

**Special Educational Needs and  
Disabilities (SEND)  
Needs and Sufficiency Assessment  
December 2020**



**North Tyneside**  
Clinical Commissioning Group



North Tyneside Council

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# **1. Overview and Key Findings**

## **1.1 Introduction**

In accordance with the SEND Code of Practice, the SEND Needs and Sufficiency Assessment is updated as part of the annual North Tyneside joint commissioning cycle. It assists the SEND Strategic Board to hold all partners to account by reviewing the latest picture of needs and assessing progress against the priorities in the Vision Statement and Joint Commissioning Strategy 2018-2021. The strategic priorities for joint commissioning are to:

- Strengthen capacity to identify needs and improve the use information to inform commissioning decisions.
- Meet needs through high quality, relevant commissioned services.
- Improve the outcomes from commissioned services.
- Increase the personalisation of services and co-produce commissioned services with parents, carers, children and young people.
- Improve the effectiveness of joint commissioning arrangements.

The annual review of the Needs and Sufficiency Assessment allows the SEND Strategic Board and partners to keep a clear line of sight on the relationship between changing needs and the development of the local offer of education, health and care provision, services and support for children and young people with SEND.

## **1.2 Review of Progress and Next Steps**

This section summarises progress in implementing the Joint Commissioning Strategy over the past 12 months. It also sets out the action to be taken in 2021-22 in addressing commissioning priorities and responding to the changing needs of children, young people with SEND. Each of the themes below has been linked to the appropriate indicators from the 5Is outcomes framework: I am safe; I am Healthy; I am Happy; I have opportunities; and I Have a Voice.

### **Responding to the COVID-19 Pandemic – I am Safe**

Since the beginning of the pandemic in March 2020, services have continued, with multi-agency arrangements and work with children and families being delivered using virtual methods where face-to-face contact has not been possible. During the first wave of the pandemic schools provided places for vulnerable children and those of key workers. To enable recovery from the impact of COVID-19 and the period of extended school closure in March and April, collaborative mechanisms were put in place to support catch-up and intervention for pupils' attainment, while supporting schools to manage ongoing periods of repeated infection. This work continued after the initial lock-down to ensure that schools were able to fully open safely from September 2020. Additional support has been provided to children with SEND who been particularly affected by the lockdown to minimise the negative impact on their learning and development. A COVID Route-16 programme has been established to reduce the risk of some young people disengaging and to prepare them for post-16 progression. A multi-agency pilot group has developed resources and pathways focussed on young people's mental health as a response to COVID-19, this work will enhance the graduated response launched at the beginning of 2020.

Over the medium to longer-term, there will be an increase in the number of children with Social, Emotional and Mental Health (SEMH) needs as a result of the pandemic. The pandemic has had a disproportionate impact on the most deprived wards of the borough and a significant increase in demand and referrals to early help and social care support is expected.

The next steps are to continue the work with schools, colleges and providers to ensure that children and young people can attend and be supported with their wellbeing and education; that the disruption caused by the pandemic is minimised; to focus on the early identification of children and young people with escalating mental health issues or challenging behaviours; and to use the resources and pathways developed by the multi-agency group to support young people's mental health during the pandemic.

### **Support in the Early Years – I have Opportunities**

The Early Years Inclusion Fund (EYIF) has been established, building on the former LEAPS Panel and allocation of LEAPS funding for early years children with SEND. Arrangements have been put in place for children aged 0 to 5 to identify those pre-school children with SEND and to ensure that those children whose needs cannot be met by the Early Years Inclusion Fund are taken through the statutory assessment process.

A new Early Years SENCO has also been appointed to support all early years providers including those from the private, voluntary and independent (PVI) sector.

### **Early Help - I have Opportunities**

The Council for Disabled Children has been engaged to support the development of a new model for SEND early help. The intention is to develop a multi-agency early help model for SEND, to strengthen the early identification of need and deliver the right support to children, parents and carers at the right time. This would seek to strengthen the partnership with all services and stakeholders, including schools, health, social care, school improvement and commissioned services. The next steps are to build on the work undertaken with the Council for Disabled Children.

### **Special School Provision – I have Opportunities**

Overall places funded in North Tyneside Special Schools have continued to increase significantly (from 544 to 695 between Oct 17-Sep 20, a 28% increase).

In response to the intelligence that 20 additional places at Key Stage 3 for children with the Primary need of ASD & SLCN would be required in each year from 2020-21 onwards, the number of special school places has been increased for September 2020. This follows the investment of DfE SEND Capital Funding which began in 2018-19 and subsequent capital spend to increase capacity in special schools.

The number of planned places at Silverdale School, which provides education for pupils aged 3 to 16 who have SEMH or ASD, has been increased by 19 places for September 2020. This has increased the total number of planned places at this school to 102.

In response to changing needs, the designation of Southlands School has been changed from SEMH and MLD; to ASD and MLD; with effect from September 2020. The leadership of the former Melrose ARP, located at Longbenton High School, has also been transferred to Southlands School in response to the increasing numbers of children with ASD requiring special provision. The changes at Southlands School followed informal and statutory consultations. These developments will strengthen progression routes from primary to secondary provision for children with ASD.

The next steps are to strengthen progression routes from primary to secondary provision for children with ASD and post-16 pathways as part of the wider post-16 review.

### **Additionally Resourced Provision (ARPs) - I have Opportunities**

Work with some of the schools has enabled an increase in the numbers of children and young people in their ARPs in September 2020, supporting the inclusion of children with EHCPs in a mainstream environment. In response to the high number of unfilled places in MLD ARPs, and the need to better align

ARP provision in mainstream schools with current and projected needs, a two-phase implementation plan for change has been developed with schools. This is part of the wider work on inclusion of children with SEND in mainstream schools. A dialogue with Head Teachers is underway as part of the informal consultation process. The next steps are to implement the ARP action plan to cease funding unfilled places by September 2021 and to embark on consultation to reconfigure the ARPs by August 2022.

### **Inclusion and the Graduated Response – I have Opportunities**

A North Tyneside Accessibility Strategy has been prepared and further work has been undertaken with schools on the strengthened graduated response system which was introduced early in 2020. The guidance has also been reviewed and refreshed and the work undertaken has focused on identifying targets and outcomes for pupils with SEND. A key focus of a multi-agency working group has been on embedding the Graduated Response for children with SEMH needs. The next steps are to embed the refreshed Graduated Response guidance to ensure a consistent and proportionate approach is applied across mainstream schools.

The Graduated Response evidences the support required, over and above core place funding and the notional SEND budget with each school so that additional funding will be more closely aligned with the costs of meeting need. A decision will be taken on the 'costed provision map' as part of any wider changes to High Needs funding arrangements.

Extensive consultation was carried out in the Autumn of 2020 on a new cross-partnership, multi-agency SEND Inclusion Strategy, 2021-2024, for children and young people (0- 25) which aims to establish a more proactive approach to support children and young people within their local community so that they can access a local mainstream school wherever possible. The new Inclusion Strategy will be launched early in 2021.

### **Alternative Provision – I am Happy, I have Opportunities**

Funded places at Moorbridge Pupil Referral Unit (PRU) have continued to increase significantly (from 87 to 135 between Oct 17-Sep 20, a 55% increase). In addition, A COVID Route-16 programme has been developed for vulnerable children in year 11 with SEMH needs which have been exacerbated as a result of COVID lockdown.

A review of PALS (Personal Achievement through Learning Support) which offers alternative provision for pupils in Years 10 and 11 who are at risk of exclusion is underway.

### **Post-16 Provision – I am Happy; I have Opportunities**

A review of the current Post-16 offer for young people was launched to explore travel to learn trends, post-16 pathways and opportunities to strengthen the academic and vocational offer. This includes finding that more young people who are choosing not to continue their studies within their school setting and are choosing out of borough placements in Further Education establishments.

As part of the review, which encompasses all Post-16 provision, we are capturing the views of students, including those with complex needs; parents; school leaders; further and higher education providers; and business leaders. At the heart of this is to prepare all young people with the necessary skills, knowledge and opportunities for further learning, training, employment and transition to adulthood. SEND post-16 pathways will be a key focus of the review.

### **Commissioned Services - I have Opportunities, I am Healthy**

Work has continued to ensure that Commissioned Services funded by the High Needs budget are appropriately resourced, integrated with other services for children with SEND and focused on those who

need extra support. The Dyslexia Service and Language and Communication Team have continued to respond to high levels of demand, monitoring performance and reporting on the impact of their services. Waiting times for the Cygnet Training Programme for parents and carers of children with ASD, which is delivered by the Language and Communications Team alongside health specialists are too long. Options for addressing this will need to be considered jointly by commissioners.

The next steps are to continue to support the development of all commissioned services within the broader framework of the inclusion strategy and graduated response to ensure they are appropriately focused and having the maximum impact.

The CCG has provided additional investment where there are significant pressures on services. This includes investment in: CAMHS to enable the service to increase capacity for both the neurodevelopmental and emotional pathway; the Community Learning Disability Team to develop the whole life enhanced community model, which includes a forensic Positive Behavioural Support pathway and a crisis aversion pathway; and therapy services to provide additional capacity to the increase in special school provision. A SEND Project Lead has been appointed at Northumbria NHS Foundation Trust (FT). This role strengthens health support into special schools. The Authority, CCG, Northumbria NHS FT and special schools are working together to improve joint working and to ensure that roles and responsibilities are clear and that parents are assured that their child is receiving the support needed to make the expected progress identified in their plan. This approach is key to building confidence with parents that their child's needs can be met locally, without the need to source an external placement. The resource allocation for the Designated Clinical Officer has also been increased.

The next steps are to strengthen the operational model for those staff in schools who work with therapists. The SEND Project Lead at Northumbria NHS Foundation Trust will strengthen health support into special schools.

### **Independent Special Schools and Colleges – I have opportunities; I am Safe**

The North East Local Authorities have agreed new regional collaborative arrangements for monitoring usage and quality of external placements, including those in Independent Special Schools and Colleges, overnight short breaks for disabled children, places in external children's homes and supported accommodation and external fostering. New Regional Link Officer roles have been introduced which now cover all settings in which we have placements as a region, whether on a formal procurement solution or not. The Regional Link Officer will be responsible for quality monitoring as well as supporting market development. Strategic audits of large providers will be undertaken to ensure compliance and support quality improvement.

### **Autism Strategy – I am safe; I am Healthy; I am Happy; I have opportunities; I Have a Voice**

A new all-age Autism Strategy is being developed. The vision is to make North Tyneside an inclusive place, where autistic people have the same opportunities as everyone else, and where they and their families feel supported. The work involves developing an effective multi-agency response for children and young people with autism. Diagnostic pathways have been mapped, engagement undertaken with partners and 6 high-level priorities have been identified through this co-production work. This work is being supported by Inclusion North East who have facilitated the dialogue across partner organisations and with parents, carers, young people and adults. The strategy will be launched in 2021.

### **Support for People with Learning Disabilities – I am Safe, I am Healthy**

Staff have been appointed to new posts in the multi-agency Community Learning Disability Team. This builds on the work undertaken with the Community Learning Disability Team and the Learning Disability Team to fully implement the Stopping the Over-Medication of Children and Young People with a learning disability, autism or both (STOMP) and the Supporting Treatment and Appropriate Medication in

Paediatrics (STAMP) programmes. CCG Transformation funding has enabled work to begin on the ASD behavioural support pathway for young people without a learning disability.

### **Social Care - I am Safe**

New providers have been sourced in response to a shortage of home care and outreach providers able to support children under the care of the Children's Disability team. We will continue to develop the short breaks provision and enhance the provider offer for home support and work with the CCG to increase the range of short break provision for children with complex SEND needs and provision for transport for children with complex SEND.

### **Leisure Opportunities – I am Healthy, I Have Opportunities**

Parents and carers on the Disability Register have highlighted the need for access to good support, advice and information, and opportunities for play and leisure.

### **Engagement and Co-Production – I have a Voice**

Work has continued to embed system-wide co-production with parents and carers and mechanisms for including the Child's Voice. A Special School Council and a SEND Youth Forum have been established. Feedback will continue to be gathered on the SEND Local offer and published in an annual 'You Said, We Did' report.

The next steps are to embed our SEND engagement and co-production strategy, ensuring the voice of the child is evident throughout everything we do and that co-production with parents and carers continues. Work with the Specialist School Council and the SEND Youth Forum will continue.

### **Developing the SEND System – I am Safe, I am Healthy, I am Happy, I have Opportunities, I have a Voice.**

The Performance Sub-Group has focused on improving the availability of data to inform planning and commissioning, including improving Health data in partnership with the CCG and the NHS North of England Commissioning Support Unit (NECs). Work has also continued with schools to ensure schools census data is accurate and consistent and provides a robust understanding of need to inform the commissioning of services and use of resources.

Work also started to look at the 'SEND place planning timeline.' This work takes a whole system approach to improve key processes in the SEND system. All processes have been identified and interdependencies have been mapped. The next steps are to improve the effectiveness of these processes by ensuring that the right information is available at the right time to enable the system to work effectively, this will include strengthening the information required to inform budget allocations to special schools and improving Post-16 place planning with better intelligence about the intended destinations of young people. We will work with schools to ensure needs are identified consistently and that census information is accurate and consistent, to provide a robust understanding of need and inform effective commissioning of services and use of resources.

We will refresh the Joint Commissioning Strategy in 2021, taking account of the new Inclusion Strategy.

We will also broaden the scope of our Needs Assessment to incorporate a wider range of health and care data and to project need further into the future to information planning and commissioning.

### **Joint commissioning of dispute resolution, mediation & SENDIASS – I have a Voice**

We are jointly reviewing our mediation services for parents, carers and young people who may wish to exercise their right to appeal a decision; and SENDIASS, the special educational needs and disability

information, advice and support service (SENDIASS) for parents, carers and young people. We will continue to work together to explore joint commissioning of these services.

### **SEND Panels – I am Safe, I am Healthy, I am Happy, I have Opportunities**

A review of SEND Panel has been undertaken jointly with colleagues from Health and Care. We will undertake further work on panels including monitoring the effectiveness of the new children with disabilities short break panel and the SEND Panel as it operates against refreshed terms of reference.

### **Childrens Continuing Care – I am Healthy; I am Safe**

We are working together with the CCG to ensure we are getting person-centred, co-ordinated care which improves health and wellbeing outcomes and represents good value from the resources available across health and social care. The next step is to agree the Section 256 Legal Agreement between LA and CCG regarding Children's Continuing Care.

### **1.3 Key Findings in Relation to Sufficiency of SEND Provision**

This report is structured around our five intentions for children and young people in North Tyneside; that they are Safe, Healthy, Happy and have Opportunities and a Voice. The key issues in relation to sufficiency relate to the following:

- Requests for statutory assessment remain high and continue to increase the SEND population, both with EHCPs and SEN Support. This increase is across all ages and puts increased pressures on education, health and care services. Significant capacity issues continue to be experienced in Special Schools.
- Increases in pupils with multiple vulnerabilities e.g. being looked after and having an EHCP. A higher proportion of those open to social care with higher levels of SEN need, compared to nationally.
- Projected increasing pressures for KS4 education and post-16 provision.
- Increasing pressure on the PRU and Alternative Education Provision. Higher levels of exclusions for the SEN Support cohort may also impact on this.
- Projected increase of pupils with EHCPs at transition between primary and secondary school of 15-20 pupils, half of which would traditionally have accessed specialist provision.
- Additionally Resourced Provisions need to reflect the changing needs of the SEND population.
- Increases in the numbers of pupils with ASD, SEMH and PMLD and specifically the combination of ASD and SEMH and high levels of pupils with these needs accessing non-North Tyneside and external provisions.
- The capacity of therapeutic services and particularly CAMHS, including neurodevelopmental pathways.
- Access to short breaks for children and their families – for a small number with complex health and care needs requiring home care and outreach and also the wider opportunities for all children to access play and leisure.
- Access to information (e.g. promotion of the Local Offer), particularly for families with children with SEN Support.

## **2. Local Context**

North Tyneside is one of five metropolitan districts within the Tyne and Wear conurbation, with an area of 82 square kilometres. The North Tyneside Clinical Commissioning Group (NTCCG) covers the same footprint as that of the Local Authority. The NHS NTCCG GP registered list size is 222,609 which is 8% greater than the Local Authority population.



## 2.1 Population Profile

The last official estimate of North Tyneside's population (ONS Mid-2019) is 205,985 of which 57,330 (28%) are aged 0 to 25.

The population of North Tyneside is projected to grow by 6% by 2030 with an increasingly ageing population; projections indicating the number of persons aged 65 years and over will increase by 27%. Over this same period, the population aged 0-24 is only projected to increase by 1%.

Population projections indicate reductions in the number of children and young people in the 0-4 and 5-9 age groups of around 1,800 by 2030. However, the 10-14, 15-19 and 20-24 age groups show a rise between 2019 and 2030 equating to almost 2,500 young people. In particular, the projected increase in the 15-19 age band is 19% (almost 1,900 young people). This highlights a potential increase in demand for secondary, special and post-16 education and employment provision; health and therapeutic services; and social care. A post-16 education review (linked to the North Tyneside Ambition for Education) is being undertaken and is due to conclude in Summer 21; this will include provision for those with additional needs ensuring access to the right curriculum for all students including those with additional needs and preparing them for their next steps in education, employment or training.

**Figure 1: Population Projections**

**205,985** people in 2018

All ages

99,612 males

106,373 females

48.4%

51.6%

**217,721** people in 2030

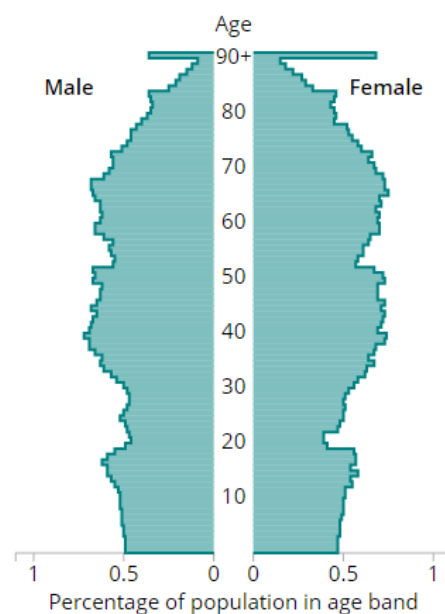
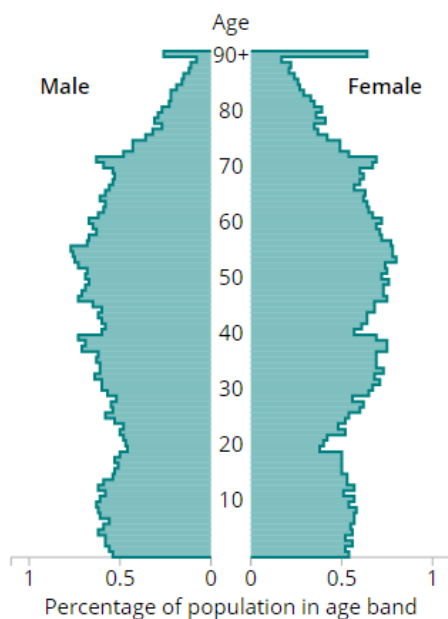
All ages

105,183 males

112,538 females

48.3%

51.7%



Source: ONS Mid-2018 Population Estimates

## 2.2 Existing SEND Provision in North Tyneside

### Childcare and Early Years

The [Childcare Sufficiency Audit Statement 2019](#) provides an analysis of childcare provision available across North Tyneside suggesting a vibrant and diverse childcare market catering for a wide variety of

family requirements, including for children with additional needs. Where they felt able to give an opinion, the majority of providers feel that support for SEND inclusion is at least quite effective.

The Early Years census (Jan 20) shows that 6.1% (403) of the 2, 3 and 4-year olds accessing either the extended or funded entitlement have SEND. This is compared to 5.6% nationally. Most of these children are supported at SEN Support. This includes pupils in schools and accessing any private, voluntary or independent provider (PVI). Children with more complex needs are likely to require specialist nursery places. In the January 20 school census there were 10 nursery pupils educated in North Tyneside special schools (Beacon Hill, Woodlawn and Benton Dene). The general population data projects that the 0-4 population will reduce, however, pressure on these places is likely to continue as there are more children with complex SEND due to advances in medical treatment.

The Portage Home Visiting service is available to families, from their child’s birth to the time of entry into a school-based nursery. It includes any child who is experiencing significant development impairment or delays, in one or more of the areas of cognitive development, sensory or physical development, communication development, social, behavioural or emotional development; or has a condition which has a high probability of resulting in development delay.

Between September 2017 and July 2018, a total of 51 children engaged with the service during this time and the average age at the start of their intervention was 22 months. The median length of intervention was 12.5 months. Need has been disaggregated by ‘broad category’ (Children and Families Act 2014) and developmental delay has been included separately as such an initial diagnosis could manifest under any of the four broad categories if the condition progresses. Whilst need is indicated at this early stage of a child’s life, subsequent diagnosis may change. The data is therefore aggregated by ‘broad category’ rather than ‘primary need.’

**Education**

The table below shows the number of maintained schools and academies in North Tyneside. In addition, located within the borough, are two independent special schools, a non-maintained special school, an independent school and a further education college.

**Table 1: Structure of educational provision**

Nursery	Primary	Secondary	Special	Pupil Referral
1	55 - including 8 First Schools and 1 Academy	16 - including 4 Middle Schools and 1 All though -including 3 Academies	5 -1 Primary -1 KS2-KS4 -1 Secondary -2 All through	1 Secondary PRU

The pledges for children and young people set out the strategic priorities for us to keep children and young people in school and connected to their local communities and in doing this we need to ensure that they are safe, happy, healthy, and have opportunities and a voice. As part of this it is key that we can ensure the appropriate educational provision is available.

**Social Care Provision for Children with Disabilities**

In addition to in-house provision, several framework arrangements are in place: the regional NE12 framework includes short breaks provision, as well as placements with non-maintained and independent special schools and colleges and children’s residential homes; and the local Learning Disability framework

includes outreach, home care and community-based support for children. However, on occasions, access to additional provision is required to meet complex needs.

## 2.3 Children and Young People with SEND

Under Section 20 of the Children and Families Act 2014 and Section 312 of the 1996 Education Act, 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; or
- 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.

The initial identification of a potential disability or special educational need can happen in a number of different ways. 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. Most referrals for very young children come from health professionals including health visitors, therapists, paediatricians, other consultants and specialists within the field of Hearing Impairment/Visual Impairment e.g. audiology professionals.

### Education, Health and Care Plans (EHCPs) maintained by North Tyneside

Children and young people with an EHCP are those who need more assistance to access their education than is available through SEN Support.

The number of EHCPs maintained by North Tyneside continues to increase. The latest published data (Jan 20-SEN2) shows a 55% increase over the past 5 years in North Tyneside (1,038 to 1,606), compared to a 52% increase nationally and a 47% increase regionally. During 2020 the number of children and young people with an EHCP continued to increase; currently there are just over 1,800 children and young people with an EHCP maintained by North Tyneside. This increase continues to put pressure on sufficiency of places and puts increased demand on services across education, health and care.

**Table 2: EHCPs by age band**

Age	2016	2017	2018	2019	2020	#change	% change
Aged under 5	34	33	25	29	61	27	79%
Aged 5 - 10	389	385	380	386	526	137	35%
Aged 11 - 15	487	457	463	499	583	96	20%
Aged 16 -19	128	178	200	230	324	196	153%
Aged 20 - 25	0	22	34	73	112	112	
<b>Total</b>	<b>1,038</b>	<b>1,075</b>	<b>1,102</b>	<b>1,217</b>	<b>1,606</b>	<b>568</b>	<b>55%</b>

Source: Special Educational Needs Survey (SEN2).

The largest numerical and percentage increase over the past five years is in the 16-19 age group, and also the 20-25 age group, from low numbers initially, following the extension of EHCPs to cover those up to age 25. This places increased demand on post-16 specialist provision which will be considered as part of the post-16 review.

### Pupils with SEN in North Tyneside schools

Data collected through the school census provides information relating to the SEN provision for children attending schools in North Tyneside (including non-maintained special schools)

The proportion of pupils in schools in North Tyneside with an EHCP continues to rise and is significantly higher than the proportion nationally. The percentage with SEN Support has also risen year-on-year and figures are now in-line with the figures nationally. This continues to place increasing demand and pressures on schools. The numbers and proportions educated in different types of schools, and the implications of this, are discussed further in section 5.

**Table 3: Proportion of SEN pupils in North Tyneside schools**

		2017/18	2018/19	2019/2020
EHCP	England	2.9%	3.1%	3.3%
	North Tyneside	3.4%	3.6%	4.1%
SEN Support	England	11.7%	11.8%	12.0%
	North Tyneside	10.6%	11.7%	12.2%

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

Considering the number of pupils in each year group, in North Tyneside schools, who have an EHCP over the past five years we can see that as children move through year groups an increasing number have an EHCP. As might be expected, this is particularly notable between Reception and Yr2. However, increases each year through Key Stage 2 can be as much as 25% (approximately an average of 15 pupils). It should be noted that there has been a particularly large increase between the January 19 and January 20 school censuses; this will have been affected by the fact that there have been more plans issued in 2019 than in previous years.

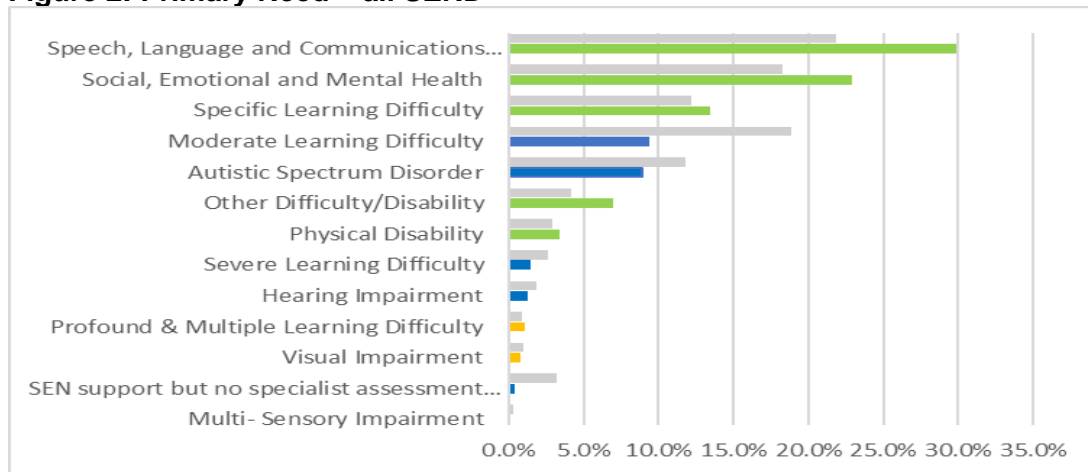
Looking at the projection for the next five years, based on average increases between year-groups over the previous five years, there could be an additional 200 pupils with EHCPs, in Reception to Yr11, in our schools by 2022/23, and this figure will continue to rise. Specifically looking at transfer between Yr6 and Yr7, we could expect to have an additional 15 to 20 pupils in each Yr7 compared to Yr6. This would place significant increased demand not only on places in schools, but also on other education, health and social care services for children and young people with SEND.

Considering a similar model but only for those pupils in special schools suggests that half of the additional places required between Yr6 and Yr7 would be in special schools. These figures, and any modelling are likely to see particular changes over the next few years as a result of increasing places in special schools, particularly due to the impact of those previously in Melrose ARP who became pupils of Southlands School in September 2020.

### Types of needs

Across all pupils in North Tyneside schools with SEND, (i.e. both the EHCP and SEN Support cohorts) Speech, Language and Communications Needs (SLCN) is the most prevalent primary need. At 29.9% of the cohort, this is significantly higher (green bar) than nationally (grey bars). There is also a significantly higher than national prevalence of pupils with Social, Emotional and Mental Health Needs (SEMH) (22.9%), Specific Learning Difficulties (SpLD) (13.5%), Physical Disabilities (3.4%), and other needs (7.0%). On the other hand, there is a significantly lower percentage (blue bar) in some of the other types of need, including pupils identified with Moderate Learning Difficulties (MLD) (9.4%), and Autism (ASD)(8.9%).

**Figure 2: Primary Need – all SEND**



Source: *Special educational needs in England 2020, DfE School Census*

The table below shows the proportion of SEN Support and EHCP pupils in North Tyneside schools with each type of need

**Table 4: Types of SEN Need in North Tyneside schools (including independent schools)**

	SEN Support		EHCP	
	England	North Tyneside	England	North Tyneside
Autistic Spectrum Disorder	6.8%	3.7%	30.1%	24.0%
Hearing Impairment	1.7%	1.4%	2.2%	1.1%
Moderate Learning Difficulty	21.2%	8.1%	10.7%	13.0%
Multi- Sensory Impairment	0.3%	0.2%	0.4%	0.1%
Other Difficulty/Disability	4.6%	8.3%	2.6%	2.9%
Physical Disability	2.3%	2.1%	4.9%	7.2%
Profound & Multiple Learning Difficulty	0.1%	0.1%	3.6%	3.9%
Severe Learning Difficulty	0.3%	0.2%	11.1%	5.1%
Social, Emotional and Mental Health	19.4%	24.4%	14.2%	18.4%
Specific Learning Difficulty	14.6%	17.4%	3.6%	2.0%
Speech, Language and Communications needs	23.7%	32.8%	15.5%	21.3%
Visual Impairment	1.0%	0.7%	1.2%	0.9%
SEN support but no specialist assessment of type of need	4.0%	0.6%		

Both nationally and within North Tyneside schools the highest prevalence of need amongst those with SEN Support is for Speech, Language and Communication Needs. The second highest prevalence nationally is for those with Moderate Learning Difficulties, whereas in North Tyneside it is for Social, Emotional and Mental Health needs.

Within the EHCP cohort, the most common need both nationally and in North Tyneside schools is Autism, followed by Speech, Language and Communication Needs.

**Primary Needs Recorded in the School Census 2016 to 2020 for Children with SEND**

Whilst the tables and information above are based on published data, which includes non-maintained special schools and independent schools located in the borough, for example Percy Hedley, the information which follows is based on locally collected information as part of the school census and therefore only relates to maintained schools and academies in North Tyneside.

The percentage change in primary need type each year and over the past five years, for all SEND pupils, is shown in the tables below.

**Table 5: Changes in SEN Need types in North Tyneside maintained schools and academies – all SEND**

% change

Primary ..	Census year				
	Jan-16	Jan-17	Jan-18	Jan-19	Jan-20
ASD	46.0%	11.9%	9.8%	13.9%	
HI	12.5%	0.0%	-1.6%	4.8%	
MLD	-20.7%	-15.2%	3.6%	-13.9%	
MSI	-40.0%	33.3%	75.0%	0.0%	
NSA	-32.3%	-57.1%	18.5%	-31.3%	
OTH	-14.6%	1.7%	17.3%	24.6%	
PD	-6.7%	10.3%	12.1%	-0.8%	
PMLD	65.0%	3.0%	0.0%	-8.8%	
SEMH	23.7%	3.9%	29.7%	11.1%	
SLCN	-3.6%	9.9%	4.9%	7.1%	
SLD	-37.2%	-4.2%	-4.4%	9.2%	
SPLD	13.1%	4.9%	6.7%	10.9%	
VI	40.9%	-6.5%	20.7%	11.4%	

% change 5 years

Primary ..	
ASD	104.2%
HI	16.1%
MLD	-40.1%
MSI	40.0%
NSA	-76.3%
OTH	26.8%
PD	14.4%
PMLD	55.0%
SEMH	85.1%
SLCN	18.9%
SLD	-37.2%
SPLD	40.5%
VI	77.3%

Not only do we have a higher prevalence, than nationally, of pupils with SEMH, SLCN and OTH, these needs have also all seen an increase over the past five years. On the other hand, those with Moderate Learning Difficulties (MLD) identified as their primary need has been reducing and the proportion in our schools is now significantly lower than national. Most ARPs in North Tyneside schools are designated for children with MLD. A review of ARPS is being carried out to ensure that that ARP provision meets the changing needs of pupils.

Of particular note are the increases in the number of pupils with Autism (ASD) and Social, Emotional and Mental Health needs (SEMH). The percentage increases in the number of children with Visual Impairments (VI) and Profound and Multiple Learning Difficulties (PMLD), although relating to smaller numbers of children, are also high and should not be overlooked.

The tables below show the percentage change between January 2016 and January 2020 for pupils with EHCPs and at SEN Support separately.

**Table 6: Changes in SEN Need types in North Tyneside maintained schools and academies – EHCP and SEN Support pupils**

% change 5 years - EHCP		% change 5 years - SEN Support	
Primary ..		Primary ..	
ASD	97.3%	ASD	120.3%
HI	18.2%	HI	15.6%
MLD	-36.4%	MLD	-41.8%
MSI	-50.0%	MSI	100.0%
OTH	5.6%	NSA	-76.3%
PD	-18.4%	OTH	29.9%
PMLD	100.0%	PD	43.6%
SEMH	99.1%	PMLD	-50.0%
SLCN	15.0%	SEMH	81.9%
SLD	-31.5%	SLCN	19.6%
SPLD	-35.9%	SLD	-61.9%
VI	37.5%	SPLD	47.1%
		VI	100.0%

These tables highlight that there has been a greater percentage change in the number with an EHCP with the primary need of SEMH. This suggests a disproportionate increase in the number of children and young people with SEMH whose needs cannot be met at SEN Support.

Significant increases are seen at both SEN Support and EHCP for those with ASD identified as their primary need. The increase is higher at SEN Support.

The increase in those with PMLD is amongst those with an EHCP (as would be expected).

The VI increase has been mostly in the SEN Support cohort. There have also been some increases in the Hearing Impaired and Multi-Sensory Impaired cohorts. Over the last five years there has been an overall increase of 41 pupils with sensory needs this means that there are almost three times as many pupils in this cohort (21 pupils compared to 62) and this will place increased demand on the sensory service.

Due to the particularly complex needs of those with PMLD identified as their primary need, and the significant increases in the numbers of pupils with ASD and SEMH in our schools, further investigation of these cohorts has been carried out.

### **Profound and Multiple Learning Difficulties (PMLD)**

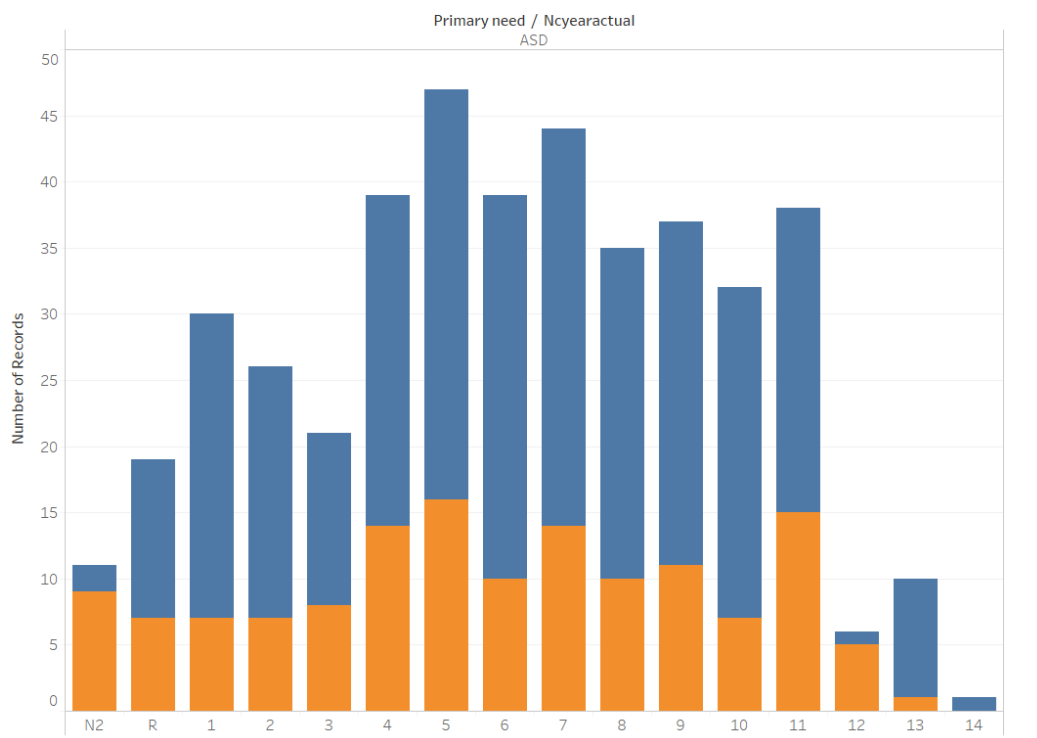
In the January 20 school census there were 31 children recorded with PMLD as their primary need. Broken down by key stage we see that there were 6 in foundation stage, 6 in KS1, 10 in KS2, 4 in KS3, 1 in KS4 and 4 in KS5. The majority (81%) of this cohort are educated at Beacon Hill School. Given that 18% of the PMLD cohort (see section 5.2) are educated in an 'external' specialist provision this may suggest that there are more children, possibly more older children, whose needs are not being met in borough.

### **Autism Spectrum Disorder (ASD)**

The chart below shows the number of pupils in each year group with ASD identified as their primary need (orange- SEN Support, blue - EHCP). We can see that the numbers are higher from Yr4 onwards; which may be a result of the age at which diagnosis of autism is made.

**Figure 3: ASD by year group**

Jan-20 Primary need by Yr group ( ASD)



In the January 20 school census there were 294 children with an EHCP and primary need recorded as ASD. 14 in foundation stage, 42 in KS1, 98 in KS2, 81 in KS3, 48 in KS4 and 11 in KS5.

The majority (60%) do not have a secondary need recorded. 14% have SEMH recorded as their secondary need and most of these pupils are of secondary age. This will impact on the type of secondary school ASD provision needed particularly for those with identified additional (secondary needs). 11% have SLD recorded as their secondary need and 9% have SLCN recorded as their secondary need.

Although, at first glance the data suggests that many of the secondary aged pupils, particularly those in KS3, are educated in mainstream schools, further investigation shows that in fact many are in ARPs located in mainstream schools. 24 were recorded as being in Longbenton (Melrose) ARP and as of September 20 this provision became part of Southlands School; therefore increasing the number who are accessing special school provision.

141 SEN Support pupils, in the January 20 school census, have ASD recorded as their primary need. 16 in foundation stage, 14 in KS1, 48 in KS2, 35 in KS3, 22 in KS4 and 6 in KS5. Almost half do not have a secondary need recorded. However, 20% have SEMH and 20% have SLCN recorded as their secondary need. Whilst many of those (20 out of 28) with SLCN recorded as their secondary need are primary aged pupils, three-quarters of those with SEMH recorded as their secondary need are in KS2 and KS3.

### SEMH

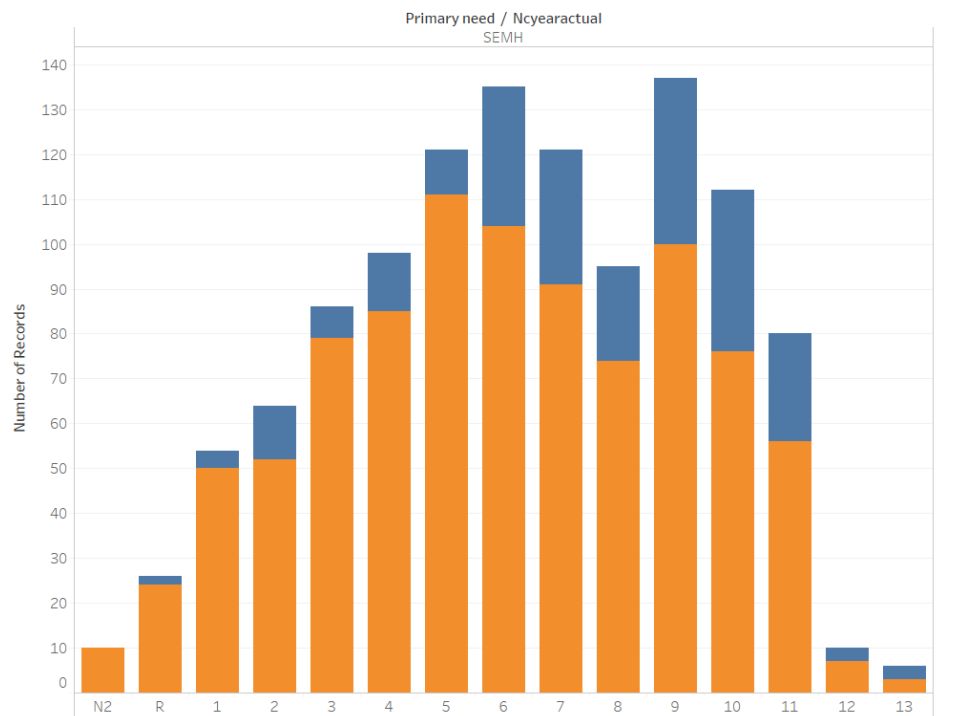
In total, there are 1,155 pupils in North Tyneside schools with SEMH identified as their primary need (Jan 20 school census); 80% have SEN Support. The chart below shows the number in each year group (orange – SEN Support, blue-EHCP). This highlights that EHCPs are more likely for secondary aged pupils.



Data by school shows that in the primary year groups pupils, a higher proportion of pupils are on roll at mainstream schools (or ARPs) but that in secondary year groups more are in special schools or at Moorbridge. This is likely to be skewed by those who are on roll at a mainstream school but who attend Silverdale Primary ARP and the fact that Silverdale School is designated for children in KS2 to KS4.

**Figure 4: SEMH by year group**

Jan-20 Primary need by Yr group ( SEMH)



The majority (82%) of the 922 SEN Support pupils with SEMH as their primary need do not have a secondary need recorded. However, 7% have SLCN recorded as their secondary need, 3% SpLD and 3% OTH.

64% of those with an EHCP and an identified primary need of SEMH do not have a secondary need recorded. The most prevalent secondary needs are SLCN (15%), MLD (7%), ASD (5%) and SpLD (5%).

It should be borne in mind that the information above relates to the children in our schools and so it is important to also understand the needs of the children and young people we maintain the EHCP for who are being educated in non-maintained/ independent provisions within North Tyneside and also those who are educated outside of North Tyneside. (see section 5: 'I am happy,' for further information about this)

### 3. I am Safe

#### 3.1 Risk factors

There are certain risk factors at birth which, if high in prevalence in North Tyneside, may increase the number of children with additional needs.

#### Deprivation

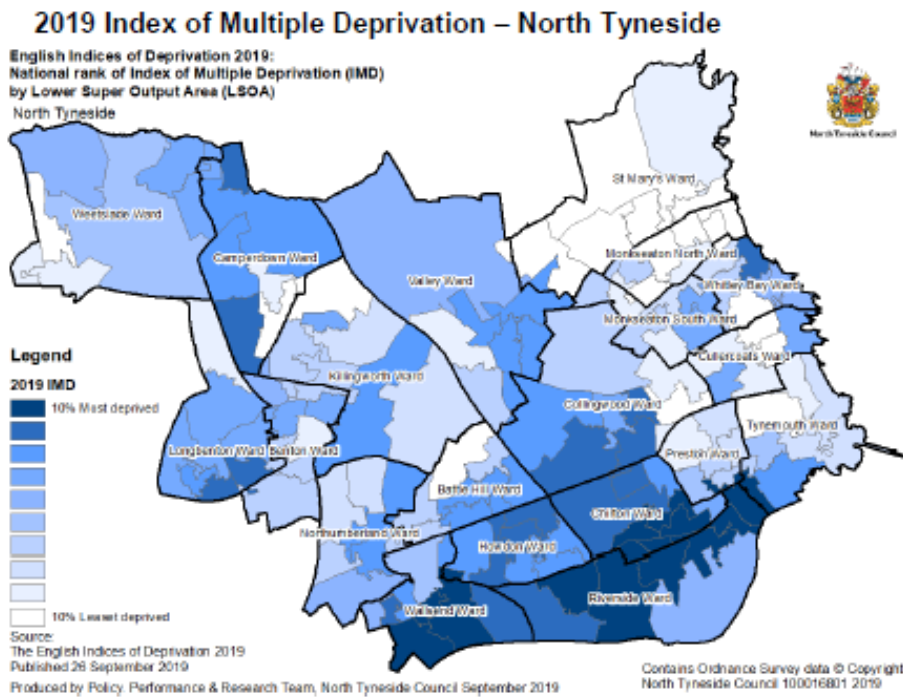
The link between social and economic deprivation and poor health has long been recognised. People living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas. Although the borough of North Tyneside is one of the least deprived in the North East, stark inequalities persist within the borough. Research by the Joseph Rowntree Foundation highlights a strong link between poverty and SEND. This research highlights that children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in

childhood and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up. As such, SEND can be a result of poverty as well as a cause of poverty.

The Index of Multiple Deprivation (IMD) (2019) provides an overall deprivation score for lower layer Super Output Areas (SOAs). Compared to 2015 IMD there has been an increase in the number of small neighbourhoods that are within the most deprived 10% of communities in England.

Data indicates that there are a higher proportion of children and young people (aged 0-15) who live in our more deprived wards compared to in those wards which are less deprived. This may, in turn, result in higher levels of SEND, particularly in these areas.

**Figure 5: IMD map of deprivation in North Tyneside**



## Alcohol

Drinking alcohol during pregnancy can result in mental and physical problems in the baby, known as foetal alcohol syndrome (FASD). Babies may be left with the lifelong problems described below:

- Poor growth – they may be smaller than average at birth, grow slowly as they get older, and be shorter than average as an adult
- Movement and coordination problems, known as cerebral palsy.
- Learning difficulties – such as problems with thinking, speech, social skills, timekeeping, maths or memory.
- Problems with the liver, kidneys, heart or other organs.
- Hearing and vision problems

The incidence of FASD is not accurately known. Although early treatment and support can limit their impact.

## Smoking

Smoking in pregnancy has well known detrimental effects on the growth and development of the baby and health of the mother. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

Data for North Tyneside indicates that the number and percentage of mothers smoking (at child's birth) has been reducing at a quicker rate than nationally. At 10.7% (PHE 2018/19), this is in-line with the percentage nationally (10.6%) and is the lowest in the region- all other local authorities in the region have a proportion significantly higher than nationally.

### **Premature Births and Low Birth weight**

Studies have suggested that premature birth may be linked to increased risk of ADHD. Over the period 2016-18, North Tyneside had a rate of 71.7 per 1,000 live births where babies were born prior to 37 weeks gestation. This represents an on-going reduction since 2013-15 and is lower than it is nationally (81.2) and regionally (84.0).

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. Data suggests that this is not a particular issue in North Tyneside where the proportion of babies born to term with a low birth weight has traditionally been in-line with, if not significantly lower than it is nationally, and there has been no significant change over time. Over the last 10 years the average number of low birth weight babies was 52 a year.

Although these risks do not appear to be a particular issue for North Tyneside there may be other factors which increase the risk of other needs and disabilities. The health visiting team undertake an assessment of a child's growth and development at every contact. 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. Where necessary, a referral is made to the appropriate service with parental consent and families are supported through this process.

### **3.2 Open to social care and early help**

In North Tyneside, there is a higher proportion of pupils with an EHCP than SEN Support in both the Children Looked After (CLA) and Children in Need (CiN) cohorts. The converse is true in the national and regional cohorts.

At the end of March 2019 there were 307 children and young people being looked after by North Tyneside Council (74 per 10,000 children). This represents an increase from 2018 (282) and the highest rate since 2016. However, North Tyneside has the 2<sup>nd</sup> lowest rate amongst North East authorities. The rate nationally has continued to increase over the past five years and at March 2019 the rate was 65 per 10,000 children. Although, not yet published, local intelligence shows that by March 2020 there were 299 children in this cohort.

143 of the Children Looked After (CLA) by North Tyneside have been matched to their SEN status. Of these, 52.5% have SEN (26.6% an EHCP and 25.9% SEN Support). The percentages overall and of those with an EHCP have increased from March 2018. These figures compare to 27.2% and 28.7% nationally and 25.3% and 28.2% regionally. Whereas nationally and regionally a higher proportion have SEN Support rather than an EHCP, in North Tyneside the picture is the other way around.

At 31 March 2019 there were 527 school aged Children in Need (CiN) in North Tyneside. It was possible to match 467 of these to the National Pupil Database. At 89% this is higher than the match rate in 2018 (54%). Of those where SEN data could be matched, 32.7% have an EHCP and 22.3% have SEN Support.

The percentage with an EHCP is the highest in the region. Nationally 21.6% have an EHCP and 24.4% have SEN Support. Therefore, North Tyneside has a significantly higher percentage of Children in Need with an EHCP compared to national, whilst although slightly lower, the percentage with SEN Support is in-line with national.

In North Tyneside, in March 2019 there were 165 (12.3%) of children in need recorded as having a disability, compared to 12.8% in the North East and 12.4% in England. 12.3% is lower than at 31 March 18. 82.4% are recorded as having a learning disability, 11.5% have a disability relating to vision and 9.1% have Autism or Asperger's Syndrome.

Local intelligence tells shows that 15% of our EHCP cohort are open to Children's Social Care and an additional 5% are open to Adult Social Care. 12% are open to Early Help Teams. 4% of the SEN Support cohort are open to Children's Social Care and 3% to Early Help.

These multiple complexities of need, particularly higher-level need, place increasing demands on SEN and Social Care services.

### **3.3 Alternative provision**

#### **Managed Moves**

A managed move is a voluntary agreement between schools, parents/carers and a pupil, for that pupil to change school or educational programme under controlled circumstances. In North Tyneside the managed move generally lasts 8 weeks before a decision is made to return to the home school or remain at the receiving school, although the move can be terminated at any time. Where the decision is made to remain in the receiving school the move is referred to as "successful".

Managed moves do not take place for pupils with an EHCP. Where a pupil has any additional needs further scrutiny is given to assess the appropriateness of the referral. It is perhaps as a direct result of this that SEN Support pupils are not over-represented in Managed Move referrals.

There were 107 referrals for Managed Moves in the 2018/19 academic year, 61 of which were deemed successful. There was a slight over-representation of girls, and deprived pupils (FSM6) are significantly over-represented in the Managed Moves data. Full years data is not available for the last academic year (2019/20) as a result of COVID-19 lockdowns, however in the first two terms there were 82 Managed Moves.

#### **Personal Achievement through Learning Support (PALS)**

PALS offers alternative provision for pupils in Years 10 and 11 who are at risk of exclusion. In 2017/18, 165 pupils accessed PALS and 2018/19, 145. The part-year information for 2019/20 shows that 75 pupils accessed PALS.

### **3.4 Young Offenders**

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children and often have greater mental health needs than other young people.

2018/19 data shows a reduction in the rate of first-time entrants into the youth justice system. At 273 per 100,000 0-17 year olds, this is slightly higher than the England average (260) but lower than the North East average (301).

Data collected on a monthly basis shows that, on average, over the last year, 18 of the young people open to the Youth Offending Team have an EHCP. Currently, over a third of the young people open to the YOT have some level of SEN (25% EHCPs, 13% SEN Support).

#### 4. I am Healthy

##### 4.1 Health visitor metrics

The 0-19 service leads on the delivery of the Healthy Child Programme, which was set up to improve the health and wellbeing of children aged 0-5 years. This is achieved through health and development reviews, health promotion, parenting support and screening and immunisation programmes. All the mandatory universal health reviews are offered in a timely manner and reasons are sought for those which do not take place. This information is reported to the 0-19 Clinical Governance Committee on a quarterly basis. Carrying out these checks enables earlier identification of needs and families can then be referred to the appropriate services.

Specifically, as part of the 2-2 ½ year review an Ages and Stages Questionnaire (ASQ-3) is carried out and this assesses whether a child reaches the expected developmental standards for their age. The latest published data shows that in 2018/19 79.1% had their 2-2 ½ year review and 89% of these received an ASQ-3 as part of this. Local data for 2019/20 and 2020/21 shows an increasing percentage receiving both reviews. In Q2 2020/21 95% received a 2-2 ½ year review within timescales and 98% had the ASQ-3 carried out as part of the review. There may be cases, where due to the child’s additional needs the ASQ-3 is not carried out; these are small numbers each quarter.

The latest published data (2018/19) can be seen in the table below and shows performance in North Tyneside to significantly better than it is both nationally and regionally. The percentage not reaching the expected level in all five areas during 2018/19 equates to 124 children. Internal data suggests that this figure is higher in 2019/20 and the overall percentage at or above the expected level in all five areas down to 88%. This increase in those not meeting the expected level may result in an increase in the number of children who require additional support, however identifying at this young age allows interventions to be put in place and children are re-assessed.

**Table 7: % reaching expected level in ASQ-3**

% at or above expected level	North Tyneside	National	North East
Communication	93.5%	90.0%	91.6%
Gross motor skills	96.7%	93.5%	94.9%
Fine motor skills	97.2%	94.0%	94.6%
Problem solving skills	98.5%	94.3%	95.5%
Personal-social skills	96.6%	92.9%	94.3%
All five areas	93.2%	84.1%	87.6%

There are mechanisms in place which allow the 0-19 Service to notify the SEND Team of any children identified with additional needs who may require additional support. However, this cohort is often well known by other services e.g. the Paediatrician or portage, who may have already made the notification.

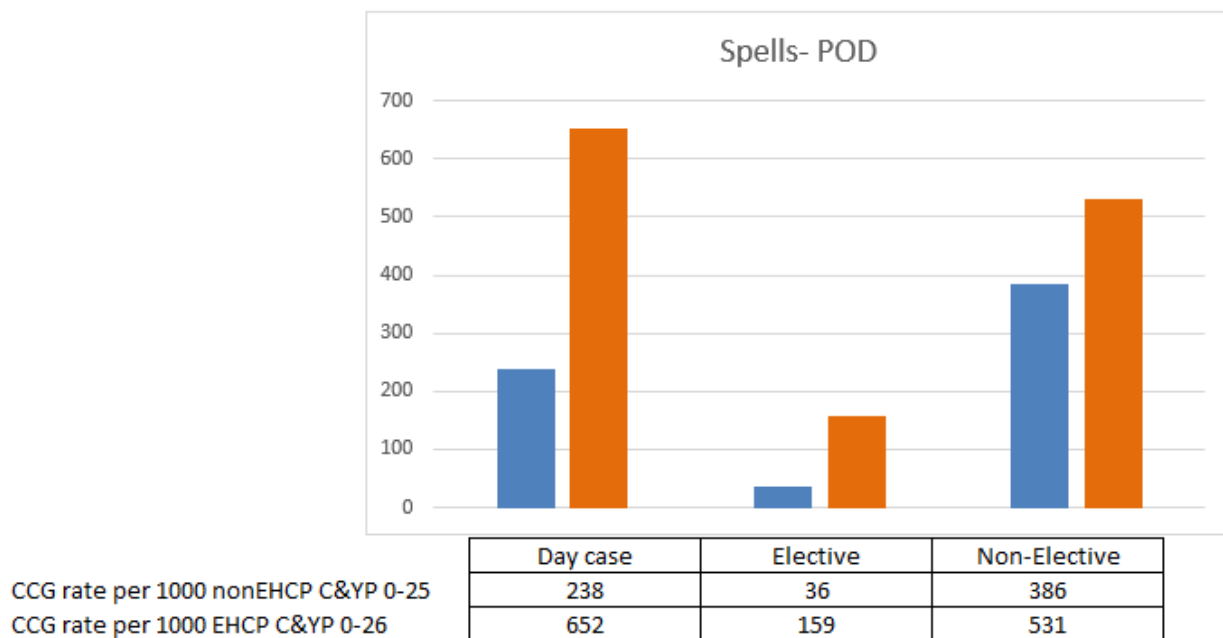
##### 4.2 Health Checks For People With Learning Disabilities

Patients aged 14 and over who are identified as having a learning disability are offered an annual health check by their GP. This includes the production of a health action plan. In April 2020 44% of all patients on the learning disabilities register had had a health check within the last 12 months. This compares well with other CCGs in the Tyne and Wear region. However, the rate is lower, 35%, for those aged 14 to 25. Reasons for this include workforce and Covid-19 related issues. From 2020/21, the new Primary Care Networks have annual health check data within their remit and an action planning session has been set up to review the uptake of checks.

### 4.3 Hospital admissions

Between April 2016 and March 2020, the rate of hospital admissions of children and young people with an EHCP is much higher than for those who do not have an EHCP. The day cases and elective admissions will be for planned procedures and higher due to the nature of the existing medical conditions of the children and young people.

**Figure 6: Rate of hospital admissions**



### 4.4 Therapies

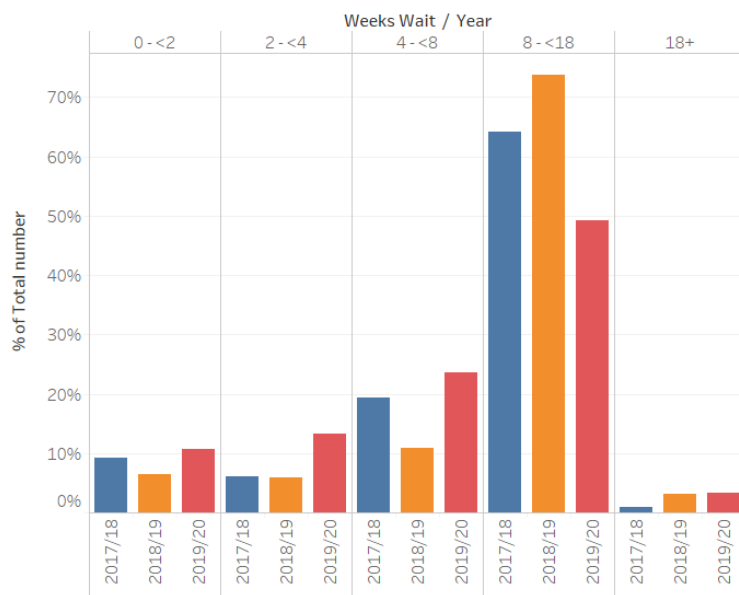
The increase in numbers of children with SEND (including ASD and PMLD) means that that the current capacity of therapeutic services e.g. speech and language, physiotherapy, occupational therapy, specialist nursing is being stretched and this will need to be reviewed.

#### Speech Therapy

Data over the past three years shows that, compared to previous years, in 2019/20 a higher proportion of children were seen by Speech Therapy in less than 8 weeks. There were however, a small but increasing proportion (3%) that waited over 18 weeks. Small numbers of children with an EHCP are new referrals to the service as usually they would be known to the service prior to their EHCP, but all of those seen have been seen in less than 18 weeks.

**Figure 7: Waiting times – Speech Therapy**

Speech Therapy North Tyneside Paediatric (All children)



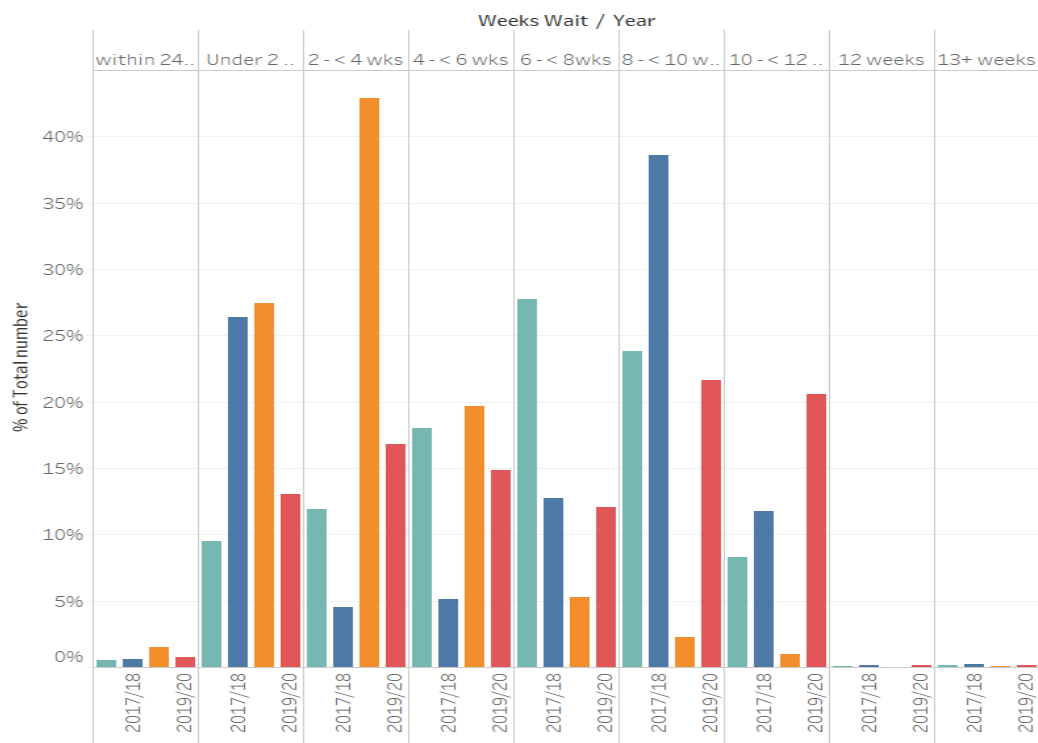
**CAMHS**

The increase in children with social emotional and mental health needs is creating pressure on CAMHS. In 2018/19 and 2019/20 there were over 1800 new referrals into CAMHS. Further work is needed to review waiting times, particularly for the children’s neurodevelopmental pathways to assess for ASD. During 2019/20 the Neurodevelopmental team had an average of 41 requests per month. A CAMHS review has been undertaken which has led to a change to process and pathways.

CAMHS waiting times relate to all children and young people, not just those with an EHCP. This data suggests that in 2018/19 the average wait was shorter than it had been in previous, and subsequent, years, with 72% seen in less than four weeks compared to 22% in 2016/17, 31% in 2017/18 and 31% in 2019/20. 99% of all waiting times in 2019/20 were less than 12 weeks.

**Figure 8: Waiting times – CAMHS**

CAMHS waiting times for tier 2 and tier 3



#### 4.5 Mental health

Data from Public Health England<sup>1</sup> suggests that in 2017/18 there were 3602 children and young people aged 5-17, in North Tyneside, with mental health disorders.

The percentage of looked after children whose emotional wellbeing is a cause for concern is lower in 2018/19 than in previous years and is lower than the national figure.

The rate of hospital admissions as a result of self-harm for children and young people aged 10-24 (861.2) is significantly higher in North Tyneside than it is regionally (536.5) or nationally (444). This rate has been increasing since 2015/16. The CCG has invested in a psychiatric liaison post for children and young people to ensure appropriate mental health assessment at presentation to acute hospital.

<sup>1</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000001/ati/102/are/E08000022/iid/93587/age/221/sex/4/cid/4/page-options/ovw-do-0>



**Figure 9: Hospital admissions – self harm**

Hospital admissions as a result of self-harm (10-24 years) North Tyneside

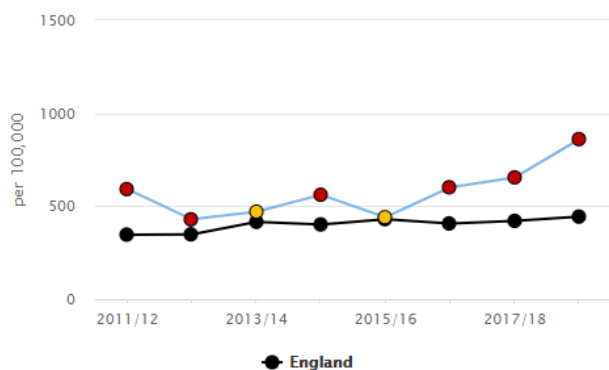
Directly standardised rate - per 100,000

Export chart as image

Show confidence intervals

Show 99.8% CI values

Export table as CSV file



Recent trend: ↑

Period	North Tyneside				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	194	592.1	511.5	681.7	545.6	347.4
2012/13	139	429.3	360.8	507.1	479.7	348.9
2013/14	153	470.7	399.0	551.7	507.3	415.8
2014/15	177	561.7	481.9	651.0	477.9	401.9
2015/16	139	440.8	370.4	520.7	443.2	430.5
2016/17	190	601.9	519.2	694.0	425.7	407.1
2017/18	202	655.2	567.7	752.3	458.0	421.2
2018/19	260	861.2	759.6	972.6	536.5	444.0

Source: Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

## 5. I am Happy

### 5.1 Schools

#### Mainstream Schools

Within North Tyneside there are 72 mainstream schools, four of which are academies.

- 1 nursery school
- 8 first schools
- 47 primary schools
- 4 middle schools
- 11 secondary schools (2 of which are high schools)
- 1 all through school

On an annual basis, the pupil projection model for mainstream schools' reception to Yr13 is updated<sup>2</sup>. This shows that over the next five years there is expected to be a 1% (300 pupil) increase in the pupil population. Currently, the largest year groups are in primary schools and particularly in key stage 2. Over the next five years we expect to see a reduction in the number of primary aged pupils (with the exception of Yr6), whilst all year groups from Yr8 upwards are expected to see an increase. This will be particularly seen in Yr10 and Yr11.

The table below shows the proportion of pupils with SEN in **mainstream** schools. In 2017/18 and 2018/19 the proportion of the mainstream population in North Tyneside who had SEN was significantly lower than the proportion nationally. Both proportions have increased year-on-year and in 2019/20 North Tyneside's proportions are in-line with those seen nationally. Some of these mainstream schools have Additionally Resourced Provisions and the pupils in these will be included in the figures below.

**Table 8: Proportions of SEN in mainstream schools**

<sup>2</sup> See Pupil Place Planning strategic report

		2017/18	2018/19	2019/2020
EHCP	England	1.5%	1.6%	1.8%
	North Tyneside	1.2%	1.3%	1.7%
SEN Support	England	11.7%	11.9%	12.1%
	North Tyneside	10.0%	11.8%	12.3%

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

### Additionally Resourced Provision in Mainstream Schools

The Additionally Resourced Provision (ARPs) which are currently active provide 83 places for children and young people with MLD; 51 places for Speech Language and Communication Needs; and 4 places for Physical Disabilities. In addition, there are five dormant ARPs i.e. although the school is designated as having an ARP it has no ARP pupils. The table below shows the number recorded in each ARP in each term.

**Table 9: Pupils in ARPs**

			Autumn 18/19	Spring 18/19	Summer 18/19	Autumn 19/20	Spring 19/20	Summer 19/20	Autumn 20/21	
	Type	Places	04/10/2018	17/01/2019	16/05/2019	03/10/2019	16/01/2020	21/05/2020	01/10/2020	current capacity
Whitley Lodge First School	MLD	5	2	2	3	3	3	3	3	2
Grasmere Academy	MLD	14	7	7	8	10	10	10	9	5
Whitehouse Primary School	MLD	11	10	10	11	9	11	11	11	0
Valley Gardens Middle School	MLD	10	5	5	5	5	5	5	2	8
Burnside College	MLD	13	7	7	8	3	3	3	1	12
George Stephenson High School	MLD	10	4	3	2	3	4	5	4	6
John Spence High School	MLD	10	6	5	7	7	7	8	13	-3
Whitley Bay High School	MLD	10	9	8	6	5	4	4	5	5
Benton Dene Primary School	Language unit	12	8	9	11	9	11	11	9	3
Norham High School	Language Resource Base	27	24	23	23	20	19	19	26	1
Waterville Primary School	SLCN	12	7	7	7	9	10	10	8	4
Longbenton High School (Melrose)	ASD	25	25	25	25	32	32	32	n/a	n/a
Monkseaton High School	PD	4	0	0	0	0	0	0	0	4

Historically the data has shown there to be unfilled places particularly in secondary MLD ARPs. This reflects the reduction of pupils with MLD over recent years. A review of ARPs is currently being undertaken to ensure that provision is more closely matched to need so that pupils can be supported in mainstream schools. This work sits within the ambition of the SEND Inclusion Strategy, ensuring that the right support is available at the right time to meet need.

### Primary SEMH provision

A Primary SEMH provision is commissioned from Silverdale School. This is fully occupied and with increasing numbers of pupils with SEMH there are greater demands on the service.

### Special Schools

There are five Special Schools in North Tyneside, the need types and age ranges that they cater for can be seen in the table below.

**Table 10: Special Schools**

	Ages	Needs	Funded Places Sept 2020	Pupils Jan 20
Beacon Hill	3-19	SLD, PMLD	190	181
Benton Dene	3-11	ASD, SEMH, MLD	122	119
Silverdale	3-16	SEMH	102	86
Southlands	11-16	SEMH, MLD	160	123
Woodlawn	2-18	SLCN, PD	122	111

Source: Get information about schools: <https://www.get-information-schools.service.gov.uk/>, school census and planned places

There continues to be high demand for places at all Special Schools. Over the past year additional capacity has been created at Silverdale school. Pupils previously accessing the ASD ARP at Longbenton High School (the Melrose Centre) became pupils of Southlands School in September 2020.

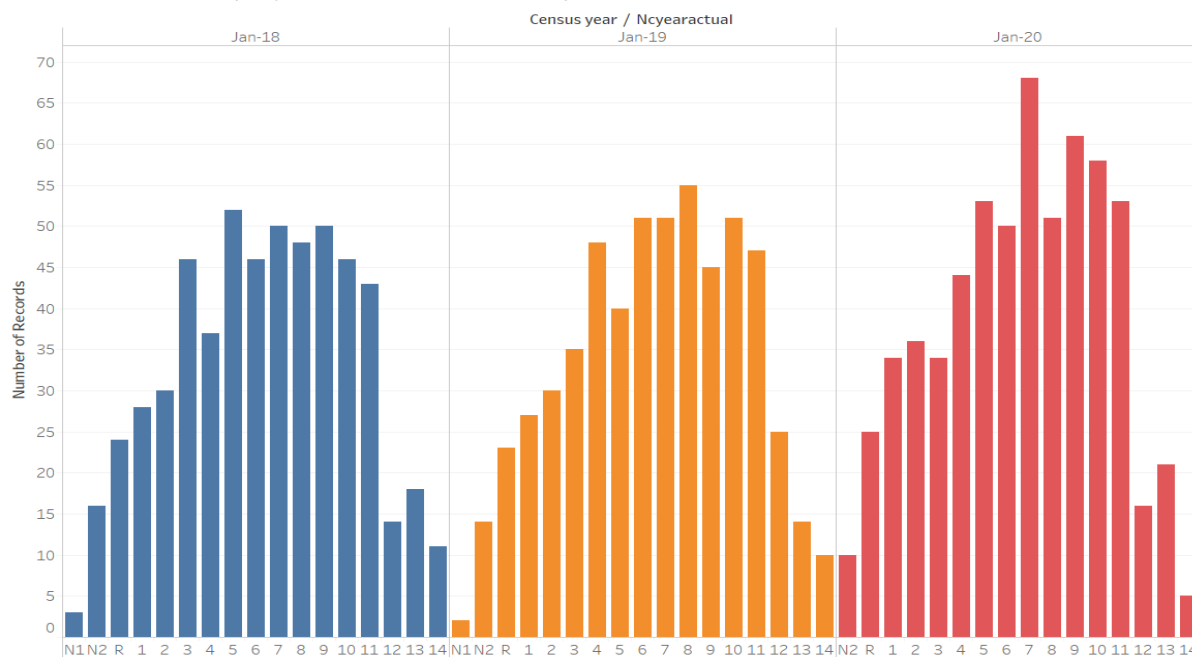
Although seeing a reduction in the percentage the overall number in the five Special Schools has increased. Data from the January school census' shows that of the total number of pupils in a school in North Tyneside with an EHCP, the percentage educated in a maintained special school has reduced from 50% in 2017/18 to 46% in 2019/20. Comparatively, these figures have reduced from 47% to 45% nationally.

Over the past five years the number of pupils in our special schools increased from 528 to 619, a 17% increase. Earlier it was noted that the cohort aged 15-19 is expected to increase over the coming years and this is likely to place increased demand on our special schools.

The chart below shows how the number in each year group has changed over the past three years and indicates an increase in secondary aged pupils, which pupil projections suggest will only continue.

**Figure 10: Trend in Special School pupil numbers by year groups**

SEN by year group (All / Jan-18, Jan-19, Jan-20)



Increases in specific needs, across the whole SEND population, were discussed in section 2.3. The table below shows the range of needs of pupils in our special schools and how this has changed over time. This highlights the wide variety of SEN needs they support. All schools have seen an increase in pupils with ASD. Southlands has seen a reduction of pupils with MLD and increases in pupils with ASD, SLCN and SEMH.

**Table 11: Need types by Special School**

All Primary needs trend (Primary need = All)

Native Id	Census y..	Primary need											
		ASD	HI	MLD	MSI	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD	VI
<b>Grand Total</b>		794	11	568	5	52	121	145	439	296	365	12	15
Beacon Hill	Jan-16	22		10		1	2	18		4	98	1	
	Jan-17	68		3			1	27	1	1	62		
	Jan-18	71		6				27	1	5	58		
	Jan-19	67		8			1	29		6	58		
	Jan-20	73		9	1	1	3	25	1	9	59		
Benton Dene	Jan-16	46		27		1			3	26	3	4	
	Jan-17	67		39		1				9			
	Jan-18	70		31		1			1	15	1	1	
	Jan-19	92		17					1	6		1	
	Jan-20	88		10		3	1		3	13		1	
Silverdale	Jan-16									56			
	Jan-17	4								56			
	Jan-18	4								55			
	Jan-19	4								58			
	Jan-20	7		1						78			
Southlands	Jan-16	3		95			1		1		3	2	
	Jan-17	15		73			1		16		4		
	Jan-18	19		60					19	8	4		
	Jan-19	24		57				1	20	10	3		
	Jan-20	24		59			1		22	11	4	1	
Woodlawn	Jan-16	4	1	12	1	12	25	2	7	33			4
	Jan-17	5	2	9	1	9	21	4	9	34	1		3
	Jan-18	5	2	11	1	9	24	4	10	35	2		2
	Jan-19	5	2	14	1	9	20	3	11	36	1		3
	Jan-20	7	4	17		5	20	5	10	35	4	1	3

**Moorbridge Pupil Referral Unit**

The increasing prevalence of SEMH is also creating pressure on places at Moorbridge PRU. The number of pupils on roll at Moorbridge is shown in the table below.

**Table 12: Pupils on roll at Moorbridge**

	Jan 18		Jan 19		Jan 20	
	Main	Subsidiary	Main	Subsidiary	Main	Subsidiary
<b>TOTAL</b>	<b>56</b>	<b>53</b>	<b>74</b>	<b>65</b>	<b>81</b>	<b>53</b>
Yr7	~	~	~	~	0	~
Yr8	~	14	~	17	~	13
Yr9	~	22	14	21	10	23
Yr10	12	14	13	16	30	13
Yr11	34	~	40	~	34	~

Source: January school census. Numbers smaller than 8 suppressed-

The majority of pupils in the PRU are in Key Stage 4 and in particular are main on-roll in the school in Yr11.

## **Post-16 Provision**

There is 6<sup>th</sup> form provision in eight of mainstream secondary schools and two of the special schools in North Tyneside. In addition, within North Tyneside, there is access to Tyne Met College. There are currently 38 young people with EHCPs in traineeships, supported internships and apprenticeships; this number has risen over recent months.

The data shows that a third of young people post-16 and with an EHCP attend a provision out of borough and almost three-quarters of all out of borough placements are for post-16 young people. Understanding the extent to which this reflects positive choices by young people, gaining insight into demand for and access to post-16 provision will be developed through the post-16 review which will cover access to provision for all young people and also those with SEND.

## **5.2 Staying in the local community**

Local data shows that although the percentage of those with an EHCP who are educated out of borough remains between 10% and 11%, the number is rising and at September 2020 is over 200. This figure does not include pupils in provision which is located in North Tyneside but is not a North Tyneside maintained school or academy e.g. pupils at Percy Hedley.

The majority of the 211 educated out of borough (127) are in mainstream schools whilst 33 are in mainstream post-16 provision.

Of those educated in out of borough specialist provision, the primary need is recorded for 38, and of these:

- 37% have SEMH identified as their primary need; and
- 18% have ASD.

In addition, there are 29 pupils accessing non-maintained or independent special schools which are located in North Tyneside. 24% (7) of these pupils have Physical Disabilities and the same number have Severe Learning Difficulties, 21% (6) have Autism as their primary need; and all of these are attending Percy Hedley or Hedley's College. Those that attend Parkside House (14%) have Social, Emotional and Mental Health needs.

Based on the primary need recorded in EMS the following percentages attend a specialist provision which is not one of North Tyneside's maintained special schools.

- 18% of the cohort with Profound and Multiple Learning Difficulties (PMLD)
- 16% of the cohort with Severe Learning Difficulties (SLD)
- 11% of the cohort with Physical Disabilities

This equates to 14% of these cohorts (24 pupils) accessing a specialist provision which is not a North Tyneside special school, and often these external placements are more costly.

This may highlight a lack of suitable specialist places for these pupils within North Tyneside schools. This would not just be educational capacity but access to therapies etc.

On occasions when an external placement is required this will be made through the NE12 framework of non-maintained and independent special schools and colleges; and children’s residential homes; wherever possible.

### 5.3 Tribunals, mediations and appeals

Parents / carers and young people can register an appeal with the SEND tribunal if, for example, there is a refusal to assess or they are unhappy about the contents of the plan. The tribunal hears appeals against decisions made by the local authorities.

The number of requests where assessment is refused is much higher in 2020 than in previous years. As is the number where an assessment was started but a decision made not to issue a plan.

Whilst nationally, the SEND tribunal appeal rate has been steadily increasing the rate in North Tyneside dropped from 1.3 to 0.2 between 2018 and 2019.

In some cases, mediation is required to resolve a dispute. The number of mediation cases held in North Tyneside in 2018 was 22 this reduced to 7 in 2019. In 2018 50% were followed by appeals to the tribunal this reduced to 29% in 2019. These proportions compare to 26% in 2018 and 25% in 2019 nationally.

Whilst nationally, the SEND tribunal appeal rate has been steadily increasing the rate in North Tyneside dropped from 1.3 to 0.2 between 2018 and 2019.

Local data tells us that so far there have been three mediations and six tribunals logged in 2020. In four cases the tribunals were against the named school.

## 6. I have Opportunities

### 6.1 Destinations / Employment, Education and Training / Apprenticeships

It is important that children and young people with SEND are supported to make a positive transition to adulthood, including paths to employment, good adult health, independent living and participating in society. The table below shows the education and employment status of pupils who have reached statutory school leaving age. Most attend either a school sixth form or further education. The percentage of those with SEND who are NEET is higher than in the non-SEND cohort.

**Table 13: Destination for young people Sept 20**

	SEND			Non SEND		
	Year 12	Year 13	TOTAL	Year 12	Year 13	TOTAL
<b>Cohort total</b>	122	120	242	1999	2027	4026
<b>EET Total</b>	111	98	209	1820	1773	3593
In education, post Year 11	101	82	183	1732	1522	3254
Employment	2	4	6	63	214	277
Training	8	12	20	25	37	62
Re-engagement Provision	0	0	0	2	0	0
<b>NEET Group</b>	<b>2</b>	<b>13</b>	<b>15</b>	<b>22</b>	<b>49</b>	<b>71</b>
Available to labour market	2	6	8	16	37	53
Not available to labour market	0	7	7	6	12	18
Other (not EET or NEET)	0	0	0	0	0	0
<b>Current situation not known</b>	<b>9</b>	<b>9</b>	<b>18</b>	<b>157</b>	<b>205</b>	<b>362</b>
<b>Progress</b>	<b>Year 12</b>	<b>Year 13</b>	<b>TOTAL</b>	<b>Year 12</b>	<b>Year 13</b>	<b>TOTAL</b>
<b>Not Known %</b>	7.4%	7.5%	7.4%	7.9%	10.1%	9.0%
<b>In Learning %</b>	91.0%	81.7%	86.4%	90.7%	85.6%	88.1%
<b>NEET %</b>	1.6%	6.2%	6.2%	1.1%	2.4%	1.8%
<b>NEET + Not Known %</b>	<b>9.0%</b>	<b>13.6%</b>	<b>13.6%</b>	<b>9.0%</b>	<b>12.5%</b>	<b>10.8%</b>

Data reported on a monthly basis suggests that since January 2020 the number of young people aged 16-24 with an EHCP who are NEET has increased. Due to increases in the cohort the number who are EET has also increased.

Local data shows that there has been an increase in the number with an EHCP accessing apprenticeships, traineeships and supported internships.

The full impact of COVID-19 on opportunities and engagement in EET is not known.

2017/18 destinations data for the 2016/17 KS4 SEND cohort indicates that 84% have a sustained education destination compared to 86% of their Non-SEND peers and 82% of the SEND cohort nationally. In total, 91% of the SEND cohort are in sustained education or employment compared to 94% of the non-SEND cohort in North Tyneside. Nationally 90% of the SEND cohort are in sustained education or employment.

74% of SEND students reaching the end of KS5 study in schools in 2016/17 were in a sustained education destination a year later. This is higher than their non-SEND peers (66%) and higher than both the regional and national figures (72% and 62%).

55% of students with a learning difficulty or disability completing 16-18 study in a college in 2016/17 were in a sustained education destination a year later. Again, this is higher than their peers who do not have a learning difficulty or disability (30%) and higher than both the regional and national figures (44% and 45%).

As noted earlier, this cohort is expected to increase in size, and we need to ensure that opportunities continue to be available for all young people including those with SEND and/or a learning difficulty or disability.

## **6.2 Absence and Exclusions**

Overall absence and persistent absenteeism (pupils missing more than 10% of possible sessions) in North Tyneside schools remains lower than the figures nationally.

Fixed term exclusions (FTE) refers to a pupil who is excluded from a school for a set period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days in a single academic year.

Overall, the rate of FTE in North Tyneside schools compares well with national figures. Although increasing in 2018/19 to 3.23% this remains in the top quartile nationally. However, previously, North Tyneside had ranked in the top 10% of all authorities. Nationally the rate was 5.36% and regionally 8.00%.

We should note the increase in FTE of pupils with SEN Support plans. This has risen from 7.46% in 2017/18 to 10.26% in 2018/19 and comparatively this moves North Tyneside from the top 10% to the 2<sup>nd</sup> quartile. In particular we should note the increase for this cohort who attend secondary schools; 19.55% (2<sup>nd</sup> quartile) to 26.44% (3<sup>rd</sup> quartile). There has also been an increase for the EHCP cohort in secondary schools (16.74% to 22.08%), though this remains in the 2<sup>nd</sup> quartile compared to other local authorities nationally.

A permanent exclusion refers to a pupil who is excluded and has their name removed from the school roll. Such a pupil would then be educated at another school or via some other form of provision.

Again, permanent exclusion rates in North Tyneside compare well with national data. In North Tyneside the permanent exclusion rates in 2018/19 was 0.08% compared to 0.1% nationally and 0.17% regionally. We should however note that increases for SEN Support pupils overall, and particularly in secondary schools have risen and compare less favourably with other local authorities nationally moving from the 2<sup>nd</sup> quartile to the 3<sup>rd</sup> quartile.

This highlights the need for support to keep the pupils in school, but where this is not possible appropriate alternate provision.

### 6.3 Access to information

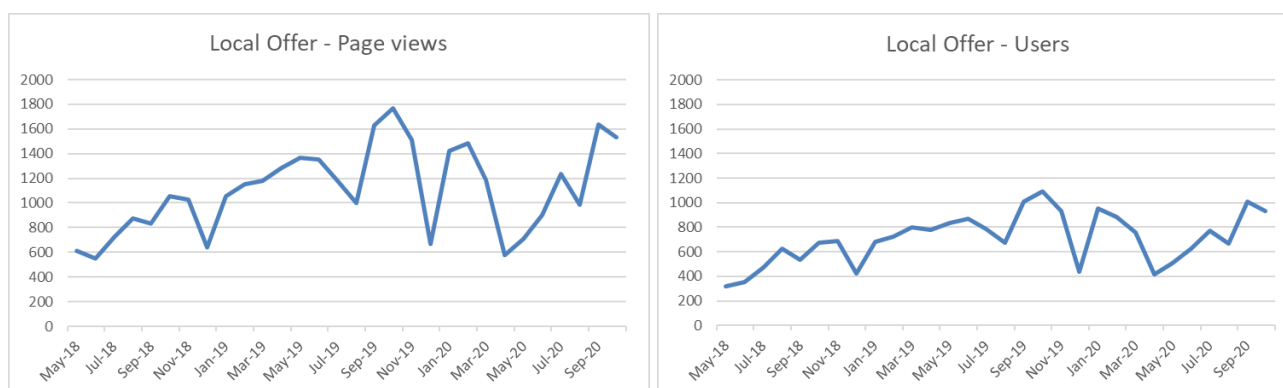
Recent consultation, with regard to the SEND Inclusion Strategy, indicates that professionals tend to find it easier to access the information that they need than families do.

Information in relation to support available for children and young people with SEND and their families, and those working with them, is available via the Local Offer<sup>3</sup>.

18% of professionals responding to a recent survey had not heard of the local offer, and this was higher amongst those who provide health services to children and young people with SEND. 41% of parents had not heard of the local offer and those whose children have SEN Support. This may suggest that wider ‘advertising’ of the Local Offer is required, amongst families where the child does not have an EHCP, and organisations outside of the local authority.

Between May 2018 and October 2020 there have been, on average 1,105 page views on the Local Offer each month and over 700 users. The average number of page views and users of the website was much lower in 2018 than in subsequent years. So far in 2020 (to October) the average is lower than in 2019. The number of new users each month has increased from an average of 87 a month in 2018 (May-Dec) to an average of 197 in 2020 (Jan-Oct).

**Figures 11 and 12: Local Offer web hits**



The sub-sections which have been most likely to have been viewed in recently months are “Information, Advice and Support (SENDIASS)”, “Social Care” and “Support for Children in School”.

Although we know how many people have accessed the website, we do not know whether they were able to easily find the information that they are looking for.

### 6.4 Continuing care / short breaks

As of September 2020, there were a total of 171 children, with the highest level of need under the care of the Children’s Disability Team, receiving a total of 496 services.

Type	No of Services Provided
Accommodated	11
Overnights - Building Based	69
Overnights - Family Based	23

<sup>3</sup> <https://my.northtyneside.gov.uk/category/1243/local-offer-special-educational-needs-and-disabilities-send>



Overnights - other projections tbc	1
Outreach/Sitting/PA	174
Education Placement	1
Home Care	22
Playscheme, Playscheme 1-1, Playscheme transport	97
Transport	38
Saturday Club, Saturday Club 1-1 support, Saturday Club Transport	33
Support sessions, 1-1 support	6
Wraparound, Wraparound overnights	2
New Cases	13
Other (contact, no services)	4
OOSC	2
<b>Total</b>	<b>496</b>

11 children are looked after or 'Accommodated' with 55% being accommodated out of borough and 9% being accommodated internally within Heatherfield Mews.

There is currently a total of 80 children allocated a total of 3,046 short break nights. This is an average of 38.1 nights per child.

- 82.5% of the children receive an overnight short-term break at a building-based provision. 21% receive an overnight short break within a family-based provision. It should be noted that some children receive both a building based and family-based short break provision.
- Of the 66 children who receive their overnight short break at a Building Based provision, 73% of these receive this at an internal provision (Addison Street) and 27% receive their overnight short break at an external provision (Grace House, Grove House, St Cuthbert's Care, St Oswald's hospice).

Provision	No of Children	Total No of Allocated Nights
Overnights – Building Based (internal provision)	48	1718
Overnights – Building Based (external provision)	18	661
Overnights – Family Based	17	592
<b>Total</b>		<b>2988</b>

## Continuing Care

Some children and young people may have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury. A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

Data provided from the Children's Disability Team shows that out of the 171 children under the care of their team, 21 children have been assessed as requiring Continuing Care as at September 2020. This is an increase from the previous year (n=16).

There are also 2 children subject to a S117.

## **7. I have a voice**

### **7.1 Consultations**

We consult with parents/carers of and young people with SEND through various mechanisms including the Parent and Carer Forum and the SEND Youth forum.

Recent consultation with parents, in relation to the SEND Inclusion Strategy, tells us, amongst other things, that:

- 62% feel that they are able to access education provision within easy reach of where they live.
- 61% feel that they have easy access to health services and 45% to social care services.
- Only 39% feel that they have good access locally to places and activities to help them to socialise and stay active. This proportion is lower for those whose child has an EHCP and for those whose child attends a special schools. This may suggest that there is a shortage of this type of provision for children and young people with more complex needs.

The top priorities identified by families were in relation to supporting schools to successfully support children and young people with a range of needs; enhancing the early intervention offer; meeting requests for support in a timely manner; and ensuring annual reviews are person centred.

The disability register allows us to capture information about families with children and young people with a disability and provides us with a group of parents and carers who are happy to be involved in consultations. As at July 2020, there were 131 families signed up to the disability register.

The register captures information about what parents and carers consider to be their priorities for the future. Their responses highlight the need for access to good support, advice and information, and opportunities for play and leisure.

### **7.2 Adults with a Learning Difficulty in settled accommodation and employment**

The percentage of North Tyneside adults with learning disabilities who are in paid employment has dropped from 9.7% in 2017/18 to 8.9% in 2018/19. Although this remains higher than the figure nationally it is important that opportunities are made available for this cohort.

In North Tyneside, 91.6% of adults (aged 18-64) with learning disabilities who were known to the council, lived in their own home or with their family. Again, this is higher than the figure nationally.

### **7.3 Personal budgets**

Young people and parents of children who have EHC plans have the right to request a Personal Budget, which may contain elements of education, social care and health funding. For children with EHC plans, Personal Budgets can be used to help children and young people with SEN to access activities that promote greater independence and learn important life skills.

Where a transition assessment identifies needs that are likely to be eligible, local authorities should consider providing an indicative Personal Budget so that young people have an idea of how much their care and support will cost when they enter the adult system. This is particularly important if young people with EHC plans are already exercising their statutory right to a Personal Budget as any adult with eligible needs will have a care and support plan which must include a Personal Budget. Young people with EHC plans may also consider the transition to adult services a good opportunity to start exercising their right to start receiving their Personal Budget as a direct payment.

In 2019, there were 96 personal budgets taken up; 1 was for Education, 86 were for Social Care, 1 was for Health and 8 were an integrated payment. The number of integrated direct payments and payments for social care have risen since 2018.

#### **7.4 Requests for and Timeliness of issuing statements and EHC plans**

It is in the interest of all those concerned that EHC needs assessments are carried out in a timely manner. Regulations set out that the overall time it takes from the local authority receiving a request for an assessment and the final EHC plan being issued (if one is required) should be no longer than 20 weeks. The percentage of ECHPs completed within 20 weeks is calculated on an annual basis and is cumulative over the calendar year. In 2018, North Tyneside moved from being significantly better than national in previous years to in-line with national. Performance both with and without exceptions fell further to 31%, significantly below the national figures (60% excluding and 59% including exceptions). In year data shows a much-improved position in 2020.

During 2019 a total of 373 plans were finalised. This represents a 176% increase from 2018; this compares to a 10% increase in plans finalised nationally, and a 16% regionally. The number of plans finalised in North Tyneside in 2019 is higher than in any other North East authority. As a rate per 10,000 population aged 0-25 this equates to 117 plans finalised. This is much higher than the rate in any other local authority in the North East.

During 2019, there were 406 requests for an initial EHCP assessment. This compares to 259 in 2018; a 57% increase compared to a 14% increase nationally. As a rate per 10,000 population aged 0-25 this equates to 128 requests, higher than any other local authority in the North East.

Increasing numbers of requests for EHCPs and increasing numbers being finalised continues to place increasing demands on all SEND services across the borough. Although we have ceased more plans in 2020 than in previous years the total number of plans maintained by North Tyneside continues to rise and at the end of September shows a 14% increase from the beginning of the year.

The number of assessments which are over 20 weeks and not finalised are monitored on a weekly basis. The data shows us that this number has been reducing however there do remain some assessments which go over 20 weeks.