunction with other 'local information and intelligence' which professionals can use to further help support their evidence base for decision making.

**Structure:** In order to help present the data in a structured manner, the data has been grouped under four thematic areas (although in reality, it is acknowledged that some of the data sets are cross-cut cutting and relate to more than one discrete theme).



## Theme 1: Population and Demographics

### 1.1.0 North Lincolnshire Children and Young people population

Based on the office of national statistics 2017 mid-year population estimates, around 47,616 young people under the age of 25 years old are living in North Lincolnshire. These estimates roll forward the population found by the previous census, one year at a time by using the ratio of change in consecutive GP Patient Register data and changes to special populations to account for population changes<sup>1</sup>.

The table below indicates age groups by key localities.

**Table 1.1.1: Age and locality of Young people living in North Lincolnshire (2017)**

Locality	0-4	5-9	10-14	15-19	20-24	Locality total	Locality total by %
Barton and District	1,710	1,993	1,881	1,770	1,516	<b>8,870</b>	18.6%
Brigg and District	1,381	1,682	1,697	1,518	1,313	<b>7,591</b>	15.9%
Isle	1,035	1,266	1,270	1,280	1,044	<b>5,895</b>	12.4%
Scunthorpe North	1,741	1,886	1,597	1,408	1,672	<b>8,304</b>	17.4%
Scunthorpe South	3,513	3,847	3,465	3,114	3,017	<b>16,956</b>	35.6%
<b>Total</b>	<b>9,380</b>	<b>10,674</b>	<b>9,910</b>	<b>9,090</b>	<b>8,562</b>	<b>47,616</b>	
Age Total by %	19.7%	22.4%	20.8%	19.1%	18.0%		

Data source: Population data from ONS Mid-year estimates 2017

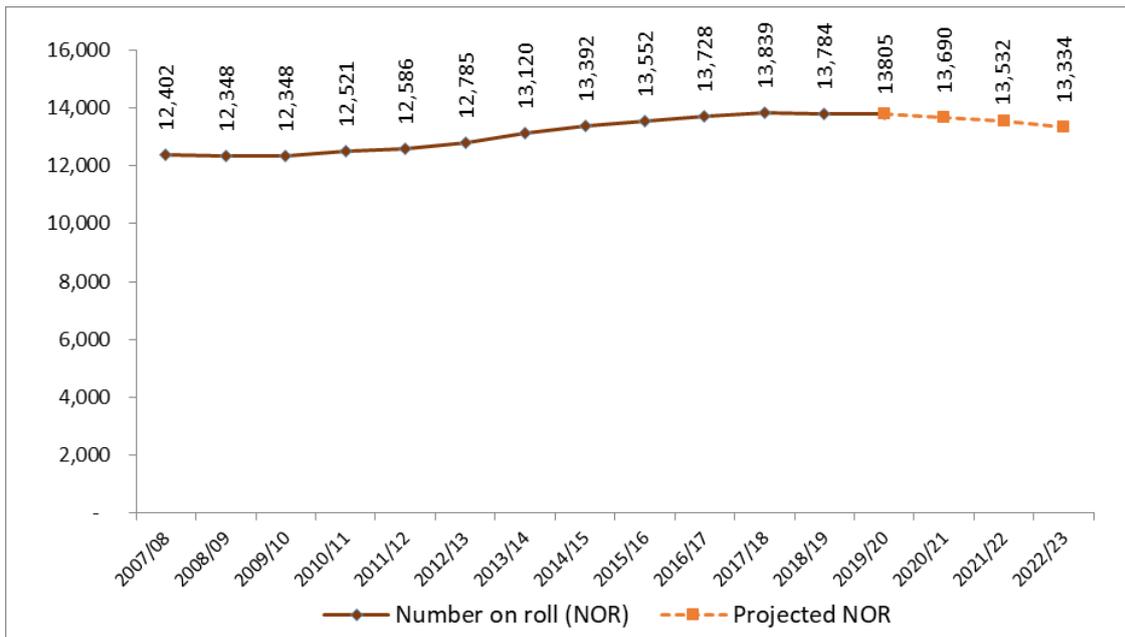
### 1.2.0 Population projections

**Housing Developments:** The LA maintains a comprehensive list of major housing developments that have planning approval. The options for housing development in the new Local Plan (2017-2036) includes provision for circa 8,000 dwellings. The pupil yield formula assumes 0.25 primary aged and 0.20 secondary aged pupil for each new house built. Whilst current housing developments are not expected to have a significant impact on our overall pupil populations over the next few years, this will remain under review

**Pupil Populations:** The previous numbers on roll and projected numbers on roll for statutory school aged children are shown in the two graphs overleaf

<sup>1</sup> Description from ONS methodology for mid-year estimates

**Graph 1.2.4: Pupil numbers, historic and projected: total number on roll (Primary)**

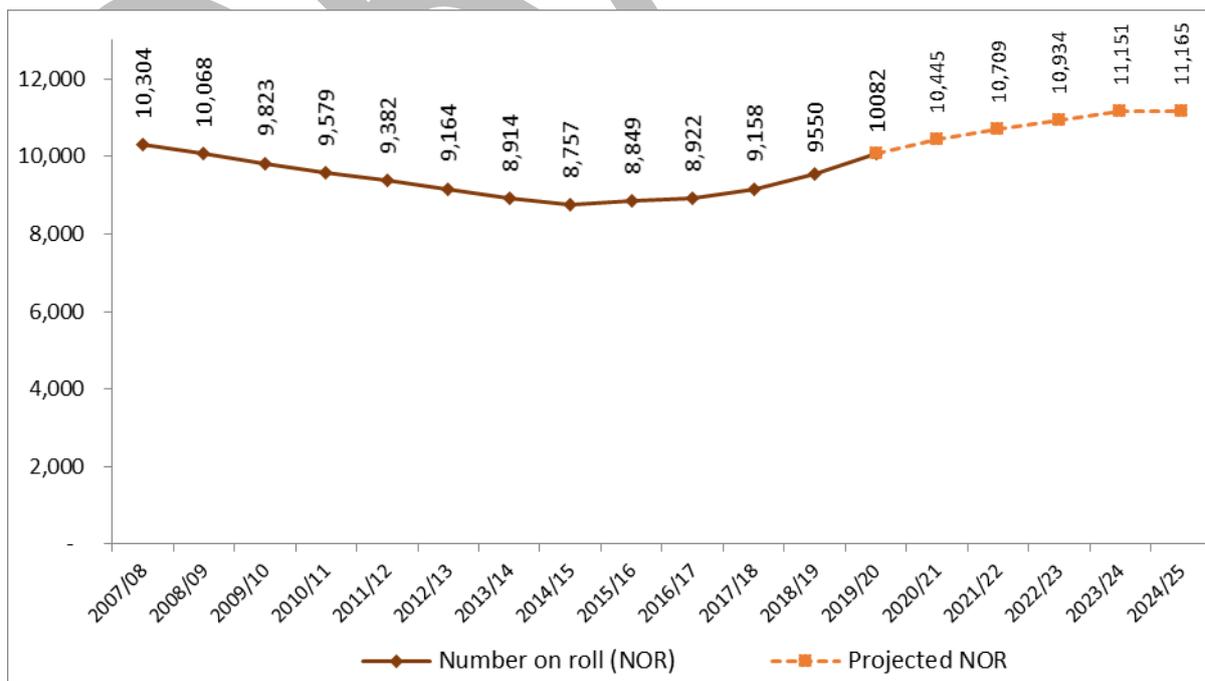


Source: Internal data

The key points to note from the above graph are:

- The total number of pupils in the primary sector has risen steadily from its lowest point in 2008-2010 (12,348) to the highest point in 17/18 with 13,829 on roll. Numbers are anticipated to fall slightly over the next four years.
- The current total available capacity across the primary sector is 14,869 places.

**Graph 1.2.5 Pupil numbers, historic and projected: total number on roll (Secondary)**



Source: Internal data

The key points to note from above graphs are:

- The total number of pupils in the secondary sector declined from 2007/8 to the lowest point in 2014/15 (8757)
- Looking forward, the projections show that growth will continue from 2017 until 2024.
- The Engineering UTC and Leggott Academy creates additional capacity for year 10 and year 11 pupils only.

DRAFT

## Theme 2: Special Educational Needs (SEN)

A child has special educational needs (SEN) if they have a learning problem or disability that mean they need more help than other children their age to learn and to access the curriculum, and to make progress expected for their age and ability.

Where it is agreed that SEN provision is needed, support can be provided at two levels which increase in need. Most children will be supported at 'SEN Support' level<sup>2</sup>, which is arranged by and provided for in the school setting, and where greater support is needed, an Education Health and Care plan (EHCP) which legally sets out the health and educational needs and aims of the child and is supported by the local authority and health professionals. EHCPs replace statements of special education needs, and Learning Difficulty Assessments. Both type of provision follow a cyclical planning, implementation and review cycle.

### 2.1.0 Children with an Education Health Care (EHC) Plan or with a Statement of Special Educational Needs (SEN)

This report uses two principal methods for calculating the number of children and young people with an education health care plan or a statement of special educational needs. These are the DfE formula and North Lincolnshire Council's formula. The differences in the two methodologies can be found at Appendix 1.

The Children and Families Act 2014 provided for a major reform of the system for identifying children and young people in England with special educational needs (SEN), assessing their needs and making provision for them<sup>3</sup>. The 2014 reforms began to be implemented in September 2014, in a phased process due to be completed by April 2018. Therefore before 2015, data contains only statements of educational special needs. Between 2015 and 2018, data contains both statements and EHC plans and data from 2019 is for EHC plans only.

**Table 2.1.1: North Lincolnshire Statement of SEN and EHCP numbers by year<sup>3,4</sup>**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
local	906	861	829	816	805	761	816	882	916	914
national	907	873	833	817	807	762	817	887	929	913

Source: Statistical First Release SFR22-2019 Main Tables EHCP and locally held data. 2019 data in January

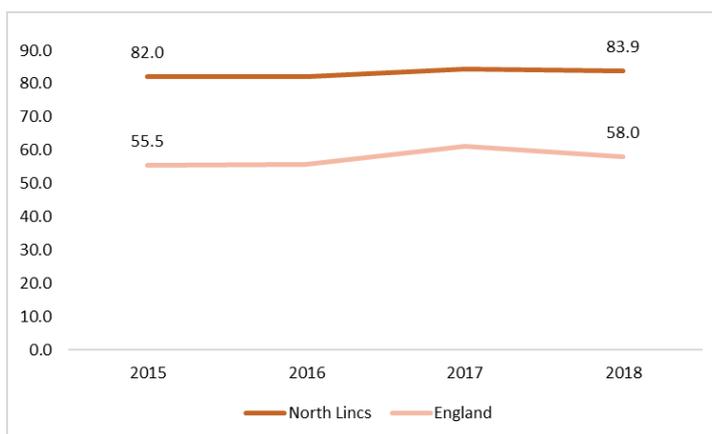
- Since the 2016 the number of EHCPs has increased and has settled at just over 900.
- 93 new plans were issued in 2018.
- North Lincolnshire internal figures closely match those published nationally.
- The proportion of EHCP issued within 20 weeks with exceptions, in 2018 was 83.9%. This was well above the national average (58%).

<sup>2</sup> The current SEN arrangements, called SEN support, came into force in September 2014, replacing School Action/ School Action plus

<sup>3</sup> EHC plans replace statements of SEN and Learning Disability Assessments (LDAs).

<sup>4</sup> Dates for moving to an education, health and care (EHC) plan: •September 2016 if they have a learning difficulty assessment (LDA) or spring 2018 if they have a statement

Chart 2.1.2: EHCPs issued within 20 weeks (with exceptions) 2015 – 2018



Source: Statistical First Release SFR22-2019

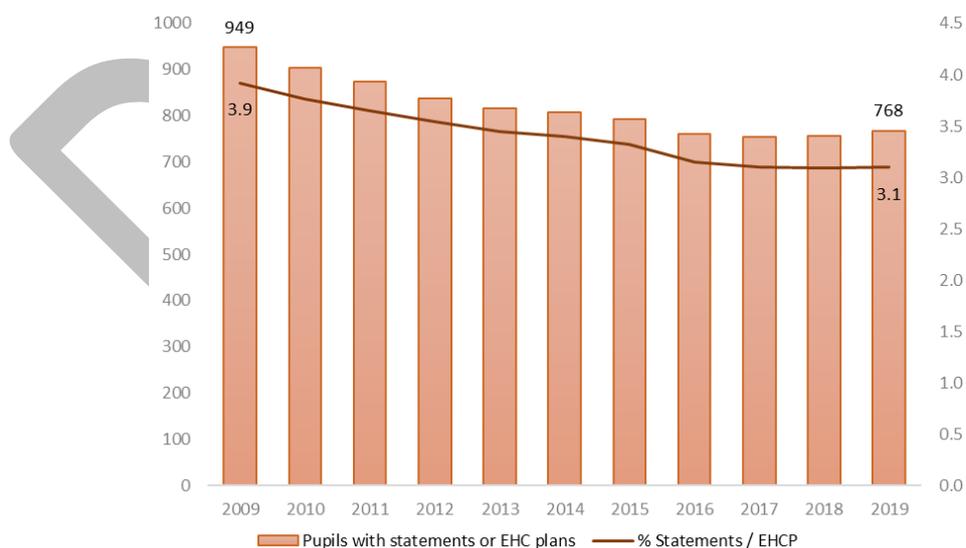
Table 2.1.3: North Lincolnshire Statement of SEN and EHCP numbers by 5 year age band- 2019

	Under 5	Aged 5-10	Aged 11-15	Aged 16-19	Aged 20-25	Total
North Lincs	37	276	394	197	9	913

Source: Statistical First Release SFR22-2019

The highest number of children with an EHCP in North Lincolnshire are between 11 and 15 years of age, followed by those aged 5-10. Historically statements were only issued upon reaching school age. The process of identifying children with high levels of need before reaching statutory school age will be ongoing.

Chart 2.1.4: EHCPs and Statements – as number and percentage of the total pupils educated within North Lincolnshire schools



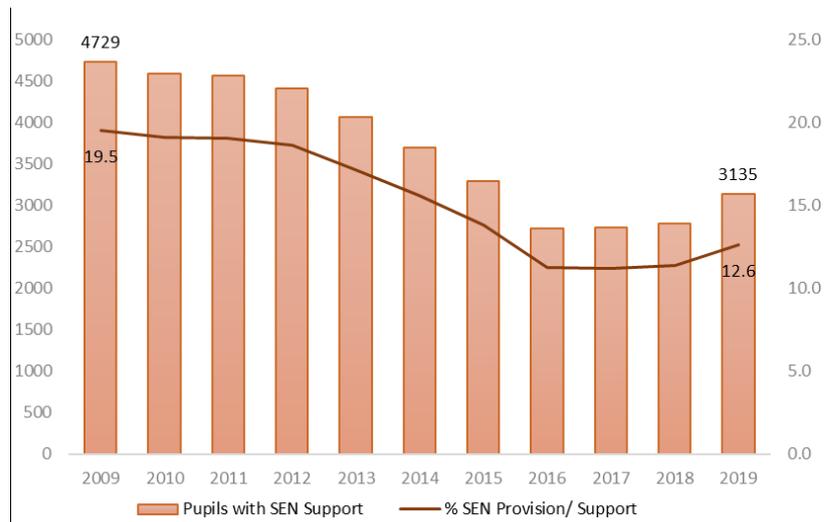
Source: Statistical First Release SFR37-2019 local Authority tables

The number of children with EHCPs / Statements in mainstream and special schools in North Lincolnshire has declined over the past 10 years, however since 2016 has begun to stabilise, and has been at 3.1% of school population for the past 3 years, which in 2019, is the same proportion as seen nationally.

## 2.2.0 Children supported at SEN Support level

The proportion of SEN support pupils within North Lincolnshire decreased between 2012 and 2016, but has since begun to increase. As at January 2019, 12.6% (3135) North Lincolnshire pupils were on SEN Support compared to 11.9% nationally. The change between 2018 and 2019 was pronounced with a 12.6% increase. This increase was mainly linked to an increase in SEMH need identification within schools.

**Chart 2.2.1: Percentage of SEN Support<sup>1</sup> educated in North Lincolnshire Schools 2009-2019**



Source: SFR37-2019 Local Authority Tables

DRAFT

### 2.3.0 Primary Needs

A child may have multiple needs and these should be addressed as a combination, A primary need is not prescriptive, but rather the largest area of challenge that the child experiences. As all children and young people are different, and may have different combinations of need, this section can be considered an assessment of the most acute needs of North Lincolnshire children. It should be noted that EHCP needs are defined in agreement with the local authority, whilst schools are responsible for the identification and reporting of needs at SEN Support level within the school level census.

**Table 2.3.1: North Lincolnshire EHCP primary need breakdown January 2019**

EHCP by Primary Need Jan 2019		
Primary Need	Number	%
Specific Learning Difficulty	26	2.8%
Moderate Learning Difficulty	173	18.9%
Severe Learning Difficulty	65	7.1%
Profound and Multiple Learning Difficulty	20	2.2%
Social, Emotional and Mental Health	178	19.5%
Speech Language and Communication Needs	162	17.7%
Hearing Impairment	15	1.6%
Visual Impairment	14	1.5%
Multi-Sensory Impairment	0	-
Physical Disability	49	5.4%
Autistic Spectrum Disorder	211	23.1%
	<b>913</b>	

Source: Internal from SEN2 data

The largest proportion of children with an EHCP, have a primary need of Autistic Spectrum Disorder (23.1%). The next largest proportions are for Social, Emotional and Mental health (19.5%), Moderate Learning Difficulty (18.9%) and Speech Language and Communication needs. (17.7%) These proportions are for all children with an EHCP supported in North Lincolnshire, the children supported within schools in North Lincolnshire, combined with children supported by schools at SEN Support level are detailed below.

**Table 2.3.2: North Lincolnshire Primary, Secondary and Special Schools, all SEN primary need breakdown 2019**

	special	primary	secondary	total	% of SEN in North Lincs	% of SEN in England
Specific Learning Difficulty	1	200	339	540	14.4	12.5
Moderate Learning Difficulty	52	327	499	878	23.4	20.4
Severe Learning Difficulty	55	7	2	64	1.7	2.7
Profound & Multiple Learning Difficulty	18	1	0	19	0.5	0.9
Social, Emotional and Mental Health	13	311	325	649	17.3	17.1
Speech, Language and Communications Needs	64	506	100	670	17.9	21.7
Hearing Impairment	1	44	34	79	2.1	1.8
Visual Impairment	2	26	16	44	1.2	1.1
Multi-Sensory Impairment	0	3	2	5	0.1	0.3
Physical Disability	18	72	35	125	3.3	2.9
Autistic Spectrum Disorder	66	107	104	277	7.4	11.0
Other Difficulty/Disability	0	93	82	175	4.7	4.4
SEN support but no specialist assessment of type of need	0	198	28	226	6.0	3.3

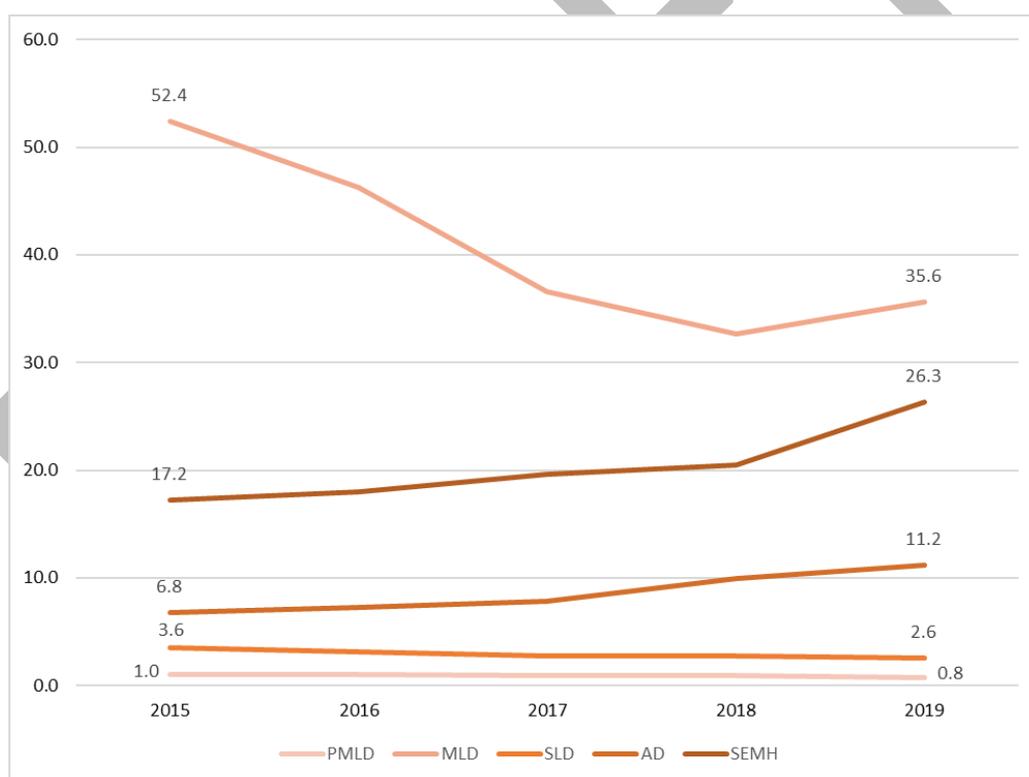
Source: SFR37-2019 Local Authority Tables- low numbers as published

At a school level, the highest proportion of children with SEN are supported with a primary need of moderate learning difficulty (23.4%) which is a slightly higher proportion than seen overall in England (20.4%). A higher number of children with moderate learning difficulty are within secondary schools than primary (499 vs 327). The next highest proportion is for children with speech, language and communication primary needs. In North Lincolnshire schools this proportion is slightly lower than seen overall in England, 17.9% vs 21.7%. The vast majority of children with speech and language needs are supported within primary schools. (506 of 670 total). There is a higher proportion of children with specific learning difficulty as a primary need than seen overall in England (14.4% vs 12.5%), the largest number of which are supported within secondary schools (339 of 540 total).

The proportions of children with SEN with a profound and multiple learning difficulty primary need are similar to overall for England, the vast majority of which are within special schools. The proportions of children with visual, hearing and physical disability primary needs in North Lincolnshire schools are also very similar to national averages.

It should be noted, that the proportions of children with a primary need will be affected by those with ‘other’ and non-assessed need, the proportion of which is higher than national, (approx. 10.7% combined, vs 7.7%) with the highest number of non-specialist assessed need seen in primaries.

**Chart 2.3.3: Prevalence of primary need in North Lincolnshire schools, per 1000 pupils 2015-2019**



Source: Special educational needs statistical collections 2015-2019 and school census population figures. Proportions prior to 2019 from PHoF (PHE)

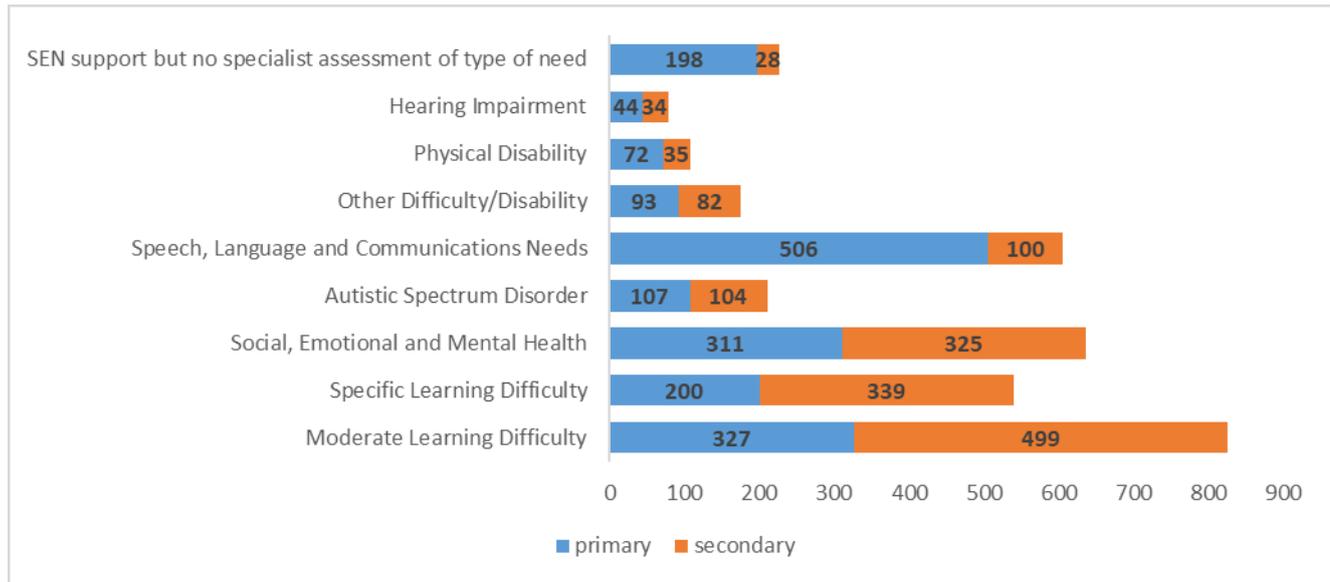
Although the proportion of children with MLD increased in North Lincolnshire schools between 2018 and 2019, the long term trend has been of a reduction in this primary need type (52.4 – 35.6 per 1000 between 2015 – 2019).

Conversely, the number of children with social, emotional and mental health primary needs has increased, and is now very slightly higher than the national average.

The proportion of children identified as SEN with autistic spectrum disorder primary need within schools has increased year on year, and the prevalence in schools is now around 1.1%. It is still however lower than the national average. Although numbers are similar in primary and secondary schools, as the primary population is around a third larger than the secondary population, the proportion of ASD pupils in the school population is higher at secondary level than at primary.

The split in need proportioned by school phase is further illustrated below:

**Chart 2.3.4: North Lincolnshire Primary, Secondary school and SEN primary need split (numbers of children)**

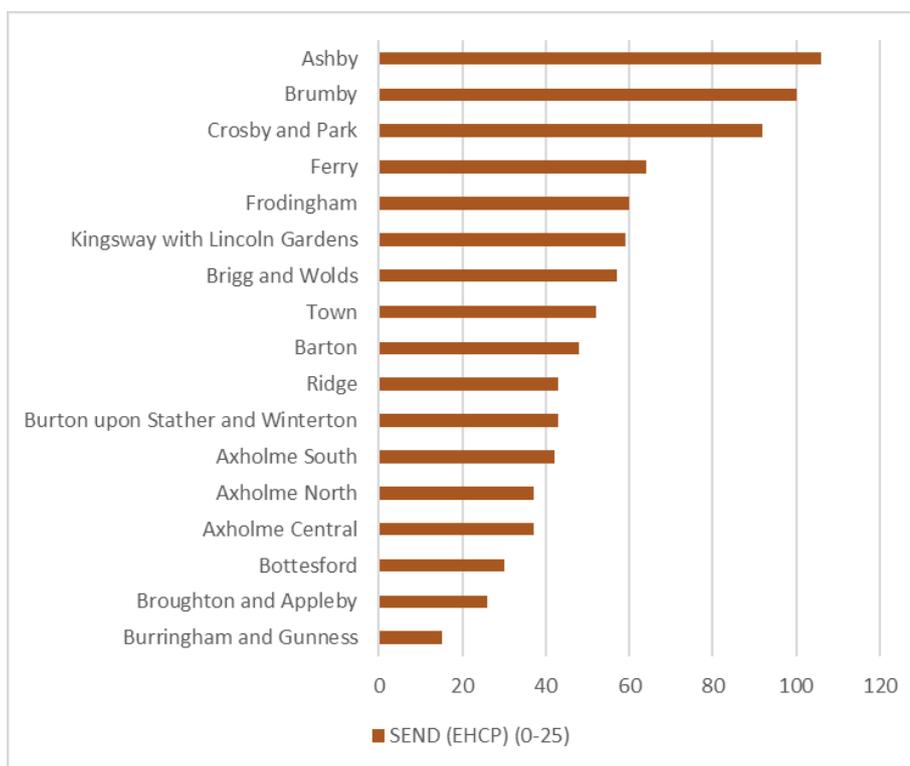


Source: SFR37-2019 Local Authority Tables- Primary school population 2019 – 14,637 Secondary – 9,724

DRAFT

## 2.4.0 Children with SEN who are resident in North Lincolnshire

Graph 2.4.1: Number of children with EHCP in North Lincolnshire by ward, 2019



Source: locally held data from North Lincolnshire Council

The number and rate of children and young people with an EHCP varies across the authority. Fifty six percent of children with an EHCP live in Scunthorpe, and the rest reside in the outlying market towns and villages. The largest number of children reside in the more populous wards of Brumby, Ashby and Crosby and Park. Proportions of children and young people with an EHCP are lower than seen within schools due to the application of the data across whole 0-25 year population, rather than school population. 95% of children and young people with EHCP in North Lincolnshire are within statutory school age, so figures in the table below will appear lower than school tables. In addition 13 children and young people were resident out of the area, and could not be included in the chart or table.

Table 2.4.2: Number of children with an EHCP in North Lincolnshire by ward, with rate per 100, 0-25, (2019)

	Burringham and Gunness	Broughton and Appleby	Bottesford	Axholme Central	Axholme North	Axholme South	Burton upon Stather and Winterton	Ridge	Barton	Town	Brigg and Wolds	Kingsway with Lincoln Gardens	Frodingham	Ferry	Crosby and Park	Brumby	Ashby	North Lincs
Number	15	26	30	37	37	42	43	43	48	52	57	59	60	64	92	100	106	926
Rate per 100	1.9	1.5	1.3	1.9	1.7	2.4	1.5	1.4	1.5	1.9	2.0	1.8	2.2	2.3	1.9	2.4	2.4	1.9

## 2.5.0 Ethnicity

The percentage of Black and Minority Ethnic pupils within North Lincolnshire Schools is lower than the England average, however it is higher than within the larger North Lincolnshire population during the last census in 2011, where 92.3% of people stated they were White British. This is likely due to an increase in recent years of residents of Eastern European origin, who are predominantly of young working age. This has led to an increase of BAME children within North Lincolnshire schools, a trend which has been noted elsewhere in the country.

**Table 2.5.1 Pupils in North Lincolnshire school by ethnic grouping, January 2019**

	Number of BAME pupils	% of BAME pupils	% of BAME pupils in England
primary	2352	16.1%	33.5%
secondary	1220	12.5%	31.3%
special	32	11.0%	29.5%

*Source: Pupils and their characteristics -2019 Local Authority Tables*

In 2019 pupils from BAME communities represented 16% of North Lincolnshire's primary school population and just over 12% of the secondary school population, which is an increase of approximately 4 percentage points for both age groups since 2014. However this is still significantly less than the overall BAME England school population.

The largest BAME group are children from 'White - Other' communities which account for half the primary BAME population, and slightly less than half of the secondary school BAME population. These are predominantly children of eastern European origin. The next largest group are Asian pupils which account for almost a quarter of the total BAME pupils across both age groups, with a higher proportion at secondary school age.

Around 60 children in primary and secondary schools in North Lincolnshire were recorded as being from Gypsy / Roma or Irish Traveller backgrounds in January 2019, this is around 0.25% of the school population<sup>2</sup>.

12.2% of primary school children and 8.9% of secondary school children in North Lincolnshire are living in homes where English is an additional language, (EAL). This compares with 21.2% and 16.9% nationally. The highest concentration of EAL pupils is amongst residents of Scunthorpe North.

As at June 2019 there were 924 children who had an EHCP/Statement in North Lincolnshire. Of the 924 children, 84.6% identify as 'White-British', and 87.2% when 'White English' is included. The next largest proportions were 'White Other', and Asian, excluding not obtained or refused.

Table 2.5.2: Ethnicity Breakdown of children and Young People with an EHC / Statement as June 2019

Ethnicity	No of SEN (EHCP & Statement)	
	June 2019	% of SEN
Asian	25	2.7%
Black	<10	<1.1%
Chinese	<5	<0.5%
Mixed	11	1.2%
White British	806	87.2%
White Other	35	3.8%
Any other Ethnic Group	6	0.6%
refused or not obtained	34	3.7%
<b>total</b>	<b>924</b>	

(White British inclusive of White English). Source: Live data from Capita as at 10/06/2019

As at January 2019, there were 3130 children that were SEN support, educated in North Lincolnshire. Of these 3130, 88.1% identify as 'White British' when White English is included. The next largest proportions were 'White Other', Asian and mixed heritage. Totals under 5 are suppressed in both 2.5.2 and 2.5.3.

Table 2.5.3: Ethnicity Breakdown of SEN Support children and Young People in NL schools as at January 2019

Ethnicity	No of SEN Support Jan	
	2019	% of SEN
Asian	59	1.9%
Black	22	0.7%
Chinese	<5	<0.2%
Mixed	61	1.9%
White British	2757	88.1%
White Other	190	6.1%
Any other Ethnic Group	<15	<0.5%
refused or not obtained	28	0.9%
<b>total</b>	<b>3130</b>	

(White British inclusive of White English). Source: Internal school census data as at 17/01/2019

Table 2.5.4: North Lincolnshire EHCP by gender January 2019

Gender	January 2019	
	Number	%
F	248	27.2%
M	665	72.8%
<b>Total</b>	<b>913</b>	

Source: Internal SEN2 data

The gender split of children with an EHCP in North Lincolnshire is very similar to that seen overall in England.

Nationally in 2018, just over 7 out of 10 - 72.9% of EHCPs were issued to male children and young people. Conversely, 27.1% were issued to female children and young people. In January 2019, 665 EHCPs, (72.8%) were issued to male children and young people, and 248, or 27.8% were issued to female children and young people.

### **2.6.0 Vulnerable groups and SEND**

Many factors may affect the good development of a child across the life course, it is well established that a secure environment and good mental wellbeing will help to build resilience, and enable a child to overcome physical or mental barriers to achievement. With children with SEND it is crucial that any additional factors which may affect the good development of the child be identified and where necessary, children be provided the support needed to thrive.

Children affected by factors which can affect their health and wellbeing, and positive development can be described as vulnerable. We have identified vulnerable children as those children and young people who may require additional agency focus and support in order to meet their full potential, it is very important to note not all children in a grouping described as potentially vulnerable will be vulnerable.

Some of the key vulnerable groups, other than those directly under SEND which can be considered as possibly requiring additional agency focus:

<ul style="list-style-type: none"> <li>• Children for whom English is an additional language</li> <li>• Children from low income backgrounds</li> <li>• Children known to be in need of early help and family support</li> <li>• Lesbian, gay, bisexual and transgender children and young people</li> </ul>	<ul style="list-style-type: none"> <li>• Children and young people looked after by the local authority</li> <li>• Children living with parents/carers with mental illness</li> <li>• Children living with parents/cares who abuse substances</li> </ul>	<ul style="list-style-type: none"> <li>• Children with risk facing behaviours</li> <li>• Young people who are NEET</li> <li>• Young People known to the youth justice system</li> <li>• Children at risk of significant harm or neglect</li> <li>• Young carers</li> </ul>
--	---	--

It can be difficult to provide figures for children affected by SEND and one or many other vulnerable factors. Some information on some of these groups, where children are also SEND are given within the document. Others are general prevalence estimates which can be provided for consideration<sup>5</sup>. It is important to consider the potential cross-over of additional vulnerabilities when commissioning services intended for SEND.

#### **Children Claiming Free School Meals**

Table 2.6.1 shows 217 children and young people with an EHCP, educated in North Lincolnshire who are in receipt of free school meals, or 32.5%. This is comparable than the national average of 32.7%. Nationally, children with social emotional and mental health needs, and moderate or severe learning difficulty primary needs for EHCP were more likely to be claiming free school meals than average.

<sup>5</sup> North Lincolnshire Public Health Intelligence team

**Table 2.6.1: Children eligible and claiming a Free School Meals with an SEN statement / EHC plan educated in mainstream North Lincolnshire Schools January 2019**

	No. of children with a EHC / SEN statement	No. EHCP pupils known to be eligible for and claiming FSM	% of EHCP pupils known to be eligible for and claiming free school meals
North Lincolnshire	667	217	32.5%
National	251,904	82,409	32.7%

*Source: January Census 2019 Local Authority extract, SEN 2019 Additional Tables*

**EHCP children and young people resident in the top 30% for deprivation in North Lincolnshire**

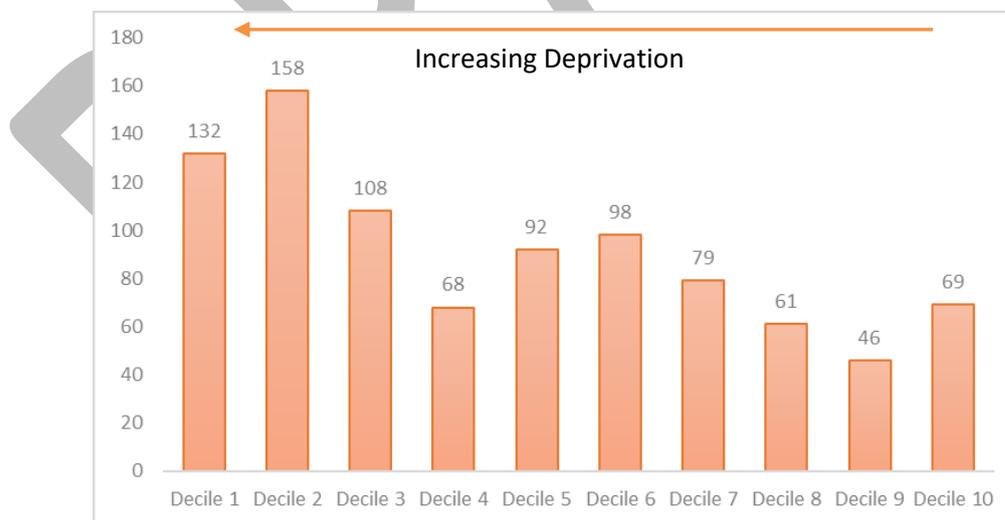
**Table 2.6.2: Children and Young People with an SEN statement / EHC plan, resident in most deprived 3 deciles and 7 least deprived deciles – June 2019**

	Most Deprived	Least Deprived	Out of Area
Number	398	513	13
Percentage	43.1%	55.5%	1.4%

*Source: Capita (June 2019) imd2015 data – local deciles*

In North Lincolnshire overall, 37% of children and young people aged 0-25 live in the most deprived 3 deciles, when measured using the 2015 (local) deciles of deprivation. In contrast, 43.1% (or 43.7% of those with a local postcode) of children with an EHCP are resident within areas ranked within the 3 most deprived deciles in North Lincolnshire. This means children and young people with an EHCP are disproportionately resident in areas of higher deprivation than average for North Lincolnshire.

**Chart 2.6.3: Children and Young People with an EHC plan, residence by local decile of deprivation – June 2019**



*Source: Capita (June 2019) deprivation data IMD2015*

The overall data for deprivation can be seen above, with the highest number of children and young people with an EHCP resident in decile 2 (158)

## 2.7.0 Looked After Children and Children in Need with SEN

A looked after child is defined under the Children Act 1989. A child is classed as ‘looked after’ if the local authority provided accommodation for a continuous period of more than 24 hours, and is subject to care order or is subject to a placement order.

In 2018 the rate of looked after children with in the North Lincolnshire population was 64 per 10,000 children under 18, representing 227 children. This is the same as the England rate, and has increased steadily over the past 4 years.

The table below shows the percentage of children at SEN support (without an EHC Plan/ statement) within North Lincolnshire is 29.9%, which is slightly higher than the national average of 29.0%.

**Table 2.7.1: Looked After Children with and without SEN statement /EHC plan**

	2016		2017		2018	
	With statement/ EHCP	SEN Support	With statement/ EHCP	SEN Support	With statement/ EHCP	SEN Support
North Lincolnshire	24.8%	32.1%	25.0%	32.1%	21.3%	29.9%
National	27.0%	30.4%	26.7%	29.6%	26.5%	29.0%

*Source: Outcomes for Children Looked after by LAs National and Underlying Data Tables and National Tables 2018 and SFR11-2018*

Compared to 2016, the percentage of those with SEN Support and those with an EHCP within North Lincolnshire has decreased at a slightly faster rate than seen overall in England. However as the overall number of looked after children is small in North Lincolnshire, small number fluctuations can result in larger proportional changes.

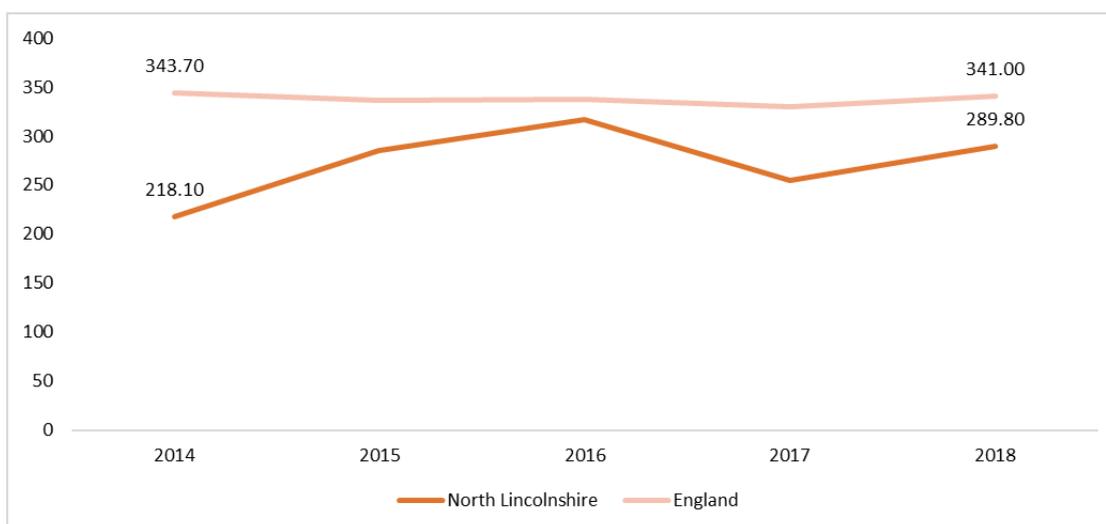
### Children in Need (CIN)

Under Section 17 of the 1989 Children’s Act, a child will be considered in need if:

- They are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority; or they have a disability.

CIN could be children with SEND, young carers, children seeking asylum, or a combination of factors.

Chart 2.7.2 Children in Need per 10,000 children



Source: Local authority interactive tool (LAIT)

North Lincolnshire has a below average rate of children in Need compared to overall for England. This has been the case for the past 5 years. The rate has broadly increased in the past 5 years, however the increase has not remained consistent.

Table 2.7.3 Proportion of Children in Need with SEN

		2015	2016	2017	2018
SEN Support	North Lincolnshire	23.9%	22.0%	20.5%	23.0%
SEN Support	England	28.2%	26.0%	25.3%	24.8%
EHCP	North Lincolnshire	11.4%	11.9%	16.4%	17.0%
EHCP	England	21.6%	20.7%	20.6%	21.0%

Source: Local authority interactive tool (LAIT)

The proportion of children in need with SEN has remained lower than the national average, for both SEN Support and EHCP (and Statements). Nationally the proportion of CIN with SEN support has decreased in the last 4 years (28.2 – 24.8%), whereas locally the proportion has remained around 20-23%.

For EHCP the proportion locally has increased year on year (11.4% - 17.0%), but has remained around 20-21% nationally.

### 2.8.0 Young Offenders with SEN

A joint report carried out in 2015 between the Department for Education and the Ministry of Justice found that 42% of those sentenced to 6 months or less in custody were recorded as having Special Educational Needs (SEN) without a statement and 29% were recorded as having SEN with a statement. 56% of those sentenced to more than 6 months and up to and including 12 months in custody were recorded as having SEN without a statement, while 24% were recorded as having SEN with a statement<sup>6</sup>.

Although young people open to the youth justice system are more likely to have SEN than the general population, the cohort represents a small proportion of young people with SEN.

<sup>6</sup> Understanding the educational background of young offenders: summary report – GOV.UK (updated 1<sup>st</sup> Aug 2019)

In May 2019, there were 32 children and young people open to the YOS with EHC plans. Aged between 10 and 18 years of age, 9 of which were enrolled on alternative / specialist provision. There were a further 33 children with SEN support, aged between 13 and 18.

YOS works within a multi-agency framework where the child’s learning needs are considered as a priority, and educational support is overseen by a dedicated YOS education officer. Dedicated education psychology support is available, detailed consideration of the child’s educational needs takes place during planning, and is confirmed via audit.

### **2.9.0 Education Provision by Phase and Type of School**

The percentage of pupils with SEN provision in North Lincolnshire can be broken down by both phase and school type. The table below details the proportion of children with SEN provision within Early Years settings, aged 3 and 4 years of age.

**Table 2.9.1: Number of Early Years pupils aged 3 and 4 years supported with SEN - 2018**

	Children with statements of SEN or EHC plans		Children with SEN support		Total children with SEN	
	Number	%	Number	%	Number	%
England	10106	0.8	70455	5.5	80561	6.3
North Lincs	27	0.7	166	4.5	190	5.3

*Source: Provision for children under 5 years of age -2018 Local Authority Tables*

A similar percentage of early years children which have an EHCP as seen overall in England. Slightly less are supported at ‘SEN support level’ than overall for England.

Within schools, the proportion of children with SEN in January 2018 was 11.9% in primary, 14.5% in secondary and 100% in special schools compared to respective national figures of 13.8%, 12.3% and 99.9%.

This shows there is a lower proportion of children with SEN within North Lincolnshire primary schools than regionally and nationally, and a higher proportion of children with SEN within North Lincolnshire secondary Schools than regionally and nationally. All children within the 2019 pupil figures on roll with a special school in North Lincolnshire have a current EHCP. The breakdown by school type is shown in the table overleaf:

**Table 2.9.2: Breakdown by school type of pupils with a statement/EHCP and on SEN Support**

	Total Pupils	Pupils with statements or EHC plans		Pupils with SEN support		Total pupils with SEN	
		Number	%	Number	%	Number	%
<b>Primary Schools</b>							
England	4727089	74404	1.6	595708	12.6	670112	14.2
Yorkshire and the Humber	491779	6860	1.4	64902	13.2	71762	14.6
North Lincolnshire	14637	175	1.2	1720	11.8	1895	12.9
<b>Secondary Schools</b>							
England	3327970	55233	1.7	358555	10.8	413788	12.4
Yorkshire and the Humber	329559	5301	1.6	35848	10.9	41149	12.5
North Lincolnshire	9724	187	1.9	1379	14.2	1566	16.1
<b>Special Schools</b>							
England	124432	122268	98.3	2014	1.6	124282	99.9
Yorkshire and the Humber	10380	10276	99.0	103	1.0	10379	100
North Lincolnshire	290	290	100	0	0	290	100

Source: SFR37-2019 Local Authority Tables

**Table 2.9.3 Young people with EHCP aged 16+ January 31<sup>st</sup> 2019**

Type of Provision	Number
College or FE	135
Specialist post 16	7
Supported Internship	5
Special schools	29
Independent Special School	7
Other	4
Not in education, employment or training	19

SEN2 Data 2019 DFE with internal data – special school category inclusive of non-maintained, academy and maintained.

Young people with an EHCP can continue to be formally supported through education up to the age of 25. The above table details some of the destinations of students from age 16, including those considered not in education, employment or training. The majority of young people are supported from higher education and further education establishments within North Lincolnshire. The next largest proportion remain within special schools for 16-19 provision.

### 2.10.0 Special School Provision

North Lincolnshire has two mainstream special schools - one primary school and one secondary school with sixth form provision. The below graph shows the percentage of school aged children (as a percentage of North Lincolnshire's school population), who attend a special school provision.

The proportion of children attending a special school provision in North Lincolnshire has been 1.2% consistently for 3 years. The national proportion of children on roll at a special school provision is 1.4%.

**Table 2.10.1: Number of children attending Special Schools in North Lincolnshire**

Establishment	2014	2015	2016	2017	2018	2019
St Luke's Primary School	116	121	132	133	124	117
St Hugh's Communication and Interaction College (including Sixth Form)	144	141	150	157	163	173
<b>Total</b>	<b>260</b>	<b>262</b>	<b>282</b>	<b>290</b>	<b>287</b>	<b>290</b>

*Source: Annual school census as at January 2019*

The number of children attending St Luke's primary has fluctuated in recent years. There has been an increase in children attending St Hugh's in the past 3 years of approximately 30 extra pupils.

### 2.11.0 Transport to alternative provision and special schools

The table below shows the transport provision for children attending alternative provision and also special schools both inside and outside of North Lincolnshire as at 09/03/2017 and 15/03/2018.

**Table 2.11.1: Transport provision for alternative provision and special schools**

	Taxis 2017	Taxis 2018	Coach/Bus 2017	Coach/Bus 2018	Other 2017	Other 2018
North Lincolnshire	46	47	49	31	8	39
Out of Area	35	24	4	2	0	1

*Source: School Transport, Capita*

The 'other' category includes transport such as ambulances, vehicles with a tail lift and also vehicles that are used by the parent/carer where they claim the mileage.

### 2.12.0 Pupils with SEN placed in SEN units or Resourced Provision

#### Primary Schools

As at January 2019, there were a total of 1720 pupils in primary schools on SEN support within North Lincolnshire. Of these, 14 were placed in SEN units and 5 were placed in resourced provision.

In addition, there were a total of 175 SEN pupils within primary schools with a statement or EHCP. Of these, 2 were placed in SEN units and 2 were placed within resourced provision.

Compared to England, less children in North Lincolnshire with an EHCP are educated within resourced provision or within an SEN Unit. (1.1% vs 6.0% and 1.1% vs 7.6% respectively). Less difference was seen between the proportion of SEN Support pupils educated within SEN units and resourced provision in North Lincolnshire than England, with 0.8 vs 0.3% and 0.3% vs 0.5% respectively.

The tables below shows the breakdown of SEN support primary and secondary pupils placed in both SEN units and resourced provisions.

**Table 2.12.1: Primary Pupils with SEN in SEN Units or Resourced Provision**

State-Funded Primary Schools					
	Total pupils	Pupils attending SEN units	% of pupils attending SEN units	Pupils placed in resourced provision	% of pupils placed in resourced provision
Pupils on SEN support					
England	595708	2011	0.3	2770	0.5
Yorkshire & Humber	64902	154	0.2	247	0.4
North Lincolnshire	1720	14	0.8	5	0.3
Pupils with SEN with statements or EHC plans					
England	74404	4428	6.0	5629	7.6
Yorkshire & Humber	6860	109	1.6	320	4.7
North Lincolnshire	175	2	1.1	2	1.1

*Source: SFR37-2018 Local Authority Tables, January 2019*

### Secondary Schools

As at January 2019, there were a total of 1379 pupils in secondary schools on SEN support within North Lincolnshire. Of these, 1 was placed within a SEN unit and 5 were placed in resourced provision.

In addition, there were a total of 187 SEN pupils within secondary schools with a statement or EHCP. 4 were placed within resourced provision, none were within SEN units.

Compared to England, less children in North Lincolnshire with an EHCP are educated within resourced provision or within an SEN Unit. (0 vs 4.9% and 2.1% vs 9.6% respectively). Slightly less SEN Support pupils are educated in SEN units and Resourced Provision in North Lincolnshire that overall in England. (0.1% vs 1.6% and 0.4% vs 1.5%).

**Table 2.12.2: Secondary Pupils with SEN in SEN Units or Resourced Provision**

State-Funded Secondary Schools					
	Total pupils	Pupils attending SEN units	% of pupils attending SEN units	Pupils placed in resourced provision	% of pupils placed in resourced provision
Pupils on SEN support					
England	358555	5619	1.6	5213	1.5
Yorkshire & Humber	35848	214	0.6	453	1.3
North Lincolnshire	1379	1	0.1	5	0.4
Pupils with SEN with statements or EHC plans					
England	55233	2710	4.9	5328	9.6
Yorkshire & Humber	5301	153	2.9	441	8.3
North Lincolnshire	187	0	0.0	4	2.1

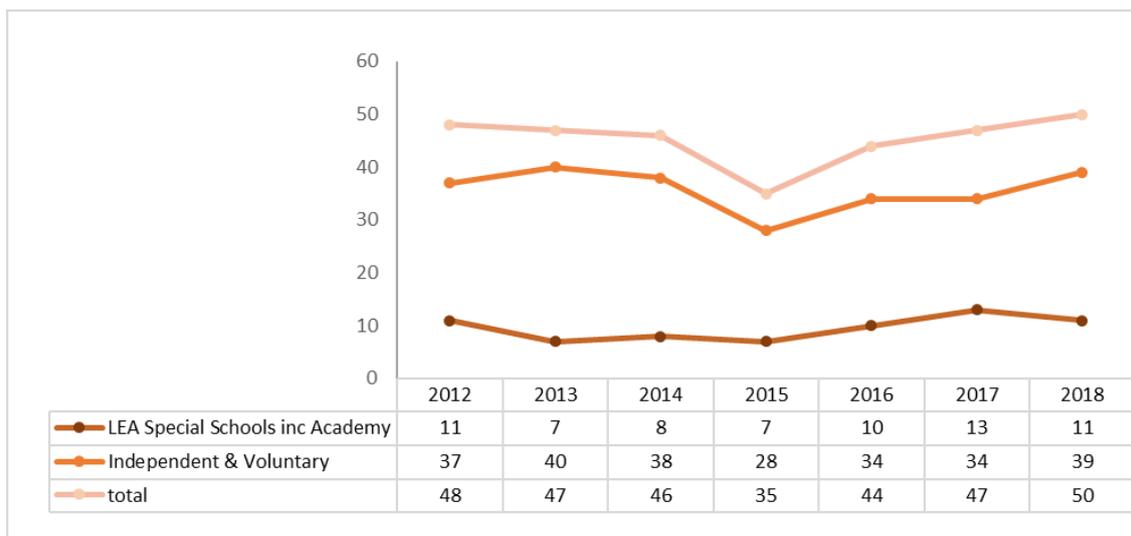
*Source: SFR37-2018 Local Authority Tables, January 2019*

### 2.13.0 Out of County School Placements

As at June 2019, 65 North Lincolnshire children with SEND were placed out of county for their educational provision, 12 children in LEA special schools (both maintained and academy) and 43 within mainstream and independent provision. A further 10 are within further education and training provisions.

The data in the graph below shows that the number of out of county placements between 2012 and 2018, data taken in March.

**Graph 2.13.1: Number of children in out of county placements**



Source: Capita

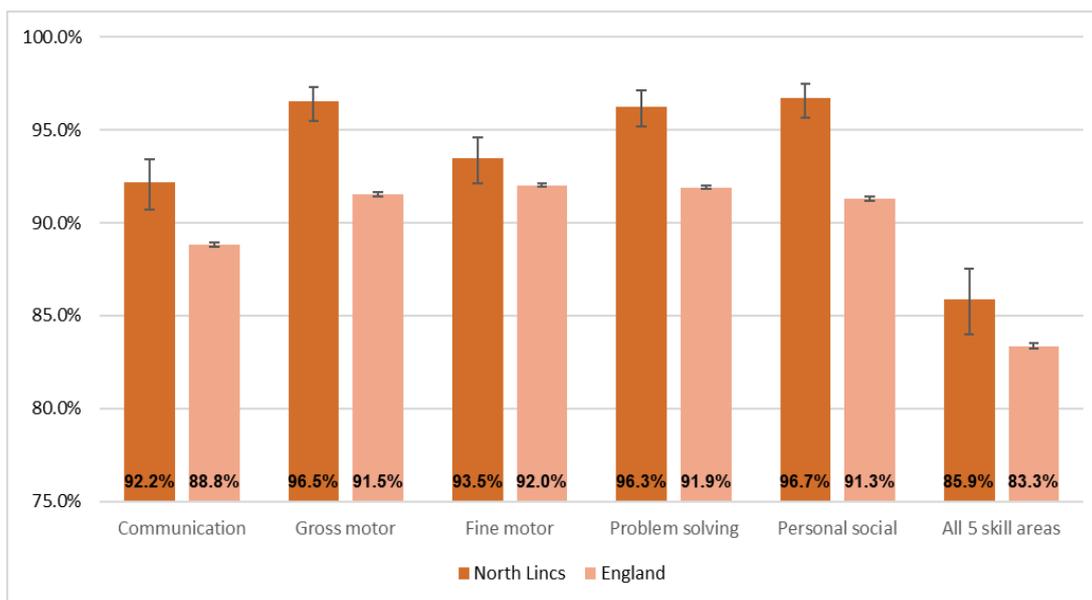
### 2.14.0 Development and Attainment for SEN pupils

There are several different windows of opportunity to check in on children's development from before joining school to age 19. These shine a light on the identification of SEN, as well as the individual progress made by children identified as SEN. Children with SEN are at additional risk of poor academic performance and personal development. It is therefore especially crucial that the effectiveness of provision be monitored and the gap in attainment for SEN and Non-SEN children be minimised at all stages, by prompt identification, intervention with tailored provision, in turn improving attainment for SEN children.

## ASQ 2.5 year check

During the development review at 2 and a half years, the Ages and Stages questionnaire (ASQ) is completed by parent and discussed with a Health Visitor to better understand if a child will need more focused help developing key skills. This can act as a useful early indicator as to whether a child may need additional provision to meet key milestones in line with peers.

**Chart 2.13.1: Percentage of children who received a 2-2½ year review in 2017/18 who were at or above the expected level**



Source: Public Health England

The proportion of children at or above the expected level in each of the 5 key areas of development is higher than the England total. In 4 of the key areas a significantly higher proportion meet the expected level, with only fine motor skills more closely aligned to the England figure. As is seen nationally, a larger proportion of children fail to meet the expected standard in communication than within the other key areas.

## Early Years foundation stage profile

The Early Years foundation stage profile is completed at the end of reception year, and is designed to detail whether or not a child has met the child development levels expected before starting the main curriculum in year 1. Children are described as having 'A good level of development' if they meet the expected level in the prime areas of social, emotional, physical and academic skills which includes basic mathematics concepts and early literacy

**Table 2.14.2: Percentage of pupils reaching a good level of development 2017/18**

	Number of eligible pupils	% achieving a good level of development
EHCP	23	X
SEN Support	133	30
All Pupils	1972	71

Source: DFE EYFSP additional tables 2018

30% of pupils with SEN support in reception year achieved a good level of development in 2017/18. This compares to 28% overall in England. For children with an EHCP, the number, and consequently percentage were suppressed by the DFE. Nationally, 5% of children with an EHCP achieved a good level of development.

## Key Stage 1

**Table 2.14.3: Percentage of pupils reaching expected level at end of Key Stage 1 2017/18**

	Reading			Writing			Mathematics			Science		
	EHCP	SEN Support	All Pupils	EHCP	SEN Support	All Pupils	EHCP	SEN Support	All Pupils	EHCP	SEN Support	All Pupils
England (%)	13	33	75	9	25	70	13	36	76	15	46	83
North Lincs (%)	x	33	75	x	25	71	8	40	76	8	47	82

Source: DFE KS1 results 2018

At KS1 a lower proportion of children with an EHCP reached the expected standard in all areas than overall for England in 2017/18, (where data is above disclosure thresholds). However the proportion of SEN support pupils reaching the expected standard was either the same or higher than the national average across learning areas.

## Key Stage 4

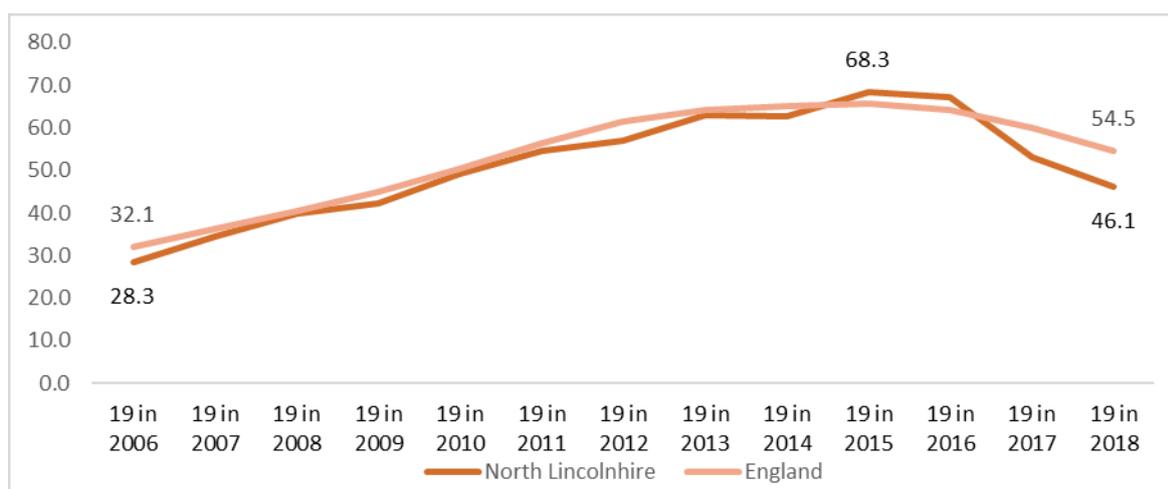
**Table 2.14.4: Percentage of pupils achieving at least a 4 in English and Maths at end of Key Stage 4 2017/18**

	SEN with a statement or EHC plan		SEN support		All pupils	
	eligible pupils	% achieving 9-4 in English and mathematics	eligible pupils	% achieving 9-4 in English and mathematics	eligible pupils	% achieving 9-4 in English and mathematics
England	19494	10.5	53950	31.4	521202	64.4
North Lincolnshire	66	13.6	183	31.7	1680	64.5

Source: DFE KS4 Local Authority Characteristics 2018

At key stage 4, a similar proportion of pupils with SEN support achieved 4-9 in English and Mathematics as overall in England. A slightly higher proportion of pupils with an EHCP achieved 4-9 than overall in England. Overall in North Lincolnshire pupils achieved in line with the national average.

**Graph 2.14.5: Percentage of 19 year olds qualified to Level 2, with special educational needs in Year 11**



Source: DFE level 2 and 3 attainment by young people age 19 - Local authority tables 16 to 24: by FSM and SEN

The proportion of children with SEND in year 11 who were qualified to level 2 by age 19 has increased since 2006. Until 2014 the proportion was just under the national average, but in 2015 and 2016 moved above the national average. In 2017 and 2018 the proportion of 19 year olds who had SEN in year 11 with level 2 has declined faster than the national average. A local decline in the proportion with level 2 at 19 is also seen within young people without SEN, (92.8% 2016, to 81.6% in 2018), and appears more pronounced for young people who were SEN Support (School Action / Action plus) in year 11 (72.2% in 2016 to 51.7% in 2018).

### 2.15.0 Personal Budgets and Direct Payments

In the majority of arrangements for EHCP, the local authority will directly fund the provision of a place within an education facility to deliver the educational support needed. However, as part of the arrangement put into place for Education, Care or Health in an EHCP it is possible for the LA to consider making a payment to the parent, the young person or another nominated person, so that they can organise the provision themselves. This is called a direct payment. In order for the parent or young person to request a direct payment, the LA must first identify a personal budget, with the personal budget designated as the amount of money that would be needed to cover the cost of making the special educational provision as detailed in the plan.

During 2018, 2 Young people had personal budgets for education issued or reviewed.

There are currently 24 young people who are in receipt of a Direct Payment. Most of them are used to employ 1:1 staff or are used to purchase individual activities.

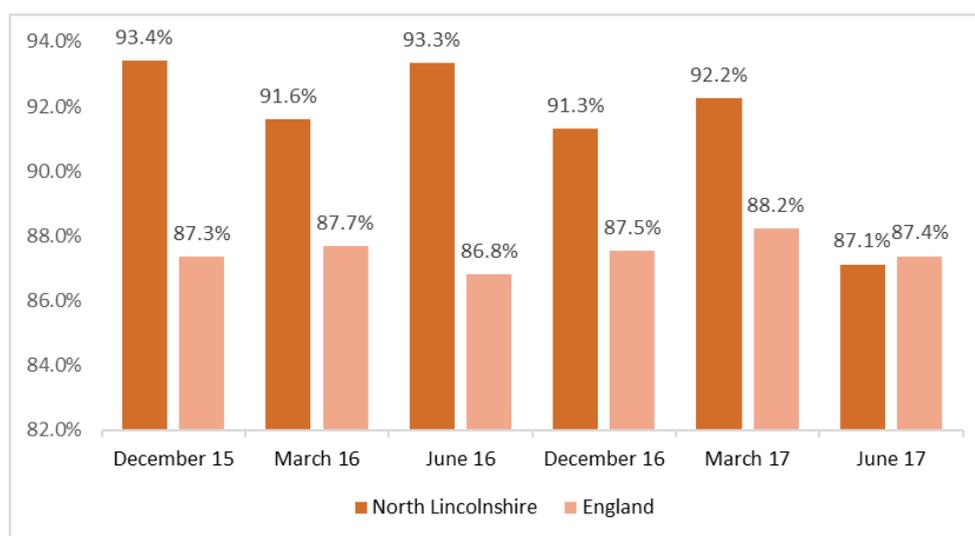
### 2.16.0 Young People who are not in Education, Employment or Training and are SEN

After leaving school all young people are monitored for their education, training and employment status. The September guarantee entitles all 16 and 17 a suitable place in education or training, participating until 18 years of age. Any young person that is not in education, training or employment is considered 'NEET'.

The Department for Education identified SEN and poor Health as significant factors in becoming NEET and Survey data taken from ONS highlights that nationally the proportion of NEET was higher for those with disabilities (29%) than those without (9%)<sup>7</sup>

The graph below shows the key stage 4 SEN cohort who are in education, or training at 17 both locally and nationally.

**Chart 2.16.1: Percentage of 16 and 17 year olds who have SEN statement / EHCP and are in Education or training**



Source: Participation in education and training by local authority – DFE Dec 15 - Jun 17

Published data shows a higher proportion of North Lincolnshire young people with SEND engaged in education, or training than their national counterparts. In June 17 the proportion declined to 87.1%, below the national average. Internal data from NCCIS, which has yet to be published indicates the proportion of SEND young people increased to above the national average, and in June 18 was around 2 percentage points above the England rate.

The most recent data (March 2019) shows that for young people over 16 with EHCP, North Lincolnshire has a far higher participation in learning and lower combined NEET and not known when compared to national and regional averages:

**Chart 2.16.2: Proportion of 16-24 year olds with EHCP in Education and Training**

Cohort	Total proportion engaged in education or training	NEET	Current activity not known	NEET & NK %	
ENGLAND	111,932	56.90%	9.30%	32.00%	41.30%
YORKS & THE HUMBER	9,664	64.80%	8.10%	25.90%	34.00%
<b>North Lincolnshire</b>	<b>199</b>	<b>86.40%</b>	<b>9.00%</b>	<b>4.50%</b>	<b>13.60%</b>

Source: NCCIS LA Tables - SEND 16-24 March 2019

It should be noted, this data is only for those who have a current EHCP and does not provide information on what students who had an EHCP have progressed onto once their EHCP has ceased.

<sup>7</sup> ONS Labour Force Survey – 4 Qtr to Q1 2018 – from Briefing Paper No SN06705 NEET

To help understand what happens to students after their EHC plan has ceased it has been possible to capture information from Local Authority systems on young people with EHCP which have ceased in the last 5 years.

At the end of May 2019 total of 199 EHCPs have ceased with 192 of these ceasing in year 12 or above. The data below focuses on those 192 and provides details on the primary reason for ceasing:

**Chart 2.16.3: Proportion of 16-24 year olds with EHCP with ceasing EHCP in past 5 years by primary reason for ceasing**

Primary Reason for ceasing	Total	Percentage
Aged 18+ No Longer Wants Further Education	86	44.80%
Needs met from Mainstream Resources	47	24.50%
Objectives of Plan Met	33	17.20%
Taking Up Paid Employment	17	8.90%
Training Outcomes Met or Entering High Education	9	4.69%
<b>Grand Total</b>	<b>192</b>	

*Source: Internal Systems North Lincolnshire Council*

The main reasons for ceasing were that the young person was over 18 and no longer wanted further education or that they had met all the objectives in their plan or that their needs could be met within mainstream resources. In addition to this 25 had a secondary reason recording of 'objectives of plan met' and all of these had a primary reason of 'Needs met from Mainstream Resources'.

The young people's situation at the time of ceasing shows the majority 102 of the 192 (53.1%) were still in education or training.

To understand the longer term outcomes of former EHCP students the current situation was also looked at. The local authority's duty to track and report on students' situations covers the year 12 and year 13 cohort who reside in North Lincolnshire and those with an ECHP up to academic age 24. As these students largely fall outside these reporting parameters, a piece of work was undertaken to gather data on these students to update on their personal situation, the table below is an updated and more accurate account of former EHCP students current situations.

**Chart 2.16.4: Proportion of 16-24 year olds with EHCP with ceasing EHCP in past 5 years by primary reason by current situation as at May 2019**

Situation	Number	Percentage
Employment No Training up to NVQ1	20	10.4%
Employment with Training NVQ2 & above	12	6.3%
Further Education College or Higher Education	42	21.9%
Not in full-time education employment or training	79	41.1%
Other	8	4.2%
Sixth Form College or School Sixth Form	10	5.2%
Unknown	21	10.9%
<b>Grand Total</b>	<b>192</b>	

The number who are not known has reduced been halved, and further information has been gained to better understand those who are not in full-time education employment or training and establish if they are accessing support from adult services or continuing health care funding.

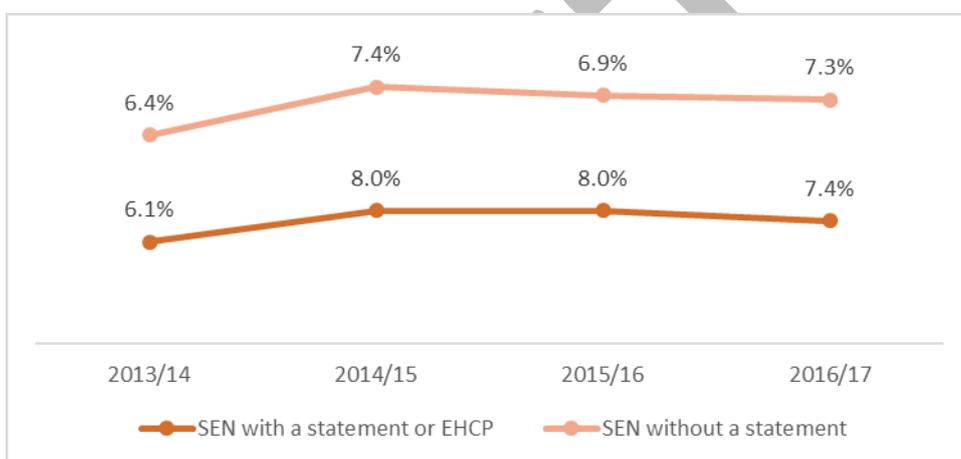
### 2.17.0 Fixed term Exclusions and Pupil Absence

‘Fixed term exclusion’ means that a pupil is not allowed in school for a disciplinary reason and will be excluded for a specified period of time. It is usually a period of 5 days or less. Pupils can be excluded for more than one episode in an academic year to a maximum of 45 days.

Since 2013/14, North Lincolnshire has a higher proportion of children with SEN which have at least one fixed period exclusion when compared to England statistics.

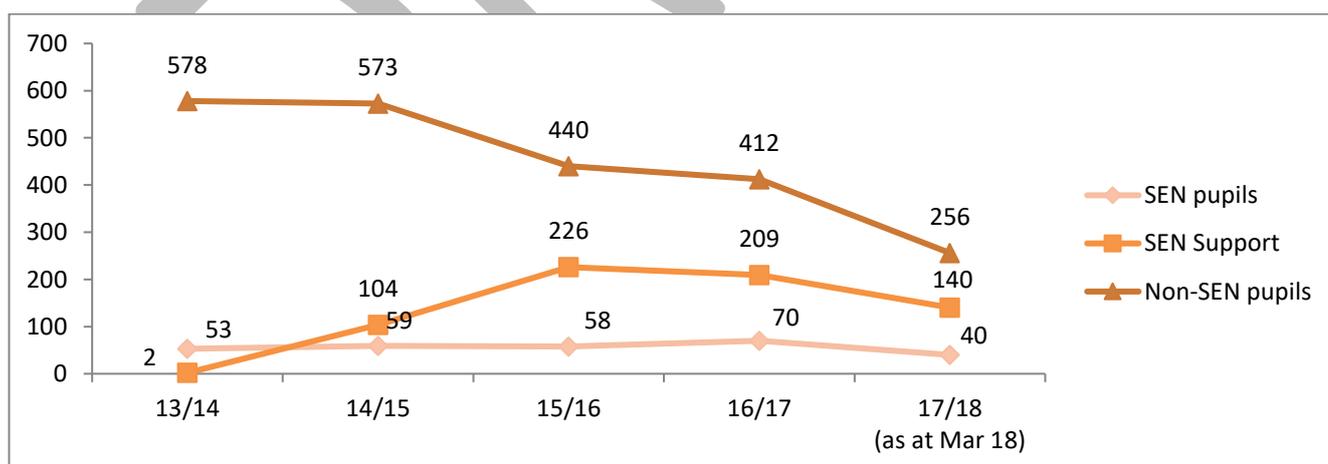
In 2016/17, 7.4% of children with an EHCP had at least one fixed period exclusion in North Lincolnshire, compared to 6.3% overall in England. 7.3% of children with SEN Support had a fixed term exclusion in the same period in North Lincolnshire, compared to 5.9% overall in England.

**Graph 2.17.1: Fixed period exclusions SEN pupils with and without a statement/EHCP**



Source: SEND dataset: Fixed period exclusions from school for SEN pupils with and without a statement

**Graph 2.17.2: Number of SEN, SEN Support and non-SEN children with a fixed term exclusion**



Source: Capita

For 2017/18, the reasons for exclusions and the number of events for each reason are provided below. For SEN pupils the top categories. Excluding the ‘other’ category, the highest proportions are: ‘persistent disruptive behaviour’, ‘physical assault against pupil/or adult’ and ‘abusive/threatening adult’, this is also true for SEN support pupils and non-SEN pupils.

**Table 2.17.3: Reasons for exclusion and total events for SEN, SEN support and Non-SEN pupils**

Reason for Exclusion	Statement / EHCP		SEN Support		No Special Provision / No SEN Specified	
	2017/18	%	2017/18	%	2017/18	%
Abusive/threatening adult	75	18.94%	138	13.14%	160	12.84%
Abusive/threatening pupil	13	3.28%	24	2.29%	27	2.17%
Bullying	x		x		x	
Damage	12	3.03%	46	4.38%	29	2.33%
Drug and alcohol related	x		6	0.6%	13	1.04%
Other	54	13.64%	142	13.52%	197	15.81%
Persistent disruptive behaviour	159	40.15%	531	50.57%	566	45.43%
Physical assault against adult	41	10.35%	45	4.29%	21	1.69%
Physical assault against pupil	34	8.59%	100	9.52%	201	16.13%
Racist abuse	x		5	0.48%	13	1.04%
Sexual misconduct	x		x		x	
Theft	x		7	0.7%	12	0.96%
<b>Grand Total</b>	<b>396</b>		<b>1050</b>		<b>1246</b>	

*Source: Capita – small numbers under 5 are suppressed. Secondary suppression applied to avoid disclosure from totals*

**Table 2.17.4: % Pupil Absence for EHCP, SEN support and by Primary Need in North Lincolnshire - 2018**

	authorised (%)	unauthorised (%)
SEN provision Statement or EHCP	5.7	1.3
SEN provision SEN Support	4.5	1.7
SEN primary need Autistic spectrum disorder	4.9	1.2
SEN primary need Hearing impairment	4.3	1.3
SEN primary need Moderate learning difficulty	4.5	1.9
SEN primary need Multi-sensory impairment	4.1	0.2
SEN primary need No specialist assessment	3.3	2.2
SEN primary need Other difficulty/disability	5.4	1.9
SEN primary need Physical disability	7.7	1.2
SEN primary need Profound and multiple learning difficulty	10.3	0.1
SEN primary need Social emotional and mental health	5.6	2.0
SEN primary need Speech language and communications needs	4.0	1.2
SEN primary need Severe learning difficulty	7.0	1.4
SEN primary need Specific learning difficulty	4.3	1.5
SEN primary need Visual impairment	4.7	0.8
SEN primary need Unclassified	5.4	1.3
<b>All Pupils</b>	<b>3.5</b>	<b>1.3</b>

Research undertaken by the department for Education in 2016 demonstrated the link between school absence and reduction in attainment at GCSE<sup>8</sup>.

The proportion of missed school sessions North Lincolnshire is similar to overall for England. Nationally 3.5% of sessions were missed on an authorised basis, and 1.4% unauthorised.

<sup>8</sup> The link between absence and attainment at key stage 2 and key stage 4 2013/14 academic year – DFE Mar 2016

Overall for children with SEN, children with an EHCP have more authorised absence than seen overall in North Lincolnshire schools at 5.7% of sessions, conversely the proportion of sessions missed which were unauthorised is similar to average. For children with SEN Support, the proportion of authorised absences is slightly lower, but still above average, at 4.5%, and the proportion of unauthorised absence is also slightly higher (1.7%).

Absence for children with SEN is partly characterised by the type of need and the severity of that need. For instance 10.4% of sessions were missed in 2017/18 by children with profound and multiple learning difficulty, only 0.1% of these were unauthorised. Similarly children with physical disability and severe learning difficulty missed over twice the average of sessions, however the proportion of unauthorised sessions was similar to the local average. Children with complex needs will require higher levels of medical assistance and may be more prone to adverse effects of illness.

DRAFT

## Theme 3: Disability

### 3.1.0 Information on Children in North Lincolnshire with a disability

The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.’ This is a description of function, rather than condition, and therefore will cover many longer term conditions, such as cancer, epilepsy or asthma, as well as life-long conditions, including sensory impairments such as those that affect sight and hearing, chromosomal or genetic differences, such as cystic fibrosis, as well as acquired conditions, such as diabetes.

National data on disability prevalence can be based on claimants for disability related benefits and through census and survey data. It is worth noting that there are various differing estimates of the number of people in the UK with a disability, and they vary by the definition used, and conditions included.

The example below was taken from family resource survey data, using the definition above, and is detailed below.

#### 3.1.0 Average disability prevalence (%) by age and gender, UK, 2013/14 to 2015/16

Age Group	All disabled people %	Gender	
		Male % disabled	Female % disabled
<b>All people</b>	<b>20</b>	<b>19</b>	<b>22</b>
0-4	3	3	3
5-9	7	9	5
10-14	9	11	7
15-19	10	10	11
20-24	10	9	11

Data are presented as an average over three years as there are small sample sizes for some age groups. Source: Department for Work and Pensions (2017)

The proportion of people with a disability in the UK, using the definition above is around 20% of the whole population, reflecting the higher proportion of elderly with a disabling condition. For children and young people, the proportion increases per 5 year age band to 20 years of age, with initially more boys affected, and the proportion of girls affected increasing, and slightly surpassing that of boys by age 15.

#### Children in receipt of Disability Living Allowance (DLA)

Another way to estimate the number of children and young people with a disability is to look at those in receipt of DLA payment. Disability living allowance provides financial assistance to parents / carers who look after children under 16 who have difficulties with mobility or need significantly more care than a child of the same age who does not have a disability.

The data below gives an indication of the number of disabled children under 16 in North Lincolnshire who are in receipt of Disability Living Allowance.

In November 2018 there were approximately 1185 children under 16 in receipt of DLA in North Lincolnshire. The figure is approximate due to DWP disclosure and suppression protocols.

Table 3.1.2: Number in receipt of a DLA payment by payment element, under 16

		mobility element			Total
		Higher Rate	Lower Rate	Nil Rate	
care element	Highest Rate	94	207	75	<b>375</b>
	Middle Rate	36	433	261	<b>727</b>
	Lowest Rate	..	17	50	<b>71</b>
	Nil Rate	7	7	..	<b>13</b>
	Total	<b>131</b>	<b>666</b>	<b>382</b>	<b>1185</b>

Source: DLA claim information Nov 18 from Stat xplora

### DFE number of children with a disability formula

Calculating the number of children with disabilities is complex, because not all children with disabilities are recorded by one agency, or recorded consistently by agencies. The Department for Education has produced a formula to estimate the number of children in a local authority area who may have a disability. The formula produces an estimated range of children within an upper and a lower banding limit:

- **The lower banding figure** is either (a) the number of children with a statement or (b) the number of children receiving Disability Living Allowance (DLA), whichever one is the highest.
- **The higher banding figure** is simply the number of children with a statement combined with the number of children receiving Disability Living Allowance (DLA).

The DfE suggest that a likely estimate of the number of children with a disability in a local authority is between the two banding figures.

For North Lincolnshire this would currently indicate between 1185 and 2098 children.

**Table 3.1.2: DLA payment by condition, under 16s November 2018**

North Lincolnshire	Under 5	5 to 10	11 to 15	Total	%
<b>Total</b>	<b>146</b>	<b>515</b>	<b>525</b>	<b>1185</b>	
Asthma	..	..	..	5	0.4%
Renal Disorders	..	..	..	6	0.5%
Skin Disease	..	6	..	6	0.5%
Malignant Disease	..	..	5	6	0.5%
Psychoneurosis	..	..	8	7	0.6%
Major Trauma Other than Traumatic Paraplegia/Tetraplegia	..	..	..	8	0.7%
Severely Mentally impaired	..	..	7	9	0.8%
Chest Disease	6	6	..	10	0.8%
Cystic Fibrosis	5	6	6	10	0.8%
Bowel and Stomach Disease	8	8	..	12	1.0%
Epilepsy	6	8	10	22	1.9%
Blindness	5	11	6	23	1.9%
Deafness	6	6	14	26	2.2%
Disease Of The Muscles, Bones or Joints	7	23	10	40	3.4%
Diabetes Mellitus	5	16	35	56	4.7%
Neurological Diseases	6	38	33	78	6.6%
Unknown	40	33	10	88	7.4%
Hyperkinetic Syndrome	..	32	56	89	7.5%
Behavioral Disorder	18	85	57	155	13.1%
Learning Difficulties	29	221	256	512	43.2%

Source: DLA claim information Nov 18 from Stat xplre – totals may not sum due to disclosure protocols, and low numbers will be suppressed.

The majority of child DLA claims are for children with learning difficulties, accounting for 43% of the overall total in the Local Authority area. Claims for behavioural disorders are the next largest proportion, accounting for 13% of the total. Around half of these are for children aged 5-10 years. Hyperkinetic syndrome and neurological diseases make up the third and fourth named proportions, with 7.5% and 6.6% of the total respectively.

## Young People in Receipt of Personal Independence Payments

From the age of 16 personal independence payments are gradually replacing disability living allowance. It is banded by the physical effects of the condition, and the amount to which it affects day to day life through mobility and carry out daily tasks.

**Table 3.1.3: Number in receipt of a PIP payment by payment element, 16-24**

		16-19					20-24				
		Daily Living - Standard	Daily Living - Enhanced	Daily Living - Nil (III)	Unknown or missing	Total	Daily Living - Standard	Daily Living - Enhanced	Daily Living - Nil (III)	Unknown or missing	Total
Mobility Award Status	Mobility Award - Enhanced	8	141	5	..	156	11	104	7	..	125
	Mobility Award - Standard	12	37	..	..	51	14	51	5	..	68
	Mobility Award - Nil (III)	18	26	..	..	43	32	37	..	..	72
	Unknown or missing	..	..	..	..	..	..	..	..	..	..
	<b>Total</b>	<b>34</b>	<b>203</b>	<b>7</b>	<b>..</b>	<b>244</b>	<b>60</b>	<b>195</b>	<b>13</b>	<b>..</b>	<b>265</b>

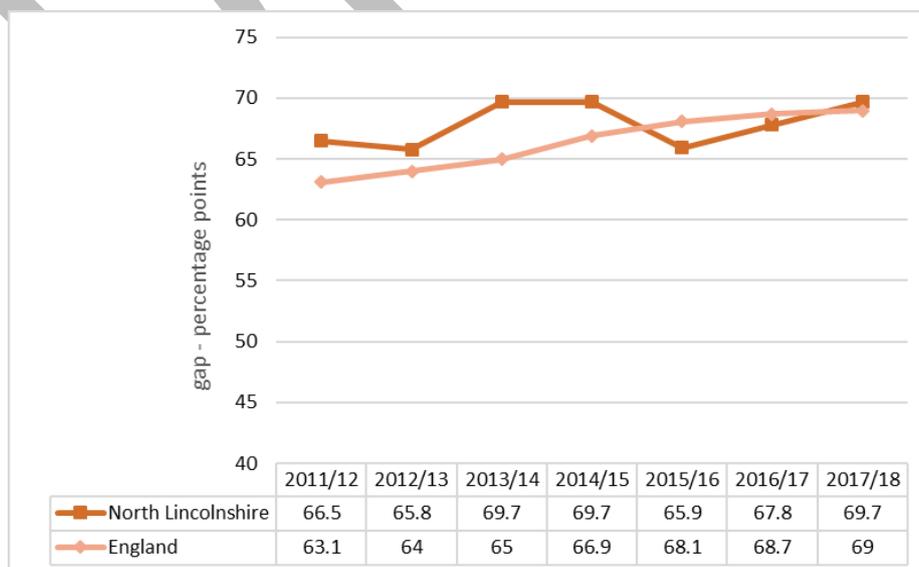
Statistical disclosure control has been applied to this table to avoid the release of confidential data. Totals may not sum due to the disclosure control applied.

Source: PIP claim information Apr 19 from Stat xplora

The numbers claiming PIP are smaller than for DLA per age band, which could reflect the differences in criteria for award of the two benefit types.

## Employment for adults with a learning disability

**Chart 3.1.4: Gap in Employment rate between those with a learning disability and the overall employment rate**



PHOF – indicator 1.08ii taken from ASCOF and labour force survey data

A 2006 review of more than 400 scientific studies on the relationship between work and health, entitled "Is work good for your health and wellbeing?" concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage. The data suggests North Lincolnshire has an employment rate for people with disabilities gap of between 65 and 70 percentage points, which was above the national average between 2011/12 and 2014/15, but fell below in 2015/16 and 2016/17. In 2017/18 the gap is now 0.7 percentage points larger in North Lincolnshire than overall for England, although this overlays an increasing trend for England, where the gap overall has increased by around 6 percentage points over the same time frame.

### 3.2.0 Children in Need with a disability

Children are defined as being 'in need', under section 17 of the Children Act 1989. They are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services. This includes those who are disabled.

The table below shows that, as at 31st March 2018, 13.6% of children in need in North Lincolnshire had a recorded disability compared with 12.3% nationally. Compared to the previous year this had slightly decreased.

**Table 3.2.1: Local, Regional and National data on percentage of children in need with a recorded disability**

	2014/15	2015/16	2016/17	2017/18
North Lincolnshire	15.1%	11.9%	14.3%	13.6%
Yorkshire & Humber	11.4%	12.0%	11.0%	9.8%
National	13.0%	12.7%	12.9%	12.3%

*Source: Characteristics of Children in Need underlying data 2017/18*

The proportion of children in need with disabilities has remained between 12 and 15% over the past 4 years. With the exception of 2015/16 the proportion has been slightly higher than overall for England.

**Table 3.2.2: Percentage of children in need with a disability in North Lincolnshire, breakdown by disability**

Disability	2014/15	2015/16	2016/17	2017/18
Autism/Asperger Syndrome	20.4%	19.5%	20.2%	15.6%
Behaviour	42.1%	42.9%	45.7%	42.6%
Communication	53.9%	55.6%	55.8%	45.4%
Consciousness	12.5%	14.3%	16.3%	8.5%
Hand Function	14.5%	14.3%	14.7%	9.2%
Hearing	11.8%	12.0%	10.9%	13.5%
Incontinence	35.5%	33.8%	31.8%	27.7%
Learning	67.8%	69.9%	66.7%	59.6%
Mobility	32.2%	37.6%	32.6%	25.5%
Personal Care	40.8%	42.9%	39.5%	28.4%
Vision	18.4%	18.0%	16.3%	16.3%
Other Disability	12.5%	15.8%	15.5%	17.0%

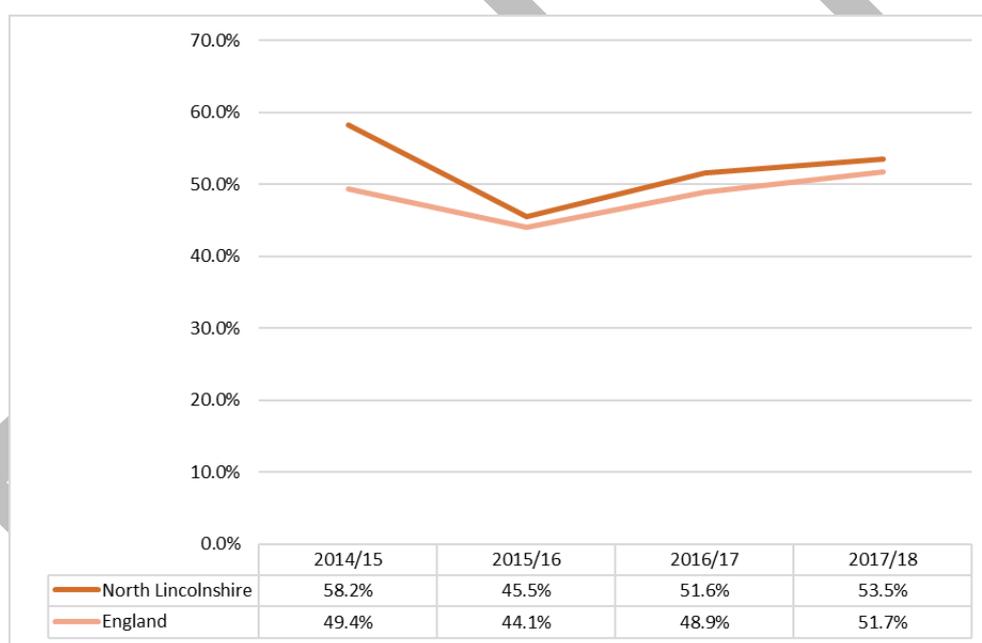
*Source: Characteristics of Children in Need underlying data 17/18*

The table above shows that, as at March 2018, within North Lincolnshire a large majority of children in need, with a disability, have a learning disability (59.6%) and/or have a communication disability (45.4%), closely followed by a behaviour difficulty (42.6%) This has been the case for several years, although as underlying numbers are relatively small, fluctuations in the population will have a large proportional effect.

### 3.3.0 GP Health Checks for People with Learning Disabilities

The learning disabilities health check scheme is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan. The rationale behind the health check is that People with learning disabilities (LD) often have poorer physical and mental health than within the general population and often die younger. Many of these deaths could be considered avoidable and not inevitable. An Annual Health Check could potentially identify health conditions early, thus ensuring the appropriateness of ongoing treatments.

**Chart 3.3.1: Proportion (%) of eligible adults with a learning disability having a GP health check<sup>9</sup>**



Source: Public Health Outcome Framework

Currently the proportion of registered persons with learning disabilities (LD) which have an annual health check is 53.9% in North Lincolnshire (2017/18), representing 444 people receiving a check. This is slightly above the national average, but it should be noted that it is stated as a proportion of all persons registered with learning disabilities, rather than just those aged 14+ (see footnote). In 2018/19, 429 LD health checks took place. Current QOF LD registration data for 18/19 was not available at time of writing to provide a proportion. The majority of these checks (almost 50%) were sent to NHS digital as part of Quarter 4 data, however some GP surgeries appeared to submit data for the return only within quarter 4.

<sup>9</sup> Although the age group defined in the data is 'all ages', the numerator is covers those aged 14 and over; and the denominator covers all ages. The reason for the discrepancy is that the only current national source of data about the number of people on learning disability registers in the relevant age group is the learning disabilities data collection

## Theme 4: Health and Care

### 4.1.0 Visual and Hearing impairment

As at June 2019, there are 74 children in North Lincolnshire who are receiving support from the Visual Impairment Service. The breakdown of the need levels for June 2019 compared to February 2018 are shown below:

**Table 4.1.1: Visual impairment Support category breakdown**

Support Category	Support Category Definition	Number of Young People (February 2018)	Number of Young People (June 2019)
A	Profound vision loss	9	15
B	Severe vision loss	0	8
C	Moderate vision loss	10	8
D	Mild vision loss	40	26
SP	Special school placement	16	17
SP+	Child undergoing short term intervention	0	0
IG	Information gathering – initial consideration to complete a functional visual assessment	0	0
<b>Total</b>		<b>75</b>	<b>74</b>

*Source: Visually Impaired Service (as at 27/02/2018 and 11/06/2019)*

As at June 2019 there are 89 children and young people up to the age of 19 years 11 months, with a permanent deafness living in the geographical area covered by the North Lincolnshire Hearing Support Team and of these, 59 are on the active caseload (Information from the 'CRIDE Survey 2019'). In addition, there are currently 7 children and young people with temporary, conductive hearing loss who are undergoing short term intervention.

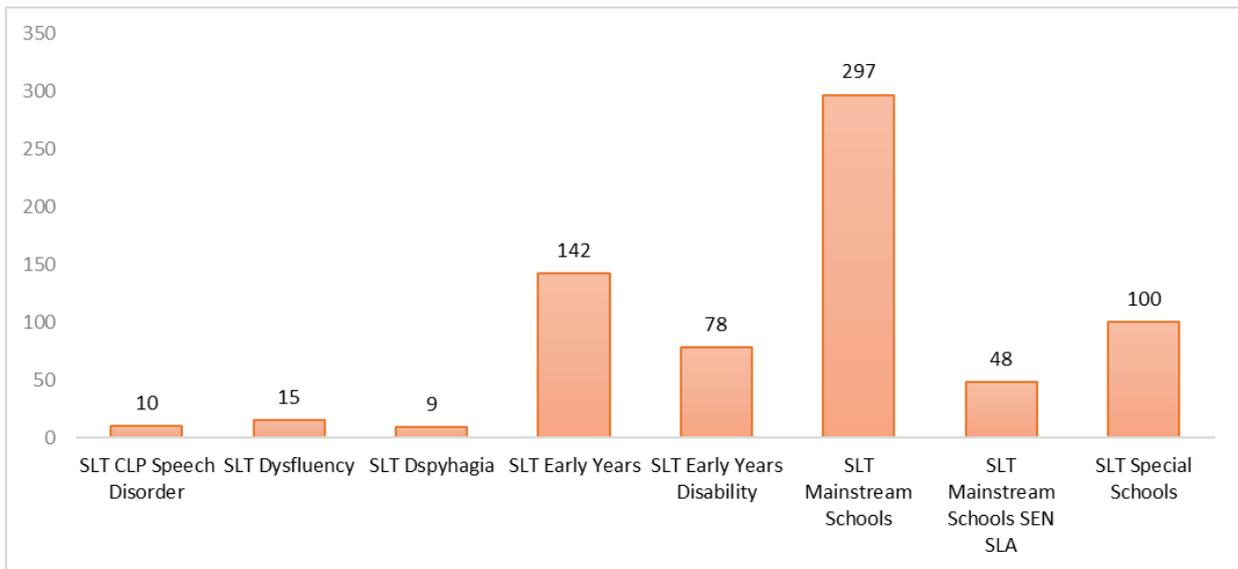
In comparison in March 2018 North Lincolnshire had 179 children receiving a service from the Hearing Support Team, 88 had a permanent hearing loss and 91 had a temporary hearing loss.

### 4.2.0 Speech and Language Therapy

North Lincolnshire Council and North Lincolnshire CCG have an aligned commission for a Speech and Language Therapy Service in North Lincolnshire for 0 to 25 year old, to promote and support the speech, language and communication needs of children and young people, so that they can achieve their full potential. The service is delivered by the Northern Lincolnshire and Goole NHS Foundation Trust (NLaG).

At the end of March 2019, the SLT service had a caseload of 699 children and young people between 0 and 19, 62% of which aged 5 years and under. Of the total caseload, 42.9% (297) attended mainstream schools. A total of 226 children (32%) had complex needs/SEND, this figure includes all ages and Special School, and 128 (18.3%) had an EHCP.

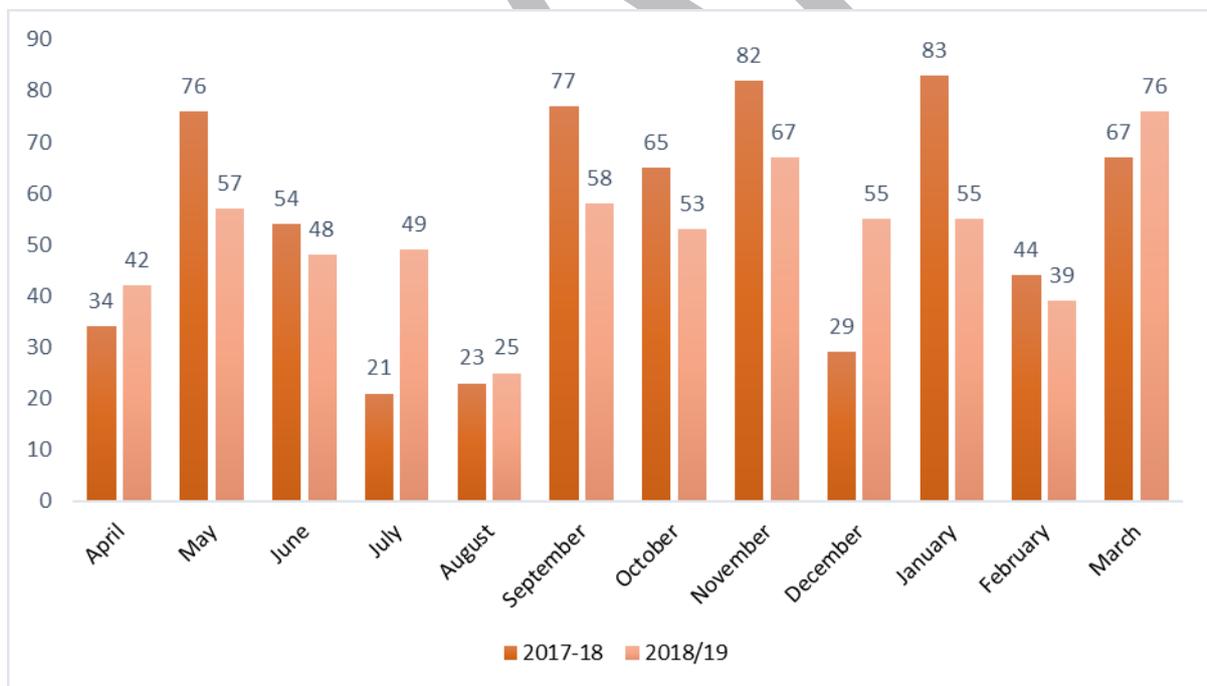
**Chart 4.2.1: Speech and Language Therapy caseload (March 2019)**



Source: NLaG

In 2018/19 the SLT service had 624 referrals, slightly down on the 655 referrals in 2017/18. The monthly breakdown is given below. Whilst the numbers are broadly the same, an increased level of complexity is reported as being seen in referrals.

**Chart 4.2.2: Speech and Language Therapy referrals (March 2019)**



Source: NLaG

Over the year 81.1% of all referrals were 5 years old or under (418) with the most at 3 and 4 years of age (172 and 145).

Waiting times for the service showed that for quarter 4 of 2018/19 73% (124) of children and young people were seen within 4 weeks, with a maximum wait of 13 weeks. Issues commonly relating to children either unable to

attend /did not attend involved safeguarding concerns. 88% were seen within 6 weeks. The 4 week waiting time percentage has declined from 90.3% (158) in quarter 3.

Short term outcome data shows that in quarter 4, 97% of children and young people fully or partially achieved their set targets and 99% of set targets were linked to an EHCP or Care Plan. Discharge data shows that of the 160 children and young people discharged in quarter 4, 48.4% (80) were discharged after 12 months or less. Of the discharged, 79.9% (131) were discharged fully achieving their set therapy outcomes, 4% did not achieve them, 12% were discharged due to non-attendance and 4% due to moving out of the area or being referred to another service. The 79.9% is similar to the 79.5% (97 children) in quarter 3 and 76.8% (116) in quarter 2

### 4.3.0 All Age Carers Service

Supporting carers and keeping carers healthy, independent and well, enables vulnerable adults and children to be supported at home and in their communities and contributes to keeping families together. Through a co-production approach with adults, young carers, parent carers and partners, North Lincolnshire Council developed and published an All Age Carers Strategy in June 2015, which identified a series of commissioning intentions, which included four key priorities and six outcomes statements that are central to the Strategy.

**Table 4.3.1: All Age Carers Strategy Priorities and Outcomes**

Priorities	Outcomes
<ul style="list-style-type: none"> <li>• Early Identification and recognition</li> <li>• Realising and releasing potential</li> <li>• A life alongside caring</li> <li>• Supporting Carers to stay healthy</li> </ul>	<ul style="list-style-type: none"> <li>• Carers feel safe and are safe</li> <li>• Carers health and wellbeing is maintained</li> <li>• Carers aspirations are raised</li> <li>• Carers are identified early and Carer crisis is prevented</li> <li>• Services will be developed to fill gaps</li> <li>• Carers remain Independent</li> </ul>

The Strategy provided the basis for the Council to commission a new all Age Carers Service in late 2017 to transform carers support services across North Lincolnshire. The service includes providing support to parent carers of children and young people with disabilities and long term conditions and adult carers of adults. The service is provided by the Carers Support Service, a long established local charity. The services range from advice, information and guidance to befriending, counselling (emotional support either on a one to one basis), or via peer support groups, support from a key worker, to delivering a sibling support programme) for children and young people.

The following table analyses the type of carers recorded by the Carers Support Service over 2018.

**Table 4.3.2 Numbers of carers with the Carers Support Service at the end of each quarter 2018**

2018	Q1	Q2	Q3	Q4
Total Number of Carers Registered at Quarter End	3172	3241	3218	3176
Active Carers (Using support services)	1828	1903	1958	1921
Parent Carer (Cared for person under 18 who had additional needs due to illness or disability)	127	134	189	260
Parent Carer (Registered under Kaleidoscope*)	1105	1079	924	838
Sandwich Carer (Carer for a disabled child and adult)	0	9	28	38

Source: Carers Support Centre

(\*Kaleidoscope held the carers support contract until 2017 and offered support to families of children and young people with additional needs, disabilities and long term conditions)

Open case data records the numbers of carers of people with disabilities receiving support as follows (this covers both adults and children with these conditions):

**Table 4.3.2 Number of Open Cases Type 2018**

2018	Q1	Q2	Q3	Q4
Carers of People with Autistic Spectrum Disorder	268	302	414	436
Carers of People with Learning Disability	313	240	236	288

*Source: Carers Support Centre*

The provider carried out an annual review on 132 carers registered with the service at the end of 2018, this showed that 101 (76.5%) felt supported to live an independent life while carrying out their caring role, this is under the 90% target. All 132 carers felt listened to and supported by the Carers Support Service, and had been provided with information from the Carers Support Centre to help them make informed choices. However, only 68 (51.5%) of carers reported good health and emotional well-being, against a target of 90%. This is a difficult indicator to achieve because a carer's health and wellbeing is impacted by their caring role. The findings provided a basis for discussions with the Carers Support Service on how to improve the target for 2019.

### **Sibling Support Programme (SIBS)**

The SIBS programme provides the appropriate support to siblings to meet their level of need. The sessions are held monthly and include tailored activities to meet the needs identified in the young person's assessment.

This includes exploring emotions, feelings, developing coping strategies and engaging with others in a similar situation. The groups provide time out, the opportunity to share stories and experiences with others. When young people complete the program, they are signposted to other activity clubs and available support.

As at quarter 2 (17/18) 95% of siblings engaged with the program found it either helpful or very helpful.

### **4.4.0 Short breaks**

Short break services in North Lincolnshire meet the statutory requirements of the 'Breaks for Carers of Disabled Children Regulations 2011'. The services can range from sitting, to Butterflies short break fostering scheme from their caring role. It is an opportunity for a disabled child or young person to take part in meaningful and fun activities and can contribute to their personal development and increase social inclusion.

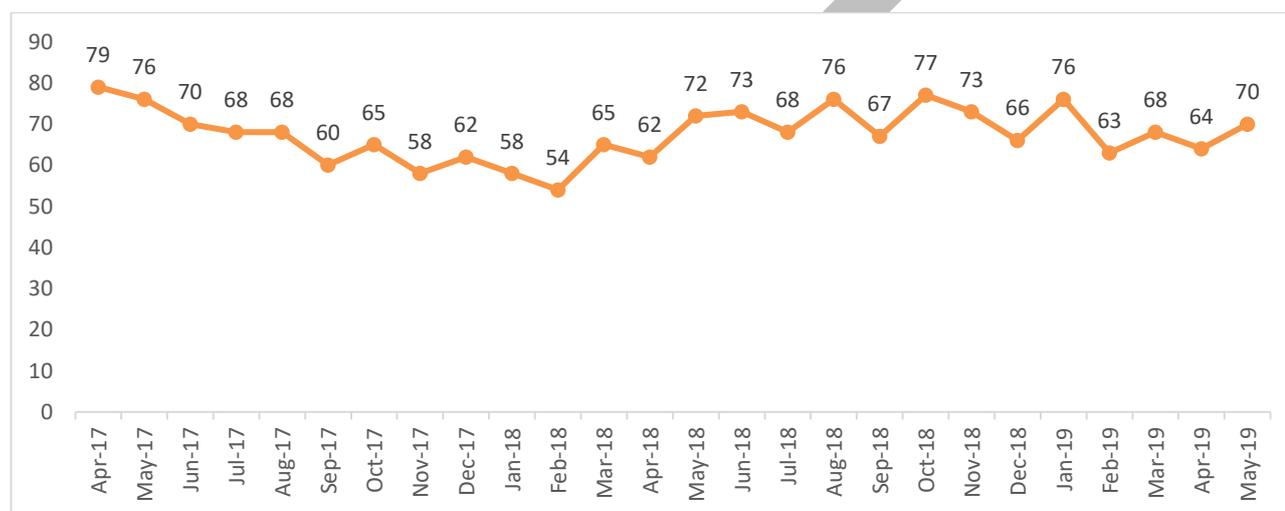
There are currently four providers commissioned to deliver Individualised Short Breaks to children and young people, and a group based provision is delivered in-house by North Lincolnshire Council. As at 13 June 2019 there were 472 children aged 0 to 18 registered with the short break service. Three hundred and thirty four of these children are able to access group based services and 138 are able to access individual provision, community provision or are receiving a direct payment.

#### 4.5.0 Overnight Short Breaks at the Cygnets

The Cygnets is a short breaks residential home. It provides overnight short breaks to children with learning difficulties and complex needs. Children receiving a service from the Cygnets can be aged between 5 and 18. The Cygnets has 6 beds, one of which is allocated as an emergency provision.

As at February 2019, there were 21 children and young people receiving a service from the Cygnets. Nineteen of these receive overnight short breaks whilst 2 are being introduced to the service and receive tea visits and day care only. The graph below indicates how many overnight short breaks were provided by the Cygnets over the last two years.

**Graph 4.5.1: Number of overnight short breaks at the Cygnets (Apr 17 – May 19)**



Source: The Cygnets

The above graph shows that in 2017/18 a total of 783 overnight stays occurred at an average of 65 stays per month. For 2018/19 this increased to 841 stays at a monthly average of 70.

From April 2018 to May 2019 there were 71 nights in total which were cancelled by parents. Reasons for this were generally due to illness/hospital admission, family holidays or other family events. There were also 28 extra nights allocated during this period to support families.

#### 4.6.0 Home Care

Some children and families with complex needs, access services within the home environment for support. The Home Care service supports families in their home to maximise their independence. For some families this is a vital service that ensures families remain in their home and stay together and provides an alternative to care home provision.

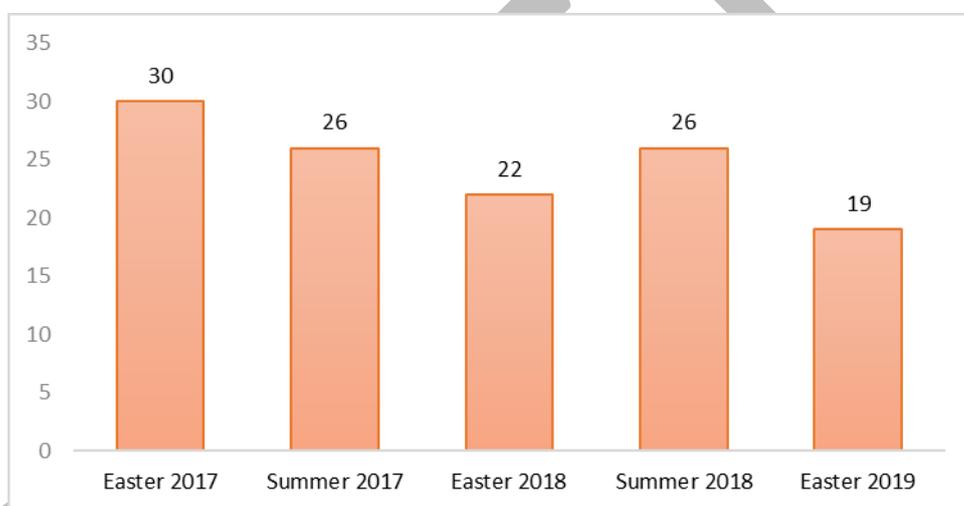
Since 2016 there has been a decrease in numbers of children accessing this service from 10 in 2016 to under 5 for the next 3 years, however consideration needs to be given to the fact that these children are high need cases.

#### 4.7.0 Children accessing play schemes

North Lincolnshire Council and North Lincolnshire CCG have commissioned a Specialist Play Scheme for Children with Complex Needs and disabilities, to provide high quality, enjoyable, focused play schemes, based around the fundamental principles of play and sports activities ensuring the service is delivered in a stimulating environment and fun way; incorporating robust safeguarding practices. The nature and complexities of the children and young people attending the scheme means that 100% of them will have SEND.

The service is delivered by Children's Links, a national children and young peoples' services charity. The play schemes are delivered during the school holidays (2 days a week for Easter, 3 days a week in summer) and designed to enhance their play and development. This includes a range of different experiences including sensory stimulation. The reduction in children accessing the play scheme seen below is likely due to changes in thresholds / eligibility criteria to ensure the most vulnerable are prioritised.

**Graph 4.7.1: Number of children attending a play scheme**



Source: Short Breaks Service

#### 4.8.0 Children and Adolescent Mental Health (CAMHS)

The main CAMHS provider for Children and Young People in North Lincolnshire is provided by RDASH, for children up to 18 years. The current service is currently commissioned by North Lincolnshire CCG in line with the nationally recognised 'Thrive' model, in which the main deliverables include;

- Consultation and Advice (*also referred to as 'Getting Advice'*)
- Specialist Mental Health Interventions (*also referred to as 'Getting Help'*)
- Crisis Support and Intensive Home Visiting
- Support to Vulnerable Groups including Looked After Children (LAC) and children and young people involved in Youth Offending Service
- Neurodiversity Assessments (including Autistic Spectrum Disorder –ASD and Attention Deficit Hyperactivity Disorder)
- Specialist Eating Disorder Service

In addition' Children and Young Person's Learning Disability Mental Health Provision' and 'Therapeutic Support for Children and Young People who have experienced Trauma' are commissioned by alterative providers.

North Lincolnshire is currently performing well in each of the three nationally measured performance standards and in 2018/19 achieved the desired standard in its key priority areas.

CAMHS receive on average 130 referrals a month (*1550 annually*), in which it is estimated that since 2015 there has been an approximate 22 % increase in referrals<sup>10</sup>.

Locally the CCG has set a CAMHS access target of 10 weeks in which the latest 2019/20 performance indicates a compliance rate of 93%

When a Children /Young Persons treatment requirement is identified (*also referred to as 'Getting Help'*), performance reports identify that of those children who have completed treatment in 2019/20, the majority (70%) commenced treatment in 2 weeks, with 91% commencing treatment in 10 weeks. On average CAMHS offer 533 appointments each month (6390 per year) and experience a relatively low DNA rate of approximately 6%.

For Children and Young People requiring an 'Urgent' assessment', the CAMHS service is commissioned to provide;

- 'Urgent' assessments in 24 hours – *performance data (2019/20) identifies that 100% of all urgent referrals (approximately 8 per month) are assessed within the commissioned 24 hours.*
- Out-of-hours assessments within 4 hours - *data suggests that there are approximately 11 out-of-hour assessments per month, with 2019/20 data demonstrating a 100% 4 hour compliance rate.*

#### 4.9.0 ASD and ADHD Pathway

Since 2018, CAMHS North Lincolnshire - in line with regional increases; has seen a significant increase in both ASD and ADHD assessments, with data suggesting that 157 referrals were received in 2015, compared to 430 referrals in 2018/19.

As such, demand has out-stripped capacity and the locally set target of commencement of a '*full assessment*' by 10 weeks has been unable to be achieved. North Lincolnshire CCG has acknowledged the increase in demand of assessments and has allocated an additional reoccurring investment of, £200 000 into CAMHS, to increase the staffing levels. This additional investment has enabled two additional Senior Clinical Psychologists, a CAMHS worker and support staff to be recruited to the pathway. A detailed Service Specification has been developed and agreed and recruitment has commenced.

- In addition to the reoccurring investment an additional £132 000 has been allocated by the CCG to help tackle the waiting list. This money has been awarded to North Lincolnshire Council which has enabled;
- A full-time Education Psychologist to be seconded into CAMHS to lead on the diagnosis of child/young people on the waiting list, with support from CAMHS Assistant Psychologists
- A part-time ASET worker and Primary Behaviour Support Worker, to assist in the diagnosis process
- A project worker / parent support worker to be advertised, to oversee the waiting list initiative and to provide support to families waiting for an assessment.

With the identified additional investment, the project team are aiming to reduce the waiting list, to the commissioned standard, within 12 months of full establishment. At the same time, CAMHS, North Lincolnshire

---

<sup>10</sup> '*Access to the Service*' (*also known as Getting Advice*) is the start of the assessment process for Children and Young People. This is element of provision is deemed a core and crucial component element of CAMHS Service Provision and an essential part of clinical assessment, as it enables the '*formulation*' of a hypothesis to provide a framework for developing the most suitable treatment approach for the Child/ Young Person.

Council and North Lincolnshire CCG have been working together to develop a revised pathway for assessment for autumn 2019.

- Introduce of a single ‘Neurodiversity Team’, offering a single point of access for all referrals relating to ASD and ADHD and include CAMHS, Education Psychology, ASET and Primary Behavioural Support Services
- Provide a framework for ‘integrated working’
- Provide a ‘graduated approach’ to meeting children/young people’s needs and completing assessments thereby avoiding duplication of assessments and ensuring that children/young people’s needs are being met as early as possible.

#### 4.10.0 Children with Long term and Chronic Conditions

This section gives an overview of children in the following groups:

- Life limiting conditions
- Life threatening conditions
- Long term – low incidence / high need conditions
- High incidence long term conditions

These conditions are very wide ranging and could be lifelong (e.g. deafness, autism, and type 1 diabetes), slow deteriorating (e.g. muscular dystrophy), potentially curable (e.g. cancers) and variable course (e.g. cystic fibrosis).

Accurate local data about the number of 0-19s (especially children under 2 years of age) living with low incidence life limiting conditions is not available. Estimates are based on:

- Applying national prevalence estimates to local births and child population data
- Examining child hospital admissions for specific life limiting conditions
- Examining local service data e.g. hearing impaired service etc.

National estimates suggest the following estimated incidence and prevalence of specific conditions amongst North Lincolnshire’s child population:

**Table 4.10.1 Children with low incidence/ high need long term conditions incident rates and prevalence**

	Incidence rate ratio	Incident rate estimate	Estimated prevalence in NL
Sickle Cell or Thalassaemia	1 in 1900	Less than 1 case a year	18 children and young people living with the condition in North Lincolnshire
Hearing loss	Approximately 1-2 in every 1000 children is born with a severe or profound hearing loss.	2-4 cases a year in North Lincolnshire	Half of all children with profound hearing loss develop this during childhood, including 30% postnatal infection, 20% causes unknown. This gives a total estimated population of children with severe or profound hearing loss of 80.
Cystic Fibrosis	1 in 2,500 births	around 1 case biennially	Estimated prevalence amongst 0-19s in North Lincolnshire - 15 children and young people living with the condition
Sight loss-moderate to severe visual impairment,	2 in 1,000 children and young people up to 25 years of age	Two thirds of childhood vision impairment is present from birth or diagnosed in the first year of life. - 93 0-24 year olds in North Lincolnshire	

	Incidence rate ratio	Incident rate estimate	Estimated prevalence in NL
Sight loss- blind or severely sight impaired	This includes 5 in 10,000 0-15s who are blind or severely sight impaired	30 children in N Lincolnshire	
Crohn's Disease and	5.85 per 100,000 under 16	The incidence of recognition of the disease is rapidly increasing in children of all ages with about 30% recognised before the age of 20.. Estimated 3 children/young people under 16 living with the disease in North Lincolnshire	
Ulcerative Colitis	2.01 per 100,000 under 16		
Duchenne Muscular Dystrophy	1 in 3500-5000 male births	1 case every 3-5 years in North Lincolnshire	Estimated prevalence of between 5-8 boys aged under 19 currently living with the condition in North Lincolnshire
Cerebral Palsy	2 per 1,000 live births	4 cases a year in NL	
Autism	7 per 10,000 under 19s newly diagnosed each year	27 new children diagnosed per year	Prevalence estimated to be 1% of child population, or approx. 390 children in North Lincolnshire, of which 45% will be low functioning, (with an IQ below 70) and 55% high functioning, (above 70)
Down's Syndrome	1 in 1,000 births	2 case per year in N Lincolnshire	40 under 20s, and 50 under 25 year olds living with the condition in North Lincolnshire
William's Syndrome	1 in 10,000	estimated at 2 0-17 year olds	
Cancer	Estimated nationally that 1 in 500 UK children will develop cancer by 15 years of age	North Lincolnshire local cancer registry incidence statistics suggest 5 new cases of childhood cancer diagnosed each year in North Lincolnshire of which more than half are leukaemia.	

### Children with life limiting conditions

End of life provision for children with palliative care needs has been the subject of national and local reviews, including a number of major national research projects<sup>11</sup>. Children's palliative care can differ greatly from adults. Whereas the majority of adults may only require palliative care at the very end of their lives, children may require this for much longer periods, often from birth and beyond. Children's conditions may fluctuate more often than adults and the end of life phase may be more difficult to identify. The range of health conditions which results in children requiring palliative care is also more diverse and includes:

- Life threatening conditions for which curative treatment may be feasible but can fail – e.g. congenital heart disease and cancers
- Conditions where premature death is inevitable and where the child may have prolonged periods of being unwell – e.g. muscular dystrophy
- Progressive conditions without curative treatment options.
- Irreversible but non-progressive conditions which cause severe disability and lead to susceptibility to other conditions which increase likelihood of premature death e.g. severe brain injury.

The Fraser Report (2011)<sup>12</sup> estimated that in 2010, 40,000 children and young people nationally were living with a life limiting or life threatening condition. This represented a rise of 28% since 2000.

<sup>11</sup>Noyes J, Tudor Edwards R, Hastings RP, Hain R, Totsika V, Bennett V, Hobson L, Davies G, Humphreys C, Devins M, Haf Spencer L, Lewis M (2013). Evidence-based planning and costing palliative care services for children: novel multi-method epidemiological and economic exemplar. BMC Palliative Care 2013, 12:18.

Together for Short Lives. Bryony Beresford 'Making a difference for young adult patients' STEPP project 2011

<sup>12</sup> Fraser LK, Parslow RC, McKinney PA, Miller M, Aldridge JM, Hain R, Norman P (2012) Life-limiting and life-threatening conditions in children and young people in the United Kingdom; final report for Together for Short Lives.

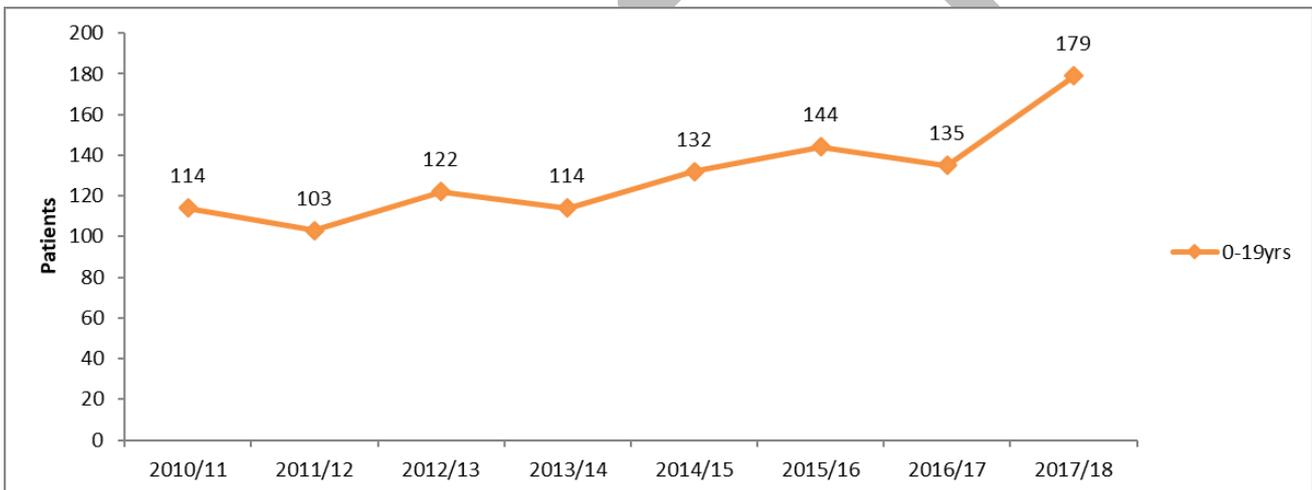
Applying the same estimation methods to North Lincolnshire's population (i.e. counting 0-19s who have experienced at least one hospital admission from one of the ICD10 life limiting conditions identified in the Fraser report), at any one time we can estimate there are between 120- 150 children and young people aged 0-19 years in North Lincolnshire living with a life limiting or life threatening condition. This represents a prevalence rate per 10,000 of 32.6, which is similar to the national average.

Congenital and chromosomal abnormalities account for the largest group of life limiting conditions amongst children, followed by cancers, neurology, respiratory and circulatory conditions. Some children will have more than one condition.

The highest rates of such admissions occur amongst children under 1 year old, (185 per 10,000), collectively 0-4s account for 45% of all patients under 20 admitted during 2017/18. In that year there were a further 42 20-24 year olds in North Lincolnshire admitted.

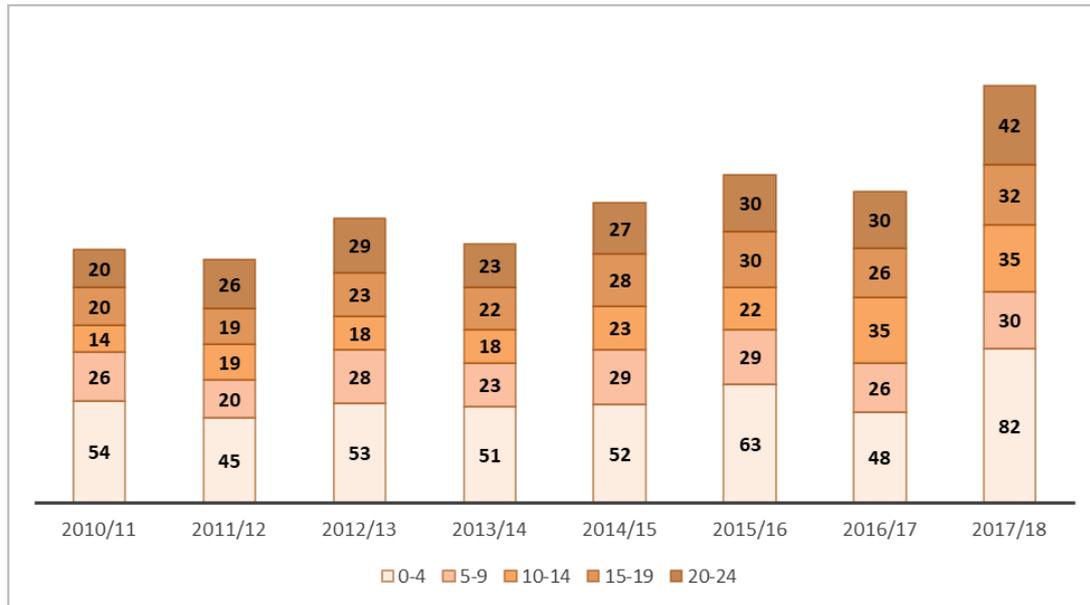
The graphs and charts below show the various break downs by condition and age group.

**Graph 4.10.2: Number of North Lincolnshire children and young people (<20 years) with at least 1 hospital admission for a life- limiting condition**



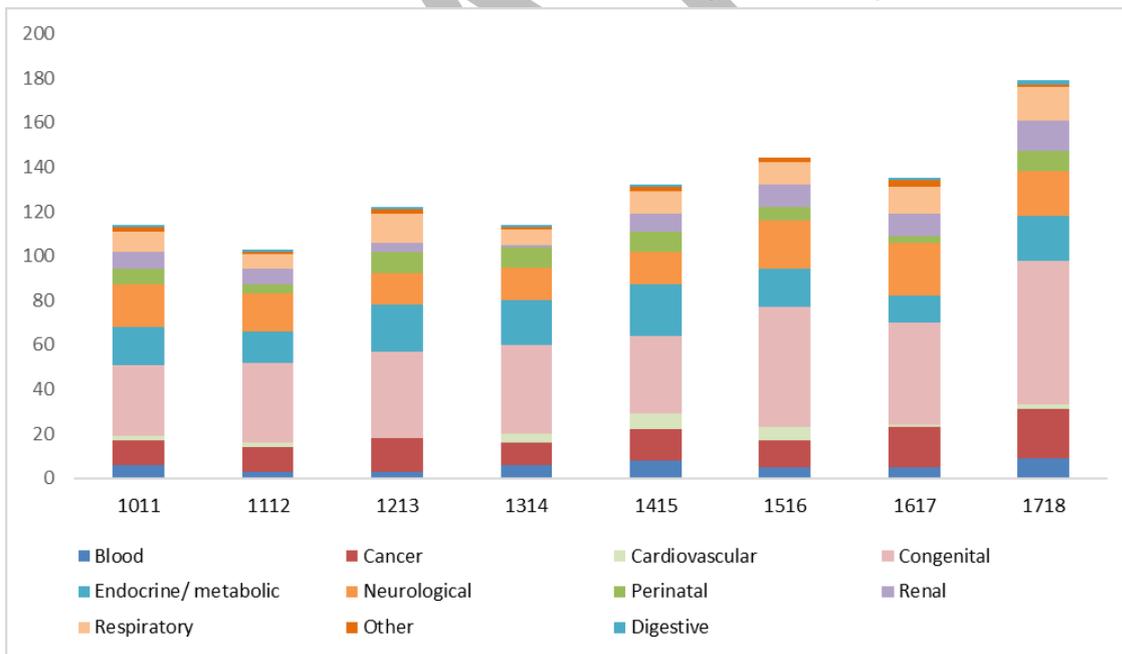
Source: Hospital Episode Statistics (HES) NHS digital

**Chart 4.10.3: Number of North Lincolnshire children and young people (<25 years) with at least 1 hospital admission for a life- limiting condition**



Source: Hospital Episode Statistics (HES) NHS digital

**Chart 4.10.4: No of 0-19s with at least 1 admission for a life limiting condition, by condition**



Source: Hospital Episode Statistics (HES) NHS digital

The largest growth since 2009/10 has been amongst children with congenital conditions. Admissions in other conditions vary year on year, and as numbers are small, patterns are more difficult to confirm.

Within this number there will be a very small group of children whose complex and continuing health needs require bespoke and personalised support over and above what is available through existing universal and targeted services. Specialist packages of care will continue to be required for some children and young people with complex and continuing needs.

Whilst the number of children with such complex needs remains small, packages of care will be high need and bespoke and thus any unanticipated rise can have a significant impact on local services.

Over time we should expect the number of children with complex needs to rise, with natural population growth, medical and technological advances and longer life expectancy of children and young people with complex needs.

### Children with high incidence long term conditions

Long term conditions are health conditions that require ongoing management over a period of years. According to recent data published by the Association for Young People's Health<sup>13</sup>, the most common long term conditions in adolescents include:

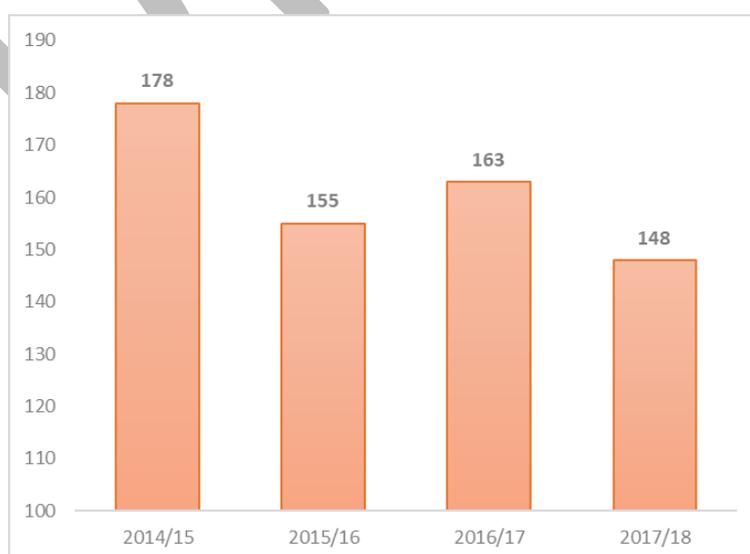
- Asthma
- Diabetes
- Epilepsy
- Arthritis
- Cancer
- Physical and Mental Health conditions

Long term conditions are health conditions that require ongoing management over a period of years. The common long term conditions diabetes, asthma, epilepsy, eczema and severe allergies combined are estimated to affect between 10-15% of children under the age of 16. Whilst these conditions are generally managed well in the community, if not adequately managed, they can have a significant impact on quality of life and can result in avoidable hospital admissions, and absences from school.

In 2017/18 the number of emergency admissions for asthma, epilepsy and diabetes combined had fallen to around 150 a year<sup>17</sup>

Most individual long term conditions in the whole population (including children), are more common in lower socio-economic groups, suggesting higher rates amongst children living in our most deprived fifth of areas.

**Chart 4.10.5: Emergency admissions for main three high incidence long term conditions 0-19 years**



<sup>13</sup> Hagell A, Shah R & Coleman J, (2017) 'Key Data on Young People 2017, Latest information and statistics', Association for Young People's Health

Source – Hospital episode statistics 2014/15 – 2017/18

## Asthma

Asthma is the most common chronic disease of childhood, affecting 1 in 11 children under 18 during their lifetime, or 3200 0-17 year olds in North Lincolnshire. It is a lung condition that causes breathing difficulty characterised by chronic wheezing. Throughout childhood and early adolescence, boys tend to experience more asthmatic symptoms than girls, although prevalence increases amongst girls by the mid-teenage years.

In 2017/18, 64 children had an emergency admission to hospital in with asthma. A small number of children were admitted more than once, giving a total of 91 admissions.

## Diabetes

Most children with diabetes are insulin deficient (i.e. Type 1 diabetes). The cause of type 1 diabetes is not well understood. However it tends to be more common in the families of people with the disease and so genetic factors play a role. Most diagnoses occur between the ages of 10 and 14 years of age. Current national estimates suggest a prevalence in children of 2.1 per 1000. Applied to local child population estimates, this suggests no more than 70 children in North Lincolnshire with the disease.

In 2017/18, there were 24 emergency admissions to hospital with type 1 diabetes, a small number of which were children admitted more than once.

## Epilepsy

Epilepsy is a common condition that affects 1 in 103 people. The condition affects the brain and can cause frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms. It is usually diagnosed in childhood or in older age.

In 2017/8, there were 33 emergency admissions of children with epilepsy, including a small number of children with severe epilepsy who were admitted more than once.

### 4.11.0 Transition to Adult Services

Improved healthcare has led to increased life expectancy of children with long-term and complex conditions, continuity in management of ongoing conditions such as diabetes, epilepsy and mental health can reduce the need for emergency care and improve overall outcomes. Good transition programmes have been shown to result in significant improvement in outcomes for young people.<sup>14</sup>

Currently little data exists nationally for comparison, within North Lincolnshire there are currently between 30-35 young people with a transition plan, who will transition to adult services in the next few years<sup>15</sup>

Discussions about longer term goals ideally start from Year 9 (Age 13/14) onwards and should always focus on the strengths and capabilities and the outcomes that the young person wishes to achieve. When a young person, or an adult caring for a young person, is likely to have needs and are reaching 18, North Lincolnshire Council Adult Services undertake an assessment for ongoing provision.

---

<sup>14</sup> AYPH 2017

<sup>15</sup> Complex care market statement – North Lincolnshire Council

#### 4.12.0 Children with Medical Care Plans

The latest medical needs audit of schools was carried out in 2018/19 and had approximately 80% response rate. The audit is designed to determine how schools manage pupil’s medical needs and associated policies and training, which agencies work with schools and how well needs are covered by plans. Medical needs are distinct to SEN needs in that a child could have need of a medication to cover Asthma, or Eczema, which otherwise does not affect the child’s ability to learn in the school environment. Other medical care plans cover complex conditions, or mental health needs, which may exist alongside SEND needs in some cases. (All statements below are as given by schools via questionnaire)

Of the population of the schools which responded, 3136 or 16.9% had medical needs. Of these, 1474 had plans in place. The most common medical need stated was Asthma, 1419 children were stated to have the condition, of which 1272 were stated to be ‘diagnosed’. The next most prevalent need were: Allergies (confirmed / unconfirmed) 537 / 371, with possible anaphylaxis – 100, Eczema (diagnosed / undiagnosed) 299/ 138, Autism 266, Epilepsy 120, ADHD 118. Mental Health conditions, confirmed / unconfirmed 27/116 and Continence, 96. A further 29 conditions were also detailed, all affecting less than 100 children each in North Lincolnshire.

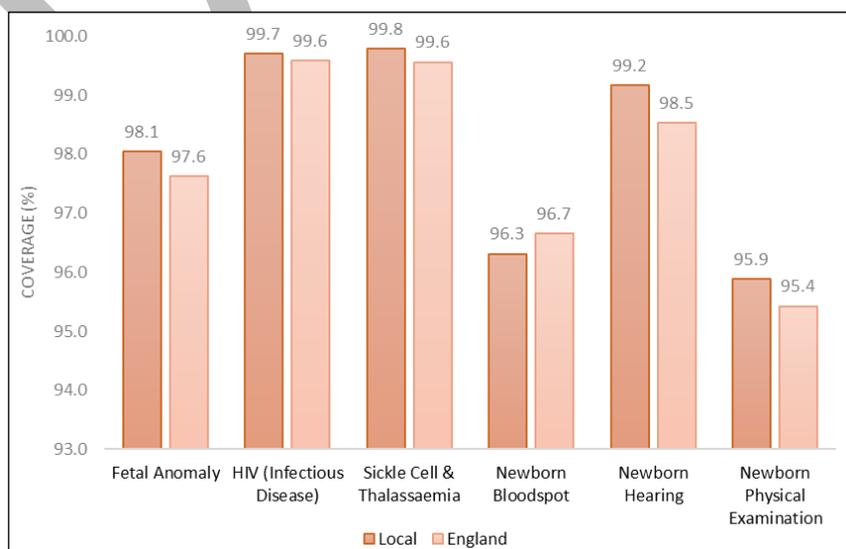
For further information on the audit, a full version report is available.

#### 4.13.0 Prevention and early intervention of SEND

The NHS has a number of screening programmes during the antenatal and new born period that can help identify conditions or risk factors early and, in some cases, this allows the risk to the child to be reduced or the condition to be treated rapidly when the baby is born. In other cases it allows the parents to prepare for having a disabled child. This includes foetal anomaly checks in pregnancy, blood tests for genetic disorders, new born physical checks, as well as new born bloodspot screening and hearing checks.

The graph below shows the coverage rates for new born and antenatal screening programmes as at the end of 2017-18. In all screening programmes in 2017/17 the local coverage was better than overall for the UK excluding bloodspot, where the coverage was marginally lower, but still very high overall, as seen below.

**Graph 4.13.1: Uptake of screening programmes in North Lincolnshire Annual data 2017-18.**



Source: Public Health England, Antenatal & Newborn Screening, Annual 2017/18

#### 4.14.0 Children's voice - North Lincolnshire Lifestyle Surveys

In addition to the quantitative data that has been presented in this document North Lincolnshire also carries out surveys to capture key insights into the wishes and feelings of young people.

North Lincolnshire has completed five Adolescent Lifestyle Surveys that capture key insights into the lives of our young people. In addition we have rolled out a Primary Lifestyle Survey and a College Lifestyle Survey. The Lifestyle Surveys and subsequent analysis captured the view of children and young people who self-reported as having a long term health problem or disability.

##### *Adolescent Lifestyle Survey results – 2016/17*

#### **Physical well-being**

- The vast majority of young people (86%) report being in good physical health. This declines with age, with 8% of 13-15 year olds reporting being in poor health, compared with 3% of 11-12 year olds
- Just over 15% of pupils self-reported with a long term health problem or disability
- Looked After Children, (LAC) and children on free school meals were more likely than others to report a disability or long term health problem (22%).
- When asked, most of these young people said their condition did not affect their school work. However, more than a quarter felt it did, and almost a third (30%) felt this affected their school attendance. This result was fairly consistent across all year groups and both sexes. Applied across the survey sample, this suggests an average of 4% of 11-15 year olds who self-assess with a diagnosed condition which, in their view, impacts on their education.
- In our survey, teenage pupils who self-assessed as having a disability or long term illness were more likely than others to report low self-esteem, 33%, compared with 27% other pupils this age.
- Children with a disability/ long term illness remain the group most likely to worry about bullying, although this varied considerably by year group.

#### **Mental Health**

National research<sup>16</sup> suggests that at any one time, in a secondary school of 1,000 pupils, an estimated:

- 150 will be at risk of poor mental health and need some extra help
- 70 will have a common diagnosable condition
- 17 will have a more serious condition
- 1 will have a very serious condition potentially requiring inpatient care

Applied to this survey, we would expect amongst our 5000+ pupil respondents at least:

- 750, (15%) at risk of poor mental health and needing extra help
- 350 ( 7%) with a common diagnosable condition, such as depression or anxiety
- 85 (1.7%) with a serious condition
- 5 (0.1%) with a serious condition requiring inpatient care

<sup>16</sup> 'Missed Opportunities. A Review of recent evidence into children's and young people's mental health'. Centre for Mental Health. 2016

Adolescence is also a time when most early symptoms of adult mental illness (including psychosis) emerge, and there is strong evidence that getting help early on could limit the length and recurrence of episodes of mental illness, and reduce the risk of problems extending into adult years.

### Feeling Safe

- The vast majority of pupils said they felt safe in school. Although young people were not asked why they did not feel safe, of the small minority who said they did not, (6% of 11-12 year olds and 4% of 13-15 year olds), 31% said they had been bullied in the last 4 weeks. There were slightly more boys than girls in this cohort. A similar result was reported in the 2013/14 survey.
- Although proportions are small, children with a long term condition (LTC) worried most about bullying and were more likely to say they had experienced a lot of bullying in their current school in the previous 4 weeks, (8% of Year 7s with a LTC, compared with 3% of those without).

### College Lifestyle Survey 2017-18

#### Definition

- This report compares and presents some key findings from the 2017/18 College Adolescent Lifestyle Survey, specifically for pupils who self-reported as having a 'disability, medical condition or long term health problem diagnosed by a doctor'.
- This definition was employed in the 2017/18 College Lifestyle Survey and is taken from the recent national 'What About Youth Survey' published in December 2015.
- No questions were asked in either local survey about the nature of pupils' disabilities or health conditions.

#### Demographics

- In this 2017/18 survey, 18% of young people who responded to the survey self-reported as having a disability or health problem, (SEND), with similar numbers of males (17%) and females (19%).
- This is a similar figure to that reported in the national Youth Survey for 15 year olds, with 14% of Year 11s in North Lincolnshire self-reporting as SEND, or 1 in 7 of local 15 year olds surveyed.
- There is a total of 232 students reporting as SEND in the survey, of which 198 are aged 16-18 year and 34 are 19 years and over.
- 5% of this SEND group said they spoke English as an additional language, (EAL) at home. This is similar to the general college population (7%).
- Over a quarter (27%) of this SEND group were eligible for free school meals at their previous secondary school, compared with 15% of other pupils.
- The proportion of SEND pupils who said they cared for someone at home was twice the local average, 14% compared with 6% of other pupils.
- In other words, pupils with SEND are more likely than other children to be dependent on low incomes and to live with someone with a serious physical or mental health condition and/or disability.

#### Physical Health and Emotional wellbeing

- The vast majority of students with and without SEND, report being in good health and have a positive outlook on life, although pupils with SEND were more likely to say they were in poorer health.
- The SEND group were also more likely to say they worried a lot about being bullied, worried a lot about how they look/body image and that they never/rarely feel good about myself (in the last 2 weeks)

- Whilst nearly two thirds of students say they find it easy to talk to parents/carers about their worries, young people with SEND were less likely to say this at just over half. Less find it easy to talk to personal tutor, although there is no difference between those with and without SEND in this instance.
- Overall, the wellbeing score of these young people<sup>17</sup> (as measured by the Edinburgh Warwick Emotional Wellbeing Scale), was lower than for the local average. These results are in line with the secondary school surveys for 13-15 year olds.
- Students with SEND scored lower than their peers on each of the 14 items of the wellbeing scale.
- The lowest scores amongst this group being for 'feeling good about themselves', 'feeling confident about the future' and 'feeling able to deal with problems'.

### Seeking help on mental health issues

- Overall there were no differences in SEND pupils' ratings of how well their college deals with mental health issues. Just over half, 52%, of 16-18 year olds assessed their college as 'good or OK', (31% said they did not know), this is similar to the responses of 13-15 year olds (51%) but lower compared with 62% of 11-12 year olds. Older pupils (19+) were more likely to rate the college response as 'good or ok' at 60% but were also less likely to say they 'do not know' 20%, so the responses may be influenced by students having more experience of the services than the younger students.
- Females are less likely than males to rate their college as good in both SEND and non-SEND groups.
- Pupils with SEND were no more or less likely to say that they knew where to go for help and advice if they had serious concerns about a friend with a mental health problem.

### Staying healthy

- Pupils with SEND were no more or less likely to be exposed to health risks, such as trying smoking, drinking alcohol, experimenting with drugs or having sex.

### Education and aspirations

- Pupils with SEND were equally likely to aspire to higher education post 18.
- Slightly lower proportion of students identified apprenticeships as their preferred option (9%) compared to the average for this age group (12%).

### Advice and guidance

- Just under half of students rated the careers advice they got in schools as good. Students with SEND were slightly less likely to say this.
- Students with SEND were less likely to say they were confident they would get the right advice to help them make decisions about the future from their parents (53% compared to 61%).
- Students with SEND were less likely to feel prepared for employment than those without SEND. They were also more likely to say they needed more help with maths, and reading and writing skills than students without SEND.

---

<sup>17</sup> As measured by the Edinburgh Warwick Emotional Wellbeing Scale

## Primary School Lifestyle Survey 2016 – SEND

- This report compares and presents some key findings of the 2015/16 Primary School Lifestyle survey for children who self-reported as having a 'disability, medical condition or long term health problem diagnosed by a doctor'.
- No questions were asked in either local survey about the nature of their disability or health condition.
- Overall, there were 1897 responses from Year 5 and 6 pupils.

### Demographics

- In this 2015/16 survey, just under 1 in 5 (19.5%) of young people who responded to the survey self-reported as having a disability or health problem, with equal numbers of boys and girls.
- The figure was 23% in Scunthorpe North.
- This is a higher % than that reported in the national Youth Survey which was completed in 2014 with a national sample of 15 year olds (i.e. Year 11 pupils). In that survey the figure was 14%, or 1 in 7 of those Year 11s surveyed.
- These 370 pupils in North Lincolnshire were fairly evenly split between Years 5 and 6.
- There was a higher representation of Asian British children in this group. 1 in 3 (33%) of children who identified as Asian said they had a disability/long term health problem/medical condition, compared with 20% white British children and 14% E. European children.
- 11% of this group said they spoke EAL at home. This is similar to the general population of this age.
- More than a quarter of this group were claiming free school meals (29%), compared with 16% of the rest of the study population.

### Health and wellbeing

- Pupils with disabilities were more likely than other children to say that they worried a lot, especially about being bullied both in and outside school, and that they often felt sad or tearful.
- However, they were almost equally likely to say that they felt they had a lot to be proud of, and that they could talk to parents and other trusted adults in school about their worries.
- They were also more likely to say that they found lessons on healthy relationships useful.

### The future

- Children with disabilities were less likely to say that they thought they would be attending college/university post 18 and more likely to say that they did not know what they would be doing.

**The information captured from the local lifestyle surveys provide valuable information on need which in turn feeds our local strategic planning and commissioning.**

## Key Messages

- Whilst the primary age population looks to be stabilising over the next few years, the secondary school population is set to rise.
- The provision for housing developments in the Local Plan, means that periodic assessments will be need to understand how expanding or new settlements will influence demand.
- Some services are not predicted to see a large increase in demand because they support a small number of children currently.
- The number of children with an EHCP in North Lincolnshire have been just over 910 at the same point in January for the past 2 years. Most of these children and young people are school age.
- Just over half of all children with an EHCP live in Scunthorpe, and they are disproportionately living in areas of increased deprivation when compared to the general child population in North Lincolnshire
- Children with an EHCP are significantly more likely to be male and the highest proportions of children with EHCP have primary needs of autism spectrum disorder, moderate learning difficulty, social, emotional mental health or speech, language and communication needs.
- The number of children in North Lincolnshire schools with SEN Support increased at a rate higher than nationally, with a 30% increase in children identified with social emotional and mental health needs at secondary level.
- North Lincolnshire has a lower percentage of children with autistic spectrum disorder primary need within the overall mainstream SEN population than seen overall in England. The proportion in school population is higher at secondary than primary. However the proportion in school population increased at a higher rate than seen overall in England between 2017 and 2018 January censuses.
- Overall for attainment, children at 2 ½ make good progress, with a higher than national proportion meeting the expected development milestones. At most key stages SEN Support pupils do as well as, or better than the national average, however in recent years at age 19, there have been a decreasing percentage of young people qualified with an least grade 4 (C grade GCSE equivalent), the biggest fall being within the SEN support cohort.
- Just under 100 children in North Lincolnshire claim the highest levels of overall disability support. 131 have a claim for high level mobility support.
- An increase in complex cases has been noted by the SaLT service.
- Carers actively using the all age carer service increased between Q1 and Q4 in 2018. Notably for parent carers and sandwich carers.
- Open cases for autistic spectrum disorder (both adults and children) also increased between Q1 and Q4 2018.
- An average of 70 short break stays a month occurred at Cygnets over 2018.
- There has been a large increase in referrals to CAMHS for ASD and ADHD between 2015-2018/19

- The number of children admitted with life limiting conditions increase in 2017/18. This was mostly driven by an increase in admissions for congenital conditions.
- Hospital admissions in North Lincolnshire were high for asthma in 2017/18, with the highest number occurring for 5-9 year olds.
- Asthma was the most common occurring condition noted in North Lincolnshire schools responding to the Care Audit.
- Screening rates for newborns are very high, and better than national averages.
- Looked after Children, and children on FSM were more likely to report a disability within the adolescent lifestyle survey.
- SEND pupils were more likely to score lower on the wellbeing scale in both college and secondary School.
- Pupils with SEND at college hold equally high aspirations to higher education as their peers, however in primary schools, they were less likely to aspire to college and university.

DRAFT

## Appendix 1

### Methods for calculating pupils with Statement of SEN / EHC plan

	NLC formula	DfE formula
Where does the pupil reside?	North Lincs	Any LA
Who maintains the statement / EHCP?	North Lincs	Any LA
What type of education does the pupil attend?	Any	Any
Which LA is the educational provision located?	Any	North Lincs
What is the age cohort?	0-19	5-16

DRAFT

T