

HARINGEY JSNA: FOCUS ON

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

NOVEMBER 2020

Children and Young People with Special Educational Needs and Disabilities (SEND) are a diverse group. Whereas some children require limited support, others require a more strategic approach across education, social care and health. This needs assessment is shaped around the analysis of the local evidence base to better understand the commissioning based interventions tailored to support children and young people in the borough with SEND. The needs assessment focuses on children and young people with SEND living in Haringey aged 0-25 years. The main objectives of this JSNA are to: i) establish the current and future need in terms of the number of children and young people requiring SEND support in the borough ii) determine the effectiveness of current service provision for children and young people with SEND iii) Provide a series of recommendations based on any gaps or unmet needs identified from the local intelligence.

This JSNA chapter considers the national policy drivers and how these influence the local context and the delivery of services for children and young people with SEND in Haringey.

Facts and figures

- As of May 2020, there were **2,164** children aged 0-25 with an Education Health Care Plan (EHCP) with Haringey Council.
- In January 2020, there were **6,840** pupils with special educational needs (SEN) in Haringey schools.
- The proportion of Haringey pupils with SEN in special schools is significantly lower than both the London and England while a significantly higher proportion of pupils with SEN attend secondary school compared to the local and national average.
- The key support reasons for pupils with SEND in Haringey are: **Speech, Language and Communication Needs, Social, Emotional and Mental Health, Moderate Learning Difficulty and Autistic Spectrum Disorder.**

Measures for reducing inequalities

- Improve the quality and robustness of data sharing across multi-agencies and development of a consistent set of outcome measures
- Improve access to health checks for children and young people with SEN and learning disabilities
- Explore further employment and training opportunities for people with SEND
- Increase the availability of residential provision and capacity for young people with SEND

Population groups

- Age group:** A significantly higher rate of boy aged 0 to 25 (**32 per 1,000**) have an Educational Health and Care Plan (EHCP) compared to girls of the same age in Haringey. More boys are also diagnosed with a learning disability compared to girls of the same age.
- Early Years :** 6% of 2 year olds and 9% of 3-4 year olds who benefited from funded early education places in Haringey have SEN.
- Children in Care –** As of January 2020, **220** children who were in contact with Children's Social Services were also identified as having SEN.
- Ethnicity:** Children from a **Black** ethnic group have the highest rate of EHCP per 1,000 children aged 0-25 (a rate of **41 per 1,000** children aged 0-25 which is **significantly higher** than the Haringey average (**22 per 1,000**)).
- Ward:** There is a higher concentration of children who have an EHCP or a learning disability in the **East of the borough** compared to the West of the borough, however the concentration of children with an EHC Plan is highest in **Hornsey** compared to other wards in Haringey.

National & local strategies

- As the Borough Plan sets out, our approach to working alongside children, young people and families with Special Educational Needs and/ or Disabilities is shaped by the wider strategic context.
- Haringey Council has a statutory responsibility under SEND Code of Practice 2015 to keep its special education provision under review
- The national statutory duties relating to SEND support are set out in the Children and Families Act 2014, the Send Code of Practice Guidance 2015 and the Equality Act 2012
- The SEND strategy and the Accessibility Strategy complement the Joint Commissioning Strategy for SEND and help to turn the vision for the education of children and young people with SEND into reality

Introduction to SEN data sources

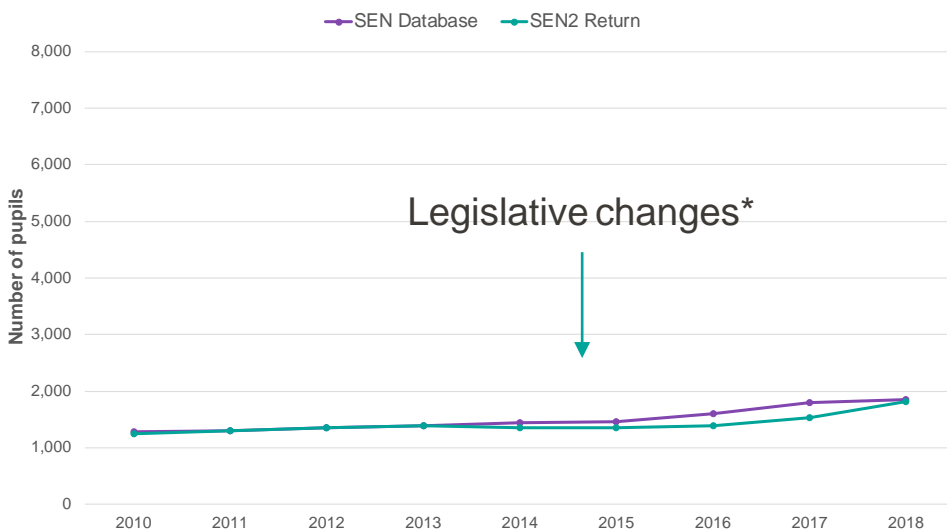
Internal	External	Internal	External
Haringey SEN Database	SEN2 Return	School Census	Special educational needs in England
Maintained by Haringey Council, used to complete the SEN2 return for the Department of Education. The database includes children who live out of borough but under the care of Haringey Council.	SEN2 is an annual required return from all local authorities in England. This survey collects data about children for whom the local authority has responsibility for the management of the SEN processes, children and young people with Education, Health and Care (EHC) plans (formerly statements of SEN).	Conducted three times a year (October, January and May) for all Haringey maintained schools. The January collection also collects information on SEN need in schools, which informs the annual Department for Education special educational needs publication.	This annual publication presents local authority figures derived from school census returns, general hospital school census and school level annual school census (SLASC) returns made to the department in January each year. This publication presents SEN support as well as EHC plans.

Difference: The SEN2 Return presents information on only students with EHC plans, while the Special Educational Needs Report presents additional information on students with SEN support. Further, the SEN2 Return presents information on all children for whom the local authority has responsibility, including out of borough children, while the school census/special educational needs report presents information on children in Haringey schools.

Overview, by data source

Internal	External	Internal	External
Haringey SEN Database	SEN2 Return	School Census	Special educational needs in England
January 2020 (children with EHCP): 2,167 ¹	May 2020: 2,164 ²	October 2019: 5,957 ³ Of which, EHCP: 1,303	January 2020: 6,840 ⁴ Of which, EHCP: 1,499

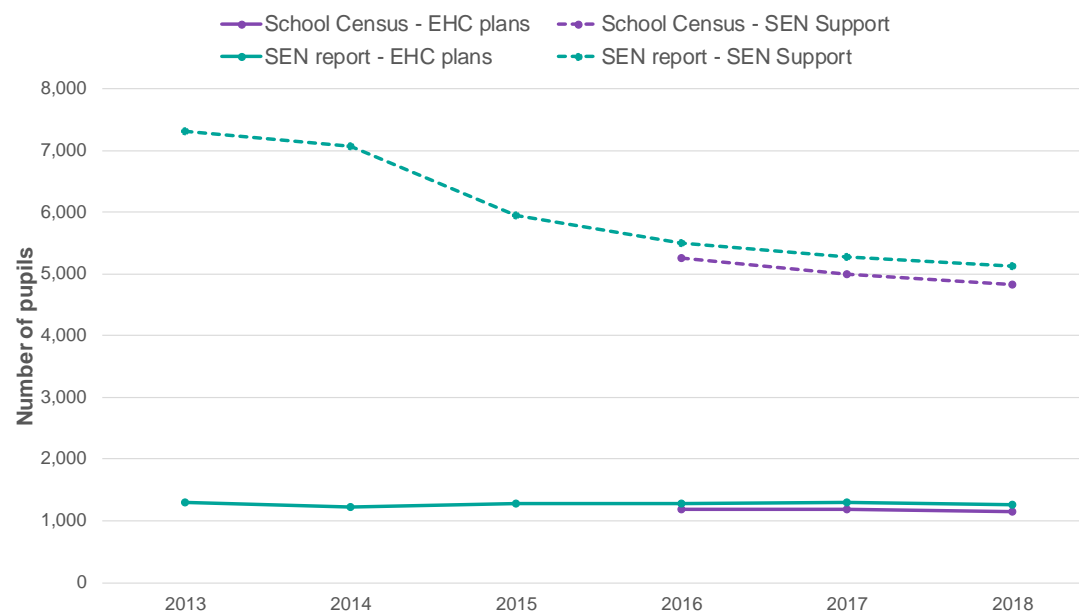
Comparison of January Haringey School Census returns with published Special Educational Needs in England figures, 2011 - 2018



Source: SEN Database figures from 2018 School Place Planning Report. SEN2 return 2018.

*SEND reforms in 2014 expanded Haringey Council's duty to provide educational support to young people with EHC plans aged up to 25 years.

Comparison of January Haringey School Census returns with published Special Educational Needs in England figures, 2011 - 2018



Source: January Haringey School Census returns 2016-2018, SEN in England return 2018

Education, Health and Care Plans for Haringey children and young people (0-25) maintained by Haringey

EHC Plan by Gender ¹



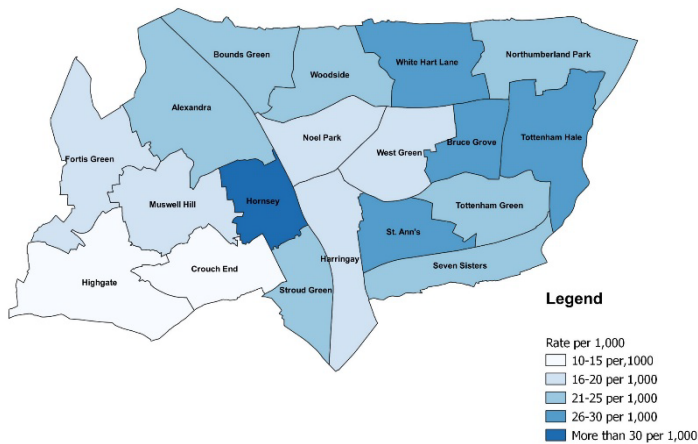
32 per 1,000 boys in Haringey aged 0-25 have an EHC Plan



14 per 1,000 girls in Haringey aged 0-25 have an EHC Plan

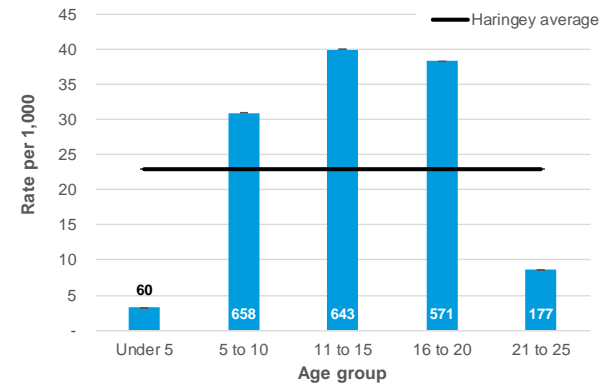
The rate of EHC plan for boys is significantly higher compared to girls and the Haringey average (23 per 1,000 residents aged 0-25).

EHC Plans by Ward ¹



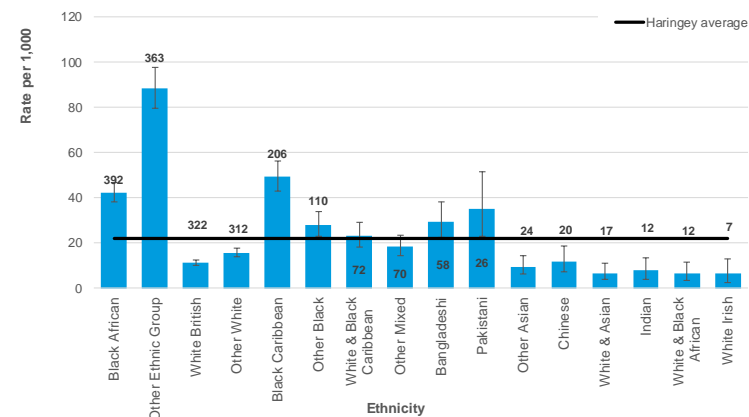
The rate of children with an EHC plan per 1,000 children aged 0-25 in Haringey is highest in Hornsey (**34 per 1,000** children). The number of children with an EHC plan per 1,000 children is also high in White Hart Lane, Tottenham Hale and Bruce Grove (**26-30 per 1,000**). The most common primary need in all wards in Haringey was Autistic Spectrum Disorder.

Number of children aged 0-25 with an EHC Plan by age group, Haringey resident population ¹



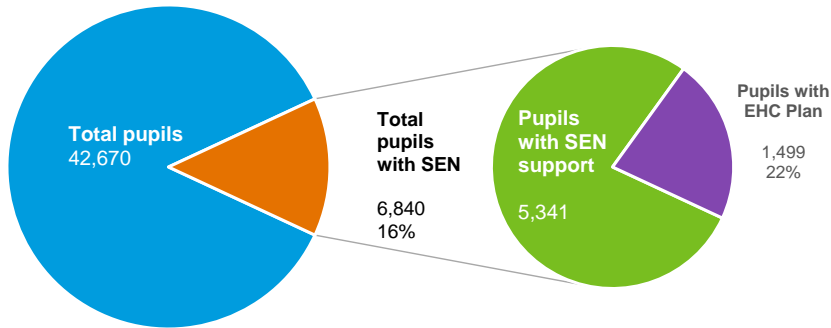
The rate of EHC plans is highest among children and young people aged 11-15 (**40 per 1,000**) which is almost double that of the Haringey average (**23 per 1,000**).

Rate of children aged 0-25 with an EHC plan by ethnicity, Haringey resident population, January 2020 ¹



The number of EHC Plans per 1,000 children aged 0-25 among Black African, Black Caribbean, Other Black and Other Ethnic Group residents is **significantly higher** than the Haringey average.

Identified Special Educational Needs (SEN) in Haringey schools⁴



In 2020, according to published data, 16% of Haringey pupils (6,840) had special educational needs (SEN) which included 5,341 pupil with SEN support and 1,499 pupils with an Education, Health and Care Plan (EHCP).

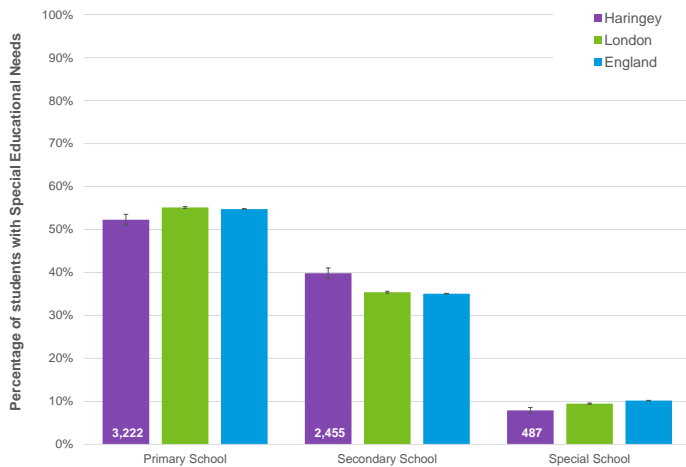
SEN among Children in contact with Children's social services¹

Case type	Number of children (0-25) with SEN
Children in Need	137
CP	18
Looked After Children or Care Leavers	65

As of 31st January 2020, there were 220 children known to Haringey Children's Social Services, as Children In Need, Looked After Children or Care Leavers or with Child Protection, who were also identified as having SEN.

SEN pupils by school type, Haringey, London and England⁴

Number of pupils with special educational needs, based on where the pupil attends school, Haringey, London and England, January 2020

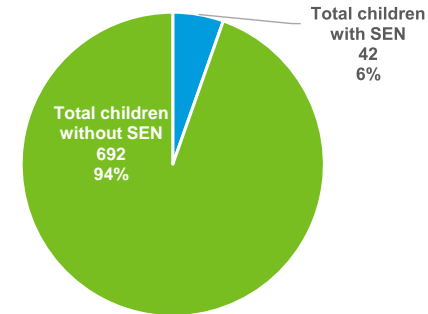


The proportion of Haringey pupils with SEN who are in special schools (8%) is significantly below the London average (9%) and England average (10%).

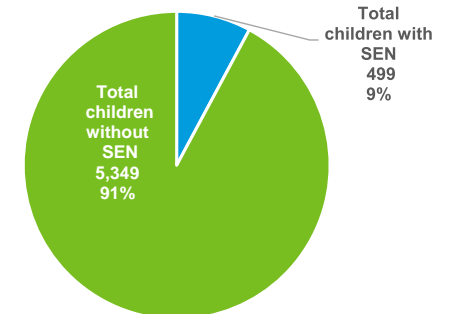
Out of the total number of pupils with SEN attending a state school in Haringey, 52% are in primary school which is significantly lower than the London and England average. 40% are in secondary schools which is significantly higher than both the London and England average.

Early Years Provision⁵

2 year olds



3-4 year olds

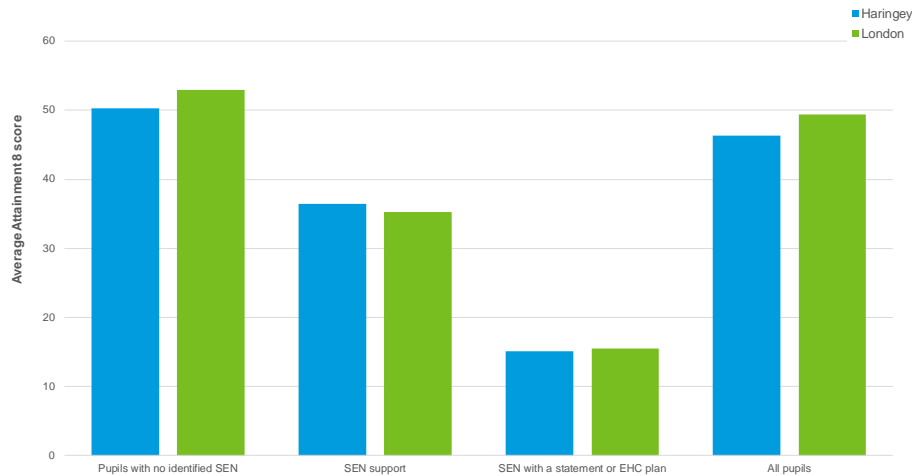


In 2020, 6% of 2 year olds and 9% of 3-4 year olds benefiting from funded early education in Haringey had SEN, a total of 541 children under 5.

Special Educational Needs (SEN) during Transition

GCSE attainment among SEN pupils⁶

Attainment 8 score by SEN status, Haringey 2019



The average attainment 8 score is the average score achieved by pupils in up to 8 qualifications. Similar to the London picture, pupils with SEN in Haringey scored, on average lower (36 points for pupils with SEN support and 15 points for pupils with an EHC Plan) compared to pupils with no identified SEN (50 points).

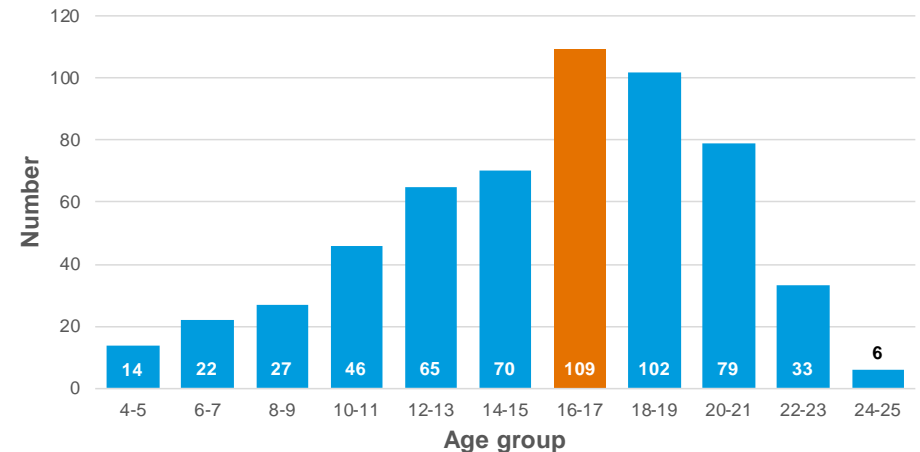
Young people with SEN Not in Education, Employment or Training⁷

From December 2019 to February 2020 18% of 16-17 year olds with an EHC plan were recorded as not in employment education or training (NEET) which is slightly higher compared to the previous year (17%), however this decrease is **not statistically significant**.

Transfer patterns among SEN pupils¹

Children with an EHCP may attend out of borough schools for reasons including parental preference (principally due to school location, religious and cultural factors), looked after children placed outside Haringey and where Haringey schools cannot meet a child's specific needs. Therefore, students attending out of borough schools may indicate an insufficient capacity of in-borough schools to meet needs.

Number of pupils transferring to out of borough schools, by age group, January 2020



As of January 2020, the number of children with an EHC Plan who were placed in out of borough schools were highest among 16-17 and 18-19 year olds.

SETTING THE SCENE: THE HARINGEY PICTURE

SEN pupils by primary type of need and school type, January 2020⁴

Primary Need	State-funded primary school	State-funded secondary school	State-funded special school	Total School Census
Speech, language and communication needs	1,290	377	11	1,678
Social, emotional and mental health	414	646	7	1,067
Moderate learning difficulty	432	448	38	918
Autistic spectrum disorder	432	196	254	882
Specific learning difficulty	337	544	17	898
Other learning difficulty	70	78	26	174
Hearing impairment	25	36	61	122
Physical disability	62	34	12	108
Severe learning difficulty	21	7	35	63
Vision impairment	21	23	-	44
Profound and multiple learning difficulty	<10**	*	26	<40
Multi-sensory impairment	*	<10**	-	<12
SEN support but no specialist assessment of type of need	105	57	-	162
Total	3,222	2,455	487	6,164

*Number less than 5

** Number marked as less than 10 to avoid disclosing numbers less than 5 by differencing.

In **Haringey primary schools**¹, the primary type of needs were:

- Speech, Language and Communications Needs (1,290 students, 40%)
- Moderate Learning Difficulty (432 students, 13%)
- Social, Emotional and Mental Health (414 students, 13%)

In **Haringey secondary schools**¹, the primary type of needs were:

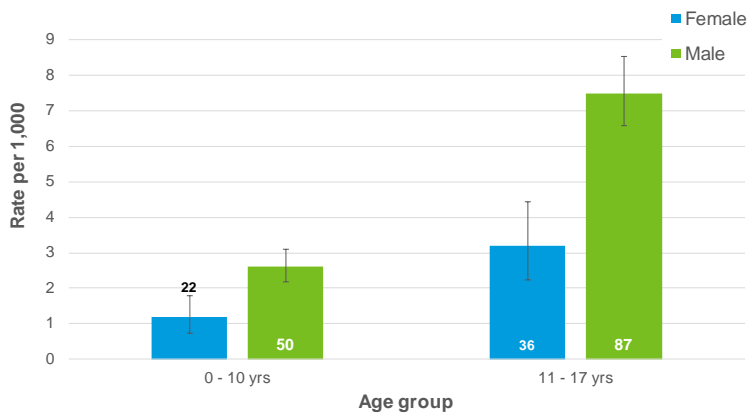
- Social, Emotional and Mental Health (646 students, 26%)
- Specific Learning Difficulty (544 students, 22%)
- Moderate Learning Difficulty (448 students, 18%)

In **Haringey special schools**¹, the primary type of needs were:

- Autistic Spectrum Disorder (254 students, 52%)
- Hearing Impairment (61 students, 13%)
- Moderate Learning Difficulty (38 students, 4%).

Learning disability among children and young people in Haringey (0-17 years)

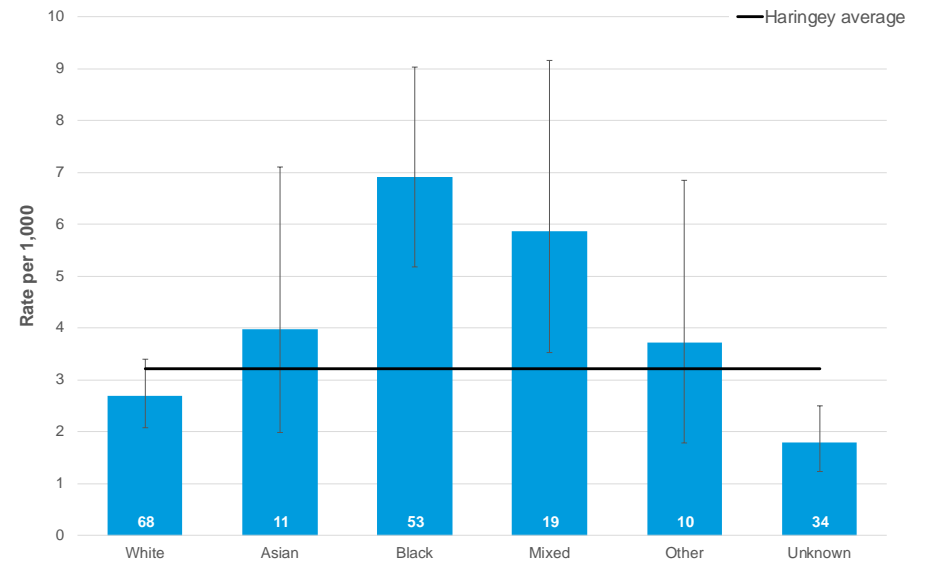
Learning Disability by age and sex among GP registered patients aged 0-18 in Haringey, November 2019⁸



The rate of learning disability diagnosis was significantly higher among boys in Haringey in both age groups compared to girls.

The rate of boys diagnosed with a learning disability was highest among 11-17 year olds (**8 per 1,000**), which is **significantly higher** compared to girls from the same age group (**3 per 1,000**).

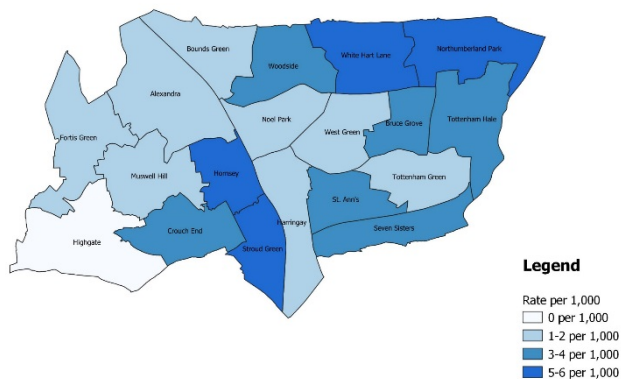
Learning disability by ethnicity of GP patients aged 0-18 in Haringey, November 2019⁸



In November 2019, the rate of learning disability diagnosis was highest among the Haringey GP registered population from Black ethnic groups, (7 per 1,000 residents aged 0-18) which is significantly higher than the Haringey average (3 per 1,000).

34 patients who were diagnosed with learning disability did not have a recorded ethnicity.

Diagnosed Learning disability of GP patients in Haringey by ward, December 2018⁸



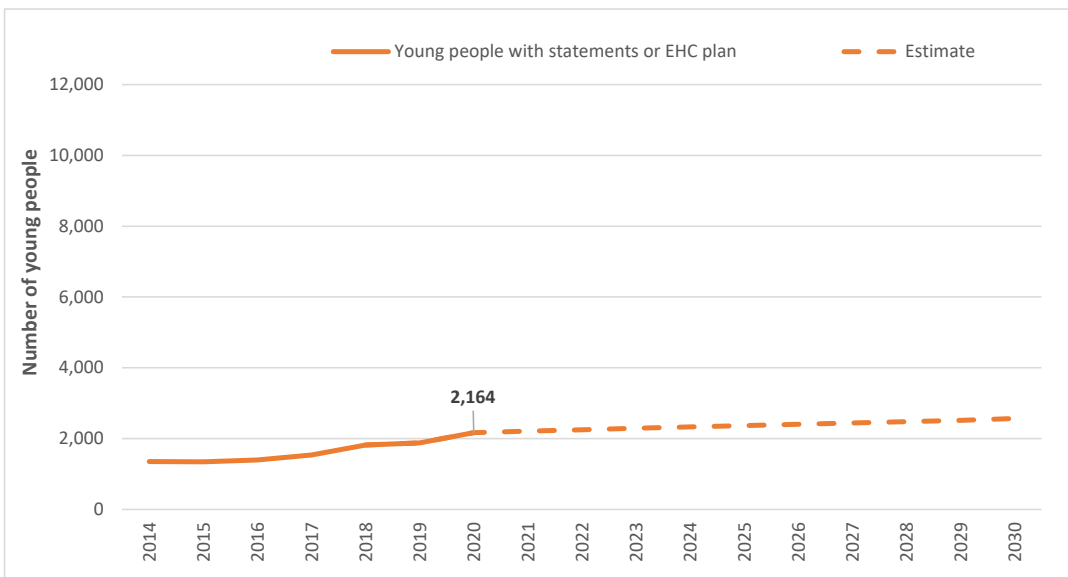
In Haringey, the rate of residents aged 0-17 diagnosed with a learning disability is highest in the North East of the borough (White Hart Lane and Northumberland Park) and in Hornsey and Stroud Green.

Projected need of children with Education and Health Care Plans in Haringey

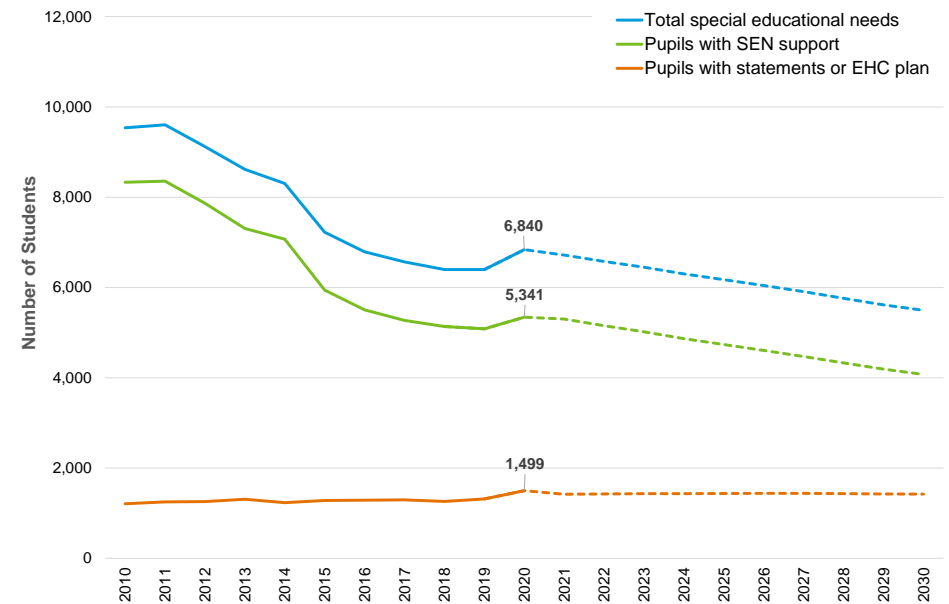
The number of children with an EHCP in Haringey has risen by 35% between 2014 and 2018⁹. This could be attributed to: changes in legislation in 2014 requiring statements to be transferred to EHC plans; an extended age range from 19 years previously with statements to 25 years old with an EHCP; an increase in referrals and diagnosis due more awareness of SEN and parents who are better informed; improved survival rates of pre-term babies who are more likely to develop SEND, and slight subjectivities of the ICD10 criteria used for diagnosis of autism, affecting rates of diagnosis.

The number of young people with EHC Plans Haringey Council is responsible for is expected to slow, with a conservative estimate of 2% increase per year. **This results in the projected total number of young people aged 0-25 with EHC to be 2,563 in 2030.**¹⁰

Number of young people with EHC Plans supported by Haringey Council, 2010-2019, and projections of demand, 2020 – 2030¹⁰



Number of pupils in Haringey schools with special educational needs, 2010 - 2019, and projections of demand. 2020 - 2030¹¹



Projections of number of pupils in Haringey schools with SEN needs¹¹

Since 2010, there has been a decrease in the percentage of students in Haringey schools receiving SEN support, from 22% to 12%. This has impacted the overall percentage of students with special educational needs in Haringey.

The percentage of students with statements or EHC plans has remained steady over time, at around 3% of Haringey students.

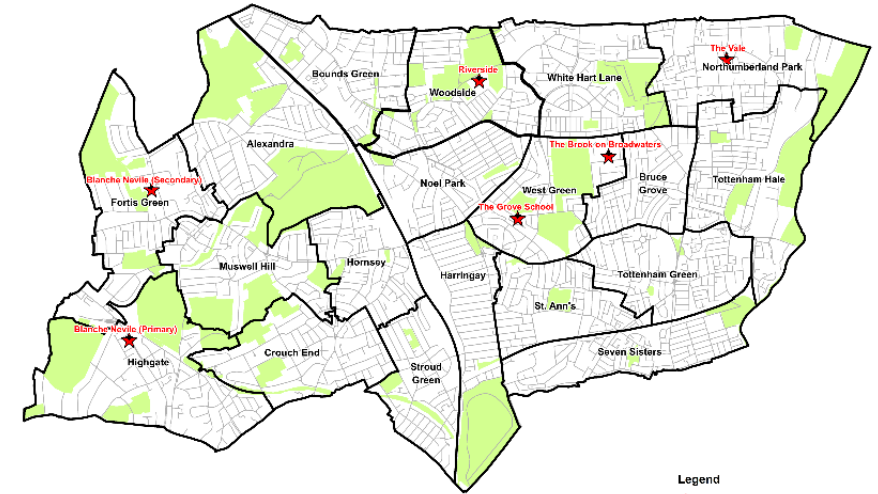
If current trends continue, the projected total number of students with special educational needs in Haringey in 2030 is 5,495. This is impacted both by the declining trend in SEN support provision and the projected slow in increase in the population of young people in the borough.

Haringey special school provision for students with Autistic Spectrum Disorder (ASD)

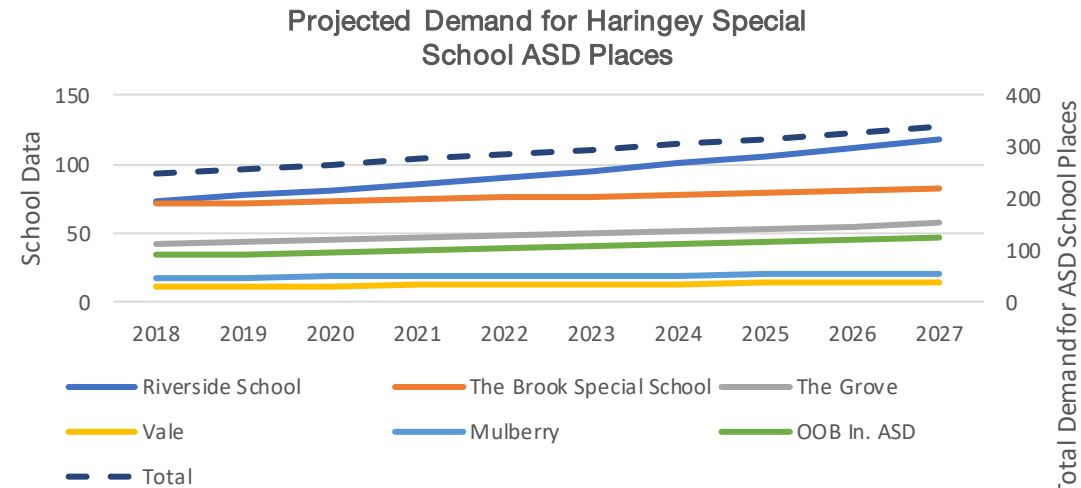
As of October 2018, Haringey had 1,940 students with an EHCP. The majority of these children and young people with EHCPs are educated in mainstream schools, with 481 students attending a specialist provision. Of those students attending specialist provision, 104 Haringey children with EHCPs attend out of borough independent special schools.

Across all types of provision, Haringey currently has 779 students with ASD and a finalised EHC plan. At a conservative estimate, based on the latest GLA projections concerning rate of increase for ASD (3.5%), we can anticipate having at least 1,061 students with ASD in Haringey by 2027. There are currently 215 Haringey students with ASD in in-borough special schools. In line with the GLA modelling, it is projected that Haringey will require a total of 339 ASD special school places by 2027⁹.

Considering the addition of 12 places at Riverside School Learning Centre in September 2018, Haringey should be able to provide sufficient ASD special school places through focused and effective school place planning to meet anticipated demand for both children with complex learning needs and in the 'academically able' (ASD, no LD) cohorts.⁹



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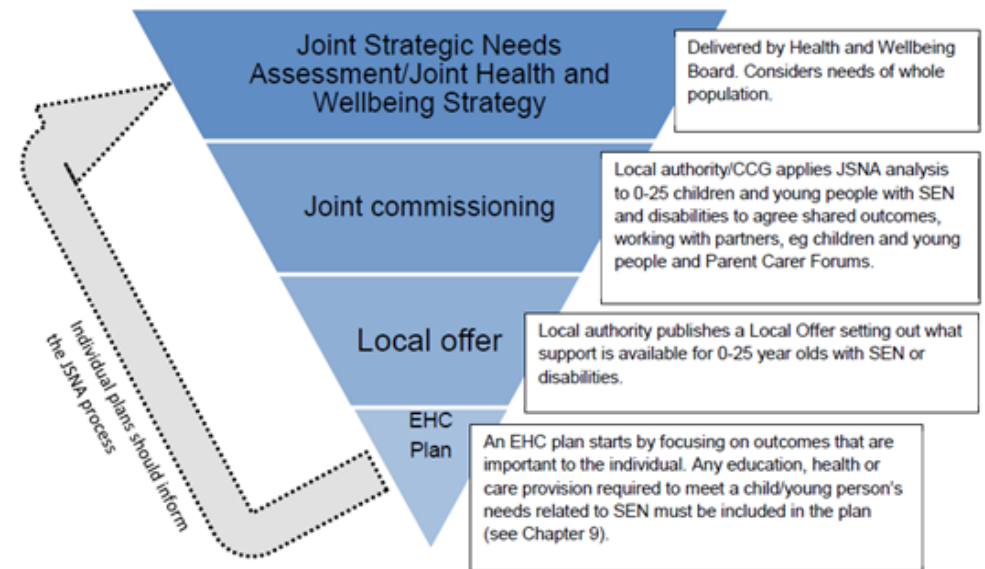
Projected demand for Haringey Special School ASD places by 2027.⁹
The projections above have been modelled using a rate of increase in incidence calculated by the GLA in January 2019.

SEND code of practice

The [SEND Code of Practice 2015](#) and the Children and Families Act 2014 gives guidance relating to health and social care and education to local authorities to ensure that children and young people with SEND are well supported. The statutory Code of Practice identifies that schools need to be aware of how mental health related issues may underpin behaviour related problems to best support pupils effectively. It recognises our duty under the Children Act 2004 to safeguard and promote the welfare of children and young people.

The JSNA plays a key role in understanding the needs of residents with children and young people with learning disabilities and SEN. This allows partners to make informed decisions on local joint commissioning based on the evidence base. This inter-relationship is illustrated opposite and shows how the code of practice represents the relationship between the individual planning in an EHC Plan, the local offer and the joint commissioning undertaken by Haringey Council and NHS Haringey Clinical Commissioning Group (CCG) which develops from the JSNA. Partners can ensure that joint commissioning supports the early identification of needs, intervention and is outcome focused.

In line with the SEND Code of Practice 2015, schools in Haringey recognise the importance of early identification of SEND children and to provide an environment where children can develop an acceptance of ability of need. This is reflected in Haringey's local offer. Partners should consider how they will align support delivered through mechanisms including early help assessment and how SEN support in schools can be aligned strategically and operationally.



From SEND Code of Practice, January 2015 (DfE)

The Thrive Model

Developing a better understanding of NHS commissioning and the referral process has made a marked difference to the quality of provision for children and young people with SEND. **The THRIVE model for children and young people aged 0-25 years**, provides a framework to identify some of the factors which may be influencing a child's behaviour and the approaches which can be adopted to help them address their own behaviour. The model draws a distinction between treatment and support by identifying groups of children and young people and the care that they require. The model provides a basis for collaborative working relationships to be forged between commissioners and SENCOs.

The THRIVE model is being implemented across Haringey with involvement from schools, Haringey Council, NHS commissioners and service providers, voluntary community sector and other key partners to ensure that children receive the support they need. Furthermore, the inclusion team has a key role in supporting the teaching of pupils with additional needs.

In Haringey, opportunities exist for strengthened multi-agency working, co-production and engagement through the THRIVE model. Whole school approaches to promote resilience and improve emotional wellbeing amongst pupils with SEND can be achieved through THRIVE. Haringey School Improvement Service and Haringey Education Partnership supports the work of Haringey's schools, helping to support teaching and learning for those pupils with additional needs.



Recommended national guidance and frameworks to inform local level commissioning

The following core frameworks and structures are recommended when commissioning an optimal SEND service for children and young people:

1. The Department for Education's 2017 Study of Early Education and Development (SEED): Meeting the needs of children with SEND in the early years. The research report sets out conclusions and recommendations relating to:

1. Early years provision for children with SEND
2. Identification of SEND
3. Communication between parents and providers
4. The introduction of EHC plans
5. Resources and funding

<https://www.gov.uk/government/collections/study-of-early-education-and-development-seed>

2. Education, Health and Care Plans - Examples of Good Practice (2016): this resource has been produced to help practitioners develop good quality EHC plans that meet both the letter and the spirit of the Children and Families Act 2014.

<https://councilfordisabledchildren.org.uk/help-resources/resources/education-health-and-care-plans-examples-good-practice>

3. Decision Making Toolkit: this is a practical guide to support social workers, health practitioners, school and college staff, parent carers, families and anyone working directly with children and young people with SEND. It is designed to be used in partnership with young people to support them to make their own decisions and to participate as fully as possible in decisions made on their behalf.

<https://councilfordisabledchildren.org.uk/help-resources/resources/decision-making-toolkit-0>

4. A Local Authority Audit Tool: the tool draws together in one place the key pieces of evidence that local authorities would wish to assure themselves on in terms of progressing towards implementation of the 2014 Children and Families Act reforms in relation to disabled children and young people and those with SEN.

<https://councilfordisabledchildren.org.uk/help-resources/resources/local-authority-audit-tool>

5. Transition from children's to adults' services NICE quality standard QS140 covers all young people (aged up to 25) using children's health and social care services who are due to make the transition to adults' services.

<https://www.nice.org.uk/guidance/qs140>

WHAT WORKS?

Annual health checks for people with learning disabilities and SEN

The learning disabilities health check scheme is designed to encourage GP's 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 includes producing a health action plan.

People with learning disabilities have lower rates of access to some health services such as screening and immunisation. Annual Health Checks can identify undetected health conditions early. This facilitates ongoing treatment and promotes better health through screening and immunisation.

In Haringey in 2018/19, the proportion of eligible patients with a learning disability who had a GP Health Check was 45.9%, which equates to 575 patients aged 14 years and above . This was below the England average of 52.% and the London average, 58.2%¹²

Guidance notes have been developed to support social care providers who want to improve the health and lives of people they are supporting: **Better health for people with a learning disability: what social care staff need to know about GP learning disability registers, Annual Health Checks and the Summary Care Record:**

https://www.ndti.org.uk/uploads/files/RH_Health_Checks_Guide.pdf

This guidance is particularly focused around ensuring that people with a learning disability are:

1. On the GP Quality and Outcomes Framework (QOF) register
2. Receive an Annual Health Check
3. Have additional information on their Summary Care Record identifying the additional adjustments required

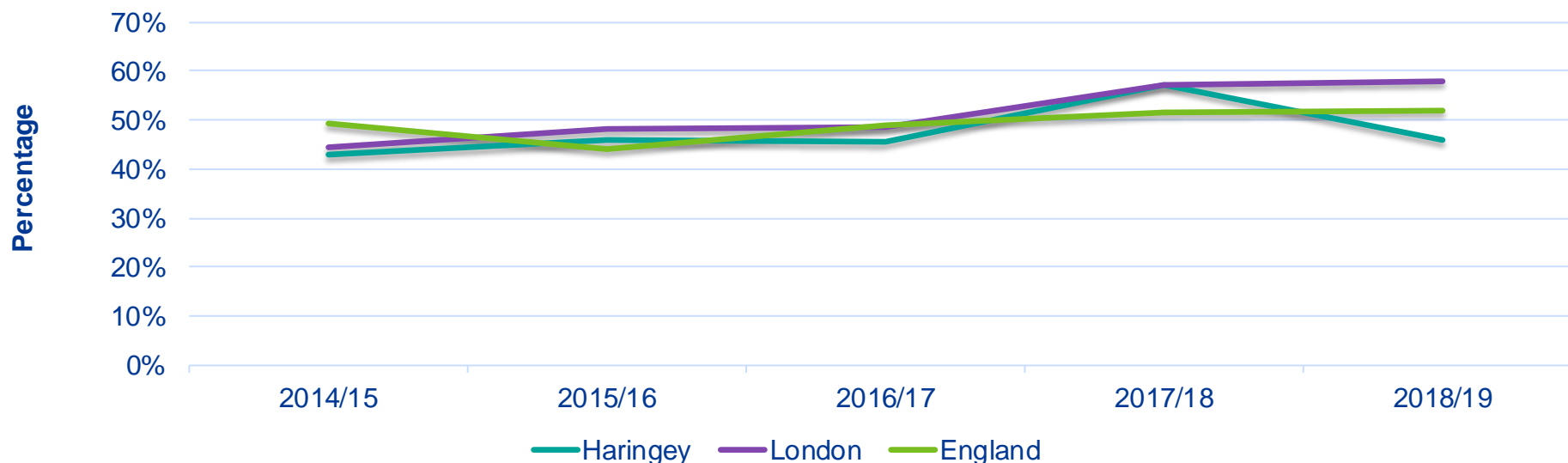
*Health checks recorded expressed as a proportion of total numbers of people on GP learning disabilities registers.

WHAT WORKS?

Variations in Annual Health Checks for people with learning disabilities and SEN

Certain health conditions (co-morbidities) are common in people with learning disabilities. Epilepsy is a common co-morbidity associated with children and young people with learning disabilities. Obesity and poor mental health are other common health problems in both adults and children with learning disabilities. The prevalence rates of Type I and Type II diabetes is also higher in people with learning disabilities compared to the general population. These risks can be reduced through developing a greater understanding of the needs of people with learning disabilities and adapting existing lifestyle programmes. In Haringey, there has been some variation over time in relation to the uptake of health checks among people with learning disabilities, as illustrated below.

Proportion of eligible patients with a learning disability having a GP health check in Haringey: 2014/15 to 2018/19



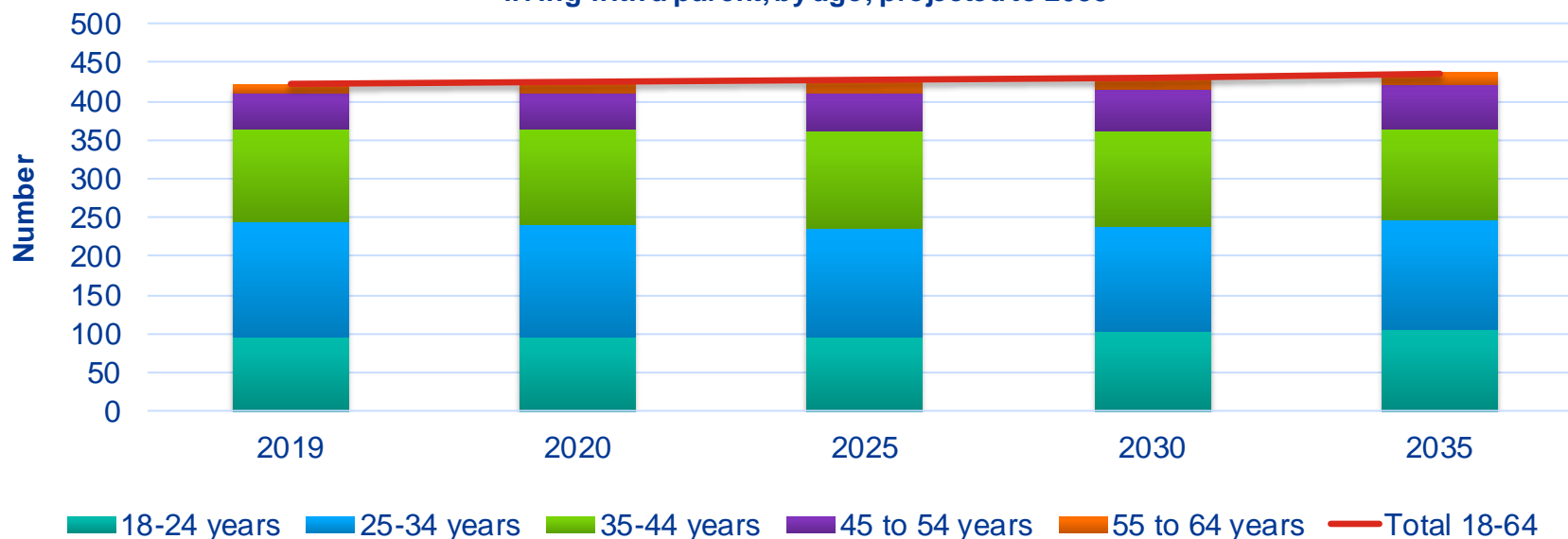
Source: NHS Digital Learning disabilities health checks scheme statistics

Accommodation to support people with learning disabilities and SEN

Evidence suggests that local authorities should offer a broad range of accommodation and support for people with learning disabilities. Settled accommodation is regarded as the preferred option for people with learning disabilities and includes the following: **owner occupied, social housing, private rented, settled with family or friends, supported accommodation, shared lives and extra care housing**. In 2017/18, the proportion of people aged 18 to 64 with learning disability receiving long term support from Haringey social services who are living in settled accommodation was 87.7%. This was higher than the England average of 77.2%. The proportion of adults with learning disability receiving long term support from Haringey social services who are living in unsettled accommodation was 12.3%, which was lower than the England average of 18.4%¹³.

The total number of people in Haringey with a moderate or severe learning disability who live with a parent is predicted to grow slightly from 423 in 2019 to 436 in 2035, an increase of 3.1%. With increased longevity of people with moderate or severe learning disabilities, there is potentiality of those people outliving their parents. This presents implications in terms of the future care of the individual with learning disabilities.

People aged 18-64 in Haringey predicted to have a moderate or severe learning disability and be living with a parent, by age, projected to 2035



Source: PANSI

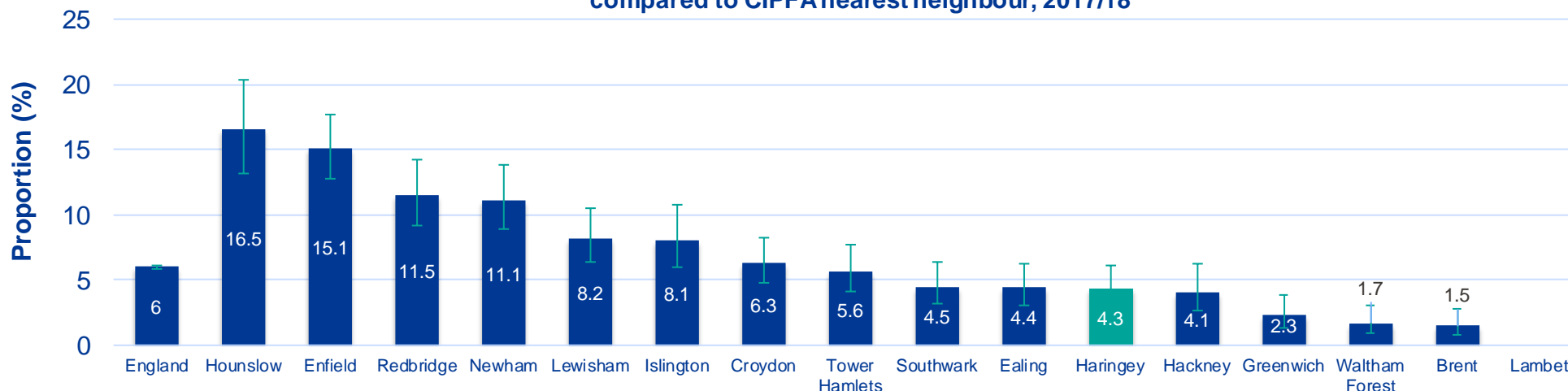
WHAT WORKS?

Employment opportunities to support people with learning disabilities and SEN

Generally, young people who are NEET are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood. **Children and young people with SEND are less likely to remain in education, employment or training (EET) than those with no identified SEN.** The proportion of 16 and 17 year olds in Haringey who were NEET or whose activity is not known was 14.9%¹⁴.

This was significantly above the England average of 5.5% and London average of 4.8%. In Haringey, the proportion of 16 and 17 year olds who were recorded as being NEET who were SEND (EHCP or statement) was 16.9%, which was above the England average of 9.2% and London average of 6.7%. In Haringey, this trend continues into adulthood where the proportion of supported 18-64 year olds with a learning disability in paid employment was only 4.3% in 2017/18¹⁵. This was lower than the England (6%) average, as shown below.

Proportion (%) of supported working age adults with a learning disability in paid employment in Haringey compared to CIPFA nearest neighbour, 2017/18



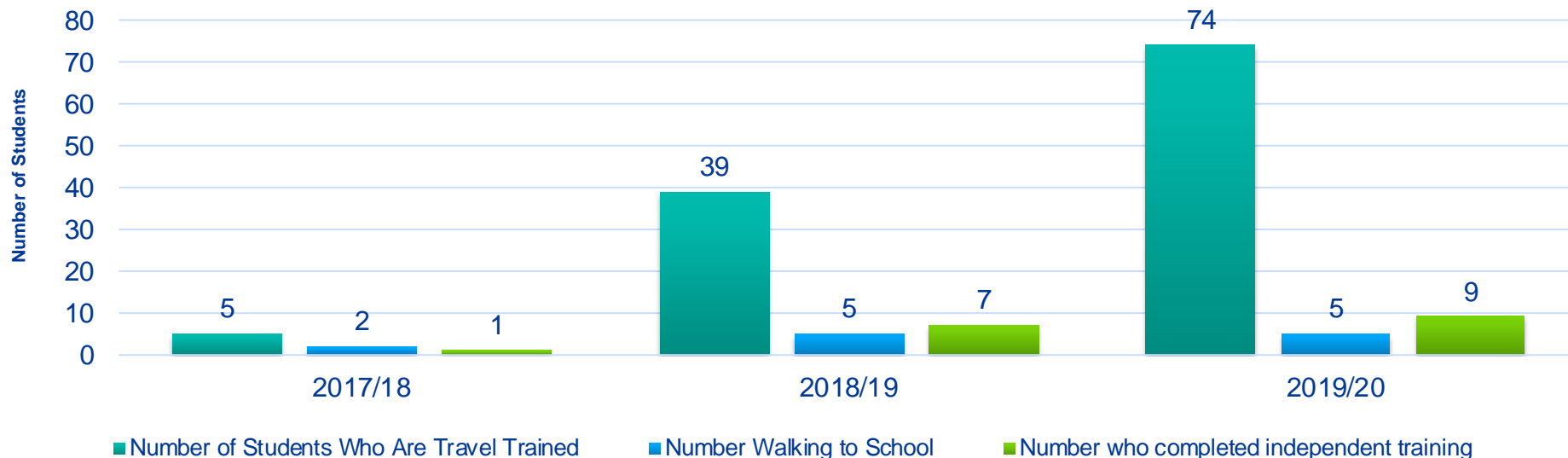
Source: NHS Digital adult social care activity and finance report

Provision of transport for children with SEND

The Council for Disabled Children have developed guidance to support local authorities in relation to sustainable school travel, and school travel arrangements for children and young people: <https://councilfordisabledchildren.org.uk/information-advice-and-support-services-network/resources/guidance-home-school-transport>

SEND Transport is intended to facilitate attendance at school and improve access to healthcare services. Travel options include independent travel training or travel buddying. Escorts and travel trainers are Haringey employees and are a key part of the SEND integrated service. Training includes Makaton signing, safeguarding disabled children, communicating with children with disabilities.

Transport is often seen as the largest barrier to accessing extended provision. Research shows that 10% of disabled young people believe transport to be the main barrier to participation in sports events. For children and young people in Haringey aged 0-25 years who have SEN, a service users travel needs can be best met through independent travel arrangements or assisted travel services (“travel buddy” scheme). Approximately 80% of students in Haringey are collected from home. **The number of students who are travel trained (‘buddied’) has increased on an annual basis since 2017/18. Between 2018/19 and 2019/20, the percentage of students who were trained increased by 90% from 39 students to 74¹⁶.**



Source: Haringey Council, Transportation Service

Local transport initiatives for young people with learning disabilities

Travel training is for children and young people who have SEND, and adults who have physical or learning difficulties.

People are eligible if:

- Their needs are caused by a physical, learning disability or illness
- They are currently unable to travel independently
- Being able to travel independently will help them to take part in education, training or work placements, or on their general wellbeing

The benefits of the independent or the assisted initiatives for young people with learning disabilities are:

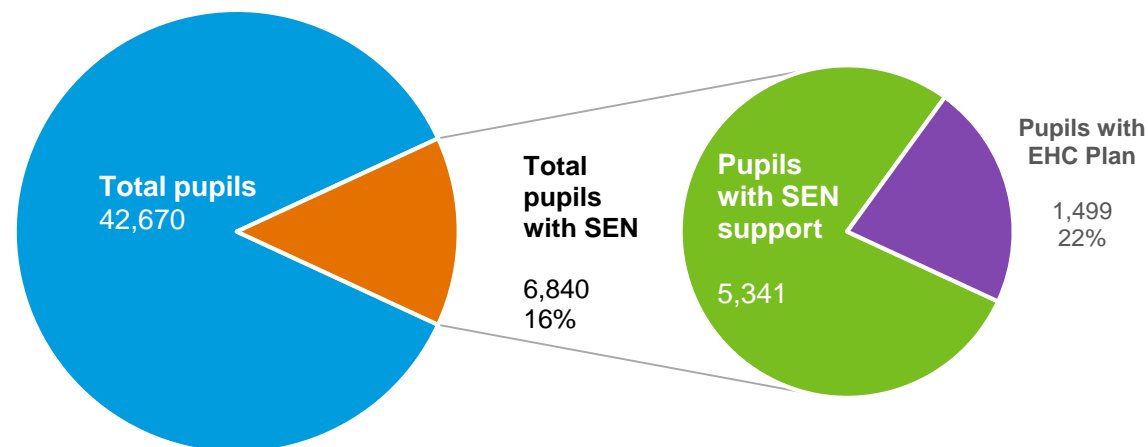
- Shortened journey time
- An travel escort is present on the vehicle at all times
- Increased independence for young people
- Reduced levels of CO2 as only one bus is required
- Improved relationships with parents
- Improved social skills
- Increased confidence
- Better access to education
- Access to leisure services
- Improved access to work and volunteering
- Reduced levels of loneliness and social isolation
- Improved mental well-being

EARLY RECOGNITION AND SUPPORT PYRAMID

When mapping out local services and the local offer for children and young people (CYP) with SEND in Haringey, it is important to acknowledge that there are not clear boundaries dividing needs, instead this is a continuum.

The pyramid structure provides a useful framework for displaying this spectrum, whilst at the same time demonstrating the variability in size and complexity of needs.

The first tier demonstrates population screening for children in the borough and services which seek to identify needs and support them accordingly. Targeted services then aim to support those children and young people with less complex needs, as shown in the second tier, compared with the relatively small number of children with the most complex needs at the top tiers (3 & 4).



The chart above gives the total figures for children and young people in the borough, including those with SEND and support in schools/ EHCPs in 2019/20. The Early Recognition and Support Pyramid on the following slide depicts the range of services and the local offer. There is crossover in terms of the level of support and interventions available between all of the tiers, rather than distinct boundaries.

Tier 4 – Specialist services for CYP with severe and complex needs

Need for continuous 1:1 specialist care

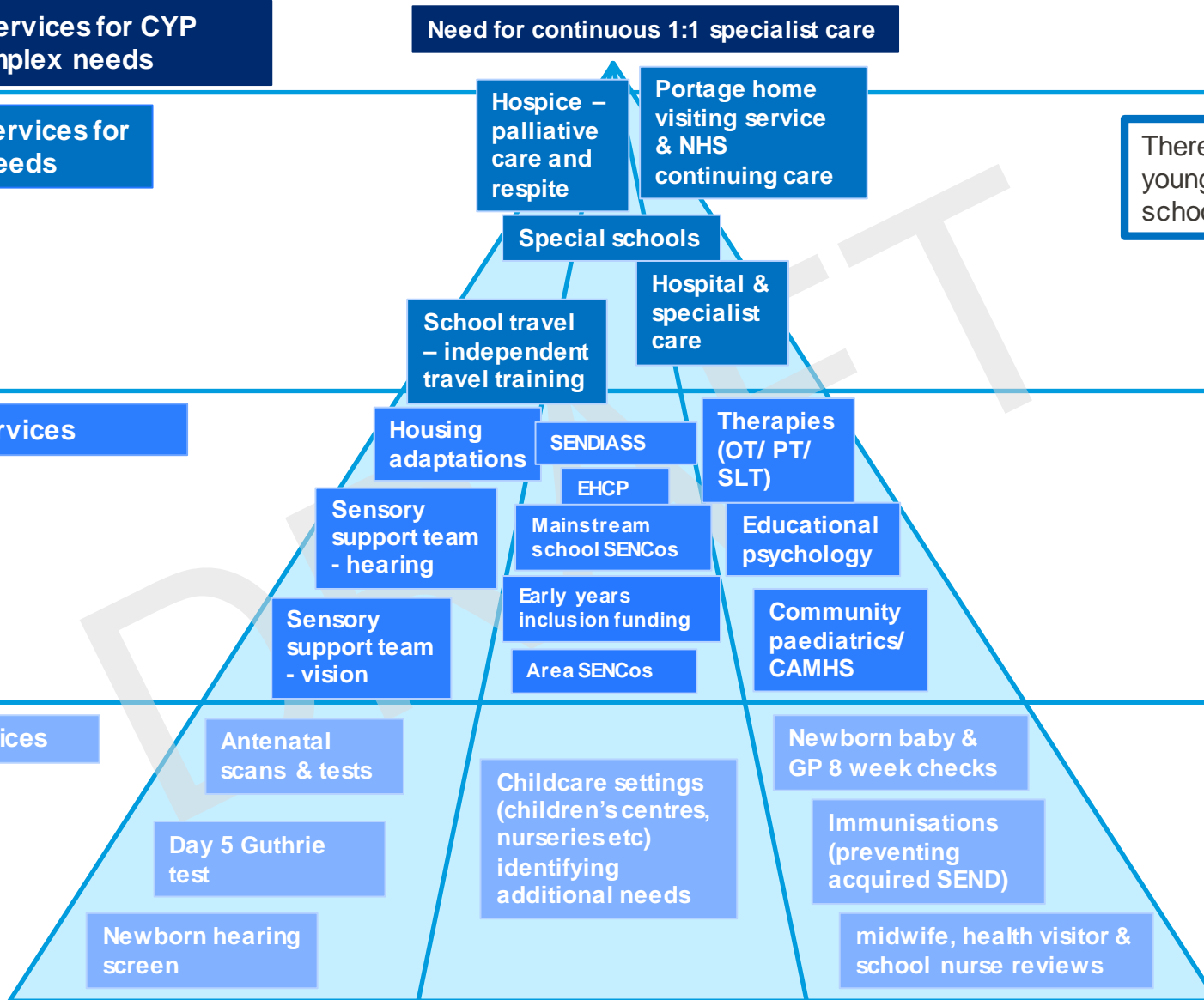
Tier 3 – Specialist services for CYP with multiple needs

There are 2,164 children and young people (including 1,499 of school age) with EHCPs

Tier 2 – Targeted services

5,341 children have SEND support at school

Tier 1 – Universal services



Population health
(policy interventions to improve health)

Community wellbeing
(working with our communities and businesses to improve health)

High Quality health and care services

RECOMMENDATIONS

Health services

- Adult and children's social care practitioners to continue to work with primary care to improve uptake of the annual health checks and subsequent action plan for patients
- Primary care and children's social care practitioners ensure there is alignment of the annual health check action plans with the EHC plans.
- Haringey CCG to ascertain the local prevalence rate of children and young people with learning disabilities who have a co-existing health condition e.g. diabetes and epilepsy. This will allow services to determine the long-term support requirements to those individuals with learning disabilities.

Local authority

- Ensure that suitable provisions and reasonable adjustments for children and young people with SEND across all local authority commissioned services are in place.
- Undertake a review of housing options across Haringey for people with learning disabilities to determine whether the choice and availability of accommodation is meeting current need.
- Ensure that children with SEND are identified at the earliest opportunity to support improved forecasting for school places and planning of future service provision.

RECOMMENDATIONS

Employment opportunities

- Partners across Haringey, including Job Centre Plus to support young people with SEND who are NEET to engage in suitable employment opportunities.

Partnership working

- Ensure that professionals and practitioners across Health, Education and Social Care are working together in the co-production of EHC Plans to achieve improved outcomes for children and young people and in meeting specific needs.
- Identify opportunities to improve in-borough supported and independent living provision to ensure that young people with learning disabilities and additional health needs can remain close to friends and family rather than accessing these services out of borough.

Policy and practice

- Ensure that all relevant frameworks and best practice guidance relating to learning disabilities are embedded across service provision.

GLOSSARY

SEND – Special educational needs and disabilities

Day 5 Guthrie Test – a universal screening programme which detects 9 rare but serious health conditions

SENCOs – special educational needs coordinators: qualified practitioners with specialist experience working with SEND

CAMHS – child and adolescent mental health services

SENDIASS - Haringey's SEND information, advice & support service

EHCP – education, health & care plan

OT – occupational therapy

PT – physiotherapy

SLT – speech & language therapy

Portage home visiting service - portage workers visit children at home with their families and help them to develop their skills.

 Haringey Local Offer website:

<https://www.haringey.gov.uk/children-and-families/local-offer>

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