

A Joint Strategic Needs  
Assessment  
JSNA  
for  
Special Educational  
Needs and Disabilities  
SEND  
in  
Central Bedfordshire

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# A Joint Strategic Needs Assessment for Special Educational Needs and Disabilities in Central Bedfordshire

## 1. Introduction

Central Bedfordshire is committed to meeting the needs of children and young people with special educational needs and disabilities (SEND) living within the local area. The development of this SEND Joint Strategic Needs Assessment (JSNA) will help the local area of stakeholders to jointly identify and understand the needs of this population and build them into local commissioning plans.

The first recommendation of this JSNA is to co-produce an 'easy read', accessible summary of the findings of this SEND JSNA which is appropriate to local families, children and young adults with SEND. This should be produced following the publication of the full SEND JSNA. This full JSNA is intended to be used as a reference document rather than to be read from cover to cover. Local stakeholders can use the document search function by inserting keywords to find data or information relating to SEND in Central Bedfordshire.

The purpose of JSNAs is to improve the health, wellbeing and social care of the local community and reduce inequalities. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning and service delivery which will improve the public's welfare and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health, wellbeing and care.

Support for children with Special Educational Needs and Disabilities (SEND) underwent radical Reform in 2014. The Children and Families Act 2014 extended the SEND system from birth to 25; replacing statements of special educational need with a birth-to-25 Education Health and Care plan (EHCP); broadens the definition of SEND to include any disability including mental health; and, offers personal budgets to those families with children affected by SEND.

The act puts children, young adults, parents and carers at the centre of the process. Services and support are required to be made available and easily accessible in the Local Offer which is the published list of SEND services locally. A key feature of the Act is that the organisations with responsibility for health, (locally this is Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG), and Cambridgeshire Community Services (CCS) NHS Trust), lead the requirement

to make joint commissioning arrangements with the Local Authority to secure Education, Health and Care provision for children and young people for whom the authority is responsible for as well as those who have special educational needs.

The Special Educational Needs and Disability Code of Practice requires Health and Wellbeing boards to consider the needs of vulnerable groups, including those with SEN and disabled children and young people. In order to ensure that the SEN Code of Practice is implemented successfully the Department for Education in 2014 introduced SEN Ofsted and Care Quality Commission (CQC) Inspection Framework for Local Areas.

An up-to-date JSNA is a mandated part of the Ofsted and CQC measurement framework. Ofsted and CQC assess the strength of arrangements jointly in local areas as a whole, rather than the contribution of individual agencies comprising health, education and social care. These three elements of local provision have been used to inform the Central Bedfordshire SEND JSNA findings.

This JSNA looks at all the evidence available for children and young people with special needs and disabilities within Central Bedfordshire, combined with nationally published statistics and research materials. The evidence base looks at current literature and local intelligence about the prevalence and trends in special educational needs and/or disability in the local area. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

The Central Bedfordshire SEND JSNA represents an accurate and transparent picture of known data and information available as of May 2021. Population or cohort data usually exists a year, or sometimes two years in arrears; therefore the latest data in 2021 in some cases will be dated 2019 or 2020. There are some exceptional impacts regarding data from 2020 and 2021 in respect of the Covid pandemic, and these are identified throughout this JSNA.

## 1.1 National Context

### 1.1.1 Definition

Under Section 20 of the Children and Families Act 2014, a child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them.

Children have a learning difficulty or disability if they:

- have a significantly greater difficulty in learning than the majority of others the same age
- have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions
- are under compulsory school age and fall within one of the definitions above or would do so
- if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

Under Section 21 of the Children and Families Act 2014, Special educational provision means:

- for children of 2 years or over, educational or training provision additional to, or different from, the educational provision made generally for children of their age in mainstream

schools, mainstream nursery schools, mainstream post-16 institution or places in England at which relevant early years education is provided. Or

- for children under 2, educational provision of any kind.

In addition, the SEND Code of Practice (2015) sets out four broad areas of need and support which may be helpful when reviewing and managing special educational provision. These are:

- communication and interaction
- cognition and learning
- social, emotional and mental health difficulties; and
- sensory and/or physical needs.

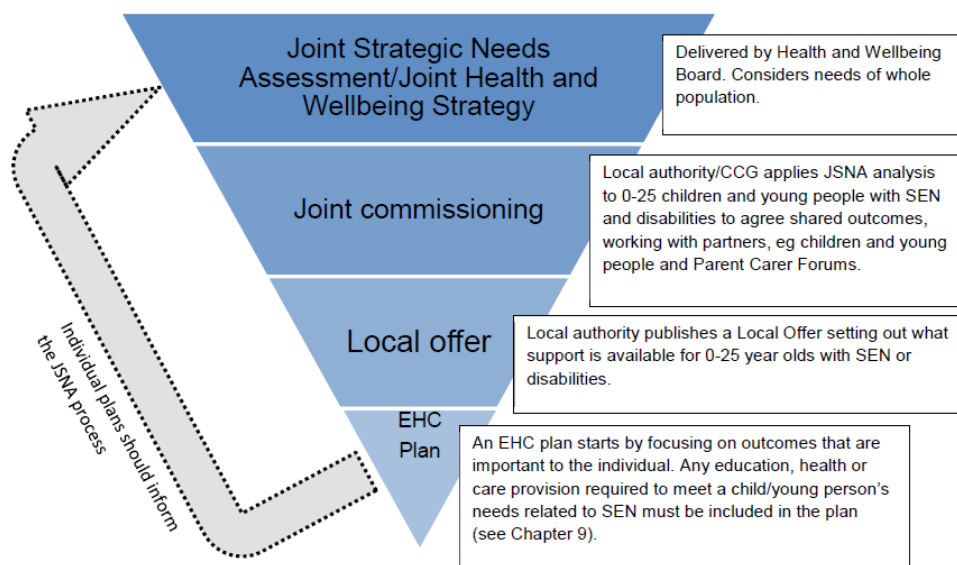
Further information can be found within Section 6.28 – 6.35 of the SEND Code of Practice (2015).

### 1.1.2 Joint Strategic Needs Assessments

JSNAs are continuous processes, and are an integral part of CCG and Local Authority commissioning cycles. Health and wellbeing boards decide when to update or refresh JSNAs or undertake a fresh process to ensure that they are able to meet local needs and to inform local commissioning plans over time.

The Code of Practice sets out the relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans. In line with guidance from the SEND Code of Practice this JSNA will inform the joint commissioning decisions made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer. At an individual level, services should cooperate where necessary in arranging the agreed provision in an EHC plan. Partners should consider how they will work to align support delivered through mechanisms such as the early help assessment and how SEN support in schools can be aligned both strategically and operationally. They should, where appropriate, share the costs of support for individual children and young people with complex needs, so that they do not fall on one agency.

**JSNA Process, SEND Code of Practice. Source: SEND code of practice, Department for Education/Department of Health (June 2014)**



## 1.1.3 National Prevalence

### Pupils with special educational needs in schools in England

Nationally, pupils with special educational needs (SEN) are currently classified as follows:

#### SEN support

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

#### Education, Health and Care (EHC) Plans and statements of SEN

A pupil has an EHC plan when a formal assessment has been made. A document is in place that sets out the child's need and the extra help they should receive. Prior to September 2014, a statement of SEN was used. Following the introduction of EHC plans in September 2014, statements of SEN and EHC plans are grouped together within the data. The transfer of statements of SEN to EHC plans was due to be completed in March 2018, and in December 2018, there were less than 100 statements of SEN nationally.

#### The number and percentage of pupils in England with EHC plans and on SEN support has risen

Across all schools in England, the number of pupils with an EHC plan has increased by 8.7%, from 271,200 to 294,800 in January 2020. This represents 3.3% of all pupils, an increase from 3.1% 2019. This continues the trend of increases seen from 2018, after remaining steady at 2.8% of the total pupil population from 2007 to 2017. (DfE 2020)

The number of pupils with SEN support has also increased, by 3.0% to 1,079,000 in January 2020. This represents 12.1% of all pupils, an increase from 11.9% in 2019. (DfE 2020)

This gives a total of 1,373,800 pupils with SEN, or 15.5% of all pupils. This has increased from 14.9% in 2019. (DfE 2020)

#### The number of pupils in England with SEN has increased across all school types

Specifically,

- 1.8% of pupils in state-funded **primary schools** have an EHC plan in January 2020, compared to 1.6% in 2019, while 12.8% have SEN support, up from 12.6% in 2019. Overall, pupils in primary schools make up 49.9% of all SEN pupils, down from 50.8% in 2019. (DfE 2020)
- The same percentage, 1.8%, of pupils in state-funded **secondary schools** have an EHC plan in January 2020, an increase from 1.7% in 2019. 11.1% of pupils have SEN support, an increase from 10.8% in 2019. Overall, pupils in secondary schools with SEN account for 32.0% of all pupils with SEN, up from 31.4% in 2019. (DfE 2020)
- There has been a large increase in the percentage of pupils in **pupil referral units** with an EHC plan, up from 13.4% to 16.4%. There has been an increase in the number of pupils with an EHC plan also, while the overall pupil population in pupil referral units has decreased. Conversely, there has been a decrease in those with SEN support in pupil referral units, from 67.6% to 64.9%. This includes pupil referral units, academy and free school alternative provisions. (DfE 2020)



### **The number of pupils in England in special schools has risen**

- Almost all children in special schools have an EHC plan (97.9%). The number of pupils in state-funded **special schools** has increased by 6,400 (5.3%) to 128,100, continuing a trend seen since 2006. The number of pupils in non-maintained special schools has also increased, by 100 (3.2%) to just under 3,800. (DfE 2020)
- 9.3% of all pupils with SEN are attending state-funded special schools, excluding general hospital schools, and a further 0.3% of all pupils with SEN are attending non-maintained special schools. This is a small increase on 2019, when 9.1% of all pupils with SEN were attending state-funded special schools, and the same percentage, 0.3%, were attending non-maintained special schools. (DfE 2020)

### **The percentage of pupils in England with SEN in independent schools has risen**

- The percentage of pupils with an EHC plan in **independent schools** has risen to 3.3%, the same as the percentage of all pupils over all schools. The percentage of pupils with SEN but without an EHC plan (similar to SEN support) has risen to 13.7% in 2020, from 12.7% in 2019 (DfE 2020)

### **Primary type of need in England**

Primary and secondary type of need are recorded in the school census and are available for state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Data on type of need is not available for independent schools or general hospital schools.

### **The most common type of need among pupils in England with an EHC plan is autistic spectrum disorder**

82,800 pupils with an EHC plan were recorded as having autistic spectrum disorder as their primary type of need. This equates to 30% of all pupils with an EHC plan and is a small increase from 29% of all pupils in 2019. The second most common type of need is speech, language and communication needs, at 15% of all pupils with an EHC plan, unchanged from 2019. These types of need were also the most prevalent in 2019. (DfE 2020)

### **SEN support**

Among pupils with SEN support in England, the most common type of need is speech, language and communications needs, with 237,000 pupils (24% of pupils with SEN support) recorded as this type of primary need, this is a small increase from 23% in 2019. The next highest type of need is moderate learning difficulty, with 211,600 pupils (21% in 2020, down from 22%) and then social, emotional and mental health with 194,111 pupils (unchanged at 19% of pupils with SEN support). (DfE 2020)

### **Pupil characteristics**

#### **SEN is more prevalent in boys than girls**

73.1% of all pupils with an EHC plan are boys. This is a small increase on 2019, when 72.9% were boys.

The gap is narrower for SEN support, with boys making up 64.6% of all pupils with SEN support. (DfE 2020)

### **SEN is most prevalent at age 10**

The percentage of pupils in England who have SEN increases as age increases through primary years, up to a peak of 19.0% of pupils at age 10. It then declines through secondary ages, down to 15.4% at age 15. (DfE 2020)

### **SEN support decreases from age 10**

This pattern is driven by SEN support, which increases in primary ages to 15.2% at age 10, before decreasing to 12.9% at age 11 and continuing to decrease at a slower rate through secondary years to 11.4% by age 15. (DfE 2020)

### **The percentage of EHC plans in England continues to grow with age, throughout all schools ages**

The percentage of pupils with an EHC plan, however, continues to increase as age increases, all through primary and secondary school ages, from 2.4% at age 5, to 3.8% at age 10, and to 4.0% by age 15. (DfE 2020)

The percentage of all pupils eligible for free school meals has increased sharply since the introduction of transitional protections which will continue to be in place during the roll out of Universal Credit. This has meant that pupils eligible for free school meals on or after 1 April 2018 retain their free school meals eligibility even if their circumstances change. In January 2020, the percentage for all pupils was 17.3%, compared to 15.4% in 2019 and 13.6% in 2018 (DfE 2020)

### **As in previous years, pupils with SEN are more likely to be eligible for free school meals**

The percentage of pupils with an EHC plan who are eligible for free school meals is 34.6%, more than double that for pupils with no SEN (14.9%). The percentage of pupils with SEN support eligible for free school meals is 29.9%. (DfE 2020)

Each of these figures shows an increase on 2019, in line with increases seen in the overall pupil population for free school meals.

### **Pupils in England whose first language is known to be English have higher rates of SEN**

Nationally 16.0% of pupils whose first language is known or believed to be English have SEN. This is higher than those whose first language is known or believed to be other than English, at 12.6%. This is broadly similar in 2020 to 2019. (DfE 2020)

### **The highest percentage of EHC plans in England are held by the White - Irish traveller group**

In England as a whole 5% of pupils with White - Irish traveller recorded as their ethnicity have an EHC plan, and a further 24.9% have SEN support. These are the highest rates for both EHC plans and SEN support. (DfE 2020)

Black Caribbean has the second highest rate for EHC plans, at 4.7%, followed by any other Black background. The second highest rate for SEN support is among the Gypsy/Roma group at 22.6%. (DfE 2020)

The lowest rate of EHC plans is the Asian - Indian group at 2.1% and the lowest rate for SEN support is the Chinese group, at 5.5%. (DfE 2020)

## SEN units and resourced provisions

### SEN Units

SEN units are special provisions within a mainstream school where the pupils with SEN are taught mainly within separate classes.

- are designated by the local authority specifically for making SEN provision, and sometimes accommodate pupils registered at other schools on a part-time basis
- receive funding of £6,000 or £10,000 per place, and usually top-up funding for the excess costs of additional support required by individual pupils
- cater for a specific type or types of SEN (for example autistic spectrum disorders)
- are usually for pupils with an education, health and care (EHC) plan (but may also provide support for pupils with SEN support)

Schools and academies should only use this indicator where the SEN unit has been formally recognised as such by the local authority where the school is located.

### Resourced provision

Resourced provisions are places that are reserved at a mainstream school for pupils with a specific type of SEN, taught mainly within mainstream classes, but requiring a base and some specialist facilities around the school.

Resourced provisions:

- are designated by the local authority specifically for making this kind of SEN provision
- receive funding of £6,000 or £10,000 per place, and usually top-up funding for the excess costs of additional support required by individual pupils
- cater for a specific area or areas of SEN (for example specific learning difficulties)
- are usually for pupils with an education, health and care (EHC) plan, but could include pupils with code 'K' (SEN support)

Schools and academies should only use this indicator where the resourced provision has been formally recognised as such by the local authority where the school is located.

Most pupils placed in units will be on an Education, Health and Care plan. It is unlikely that a child would be placed in a unit and also receive support from resourced provision, but a school could have resourced provision for one type of need and a unit for another.

Nationally, the school level data shows that in January 2020, there were 361 schools with SEN units and 1,028 schools with a resourced provision in England.

Source: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

## 1.2 Strategic objectives

National priorities for the completion of EHCPs, transition planning and annual reviews

- To complete all new EHCP assessment within 20 weeks of request, and ensure all plans meet agreed quality standards.
- Up to date data systems and data sharing protocols across the local Area

- Participation and Co-production
- To ensure engagement with stakeholders in SEN processes and decision-making.
- To ensure families experience greater co-production.
- To ensure effective working across partner agencies in order to deliver high quality integrated services to children and young people with SEND.

#### National priorities for strategic planning and provision

- To ensure sufficient specialist places provided locally to meet current and future needs.
- To ensure that pupils with SEND can access education as close as possible to home.
- To ensure home to school transport where applicable in order to support learning
- To ensure that the schools are as inclusive and resilient as possible.
- Achievement of pupils with SEND
- To narrow the gap between pupils with and without SEND.
- Preparing for Adulthood
- To provide the best possible employment opportunities for young adults with SEND.
- To ensure young adults with SEND can live as independently as possible.
- To ensure young adults with SEND are as healthy and resilient as possible.
- To develop work based opportunities through supported internships and similar initiatives

#### Local priorities of significant need identified by Ofsted

- To ensure sufficient quality of EHC plans so that the needs of children and young people are identified and met
- To provide local area leaders with oversight of the quality of new EHC plans
- To develop a shared understanding between area leaders in education, health and social care of the outcomes they want for children and young people with SEND
- To develop a clear SEND strategy
- To inform co-production with the views of children, young people, and their families
- To develop an effective Local Offer

## 1.3 Joint Commissioning & Partnerships

Further developing partnerships and shared actions across the local SEND area is a key strategic priority, particularly with a view to improving local area leaders oversight of SEND provision and sharing data about children and young adults with SEND. This includes bringing together Education, Health and Social Care, as well community and voluntary sector organisations, parent carers and their advocates. Stronger partnerships between organisations including parents and carers will lead to resilient communities; communities in which children and young people with SEND are well prepared to tackle the challenges they are presented with, as they grow and develop.

As a partnership with statutory duties, the Local Authority and CCG work hard to increase the resilience of children and young people with SEND. Resilience based practice means protecting families from significant difficulties and supporting them through day to day needs, so that they can get the best for their child. Parents expressed the need for resilience to not be relied upon in place of the provision of services. This means all the services, parents and carers coming together positively to share information and co-operate with each other, to ensure all children, including those with SEND, achieve their full potential.

Education in maintained schools in Central Bedfordshire is overseen by the Local Authority. Partnership with schools, between schools and between the education department and other agencies is key to the continuing success of our schools and young people.

The CCG, Local Authority and the community are continuing to work together to further develop joint pathways of support. For example, in 2020 significant work was been undertaken with neighbouring Local Authorities in Bedfordshire to develop the Neuro-developmental Disorders Pathway.

Services for SEND are commissioned in both the Local Authority and the CCG. The aim of a Joint Commissioning structure (comprising the Local Authority and the CCG) is to deliver an integrated commissioning process for partner organisations based on the shared priorities delivered through a shared work programme to make best use of our available resources to improve the health and wellbeing outcomes for children ensuring resilience and improving quality. This structure is also responsible for developing a strategic approach to commissioning across the SEND partnership. The aim of a joint structure is to improve outcomes for children, young people and adults in Central Bedfordshire, reduce duplication, ensure resilience, improve quality and increase efficiencies through effectively commissioning services across Children, Adults and Public Health.

Services that are currently jointly commissioned include Occupational Therapy and Speech and Language Therapy. Further opportunities for joint commissioning of services are also being explored.

The Children's Commissioning Team within the Local Authority also commissions services directly between the council and local providers. This includes Short Breaks and Home to School Transport.

The SEND Code of Practice (COP) advocates the building of resilience in supporting wider individual outcomes such as positive social relationships and emotional stability, and the resilience of families and local services to enable children and young people with more complex needs to participate actively in their local community.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

## 2.Methodology

### 2.1 Scope

Contributions from health, education and social care form this JSNA which assimilates data, analytical products and intelligence from local areas of expertise. This Joint Strategic Needs Assessment (JSNA) looks at all the evidence available for children and young people with special needs and disabilities within Central Bedfordshire, combined with nationally published statistics and research materials. The evidence base looks at current literature and intelligence about the prevalence and trends in special educational needs and/or disability in the local SEND area. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

## 2.2 Data Sources and Limitations

### 2.2.1 Community Health Services

Bedfordshire, Luton and Milton Keynes (BLMK) CCG and Public Health undertake monthly Contract Management Group meetings and Service Performance Meetings of both the adults and children and young people community health services provided by Cambridgeshire Community Services and East London NHS Foundation Trust. The community services of paediatrics, occupational therapy, speech and language and physiotherapy are monitored, in addition to universal provision as part of the Healthy Child Programme (HCP). There is an ever-present need for shared outcome measures from such interventions, and a need to report these by SEND local area geography which is the same as the Local Authority boundaries.

### 2.2.2 Children and young adults with a disability (0-25)

- The Not in Employment, Education or Training (NEET) and Unknown data provides a snapshot in time; numbers will fluctuate over time in the overall population.
- Placement data and student numbers are based on a snapshot in time – numbers will fluctuate depending on children and young people moving in and out of Local Authority area as well as changing placements mid-year.
- General Practices do not routinely collect SEND data on their systems so it is not possible to analyse primary care activity or level of support.
- Data accessibility and quality between Education, Health and Social Care proved to be one of the limitations with regards to analytical insights. The focus needs to continue on developing joint robust data collection and recording with responsibilities for SEND.
- There are related datasets from various health and social care teams or services working with SEND.
- Integration of related SEND datasets within the council, CCG and providers is an important next step. This will be important in ensuring that across all parties capacity can be evaluated, gaps identified and addressed.

## 3. Local context

Central Bedfordshire is a largely rural Local Authority area in Central Eastern England. A Local Authority area in the context of SEND describes the geographic boundaries under which services are delivered. The NHS and other commissioned SEND services are also delivered based on Local Authority area geography. The Central Bedfordshire Local Authority area includes hub towns with populations of 10,000 to 40,000 such as Dunstable and Leighton Buzzard which play an important role in providing services, employment and businesses to each other and to the 58% of Central Bedfordshire residents who live in rural areas around them. It is a great place to live for most families, children and young people.

The area is generally prosperous, with above average levels of employment. However, there are pockets of deprivation and greater need in some areas, particularly in Houghton Regis and parts of Dunstable and Sandy. 11.4% of all children live in income deprived households.

In 2018, 283,600 people lived in Central Bedfordshire and this is expected to increase further to 318,100 by 2035 (an increase of 12% between 2018 and 2035). The main drivers of the rising population are increasing life expectancy, a rising birth rate and inward migration. There are significantly more births in Central Bedfordshire than deaths. A net migration gain, due to more people arriving in the local area than moving away, is also playing an important role in the rising population.

The age profile of Central Bedfordshire’s population is very similar to that of England as a whole. At the last census (2011 at the time of publication of this JSNA) the whole childhood cohort identified in the Census showed that those aged 0-17 years old account for 22% of Central Bedfordshire’s population compared to 21.4% for the whole of England. This is a proxy measure to show the overall similarity of younger age profiles between Central Bedfordshire and England as a whole, recognising that the SEND Cohort extends to 25 years of age.

Central Bedfordshire is less diverse than England as a whole – with a greater proportion of people who are white British. Of those aged 0-17, 90.7% are white, followed by 4.8% of a mixed / multiple ethnic group, and 2.4% Asian / Asian British. In 2019 Ofsted identified a need in Central Bedfordshire for the 450 mixed race, 144 Afro- Caribbean and 128 Asian families caring for a child or young adult with SEND in Central Bedfordshire to be better represented.

Children as a whole group (including children without SEND) in Central Bedfordshire achieve comparable levels of educational attainment against statistical neighbours and national averages.

Although participation in education at 16 is good in Central Bedfordshire, 1.6% young people who attend college rather than a school sixth form become NEET at the age of 17.

Central Bedfordshire has had significantly lower levels of CIN, low levels of CP per 10,000 of the population compared to national levels but comparable to statistical neighbours.

Central Bedfordshire has 132 schools serving 45,861 pupils, some of which are maintained by the Local Authority and others which are Academies or Free Schools. Academies are funded directly from Central Government and report to their own boards.

Type of School	Maintained	Academy
Special	2	2
Nursery	2	0
Lower	45	23
Primary	12	17
Middle	3	11
Upper	0	6
Secondary	1	8

In addition Central Bedfordshire has two maintained nursery schools and 1 pupil referral unit.

The number of pupils is growing and there has been a programme in place, Schools for the Future (SFF), to provide new school places. Current forecasts suggest there will be an additional 24,672 pupils by 2035.

In recent years, children's achievements in Central Bedfordshire Council's schools at all key stages have remained stable. 88% of Central Bedfordshire pupils are at schools which were graded good or better at their last Ofsted inspection.

94% of pupils of compulsory school age in Central Bedfordshire speak English as a first language. However, more than 100 different languages are recorded among the remaining children and young people.

Central Bedfordshire does not contain a Hospital, unlike neighbouring authorities of Luton, Bedford and Milton Keynes.

## 3.1 Pupil and Parent Voice

SEND services in Central Bedfordshire are committed to ensure that one of the strongest themes running through the Children and Families Act and the SEND code of practice is that children, young adults and their families should be at the centre of our service delivery and development. This happens on an individual level through the assessment and EHC planning processes around a child and also at the strategic planning level. The SEND JSNA makes reference to EHC planning and needs arising but is itself part of a strategic planning process.

## 3.2 Co-production with children and young adults.

Co-production is a key strategic priority of the Central Bedfordshire SEND partnership. This means putting the views of children and young adults who are able to contribute at the heart of shaping the services delivered and highlighting strengths and areas for improvement. Various young people's groups including the CAMHS participation group and Children in Need forum have helped to form Outcome Framework domains for Central Bedfordshire in order to focus local health, social care and education undertakings on real, measurable results which support the SEND code of practice. Data collated for the Framework is designed to be reported in a Local Area dashboard to provide population level information to local leaders on SEND cohort progress in Health, Wellbeing, Aspirations, Independence and Involvement.

Wider co-production activity has been developed in Central Bedfordshire and ongoing. Local children and young adults with SEND set out the clear message that they wish to be placed at the centre of discussion and decisions wherever possible. Local children and young adults summarised their expressed needs in co-production activities as follows: *Speak to me as well as my parent; ask me what I want; use simple language; I want to know what is going on.*

A local need is therefore identified to ensure in local practice a primary focus on the child and young adult with SEND.

## 3.3 Co-production with parents and carers

The importance of listening to the views of parents and carers is also enshrined within the Children and Families Act 2014. Central Bedfordshire Special Needs Action Panel (SNAP) Parent Carer Forum is a pro-active, independent forum of parent carers who all have children or young adults with Special Educational Needs and Disabilities. SNAP PCF works with Central Bedfordshire Council, BLMK CCG and



Wider SEND services to shape development and ensure that the voices of parents and listened to and responded to.

SNAP PCF produce a survey annually to reflect the views of families supporting a child or young adult with SEND in Central Bedfordshire. In 2020 the annual SNAP survey was supported by 636 responses. SNAP PCF has 950 members across Central Bedfordshire. There were 422 survey responses from the wider SEND community who are not members of SNAP. Approximately 25% of SNAP members took part in the SNAP survey.

The needs identified by parents and carers in the local SNAP survey use a methodology of satisfaction rating. This has a limited value to the teams which manage and deliver services who, whilst recognising the findings and wishing to improve services, express a parallel organisational need to identify in a co-ordinated process what the majority of parents want and how parents would envisage services working better for their family.

In this regard there is a future need to work with Parents and Carers to focus on identifying patterns of need as well as patterns of satisfaction.

There is a further need for local partners to consider the needs of the wider parent carer community where needs are not proportionately represented locally. Strategic consideration should be given to how all of the SEND parent/carer community will be engaged positively in future years, and to ensure that their voices are heard and their need for services accounted for.

<http://www.snappcf.org.uk/send-surveys/>

A Co-production Charter has been co- produced with parents, carers, a pilot study of local SEND champions and professionals. The key commitments of the charter fall under four main themes; effective communication, empowering people, solution focused approaches and a shared vision for SEND.

The Charter sets out what effective coproduction looks like and explains how professionals, parent carers and young people with SEND can work together to improve services in the local area.

The principles set out in the charter have been co-produced with parent carers and recognise the benefits of ensuring that stakeholders are... *“Working together consistently as equal partners to design, develop, implement and review services, recognising the value of working together as a way of maximising the chances of getting the services right the first time.”*

The intended outcomes set out in the charter are that: ‘solutions and services are fit for purpose, mistakes and the need to re-design are eliminated, children and families feel part of the process and are able to make a positive contribution, and that all partners share responsibility for the success of services and their outcomes’

In the development of the charter local organisational needs identified are for a wider and more diverse range of contributors and to focus co-production activity on forward thinking and achieving positive outcomes.

There may be a local need to consider how the successful SEND Champion pilot may be built upon.

## 3.4 Local Offer

The Central Bedfordshire Local Offer should be an accessible and comprehensive source of information for children and young people with Special Educational Needs and Disabilities (SEND), their families and professionals access. It includes information about education, health and care services, leisure activities and support groups in their local area.

Central Bedfordshire’s Local Offer is co-produced with input from schools, local community organisations, the Local Authority, Clinical Commissioning Group and children, young people and families. The local area is continually looking for opportunities to enhance the Local Offer to make it more engaging and easy to use and increase input from across the Central Bedfordshire community.

Engagement with families and professionals has been undertaken as part of regular meetings convened to progress the SEND Agenda locally. In respect of improvement to the Local Offer, the following expressed needs have been identified.

- A Local Offer Website which is managed and editable from within the Local Authority
- A central hub where local services for children and young adults with SEND can be added and rated by members of the community.
- Clear pathways and organisational structures depicted
- Links to Nationally Published Service Delivery Outcomes (eg. SEN2)

<https://www.centralbedfordshire.gov.uk/localoffer>

# 4. What do We Know about Children and Young People with Special Educational Needs & Disabilities?

## 4.1 Local Prevalence

In 2020, the percentage of identified SEND pupils in Central Bedfordshire was higher than the national average for those students with EHC plans and lower than the national average for students with SEN Support.

Percentage of CBC School Population with SEN Support or EHC Plan:

	% SEN Support	% EHC Plan
Central Bedfordshire (excludes Alternative Provision and Nursery Schools)	11.3	3.7
National	12.1	3.3

Source: Schools Census 2020 – school population.

### 4.1.1 For whom the LA maintains an EHC Plan

Local authorities have legal duties to identify and assess the special educational needs of children and young people for whom they are responsible. Local Authorities become responsible for a child or young person in their area when they become aware that the child or young person has or may have SEN.

The prevalence of EHC Plans within the pupil population of Central Bedfordshire increased from 2.6% to 3.3% between 2015 and 2020.

This is consistent with statistical neighbours and nationally.

Regarding the resident population, similarly 3.3% of Central Bedfordshire Pupils have an EHC Plan. This is comparable to both regional (3.2%) and National (3.3%) averages.

(Source: LAIT (Local Authority Interactive Tool 1 April 2021).

Statistical Neighbours												
% of Pupils with Statement of (SEN) or (EHC) Plans												
		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Change from previous year
919	Hertfordshire	2.00	2.00	1.90	1.90	1.90	1.90	2.00	2.10	2.20	2.40	0.20
867	Bracknell Forest	2.80	2.80	2.90	2.70	2.40	2.30	2.10	2.10	2.20	2.60	0.40
895	Cheshire East	2.40	2.40	2.40	2.30	2.30	2.30	2.20	2.30	2.50	2.90	0.40
823	Central Bedfordshire	2.70	2.70	2.70	2.60	2.60	2.60	2.80	2.90	3.10	3.30	0.20
850	Hampshire	2.70	2.70	2.70	2.60	2.70	2.70	2.90	3.00	3.20	3.40	0.20
937	Wanwickshire	2.90	2.90	3.10	3.10	3.10	3.10	3.10	3.10	3.20	3.40	0.20
881	Essex	3.00	3.20	3.30	3.30	3.30	3.30	3.30	3.40	3.40	3.50	0.10
938	West Sussex	2.70	2.70	2.80	2.90	2.90	3.00	3.10	3.10	3.20	3.50	0.30
855	Leicestershire	2.60	2.70	2.80	2.70	2.70	2.70	2.80	2.90	3.20	3.60	0.40
803	South Gloucestershire	2.50	2.70	2.80	2.90	3.00	3.10	3.20	3.30	3.50	3.80	0.30
869	West Berkshire	4.00	4.00	4.00	4.20	3.90	4.50	3.80	4.10	4.00	4.20	0.20
	Statistical Neighbours	2.76	2.81	2.87	2.86	2.82	2.89	2.85	2.94	3.06	3.33	0.27
985	East of England	-	2.90	2.90	2.90	2.90	2.80	2.80	2.90	3.00	3.20	0.20
970	England	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.90	3.10	3.30	0.20

Table: % of Resident Population (ONS midyear estimates) for whom the LA maintains a EHC Plan, 2019/20. Source: DfE SFR29/2019/20 and ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland:

### 4.1.2 EHC Plans within Central Bedfordshire Council Schools

The prevalence of EHC Plans within Central Bedfordshire Council’s school population is compared to the resident population shows that approximately 1% of EHC plans are out of area than within the resident population.

### Special Educational Needs without EHC Plan within Central Bedfordshire Council Schools

11.3% of the Central Bedfordshire Council school population have Special Educational Needs without an EHC plan (i.e. SEN Support). This is below the national average and lower than the majority of statistical neighbours.

Prevalence of Central Bedfordshire Council school population with Special Educational Needs without an EHC Plan, 2020:

Statistical Neighbours												
% of Pupils with Special Educational Needs (SEN) Support												
		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Change from previous year
895	Cheshire East	12.60	13.30	13.10	12.50	8.40	7.00	7.80	8.60	8.30	8.40	0.10
855	Leicestershire	13.80	13.40	12.90	12.80	10.50	9.30	9.40	10.30	10.40	10.50	0.10
881	Essex	15.40	14.70	13.70	12.60	10.80	9.90	10.00	10.00	10.10	10.60	0.50
803	South Gloucestershire	12.50	12.00	11.60	11.60	11.20	10.90	11.10	10.60	10.60	10.90	0.30
823	Central Bedfordshire	15.70	15.60	13.80	13.10	11.30	11.20	11.20	11.10	11.20	11.30	0.10
850	Hampshire	17.40	16.20	14.50	13.60	12.00	11.20	11.00	11.20	11.10	11.60	0.50
869	West Berkshire	13.90	13.30	12.80	11.90	10.30	9.50	11.10	11.10	11.40	11.60	0.20
937	Wanwickshire	16.20	16.00	15.40	14.20	11.40	11.30	11.40	11.60	11.70	11.90	0.20
867	Bracknell Forest	16.70	15.10	13.70	13.00	11.40	11.00	11.40	11.10	11.60	12.30	0.70
919	Hertfordshire	14.80	14.80	14.50	14.10	11.90	11.40	11.70	11.90	12.30	12.40	0.10
938	West Sussex	19.90	19.40	17.90	17.10	14.20	13.60	13.50	13.70	14.20	14.50	0.30
	Statistical Neighbours	15.32	14.82	14.01	13.34	11.21	10.51	10.84	11.01	11.17	11.47	0.30
985	East of England	-	16.00	15.00	13.90	11.50	10.80	11.00	11.00	11.20	11.50	0.30
970	England	17.80	17.00	16.00	15.10	12.60	11.60	11.60	11.70	11.90	12.10	0.20

Source: DfE SFR29/2019/20

## Children in care with complex needs and disabilities

As at the end of March 2021 the Children's Social Care service were corporate parents to 323 children in care. Of these children/Young People 36 have EHC Plans (this represents 11.1% of children in care) that are maintained by CBC. 11 of these are in residential homes, of which 6 are out of area.

Children in care are sometimes referred to as Looked after Children or LAC in government datasets; this group of young people is the same cohort.

### 4.1.3 Special Educational Needs with SEN Support within Central Bedfordshire Council Schools

The prevalence of Special Education Needs with SEN Support within the school population in Central Bedfordshire schools is less than national and comparable to statistical neighbour averages since the introduction of the SEN code of practice in 2015.

### 4.1.4 Current picture and trend for children in care

Comparisons with national and statistical neighbour data on the rate of children who are looked after shows that the Central Bedfordshire Council rate, at 49 per 10,000, is lower than the national average of 67 per 10,000 and slightly higher than our statistical neighbours at 47.9 per 10,000. Numbers are skewed slightly by our higher than average number of unaccompanied asylum seekers.

(Source: LAIT Jan 2020)

### 4.1.5 Geography of children in care

Below are key findings of placement type for all children in care in December 2020, reflecting trends from 2018-2020.

- 71.3% in foster care placements (41.5% in agency foster care and 58.5% in in-house foster care).
- There has been an overall decrease in agency foster care (43.4% - 41.5%)
- In-house foster care has increased (55.8% - 58.5%).
- 3.4% of the children in care cohort have a disability, with 63.4% placed in residential accommodation.
- The numbers of children in care in residential care has decreased (5.7% - 5.0%).
- 60% of those in external residential accommodation have SEN.
- 6 are placed out of area

## 4.2 Projections

### 4.2.1 Future needs for SEN Support

The number of pupils attending a school in Central Bedfordshire with SEN Support has increased by 300 in the last 5 years and increased slightly faster for CBC residents (by 350). This discrepancy is because some children who are resident in Central Bedfordshire attend a school in a neighbouring Local Authority area. The percentage of mainstream pupils overall who require SEN Support has been within between 11.9 and 12% for the last 6 years. The percentage of all pupils who require SEN Support has been between 11.1% and 11.3% for the last five years. During this time the national percentage has increased from 11.6% to 12.1%.

Table showing 'Number of pupils, by type of SEN provision, by type of school (including independent schools and general hospital schools) - 2016 to 2020' in Central Bedfordshire between 2015/16 and 2019/20					
	2015/16	2016/17	2017/18	2018/19	2019/20
EHC plans/Statements of SEN	1,142	1,243	1,306	1,431	1,538
EHC plans/Statements of SEN (percent)	2.6	2.8	2.9	3.1	3.3
Headcount	43,505	44,403	44,983	45,642	46,192
SEN support	4,854	4,966	4,981	5,128	5,201
SEN support (percent)	11.2	11.2	11.1	11.2	11.3

<https://explore-education-statistics.service.gov.uk/data-tables/special-educational-needs-in-england>

**Forecasted prevalence of SEN Support to be required during the next 15 years by cluster**

School clusters are most commonly understood as the early years, primary, secondary, lower, middle and upper schools associated within one locality or learning community.

Total pupils with SEND Support in CBC schools – by school location										
	A&F	Biggleswade	Cranfield	D&HR	Harlington	L&L	Sandy	S&S	AP	Total
Jan-21	420	450	220	1330	370	1050	480	790	60	5170
Jan-22	440	470	250	1370	380	1070	510	810	70	5370
Jan-23	450	490	260	1430	380	1100	520	860	70	5560
Jan-24	460	510	280	1490	400	1140	530	910	70	5790
Jan-25	480	530	300	1540	420	1160	550	960	70	6010
Jan-30	520	690	390	1680	560	1270	580	1110	80	6880
Jan-35	520	770	420	1720	570	1270	550	1170	90	7080

Source: Schools for the Future

The largest and sustained increases (both numerically and in terms of increased percentage share of SEND Support pupils) have been for:

- SEMH – up by over 350 pupils, and from 18.2% to 24.3% of all SEND Support pupils
- SLCN – up by over 300 pupils, and from 10.4% to 16% of all SEND Support pupils
- ASD – up by over 150 pupils, and from 6.5% to 9.3% of all SEND Support pupils

**Forecasted prevalence of SEN support to be required during the next 15 years by need.**

Total pupils with SEND Support in CBC schools – by need														
	ASD	HI	MLD	MSI	NSA	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD	VI	Total
Jan-21	500	90	1120	20	50	30	170	0	1290	880	0	980	40	5170
Jan-22	520	90	1170	20	50	30	180	0	1340	910	0	1020	50	5380
Jan-23	530	90	1210	20	60	30	180	0	1390	950	0	1060	50	5570
Jan-24	560	100	1260	20	60	30	190	0	1450	980	0	1100	50	5800
Jan-25	580	100	1310	20	60	30	200	0	1500	1020	0	1140	50	6010
Jan-30	660	120	1500	20	70	30	230	0	1720	1170	0	1310	60	6890
Jan-35	680	120	1540	20	70	40	230	0	1770	1200	0	1350	60	7080

Source: Schools for the Future

## 4.2.2 Future needs for EHC Plans

The comparison to the CBC mainstream pupil total in school census is the basis of future projections of demand for EHCPs undertaken for the local Schools for the Future programme of future planning and provision.

### Forecasted prevalence of EHC Plans to be required during next 15 years by need

Total CBC EHCPs – by primary need													
	ASD	HI	MLD	MSI	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD	VI	Total
Jan-21	670	30	190	10	0	70	30	410	360	100	30	20	1920
Jan-22	700	30	200	10	0	80	30	430	380	100	30	20	2010
Jan-23	730	30	200	10	0	80	30	450	390	100	30	20	2070
Jan-24	750	30	210	10	0	80	30	460	410	110	30	20	2140
Jan-25	790	30	220	10	0	90	30	480	420	110	30	30	2240
Jan-30	900	40	250	10	0	100	30	550	480	130	30	30	2550
Jan-35	930	40	260	10	0	100	40	570	500	130	40	30	2650

Source: Schools for the Future

### Forecasted prevalence of EHC Plans to be required during the next 15 years by cluster

Total CBC EHCPs – by home location										
	A&F	Biggleswade	Cranfield	D&HR	Harlington	L&L	Sandy	S&S	LAC/ other / unknown	Total
Jan-21	150	160	120	510	120	340	190	240	90	1920
Jan-22	160	170	120	530	130	350	200	250	90	2000
Jan-23	160	170	120	550	130	360	210	260	100	2060
Jan-24	170	180	130	570	140	380	220	270	100	2160
Jan-25	180	190	130	590	140	390	230	280	100	2230
Jan-30	200	210	150	680	160	450	260	320	120	2550
Jan-35	210	220	160	700	170	460	270	330	120	2640

Source: Schools for the Future

## 4.2.3 Public Health trends in Learning Disabilities

Public Health trends in learning disability prevalence show no significant change and compare similarly to regional and national neighbours.

**Compared with England**      ● Lower   ● Similar   ● Higher   ○ Not applicable      Quintiles: Low ●●●● High ○ Not applicable

Recent trends: — Could not be calculated   ➔ No significant change   ⬆ Increasing   ⬇ Decreasing

Indicator	Period	Central Beds		Region England				England	
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Children with Moderate Learning Difficulties known to schools	2020	➔	2,500	28.6	27.3	29.1	7.9		67.4
Children with Severe Learning Difficulties known to schools	2020	➔	419	4.8	4.5	4.0	0.7		12.5
Children with Profound & Multiple Learning Difficulty known to schools	2020	➔	121	1.38	1.03	1.29	0.00		4.23
Children with Autism known to schools	2020	➔	1,268	14.5	16.9	18.0	5.8		34.4
Children with learning difficulties known to schools	2020	➔	3,040	34.7	32.9	34.4	11.3		75.1
Adults (18+ yrs) with learning disability receiving long-term support from local authorities (per 1,000 population)	2019/20	➔	680	3.02	3.62	3.46	2.00		6.32
Learning disability: QOF prevalence	2019/20	—	1,158	0.4%	0.5%	0.5%	0.2%		0.9%

<https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/1/gid/1938132702/pat/6/par/E12000006/ati/302/are/E06000056/iid/92127/age/217/sex/4/cid/4/tbm/1/page-options/ovw-do-2>

### 4.2.4 Note regarding specialist provision

It is important to recognize that the amount of additional specialist provision may be greater than that identified in this document as:

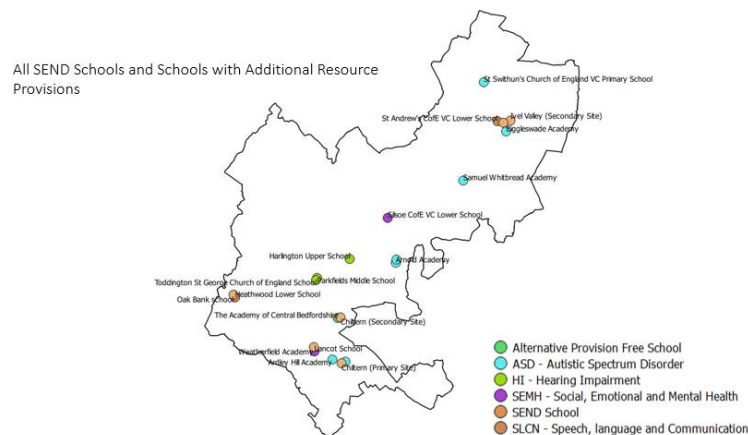
- There may be changes in the complexity of SEND needs over time which may lead to changes in the proportion of pupils needing specialist provision
- Central Bedfordshire Council may choose to make strategic decisions to reduce their dependence on independent placements, resulting in a displacement of demand into maintained specialist provision.

### 4.2.5 Delivery of additional provision

Central Bedfordshire Council’s programme, Schools for the Future (SFF), addresses significant projected increased demand for school places and proposes models to address this increased need.

An agreed projection of local needs has been undertaken based on a review of data which will provide consistency of future delivery across all schools.

There remains a need to develop for Children and Young Adults with SEND (EHCP and SEN support) locally agreed best practice and policy, and to assess the expressed needs of local children. There is a need to develop a pathway which will take account of Quality Assurance, Referrals, Brokerage and reviewing panel processes in how pupils are allocated places through which places are matched to need. This should also set out measurable outcomes for children from these provisions.



## 5. Identification of Children and Young People who have SEND

The initial identification of a potential disability or special educational need can happen in a number of different places but primarily the main areas are: within the home where a parent or carer identifies a difficulty; within health where a health professional identifies concerns; or within an educational establishment where a teacher may express concern with learning.

At present in Central Bedfordshire, the Midwife would refer a baby to the Health Visiting Service at birth if a disability is identified or known. If a disability is identified between birth and 5 years at the regular review points within the Healthy Child Programme, or as part of the Universal Partnership Plus (highest needs group) pathway of support, the Health Visitor would refer to the Community Paediatric Team which may also include other allied health professionals such as speech and language therapy or occupational therapy.

The majority of referrals for very young children come from health professions including health visitors, therapists, paediatricians, other consultants and specialists within the field of Hearing Impairment/Visual Impairment e.g. audiology professionals. Very few referrals are via GPs.

In Central Bedfordshire the undertaking of Public Health Nursing (Health Visitor) checks occurs slightly later than the 2.5 age target set out in the Health and Social Care Act 2012. Currently approximately 20-30% of the cohort who are identified as the most vulnerable and requiring more intensive support have their main health check by age 2.5.

The majority of children in Bedfordshire now have this developmental review at 3-3¼ years, using the appropriate age ASQ-3 assessment. This is as a result of a local commitment in 2019 to move the review to a slightly later point for most of the cohort. The rationale for this is to assess if this has an impact on identifying more tangible issues that can be more effectively supported on the 'ready for school' pathway. The most vulnerable children will have this development review at both stages.

The Public Health Department have commissioned the University of East Anglia to carry out an Academic Evaluation of the impact of the change to the timing of this review; the evaluation is due to be completed in June 2022.

Central Bedfordshire Council and BLMK CCG recognise the need for more responsive pathways for children and young people with SEND and reduced waiting times through development of current practice. This may be improved, for example, by the implementation a single, integrated 0-25 therapies service. Consideration may be given to commissioning options in this respect and the advantages that an updated specification and Key Performance Indicators may offer.

### 5.1 Parental Involvement in the identification of their child or young person's needs

#### Central Bedfordshire Parent/ Carer forum

SEND Services in Central Bedfordshire are committed to listening to parents and carers and involving them in the process of identifying their child or young adult's needs. Parents felt that they wanted more control of the process that was used to identify needs and wanted more say in the gathering of evidence during this process.



Central Bedfordshire Joint Strategic Needs Assessment for Special Educational Needs and Disabilities

Please tell us how well your views were taken into account when your child/young person's needs were identified by:

	VERY WELL	QUITE WELL	NOT VERY WELL	POORLY	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Education	22.24% 141	32.18% 204	20.50% 130	20.03% 127	5.05% 32	634	2.53
Health	16.88% 106	37.58% 236	16.72% 105	10.51% 66	18.31% 115	628	2.76
Social Care	6.25% 39	14.26% 89	11.54% 72	12.66% 79	55.29% 345	624	3.96

Source: SNAP Parent Carer Forum survey 2020

Parental experiences with education, social care and health in the identification of their child's needs is reported negatively in approximately half of cases. Parents who responded to the local Parent Carer Forum (SNAP) survey reported that the quality of the identification of need between 2019 and 2020 remained largely static.

Please tell us how well you think your child/young person's needs have been identified by:

	VERY WELL	QUITE WELL	NOT VERY WELL	POORLY	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Education e.g. school, college	22.12% 140	34.12% 216	19.75% 125	20.70% 131	3.32% 21	633	2.49
Health e.g GP, Hospital specialist, wheelchair services, SALT, OT, Continence services, CAMS	13.07% 83	33.07% 210	17.48% 111	15.59% 99	20.79% 132	635	2.98
Social Care e.g. Early Help, short breaks, respite services, residential and supported living	3.18% 20	7.32% 46	9.08% 57	17.20% 108	63.22% 397	628	4.30

Source: SNAP Parent Carer Forum survey 2020

There remains a need to capture more parental views on the identification process where the SEND needs of children/young people may be less obvious; to identify which services are in greatest need of improvement and in which settings SEND needs are being identified more or less effectively.

Children who are in transition from Early Years to school who have their needs identified but are without the corresponding provision in place continues to be a challenge for some parents. Protocols are in place to identify children with SEND needs, but some parents report that this is not translating into the identification of needs as parents identify them; and particularly that this is not then resulting in appropriate provision.

Parents are broadly satisfied with the identification of needs by School Nurses in schools; unnecessary delays in identifying SEND can worsen the child's difficulties whilst needs are not being met. Parents are keen to understand more about the access to services in Central Bedfordshire and how this service performs to meet needs and supports identification of mental health issues. Parents report that capacity is also an issue and ask that the number of School Nurses could be reviewed.

SENCO support was perceived by a focus group of parents from SNAP PCF overall to be mixed across the area. The identification of SEND by SENCOs is seen by some parents as an area for improvement, despite some individual experiences which were very positive. SNAP PCF commented that it was hard to see how some SENCOs could have the capacity to identify need or deliver SEN services effectively when they often have other professional commitments to the wider school agenda.

From September 2020, every parent/ carer with a child whose EHCP was finalised was contacted with a view to understanding their experience. 87 parents/ carers were spoken from September 2020 – April 2021

The 87 parents with newly finalised EHCPs during this period scored elements of the process out of ten. Parents scored the process as follows, giving an average satisfaction rating of 73%.

Score	Overall Experience	Communication	Involvement in Assessment	Will EHCP make a difference
0	2	15	2	7
1	0	2	0	0
2	3	1	2	1
3	3	1	3	3
4	2	3	4	3
5	8	6	4	0
6	8	5	8	5
7	10	6	9	6
8	17	10	16	12
9	8	12	8	10
10	26	25	31	36
Total Responses	87	86	87	83
Average Score	7.46	6.50	7.70	7.72

A focus group of parents from SNAP PCF expressed the need for SENCOs to understand the detail of the law in respect of the rights of parents and children with SEND and proposed that annual training and guidance for practitioners is needed.

During the period January– March 2021 a survey was published in SENDCO Essentials for all school SENDCO's to complete. 33 SENDCO's completed the survey with the following results.

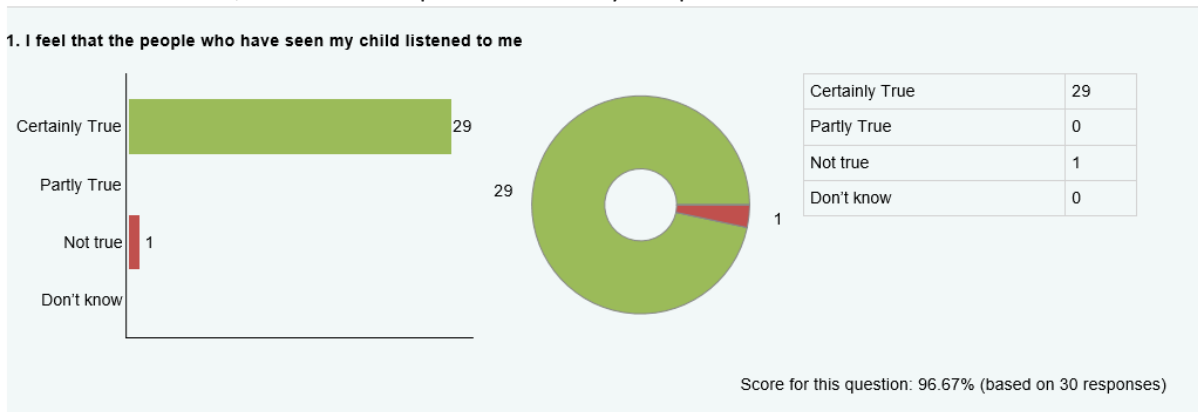
Question	Comments
Please rate the SEND service in recent months in terms of communication	63% indicated that there had been improvement 30% said no improvement 6% indicated the service was worse
Please rate the SEND service in recent months in terms of support	46% indicated an improvement 43% no change 10% the service is worse
Please rate the SEND service responsiveness in recent months.	50% indicated improvement 43% no change 6% worse
How informative do you find SEND Essentials	92% informative 9% Unsure
To what extent does SEND Essentials inform practice?	89% somewhat or better 9% Does not inform
SEND Essentials links effectively and joins up the work with parents and the local offer	67% Yes 33% Uncertain
How useful are SENDCO study groups?	86% Useful 7% Uncertain 7% Not useful

In Central Bedfordshire a three-tier education system operates where children are taught as lower, middle and upper pupils. However in parts of CBC a two tier system also exists where pupils are taught in Primary and Secondary settings. Whilst transitions led by schools in are in place, these are not always effectively tailored to the child's individual needs. The process was sometimes seen by the child or parent as a tick box exercise. Some Post 16 families reported that their children did not feel supported and parents raise that this may be reflected in educational attainment outcomes.

Parents commented that a booklet is available to support transitions into Adult Services, but that advice on Health for children and young adults with SEND was absent.

Parents are frustrated when there are differences of opinion about their child’s needs between themselves and other professionals working with their child. Some families pay for private professional advice to identify their child’s needs. Thresholds to access assessments by professionals are identified by parents as in need of development and aren’t clearly explained on the local offer. This is recognised nationally as an area of provision that is difficult to deliver, but parents propose that a review of best practice across other areas be undertaken to see if these can be replicated in Central Bedfordshire. Parents request that information contained in the Local Offer should be kept up to date and request that an opportunity for comments and feedback through the Local Offer site should be available. Parents can feel frustrated when they have limited time to seek help and support outside the confines of the local area and schools.

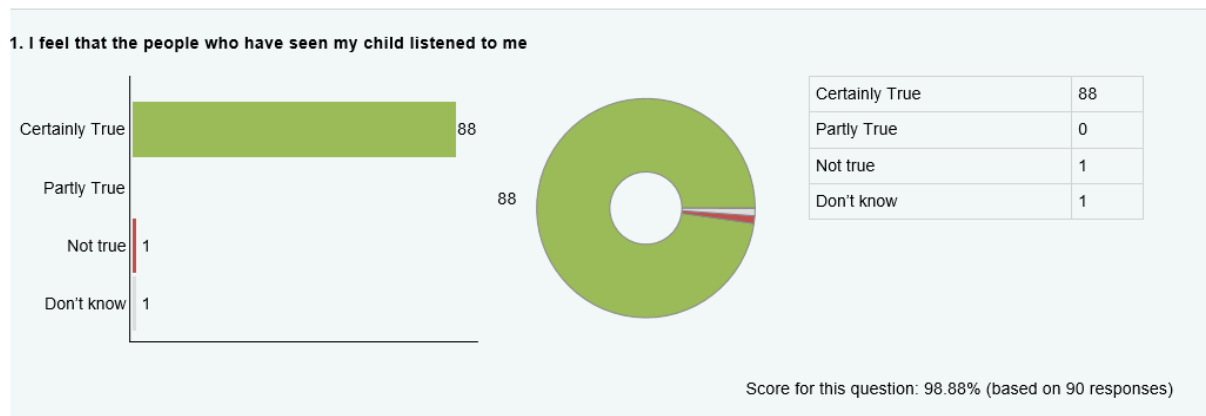
Health services delivered by Cambridge Community Services NHS Healthcare Trust (CCS) undertake well established Chi Esq satisfaction surveys. Their findings involve a much smaller cohort of parents, but are randomised, and were completed in January to April 2021.



CCS Chi -Esq survey Jan- April 2021: Percentage of Central Bedfordshire families with SEND who felt listened to.

The percentage of satisfaction findings of the CCS survey are in contrast to the percentage findings of the SNAP survey. This could be attributed to a significantly smaller cohort of parents in the CCS survey where the least satisfied parental views may not have been captured by CCS.

Analysis of a wider cohort of provision across the whole of Bedfordshire shows that the CCS survey finds consistent percentages between Central Bedfordshire and it’s neighbours. CCS find a slightly lower percentage of parents with SEND who felt listened to in Central Bedfordshire compared to neighbouring areas, when accessing the same services.



CCS Chi -Esq survey Jan- April 2021: Percentage of Bedfordshire wide families with SEND who felt listened to.

The difference between SNAP findings and CCS findings may be explained by CHI-ESQ providing a more up to date view; respondents have directly accessed the service between January and April 2021. The questions are also asked immediately following, and reflect upon, a particular service and therefore seek to eliminate general or historic perceptions.

The SNAP survey asks respondents to score satisfaction on 'health' services. This could incorporate a variety of health interventions and services and therefore it is hard to draw conclusions on health services from the SNAP survey.

## 5.2 Identification of SEND Needs in Public Health Nursing and Early Years Settings

### 5.2.1 Development checks in Early Years Settings

Developmental reviews in nurseries, children's centres and clinics identify children with additional needs at an early stage, who are referred to specialist services as required.

Reviews are not always integrated. This is due to issues of consent, difficulty in synchronising the timings for the early years and health reviews, and practitioner availability.

#### Effect of COVID

During the pandemic face to face health and wellbeing clinics have stopped and instead virtual sessions have been offered.

The ASQ-3 questionnaires form the basis of the developmental reviews used by the Health Visiting Service and are accurate, engaging ways to screen children for developmental delays. However, work is required at a national level to make the questionnaire accessible to families who may have English as a second language or who have low levels of literacy.

The Health Visiting Service – in partnership with Children's Centres – also run child health and wellbeing clinics for under 5s where assessment, advice and guidance can be given to parents.

### 5.2.2 Children's Centres

Central Bedfordshire Council's Children's Centres have been delivered by the Local Authority (rather than commissioned from an external provider) from September 2019. Prior to this date the centres worked with children aged 0 – 5, with the majority of targeted support aimed at under 2's. Since April 2020 the centres have expanded their age range up to the age of 12.

The centres register children following receipt of new birth data. A new registration form has been developed and will be in use from June 2021 to capture comprehensive SEND categories consistent with those captured by education. There is a future need to review and update records for children who continue to access support through the Children's Centres to improve understanding of SEND needs so services can be responsive to local needs. In May 2021 Central Bedfordshire Children's Centres had 258 children aged 5- 12 registered with SEND needs recorded. This is expected to increase as the new registration form is embedded and will include data for 0-5s.

Central Bedfordshire's draft Childcare Sufficiency Assessment has highlighted that 10% of carers/parents of children with SEND responding to the survey fed back that in recent times they had not been able to afford formal childcare. Parents who may not be able to afford childcare often rely on children's centres.

The Jan 2021 census records 9.6% (491) of children on Free School Meals as having an EHCP, and 23.3% (1199) of children on FSM with SEN support. In contrast 3.7% (1717) of all school aged children have an EHCP 11.4% (5213) of all school aged children have SEN support. This suggests that there is a higher proportion of children with EHCPs and SEN support experiencing financial disadvantage.

The wider 0 – 12's service has led on some key projects for children eligible for free school meals, early years premium and others in financial difficulty. This has included a Holiday Hunger project in Summer 2020, support with distribution of FSM vouchers via the Winter Grant in October 2020, provision of fresh fruit and vegetable boxes to families in December 2020 and most recently co-ordination of the Easter Holiday Activities and Food programme targeted at over 5000 children on FSM. 13.5% of children attending Easter HAF activities were identified as SEND.

The Early Years SEND team integrated within the 0 – 12's Service in September 2020 and this has increased opportunities for joint working across the teams with SEND opportunity groups for families of children with SEND planned from June 2021 onwards.

**Effect of COVID**

Since July 2020 the centres started running virtual SEND coffee mornings with support from the EY SEND teams. Attendance has been variable with many parents unable to participate virtually due to children being at home, however those attending have gained helpful advice from professionals as well as peer support from other parents. 34 families have accessed SEND coffee morning sessions, with 188 attendances in total.

### 5.2.3 The Role of Health Visiting in the Identification of Need

As part of the Healthy Child Programme (HCP) the health visiting team undertake an assessment of a child's growth and development at every key contact, either via a virtual assessment, in a community setting, typically children's centres, or in the family home. Early identification of a delay in a child's growth and development is essential to ensure that relevant services are accessed in a timely way; a referral is made to the appropriate service(s) with parental consent, and families are supported through this process.

Health Visitors lead and deliver the Healthy Child Programme for the 0–5 years population and their families. They are a key contact in supporting children's health and wellbeing, including prevention and early identification of developmental delay and its associated issues.

Universal, mandated visits or contacts start during pregnancy with an ante-natal home contact at 28+ weeks; this is followed by a new birth home visit at 10-21 days, and follow-up reviews at 6-10 weeks, 9-12 months and 3¼ years.

All children and families with identified additional vulnerabilities and need are also offered an enhanced UPP programme of provision and support, working in close partnership with professionals across the system. This enhanced offer entails a planned schedule of 17 contacts and interventions from birth to 3¼ years, which is an additional 12 contacts to the 5 universal mandated contacts.

As part of UPP provision, all children and young people receive the most intense level of support from the service from 0-19 years. This includes input for Strategy meetings, Core, Initial and Review Safeguarding meetings; Team Around the Family (TAF) meetings for all children and young people who require Early Help; support with EHC Plans; additional home visits and interventions as required.

Throughout 2020-21, a range of COVID-19 factors has resulted in a significant increase in the number of vulnerable children and families identified as requiring the highest level of support (UPP) from the 0-19 HCP Service. To manage increased UPP demand, the service has needed to move staffing

resource to support and protect the most vulnerable families and has, therefore, been unable to deliver a full universal offer of the Healthy Child Programme to all families. CCS are now working closely with commissioners, and partners across the system, to refresh and agree the most safe and effective service model to deliver the Healthy Child Programme for 2021-22 at all levels, within the context of predicted ongoing impacts of COVID-19 and increased demand for safeguarding support.

In 2019-20 in Central Bedfordshire, 77% of integrated health and education reviews were carried out with children aged 3¼ years in Central Bedfordshire. This is slightly above the average % for statistical neighbours who carried out their integrated review at 2-2½ years (76%), and slightly below the national average for provision of the 2-2½ year review in the same year (78%). As the service moves away from the challenging restrictions created by COVID-19, they will be working towards improved targets of >90% provision of reviews.

In 2020 there were 87 referrals into CDC/Edwin Lobo Centre for a paediatrician review from Central Bedfordshire Health Visitors. This data captures referral numbers rather than diagnostic numbers. The Health Visiting Service also makes direct referrals into Early Years Support Services. Referrals for children with SEND are made to other services such as Speech and Language therapy and occupational therapy; these again are numbers of referrals for review of potential SEND presentation and are not recorded specifically as SEND data.

Early identification of a delay in a child's growth and development can improve health outcomes across the life course, reducing inequalities for individuals and reducing burdens on services for the whole of an individual's lifetime. Premature births have long term effects in motor development, behaviour and academic performance compared to term births. These types of impairments can be prevented through early parental guidance, monitoring by specialized professionals and interventions.

Early identification via newborn hearing screening and Health Visitor vigilance for sight problems in premature babies is essential. Once identified early support is key to development of age-appropriate skills, again this has implications for early support services and sensory specialist advisory teachers.

As babies develop into toddlers, other SEND needs can begin to emerge. Co-ordination with Early Years setting timings for child development reviews is one of the reasons that in Central Bedfordshire, with the exception of families with highest level of needs, the mandated, integrated health and education review at 2-2½ years has now moved to 3¼ years of age.

## **5.2.4 School Nursing Services**

The School Nursing Service has a pivotal role in identifying and supporting SEND needs. School Nurses carry out a health assessment for all reception year pupils which includes height and weight measurement, and audiology and vision screening. School nurses can lead EHC plans for children with epilepsy and asthma, and the service also provides training for school staff in these conditions. School Nursing Services in mainstream school settings are commissioned by Public Health.

For children in mainstream schools the School Nursing Service provides health information for those children the service has involvement with and will attend meetings for those the service are working with.

Cambridgeshire Community Services (CCS) NHS Trust are commissioned by the CCG to deliver the Special School nursing provision to improve the life chances for children and young adults with

complex health or disability, so that they are able to achieve their full potential within their families, the community and in school.

There are specialist school nurses attached to Kingsland campus which consists of Chilton Primary and Chiltern Secondary . The 0-19 School Nurses are linked to Ivel Valley School, Oak Bank School and the Weatherfield Academy.

The School Nursing Service provides a health assessment for all EHC reviews. School Nurses attend review meetings if there is a need. Reports are gained directly from those involved in the delivery of SALT, OT or other services.

Immunisations are carried out within special schools by the School Aged Immunisation Service provided by Essex Partnership University Trust

## 5.3 Local clinical health services

### 5.3.1 Maternity Services

Links with maternity services are essential to ensure risk prevention, where possible, and early identification and referral to services as required.

There is no Hospital within Central Bedfordshire itself. Within maternity services the neonatal team send a discharge summary of premature births and babies with health care needs. Community Paediatricians receiving the discharge summary take the information to team meetings for appropriate services to be involved.

It is recommended that there is a focus on healthy lifestyle support and advice in maternity services to address risk factors for SEND including obesity, maternal diet and smoking. These are Public Health Nursing (Health Visitor) functions for delivery in a Community Health function and will require join up between Public Health Commissioners, Health Visiting Services and Maternity Services.

Low birthweight babies (infants under 2.5kg) are at increased risk of problems at birth, early childhood, and in later life. A baby's low weight at birth is usually a result of a preterm birth (before 37 weeks of gestation) or due to restricted growth during pregnancy. The latter may be a result of maternal diet prior to and during pregnancy. The risk of having a low birthweight baby increases with increasing deprivation. There were 3,363 live births in Central Bedfordshire in 2019, of which 6.1% (205 children) were born with birth weight less than 25kgCHUMS . 2019/20 data shows this is a little lower the average for Regional (6.8%) and England (7.4%). (ONS/PHE)

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth and placental complications which could lead to disabilities. Whilst the proportion of women smoking at time of delivery is decreasing year on year in Central Bedfordshire, there is a lower percentage of pregnant women who smoke (8.2%), compared with the rest of Regional (9.5%), lower than England (10.4%) in 2019-2020. The Public Health department provides smoking cessation services through GPs and pharmacies and midwives routinely test for carbon monoxide through the smoking cessation service.

Rates for sickle cell and thalassaemia at Luton and Dunstable Hospital, and Bedford Hospital are higher than average and all pregnant women should therefore be screened.

### 5.3.2 Maternal Mental Health Services

Maternal Mental Health impacts child development. A pathway for access to not only the physical care needed during the perinatal period, but emotional and mental health care too is an important need in respect of giving children the best start in life. Such a pathway can provide rapid access to specialist mental health support and diagnosis for high risk women and those with emerging severe mental health conditions.

## 5.4 Mental Health

Maternal mental health issues can have an adverse effect on the woman herself and on the future development of her infant. Worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression (WHO).

The table below identifies the number of live births in Central Bedfordshire (2019), by hospital site along with the estimated prevalence of mental health problems expected for that population.

### 5.4.1 Maternal Mental Health

Table: Live births in Central Bedfordshire in 2019 Source: PHE. Rates of perinatal psychiatric disorder per thousand births and the estimated numbers that would be expected for Central Bedfordshire

<b>Central Bedfordshire total live births</b>	3363
<b>Postpartum psychosis</b>	0.2% / approx. 6-7 women
<b>Chronic serious mental illness</b>	0.91% / approx. 31 women

Mental health, in common with nearly all disease, is more prevalent depending on levels of deprivation. Local demographic and risk factors for perinatal Mental Health in Central Bedfordshire are largely related to material deprivation with 11.4% of families living in below average income households and statistically these households being at greater risk. It would be expected that rates of Mental Illness would be higher in the most deprived wards of Houghton Regis and parts of Dunstable and Sandy. Local Authority and Health resources should be allocated accordingly.

Community assets for supporting the Mental Health of mothers and promoting early intervention are predominantly focussed in Children's Centres. Perinatal mental health support is available in most GP surgeries. Health Visiting Services in Central Bedfordshire assess mental as well as physical health.

In order to assess whether local services are effective it is important to compare expected rates of maternal mental health with the trends of use for specialist perinatal services. There may be a need locally to measure and report these outcomes together.

### 5.4.2 Mental Health in Pre-school children

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. Mental Health needs tend to more identifiable as children develop and the rate in children under 5 is estimated to be lower than the national average of 11% recorded for 5-17 year olds. In Central Bedfordshire a home to pre-school transition process in place to ensure any needs can be identified at this transition stage.



### 5.4.3 Children identified as having a mental health need (CAMHS)

CAMHS Services are provided in Central Bedfordshire by East London Foundation Trust (ELFT)

Child and Adolescent Mental Health Services (CAMHS) comprise a multidisciplinary team supporting children and young people who are experiencing difficulties with their emotional or behavioural wellbeing including mental health diagnoses and self-harm for 5-18-year-olds. The Geography of the service is divided into North and South Teams. Commissioners may wish to review the geography of outcomes reporting which is slightly different to Local Authority geography.

The total number of young people on the North NDT ASD Pathway in March 2021 is 107:

30 YP have had their assessment concluded.

20 YP have had further assessments (3DI and or ADOS).

50 YP have had initial screens (SCQs and other screens) and are waiting for further assessments. Of the 50, 7 have one screen or more missing.

7 YP have either been discharged from the pathway for various reasons: - 4 Voluntary withdrawal, 2 Non-responders, 1 transferred to another CAMHS service due to relocation.

The total number of children presented to CAMHS *increased* as per table below from 2018 to 2019.

Central Bedfordshire	Referrals received	Referrals accepted	% accepted
Jan to Dec 2017	1735	1244	71.7%
Jan to Dec 2018	2056	1426	69.4%
Jan to Dec 2019	2239	1751	78.2%
Jan to Dec 2020	3380	2510	74.3%

East London NHS Foundation Trust CAMHS team

In general the total number of children presented increased for all services.

The referral pathway for children with mental health and SEND conditions is divided into younger children aged under 13. This is a Paediatrician led service provided by The Edwin Lobo Centre

At 13 years of age, the child or young person will be referred to the CAMHS Service for Children and Adolescents with Neurodisability. This service is used by health, education, social care, parents and the voluntary sector. Parents can refer to the service directly. Referrals are reviewed on a weekly basis by a multi-agency team.

This includes virtual links to clinicians where needed.

The Front door system service provides a central point of referral for professionals to refer young people with mental health concerns. These referrals may then be discussed with the young person, their family, or the referrer in order for the team to gather all the relevant information and send the referral to the most appropriate team or for signposting for other support in the local area.

The referral criteria for CAMHS are that the referred child or young adult must have a mental health problem as defined in the policy and the neurodisability must be at a level where they attend one of the special schools in Central Bedfordshire. Referrals *are* considered where the child or young adult attends a mainstream school and has a neurodisability such as an IQ below 70.

Central Bedfordshire	Referrals received				Referrals accepted				% accepted			
	2017	2018	2019	2020	2017	2018	2019	2020	2017	2018	2019	2020
<b>Total</b>	1735	2056	2239	3380	1244	1426	1751	2510	71.7	69.4	78.2	74.3
<b>Emergency</b>	87	112	147	198	87	112	147	196	100	100	100	99
<b>Urgent</b>	95	238	276	233	93	238	274	228	97.9	100	99.3	97.9
<b>Routine</b>	1553	1706	1815	2949	1044	1076	1330	2086	67.2	63.1	73.3	70.7

Referral Rates to CAMHS :- received and accepted broken down by times (crisis / routine / urgent)

In March 2021 there were 1294 cases open to the CAMHS team.

Central Bedfordshire young people on CAMHS Caseload at end of March 2021	
Male	544
Female	749
Not Specified	1
<b>Total</b>	<b>1294</b>

East London NHS Foundation Trust CAMHS team

Those young people on the case load that have SEND

Central Bedfordshire young people with SEND on CAMHS Caseload at end of March 2021	
0 to 4 years	0
5 to 11 years	31
12 to 18 years	132
Over 18 years	3
<b>Total</b>	<b>166</b>

East London NHS Foundation Trust CAMHS team

Young People who are broken down by gender ;

Central Bedfordshire young people on CAMHS Caseload at end of March 2021	
Male	544
Female	749
Not Specified	1
<b>Total</b>	<b>1294</b>

East London NHS Foundation Trust CAMHS team

Young people with SEND broken down by gender;

Central Bedfordshire young people with SEND on CAMHS Caseload at end of March 2021	
Male	106
Female	60
Not Specified	0
<b>Total</b>	<b>166</b>

East London NHS Foundation Trust CAMHS team

The table below shows how young people are broken down according to the IThrive model.

Central Bedfordshire young people on CAMHS Caseload at end of March 2021
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Get Advice	20
Get Help	140
Get More Help	112
Risk Support	2
Not recorded	1020
<b>Total</b>	<b>1294</b>

East London NHS Foundation Trust CAMHS team

The below table shows young people who have SEND and how they are fitting in to the ITHRIVE model is detailed below, This includes all young people who are on the entire CAMHS caseloads.

Central Bedfordshire young people with SEND on CAMHS Caseload at end of March 2021	
Get Advice	2
Get Help	12
Get More Help	20
Risk Support	1
Not recorded	131
<b>Total</b>	<b>166</b>

East London NHS Foundation Trust CAMHS team

The client group has a presentation of neurodisability, mental health problems and other difficulties such as chromosomal or physical health needs.

**Effect of COVID**

During the pandemic a triage system diverts patients to the CAMHS clinic avoiding the need to attend A and E.

The CAMHS team have various processes in place to manage the high levels of risks that children and young adults can present. Each team has a clinician of the day rota to attend to urgent calls; high risk patients are discussed in team meetings so the whole team is aware of care and risk management plans. A crisis team can see patients within 4 hours in service operating hours in A and E.

Management of risks and safeguarding are discussed directly with the family and referrals are made to social care when appropriate. The service recognises the impact of parenting a child or young adult with disabilities can have, for example, stress fatigue, anxiety and depression and refer to the *ELFT Safeguarding Policy which will be based on many national guidance policies the main one being, Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children July 2018*. The service is supported by two full time safeguarding officers who are available to all staff to call.

### 5.4.4 Co- Morbidity

Matrix evaluation of co-morbid presentations is not undertaken generally as interventions are needs led. Dip samples from 2020 identified patients with at least 2 additional diagnosed neurodevelopment disability or medical conditions comorbid with multiple mental health difficulties *at the following rates:*

2020	CAMHS Patients with > 2 comorbid diagnoses
January	50%
June	43%
December	38%

East London NHS Foundation Trust CAMHS team

Percentages were collated by looking at those who sit on both the NDT team and those who sit on the case load of other teams who have a SEND tab raised on them. This does not include children with a primary neurodevelopmental diagnosis and a secondary diagnosis which would only be possible by reading through the individual notes of each patient.

The percentage of children and young people with a learning disability and the percentage diagnosed with autism is not routinely collated by CAMHS. Additionally, the majority of children and young people, even if they do not have a formal diagnosis of ASD, do have profound speech and language difficulties. Other presenting problems where comorbidity arises include: *Mood disorders, obsessive-compulsive disorder, psychosis; attention deficit hyperactivity disorder; significant challenging behaviours; self-injurious behaviours and harm to others; repetitive and sexualised behaviours as well as eating and sleeping problems.*

Understanding of current decision-making and care pathways within service areas would require further development, recognising that such a co-morbidity matrix would be highly complex and no such model has been identified as a best practice example. A Neurodevelopmental Disorders pathway is currently being reviewed by Local Authority and CCG commissioners, CAMHS senior management in the provider organisation (ELFT) and partnership agencies. Central Bedfordshire Council and BLMK CCG as commissioners recognise the need for clear, responsive pathways for children and young people with SEND and reduced waiting times and that pathways for NDD and for other services such as SALT should also be available on the local offer.

### **5.4.5 Central Bedfordshire CAMHS Access**

Central Bedfordshire Council has a CAMHS Access (Front Door) service, which provides a central point of referral for professionals to refer young people with mental health concerns. These referrals may then be discussed with the young person, their family/carers, or the referrer in order for the Access (Front Door) team to gather all the relevant information and send the referral to the most appropriate team or signposting to other support in the local area. The front door team also has other agencies present such as the early help team.

### **5.4.6 Children in Care/Adoption Team**

Adoption Connects makes support accessible for local families in respect of adoption offering advice, guidance, peer support and family events with support from adopters and adoption workers. This includes an adoption drop in once a month, access to consultations with a therapist, support to work with families and CAMHS and a duty social worker who is available in working hours.

Central Bedfordshire could consider a specialist mental health service for children and young people in the wider care system, and consultation to professionals and carers. This could apply a fast-track service and assessment to the clients referred and provide a comprehensive multi-disciplinary service (Psychiatrist, Clinical Psychologist, Psychotherapist, Family Therapists, Art Therapists, and Social Workers) to children in the care of services in Central Bedfordshire, irrespective of their address or GP. This would allow for continuity of treatment and best care for this vulnerable group of children. Such an offer could support residential settings and offer training to professionals and carers improving understanding of severe mental health difficulties and attachment issues. When appropriate, such teams could offer outreach to support young people.

Central Bedfordshire is an outlier for mental health presentation amongst Children in Need at assessment.

Local Authority	Alcohol Misuse	Drug Misuse	Domestic Violence	Mental Health	Learning Disability	Physical Disability or illness	Young Carer	Privately Fostered
Unit	%	%	%	%	%	%	%	%
Polarity (High or Low is Good)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Central Bedfordshire	21.5%	28.9%	49.2%	60.5%	14.7%	12.9%	3.6%	0.2%
Actual Number	359 / 1672	483 / 1672	823 / 1672	1011 / 1672	246 / 1672	215 / 1672	61 / 1672	4 / 1672
Bracknell Forest	19.0%	16.9%	39.7%	26.6%	5.1%	6.7%	1.4%	0.4%
Cheshire East	21.4%	24.4%	56.4%	58.3%	17.4%	12.4%	6.1%	0.8%
Essex	17.8%	23.7%	57.4%	48.7%	13.8%	13.0%	1.8%	0.2%
Hampshire	4.2%	5.1%	14.0%	10.1%	6.0%	4.1%	0.7%	0.1%
Leicestershire	18.0%	17.9%	51.2%	44.3%	12.9%	7.0%	1.2%	0.4%
South Gloucestershire	18.8%	18.9%	51.4%	43.4%	12.8%	12.3%	2.8%	0.7%
Warwickshire	19.8%	22.7%	57.6%	43.7%	12.4%	8.0%	2.1%	0.5%
West Berkshire	12.1%	16.0%	38.8%	29.0%	6.9%	4.3%	1.2%	x
West Sussex	21.7%	22.5%	61.6%	x	9.8%	10.8%	3.4%	0.3%
Worcestershire	20.1%	22.9%	52.9%	38.1%	9.3%	7.0%	1.2%	0.1%
SN Ave	17.3%	19.1%	48.1%	38.0%	10.6%	8.6%	2.2%	0.4%
ENGLAND	18.3%	21.0%	50.6%	43.5%	12.7%	10.6%	3.3%	0.5%
National Comparison	In Line	In Line	In Line	Upper Outlier	In Line	In Line	In Line	In Line
Highest	33.9%	54.7%	88.0%	78.9%	33.8%	23.1%	11.3%	12.3%
Median	19.3%	22.3%	51.4%	45.7%	13.3%	10.8%	3.3%	0.5%
Lowest	4.2%	5.1%	14.0%	8.5%	2.4%	1.9%	0.0%	0.0%

SEN2 2020

## 5.4.7 Young Adults (18-25) with SEND identified as having a mental health need

Adult Mental Health Services are provided in Central Bedfordshire by East London Foundation Trust

The referral pathway for young adults with mental health and SEND is from CAMHS to Adult Psychiatric Services, or for needs emerging post 18, directly into Adult Mental Health Services from Primary Care, usually by a GP.

Parents can access mental health services directly when in crisis by calling 111, option 2. Referrals are reviewed on a daily basis by a multi-agency team.

This includes virtual links to clinicians where needed.

Each local Community Mental Health Team has an e-mail inbox where all referrals are sent. The referral may then be discussed with the referrer in order for the Team to gather all relevant information. The young person will then be contacted directly.

### Referral Rates to Adult Mental Health Services:

2015	606
2016	1835
2017	2248
2018	2706
2019	3138
2020	2359

Source: CIN SFR 2019

## 5.5 Wellbeing and Preventative Mental Health

### 5.5.1 Children of school age with SEND

The Schools Health Education Unit (SHEU) Survey is national service available to all Local Authorities commissioned by Public Health. The Survey is a significant Local Authority investment which is considered to be important in Central Bedfordshire in order to identify needs and to support the wellbeing of children with SEND.

The following results are from the SHEU survey collected in the academic year 2019-2020 from a sample of pupils in years 4 - 6 in 74 lower, middle or primary settings; and a sample of pupils in Central Bedfordshire in years 8-12 in 22 middle, secondary or upper schools settings, including special schools. A total of 8,822 pupils took part in 85 schools. Survey respondents also include pupils with Special Educational Needs or Disabilities (SEND), young carers, children in care, those eligible for free school meals and Black Asian Minority Ethnic groups (BAME).

The tables below show some of the differences among vulnerable groups at Year 6 and year 10 from across Central Bedfordshire.

Responses for groups of Year 6 pupils with vulnerabilities, compared with the whole Year 6 Central Bedfordshire sample:

Vulnerabilities Year 6	All	Female	Non-White British	Single parent family	Children in Care	Armed Forces Family	SEND	Free School Meals	
All Year 6	1996	965	440	250	9	37	278	139	
No breakfast	7	6	7	11	14	8	7	7	
<=4 portions fruit/veg yesterday	68	68	65	72	61	68	68	68	
Want to lose weight	33	35	37	40	43	38	39	39	
Up to 6 hours sleep	9	7	11	10	15	12	12	12	
Tried smoking	3	3	5	3	6	8	3	3	
Alcohol last week	3	2	4	4	6	5	5	5	
Know a drug user (fairly sure/certain)	13	13	17	21	12	19	20	20	
Not happy with life	12	13	13	18	27	18	16	16	
Med/low self-esteem	26	30	26	27	29	31	35	35	
Worried about something	86	88	89	90	97	88	89	89	
Worries affect life	39	45	39	38	34	52	44	44	
Bullied at/near school 12 months	29	28	29	28	41	38	38	38	
Can't always say no	43	44	39	47	49	44	52	52	
<b>Significance testing</b>	99	99	p < 0.05	Significant differences are shown in green if desirable, red if undesirable.					
	99	99	p < 0.01	Shaded figures are statistically significantly different from the overall Central Bedfordshire figure in the same row.					

The key shows the level of statistical significance, with the darker shading showing a higher level.  
This assessment depends on the size of the difference and the size of the sample in that column.

Responses for groups of Year 10 children with vulnerabilities, compared with the whole Year 10 Central Bedfordshire sample:

Vulnerabilities Year 10	All	Female	Non-White British	Single parent family	Children in Care	Armed Forces Family	SEND	Free School Meals	Young carer	LGBT	
All	1542	850	488	331	14	34	238	100	40	130	
No breakfast	22	27	26	29	21	21	27	24	30	32	
Up to 6 hours sleep	21	23	24	28	10	33	29	25	34	33	
No exercise last week	11	13	14	13	7	9	11	18	25	10	
Tried smoking	17	17	19	22	38	36	19	28	26	27	
Tried vaping	31	31	37	38	64	50	30	39	50	37	
Alcohol last week	26	27	25	26	25	39	26	22	35	28	
Know a drug user (fairly sure/certain)	33	32	38	38	31	39	37	34	53	39	
Taken drugs	10	10	14	11	0	16	12	11	18	9	
Not happy with life	22	28	26	28	31	21	29	34	45	44	
Med/low self-esteem	27	37	25	28	25	36	34	30	53	62	
Worried about something	80	89	84	82	73	89	86	80	97	93	
Worries affect life	50	67	46	53	50	38	60	55	61	74	
Experienced bullying/aggro in dating relationship	35	38	35	41	50	48	41	43	27	46	
Any stressful life event	91	93	91	94	92	88	95	92	88	94	
Sexually active	11	10	14	14	25	27	15	15	23	18	
Bullied at/near school 12 months	18	19	15	20	27	30	31	25	31	36	
Can't always say no	45	47	44	46	33	60	44	50	38	54	
Low wellbeing score	21	27	18	22	45	25	28	18	32	38	
<b>Significance testing</b>	99	99	p < 0.05	Significant differences are shown in green if desirable, red if undesirable.							
	99	99	p < 0.01	Shaded figures are statistically significantly different from the overall Central Bedfordshire figure in the same row.							

The key shows the level of statistical significance, with the darker shading showing a higher level.  
This assessment depends on the size of the difference and the size of the sample in that column.

SHEU Survey of Central Bedfordshire 2020

At year 6 Children with SEND are more likely to have tried smoking, be less happy with life but not be affected by worries and have been bullied than other children in Central Bedfordshire

At year 10 Children with SEND are more likely to have poor sleep, be less happy with life, have low self-esteem, be affected by worries and to have been bullied than other children in Central Bedfordshire

Other key findings of the SHEU survey in Central Bedfordshire apply to all children, but nevertheless equally apply as needs for children with SEND.

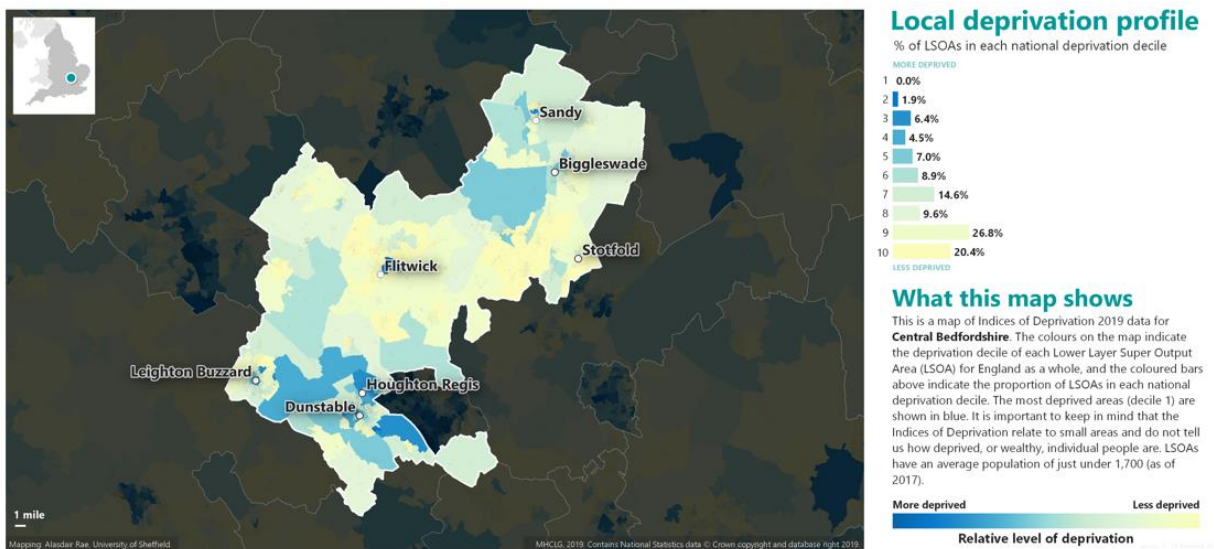
Findings in the SHEU Survey are benchmarked against Indices of Multiple Deprivation (IMD). Indices of (singular) deprivation examine the prevalence of a particular determinant of health across a geographic area. Indices of Multiple deprivation offer an overall snapshot of a geographic area which combine many factors evidentially known to affect health outcomes into a single grading. Summarised, where you live is very likely to affect your overall health, years of active life, and life expectancy.

SEND needs themselves may be influenced by congenital factors and wider socio-economic factors to differing degrees depending on individual circumstances. In this context children and young adults experience their SEND needs in the context of other factors in their lives. It has been shown conclusively in Public Health evidence that there is a direct link between economic deprivation and public health outcomes. This is why the overarching Public Health strategic planning of population health and social care services to support SEND is required to focus the greatest resources and

prioritisation based on population health and social care need. This differs from the delivery of clinical and social care SEND services to individuals which are based on an assessment of individual need.

This JSNA focusses on the strategic, overarching SEND cohort needs of children and young adults in Central Bedfordshire and the strategic prioritisation of needs for all. This is may sometimes be confused with individual needs which are protected by law. This is explored further in section 7.2.

The Indices of Multiple Deprivation Map for Central Bedfordshire based on latest available data (2019) is shown below.



<https://imd2019.group.shef.ac.uk/>

Findings of the SHEU Survey compared to IMD find:

- CBC Y6 pupils (particularly in Sandy/Biggleswade) appear less likely to say they are very happy with their life or to have high self esteem compared with IMD comparison
- CBC Y6 pupils (particularly in Rural Mid-Bedfordshire) and CBC Year 8 and 10 pupils (particularly those in Sandy/Biggleswade) are less likely to say school teaches them how to manage their feelings compared with comparable Year 6 IMD and wider SHEU survey data
- CBC Y6 pupils (particularly in Houghton Regis/ Dunstable) and CBC Year 8 and 10 pupils (particularly those in Sandy/ Biggleswade) are less likely to say they never feel afraid of going to school because of bullying compared with comparable IMD Year 6 and wider SHEU survey data

## 5.5.2 Families and carers

A range of multidisciplinary approaches to support parents have been developed in Central Bedfordshire. It is recognised that supporting parents and carers is a vital part of effectively meeting the needs of children and young adults.

The Third (charity and voluntary) Sector is an area of development where wellbeing undertakings are commissioned. CHUMS is commissioned to improve the mental health and emotional wellbeing of children and young people and their families in Luton, Bedfordshire, Cambridgeshire, Peterborough and beyond, enabling positive and fulfilling lives by:

- Increasing emotional resilience in children, young people, families, and communities.
- Offering therapeutic support to children, young people and families.
- Actively engaging service users to influence service delivery.

- Raising awareness of mental health difficulties through training and campaigning, to reduce stigma and highlight the need for prevention and early intervention.

In Central Bedfordshire the services offered by CHUMS are bereavement counselling, support for emotional wellbeing, recreational therapeutic services including music and football, suicide bereavement counselling, baby loss services and a family wellbeing team as an early intervention where the first signs of Mental illness may be emerging.

In 2020/21 there were 105 Children and Young adults referred to CHUMS who were considered to have presenting needs that related to ADHD (32), ASD and Anxiety (56) and ASD and Behaviour (17).

14 Children and young people had confirmed comorbid diagnoses of ADHD and ASD.

From those 105 referred, 56 were accepted to CHUMS. Of the remaining referrals, 42 were signposted and 7 were stepped up. 29 attended 1:1 sessions, 16 attended ASD groups, 3 attended REC groups (music/football), 2 attended resiliency groups and 1 attended a trauma group. 4 dropped out before attending an intervention

**Effect of COVID**

The number of referrals to CHUMS where the presenting need was potentially related to an ASD or ADHD diagnosis decreased by 57% from the previous year. This might be accounted for the changes in the referral process to CHUMS, or as this change occurred in March 2020, may have been impacted by the pandemic.

To address some of the challenges faced by children, young adults and their families, Commissioners for Mental Health and Emotional Wellbeing could consider the need for a system to build and support the capacity of online resources to deliver a range of community services in promoting and building resilience in children and families. The Third Sector is another area of development where preventative undertakings could be commissioned.

Understanding of current decision-making and care pathways within service areas is being developed locally and there is a need to continue this work. A Neurodevelopmental Disorders pathway has been established and published on the Local Offer. There remains a need for clear pathways for other services such as SALT, OT and CAMHS.

Central Bedfordshire Council and BLMK CCG recognise the need for clear, responsive pathways for children and young people with SEND and reduced waiting times. There is a need for outcomes and indicators for therapies services to be available and reported into the local outcomes framework. There is a need to ensure consistency of provider information locally for parents, and to ensure promotion of provider services on the local offer.

Personal Budgets and Direct Payments can be considered for any family where a family member has an Education, Health and Care plan. Commissioners report a need for a common language and understanding of Personal Budgets across the system. For example, Transport has a mileage indicator locally but there is no means of benchmarking this measure. Additionally, SEND personal budgets are not clearly communicated or understood by families.

The system of apportioning budgets and payments is in need of an agreed approach in Central Bedfordshire which will facilitate a common application across the Health, Education and Social Care landscape.

### 5.5.3 Commissioned Health Services supporting wellbeing

Primary Care and Secondary Care Services are commissioned by Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG). Community Health Services are jointly



commissioned with the local Authority. The largest community healthcare spend is with the main provider Cambridge Community Healthcare NHS Trust which is sub commissioned by East London NHS Foundation Trust (ELFT).

Services include those for Children and young adults with Neuro Developmental Disorders and Speech and Language Therapy.

Sensory and Occupational Therapy rates are increasing. Services are often spot purchased and a commissioning review of this may be needed.

Residential Short Breaks are provided by two providers, Maythorn and Kingfisher, and parents report that services could be easier to access.

The Children's Commissioning Team have identified a need to work with the CCG and Adult Social Care to increase the number of Children and Young Adults with Personal budgets, including Personal Health Budgets.

### **5.5.4 Families with young adults with SEND**

The Care Act 2014 marks one of the most significant changes to social care law in England for more than 60 years. Arguably, the most important change is the Act's focus on promoting wellbeing. The wellbeing principle makes it clear that a local authority's duty is to ensure that the wellbeing of individuals must be at the centre of all it does. Providers must act to promote wellbeing whenever they carry out any care and support functions for individuals. This includes considering the physical, mental and emotional wellbeing of individuals with care needs. There is also more of an emphasis on outcomes and helping people to connect with their local community.

The general principle of promoting wellbeing, the Act outlines a number of additional key standards. These include the importance of recognising that everyone's needs are different and beginning with the assumption that individuals are best placed to judge their individual wellbeing. The Act's guidance says: "Building on the principles of the Mental Capacity Act, the local authority should assume that the person themselves knows best their own outcomes, goals and wellbeing. Local authorities should not make assumptions as to what matters most to the person." Considering individuals views and wishes is also key to this person-centred approach to providing care and support. The Act cautions against assumptions being made as to what matters most to individuals. It also advises that people should be considered in the context of their families and support networks, not just as individuals with needs. This includes taking into account the impact of an individual's needs on those who support them. During the assessment process, local authorities should consider the most relevant aspects of wellbeing for individuals, and assess how their needs impact on them. They can then identify how support and resources in the local community could help service users to achieve their outcomes.

Performance collected for Adult Social Care in Central Bedfordshire is divided into three age groups to 18 – 24; 25 – 64; and 65+. Data is not divided into those with and without SEND.

In February 2021 there were 130 young people in total known to ASC between 18 – 24, of which 84 young people live with families, 13 young people are in supported living accommodation and 8 young people in registered care.

The Local Authority may identify a need for ASC to record the number of young Adults with SEND in this respect. This will enable services to project whether the number of adults aged 19-25 is likely to increase, decrease or remain static in the coming years, and to provide and to commission for this age group accordingly.

A proxy trend measure of SEND need for young adults is data from Children’s Services in relation to the number of children leaving the service at the age of 18. It would be useful for performance teams to capture this in order to identify whether the number of children with SEND aged 17- 18 is increasing or decreasing.

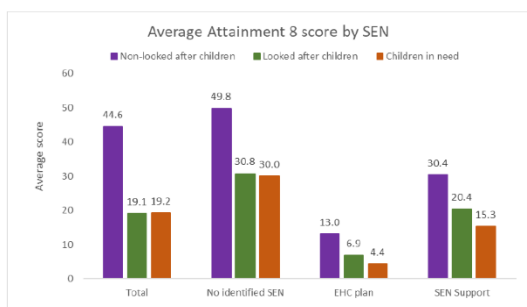
There are certain specific age appropriate services available to the 18-25 cohort. Within Adult Social Care, there is a team dedicated to supporting young people up to 25 years. This team is known as the Young Adults and Independent Living (YaAIL) team (Preparing for Adulthood (PfA) team). The Independent Lifestyles Team (TILT) and Employment Support are part of the offer within the PfA Team.

There may be a need in the future to consider whether some services which young adults receive at the age of 17-18 in children’s services may benefit from being commissioned to continue until the age of 25.

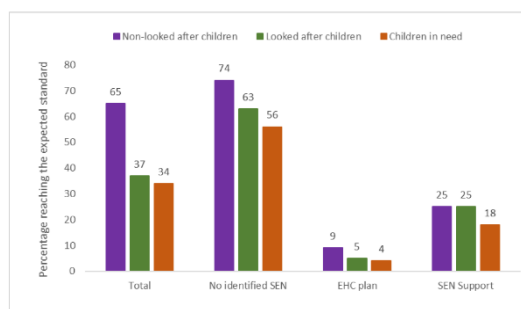
### 5.5.5 Children in care

Children in care overall progress less well educationally than non-looked after children. The picture is different when special educational needs (SEN) are taken into account. Nationally, children in care either with no identified SEN or who receive SEN support typically progress as well or better than non-looked after children or children in need across all subjects. The higher prevalence of SEN amongst children in care and children in need, may in part explain the differences in progress overall compared to non-looked after children.

Key Stage 4



Key Stage 2



<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

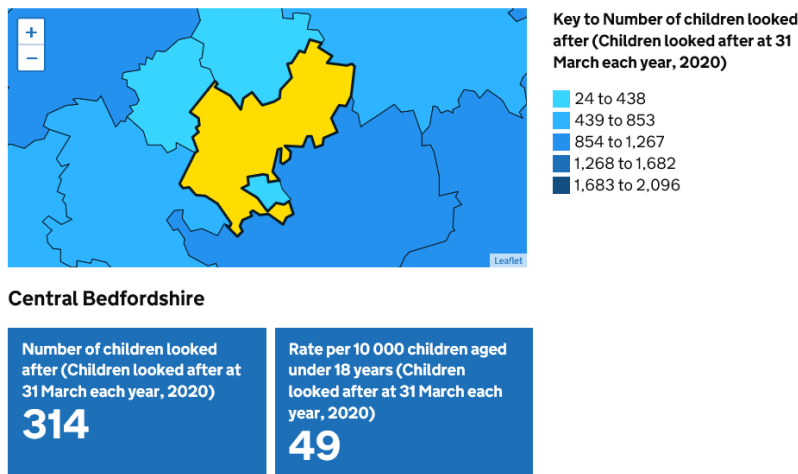
Children in care are more likely to have Special Educational Needs. Children in care and Children in Need are 3-4 times more likely to have SEN at Key Stage 4.

Even the best early intervention cannot prevent some children needing to come into care. This section sets out the current picture of demand from children entering into Central Bedfordshire Council’s care system. The evidence over the past few years demonstrates the stable trend of children being placed in care in Central Bedfordshire. Over recent years the number of children on average who are looked after has remained stable at 314 in 2020 (compared to 320 in 2019 and 312 in 2018). This data is subject to constant monitoring. Comparisons with national and statistical neighbour data on the rate of children who are looked after shows that: the Central Bedfordshire rate at 49 per 10,000 is lower than the national average of 67 per 10,000, and lower than the Regional average of 60 per 10,000 and the statistical neighbour average at 54.5 per 10,000. As at 31<sup>st</sup> March 2021, there are 36 children in care with an EHCP in Central Bedfordshire.

Rate of children in care per 10,000: regional neighbours		Rate of children in care per 10,000: Statistical neighbours	
England	67	England	67
Central Bedfordshire	49	Central Bedfordshire	49
Bedford Borough	62	Gloucestershire	57
Cambridgeshire	52	West Sussex	46
Essex	34	West Berkshire	44
Hertfordshire	35	Warwickshire	64
Luton	67	Hampshire	56
Norfolk	64	Essex	34
Peterborough	72	Worcestershire	69
Southend	79	Cheshire East	62
Suffolk	61	Leicestershire	46
Thurrock	67		

<https://explore-education-statistics.service.gov.uk/>

The map below shows Central Bedfordshire in yellow for identification purposes, surrounded by neighbouring local authorities whose rates of Children looked after are denoted by grades of blue. At the end of March 2020 there were 314 Children looked after, a rate of 49 per 10,000. Data for this cohort is presented by central government up to the age of 18 and is not specific to SEND. It gives a proxy measure showing that children with SEND in Central Bedfordshire are less likely to be Looked After than in neighbouring authorities.



### 5.5.6 Children on Child Protection Plan

The number of children recorded as a case of abuse or neglect has reduced steadily from 869 cases in 2016 to 718 cases in 2020. Central Bedfordshire has a rate of 26.1 children per 10,000 who became the subject of a child protection plan; this is significantly lower than the statistical neighbour average at 43.1 per 10,000 and the national average at 55.2 per 10,000. Looking at the last 5 years the number of children and young people on Child Protection Plans overall is lowering.

**Effect of Covid**

The number of children killed or seriously injured during the first six months of the coronavirus pandemic increased nationally by more than a quarter on the previous year.

The proportion of incidents relating to children with a disability remained stable.

Source:

<https://explore-education-statistics.service.gov.uk/find-statistics/serious-incident-notifications>

Statistical Neighbour Local Authority	Number of children with child protection plans per 10,000
Central Bedfordshire	26.1
Hampshire	47.2
Leicestershire	58.4
Warwickshire	36.1
South Gloucestershire	43.7
Essex	23.8
Cheshire East	40.0
West Sussex	63.9
Bracknell Forest	64.8
West Berkshire	47.8
Hertfordshire	23.1
Average	43.1

Number of children per 10,000 who became the subject of a child protection plan during the year ending 31 March 2020 statistical neighbours

Central Bedfordshire rate per 10,000 2016-200	Number of children with child protection plans per 10,000
2020	26.1
2019	37.3
2018	49.8
2017	31.6
2016	48.0

Trend in Central Bedfordshire 2016-2020

Source: <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020#dataDownloads-1>

Colleagues in social care work in partnership with families to reduce risks. There may be a need in some families for further support and education for better parenting and the provision of stimulating environments.

### 5.5.7 Central Bedfordshire CAMHS and children in care

Central Bedfordshire Council has access to a specialist CAMH for children in care which provides a central point of referral for professionals to refer young people with mental health concerns. These referrals may then be discussed with the young person, their family/carers, or the referrer in order for the CAMH Team to gather all the relevant information and send the referral to the most appropriate team or signposting to other support in the local area.

### 5.5.8 Unaccompanied asylum seekers

Unaccompanied asylum seekers may have experienced trauma. There is a local issue regarding the numbers of unaccompanied asylum seekers, in part due to the local proximity of Toddington Services. In 2021 the quota for the Eastern Region has increased from 41 to 45 for Central Bedfordshire

### 5.5.9 Child abuse and neglect

A very small percentage of children and young adults are impacted by child abuse and neglect. The local health and social care system is responsible for identifying and responding to this type of need in order to prevent not only the immediate risk to the vulnerable, but to safeguard their long term mental health and wellbeing. Abuse and neglect can result in developmental delay and poor

educational attainment, and more serious presentations of need which bring them into contact with SEND services, and other Social Care Services. Children and young adults with SEND are afforded the same safeguarding protection as all children and young adults. Additional consideration must be given to children and young adults with SEND in respect of their greater vulnerabilities where presenting SEND needs could be symptomatic of parallel trauma.

Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. These alterations in brain maturation have long term consequences for cognitive, language and academic abilities, and are connected with mental health disorders. The immediate emotional effects of abuse and neglect – isolation, fear, and an inability to trust, can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Central Bedfordshire recorded fewer cases in 2020 with ‘Abuse or Neglect’ when compared to the average of statistical neighbours (718 compared to 2,018).

Children in Need (CIN) Primary Need 2020					
LA	Episodes at 31/3/20	Abuse or Neglect N	%	Disability or Illness N	%
Central Bedfordshire	1277	718	56.2	145	11.3
Hampshire	8293	1678	20.2	588	7
Leicestershire	3035	1813	59.7	146	4.8
Warwickshire	4073	1531	37.6	628	15.4
South Gloucestershire	1721	446	25.9	92	5.3
Essex	6186	4348	70.2	1090	17.6
Cheshire East	2106	1627	80.7	106	5.0
West Sussex	5563	2917	52.4	249	4.5
Bracknell Forest	879	486	45.2	72	8.2
West Berkshire	930	397	42.6	100	10.8
Hertfordshire	5037	1687	33.5	991	19.7

Children in need episodes of abuse or neglect.

Source: <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020>

## 5.5.10 Neglect in early years

The Early Years service conducts termly meetings in respect of children in care in order that those with specific needs don't slip through the net. If any meeting identifies such needs, appropriate referrals are made.

Data shown in the table below relates to the initial category of abuse for children on a Child Protection Plan during the year 2019/20. As can be seen, Central Bedfordshire has a lower percentage of cases with Neglect recorded as the category of abuse when compared to statistical neighbours (47.7% compared to 56.4%). Central Bedfordshire Council has a greater percentage of Emotional Abuse cases compared to statistical neighbours (31.6% compared to 25.4%).

Initial category of Abuse- Children on a Child Protection Plan 2020						
	Central Bedfordshire		Regional Neighbours		Statistical Neighbours	
	Number	Percent	Av Number	Av Percent	Av Number	Av Percent
Neglect	74	47.7%	203	64.5%	228	56.4%
Emotional Abuse	49	31.6%	78	24.2%	104	25.4%

Percentage of children becoming the subject of a child protection plan by category of abuse; comparing England, Regional, Central Bedfordshire and its statistical neighbours.

Numbers of children becoming the subject of a child protection plan by category of abuse in Central Bedfordshire and statistical neighbours.

	CPP	Neglect	Emotional Abuse
Central Bedfordshire	155	74	49
Hampshire	938	591	251
Leicestershire	504	279	126
Warwickshire	295	83	110
South Gloucestershire	208	67	81
Essex	589	430	16
Cheshire East	253	191	21
West Sussex	816	478	234
Bracknell Forest	122	44	56
West Berkshire	106	55	43
Hertfordshire	455	226	165

<https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020>

## 6. Assessing and meeting the needs of children and young adults with SEND

Nationally the rate of Special Educational Need in the general population has been increasing steadily during the last 5 years.

National rates of SEN provision 2015-2020.

### Percentage of pupils, by SEN provision, 2015/16 to 2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20
<b>EHC plans/Statements of SEN (percent)</b>	2.8	2.8	2.9	3.1	3.3
<b>SEN support (percent)</b>	11.6	11.6	11.7	11.9	12.1

Source: School census, school level annual school census, general hospital school census

Nationally 3.3% of all pupils in schools in England have an Education, health and care (EHC) plan, a rise from 3.1% in 2019. A further 12.1% of all pupils have SEN support, without an EHC plan, up from 11.9% in 2019. The most common type of need for pupils with an EHC plan is autistic spectrum disorders and for pupils with SEN support is speech, communication and language needs. SEN is more prevalent in boys than girls. Nationally boys represent 73.1% of all pupils with an EHC plan and 64.6% of pupils with SEN support. Local data set out in Sect 4.2 shows that In Central Bedfordshire 3.3% of children have an EHC Plan and 11.3% receive SEN support.

Compared to national data, Central Bedfordshire has issued a higher percentage of EHC plans consistently during the past 5 years.

		2015	2016	2017	2018	2019	2020
Central Bedfordshire	Assessments where it was decided not to issue an EHC plan	0	0	0	4	4	0
	Children and young people assessed for whom a plan was issued and those for whom one not issued	143	214	177	261	210	324
	Children and young people assessed for whom an EHC plan was issued	143	214	177	257	206	324
	Percentage of assessments during the calendar year where it was decided not to issue an EHC plan	0.0%	0.0%	0.0%	1.5%	1.9%	0.0%
	Percentage of children and young people assessed for whom EHC plans were made for the first time during the calendar year	100.0%	100.0%	100.0%	98.5%	98.1%	100.0%
England	Assessments where it was decided not to issue an EHC plan	1,010	1,657	3,043	2,687	3,368	3,122
	Children and young people assessed for whom a plan was issued and those for whom one not issued	25,664	37,751	45,205	51,594	57,267	63,219
	Children and young people assessed for whom an EHC plan was issued	24,654	36,094	42,162	48,907	53,899	60,097
	Percentage of assessments during the calendar year where it was decided not to issue an EHC plan	3.9%	4.4%	6.7%	5.2%	5.9%	4.9%
	Percentage of children and young people assessed for whom EHC plans were made for the first time during the calendar year	96.1%	95.6%	93.3%	94.8%	94.1%	95.1%

<https://explore-education-statistics.service.gov.uk/data-tables/fast-track/ea7a1d59-c4e8-4ae4-9b27-955fc200896b>

Demands on Local Area Operational Teams with responsibility for commissioning services prescribed in EHC plans are rising. Concurrently, central government resource allocations to local areas are diminishing.

## 6.1 Overarching Health, Social Care and Education Commissioning Needs

The Children and Families Act (2014) and the subsequent SEND Code of Practice require that, in order to properly meet the needs and rights of children and young adults with SEND, every local Health, Education and Social Care department must commission services together. This particularly requires the Local Authority and CCG to Jointly Commission Services.

Commissioners in Central Bedfordshire are working together to continue to develop a common language for commissioning. There remains a need for SEND area review of Key Performance Indicators and cross-partite agreement on what outcomes and measures should be required of Health and Social Care providers.

There is a need for commissioners to consider developing an overarching section 75 agreement to include all Children's Services including Community Services, Public Health Nursing and Social Care Commissioning, and potentially adults services in respect of the 18-25 cohort. Local Commissioners may need to review the specifications appended to a section 75 agreement to ensure they set out the required detail of service delivery, have transparent and meaningful key performance indicators which are linked the Local Area SEND outcomes framework which is available to all commissioners and link individual service funding to agreed individual service outcomes.

Local Authority Commissioners have identified a need to review how the functions of the teams could offer the best outcomes for children and best value for the Local Area. A greater alignment of these functions may assist a more joined up local commissioning approach.

## 6.2 Joint Commissioning responsibilities

In Central Bedfordshire the Statutory SEND Team is responsible for overseeing and implementing all procedures which relate to Education, Health and Care (EHC) plans. This includes:

- managing requests and referrals for EHC needs assessments
- carrying out EHC needs assessments
- managing the annual review process

The Children and Families Act 2014 and the subsequent SEND Code of Practice sets out a tri-partite, joint responsibility to meet the needs of Children and Young Adults with SEND. The three departmental partners to this responsibility are Education, Social Care and Health. Education and Social Care are the responsibility of the Local Authority, and the Health function is the responsibility of Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (CCG).

It is therefore a requirement for the Local Authority and CCG to commit to Joint Commissioning Arrangements. This requires cross organisational Local Authority and Clinical Commissioning Group contracts with mutually agreed terms. There is a need to hold joint meetings to discuss the needs of every Child and Young Adult with SEND, to make the appropriately qualified professionals available to advise such meetings, and to make financial arrangements which facilitate the joint funding of needs set out in EHC plans.

Joint panels of Education, Health and Social Care professionals facilitate a joined-up approach to cases where children and young people require joint funding. With such an approach services are in place more quickly, there is increased engagement by partner agencies, and the panel can be a forum for creative solutions for complex cases, helping to prevent escalation. In Central Bedfordshire joint panels are consistently used.

Currently most funding is negotiated between the parties based on discussion of proportionate Health, Education or Social Care needs. Health utilise a decision support tool (DST) to evaluate whether children meet thresholds for support, and The Children with Disability Team utilise a similar threshold criteria.

Costs are divided on a case by case basis. Previous tools proposed to identify the balance of cost provision were identified by Social Care teams to be disproportionate.

There is an identified need to review the panel process including an analysis of the costs for each party. The outcome of such a review would be to enable the local area to compare the total annual costs incurred by the three departments compared to costs as they would have been if divided by a third equally ; or such a review may identify an unequal average ratio of distribution of costs over a year which could be applied to a pooled funding arrangement. Joint funding by the method of pooled budgets is being explored locally for Children and Young Adults with significant (Section 117) Mental Health needs. There is a legal requirement to share costs in such cases, however when these cases are 'stepped down' to a lower level of need, cost distribution is then negotiated between health, social care and education. This cohort numbers approximately half a dozen per year and there is a local appetite in Central Bedfordshire for simplifying the process of negotiating resource allocation for step down cases. The pooling funds for this purpose is sometimes considered a solution to this need.

A Designated Clinical Officer (DCO) supports the local area of provision to ensure the needs of children and young people with special educational needs and disabilities (SEND) are met. They coordinate assessments and processes where health services are involved.

There has been an increase in demand for EHCP assessments and plans. Health services, notably therapies such as Occupational Therapy and Speech and Language therapy, were experiencing delays in assessment and follow up appointments for routine appointments in 2021, due to the increase in demand for EHCP referrals. Due to the legality around assessments and provisions for EHCPs, these take priority, even though in terms of clinical complexity, often the non EHCP health referrals should take priority. For health services, unless the balance is redressed with a strengthening of the graduated response and system wide approach to supporting children and young people at earlier stages of SEND support, there is a risk that health teams will have limited capacity to support children



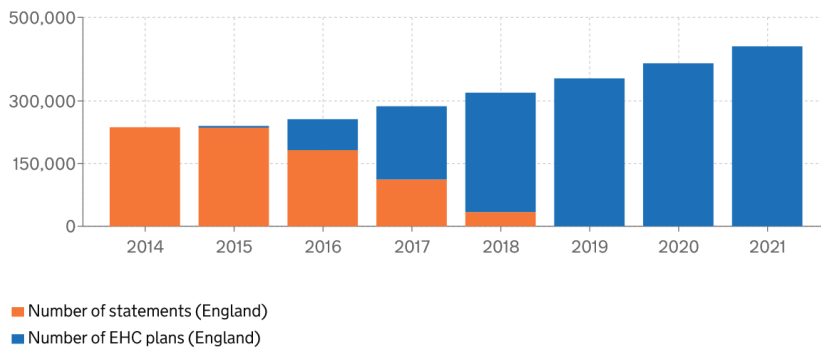
and young people needing earlier intervention and who need support but are not yet at the stage of needing an EHCP. This will ultimately increase the demand for EHCPs, and will have been caused by a reduction in capacity for timely clinically indicated interventions.

Co-production workshops locally have identified that Parents and Carers also wish to see a review of the Graduated Response; see 6.3.

Local Areas have a responsibility to issue EHC plans with a timescale of 20 weeks. Nationally, the percentage of EHC plans issued within 20 weeks decreased in 2020. Of the new EHC plans made during the 2020 calendar year (excluding cases where exceptions apply), 58.0% were issued within the 20 week time limit. This is the measure the department of Education is using to benchmark in 2021. These figures include the whole of 2020 and therefore include new plans made during the coronavirus pandemic unless exceptions apply. This is a reduction from 2019.

Concurrently to reductions in the number of EHCPs issued within 20 weeks during 2020-21, the total number of EHCPs nationally is continuing to increase during the same period.

Number of EHC plans and statements of SEN, 2014 to 2021



Source: SEN2

**Effect of Covid**

The law on the timings for EHC needs assessments and plans changed for the period 1 May to 25 September 2020. Where during that period it was not reasonably practicable or impractical to meet a statutory time limit for a reason relating to the incidence or transmission of coronavirus (COVID-19), that time limit did not apply. Instead, the local authority (or other body to whom such a time limit applied) would have to complete the process as soon as reasonably practicable. One of the time limits in question was the requirement for local authorities to issue an EHC plan to someone eligible for one within 20 weeks of an initial request.

Regional neighbours in the East of England by the central government national measure have issued EHCPs within 20 weeks at an average rate of 58.8% in 2020.

By the same measure, in 2020 Central Bedfordshire reported 61.9% of EHC plans within the 20 week timescale.

Nationally the rate of EHC plans including exceptions issued within 20 weeks was 58% in 2020, compared to 51.8% reported locally.

Source: <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans>

Numbers of dedicated support staff have been increased in 2020/21. There is a need to monitor the local authority’s capacity to support children and families in the light of continued rise in demand for SEND services.

Families, carers and, where possible, young people with SEN themselves can appeal to the Special Educational Needs and Disability Tribunal if there is disagreement regarding a decision a local authority has made about a child’s special educational needs Education and Health Care Plan. Appeals can be made for a number of reasons, including, if the Local Authority refuses to make an EHC

assessment or reassessment; refuses to create an EHC plan after making an assessment or reassessment; the description of a child or young person’s SEN, the special education provision specified or the school or other institution or type of school or other institution named in the plan (sections B, F and I); the decision to cease to maintain the EHC Plan (decides a child does not need an EHC plan any more); a decision by the local authority not to amend the EHC Plan following a review or re-assessment.

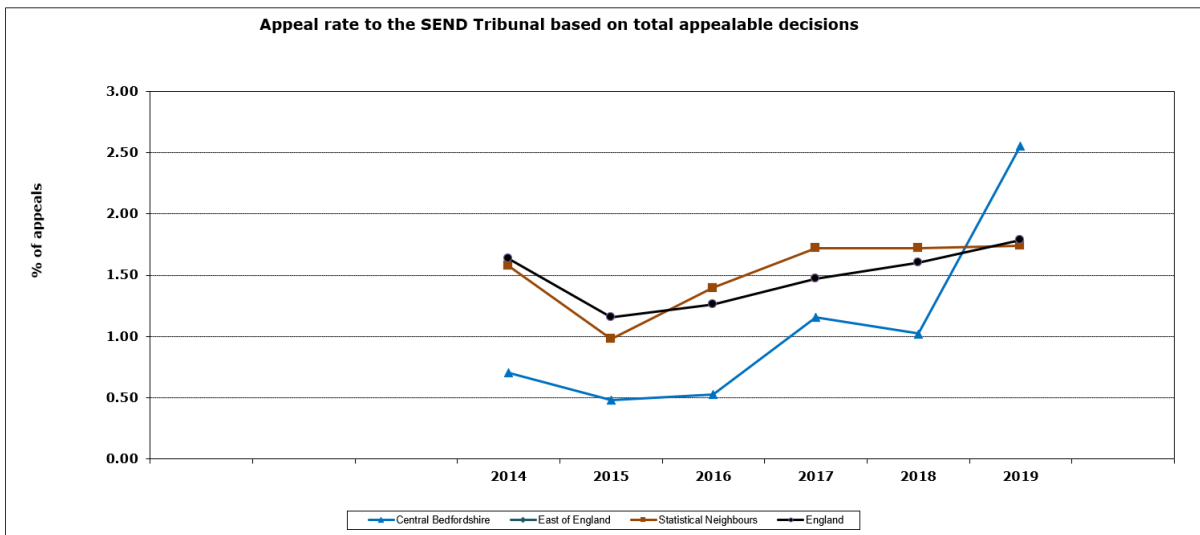
Under Section 33 of the Special Educational Needs and Disability Regulations 2014 there is a requirement, in specific situations, to consider mediation before bringing an appeal. Appeals can still be made following mediation.

In Central Bedfordshire between 2014 and 2017 there was a steady appeal rate, followed by significant increase since 2018. The increase placed Central Bedfordshire at a rate of appeals 0.76% above the national average at that time. An increase in the appealing of decisions is marker of dissatisfaction amongst a small number of parents.

Appeal rate to the SEND Tribunal based on total appealable decisions										
Local Authority, Region and England										
			2014	2015	2016	2017	2018	2019		Change from previous year
823	Central Bedfordshire	-	0.70	0.48	0.53	1.15	1.02	2.55	-	1.53
985	East of England	-	-	-	-	-	-	-	-	-
	Statistical Neighbours	-	1.58	0.98	1.40	1.72	1.72	1.74	-	0.02
970	England	-	1.64	1.16	1.26	1.47	1.60	1.79	-	0.19

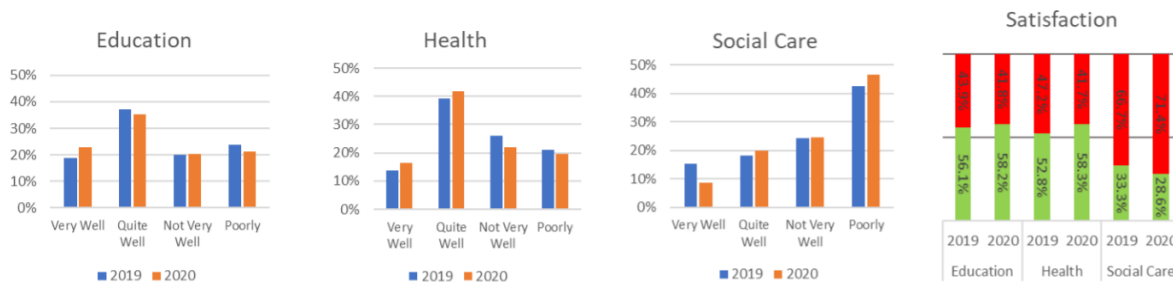
Quartile bands										
		Trend	Change from previous year	Latest National Rank	Quartile Banding	Up to and including	Up to and including	Up to and including	Up to and including	
823	Central Bedfordshire	↑	1.53	124	0	-	n/a	0.71	1.46	



<https://www.gov.uk/government/statistics/tribunal-statistics-quarterly-july-to-september-2020/tribunal-statistics-quarterly-july-to-september-2020#further-information>

Local data for 2021 reports a decrease in tribunal activity, bringing it back in line with earlier appeal rates. This benchmarking against national statistics shows that appeal rates in Central Bedfordshire are generally average. This must be considered in the context that this small number are likely to experience significant needs.

A significantly larger percentage (40-70%) of parents expressed dissatisfaction at the identification of their child or young adults’ needs in the local (SNAP) parent and carer survey in 2020.



Percent of parents who thought their child/young person's needs were identified well or poorly (SNAP PCF Survey 2020)

Nationally there is a need for Local Authorities to assess the cost of tribunals, the cost of settling and defending claims, and the many layered cost to families. In 2019/20, Her Majesty's Courts and Tribunal Service (HMCTS) recorded 6,700 outcomes in England in relation to SEN appeals, an increase of 14% compared to 2018/19. Of these outcomes, 56% (3,800) of cases were decided by the tribunal, an increase of 12 percentage points on 2018/19. Of the cases decided, 95% (3,600) were in favour of the appellant, an increase of two percentage points on 2018/19.

### Finance and Investment

In common with all Local Authorities and CCGs, significant investment is made in high level needs. Between 30 and 40 children and young adults in Central Bedfordshire account for a significant budget spend of the Local Authority and CCG finances allocated to SEND services.

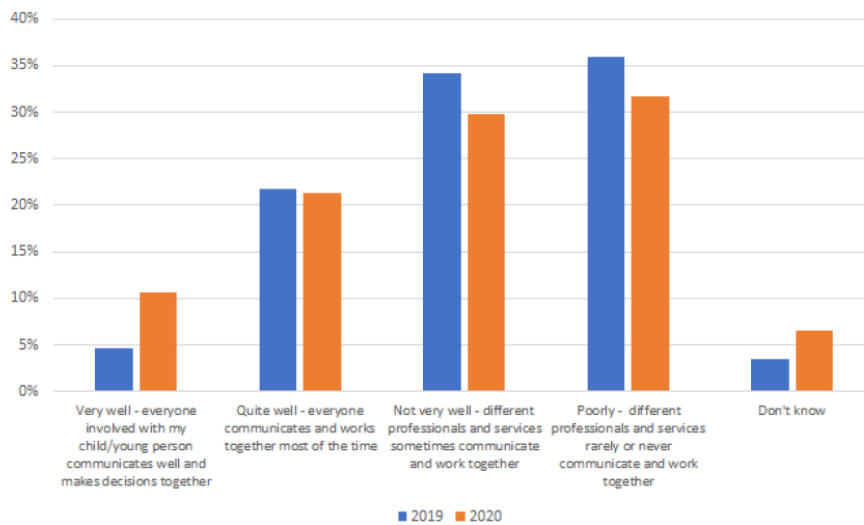
Some of the expenditure results from a requirement to meet needs at the point of identification, and is spot purchased.

Commissioners may consider that a review of quality and value in services may be undertaken to inform future commissioning decisions. This may identify that spot purchased services may be undertaken repeatedly from the same provider. This may facilitate those providers being included in a framework where costs can be negotiated in advance, and competition may be introduced.

## 6.3 Parental involvement in assessing and meeting the needs of their child or young adult with SEND

Central Bedfordshire Council, BLMK CCG and locally commissioned providers of SEND services are committed to listening to parents/carers, engaging them in assessments and meeting the needs of their child or young adult with SEND. Experience of engagement and co-production has identified pockets of good practice. There are considerable high-level improvements needed that have been identified by a significant percentage of parents responding to the Central Bedfordshire SNAP Parent/Carer Forum (SNAP) survey.

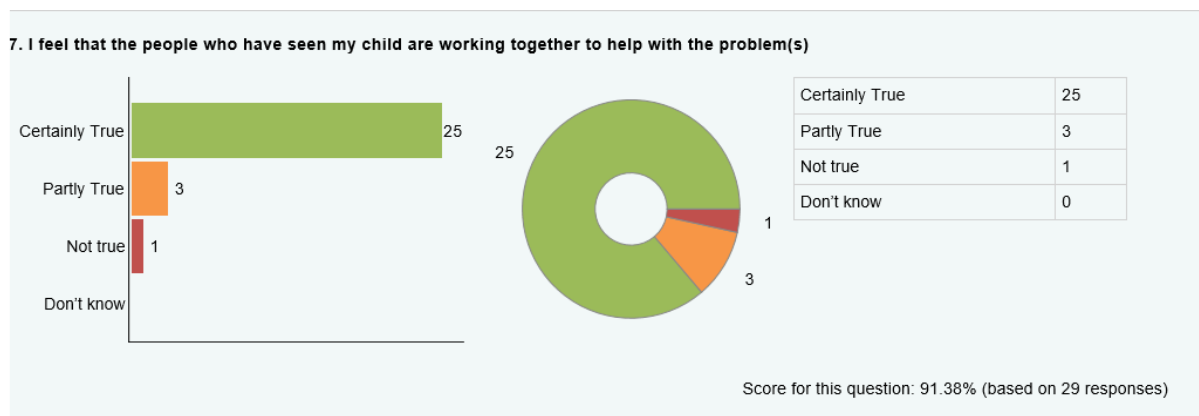
It is identified that families want education and social care services that work effectively together. SNAP PCF represent approximately 10% of families in Central Bedfordshire with SEND needs. Two thirds of parents completing the SNAP survey felt that Health, Education and Social Services worked together either not very well or poorly.



Percentages of parents using SNAP survey who felt that services work together well to support children and young adults.

Parents said that they did not want to be responsible for drawing services together, liaising between different professionals, or sharing information between services.

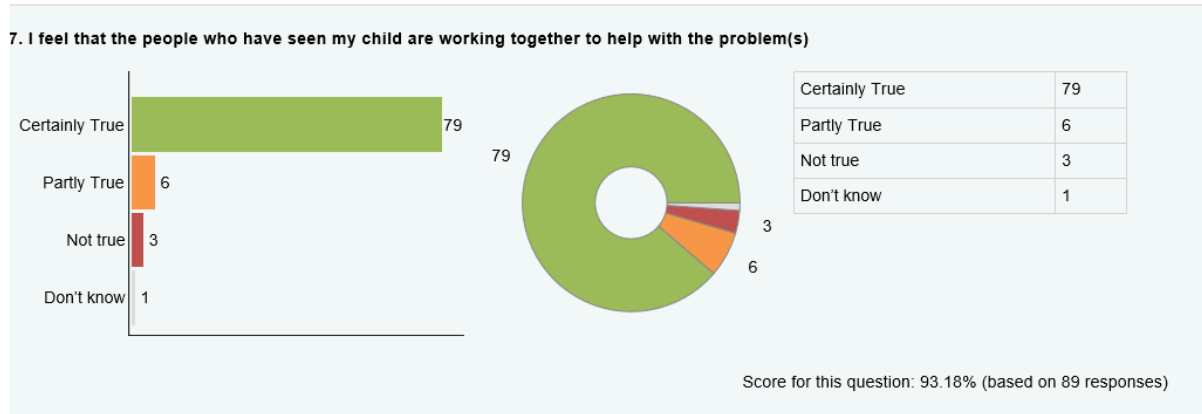
Cambridge Community Services NHS Healthcare Trust (CCS) undertakes routine Chi Esq surveys of parental views. Although the CCS survey reflects a smaller cohort, the percentages of satisfaction for services working together are higher than indicated by the SNAP survey, at least for the specific health services evaluated by CCS. The question also implies a more successful degree of collaborative working between CCS and Local Authority and CCG partners delivering SEND services than indicated by the SNAP survey.



CCS Chi- Esq Survey Jan-April 2021: Number/ Percentage of Parents of a child with SEND in Central Bedfordshire

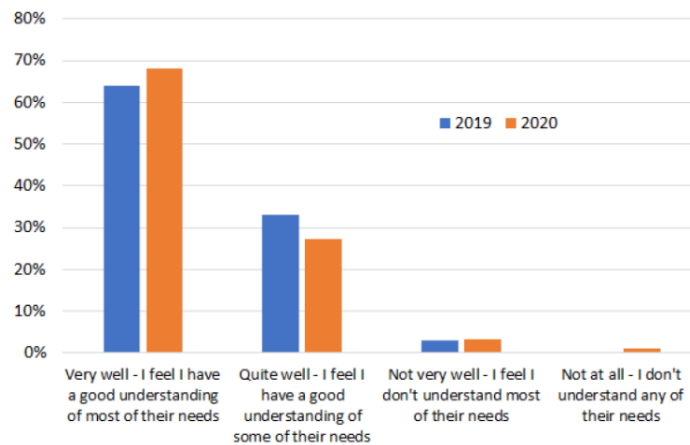
The accuracy of the satisfaction percentage for this small cohort of 28 parents in Central Bedfordshire is supported by similar percentage findings across 500 parents across the whole of Bedfordshire.

Satisfaction with the way that services work together overall for the CCS cohort is slightly lower in Central Bedfordshire compared to the whole of Bedfordshire for the same, or very similar services.



CCS Chi- Esq Survey Jan-April 2021: Number/ Percentage of Parents of a child with SEND across the whole of Bedfordshire

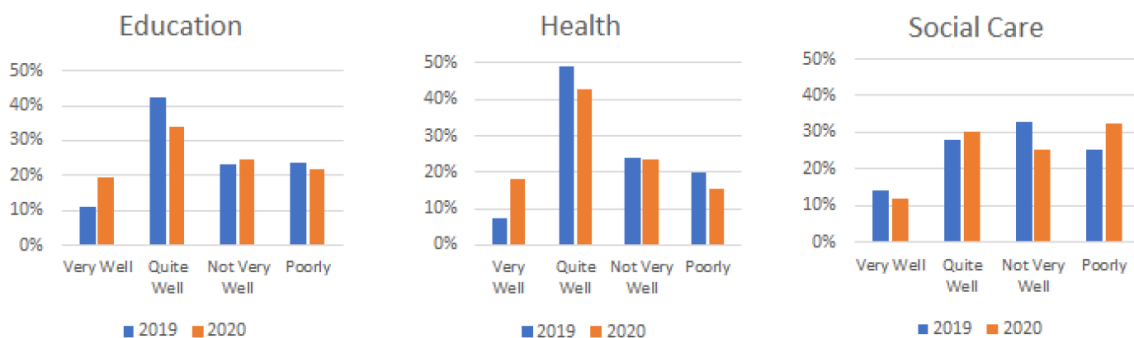
Parents strongly felt that they were better able to identify their children’s needs than some professionals, spending more time observing their child than professionals do. Nearly all parents felt that they fulfilled their child’s needs very or quite well in this regard.



Percentage of parents completing SNAP survey who felt they understood their child’s needs. SNAP Survey 2020.

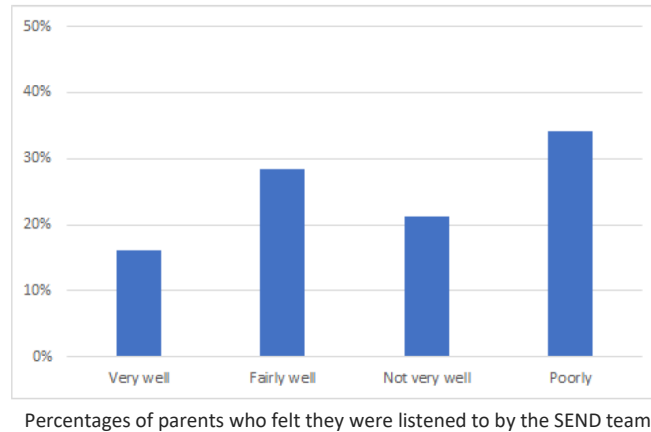
Parents expressed the need for their own experiences with their child or young adult to be understood during interactions with professionals and that when these were acknowledged and valued relationships improved.

Parents who undertook the SNAP survey similarly felt that professionals, to similar degrees across organisations, didn’t understand their child’s needs well.

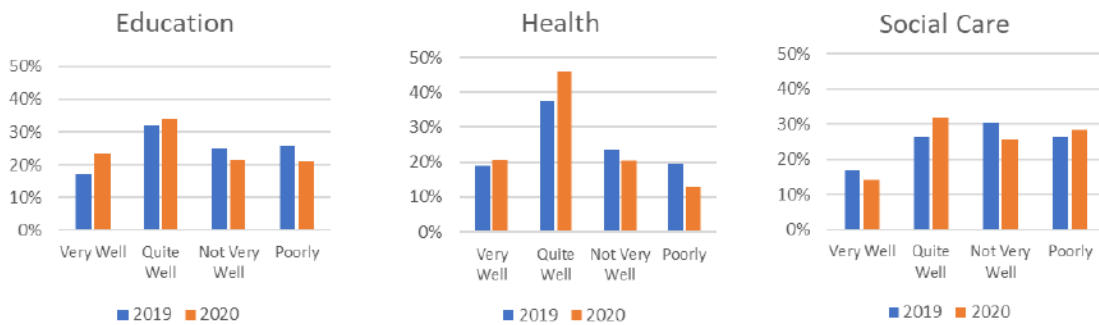


Percentages of parents who felt that each overarching department understood their child’s needs. SNAP survey 2020

Over half of parents contributing to the SNAP survey felt that they are not listened to. Outside of the survey a focus group stated that they felt this referred to the SEND Team (Education).



In circumstances where staffing capacity resulted in their usual practitioner not being available, parents felt that they needed their right to refuse a particular practitioner to be honoured.



Percentage of parents who felt their views were listened to when their child/ young person’s needs were identified. SNAP Survey 2020

The graduated response was criticised by parents and they identified a need for greater understanding of the experiences of those parents whose children sit on the thresholds between descriptors.

Parents expressed a need to have their experience of their child’s needs to be routinely accepted as a first principle, and challenged only when evidence to the contrary becomes available. Some parents felt they were considered by some professionals to be a ‘difficult parent’, or their concerns about their child dismissed as unwarranted anxiety.

Waiting lists and access to services are a challenge. There is a need for accurate recording and sharing of SEND data between health and social care and health departments in order for needs to be accurately monitored. There is a need for the locally used Social Care ‘Mosaic’ database system to be developed further. The Local partnership is committed to the joining of NHS and Local Authority Data sharing protocols through NHS Digital.

Families feel that educational tribunals should be a last resort, but also feel this can be the only way in some cases to have their child’s needs properly identified or appropriate provision put in place. The latest nationally published data from 2018 shows the tribunal appeal rate was 0.76% above the national average in Central Bedfordshire. Local data not nationally reported at the time of publication indicates that the rate in Central Bedfordshire has reduced up to 2021.

Parents expressed the need to not be seen as implacably hostile. One parent described an example of sending flowers to CAMHS when given support at tribunal, and another bought a social worker a fishing mug.

The partnership have developed an engagement strategy with parents able to contribute to strategic planning. A SEND e-bulletin is circulated fortnightly to 7837 subscribers as at May 2021.

Families have reached out to SENDIASS for support around the EHCP process, especially when plans are of a poor quality, to seek guidance on how to take their concerns and issues forward. Parents overall found SENDIASS to be functioning well. A parent representative has been involved in undertaking supervision with SENDIASS and commented positively on the fact that they were involved in this, and also positively on the service.

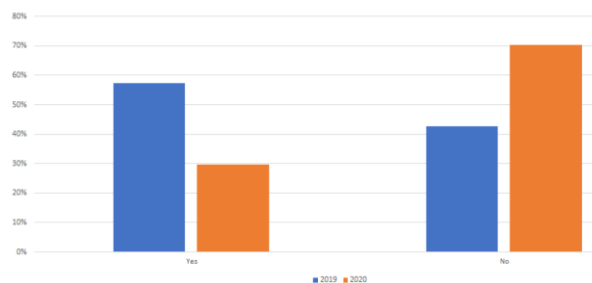
Mental health services are reported as having pockets of good practice, but experiences could be improved as some families report access to these services was difficult. A single point of access has been developed. Parents expressed concern about the capacity in place to meet current and expected increases in need. Teams reported that no issues regarding capacity had been reported, but this may be reflected in the difficulty in gaining access.

There has been some work to develop the Local Offer website. A new website is being developed and additional capacity provided to ensure it is kept up to date. Some families feel they need to be more involved in coproducing this, although parent representatives are involved in this area of co-production. A team of professionals and parents across three local authority areas in Bedfordshire have begun work to update pathway diagrams which describe how to access services. Families in Central Bedfordshire remain concerned about the clarity of pathways for accessing Health Services.

Information promoting short breaks and access to services post 16 on the local offer is considered poor by some parents. Parents feel that the information could be improved by offering a search function by age and needs.

Families expect their children and young adults to have access to experienced professional staff, an improved local offer website, fair and equitable short breaks and respite services, and improved and stimulating community services.

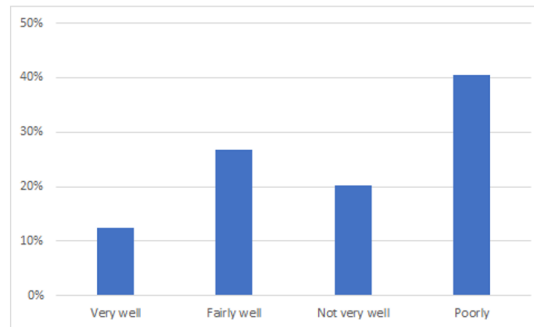
Parents reported via the SNAP Survey being significantly unaware of the Local Offer. The percentage of parents who had not heard of it increased from 2019 to 2020, due to an increased number of responses to the SNAP survey and static levels of awareness



Percentage of parents responding to the SNAP survey who had heard of the Local Offer. SNAP Survey 2020

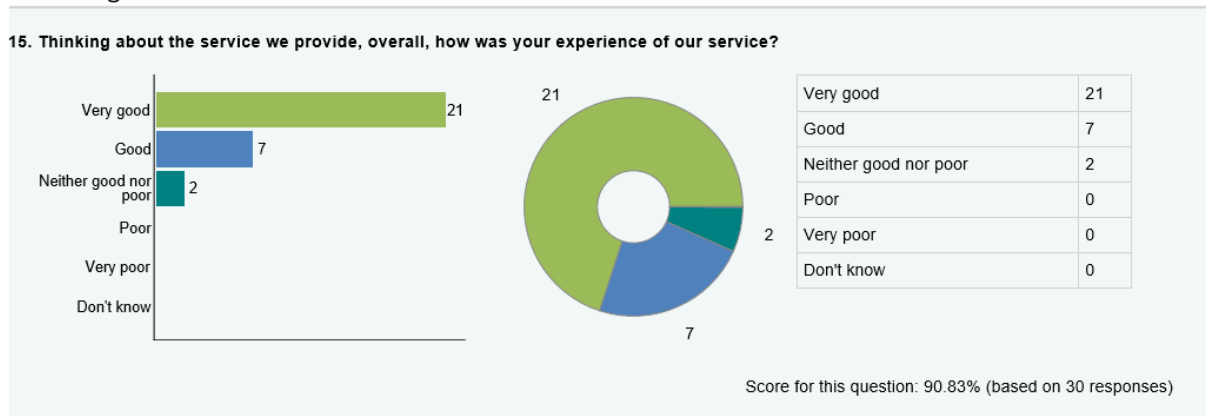
There is an organisational need for the local area to guide parents and carer groups to work together with partners in the SEND area positively to mutual objectives. A good example of this would be for parent groups to share a link to the local offer to the PCF database prior to awareness of the local offer being surveyed.

Families did not comment on how accurate they felt EHCPs to be but it is implied, by those who commented that they did not feel listened to and the rating of the EHCP process, that a degree of inaccuracy is felt by parents. 129 respondents to the SNAP survey felt that this question applied to them, and 60% of the comments for this question were negative.



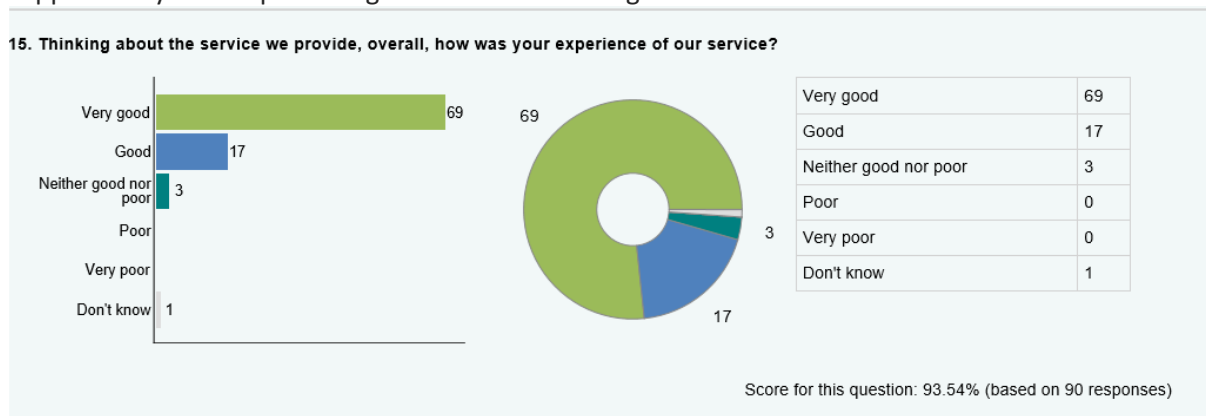
Parents/ Carers description of overall experience of the EHCP Process: SNAP Survey 2020

Cambridge Community Services NHS Healthcare Trust surveyed the overall satisfaction of parents accessing their health services.



CCS Chi- Esq Survey Jan-April 2021: Parents of a child with SEND in Central Bedfordshire.

The percentages of satisfaction found by CCS in Central Bedfordshire relate to a small cohort, but are supported by similar percentages derived from a larger cohort across the whole of Bedfordshire.



CCS Chi- Esq Survey Jan-April 2021: Parents of a child with SEND across Bedfordshire.

A need is identified to capture wider parental needs relating to specific services, and to quantify the specific negative experiences of parents responding to the SNAP survey in future surveys. Departments expressed the need to accept parental views and to act on them. In current reporting through the SNAP survey parent and carer needs cannot always be easily assigned to any individual service area.



## Individual Funding Requests

Individual funding requests (IFR) are a method by which some families in particular need may be supported.

On an individual basis, there may be situations where a clinician believes that their patient's clinical situation is so different to other patients with the same condition that they should have their treatment paid for when other patients would not. In such cases, NHS clinicians can ask NHS England, on behalf of a patient, to fund a treatment which would not usually be provided by NHS England for that patient. This request is called an Individual Funding Request (IFR).

NHS England have produced a guide for parents on Individual Funding Requests which can be included in the Local Authority Local Offer. NHS England Individual Funding Request [Guide for patients](#)

## 6.4 Key services for inclusion in the local offer

### 6.4.1 Children with a disability (0-18) and Young Adults with disabilities (18-25)

Research tells us that resilience gives people the psychological strength to cope with stress and hardship and that resilient people are able to better handle adversity and rebuild their lives after a catastrophe. Central Bedfordshire promotes a resilience model where children, young adults and their families are supported to develop the strength to navigate through adversity and, in combination with service provision, to develop their own resources to manage under difficult circumstances.

Adult Social Care will work alongside Children's Services so that they are able to assess a young person's needs and provide information and advice in a timely manner leading up to the young person's 18<sup>th</sup> birthday. Adult Social Care may also attend EHCP reviews and other relevant meetings in the preceding year to the young person's 18<sup>th</sup> birthday. This is to ensure that the young person and their family are supported and provided all relevant information prior to their 18<sup>th</sup> birthday. The Social Worker involved in the initial assessment is usually the same worker that will transition the young person through to Adult Social Care ensuring consistency.

Joint panels of Education, Health and Social Care professionals facilitate a joined-up approach to cases where children and young adults require joint funding. With such an approach services are in place more quickly, there is increased engagement by partner agencies, and the panel can be a forum for creative solutions for complex cases, helping to prevent escalation. In Central Bedfordshire joint panels where the right representation of Health, Social Care and Education professionals contributing to an EHCP are consistently used. Adult Social Care are represented at panel meetings where a young adult is due to transition into adult services.

A joint funding approach for children transitioning to adulthood to ensure that smart and efficient planning takes place around health, social welfare and further education or training is also key. In Central Bedfordshire joint funding is embedded in regular practice.

Pathways between Child and Adult services need to be developed to facilitate strong partnership arrangements between all services to ensure families receive a consistent approach from both Children and Adult services. A need has been identified by Adult Social Services to create and promote a culture where decisions can be made outside of a formal panel arrangement and processes, enabling a positive collaborative approach across Children's Services and Adult Social Care.

Regular reviews of support packages with families and young people are in place.

## 6.4.2 Health services for children and young adults with SEND

Central Bedfordshire has a wide range of health services for children and young people from 0-25 years including GPs, pharmacists, dental services, available to everyone based on the individual's health needs. Children with special educational needs and disabilities are able to access these services directly without needing to go through any kind of referral. These services are known as 'universal' in that they are available to everyone.

### 6.4.3 Primary care

Primary Care refers to the first point of contact for patients within the health system such as a GP or A&E. Analysis of primary care data provides some of the most comprehensive available health data for children and young adults.

Part of the service offered by General Practices (GPs) are annual health checks to children and young adults with a learning disability aged 14 and over. All GP practices in Central Bedfordshire are required to undertake an annual health check.

In quarter 1 and 2 of 2020/21 7% of children and young adults (aged 14-24) with a learning disability in Central Beds received an annual health check.

BLMK Commissioning Collaborative are working closely with GP practices to increase the number of annual health checks they complete each year for people with a learning disability.

### 6.4.4 Community health services

Bedfordshire, Milton Keynes and Luton (BLMK) CCG undertakes monthly contract management group meetings and service performance meetings of both the adults and children and young people community health services managed by Cambridge Community Services NHS Trust (CCS) and East London NHS Foundation Trust (ELFT). For children and young people community paediatric, occupational therapy, speech and language therapy, community eye, audiology and nutrition and dietetic services are monitored through an outcome based framework. The outcome framework is reviewed quarterly with a focus on clear key performance indicators based on the outcomes and reducing activity and process driven data.

Some reporting is addressed by national data collection processes. These collate data on: personal and demographic; social and personal circumstances; breastfeeding and nutrition; care event and screening activity; diagnoses, including long term conditions and childhood disabilities.

CCS are currently commissioned to provide therapy services to children and young adults aged 0-18 years (19 in special schools) registered with a GP and resident in Central Bedfordshire in a variety of settings including home, clinics, early years and education. For children and young people the following provision is available:

- Community Paediatrics
- Speech and Language
- Occupational Therapy
- Audiology
- Community Eye Service
- Nutrition and Dietetics

Central Bedfordshire Council and BLMK Clinical Commissioning Group are in the process of establishing a data sharing agreement with NHS digital. Once this is in place, this will allow for the amalgamation of NHS numbers with Local Authority records. This should enable providers to ensure children and young adults who should receive services are doing so and for services to provide analysis of services and data for children and young people with SEND.

## 6.4.5 Trend in Community Health Services

Source: Cambridge Community Services NHS Trust

Service	2018-19		Total	2019-20		Total	2020-21		Total
	In person	Video and telephone consultations/number F2F appointments		In person	Video and telephone consultations/number F2F appointments		In person	Video and telephone consultations/number F2F appointments	
Community Paediatrics	2276	1225	3501	2246	1177	3423	678↓	2891↑	3569↑
Occupational Therapy	727	256	983	798	399	1197	313↓	536↑	849↓
Speech and language	4563	763	5326	4183	1656	5839	1532↓	4314↑	5846↑
Audiology Service	2381	29	2410	1389	18	1407	366↓	590↓	956↓
Dietetics	269	339	608	269	228	497	16↓	689↑	705↑
Eye Service	Paper records			Partially electronic record			3888	156	4044

The chart above demonstrates the impact of the Covid-19 pandemic on children’s community health services:

- In services such as Community Paediatrics and Speech and Language Therapy, the services moved at pace to develop a “virtual first” approach to routine appointments, where video or telephone consultations replaced in-person appointments. This was to protect children, families and staff from Covid-19 transmission. Essential and urgent in person appointments continue throughout the pandemic. In person appointments were gradually increased where it was not possible to fully meet the needs of children and young people through a virtual consultation. The services offered more appointments in during 2020-21 than in previous years.
- The Nutrition and Dietetic service were able to offer a full service effectively through telephone and video consultations and this enabled them to offer more appointments to families during 2020-2021.
- Following the guidance NHSE outlined in the COVID-19 Prioritisation within Community Health Services (dated 19<sup>th</sup> March 2020), the Occupational Therapy, audiology and eye services delayed all routine appointments and made provision for essential/urgent care. All the referrals were prioritised and followed up as clinically necessary. The services continued to offer essential/urgent services throughout the coronavirus pandemic and the Occupational Therapy Service offered virtual consultations where possible. It is not possible to assess vision or hearing through a virtual consultation. Following the Restoration Framework for Community Health Services (dated 3<sup>rd</sup> June 2020), the services restarted routine appointments from July 2020. This is reflected in the reduction in overall appointments offered during 2020-21.

### New Referrals

The number of new referrals into each service is increasing across the services. All services experienced a reduction in referrals during the first phase of the pandemic and a surge in referrals as children returned to school in the Spring Term 2021.

Service	2018-19	2019-20	2020-21
Community Paediatrics	1297	1458	1435
Occupational Therapy	391	366	268
Audiology Service	1901	1744	1114
Speech and language	880	913	855
Dietetics	346	405	270
Eye Service	Paper records	Partially electronic record	1559

Source: Cambridge Community Services NHS Trust

## Average caseload

Caseloads in Central Bedfordshire are increasing. CCS is prioritising demand and capacity modelling to inform redesign of services, in partnership with the CCG and Local Authority.

Service	2018-19	2019-20	2020-21
Community Paediatrics	3315	3273	3572
Occupational Therapy	268	248	285
Audiology Service	939	984	1097
Speech and language	1506	1566	1604
Dietetics	275	258	301
Eye Service	Paper records	Partially electronic record	1728

Source: Cambridge Community Services NHS Trust

## Gender

Regarding gender most services had a noticeably higher proportion of male children referred compared to female. The Occupational Therapy Service had a particularly high percentage of male children referred. This is expected and is in line with national trends. The Dietetic and Eye Service receive more referrals for male children but the proportion is reduced compared to other services.

Service	2018-19		2019-20		2020-21	
	Male	Female	Male	Female	Male	Female
Community Paediatrics	67%	33%	65%	35%	64%	34%
Occupational Therapy	72%	28%	71%	29%	74%	26%
Audiology Service	60%	40%	62%	38%	67%	33%
Speech and language	66%	34%	67%	33%	68%	32%
Dietetics	55%	45%	55%	45%	60%	40%
Eye Service					51%	49%

Source: Cambridge Community Services NHS Trust

## Age

There has been a higher level number of children (0-18) compared to young adults (18-25) seen by Cambridgeshire Community services. This is reflective of the commissioned service. CCS and ELFT are working in partnership on a programme of work to improve transitions and to co-produce core principles of transition with young people.

Service	2018-19		2019-20		2020-21	
	0-18	19-25	0-18	19-25	0-18	19-25
Community Paediatrics	1297	0	1458	0	1435	0
Physiotherapy						
Occupational Therapy	391	0	366	0	268	0
Audiology Service	1901	0	1744	0	1114	0
Speech and language	880	0	913	0	855	0
Dietetics	328	18	380	25	250	20
Eye Service					1558	1

Source: Cambridge Community Services NHS Trust

## 6.5 Key Services

### 6.5.1 Community Paediatrics

The Bedfordshire Community Paediatric Service provides assessment, diagnosis and medical support for children and young people and provides specific role related functions including Named Doctor for safeguarding children, Lead Doctor for children in care and Lead Paediatrician for CDOP. Children and young people tend to be on the caseload for longer periods of time than with adult NHS services and this is reflective of children and young people known to the service having lifelong/long term conditions with other physical or mental health needs.

During the COVID-19 pandemic CCS has continued with initial assessment and follow up appointments. The completion of Autism Diagnostic Observation Schedule (ADOS) assessments has not been possible; however this has been replaced by a COVID-19 safe alternative, namely the BOSA\* assessment.

As of 1<sup>st</sup> February 2021, the average wait was 28 weeks for a first appointment in Bedfordshire. The average wait for Autism Spectrum Disorder (ASD) assessments from point of referral was 14-19 weeks. Waiting times are longer at the Edwin Lobo centre (43 weeks) and this is due to several factors:

- Increase in service demand, partly due increasing child population and high numbers of children living in poverty.
- Challenges with recruitment to Medical posts, mirroring the national shortage of Consultant Paediatricians
- Increasing numbers of children with disability.
- Most recently COVID-19 restrictions on service delivery

A funded programme of work is underway to align the pathways across the local area and reduce waiting times for first appointments and for diagnostic assessments. This monitored restoration plan is refreshed and scrutinised in contract monitoring and quality meetings with the CCG.

### 6.5.2 Occupational Therapy

Cambridge Community Services NHS Trust (CCS) Occupational Therapy Service offers assessment and intervention for children with difficulties affecting occupational performance.

### 6.5.3 Speech and Language Therapy

Both locally and nationally, trends in speech and language therapy (SALT) show an increased demand for professional support.

#### Impact of Covid

The COVID-19 pandemic has impacted on waiting times. In March 2020, 100% of patients received a first OT appointment within 18 weeks of referral. In February 2021, this had reduced to 44%. Commissioners and the provider are working to reduce waiting times with a monitored restoration plan in place, which will include demand and capacity modelling.

Skill mixing and pathway redesign was implemented in 2019/2020, however demand continues to increase and further analysis is now underway to inform partnership discussions in order to meet the current and future needs of children and young people. The project aims to undertake a demand and capacity analysis to identify the impact of the pathway changes and skill mix on the service – identifying improvement opportunities (including flexible discharge process and to centralise the booking of appointments, standardising and streamlining ledgers to ensure fair and consistent caseload allocation and support the service to maximise clinical capacity available.

### 6.5.4 Audiology

The Bedfordshire and Luton Community Audiology Service provide assessment, diagnosis and support for children with suspected/confirmed hearing loss.

The service has experienced historic challenges in meeting national key performance indicator of 6 weeks from referral to diagnosis, primarily related to recruitment and retention of qualified audiologists. Before the coronavirus pandemic, additional locum capacity and initiating Saturday/Sunday clinics were effective measures which improved waits. In March 2020, we were projecting that the service would be breach free by the end of May 2020. Following the guidance NHSE outlined in the COVID-19 Prioritisation within Community Health Services (dated 19<sup>th</sup> March 2020), the service delayed all routine assessments and made provision for essential/urgent care. All the referrals were prioritised and followed up as clinically necessary.

#### Effect of Covid

In March 2020, 81% of patients on the audiology waiting list had been waiting less than 6 weeks for a first appointment. In June 2020 (when the service was offering only essential/urgent appointments), only 26% of patients on the caseload had been waiting less than 6 weeks for their first appointment. At the end of January 2021, 33% of patients on the caseload had been waiting less than 6 weeks for their first appointments. There has been an increase in routine referrals due to restarting school screening in October 2020.

### 6.5.5 Community Eye Service

The Bedfordshire and Luton Community Eye Service provides Orthoptic care of children aged 0-19 years, to improve quality of vision and quality of life.

In March 2020, 99% of first appointments were offered within 18 weeks of referral. In January 2021, the service has been able to continue to offer the same volume of appointments, despite Tier 4 arrangements and a further lockdown. In January 2021, 79% of children and young people had their first appointment within 18 weeks of referral.

The service has employed additional Optometrists and Orthoptic Support Workers to enable the service to offer the same volume of appointments than before the pandemic, whilst allowing for additional time between appointments (to allow safe movement around the site for patients/staff, donning/doffing of PPE and additional cleaning measures). All the caseloads have been clinically prioritised and appointments are being offered according to clinical priority.

### 6.5.6 Palliative Care Services

Continuing Care is provided for eligible children and young people by the CCG under the National Framework for Children and Young People's Continuing Care, 2016. The CCG works in partnership with partner agencies from acute hospitals locally and nationally, Cambridge Community Services including Children's Community Nursing Team and Complex Care Team, Local Authority and a variety of private providers.

Where thresholds for Continuing Care are not met, the palliative needs of children, young adults and families are met by local provider Keech and Community Children's Nurses with support of local acute and/or tertiary centres such as Great Ormond Street Hospital.

Keech Hospice is based in Luton and provides specialist care services across Bedfordshire which are free for adults and children with life-limiting and terminal illnesses. Keech are one of only a few hospices in the country caring for both adults and children.

A 24hr helpline is available offering specialist support for families, children and young adults (and adults of all ages), seven days a week. There is also specialist nurse advice available when needed.

Central Bedfordshire Council commission services through an agency to offer further support to families through the Children with Disabilities Team short breaks contract. The capacity to offer this support is integral within these services and therefore available and flexible to meet needs as they arise.

## **6.5.7 Child and Adolescent Mental Health Services (CAMHS)**

### **CAMHS local context**

#### **Risk factors for mental illness in childhood**

Risk factors for mental illness can be grouped as child, parental and household factors. Regarding parental factors, alcohol, tobacco and drug use during pregnancy increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive–emotional development problems. Maternal stress during pregnancy is associated with increased risk of child behavioural problems, low birth weight is associated with impaired cognitive and language development, poor parental mental health with four- to five-fold increased risk of emotional/conduct disorder and parental unemployment with two- to three- fold increased risk of emotional/conduct disorder in childhood. Child abuse and adverse childhood experiences result in increased risk of mental illness and substance misuse/dependence later in life. Looked-after children, those with intellectual disability and young offenders are at particularly high risk. In addition, teenage parents, young carers, children living in households affected by domestic violence those with a physical disability and those not in education, employment or training (NEET) tend to have higher rates of mental ill-health than their peers.

Conduct disorders are characterised by repetitive and persistent patterns of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age- appropriate social expectations. They are associated with increased risk of personality disorder, with 40–70% of children with conduct disorder developing antisocial personality disorder as adults. Overall, children who had conduct disorder or sub-threshold conduct problems in childhood and adolescence and whose problems are not treated contribute disproportionately to all criminal activity. Nearly half of children with early-onset conduct problems experience persistent, serious, life-course problems including also crime, violence, drug misuse and unemployment.

#### **Public Health Estimates of Local CAMHS Need**

Based on a snap shot of data in December 2020, there were 531 referrals to tier 2 services across both Bedford Borough and Central Bedfordshire in the CHUMs service. Data is not separated between the two geographies and this may also be seen as a future need. Similarly the same geographic limitations apply to the 1211 actively using a tier 3 services, and 6 young people requiring a tier 4 services.

It is unknown how many young people require tier 1 CAMH services due to so many different agencies and schools covering T1.

In April 2021, the total number of young people on the North NDT ASD Pathway is 107 of which 30 young people have had their assessment concluded. 20 young people have had further assessments (3DI and or ADOS). 50 young people have had initial screens (SCQs and other screens) and are waiting for further assessments. Of the 50, 7 have one screen or more missing. 7 young people have either been discharged from the pathway for various reasons: - 4 Voluntary withdrawal, 2 Non-responders, 1 transferred to another CAMHS service due to relocation.

## 6.6 Community offers

Autism Bedfordshire’s services help break down the barriers to social participation for autistic people and their families by providing places where they can go and feel comfortable, accepted and not judged by society. With the encouragement and support of specialist trained staff help is offered for autistic people to build their confidence, self-esteem, and social skills through taking part in social activities and mixing with other people. Autism Bedfordshire also helps to develop practical skills and independence to improve prospects in life and help community integration.

Autism Bedfordshire’s services and activities are funded by grant-making trusts, local authority funding, corporate donations, individual donations, proceeds from fundraising events, and membership and service payments.

Services include a helpline which is open 9am-5pm, Monday to Friday for information, advice and guidance on all aspects of Autistic Spectrum Conditions and associated problems. Advice and support is available to parents, siblings and other family members and anyone with an interest in, or query about autism.

Data from the Autism Bedfordshire helpline shows that a greater number of parents used the service in Central Bedfordshire compared to neighbouring local authority areas.

Q1 21/22

Month/LA	CBC	LTN	BBC
April 2021	17	15	3
May 2021	4	3	4
June 2021	22	7	7

Q4 20/21

Month/LA	CBC	LTN	BBC
Jan 2021	8	2	6
Feb 2021	12	2	8
March 2021	19	9	9

Autism Bedfordshire’s Children’s Services e-newsletter is called the Grapevine and in July 2021 has a subscription of 2361. Of these subscribers 849 have stated they live in Central Bedfordshire.

## 6.7 Placement type of children in care

### 6.7.1 Operational Commissioning and Brokerage

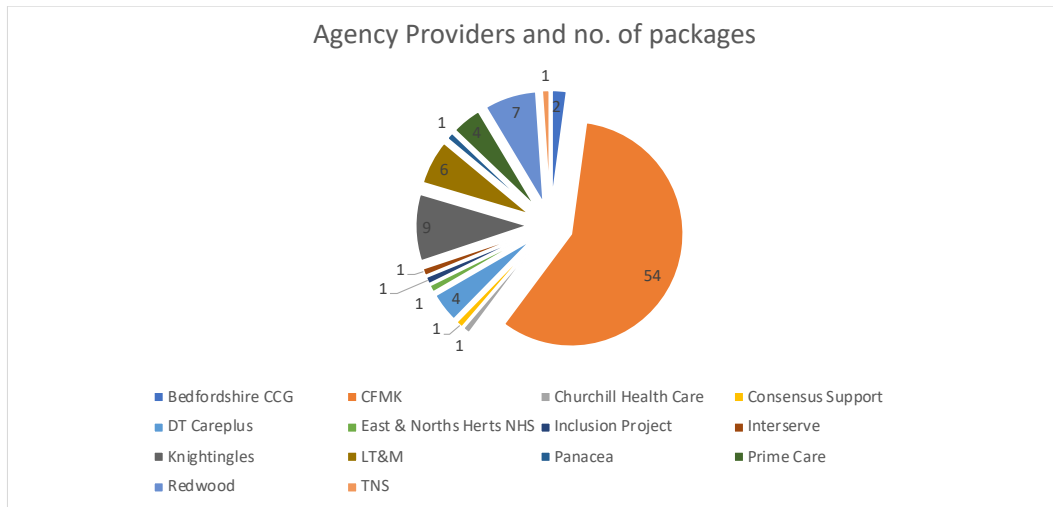
The Children with Disabilities Team operates an agency framework with 9 providers ranked on quality and price (60:40). Packages of support for families with SEN needs must be referred based on rank within each of 6 local operational zones. Providers then bid for each zone.

Spot purchasing is avoided where possible by using the framework. Where the framework has been exhausted, providers can be approached on a spot purchasing basis. Hourly rates (including enhanced) range from £12.75 - £26.00 and multi agency panels agree the financial limits to cover all providers.

In 2019-20 14 providers in total supported 93 people young people and families with SEND.

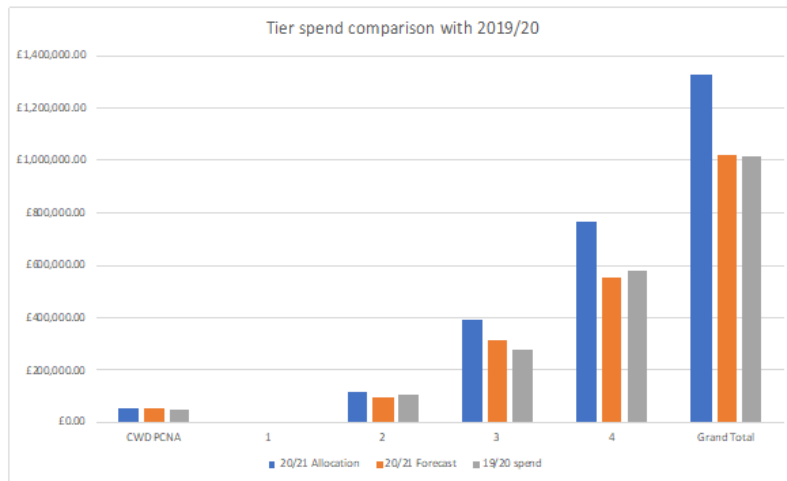


Over 200 individual elements of support were provided for 93 Children and young people based on Social work assessment of need. Elements are typically made up of weekly, fortnightly, monthly, term time and school holiday allocations, and other elements include carer breaks (34), personal care (2) and waking nights (8).



Source: CBC SEND Commissioning Team

Two thirds of the total spend was undertaken with providers from the framework, whilst a third of provision was spot purchased. The range of hourly rate on the framework in 2019/20 was £20-£25; whereas the range of hourly rate for support when spot purchased is £12.50 to £51.40 depending on the type of support needed.



Source: CBC SEND Commissioning Team

In the table below needs are assessed and allocated in tiers, with 16 children and young people receiving a Parent Carer Needs Assessment, 33 children at Tier 2; 81 at Tier 3; and 53 at Tier 4.

Tier	19/20	20/21
PCNA	16	27
1	0	1
2	33	22
3	81	84
4	53	50
TBC	0	2
<b>Total</b>	<b>183</b>	<b>186</b>

Source: CBC SEND Commissioning Team

Tier 4 provision is the specialist offer and via a social work assessment, or joint assessment with health colleagues where required for those children presenting with the highest level of need. This group of children and young people will currently be at the stage in their lives where access to level 2 and 3 would present a high level of risk to the child or others.

Families can where possible elect to receive direct payments for care. In Central Bedfordshire in 2019/20 there were 87 Direct Payments and 130 elements of allocation (social work assessment of need).

## **6.7.2 Quality Assurance (QA) function**

Central Bedfordshire Council's commissioning team quality assure all commissioned placements to ensure they are fit for purpose and are delivering a high-quality care and / or support to children and young people. This applies to SEND placements equally and particularly to any 16+ unregulated providers which fall outside of the national legislation and framework under Ofsted or CQC.

Children's Services also work in partnership with colleagues in the Adults teams for young people's transitions.

Written guidance for passing Quality Assurance Standards for potential providers could be made available on the Local Authority Website. The commissioning team QA function currently quality assures a range of SEND providers and placements including commissioned Residential Special schools.

Placement and Brokerage teams should have sufficient access to providers of placements who are routinely quality assured. The availability of local placements is addressed in a Local Authority Sufficiency Strategy. Occasionally higher demand for placements can result in a new potential provider being assessed at the last minute in order to place a child or young adult.

It may be helpful to measure the number of late requests for QA of potential providers in order to place a young person. This would help as a proxy measure to indicate a sufficiency or insufficiency of placement availability.

It may also be useful to capture the number of providers of placements which are quality assured for children and Young Adults with SEND in Central Bedfordshire and the percentage of potential placement providers failed the QA assessment in 2019-20.

## **6.8 Schools and education engagement**

### **6.8.1 Characteristics of pupils with SEND**

Pupils identified as having SEND in Central Bedfordshire are more likely to be male than female. Exceptions are that moderate learning difficulty is more prevalent amongst females. The prevalence of SEN support is similar across schools in Central Bedfordshire.

The prevalence of pupils with an EHCP are generally level in Central Bedfordshire Council schools compared to the Central Bedfordshire population as a whole, suggesting Central Bedfordshire schools are probably not a net importer/ exporter of SEND EHCP pupils from out of the local authority area.

## Gender

Pupils with Special Educational Needs by Gender  
(Includes SEN Support and EHC Plan)

	SEN Support				EHC Plan			
	Male		Female		Male		Female	
	Number	%	Number	%	Number	%	Number	%
Autistic spectrum disorder ( ASD)	334	10.3	143	7.8	426	36.8	92	24.9
Hearing impairment (HI)	45	1.4	48	2.6	12	1.0	10	2.7
Moderate learning difficulty (MLD)	644	19.8	422	23.0	83	7.2	39	10.5
Multi-sensory impairment (MSI)	12	0.4	4	0.2	7	0.6	7	1.9
Other difficulty / disorder (OTH)	15	0.5	5	0.3	2	0.2	2	0.5
Physical disability (PD)	103	3.2	80	4.4	29	2.5	13	3.5
Profound & multiple learning difficulty PMLD)	0	0.0	1	0.1	26	2.2	10	2.7
Social, emotional and mental health (SEMH)	831	25.6	363	19.8	214	18.5	52	14.1
Speech, language and communication needs (SLCN)	595	18.3	267	14.6	189	16.3	54	14.6
Severe learning difficulty (SLD)	1	0.0	0	0.0	131	11.3	65	17.6
Specific learning difficulty (SPLD)	558	17.2	429	23.4	37	3.2	23	6.2
Visual impairment (VI)	30	0.9	20	1.1	3	0.3	3	0.8
SEN support but no specialist assessment of type of need (NSA)	80	2.5	49	2.7	-	-	-	-
<b>Total</b>	<b>3248</b>	<b>100</b>	<b>1831</b>	<b>100</b>	<b>1159</b>	<b>100</b>	<b>370</b>	<b>100</b>

Source: January 2020 School Census

(1) Number of pupils by primary need expressed as a percentage of all pupils of the same SEN provision and gender

## Ethnicity

The proportion of white British with an EHC plan at 85% is higher than the proportion of any other ethnicity. This reflects a largely white British population in Central Bedfordshire. The largest minority ethnicity in Central Bedfordshire is mixed ethnicity group. This ethnic group has 7% of children with an EHC plan.

A need was identified in the Ofsted inspection of SEND services in Central Bedfordshire in 2019 that SEND services could better engage with families from ethnically diverse backgrounds. This is further explored in Section 3, Local Context.

Table Percentage of Ethnic Group with a EHC Plan Maintained by Central Bedfordshire Council

**Pupils with Special Educational Needs by Ethnicity**

**Pupils with SEN Support**

Main Category	Total	ASD		HI		MLD		MSI		OTH		PD		PMLD		SEMH		SLCN		SLD		SPLD		VI		NSA	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
		White	4533	436	9.6	85	1.88	947	20.89	12	0.26	16	0.35	167	3.68	1	0.02	1063	23.45	738	16.28	1	0.02	908	20.03	48	1.06
Mixed	300	26	8.7	3	1	61	20.33	2	0.67	1	0.33	9	3			89	29.67	50	16.67			47	15.67	2	0.67	10	3.33
Asian	71	4	5.6	3	4.23	14	19.72	1	1.41	1	1.41	1	1.41			7	9.86	33	46.48			4	5.63			3	4.23
Black	88	4	4.6			27	30.68					3	3.41			21	23.86	21	23.86			11	12.5			1	1.14
Chinese	6	1	16.7															2	33.33			1	16.67			2	33.33
<b>Total</b>	<b>5079</b>	<b>477</b>	<b>9.4</b>	<b>93</b>	<b>1.831</b>	<b>1066</b>	<b>21.0</b>	<b>16</b>	<b>0.315</b>	<b>20</b>	<b>0.394</b>	<b>183</b>	<b>3.603</b>	<b>1</b>	<b>0.0</b>	<b>1194</b>	<b>23.5</b>	<b>862</b>	<b>17.0</b>	<b>1</b>	<b>0.02</b>	<b>987</b>	<b>19.4</b>	<b>50</b>	<b>0.984</b>	<b>129</b>	<b>2.5</b>

**Pupils with an EHC Plan**

Main Category	Total	ASD		HI		MLD		MSI		OTH		PD		PMLD		SEMH		SLCN		SLD		SPLD		VI		NSA	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
		White	1305	441	33.8	16	1.23	109	8.35	13	1	3	0.23	35	2.68	32	2.45	233	17.85	199	15.25	164	12.57	54	4.14	6	0.46
Mixed	108	36	33.3	3	2.78	5	4.63	1	0.93	1	0.93	4	3.7	1	0.93	19	17.59	22	20.37	13	12.04	3	2.78				
Asian	35	14	40.0			3	8.57					1	2.86	1	2.86	3	8.57	7	20	6	17.14						
Black	49	14	28.6	2	4.08	2	4.08					1	2.04	1	2.04	9	18.37	9	18.37	9	18.37	2	4.08				
Chinese	2																	1	50	1	50						
<b>Total</b>	<b>1529</b>	<b>518</b>	<b>33.9</b>	<b>22</b>	<b>1.4</b>	<b>122</b>	<b>8.0</b>	<b>14</b>	<b>0.92</b>	<b>4</b>	<b>0.3</b>	<b>42</b>	<b>2.75</b>	<b>36</b>	<b>2.4</b>	<b>266</b>	<b>17.4</b>	<b>243</b>	<b>15.9</b>	<b>196</b>	<b>12.8</b>	<b>60</b>	<b>3.9</b>	<b>6</b>	<b>0.4</b>		

Source: January 2020 School Census

## Part time timetables

A need was identified in the Ofsted inspection of SEND services in Central Bedfordshire in 2019 to make and maintain clear records of children on part time timetables. As a result of this the Local Authority commissioned a new post of Provision Monitoring Officer to ensure that schools are alerting the LA when children are on these and also regularly checks that the proper reviews are taking place. In March 2021 there were 148 children spread across 48 schools on part time timetables schools

## 6.8.2 Education, Health and Social Care Plan

In 2019, (88.3% of ECHPs issued were within 20 (statutory guidance) weeks. In 2020, affected by Covid, the government headline figure locally was 61.9%

The rate and timeliness of responses to EHC assessment requests for other service areas has recently started to be recorded and future analysis will be available going forwards.

## 6.8.3 Schools and Provision

In 2020, 55.5% pupils with an EHC Plan maintained by Central Bedfordshire were educated in a state-funded mainstream provision as opposed to a Special School. This compares to 4.8% in England and 26.0% across the Eastern Region.

Source: SEN2

## 6.8.4 Location of pupils with EHC plans maintained by Central Bedfordshire Council

Within Central Bedfordshire, the highest numbers of children and young people with EHC Plans maintained by Central Bedfordshire Council were in Sandy (164) followed by Cranfield and Marston Moretaine (133).

Source: SEN Statements/EHC Plans by Cluster (SFF)

## 6.8.5 Exclusions and persistent absence

The overall absence rate for pupils with SEND in 2018/19 prior to the Covid pandemic was similar compared to statistical neighbours for SEN Support pupils and higher for those pupils with an EHCP.

Pupil Overall Absence in Schools by Special Educational Needs (SEN) - 2018/19 Academic Year (6 Half Terms). All schools data:

	% SEN Support	% EHC Plan
<b>Central Bedfordshire</b>	6.5	9.8
<b>Statistical Neighbour Average</b>	6.6	8.4
<b>National Average</b>	6.5	8.7

Source: SFR 2018/19 - Pupil Absence in Schools by Special Educational Needs (SEN) - 2018/19 Academic Year (6 Half Terms). All schools data

Pupil Persistent Absentees in Schools by Special Educational Needs (SEN) - 2018/19 Academic Year (6 Half Terms). All schools data:

	% SEN Support	% EHC Plan
<b>Central Bedfordshire</b>	16.7	26.5
<b>Statistical Neighbour Average</b>	17.8	23.2
<b>National Average</b>	17.9	24.6

Source: SFR 2018/19 - Pupil Absence in Schools by Special Educational Needs (SEN) - 2018/19 Academic Year (6 Half Terms). All schools data

Rates of persistent absenteeism are lower compared to the national, statistical neighbour average for SEN support pupils (with no EHCP). The persistent absence rate for pupils with an EHC Plan is higher compared to the national and statistical neighbour average.

The rate of fixed term exclusions increases as the level of SEN intervention increases. The fixed term exclusion rate for Central Bedfordshire for EHCP pupils is below the national average, suggesting inclusive practices for most challenging behaviour in schools could be improved.

Pupil exclusions in all schools by Special Educational Needs – Fixed Period Exclusions:

	% SEN Support	% EHC Plan
<b>Central Bedfordshire</b>	15.7	26.71
<b>Statistical Neighbour Average</b>	14.67	15.30
<b>National Average</b>	15.59	16.11

Source: 2018/19 SFR

Pupil exclusions in all schools by Special Educational Needs – Permanent Exclusions:

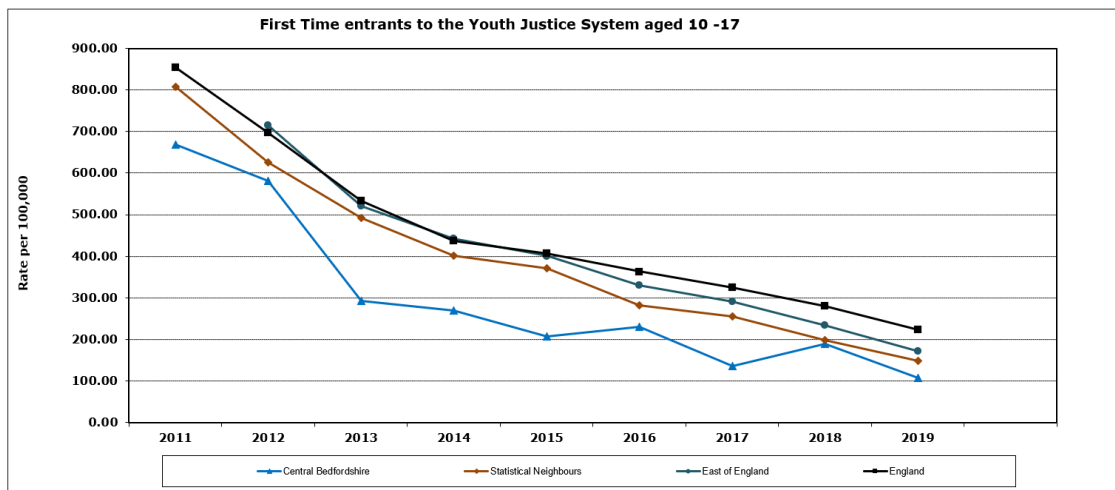
	% SEN Support	% EHC Plan
<b>Central Bedfordshire</b>	0.34	0.57
<b>Statistical Neighbour Average</b>	0.24	0.14
<b>National Average</b>	0.32	0.15

Source: 2018/19 SFR

The rate of permanent exclusions for SEN (EHCP) pupils is higher than the national average and statistical neighbours.

## 6.9 Youth Justice

In Central Bedfordshire the trend of young people overall entering the youth justice system is reducing. This reflects the national and regional pattern.



Source: .gov first time entrants I to the youth justice system

### 6.9.1 Young People with SEND Sentenced to Custody

Between 2015 and 2020, 18 young people with SEND have been given custodial sentences and/or periods of remand into custody. Of those, a low number were identified on entry as having an EHCP plan.

On examination of the custody cohort, the highest percentage of the young people were related to Violence against the person closely followed by burglary.

83% have had difficult educational experiences, including fixed term and permanent exclusions. Where young people’s educational history is inconsistent Local Authority numbers of young people entering custody with an EHCP plan may be expected to be low.

The Youth Offending Team (YOT) assessment contains an examination of a young person’s current and educational histories. This includes a speech, language and communication assessment and an assessment of their emotional health.

There may be a need for a written protocol between the YOT and SEND Teams which addresses the sharing of information following a young person being made subject to custody. This would include

the work which is undertaken with young people whilst they are in custody but also, in the planning of their resettlement into the community.

It may also be useful to consider SALT provision for the YOT, and the availability of Educational Psychologist provision which is considered valuable in supporting the SEND process.

## **6.10 Transport and assistance for travelling facilities**

Central Bedfordshire has recently reviewed Home to School (H2S) transport provision which is expanding local school provision to meet increasing population needs set out in section 4. The re-commissioning of the service in 2021 is also designed to consolidate a larger number of separate contracts into a more manageable service.

Central Bedfordshire reviewed its travel assistance, post 16 and post 19 policies transport policy following a series of listening sessions held with parents, children and young adults.

The Home to School Service (H2S) has been reviewed by the Children's Commissioning Team, evaluating its specification and contract methodology. Feedback led to a review of the specification to better account for post 16 and 19 needs, and to replace yearly re-procurement with longer contracts resulting in better continuity for families, and travel passports. The service is based on identified family needs and works to make transport an extension of the schooling day.

Further needs identified in the H2S Service are to improve understanding re. home to school transport for SEND. SENTASS has been identified to work with the transport team to understand the law in respect of SEND, to co-produce the policy and support information flows between the SEND team schools admission and H2S.

In 2020/21 15 children received funding agreements to access social care transport in the CWD team.

In the 2019/20 Academic Year 5248 young people were provided with travel assistance of which 4675 attended mainstream provision and 573 attended SEN provision. Families with SEN were provided with 335 taxis, 34 Mini Buses, 63 Coaches and 41 Parent-Led arrangements where the Local Authority paid for mileage.

## **6.11 Short breaks**

There are a range of short breaks services for children and young people in Central Bedfordshire. Services offer group based social, sport and cultural and play activities in various settings, overnight short breaks in the family home or a community setting, an enabling service with one to one support and personal assistance and specialist respite care services.

This provision is for children and young people with SEND, with complex health needs including cognitive or sensory impairments. The services seek to ensure children and young people are well supported at home, undertake regular activities to improve wellbeing and resilience, increase social and emotional independence and give opportunities for parents and carers to benefit from a break.

Residential Short Breaks are provided In-House (using the Council's own departments and facilities), and by the providers Maythorn and Kingfisher. In 20/21 39 children and families were supported to have a short break. One of these was an external short break (not with either usual provider) At home short breaks are also available in Central Bedfordshire.

The number of direct payments for a short breaks in 2020/21 was 88. Agency support for community access, or in the home was offered to 89 families. The number of children receiving support to attend playschemes, after school and Saturday clubs in 2020/21 was 33.

Commissioners identify a need to develop the market of provision and incentives such as a competitive grants process to support new providers. Commissioners have also identified a need to determine and implement a new short breaks funding and delivery model.

## 6.12 Transitions

### 6.12.1 Home to Pre-school

In Central Bedfordshire there is a dedicated process and document to enable parents to transition their child from infancy to an early years setting confidently. Detailed assessments are undertaken and include any SEND needs, as identified by Health Visitors or other service.

### 6.12.2 Early years to school

In December 2020 there were 402 children with SEND on the Early Years caseload.

Training is offered to settings and schools on various SEND topics, including the transition from Early Years to school. This has been paused due to the COVID pandemic but will be reinstated as soon as possible. Coffee mornings and afternoons for parents are held in Children's Centres which are able to reach more families in a single setting.

### 6.12.3 Child to Adult Services

In 2020 15 young adults with known SEND transferred from children's to adult's services. Central Bedfordshire deliver SEND services to children and young people from identification or diagnosis to the age of 25. This is managed locally to be a seamless service throughout the age range as far as possible. SEND services exist in a context of other health and social care systems which (with the exception of Public Health) divide services at the age of 18 into child and adult teams.

Young adults transitioning from Children's Services to Adult Services are supported by the Young Adults and Independent Living (YaAIL) team. The Young Adults and Independent Living (previously known as Preparing for Adulthood) Team is the first branch of the Adult Service. Practitioners work in partnership with a range of local services and agencies including children's services, education, health and housing services to provide information, advice and support to help people with disabilities to develop and prepare for life as they become adults as well as enabling adults with disabilities to be as independent as they can be. The service aims to:

- support people to make a contribution to the communities in which they live
- enable people to access universal and natural support
- encourage people to achieve their goals and ambitions
- support-people in achieving a healthy lifestyle
- treat people as partners, with dignity and respect
- enable and support-people to be safe but not restricted
- help people to develop networks in their local area



This approach aims to challenge preconceptions around the abilities of people with special educational needs and disabilities and recognise that every person is an individual with unique skills, abilities and aspirations.

The YAaLL journey is designed around the individual needs, aims and ambitions of each person with special educational needs and or disabilities. This aims to ensure the right level of care and support is arranged along with securing opportunities for learning and education, training, employment, social and leisure activities, and independent living.

Key elements of the journey are:

- raising aspirations: every person is encouraged to exceed their own and other people's expectations of them
- inclusion: people are automatically 'included' rather than 'excluded' by improving awareness of what they can offer to their local community and prospective employers
- transparency: people, their parents and carers, and wider agencies take ownership of implementing the journey and work together to meet outcomes
- communication: all agencies are involved in supporting people to achieve their goals, relevant information is shared to improve outcomes whilst observing safeguarding protocols
- early intervention: young people begin transition at age 14 with the support of relevant agencies to plan access to universal and specialist support, and provide information and advice so that young people and their families can fully engage in the process

Planning meetings routinely take place for young adults transferring to adult services. Such a meeting may be attended by children's services staff; parent/carers; relevant agencies working with the child and family; and the staff from the adult services which will continue provision up to the age of 25. Adult Services prepare a care and support plan at the time of a for young person's transition.

### 6.12.4 Adult Services and Community support after the age of 25

In 2020 46 adults aged 25 transferred from Learning Disabilities Services to other services. There may be a future need to identify young Adults from the LD cohort with SEND, however the overlap of two cohorts is recognised as proxy measure of post 25 SEND need.

Service received	Number of 25 year olds receiving that service type	%
Carers Direct Payments	3	7%
Day Care	13	28%
Direct Payment	7	15%
Homecare	9	20%
Residential Placement	1	2%
Supported Living	7	15%
Transport	6	13%
	46	

Adults aged 25 in the financial year 20/21 and the service they were receiving at that time. Source: SWIFT financial report

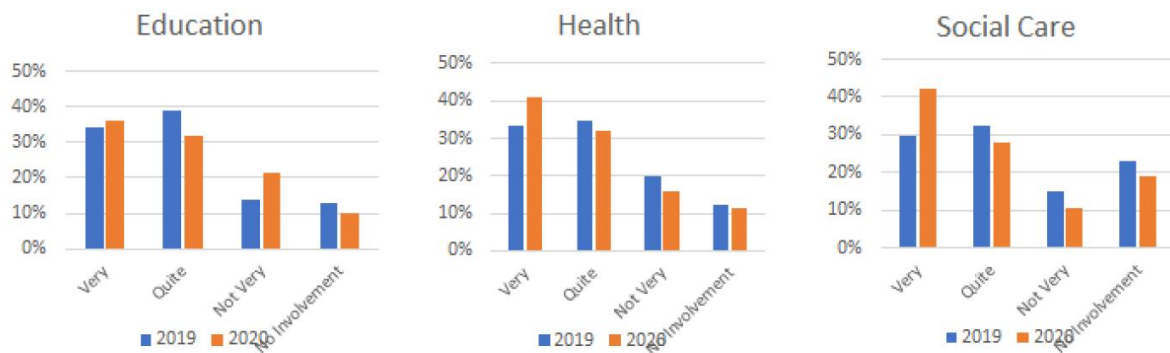
Some customers may receive more than one service at the same time. The table shows services for 24 individual customers several of whom may receive more than one service.

## 7. Improving outcomes for children and young people with SEND

### 7.1 Parental involvement in improving outcomes

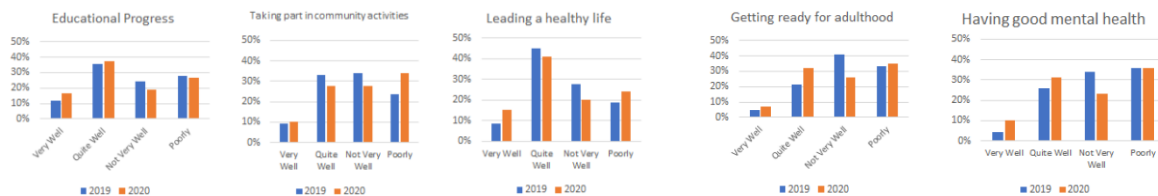
#### SNAP Parent/ Carer Forum

The SNAP survey 2020 identified that some parents reported low involvement in setting targets and outcomes for children. Further work must be undertaken to understand which parts of the system require the most attention.



Percentage of parents responding to SNAP survey who felt involved in setting targets and outcomes for their child. SNAP Survey 2020

Parents recorded significant levels of dissatisfaction in outcomes for their child in respect of reaching their potential.



Parental rating of how well services enabled children to reach their full potential. SNAP 2020.

There is an identified need to work with the parent carer forum to develop survey questions which focus on the context of outcomes and identifying needs, as well as satisfaction ratings.

### 7.2 Education

The overarching objectives for education in respect of all children are to ensure that:

- As many children as possible attend a good or outstanding school, as judged by Ofsted.
- The attainment and progress of children in Central Bedfordshire Council schools is comparable to statistical neighbour data.
- There is accelerating progress of the most disadvantaged and vulnerable pupils in order to close the gap between them and their peers.

### 7.3 Emotional wellbeing

The government strategy for mental health recognises that mental health problems contribute to perpetuating cycles of inequality through generations. Early interventions, particularly with vulnerable

children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime.

Stigma and experiences of discrimination continue to affect significant numbers of people with mental health problems. For all groups of people with mental health disorders, including children, this can:

- stop people from seeking help;
- keep people isolated, and therefore unable to engage in ordinary life, including activities that would improve their wellbeing;
- mean that support services have low expectations of people with mental health problems, for example their ability to do well at school; and
- stop people being educated, realising their potential and taking part in society.

Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking (over 40% of children who smoke have conduct and emotional disorders) and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced antisocial behaviour and criminality, and higher levels of social interaction and participation.

In order to improve Mental Health and wellbeing outcomes for children, young people and their families a local online support service, Kooth has been commissioned. It provides an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use. The service is universal, being available to all people in Central Bedfordshire. However, children with long term health needs are twice as likely to suffer from emotional or conduct disorders.

Kooth identified the following distribution of need.

Top 10 most prominent issues Service Users presented											
Q1			Q2			Q3			Q4		
#	Issue	SU	#	Issue	SU	#	Issue	SU	#	Issue	SU
1	Anxiety/Stress	18	1	Anxiety/Stress	23	1	Anxiety/Stress	15	1	Anxiety/Stress	27
2	Family Relationshi..	17	2	School/College iss..	13	2	Family Relationshi..	10	2	Suicidal Thoughts	13
3	School/College iss..	9	3	Family Relationshi..	13	3	Self Harm	9	3	Self Harm	12
4	Friendships	8	4	Self Harm	7	4	Suicidal Thoughts	8	4	School/College iss..	11
5	Suicidal Thoughts	7	5	Friendships	7	5	School/College iss..	6	5	Depression	9
6	Self Harm	6	6	Suicidal Thoughts	5	6	Friendships	6	6	Friendships	8
7	Eating Difficulties	6	7	Sleep Difficulties	5	7	Depression	5	7	Sleep Difficulties	7
8	Sleep Difficulties	5	8	Self Worth	5	8	Sadness	3	8	Self Worth	7
9	Sexuality	5	9	Body Image	4	9	Bullying	3	9	Sadness	6
10	Bullying	5	10	Weight Issues	3	10	Weight Issues	2	10	Family Relationshi..	6

Source: Kooth; Darker shades of red indicate higher relative numbers in a given quarter.

There may be a need to work with Kooth to identify data on SEND needs specifically, both in respect of children and young adults aged 0-25, but also their parents. There is an identified local need to support the mental health and psychological wellbeing of parents with a family SEND need, the burdens of which are not underestimated by the local SEND partnership. There may be a need to promote the Kooth service on the Local Offer.

There is an identified need to consider Children and Young Adults who may be suicidal. Preparation for adulthood training may be considered a local need as there are a layer of children and young adults who don't meet Transforming Care Partnership criteria but have significant needs.

In Central Bedfordshire a Pathological Demand Avoidance (PDA) position statement has been developed. This has been well received by parents who have a personal experience of this. Educational

Psychologists locally have identified this as a good model, and which could be applied to other areas of SEND need.

Co-production and community activities have observed implied needs for psychological support for parents who may feel significant distress either due to their child or young adult's needs, or because these needs are not seen to be met by services, or due to a combination of these factors. Implied needs may be needs which individuals themselves may not recognise, but may be observed by others. There is a paramount requirement in this area of need to acknowledge all of the feelings of individual parents and carers and to not to diminish the impact of any circumstance. Parallel to this there is a need as a whole SEND community to support parents and carers to identify the balance of impacts that affect a family with SEND and the individual responses and behaviours which can arise.

## 7.4 Education attainment for children with SEND

Overall, attainment and progress for children with SEND (both SEN Support and EHC Plans) performs less well compared to the same group nationally and against statistical neighbours across most key stages

There is a proactive approach to identifying schools which are vulnerable to the rating of requires improvement (or worse). Schools undergo a systematic process of monitoring and challenge throughout the year, in which the performance of SEND and other vulnerable groups is a key focus.

At Key Stage 1, attainment is generally above or the same in all subjects, especially for pupils with an EHC plan compared to national and statistical averages. Performance in mathematics is relatively higher compared to national and Statistical neighbour averages for EHC plan pupils and similar for SEN Support pupils.

At Key Stage 2, the progress of pupils with an EHC Plan and SEN support from their starting points is lower compared to the same cohort nationally. The progress and attainment of pupils with an EHC plan have remained a focus of individual school monitoring and progress discussions.

### 7.4.1 Early years statistics

2019 Early Years Foundation Stage Profile (Provisional) – EYFSP SEN Analysis:

EYFSP		
% Pupils Achieving Good Level of Development		
	SEN Support	EHCP
<b>CBC</b>	28	3
<b>Statistical Neighbour Average</b>	29	7
<b>National Average</b>	29	5

Trend data (2017-2019) - % Children Achieving Good Level of Development at EYSFP:

EYFSP						
% Pupils Achieving Good Level of Development						
	SEN Support			EHCP		
	2017	2018	2019	2017	2018	2019
<b>Central Bedfordshire</b>	27	30	28	x	6	3
<b>Statistical Neighbour Average</b>	27	30	29	x	x	7
<b>National Average</b>	27	28	29	4	5	5

Source: SFRs. Early Years Foundation Stage Profile (Provisional) X = indicates a number too low to be statistically relevant

The percentage of pupils with SEN Support but without an EHC plan achieving a good level of development has stayed at a similar level during recent years, with 27% Good Level of Development in 2017, 30% in 2018 and 28% in 2019.

The achievement of SEN Support pupils at the Early Years Foundation Stage is slightly lower at 28% compared to the national and statistical neighbour averages, both of 29% in 2019. For the percentage of pupils with an EHC plan, the percentage achieving a good level of development has reduced by 3% since 2018.

## Early years areas for development

Pupils with SEN Support and those with EHC plans perform slightly below the national and statistical neighbour averages. The trend in recent years has stayed at a similar level during recent years.

### 7.4.2 Key stage 1

Key Stage 1 2019 - % of pupils reaching the expected standard:

	Reading		Writing		Maths	
	SEN Support	EHCP	SEN Support	EHCP	SEN Support	EHCP
Central Bedfordshire	34	17	25	13	36	20
Statistical Neighbour Average	32	14	22	10	34	16
National Average	33	13	25	9	36	14

In Reading, pupils in both SEND categories (SEN Support and EHC plan) perform above the same group of pupils in statistical neighbour LAs and nationally. SEN Support pupils perform slightly above the regional average in Reading.

In Writing, pupils in both SEND categories (SEN Support and EHC plan) perform above the same group of pupils for statistical neighbour LAs and for EHC plan pupils, above the national average (SEN Support perform the same as the national average).

In Maths, pupils with an EHC plan perform above the same group of pupils in statistical neighbour LAs and nationally.

SEN Support pupils perform slightly above the statistical neighbour average in Mathematics, and the same as the national average.

#### Key stage 1 strengths

Attainment in Writing for those pupils on EHC plans is stronger compared to similar LAs and the national average.

Attainment in Maths for those pupils on EHC plans is stronger compared to similar LAs and the national average.

Attainment in Reading for those pupils on SEN Support is slightly stronger compared to similar LAs and the national average.

## Key stage 1 areas for development

There remains a need to monitor performance in order to maintain the currently good standards.

### 7.4.3 Key stage 2

Key Stage 2 2019 - % of pupils reaching the expected standard										
	Reading		Writing		Maths		Combined RWM		Grammar, Punctuation and Spelling	
	SEN Support	EHCP	SEN Support	EHCP	SEN Support	EHCP	SEN Support	EHCP	SEN Support	EHCP
Central Bedfordshire	40.2	18.9	40.3	13.1	45.0	22.1	26	7	36.5	21.3
Statistical Neighbour Average	39.3	17.5	36.3	13.2	43.9	15.9	22	10	36.5	17.6
National Average	40.9	16.4	38.8	13.6	46.2	17.0	25	9	41.1	17.4

Source: 2019 SFRs.

The percentage of SEN Support pupils reaching the expected standard or above in Reading, Writing and Maths is above the national and statistical neighbour averages. Pupils with an EHC plan perform below the statistical neighbour and national averages.

In Reading, SEN Support pupils perform similarly to the national and statistical neighbour averages. Pupils with an EHC plan perform slightly above both the national and statistical neighbour averages.

In Writing, the performance of SEN Support pupils is slightly above statistical neighbour and the national average and pupils with EHC plans perform similarly to statistical neighbour and the national averages.

In Maths, SEN Support pupils perform similarly to the national and statistical neighbour averages. Pupils with an EHC plan perform above the national average and statistical neighbour average.

In Grammar, Punctuation and Spelling (GPS), SEN Support pupils perform below national average and similarly to statistical neighbour averages. Pupils with an EHC plan perform above the national and statistical neighbour averages.

Between Key Stage 1 and 2, it is important to consider the progress pupils make from their starting Points. The progress of pupils with SEN Support and EHC plans is weaker across all subjects. SEN Support pupils nationally have a general trend towards stronger progress than those with EHC plans.

Key Stage 2 2019 – Progress Score Points						
	Reading		Writing		Maths	
	SEN Support	EHCP	SEN Support	EHCP	SEN Support	EHCP
Central Bedfordshire	-2.4	-5.9	-3.1	-7.3	-2.4	-5.9
Statistical Neighbour Average	-1.4	-4.2	-2.4	-5.2	-1.7	-4.8
National Average	-1.0	-3.6	-1.7	-4.3	-1.0	-4.0

Source: SFRs.

## Reading progress

The reading progress score for pupils with an EHC plan in Central Bedfordshire is 2.3 points lower than national and 1.7 points lower the statistical neighbour score. The reading progress score for pupils with SEN support is lower than similar pupils nationally (by 1.4 points) and lower than statistical neighbours (by 1.0 point).

### KS2 Maths progress

The maths progress score for pupils with an EHC plan in Central Bedfordshire is 1.9 points lower than similar pupils nationally and 1.1 points lower than the statistical neighbours score. The maths progress score for SEN support pupils is 1.4 points lower than similar pupils nationally and 1.7 points lower than statistical neighbours.

### KS2 Writing progress

The writing progress score for pupils with an EHC was 3.0 points lower than similar pupils nationally and 2.1 points lower when compared to statistical neighbours. The writing progress score for SEN support pupils was 1.4 points lower than similar pupils nationally and 0.7 points lower than statistical neighbours.

### KS2 areas for development

There is scope to raise aspirations for the progress of pupils with EHC plans and SEN Support between KS1 and KS2 in all KS2 subjects. Pupils with an EHC plan performed less well than statistical neighbours and national pupils in reading, maths and GPS at KS2.

Pupils with SEN Support performed less well than statistical neighbours in reading and writing at KS2.

## 7.4.4 Key stage 4

Overall attainment at the end of KS4 (Attainment 8) for SEN Support and pupils with an EHC plan is below the national and statistical neighbour average.

Key Stage 4 2019				
	Attainment 8 score per pupil		Progress 8 Score	
	SEN Support	EHCP	SEN Support	EHCP
Central Bedfordshire Council	27.7	12.2	-0.66	-1.34
Statistical Neighbour Average	31.9	14.9	-0.47	-1.08
National Average	32.6	13.7	-0.43	-1.17

Source data: 2019 SFRs

This also reflects rates of progress (i.e. attainment compared to their starting points) with the progress of both SEN support pupils and pupils with an EHC plan below that of the national and statistical neighbour average.

Key Stage 4 2019	Percentage of pupils who achieved 9-5 including Eng and Maths		Percentage of pupils who achieved 9-4 including Eng and Maths		English Baccalaureate Average Point Score 8	
	SEN Support	EHCP	SEN Support	EHCP	SEN Support	EHCP
Central Bedfordshire	9.3	9.0	22.39	12.00	2.22	0.98
Statistical Neighbour Average	15.0	6.0	31.39	12.68	2.61	1.19

<b>National Average</b>	16.8	5.5	32.32	11.10	2.66	1.07
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Source data: 2019 SFRs

The attainment seen across 8 subjects is also demonstrated in terms of threshold measures, pupils with SEN Support achieved 9.3% 9-5 grades in English and Maths and pupils with EHC plans achieved 9%. Pupils with SEN Support scored 2.22 compared to 0.98 for EHC pupils in the English Baccalaureate average point score 8. Both measures achieved lower than national and statistical neighbours.

### Key stage 4 areas for development – attainment

Attainment is in need of improvement overall for pupils with EHC plans and SEN Support.

### Key stage 4 areas for development – progress

To ensure pupils with SEND make the same rates of progress from pupils' individual starting points across all settings in Central Bedfordshire.

## 7.4.5 Qualifications by age 19

**Attainment of Level 2** equates to achievement of 5 or more GCSEs at grades 4-9 (A\*-C) or a Level 2 vocational qualification of equivalent size.

**Attainment at Level 3** equates to achievement of 2 or more A-levels or an equivalent sized vocational qualification.

#### Level 2 and 3 attainment by age 19 in 2019 (%):

##### Qualifications to level 2 with English and maths

	SEN Support	EHCP
Central Bedfordshire	33.9	15.6
Statistical Neighbours	36.5	17.5
National Average	35.9	14.9

Source: SFR - 2019

##### Qualifications to level 3

	SEN Support	EHCP
Central Bedfordshire	26.6	15.6
Statistical Neighbours	28.8	13.7
National Average	30.7	12.5

By the age of 19, pupils with SEN Support are less likely to be qualified to level 2 threshold levels than the national and statistical neighbour average. Pupils with EHC plans are less likely to be qualified to level 2 threshold levels than statistical neighbours but more likely pupils nationally.

In 2019, a lower proportion of SEN Support and a higher proportion of EHC plan pupils are likely to be qualified to level 3 than the statistical neighbour and pupils nationally.

### Attainment by age 19 strengths

A higher proportion of EHC plan pupils achieve level 3 than statistical neighbours and pupils nationally

### Attainment by age 19 areas for development

There is an opportunity for improvement for pupils with SEN Support at Level 2 and Level 3.

### Educational attainment next steps

In general, attainment of SEN Support and pupils with an EHC plan is below the national and statistical neighbour average in most key stages and subjects. Progress of SEN Support and pupils with an EHCP



in Central Bedfordshire generally make less rates of progress compared to similar pupils nationally across all phases.

### 7.4.6 Participation of 16- 18 year olds with SEND in education or training

The proportion of young people in Central Bedfordshire with a current EHCP or a Plan at the end of year 11 participating in post-16 education or training is slightly lower than the Regional, national and statistical neighbour averages. Overall the service is showing an improvement in participation.

As at December 2020, 87.9% of 16-17 year olds with SEND in Central Bedfordshire were in learning, compared with 88.2% across England and 89.8% across the East of England. There is an established process to identify and track children at risk of NEET from year 11 onwards; this leads to targeted interventions that are effective in reducing that risk.

16-17 yr olds with SEND % in Learning	Dec 2020	Dec 2019	Dec 2018
ENGLAND	88.2%	88.0%	87.3%
EAST OF ENGLAND	89.8%	90.6%	89.5%
Statistical Neighbour	89.5%	89.2%	90.1%
<b>Central Bedfordshire</b>	<b>87.9%</b>	<b>86.4%</b>	<b>86.4%</b>

Participation of 16-18 year olds with an EHCP in education or training Source: NCCIS LA At Risk Tables

‘Risk of NEET’ screening is carried out by the local authority and provided to all mainstream secondary or upper schools. Central Bedfordshire’s special schools work with Local Authority to identify children and young adults at risk of NEET in need of targeted intervention.

Post-16 provision and pathways should be regularly reviewed. This should identify needs and inform a breadth and depth of local provision, increasing the post 16 options available to young people with SEND.

### 7.4.7 Young Adults with SEND Not in Education, Employment or Training (NEET).

Participation in education or training by young people with SEND in Central Bedfordshire is slightly lower than its statistical neighbours and the Regional and National Average. It is increasing over time.

The proportion of NEETS in Central Bedfordshire is slightly higher compared to national, regional and statistical neighbour data. However, the number of young people with SEND who are NEET is low, at only 18 in December 2020. There are currently more males who are NEET.

16-17 yr olds % NEET	Dec 2020		Dec 2019		Dec 2018	
	16-17 yr olds with SEND	All 16-17	16-17 yr olds with SEND	All 16-17	16-17 yr olds with SEND	All 16-17
ENGLAND	6.8%	2.7%	6.6%	2.6%	6.4%	2.6%
EAST OF ENGLAND	7.0%	3.0%	6.7%	2.8%	7.4%	2.9%
Statistical Neighbour	5.5%	2.1%	5.1%	1.9%	4.4%	1.8%
<b>Central Bedfordshire</b>	<b>7.8%</b>	<b>3.6%</b>	<b>7.0%</b>	<b>2.7%</b>	<b>6.8%</b>	<b>3.0%</b>

Proportion of NEETS in Central Bedfordshire compared with regional, national, and statistical neighbours. Source: NCCIS LA At Risk Tables <https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures>

## 7.5 Organisational needs in improving outcomes

The Children Act (1989) sets out the needs of the child as paramount, and the Children and Families Act, with the Care Act (2014) and the SEND code of practice (COP), sets out the need to engage the Families of Children and Young Adults with SEND in decision making.

Public Health practice identifies subsets of need, such as community needs, felt and expressed individual needs, and organisational needs. Types of need co-exist and can compliment or conflict with one another. Organisational needs (sometimes called normative needs) tend to be defined in terms of unmovable factors which organisations have to account for. Common examples of organisational needs in the provision of Health and Social Care tend to be financial constraints, legal obligations or locally identified barriers to meeting statutory obligations.

There are circumstances where organisations have an operational need to set out a ‘top down’ approach to defined activities, to ensure that laws are followed, financial constraints are respected, that staff are protected and that overall community health and social care needs are represented proportionately. In a hierarchy of needs, these requirements may occasionally take precedence over some community felt and expressed needs.

### 7.5.1 Examples of local organisational need

The SEND Code of Practice states that, *local authorities should take steps to ensure that their arrangements for involving children, young people and parents include a broadly representative group of the children with SEN or disabilities and their parents and young people with SEN or disabilities in their area.*

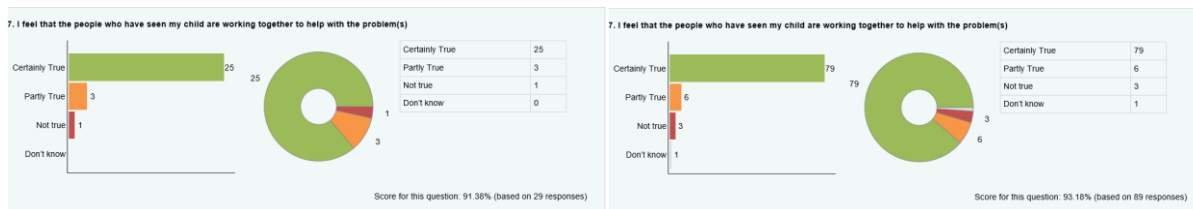
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

The SNAP PCF survey represents approximately 10% of parents and families of school age with a SEND need in Central Bedfordshire.

0-4 years	7.70%	49
5-11 years	61.79%	393
12-15 years	24.84%	158
16-19 years	7.23%	46
20-25 years	1.26%	8

Source: SNAP PCF Survey November 2020

There is an organisational local need to represent the views and needs of all families in Central Bedfordshire caring for a child or young adult with SEND. This need is also identified by Ofsted, and in statutory obligations to deliver the best health and social care to the widest audience. Families with children under 4 years old, families of young adults older than 16 and ethnically diverse communities with SEND needs could be more represented by local surveys.



Source: CCS Chi- Esq Survey Jan-April 2021; duplicate sect. 6.3

Cambridge Community Services have captured individual Local Authority area data from satisfaction surveys from January 2021, with data available for this JSNA up until April 2021. The surveys engaged families relating to specific services. Total numbers surveyed are relatively low due to the limited time period and the maximum number of participants possible. There is a need to review data over a longer period of time and to continue to compare percentages in Central Bedfordshire with the whole of Bedfordshire for benchmarking. Initial data in this small example relating to community services showed a 2% greater degree of satisfaction across Bedfordshire as a whole compared to Central Bedfordshire.

## 7.5.2 Survey methodologies

The Experience of Service Questionnaire (ESQ, formerly CHI-ESQ) used by Cambridge Community Services was developed by the then Commission for Health Improvement (now the Health Care Commission) as a means of measuring service satisfaction in Child and Adolescent Mental Health Services. The ESQ consists of 12 items rated "Certainly True" (=1) "Partly True" (= 2) and "Not True" (= 3) and three free-text sections looking at what the respondent liked about the service, what they felt needed improving, and any other comments. This methodology is similar to the SNAP survey, except that the ESQ methodology relates directly to specific times and services, capturing experiences and feelings relating discretely to that occasion. Patterns can then be considered if they emerge.

The SNAP survey methodology divides all services into Health, Social Care and Education. 'Health' for example includes a number of services across three different organisations including CAMHS, SALT and Public Health Nursing.

There are opportunities to consider how to maximise the benefit of surveys undertaken across the SEND system in the future, co-producing where it's appropriate to do so. Capturing patterns of parent experience in each service would help the local area to implement targeted changes leading to further improvement. SNAP PCF contribute to processes across the local area and there is a need, whilst ensuring parents are involved wherever is reasonable and possible, for services not to overburden parents in over-consultation. There is a need to include this principle in a Memorandum of Understanding in a form of words which SNAP PCF feel equally protects the need to be consulted and for this to be manageable.

## 7.5.3 Organisational need to support families

Staff across the health and social care landscape expressed the need to convey to local families how much they recognise the tremendous impact that caring for a child or young adult with SEND has. Staff universally expressed the sincere wish to support and provide services and care appropriately in line with the SEND code of practice for all families with SEND needs. Staff particularly hoped that families of Children and Young Adults with SEND will be able to identify a balance of needs in the SEND JSNA and to work together in order to support the needs of all.

## 7.5.4 SEND strategy and accessible versions

The SEND JSNA functions as a reference document to inform local area decisions and an evidence base on which a SEND strategy can be designed. Following this, the development of a SEND strategy will aim to set out how identified needs will be met locally. Finally, there is also a need to co-produce an 'easy read', accessible summary of the findings of this SEND JSNA appropriate to local families, children and young adults with SEND.

## 8. Areas for focus

### 8.1 Overarching strategic areas for focus

1. To maintain a regular monthly operational SEND local area team with membership of senior professionals representing Education, Health, Children's and Adult Social Care.
2. To develop diagrammatic SEND pathways showing the relationship between education, health and social care and to publish them on the local offer.
3. To develop the local legal framework for jointly commissioning integrated services between Health, Social Care and Education for children with SEND, such as a Section 75 (NHS Act 2006) agreement.
4. To support Parent Carer Forums to reach a wider audience, including families of children and young adults with SEND of all ages and backgrounds.
5. To support Parent Carer Forums to develop questions in the annual PCF survey which enable services to identify areas for improvement.
6. To develop a full local strategy for SEND, building on the assessment of need and local data to set out methods of delivering measurable outcomes.
7. To develop an evidence based prioritisation framework in order to balance the expressed needs of parents with organisational needs to provide the best level of health and care to the greatest number of people.
8. To convene a committee of senior representatives in Health and Social Care to address the needs arising for those families who may feel dissuaded from contributing to co-production by the actions and behaviours of other parent groups.

### 8.2 Areas for focus for identifying SEND

9. To review the outcomes for SEND of the timing of the fifth Health Visiting touchpoint, locally delivered at 3¼ years of age.
10. To review further opportunities to capture the voice of the child in EHC plans
11. To further develop co-production with young people across the local area building on provider findings.
12. To review out of area follow up and data recording.
13. To review the graduated response taking account of parent and professional views, and legal obligations.

### 8.3 Areas for focus for meeting needs

14. To continue to support the Schools for the Future programme to increase local capacity for special schools and for specialist provision in mainstream schools
15. To work with further education providers to increase the range of local provision and reduce the need for young people to access provision away from home.
16. To identify and support the emotional wellbeing of children, young adults and their families.
17. To support the recovery from services affected by COVID.

18. To improve the quality and timeliness of EHC plans
19. To provide a FAQ guidance for parents setting out what needs may be met, and the reasons why some needs cannot be met.
20. To improve the take up of personal budgets

## 8.4 Areas for focus to improve outcomes

21. To develop guidance for practitioners to improve quality of outcomes for children with SEND
22. To explore and analyse outcomes for children with SEND by ethnic group
23. To review policies and practice to ensure schools are supported to gain EHCPs for behaviour where this would best support the child.
24. To capture data on the numbers of children leaving SEND services at the age of 18
25. To consider the transition from SEND services at the age of 25 for any young adults not known to Adult Social Care who will no longer receive care; to consider a process in Education to identify and refer any unmet emerging Adult Social Care needs.
26. To incorporate SEND needs into the development of the Accommodation Strategy for Adults with Care and Support Needs.

## 8.5 Technical areas for focus

27. To develop systems of collection and processes for reporting Health and Social Care SEND data across health and social care to area leaders.
28. To improve data recording for post-16 population
29. To align caseloads between education, health and social care using NHS Numbers, working towards a single patient SEND record accessible across health systems/ providers

# 9. Committee Services

The Central Bedfordshire Health and Wellbeing Board oversee Joint Strategic Needs Assessments. If you have any concerns these can be raised with the board or its members by contacting Committee Services.

## Contact Committee Services

Central Bedfordshire Council  
Priory House, Monks Walk  
Chicksands, Shefford  
SG17 5TQ

**Email:** [committeemeetings@centralbedfordshire.gov.uk](mailto:committeemeetings@centralbedfordshire.gov.uk)

**Web:** [https://www.centralbedfordshire.gov.uk/info/31/meetings/223/health\\_and\\_wellbeing\\_board\\_-\\_meetings\\_and\\_agendas](https://www.centralbedfordshire.gov.uk/info/31/meetings/223/health_and_wellbeing_board_-_meetings_and_agendas)

Author: Andy Kimber, Public Health and Social Care Commissioner, July 2021.

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