

Health Needs Assessment Vulnerability in Children and Young People

SEND Executive Board

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March 2020

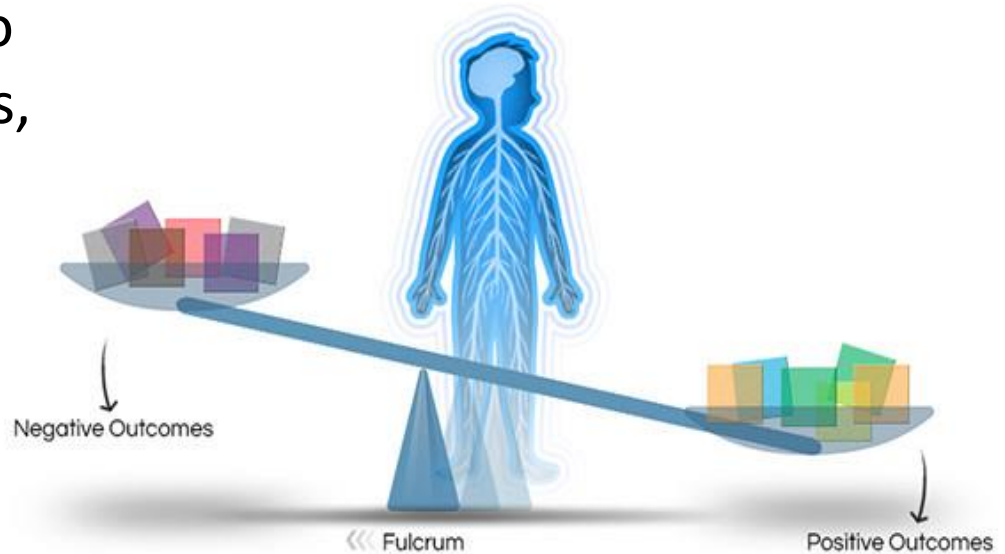
Vulnerability

The additional needs or barriers children face which may make them less likely to live healthy, happy, safe lives, or less likely to have successful transitions to adulthood.

Resilience

The ability to 'bounce back', adjust or recover from adversity or life's setbacks.

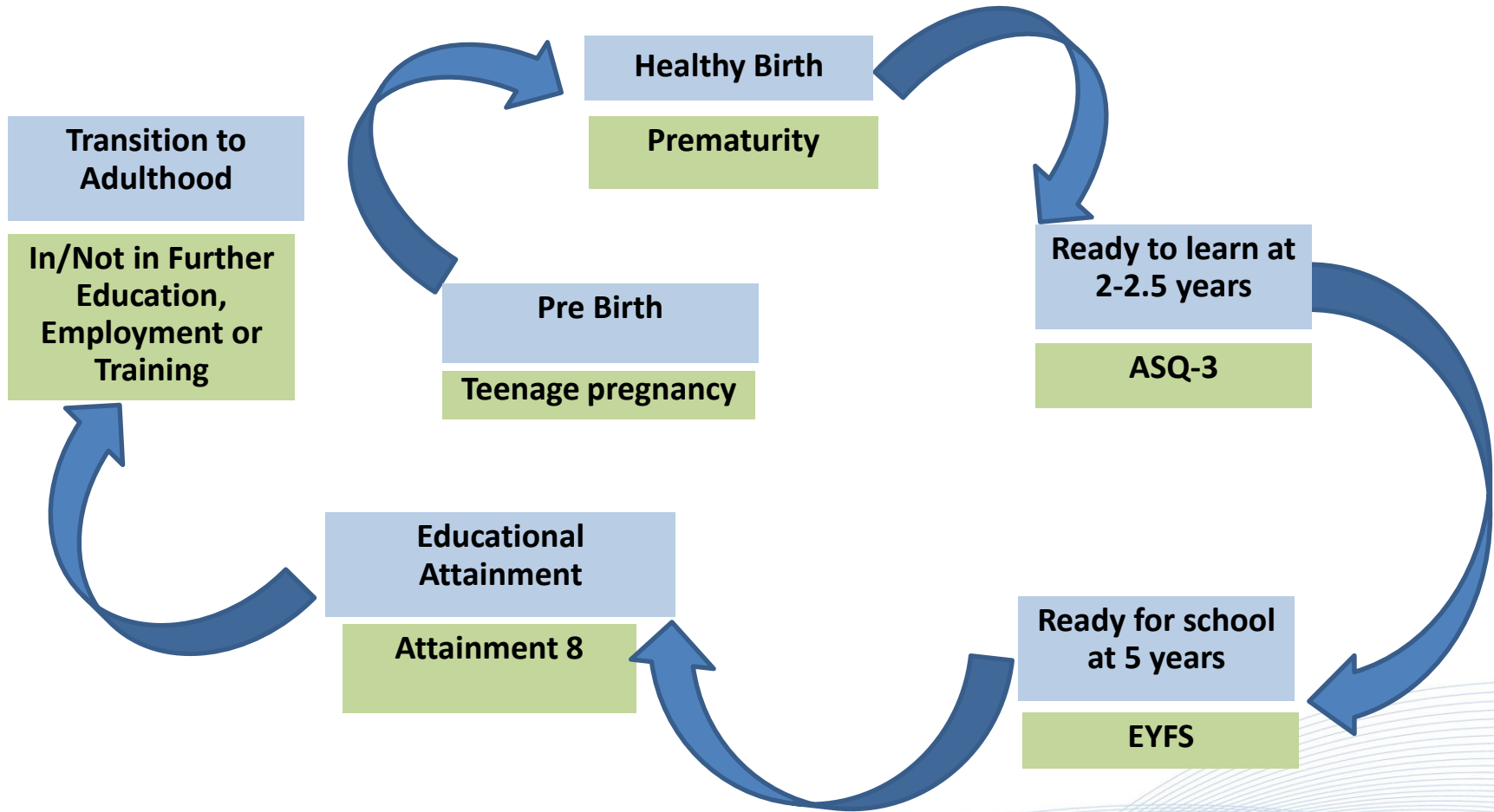
A Balancing Act



Aims

- To assess the scale and nature of vulnerability in children and young people, aged 0-19 years (25 SEND) in North East Lincolnshire (NEL),
- To determine its impact on their health, and assess how well their health needs are being met.
- To explore how resilience might mitigate the risk of adverse health outcomes and
- To identify interventions to optimise resilience skills in the study population

From Birth to Adulthood - Health and Development Milestones



Inclusions - Based on Children's Commissioner Report 2018

7 CATEGORIES

- Receiving statutory care or support
- Experienced specific personal harm
- Disability, ill-health or developmental difficulties
- In households or families with characteristics or locations that indicate higher potential likelihood of current or future harm
- Identity or nationality
- Activity or institutions outside the home
- Caring for someone else



58
Specific
Groups

A Modular Approach

Module 1 - About this HNA

Module 2 - Background

Module 3 - Demography and Deprivation

Module 4 - Start Well: Healthy Birth

Module 5 - Start Well: Early Years

Module 6 - Five up in NEL

Module 7 - Developing well

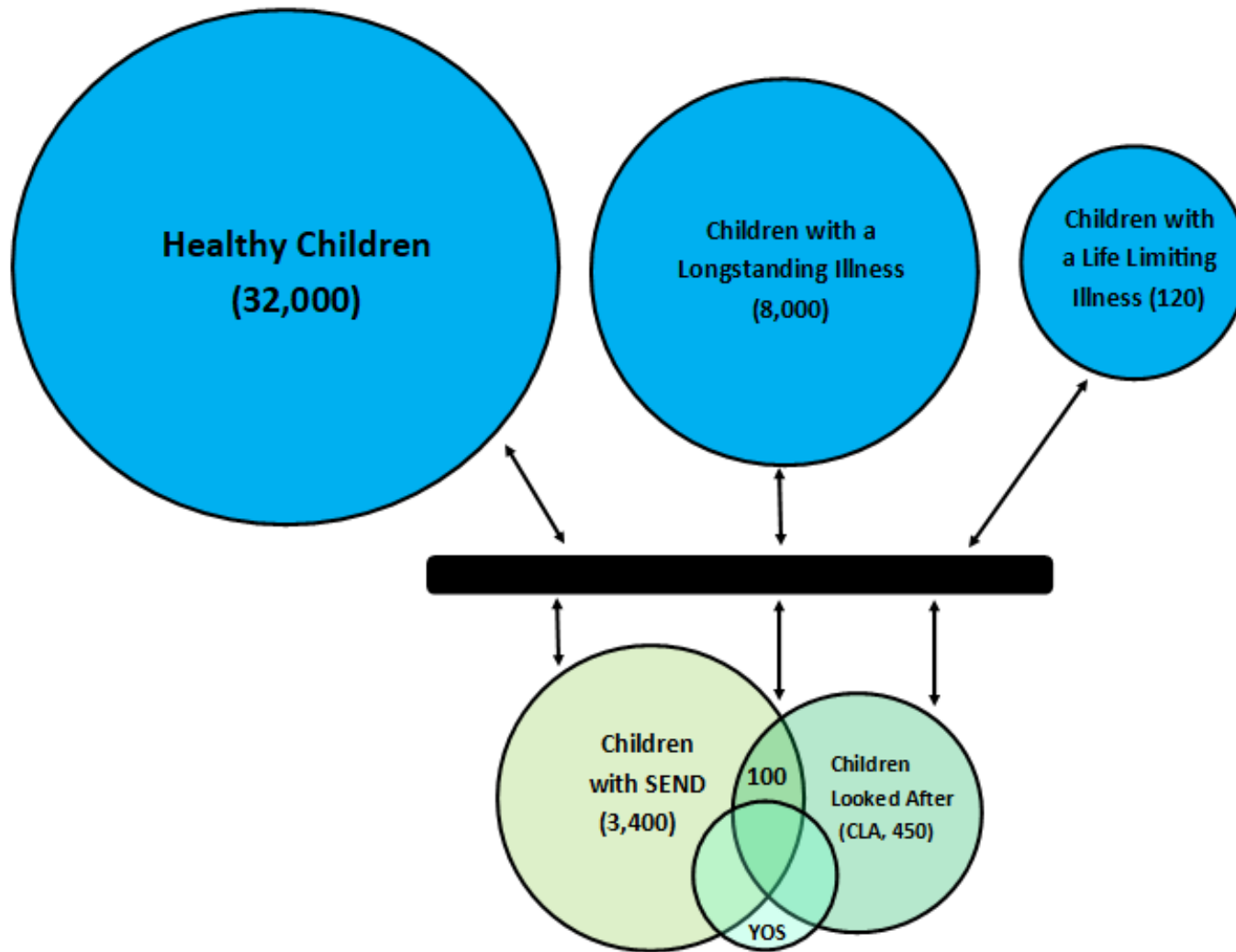
Module 8 - Parental and Social Factors

Module 9 - Service Utilisation: Children's Services

Module 10 - Service Utilisation: Health Services

- **Modules 4-10 contain data analysis**
- **Structure for modules 4-5 and 7-10:**
 - **Content Overview**
 - **What did we discover?**
 - **So What?**
 - **Developing Solutions - What Works?**
 - **Suggested Areas for Future Focus**
 - **All elements of each module have stand-alone write-ups behind them which provide more detail**

Health Services



Children's Services

Figures are indicative only and are intended to just give a general sense of scale. Figures are derived from a range of sources including estimates, are rounded, and relate to different age cohorts.

Healthy Birth

Prematurity (< 37 weeks)

- In 2018/19, of 2,038 live births, **12%** premature v 7% UK
- Risk for range of developmental problems and delay, SEND (boys have a greater risk), and low educational attainment at EYFS and Key Stage 1 (see NICE NG72).

What's going well?

- Antenatal and neonatal screening programmes optimised
- Flu vaccination rates in pregnancy increasing

What needs to improve?

- Smoking in pregnancy @ 23.2%, 2nd worst in England
- Teenage Pregnancy Rate in NEL joint 4th highest in England
- High repeat termination rates esp in under 25s

Ready to Learn

Ages and Stages Questionnaire (ASQ-3)

No useful data (full year)

Ready for School

Early Years Foundation Stage (EYFS) Profile

In 2017/18, **70%** of children in NEL achieved a Good Level of Development (GLD) at the end of reception.

SEN support - 28% (2013-18) (n=133) achieve a GLD

Child Development – Early Years

- Communication and Language is lowest overall - 80.6%, lower than national average of 82.4%.
- Cognitive Development – 69.5% locally lower than national average of 70.9%. Much lower for boys especially from disadvantaged backgrounds, mainly for maths (10.7% gap) and literacy (14% gap).
- Physical Development - 84.8% meet this goal, a gap of 2.6% compared to England. Locally, boys (78.1%) lag behind girls (91.3%) with a 13.2% gap.
- Personal Social and Emotional Development – Boys (79.1%) lag behind girls (90.9%), with a 11.8% gap.

Identified SEND

- The number of children identified with SEND in the early years appears lower than expected, considering the prevalence of development issues, many of which are identifiable at 2.
- The NEL January 2019 school census identified that 2.2% of girls in reception year have a speech and language need identified and 4.4% of boys have a speech and language need identified.
- SEND services (SEN Support or EHCP) do not peak until NCY 3 with very few in early years settings.
- CYP may not be having their needs identified and/or met as early as they could be.

NCY	No's with SEN	% with SEN
N1	10	3%
N2	38	4%
R	144	8%
1	244	12%
2	274	14%
3	339	17%
4	330	17%
5	343	18%
6	322	17%
7	310	17%
8	313	17%
9	268	15%
10	189	13%
11	225	16%

Educational Attainment

Attainment 8

Average score across best 8 GCSE results

- 2018/19 average Attainment 8 score of NEL pupils was **41.3**, lower than England average of 46.7
- **SEN** – score of **8.4 EHCP, 27.4 SEN support** v **47** no identified SEN
- 2018/19, 9-4 pass in English and Maths GCSEs = **9.8%** with **EHCP, 24.5%** with **SEN support** v **67.4%** no identified SEN.
- The key stage 2 and key stage 4 attainment of North East Lincolnshire pupils with SEN is lower than that of the mean for our nearest neighbours.

CYP with health conditions

- We couldn't identify **health service data** to reliably determine CYP with physical health conditions, Autistic Spectrum Disorder (ASD), ASD with Learning Disability (LD), LD, mental health issues
- Applying best estimates:
 - Life-limiting illness – **122**
 - Longstanding illness – **5,260 (16%)**
 - Limiting longstanding illness – **2,802 (8%)**
- No data to understand CYP with multiple conditions, disabilities, relationship between health conditions and disability and the impact on their lives. These CYP are likely to move across different services and systems and yet we have no insight into their holistic experiences of those (with the exception of some within the SEND cohort).

Transition to Adulthood

Not in Education, Employment or Training (NEET)

120 16-17 year olds with SEND, of which **9.7%** were recorded as NEET or not known.

3,280 16-17 year olds without SEND, of which **6.3%** were recorded as NEET or not known.

Social Factors

% of pupils by FSM and SEN status, NEL, January 2019

Status	EHC plan	SEN support	No SEN identified
FSM eligible	5.1%	20.5%	74.4%
Not FSM eligible	1.9%	9.6%	88.5%

- Of pupils who are FSM eligible, 25.6% have an identified SEN, whereas 11.5% of pupils who are not FSM eligible have an identified SEN.
- As is to be expected from eligibility which is means tested, around 75% of all pupils who are FSM eligible are resident in the two most deprived quintiles.

Children's Services Data

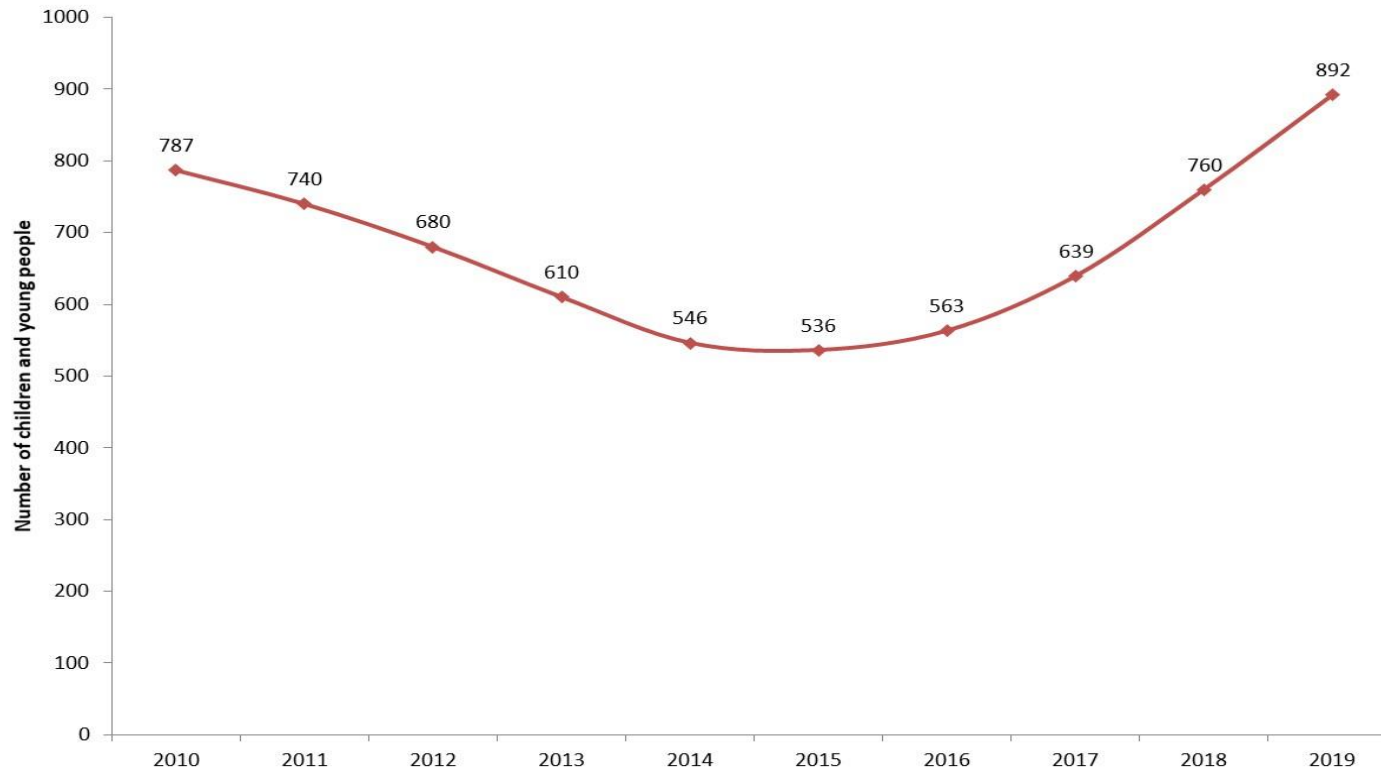
Children with SEND - schools/SEND service data): Key Points

- No. of children with EHC plans and with SEN support have risen in NEL year on year from 2016 to 2019 but our rate is lower than nearest neighbours average
- More than 2 x boys with SEN than girls.
- Despite the fact that many developmental issues are identifiable at age 2, few of those are receiving SEND support in the early years (including those in early education settings) and the first three years of school.
- Variations in % of pupils with SEN between individual schools, by free school meal status, and by deprivation quintile.
- Of the pupils with an EHCP, the most common primary needs were autistic spectrum disorder, and severe learning difficulty. Of the pupils with SEN support, the most common primary needs were moderate learning difficulty, social emotional and mental health, speech, language and communication need, and specific learning difficulty
- % of new EHCPs issued within 20 weeks in NEL is much lower than that of the mean for our nearest neighbours.

Children with SEND - schools/SEND service data): Key Points

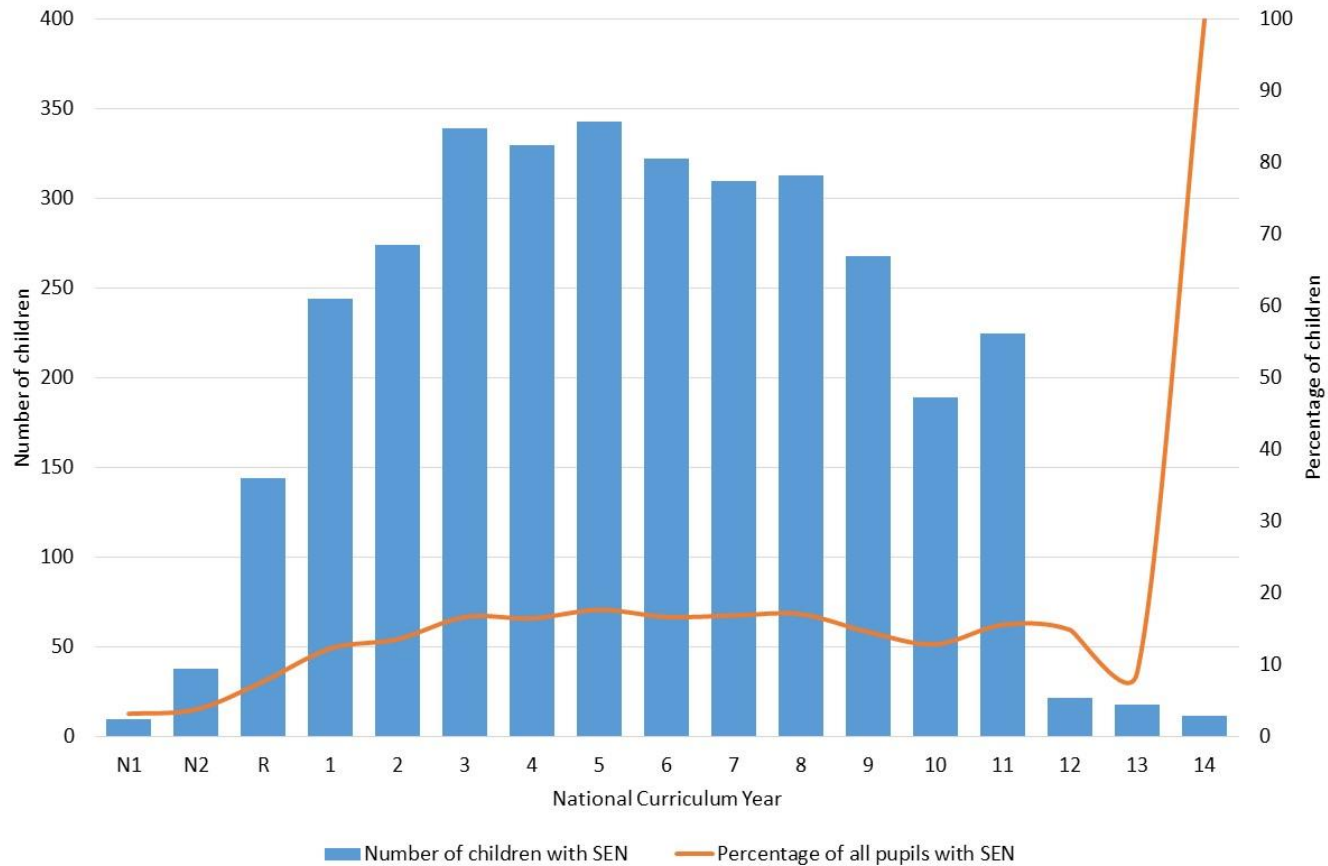
- School exclusion rates is higher in pupils with SEN than those without SEN. Rate of fixed term exclusions for pupils with SEN is lower than that of the mean for our nearest neighbours. Rate of permanent exclusions of pupils with SEN is higher than that of the mean for our nearest neighbours.
- The key stage 2 and key stage 4 attainment of North East Lincolnshire pupils with SEN is lower than that of the mean for our nearest neighbours.
- Of the young people known to the local youth offending service, 61% had a recognised SEND.
- Of the NEL children looked after at 31 March 2018 and who had been continuously looked after for at least 12 months, 56.9% had SEN provision.
- Of the children in need in NEL at 31 March 2018, 3.7% were recorded with disability.

Identified SEND



- **3401 pupils recorded with SEN at Jan 19**
- 601 (17.7%) EHC plan, 2800 (82.3%) SEN support.
- 4.5% increase between 18-19, 7.8% increase between 17-18
- % of pupils with SEN is **lower in NEL (14.5%)** than mean for nearest neighbours (16%).

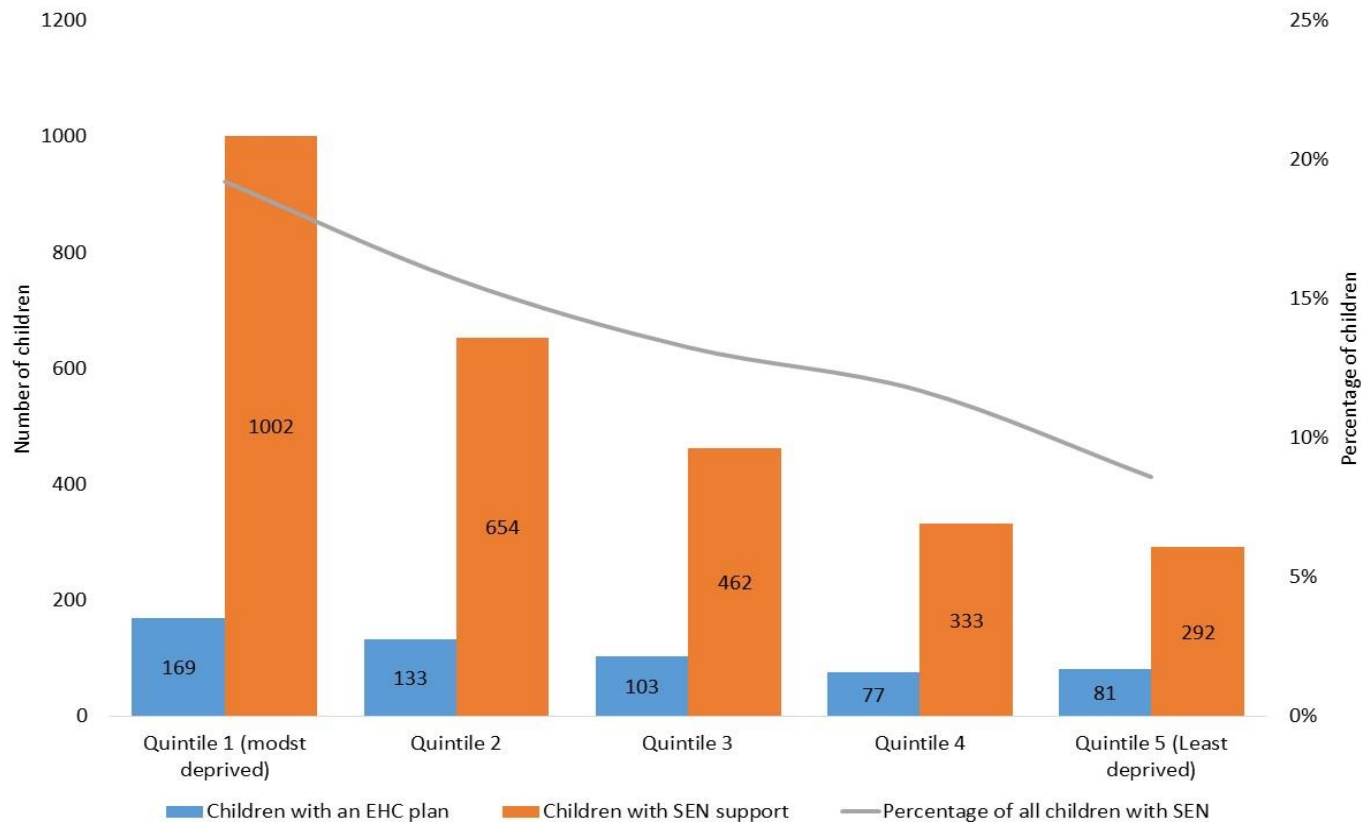
Pupils with SEN by NCY



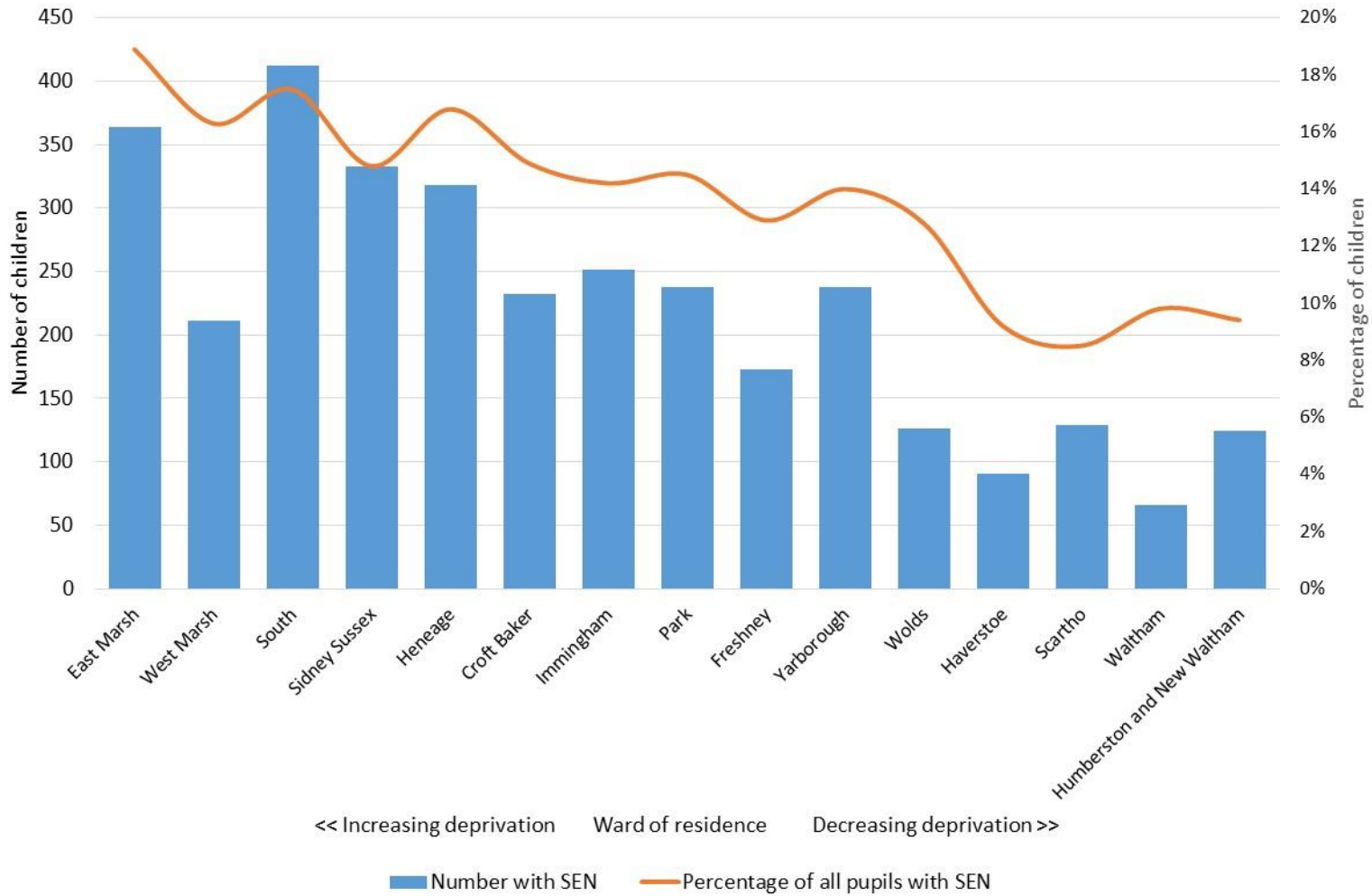
Few have SEN support in early years and proportionally less in first three years of school.

Variations

- There are considerable variations in the percentages of pupils with SEN between individual schools, by free school meal status, and by deprivation quintile.
- More than twice as many males than females have SEND



Pupils with SEN by ward



Primary needs

- EHCP - most common were ASD & severe learning difficulty
- SEN support - most common were moderate learning difficulty; social emotional & health; Speech, Language and Communication (SLC); and specific learning difficulty.
- 464 pupils had a primary SEN of SLC needs (13.6% of all pupils with SEN). Of these, 48 (10%) had an EHC plan and 416 (90%) had SEN support.
- **20.6%** of NEL primary school pupils with SEN had a primary need of SLC v **30.6%** England
- **5%** of NEL secondary school pupils with SEN had a primary need of SLC v **11.5%** England
- **3.7%** of NEL special school pupils with SEN had a primary need of SLC v **7.3%** England.
- The highest numbers of pupils with a primary SEN of SLC needs are in Reception to NCY 3. Numbers then tend to decrease with increasing age.

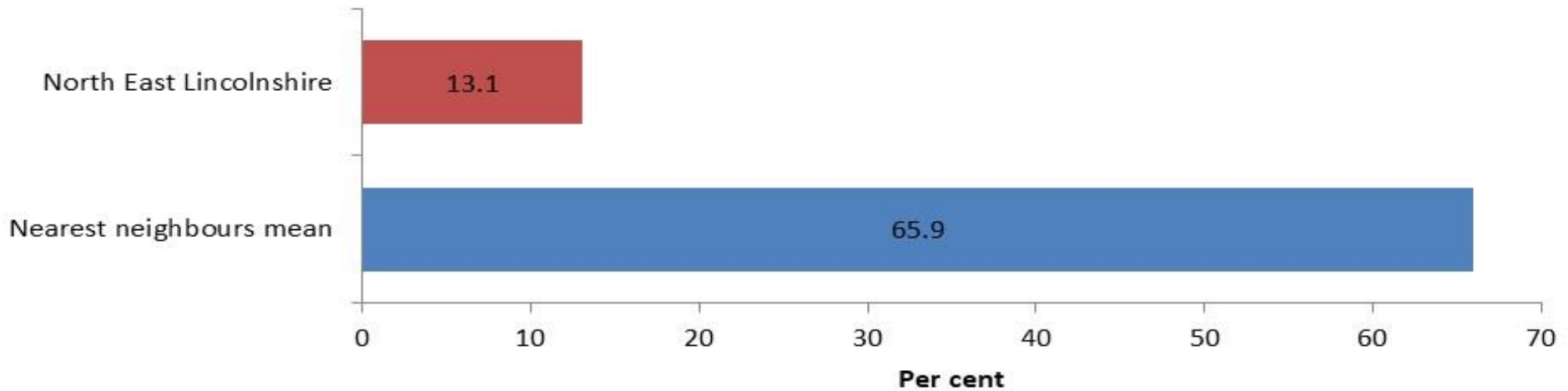
CYP with autistic spectrum disorder (ASD)

- NICE (CG128) estimates autism prevalence of at least **1%** in children (0-19), which equates to around 362 children in NEL
- January 2019 school census shows **1.1% (257)** of all NEL school pupils were recorded with a primary SEN of ASD
- Of these, 64% EHCP and 36% SEN support
- Those with primary SEN of ASD make up 7.6% of the SEN pupil cohort
- 5 x boys with primary SEN of ASD, as per expected prevalence ratio.
 - **4.4%** of NEL primary school pupils with SEN had a primary need of ASD v **7.9%** England overall
 - **5.9% of NEL secondary school** pupils with SEN had a primary need of ASD v **10.3%** England overall
 - **31.6%** of NEL special school pupils with SEN had a primary need of ASD v **29.8%** England overall
- Approximately **43% of all** NEL pupils with a primary SEN of ASD are educated at special schools v **28%** England

CYP with a Learning disability (LD)

- The NEL 2019 school census shows **1838** school pupils recorded with a **primary SEN of LD** - more males (n=1141) than females (n=697).

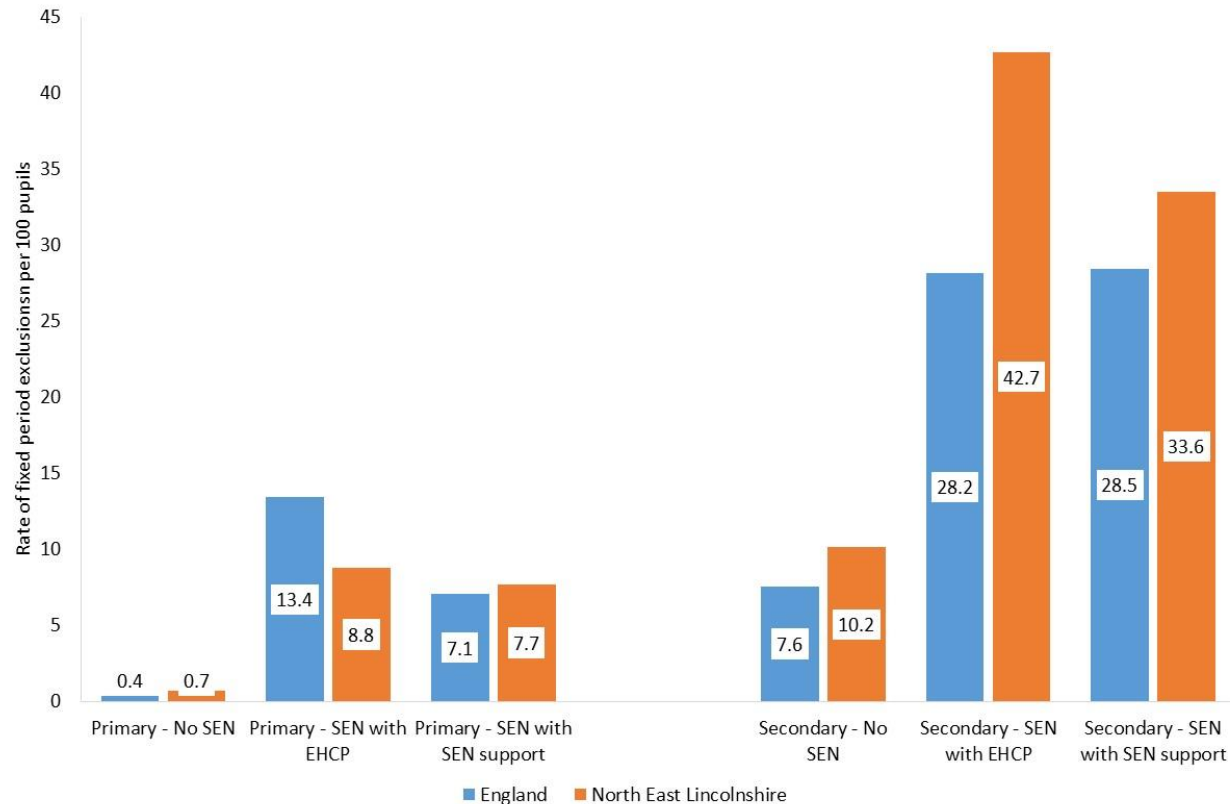
Timeliness of EHCPs



- The percentage of new EHC plans issued within 20 weeks in North East Lincolnshire is much lower than that of the mean for our nearest neighbours

School Exclusions

- Pupils with SEN are much more likely to be excluded from school than children with no SEN.
- The rate of fixed term exclusions of pupils with SEN is lower than that of the mean for our nearest neighbours.
- The rate of permanent exclusions of pupils with SEN is higher than that of the mean for our nearest neighbours.



- Pupils with a primary need of social, emotional and mental health, have by far the highest rates of fixed period exclusion nationally in both primary and secondary schools.

- **Pupil referral units (PRUs) = 102** pupils and all had SEN
- **Alternative provision = 130** pupils and **92%** had SEN
 - primary needs SLC (57%); ASD (15%); hearing impairment (10%)
 - 48% of pupils were placed outside of NEL.
- **Elected Home Educated = 211** resident children in total but **SEND status not identified/recorded**
- **Youth Offending Service (YOS) - 61%** had recognised SEND
 - 20% had an EHCP, 3% were being assessed for an EHCP
 - 38% were either currently SEN support or were in the past
 - 24% were children looked after (CLA)
 - 41% of young people who are looked after & known to YOS have SEND
 - The most common primary SEND need of young people known to the YOS was speech, language, and communication

Children Looked After (CLA) = 56.9% of CLA at 31.3.18 had SEN provision

Children in Need (CIN) = 3.7% were recorded with disability (end March 18)

Unmet Need

- Speech Language and Communication (SLC) difficulties are commonly associated with other problems in early childhood and beyond including social, emotional and behavioural difficulties.
- Left unidentified and unsupported, both issues can go on to manifest as more severe and costly behavioural problems ranging from a diagnosable conduct disorder to youth offending and anti-social behaviour.
- Of the young people known to the local youth offending service (YOS), 61% had a recognised SEND.
- The most common primary SEND need of young people known to the YOS was speech, language, and communication needs.
- A factor for the clear inequalities of children with SEND who appear disproportionately in fixed term exclusions, NEETs, and the Youth Offending Service, could be earlier unmet need for health, care and education.

Suggested Areas of Focus

1. **NICE Guideline 72** covers enhanced surveillance and support for those born prematurely. Seek evidence of **compliance** with that guideline, along with **timely and effective handover procedures to health visiting**. This will enable early identification of, and support for, any developmental issues and SEND which may emerge in the early years.
2. Development of a **risk stratification approach** in midwifery services based on vulnerability factors to facilitate access to the right level of support for pregnant mothers, proactively and antenatally.
3. Maximise **reach, effectiveness and equity of Health Visiting Service** and Healthy Child Programme, including:
 - a) completion of ASQ-3, recording FSM and SEN status
 - b) Integration of the 2-2.5 year review (ASQ-3) with Progress Check for Children Age 2 in Early Years settings, targeting areas of greatest need and those who have identified development issues.
 - c) More intensive Health Visitor proactive offer for those at risk of poor outcomes, including a focus on SLC
4. **ASQ and EYFS data** should be **routinely analysed** as child development measures, at sufficient granularity, to **inform and drive** the early years agenda and strategic developments, commissioning and service planning.

5. Those with identified SEND in early years seems lower than expected. We suggest an **audit** take place on a particular cohort (3-4 years back) of **those who did not meet a GLD** to see how they moved through the system by time from identification, assessment, diagnosis, intervention and relevant support to any **improvement opportunities**. Relevant improvement activities will likely benefit all children but will have **additional relevance for those with SEND**.
6. Development of an **early years SEN data set** and routine analysis to reflect **prevalence and movement through the system**. Currently data is held in a number of services and it is difficult to have a clear picture of children with SEN in the early years.
7. Ensure **SEND strategic lens** is sharply focused on the **early years**, proportionate to school aged and transition years, and an SEND early years data set developed and monitored
8. Pursue issue of lack of **accurate health service data** with **Primary Care Networks** as should be recorded in General Practice

9. Gauge extent of likely under-identification of those with SLC issues (using estimated prevalence in pupil numbers) and **review SLC system pathway** (not just Speech and Language Therapy (SALT service) from identification, assessment and intervention to ensure it is of sufficient scale and evidence-based
10. Further work is needed to understand **why we have comparatively fewer SEN pupils with ASD, and, for those currently in a special school setting, whether that is the most appropriate setting** based on best practice evidence and needs as expressed by child/parent/carer/professionals.
11. Further work is needed to **understand apparent gender differences in SLC, ASD and LD and how the system can be attuned to address these** such as to maximise equitable and appropriate identification and support for both boys and girls.
12. A new **outcome-focused service specification should be developed for the School Nursing Service** to re-orientate it back to public health and ensure delivery is geared to those most at risk of poor outcomes and addressing the inequalities that emerge. The service should be promoting and supporting whole school approaches to health and wellbeing, along with the provision of individual level interventions.

13. A **review of children's therapy services** to map current provision, review need with the aim of jointly planning and commissioning services with relevant partners.
14. There are opportunities to **improve the evaluation of SEND investment and the outcomes** for children and young people.
15. Ensure **oral health and access to dental care** is included within **SEND assessments**.
16. High levels of CYP with SEND have been noted in YOS, within school exclusions and the NEET cohort. **Audit cases** to identify any **missed opportunities for earlier identification and support**
17. Ensure **CYP's disability** is **routinely identified and recorded** (in extractable format) **in children's social care and early help services**
18. A clear multi-agency plan with sufficient focus on improving aspiration, high expectations and high achievement, that includes a targeted approach for those **experiencing greatest inequalities**, could be developed and implemented.
19. **Closing inequalities gaps on educational attainment**, including parental involvement in learning

20. Ensure existing **work within Inclusion Services** includes a clear thread to drive down **inequalities in fixed period exclusions including in those with FSM status and SEND.**
21. Relatively high rates of fixed period exclusions are due to social, emotional and mental health issues & SLC. Greatest proportion of EHE are due to anxiety and emotional health. It is likely a proportion of these issues are amenable to health care and therefore suggest a level of unmet need by health services, as well possible issue around inclusion. Explore further at **school level** to identify any **variations** in policy and practice. **A small audit could also be undertaken to identify any earlier opportunities** for health service intervention services and inclusion/prevention of exclusion by schools
22. There are clear inequalities for CYP with SEND who appear disproportionately in fixed term exclusions, NEETs, and the Youth Offending Service likely due to earlier unmet need variously for health, care and education. It is important a strategic lens is maintained on reducing these inequalities and they are monitored within the SEND performance framework and those of relevant services.