



Somerset SEND Needs Assessment 2022

The right support
in the right place
at the right time





Contents

Executive Summary

1. Children and Young People in Somerset	7
1.1 Population of Children and Young People	7
1.2 Local Area Deprivation	11
1.3 Births	12
1.4 Maternity	13
1.4.1 Smoking in pregnancy	15
1.4.2 Perinatal Mental Health	16
1.5 Mental Health of children and young people	17
1.6 Audiology	18
1.7 Long term health conditions	19
1.7.1 Asthma	20
1.7.2 Diabetes	20
1.7.3 Epilepsy	21
1.8 Hospital Admissions in children and young people with a Learning Disability diagnosis	23
1.9 Child and Maternal Health Area Profile	23
1.10 Children and Young People’s Therapy Service	26
2. Children and young people with SEND in Somerset	29
2.1 Numbers of children and young people with identified SEND	29
2.2 Numbers of pupils in schools with SEND	30
2.3 Primary SEND Needs of pupils in schools	31
2.4 Ages and Genders of pupils with SEND in Somerset schools	33
2.5 Ethnicity of pupils with SEND	35
2.6 Free School Meal eligibility of pupils with SEND	37
2.7 Local Area Deprivation of children with SEND	37
2.8 Absence from school of pupils with SEND	42
2.9 Permanent Exclusions and Suspensions of pupils with SEND	43
2.10 Social Care Needs of pupils with SEND	46
2.11 Children and Young People with SEND on the Youth Offending Service case list	46
2.12 Children and young people with SEND educated at home	46
3. Children and young people for whom the local authority maintains an EHC Plan	47



3.1	Numbers of EHC Plans	47
3.2	Ages of children and young people with an EHC Plan	47
3.3	Education Provision of children and young people with an EHC Plan	48
3.4	Primary SEND Needs of children and young people with an EHC Plan	51
3.5	Projecting future numbers of EHC Plans	53
4.	Identification and Assessment of Need	54
4.1	Ages and Stages Questionnaires (ASQ)	54
4.2	MAISEY (Multi-Agency Identification and Support in the Early Years)	55
4.3	Early Years Foundation Stage Profile (EYFSP)	56
4.4	Annual health checks for people with learning disabilities	56
4.5	Referrals for Autism and ADHD Assessment	57
4.6	Recording of SEND in Mental Health Services commissioned by Somerset CCG	59
4.7	EHC Needs Assessment requests	61
5.	Experiences of being a child or young person with SEND, or a parent carer or family member	62
5.1	Pupil Health and Wellbeing Survey (2021)	62
5.1.1	Top 5 Biggest Worries for Children and Young People	63
5.1.2	Top 5 Coping Strategies for dealing with worries	63
5.1.3	Personal Safety of pupils with SEND	64
5.2	Experiences of using SEND Services in Somerset	64
5.3	Somerset Inclusion Inquiry	68
6.	Impact of Covid19 pandemic	68
6.1	Reflections of 'The Unstoppables' SEND participation group	68
6.2	Impact of Covid 19 on Parent Carers	70
6.3	Attendance at school for pupils with SEND during the covid pandemic	71
6.4	Requests for EHC needs assessments during the covid pandemic	72
6.5	Primary Needs of new EHC Plans issued	72
7.	Preparation for Adulthood	73
7.1	Population of young people with SEND	73
7.2	Educational Attainment of pupils with SEND	74
7.3	Destinations of Key Stage 4 pupils with SEND	74
7.4	Young People not in Education, Employment or Training (NEET)	74
7.5	Post-16 Attainment of young people with SEND	74
7.6	Employment of adults with learning disabilities	75
7.7	Accommodation status of adults with learning disabilities	75





8. Services for children and young people with SEND	75
8.1 SEND Local Offer	75
8.1.1 Information and Advice providers	76
8.1.2 Care and Support providers	76
8.1.3 Health providers	77
8.1.4 Education providers	77
8.2 Geographical distribution of SEND Local Offer providers	78
8.3 Holiday Activities & Food Programme (2021)	80
9. Observations and Commissioning Implications	80
10. Further development of the Needs Assessment	82
11. List of Acronyms	84





Executive Summary

If a child or young person requires special educational provision to be made for them due to a learning difficulty or disability, they are defined as having a special educational need. The needs of children and young people with SEN or a disability are complex and varied and requires daily support from a wide range of professionals and agencies.

Somerset has high ambitions for all children and young people to have a good start in life, including those with special educational needs and disabilities (SEND). Children and young people, including those with the most complex needs should have access to good local provision and every opportunity to achieve good outcomes, whether this be education, employment, independent living, participation in their community or being as healthy as possible.

The primary purpose of this needs assessment is to inform the development of the joint health and social care SEND Strategy. It draws on data and evidence from a range of sources, including the views of parents and families, to describe a picture of SEND need and service provision across Somerset.

The following points provide an overview of the key findings pertinent to children and young people with SEND in Somerset and their families. Section nine highlights the commissioning implications and opportunities that the Somerset health and social care system should consider as a result of this analysis.

- There are approximately 164,000 children and young people, aged 0 to 25, in Somerset.
- A snapshot in January 2022 indicated 14,459 children in young people living in Somerset with identified SEND, of which 4,246 had an EHC Plan and 10,213 were SEND Support.
- The most common primary needs being Speech, Language and Communication; and Social, Emotional and Mental Health. In Somerset rates of permanent exclusions and suspensions from school are persistently much higher than the national average and those with SEMH needs are more likely to be excluded.
- Children living in deprived areas in Somerset are twice as likely to have a SEND need. This however varies when broken down by primary need. For example, there appears to be little association between income deprivation and Autistic Spectrum Condition, but stronger association between deprivation and Social, Emotional and Mental Health needs.
- The risk of having SEND is higher in children who had a pre-term birth (before 37 weeks). In 2021/22, the Somerset monthly monitoring of pre-term birth fluctuated between 5-9%, higher than the national ambition of 6%.



- There are an estimated 9,900 children and young people in Somerset with a diagnosable mental health condition, based on an established '1 in 9' prevalence within the relevant cohort.
- Many children and young people who have SEN also have a disability. This can impact on their education, general health, and wellbeing. For example, the prevalence of children aged 0-9 with a diagnosis of epilepsy is 4.2 % for those with a combined diagnosis of a learning disability. This increases to 6.8% in the 10 to 17-year-old age category, and 9% in the 18 to 24-year-old age category.
- There are wide variations in the proportion of pupils in each ethnic group who are SEND. Pupils with a Gypsy/Roma ethnicity are around twice as likely as their peers to have identified SEND (86 of 260 pupils, equating to 33% of all Gypsy/Roma pupils).
- Somerset is consistent with national averages in that most pupils in Somerset schools with SEND are boys (72% of pupils with an EHC Plan are boys; 63% of pupils with SEND Support are boys). However, this is most prevalent in Autistic Spectrum Disorder (78% boys) and Social, Emotional and Mental Health (70% boys).
- In Somerset, nearly half (47%) of Children Looked After (CLA) have an EHC Plan. This is well above the national average rate of 29%. In Somerset, 19% of Children in Need (CiN) have an EHC Plan. This is below the national average of 28%.
- Key themes from engagement with children and young people, parent carers and family members on SEND Services in Somerset include: the importance of strong trusting relationships for people to share their story; a perceived lack of information sharing between services (having to tell a story more than once); a lack of perceived change following feedback; seemingly 'hostile' services; unidentified mental health needs; the need for clearer referral pathways; the importance of positive personal interactions; and a desire to simply 'belong'.
- Almost exactly two years after the first lockdown was announced in March 2020, 'The Unstoppables' SEND participation group used a meeting to reflect on their experiences. Challenges were explored which included living with the new normal, not having carers and getting support at the start. Isolation and vulnerability were discussed and the impact on children and young people. Positives were also explored, including things such as focusing on physical health and feeling warm and safe.
- A snapshot in July 2021 showed a total of 344 service providers listed on the Somerset SEND Local Offer. The Local Offer provides information on the services available for children and young people with SEND and how to access them.
- Data to inform this needs analysis was sourced from a range of local and national sources, including Somerset County Council, Somerset Clinical Commissioning Group, Somerset Parent Carer Forum, the Department for Education, the Office for Health Improvement and Disparities, and the Office for National Statistics.
- The data we have available to understand the needs for preparation for adulthood is limited and focuses on the educational attainment needs. This will need to be addressed from the messages we are getting from parents and improvements to data collection in the future.





1. Children and Young People in Somerset

The purpose of this section is to describe the overall population of children and young people in Somerset, how the population is changing over time, local social and economic factors, and the general health and wellbeing of the population.

1.1 Population of Children and Young People

- There are 164,069 children and young people (aged 0 to 25) in Somerset.

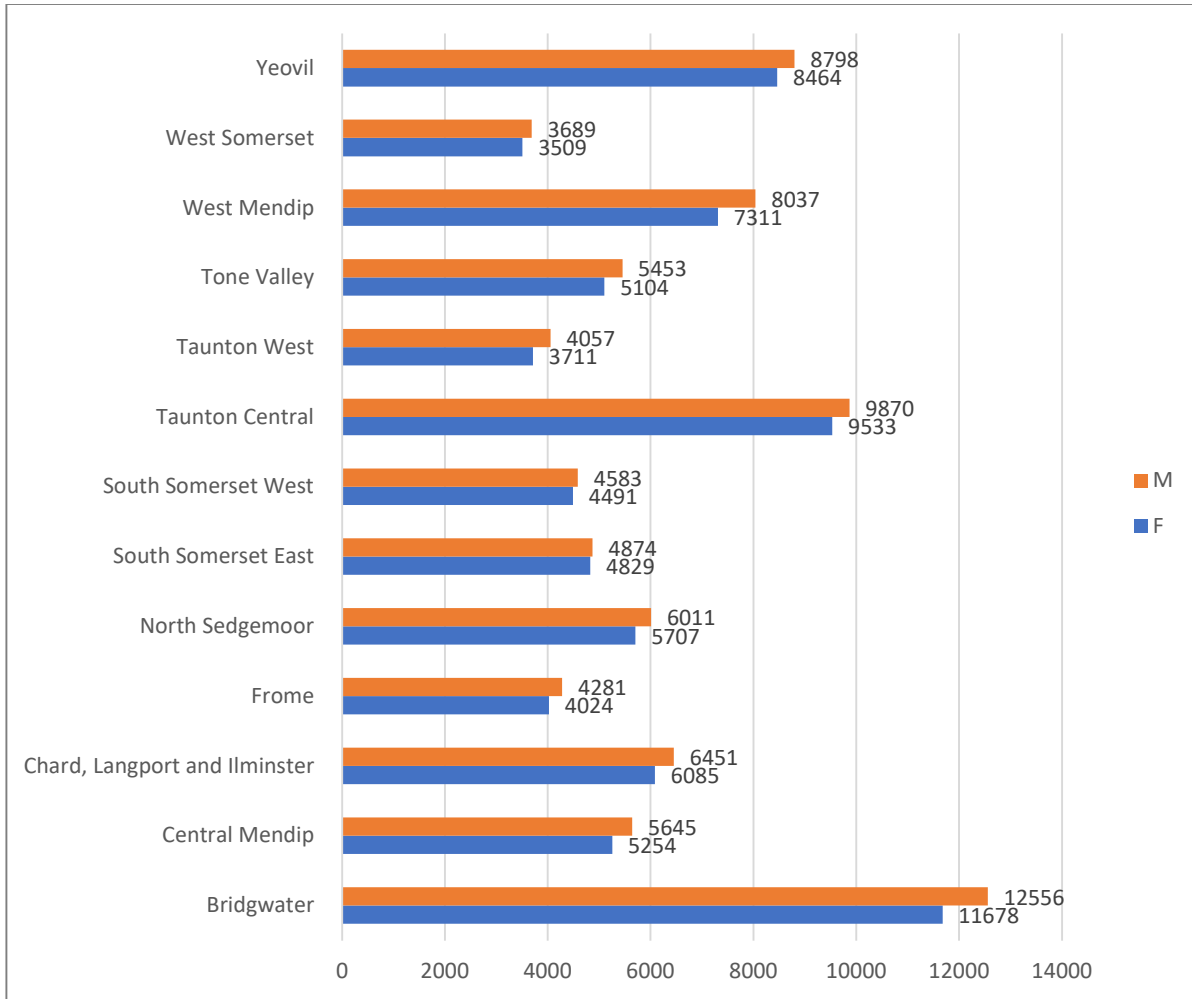
Population aged 0-25 by Primary Care Network

Primary Care Network	Population of CYP aged 0-25
Bridgwater	24,181
Central Mendip	10,899
Chard, Langport and Ilminster	12,522
Frome	8,307
North Sedgemoor	11,742
South Somerset East	9,709
South Somerset West	9,057
Taunton Central	19,395
Taunton West	7,770
Tone Valley	10,566
West Mendip	15,370
West Somerset	7,205
Yeovil	17,250
Unknown	96
Total	164,069

Source: SCW CSU



Population aged 0-25 by Primary Care Network and Gender

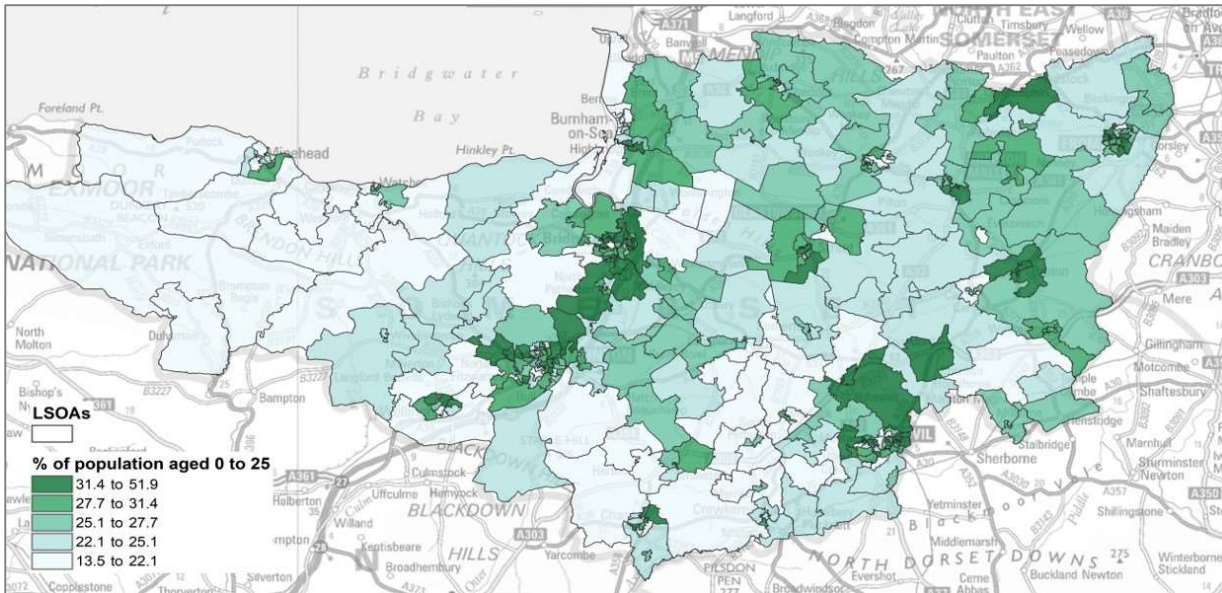


Source: Somerset CCG

- These overall GP-registered population figures (above) are higher than the latest official estimate of the 'usual resident population' from the Office for National Statistics (ONS). This could be linked to over-counting in GP practice registers, under-counting in population estimates, or different definitions of what counts as a 'resident', and is a nationally recognised issue (*source: House of Commons Library report 2016*). It would need further local investigation as required. The ONS mid-year 2020 estimate is 151,600 children and young people (aged 0 to 25).
- Highest concentrations of children and young people in Somerset are generally located in and around the county's principal urban areas – Bridgwater, Burnham/Highbridge, Frome, Taunton and Yeovil - and notably along the M5 corridor. See map, below. The darker areas on the map indicate higher proportions of children and young people within the local population.

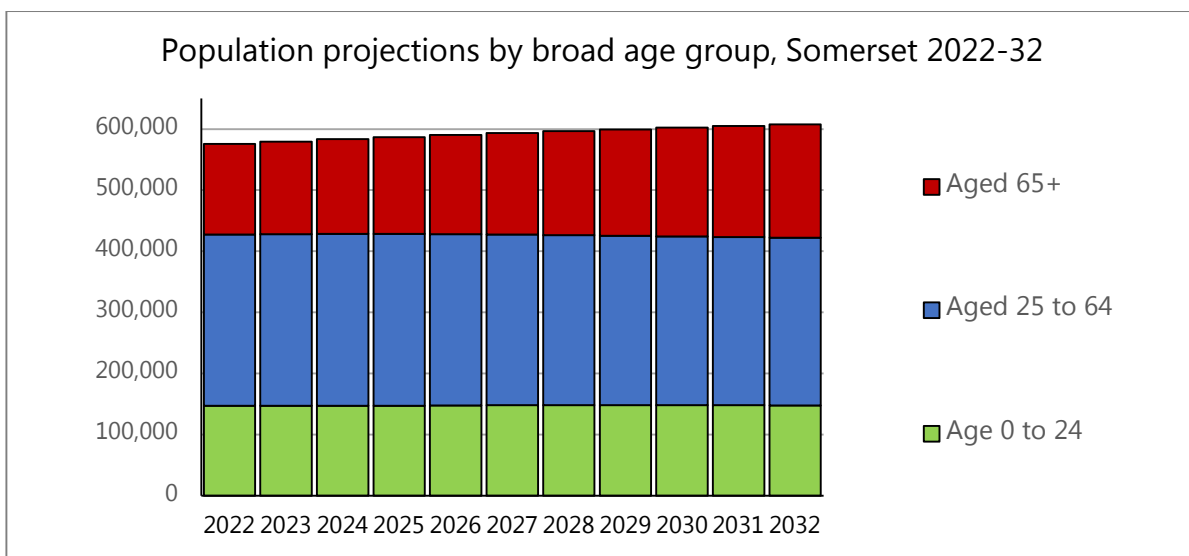


Population distribution of children in young people in Somerset



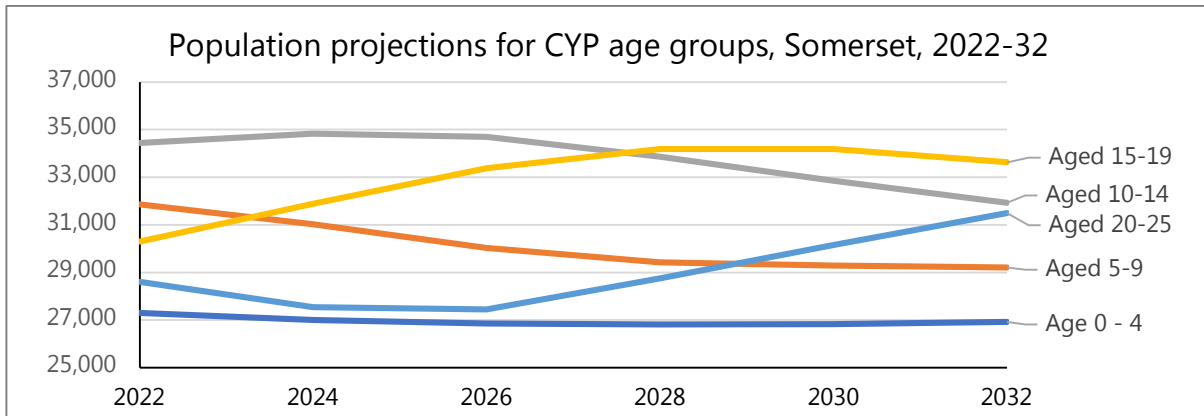
Source: ONS population estimates. LSOA (Lower-layer Super Output Area) is a unit of geography for the collection and publication of small areas statistics. Each LSOA equates to around 1,500 people, or 600 households. © Crown copyright and database rights OS 100038382 (2022).

- Data from the Office for National Statistics indicates that Somerset has lower numbers of children and young people relative to the national average (27% of the county's population is aged 0 to 25, compared to 31% nationally).
- Somerset's overall population is increasing by approximately 0.7% per year (equating to about 3,500 people), although this growth is almost exclusively in the 65 and over age group.
- Overall numbers of children and young people and working-age people remain broadly static, with this trend projected to continue - see chart below.



Source: Office for National Statistics (ONS) Population Projections

- Whilst the overall population of children and young people is broadly stable, there is projected to be some differentiation between age groups. The 15-19 and 20-25 age groups are projected to see increasing numbers over the coming years, offsetting declines in the younger age groups - see chart, below. This is consistent with a population 'bulge' which has been working its way through the population.



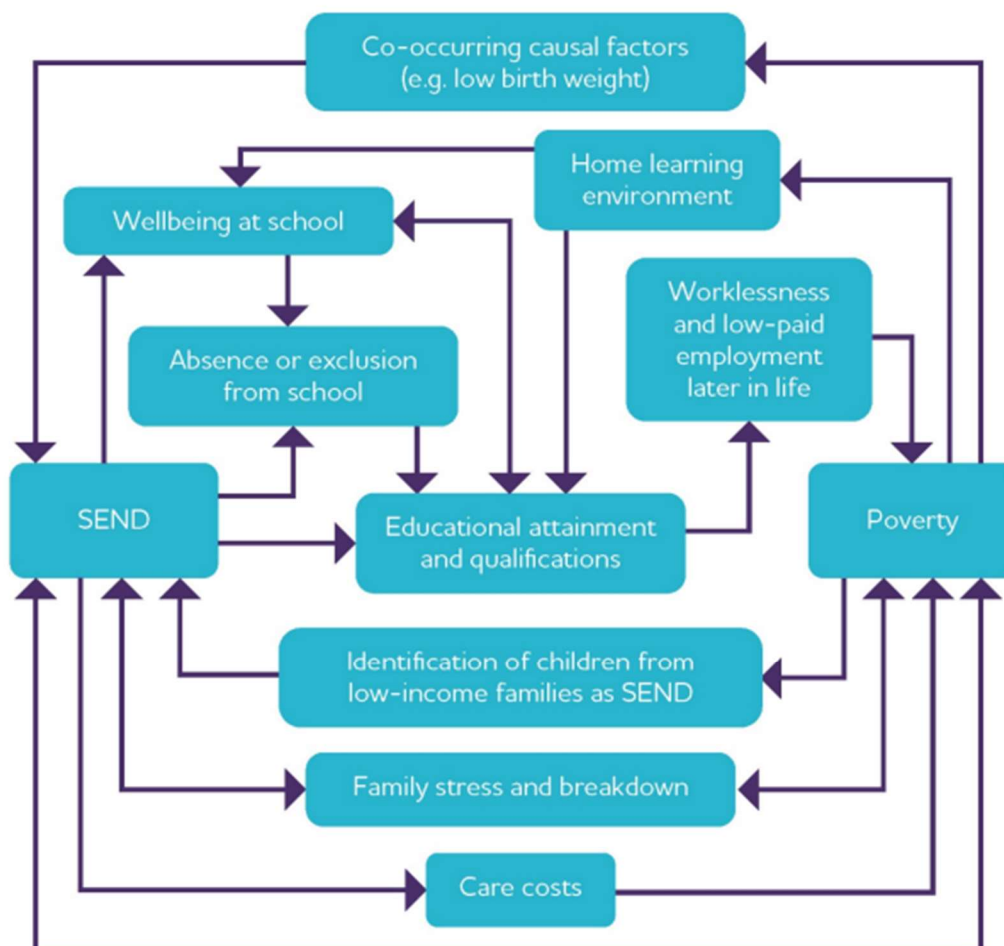
Source: ONS Population Projections

- From Somerset's latest School Population Forecast 2020 (covering state-funded schools):
 - Primary aged pupil numbers across the county are forecast to continue falling until at least 2025. 79% of primary schools are forecast to see a drop in pupil numbers by 2025.
 - A continuation until 2023 of the increase in the numbers of pupils in the secondary sector which started in 2017. Numbers are forecast to plateau in 2024 and 2025 and then decline.
 - Continuing growth in secondary school number on roll is forecast, in Bridgwater and Taunton in particular, reflecting previous growth in the primary school roll.
 - Expectation that there will be further increases in the roll of special schools as further pupils require a specialist placement. The expected increase is based mainly on a combination of the following:
 - a continuation of the increase in the number of young people with complex needs: the 2020 special school roll is the equivalent of 1.21% of mainstream roll in Somerset - the equivalent proportion in 2012 was 0.65%. Much of the increase in special school pupil numbers has come from mid-phase admissions (e.g., pupils with complex SEND transferring from mainstream primary or secondary schools). This has recently been adding around 70 pupils per year to the Somerset special school roll.
 - the rising number of pupils of secondary school age: Around 65% of pupils on a Somerset special school roll are in year 7 and above. With a general increase in the number of secondary school age pupils forecast for the next few years, there is a reasonable expectation that this will contribute further increases in the special school roll.

- the expansion of places in specialist provision: the commissioning of new state-funded provision in Somerset to accommodate SEND pupils.

1.2 Local Area Deprivation

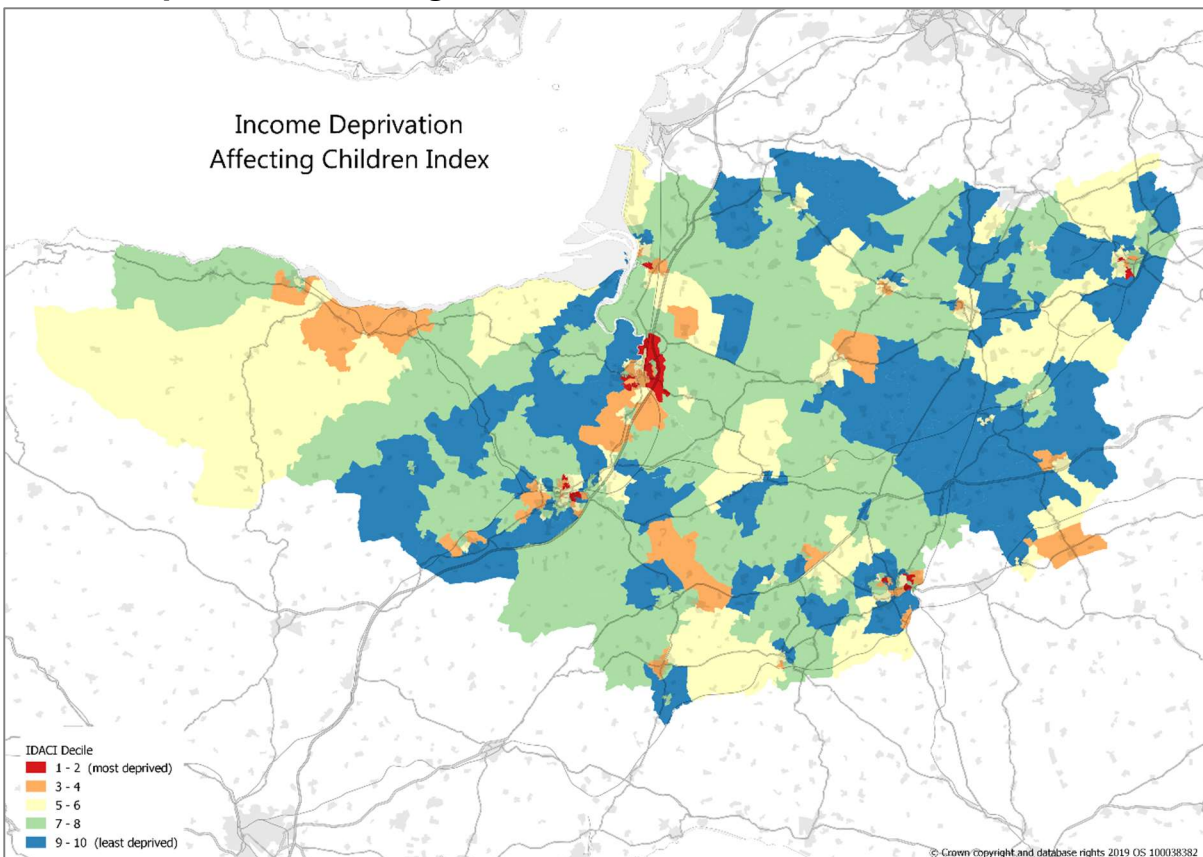
- Children with SEND from low-income families face multiple disadvantages and increased vulnerability and therefore deprivation and poverty is both a cause and effect of Special Educational Needs and Disabilities (Shaw, Bernardes, Trethewey, & Menzies, 2016). Other factors associated with poverty such as smoking and consuming alcohol during pregnancy, low birth weight, parental stress and family breakdown can also contribute to the likelihood of a child developing certain types of SEND (Anders, et al., 2011) (Parsons & Platt, 2013).
- There is a strong relationship between SEND and poverty, and causality runs in multiple directions.



Source: Joseph Rowntree Foundation report, February 2016

- The Index of Multiple Deprivation (IMD) finds Somerset generally better than the national average in terms of overall levels of deprivation. However, there has been a slight shift towards greater deprivation, particularly in relation to the quality of housing.
- The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. In Somerset, 13.6% of children aged 0–15 years live in income deprived households.
- Somerset neighbourhoods with the most income deprivation are located within its principal urban areas – parts of Bridgwater, Frome, Highbridge, Taunton and Yeovil. See map, below (the red areas on the map indicate the most deprived communities).

Income Deprivation Affecting Children Index (IDACI) in Somerset

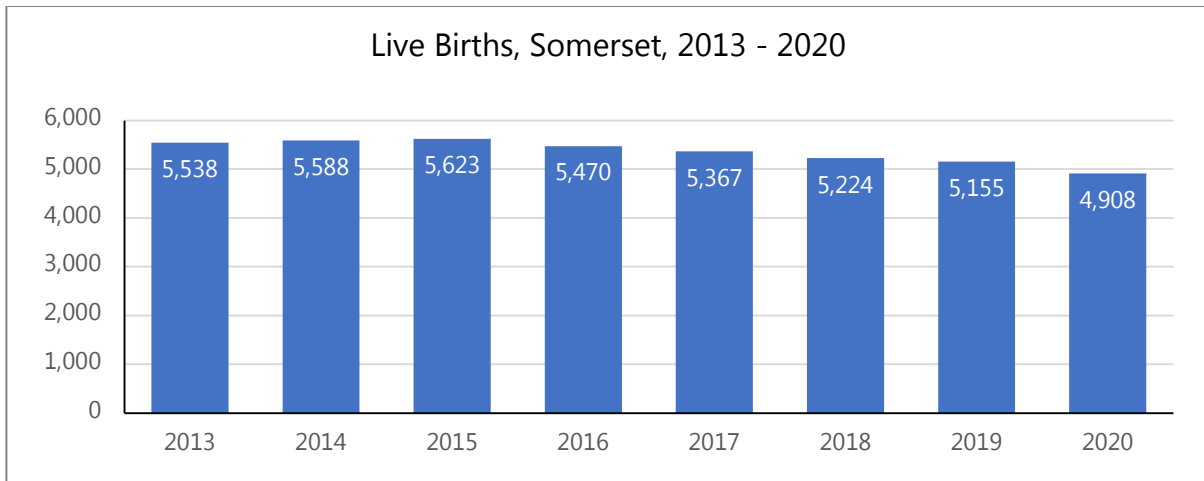


Source: MHCLG. The red areas in the map indicate neighbourhoods (LSOAs) classified as being within the 20% most deprived in England. © Crown copyright and database rights OS 100038382 (2022).

1.3 Births

- Numbers of babies born in Somerset have declined in each of the last five years, mirroring a national downward trend. See table, below.

Numbers of live births, Somerset, 2013-2020

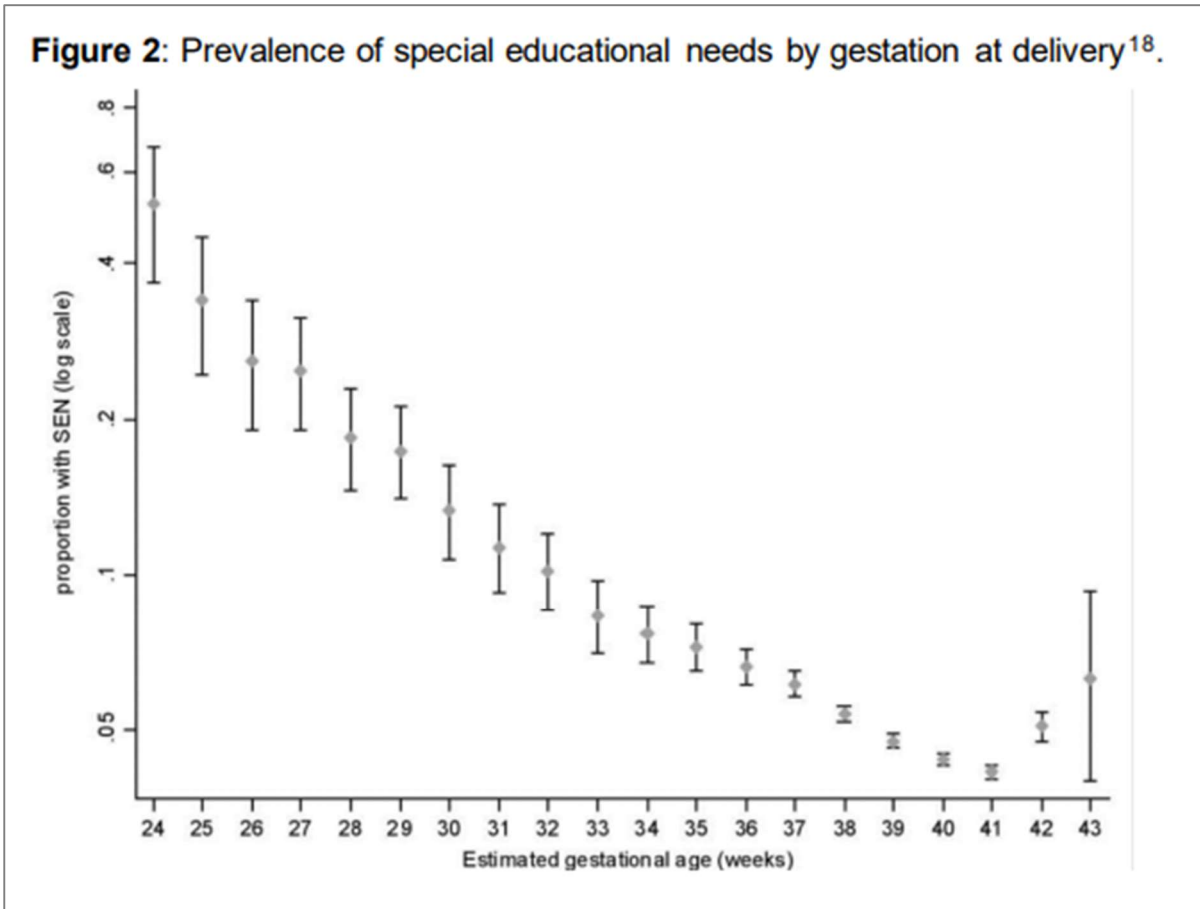


Source: Office for National Statistics (ONS)

1.4 Maternity

- The [Avoiding Term Admissions into Neonatal units \(Atain\) programme](#) has identified concerns about long term outcomes following early term birth (defined as at 37 and 38 weeks). These concerns relate to potential long term adverse effects on the baby due to birth prior to reaching maturity, for example, the baby's brain continues to develop at term. One example is the risk that the child will subsequently have a record of special educational needs (SEN). The risk of this outcome is about 50% among infants born at 24 weeks of gestational age and it progressively falls with increasing gestational age at birth, only to bottom out at around 40 – 41 weeks.

Prevalence of special educational needs by gestation at delivery (MacKay et al, 2010)



- The Department of Health national ambition is to reduce the national rate of pre-term births to 6% by 2025 through recognised programmes such as Saving Babies’ Lives, as part of the National Maternity Transformation Plan (Better Births). In 2021/22 the Somerset monthly monitoring of pre-term birth fluctuated between 5-9%, higher than the national ambition but lower than 2020/21 where a peak of 11% was seen. The table below identifies a slight trend in reduction of babies born before 37 weeks in gestation

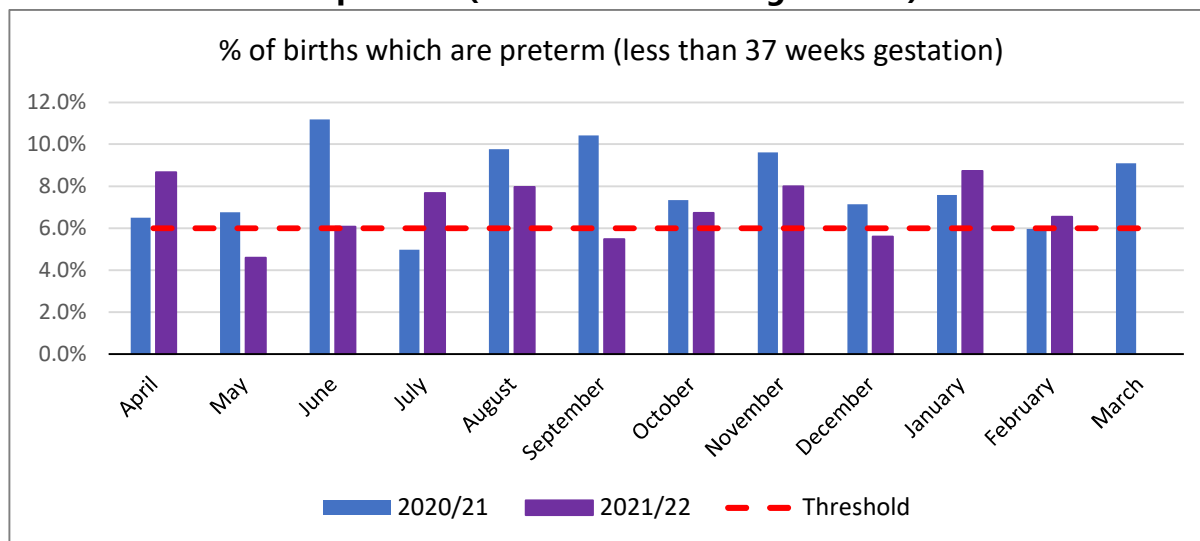
Babies born before 37 weeks gestation in Somerset

2018/19	2019/20	2020/21
9.0%	8.3%	8.0%

Source: Somerset CCG



% of births which are preterm (less than 37 weeks gestation)



Source: Somerset CCG

1.4.1 Smoking in pregnancy

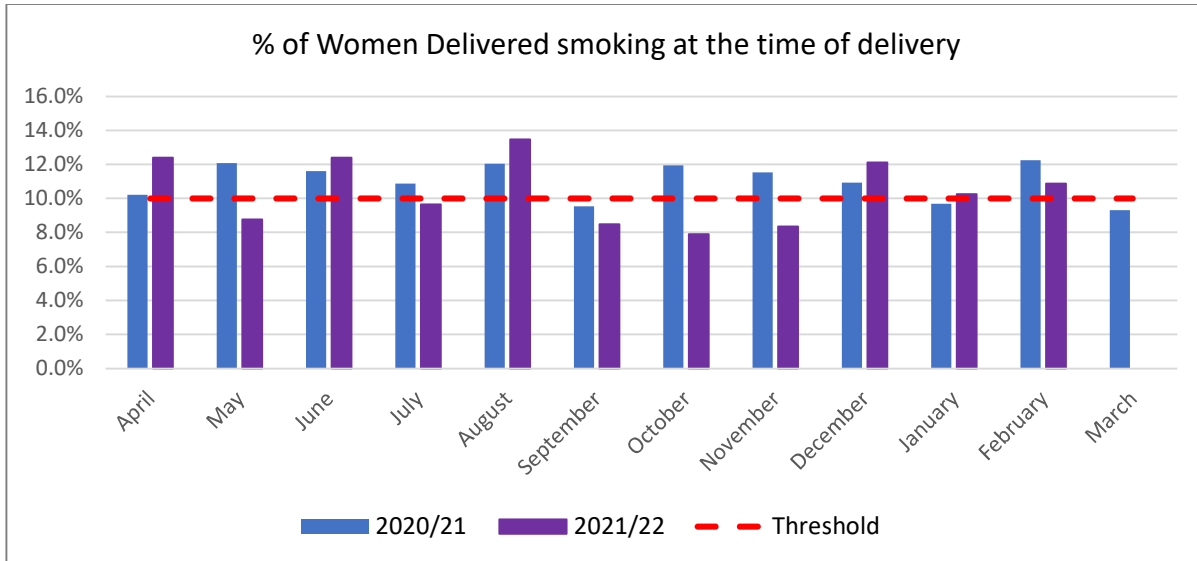
- There is strong evidence that reducing smoking in pregnancy reduces the likelihood of premature birth, miscarriage, low birthweight and sudden infant death syndrome (SIDS)^{1 2}. Whether or not a woman smokes during her pregnancy has a far-reaching impact on the health of the child throughout his or her life.
- All pregnant women undergo electronic testing for CO exposure and those with a positive reading are referred to a trained stop smoking advisor.
- Mums2Be Smokefree is a local service in Somerset who offer support, advice and free NRT (Nicotine Replacement Therapy) to pregnant women, partners and family members needing help to quit smoking.
- The table below indicates that smoking rates at the time of giving birth have remained static over the past two years and therefore would be indicative of either an increase or decrease in pre-term birth or poorer outcomes resulting in a change in the number of CYP with SEND as a standalone measure.

1. ¹ Maternal smoking and the risk of still birth: systematic review and meta-analysis; Takawira C Marufu, Anand Ahankari, Tim Coleman and Sarah Lewis BMC Public Health 2015, 15:239 doi:10.1186/s12889-015-1552-5 Available at: <http://www.biomedcentral.com/1471-2458/15/239>

2. ² Royal College of Physicians. Passive smoking and children. A report by the Tobacco Advisory Group. London: RCP, 2010.



Percentage of Women smoking at the time of giving birth



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	10.2 %	12.1 %	11.6 %	10.9 %	12.0 %	9.5%	12.0 %	11.5 %	10.9 %	9.7%	12.3 %	9.3%
2021/22	12.4 %	8.8%	12.4 %	9.6%	13.5 %	8.5%	7.9%	8.4%	12.1 %	10.2 %	10.9 %	
Threshold	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%

Source: Somerset CCG

1.4.2 Perinatal Mental Health

- Perinatal mental health (PNMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of new and expectant parents and covers a wide range of conditions. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. When mothers suffer from these illnesses it increases the likelihood that children will experience behavioural, social or learning difficulties and fail to fulfil their potential³.
- Improving access to perinatal mental health services is a key workstream in stream between the Maternity Transformation Programme and the Mental Health Programme as part of the NHS Long term plan. It aims to improve access for women to high-quality specialist mental health care, closer to home.
- In 2018, the CCG received funding to implement a PNMH Service. The service went live in February 2019 and is provided by Somerset NHS Foundation Trust (SFT). Between April 2021 and March 2022, the service saw 517 women.
- One of the key requirements of the National Maternity Transformation, [Plan Better Births](#) guidance is to increase the number of women receiving continuity in their

3. ³[Joint Commissioning Panel for Mental Health. \(2012\). Guidance for commissioners of perinatal mental health service](#)

maternity care. Evidence shows that women receiving Continuity of Carer are 24% less likely to have a pre-term birth as continuity of carer is a key driver for tackling inequalities, health promotion, personalised care, and the prevention of poor outcomes.

- In Somerset, 43% of women are booked onto a continuity of carer pathway, which is above the national target of 35%.

1.5 Mental Health of children and young people

- There are an estimated 9,900 children and young people in Somerset with a diagnosable mental health condition, based on an established '1 in 9' prevalence within the designated cohort. *(Source: Somerset CCG, NHS England/Improvement)*

Number of CYP aged under 18 supported through NHS funded mental health services, rolling 12 months

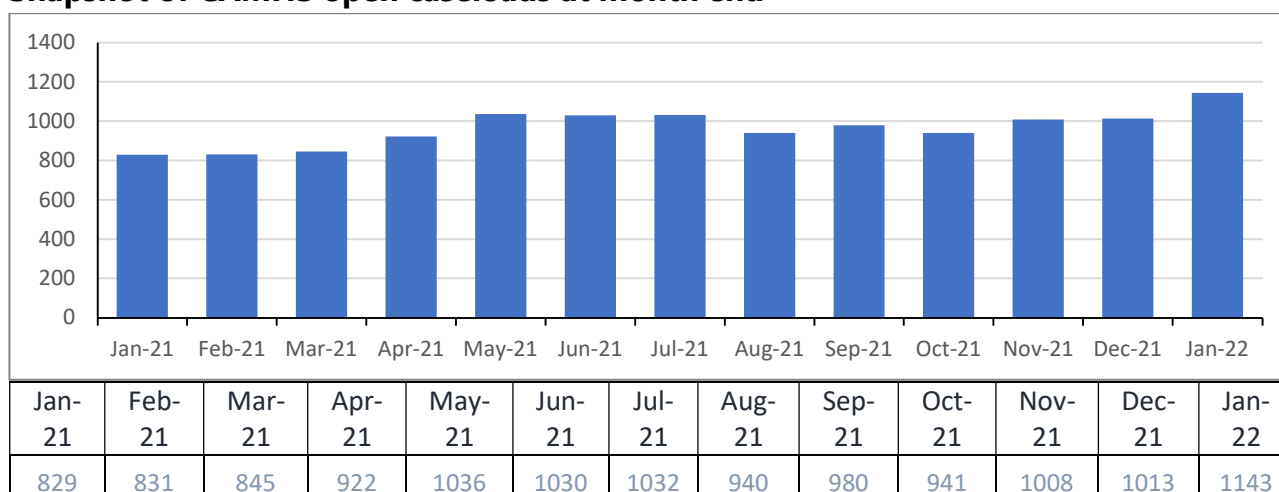


CYPMH Access - One Contact - Rolling 12 months

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Somerset CCG	3420	3515	3640	3730	3855	3905	3925	3865	3885	4050	4075	4115
Somerset FT	2210	2315	2445	2505	2590	2615	2650	2680	2735	2805	2830	2850
Young Somerset	320	370	415	480	540	595	600	585	610	600	605	595
2BU	115	115	105	105	105	105	105	95	95	105	105	125
The Space	25	30	35	50	55	60	60	65	70	65	65	70

Source: Somerset CCG. The 12-month rolling sum is the total amount from the past 12 months. One Contact: Count of CYP who have at least one contact in an NHS funded mental health service within the reporting period.

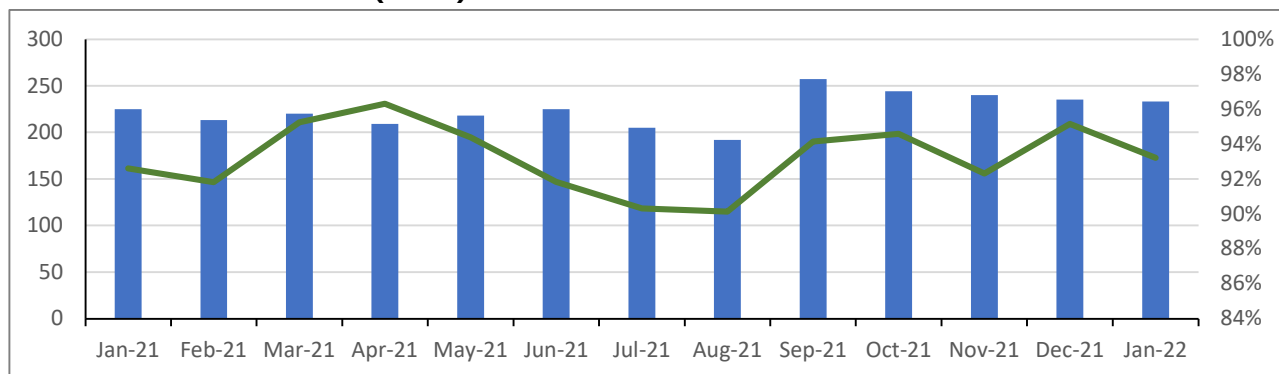
Snapshot of CAMHS open caseloads at month end



Source: Somerset CCG



Personalised Care Plans (PCPs)




	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Number of children in receipt of CAMHS with a personalised care plan in place	225	213	220	209	218	225	205	192	257	244	240	235	233
Percentage of children in receipt of CAMHS with a personalised care plan in place	92.6 %	91.8 %	95.2 %	96.3 %	94.4 %	91.8 %	90.3 %	90.1 %	94.1 %	94.6 %	92.3 %	95.1 %	93.2 %

Source: Somerset CCG

1.6 Audiology

- In England about 1,000 babies are born each year with a permanent childhood hearing impairment (PCHI), two thirds of whom will be affected bilaterally. In 40 percent of these children the hearing loss will be severe or profound. Bilateral PCHI can have a major impact upon these children and their families and is often associated with a life of consistent underachievement. This means that approximately 1.6 per thousand babies born will have a permanent hearing disorder which equates to approximately 6 babies born with a PCHI a year in the Somerset CCG population, with about 42 preschool and 217 school age children with hearing loss in the Somerset CCG area excluding South Somerset and some of the Mendip Area.
- In England, an estimated further 600 children a year will develop or acquire PCHI by the age of ten. This may be the result of congenital causes (e.g., exposure to cytomegalovirus (CMV) in utero), which manifest after a period of time, or genetic progressive hearing loss. The principal causes of acquired hearing loss are mumps, meningitis, head injury, autoimmune ear disease, drugs which can be toxic to the ear and other unexplained causes.
- By the age of ten, therefore, in each year's cohort of children in England there will be up to 1,200 children with congenital or late onset bilateral hearing impairment and between 600-800 with unilateral deafness, and 16,000-20,000 children aged 18 or





under who have bilateral moderate severe or profound hearing impairment, a high proportion of whom will routinely use hearing aids, cochlear implants and other implantable devices to hear sounds.

- 30-40 percent of children with permanent hearing difficulty have additional health needs or development problems, and 20 percent have more than two. There is evidence that children with hearing impairment are more likely to experience mental health problems or to be abused.

1.7 Long term health conditions

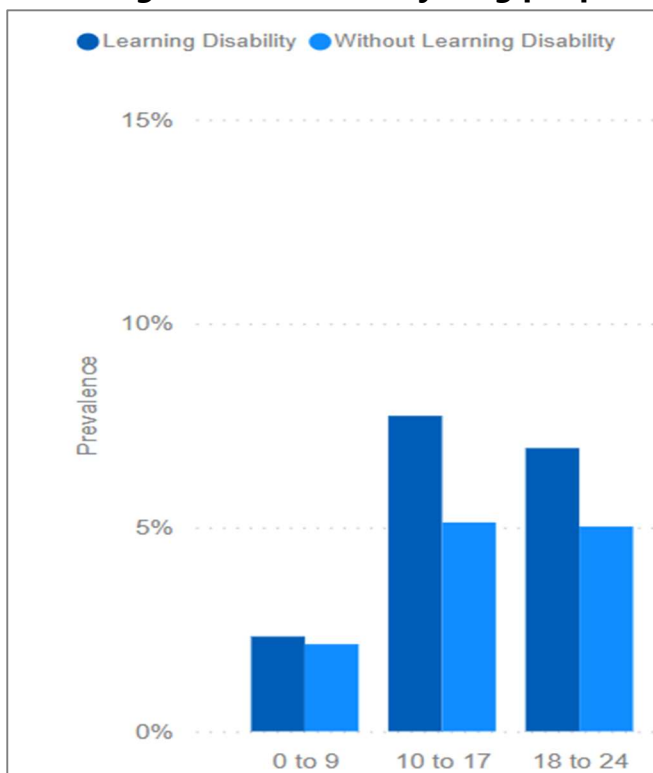
- Poor health in childhood and adolescence can have a significant impact on overall life chances. A significant percentage of local children and young people have a long-term physical health condition, illness or disability. We also know that many children and young people who have SEN also have a disability. This can impact on their education, general health and wellbeing.
- Asthma, type 1 diabetes and epilepsy are the most common long-term physical health conditions in children. Most children diagnosed with these conditions will have their needs met in schools in line with the "Supporting pupils with medical conditions at school" guidance from the Department for Education. They will not require special educational provision and therefore should not be viewed as CYP with SEND. However, in some instances there may be an overlap between students with SEN and students with a medical condition or the severity and complexity of the child's long-term condition may be disabled under the Equalities Act, 2010 and may require special educational provision.
- Around 50% of people with learning disabilities have a comorbid physical health condition. This is thought to be due to a combination of factors, including:
 - Increased rates of obesity and of being underweight due to dietary factors, lack of physical exercise, and difficulties accessing healthy lifestyle advice and support.
 - A 20-fold increased risk of epilepsy compared to background population rates.
 - Increased risk of dysphagia leading to eating and drinking problems and aspiration pneumonia.
 - Increased rates of visual and hearing impairment.
 - Increased rates of constipation, dyspepsia, thyroid disorders, eczema, and Parkinson's disease or Parkinsonism compared to background population rates.
 - Difficulties accessing healthcare and communicating needs.
- The following includes information on the key differences in healthcare between people with a learning disability and those without. It contains aggregated data on key health issues for people who are recorded by their GP as having a learning disability, and

comparative data about a control group who are recorded by their GP as not having a learning disability.

1.7.1 Asthma

- Asthma is the most common health condition in childhood. Socio-economic factors are associated with asthma prevalence, severity and hospitalisation. These include exposure to CO (smoking), indoor dampness and mould (which exacerbates asthma) and so it is correlated to deprivation.
- Whilst a child with asthma may not have special educational needs, the links to deprivation, associated co-morbidities and impact on education and learning means that each child is assessed in order to identify their needs.
- In Somerset, the prevalence of children aged 0-9 with a diagnosis of asthma is 2.3% for those with a combined diagnosis of a learning disability. This increases to 7.7% in the 10 to 17-year-old age category and 6.9% in the 18 to 24-year-old age category.

Percentage of children and young people with a diagnosis of asthma in Somerset



Source: Somerset CCG

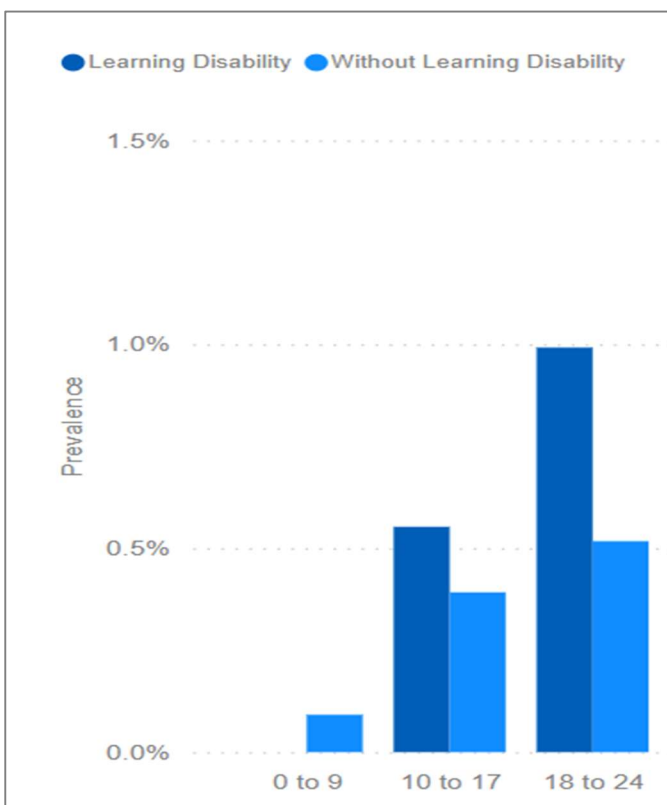
1.7.2 Diabetes

- The UK has the world's fifth highest rate of Type 1 diabetes diagnosis in children aged up to 14, with 24.5 incidences per 100,000 (Diabetes UK). Type 1 Diabetes is a serious

chronic condition, mostly diagnosed in childhood. The condition can have a significant impact on a child's daily activities, including schooling and learning. Some children with Type 1 diabetes will have an Education, Health and Care plan.

- In Somerset, the prevalence of children aged 0-9 with a diagnosis of diabetes is 0% for those with a combined diagnosis of a learning disability. This increases to 0.6% in the 10 to 17-year-old age category and 1.0% in the 18 to 24-year-old age category.

Percentage of children and young people with a diagnosis of Type 1 diabetes in Somerset



Source: Somerset CCG

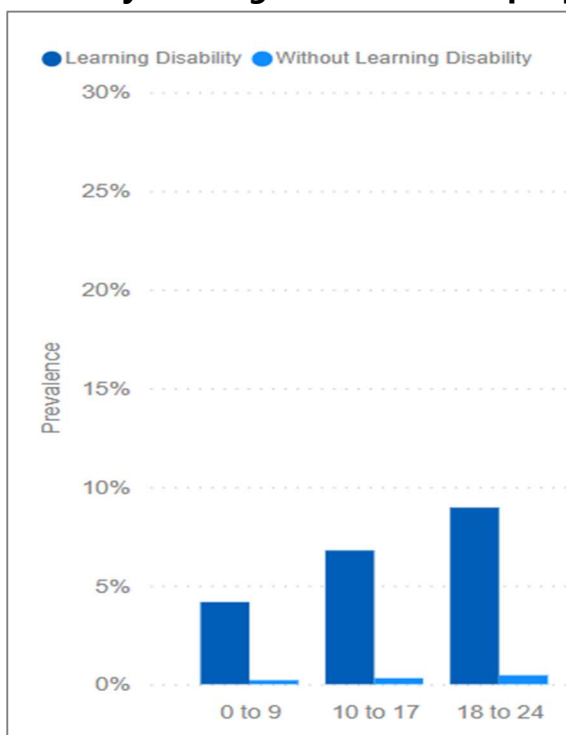
1.7.3 Epilepsy

- Epilepsy is one of the most common neurological disorders. In many cases, no cause of epilepsy is found. In others, epilepsy can be caused by infections that can damage the brain such as meningitis, problems during birth that cause a baby to be deprived of oxygen, or some parts of the brain not developing properly. There are many clinical manifestations, ranging from otherwise well children with occasional seizures, to children with complex medical co-morbidities and considerable disability. Epilepsy is more common in people with learning or intellectual disabilities, and in the most socially deprived areas compared to the least socially deprived (Joint Epilepsy Council of the UK and Ireland, 2011). A child has special educational needs if they have learning

difficulties or disabilities that make it harder for them to learn than other children of the same age.

- In Somerset the prevalence of children aged 0 to 9 with a diagnosis of epilepsy is 4.2% for those with a combined diagnosis of a learning disability. This increases to 6.8% in the 10 to 17-year-old age category and 9% in the 18 to 24-year-old age category.

Percentage of children and young people with a diagnosis of epilepsy and are currently on drug treatment for epilepsy in Somerset



Source: Somerset CCG

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1.8 Hospital Admissions in children and young people with a Learning Disability diagnosis

- Overall, the proportion of CYP admissions with learning disability diagnosis in Somerset is approximately double the estimated proportion of CYP with LD within the (national) population.

CYP Admission with Learning Disability diagnosis – Admission and coding type 2021/22 to February

Admission type	Under 25 with LD diagnosis	All Under 25	Percentage of all admissions
Emergency	598	9,330	6.4%
Planned	303	8,784	3.4%
Grand Total	901	18,114	5.0%
Estimated proportion of CYP with LD:			2.4%

Coding type	Under 25 with LD diagnosis
Z code*	356
F code only**	545
Grand Total	901

* Factors influencing health status and contact with health services (Z00-Z99) - Z736: Problems related to education and literacy, Z82: Problems related to education and literacy

** F70-F79: Intellectual Disability (in ICD11, revised from 'Mental Retardation' in ICD10)

F80-F89: Disorders of psychological development

Source: NHS South, Central and West Commissioning Support Unit

CYP Admission with Learning Disability diagnosis, 2019/20 to 2021/22*

Financial Year	Emergency	Planned	Grand Total
2019/20	595	377	972
2020/21	494	260	754
2021/22*	598	303	901

*11 months to February 2022

Source: NHS South, Central and West Commissioning Support Unit

1.9 Child and Maternal Health Area Profile

- The latest Child and Maternal Health area profile from the Office for Health Improvement and Disparities (OHID) presents a mixed picture in terms of the overall health and wellbeing of children and young people in Somerset.



- Indicators for which the county performs significantly worse than the national average are:
 - Average Attainment 8 score (GCSE)
 - 16–17-year-olds not in education, employment or training (NEET) or whose activity is not known
 - Admission episodes for alcohol-specific conditions - Under 18s
 - Hospital admissions due to substance misuse (15-24 years)
 - Smoking status at time of delivery
 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
 - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
 - Hospital admissions for mental health conditions
 - Hospital admissions as a result of self-harm (10-24 years)

- Indicators for which the county performs significantly better than the national average are:
 - Population vaccination coverage - Dtap / IPV / Hib (2 years old)
 - First time entrants to the youth justice system
 - Children in absolute or relative low-income families (under 16s)
 - Children in care
 - Children killed and seriously injured (KSI) on roads
 - Year 6: Prevalence of obesity (including severe obesity)
 - Hospital admissions for dental caries (0-5 years)
 - Baby's first feed breastmilk
 - A&E attendances (0-4 years)
 - Hospital admissions for asthma (under 19 years)

Data in the profile is largely based on 2018/19 to 2020/21. See below for a full summary.



Child and Maternal Health Area Profile, Somerset

● Better 95% ● Similar ● Worse 95% ○ Not applicable Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable
 Recent trends: — Could not be calculated ➡ No significant change ⬇ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬆ Decreasing & getting better ⬆ Increasing ⬇ Decreasing

Indicator	Period	Somerset		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2018 - 20	—	61	4.0	3.2	3.9	6.8		1.7
Child mortality rate (1-17 years)	2018 - 20	—	29	9.2	8.9	10.3	17.7		6.1
Population vaccination coverage - MMR for one dose (2 years old)	2020/21	⬇	4,922	92.6%	93.3%	90.3%	70.7%		97.9%
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2020/21	⬇	5,072	95.4%	95.8%	93.8%	77.8%		99.2%
Children in care immunisations	2021	⬆	320	86.0%	89.0%	86.0%	22.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	⬆	4,165	71.4%	72.0%	71.8%	63.1%		
Average Attainment 8 score	2020/21	—	271,890	50.0	51.3	50.9	42.9		
Average Attainment 8 score of children in care	2020	—	759	17.7	20.1	21.4	10.6		
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2020	➡	780	6.9%	6.0%	5.5%	13.8%		1.4%
First time entrants to the youth justice system	2020	⬇	45	90.0	152.8	169.2	348.5		56.6
Children in absolute low income families (under 16s)	2019/20	➡	12,215	12.3%	11.7%	15.6%	33.4%		5.4%
Children in relative low income families (under 16s)	2019/20	➡	14,805	15.0%	14.2%	19.1%	38.6%		6.9%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	—	513	11.7	11.4	11.6	32.2		3.6
Children in care	2021	➡	517	46	56	67	210		24
Children killed and seriously injured (KSI) on England's roads	2018 - 20	—	14	4.7	9.5	15.9	55.0		2.6
Low birth weight of term babies	2020	➡	110	2.49%	2.49%	2.86%	4.85%		35%
Reception: Prevalence of obesity (including severe obesity)	2019/20	➡	430	10.2%	9.1%	9.9%	14.6%		
Year 6: Prevalence of obesity (including severe obesity)	2019/20	⬆	710	17.2%	18.0%	21.0%	30.1%		
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	—	-	17.5%	20.4%	23.4%	50.9%		8.7%
Hospital admissions for dental caries (0-5 years)	2018/19 - 20/21	—	285	274.5	263.5	220.8	7.5		
Under 18s conception rate / 1,000 New data	2020	⬇	100	11.0	10.5	13.0	30.4		2.7
Teenage mothers	2020/21	➡	25	0.5%	0.5%*	0.6%	1.8%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	—	205	61.5	46.0	29.3	83.8		7.7
Hospital admissions due to substance misuse (15-24 years)	2018/19 - 20/21	—	220	133.3	101.1	81.2	229.4		16.9
Smoking status at time of delivery	2020/21	➡	502	10.6%	10.3%	9.6%	21.4%		1.8%
Baby's first feed breastmilk	2018/19	—	4,140	82.6%	75.3%	67.4%	43.6%		
Breastfeeding prevalence at 6-8 weeks after birth - current method	2020/21	—	2,530	*	*	47.6%*	-	Insufficient number of values for a spine chart	
A&E attendances (0-4 years)	2019/20	⬆	17,600	617.9	491.0	659.8	1,700.5		28.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2020/21	⬇	845	91.3	92.7	75.7	144.0		26.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2020/21	➡	920	171.6	138.2	112.4	264.7		45.8
Hospital admissions for asthma (under 19 years)	2020/21	⬇	70	59.9	67.4	74.2	290.2		22.5
Hospital admissions for mental health conditions (<18 yrs)	2020/21	➡	155	139.3	125.4	87.5	263.5		21.0
Hospital admissions as a result of self-harm (10-24 years)	2020/21	➡	655	783.0	624.9	421.9	1,173.7		112.4

Source: OHID. An accessible version is available on the [Child and Maternal Health data - OHID website](#).



1.10 Children and Young People’s Therapy Service

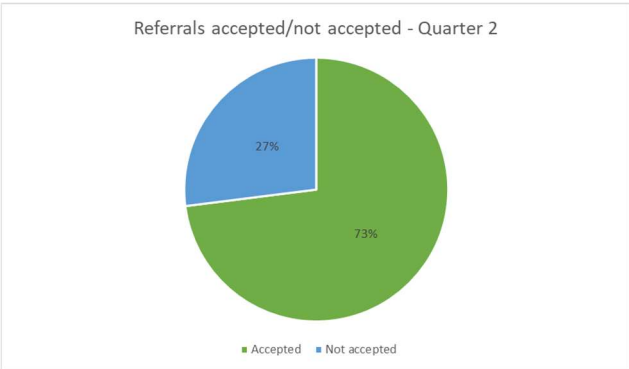
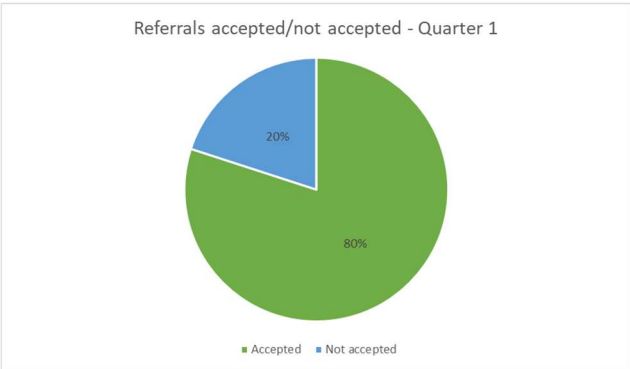
The Children and Young People’s Therapy Speech and Language service provides support for any child or young person aged 0-19 registered with a Somerset General Practitioner (GP) who are experiencing moderate or severe difficulties in a wide range of areas which need the input of a Speech and Language Therapist. The main aim of this service is to empower parents, relatives and carers to support their child’s health needs and become independent of the service, using an episode of care model of involvement.

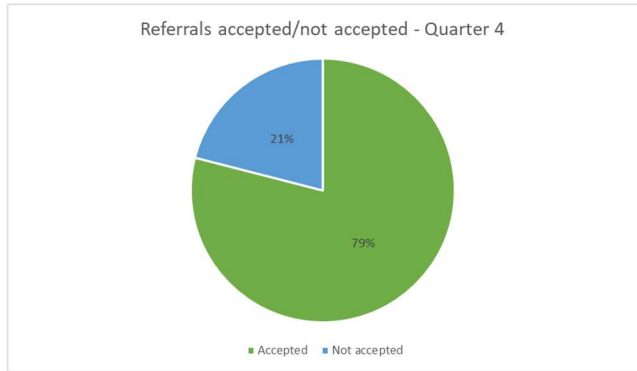
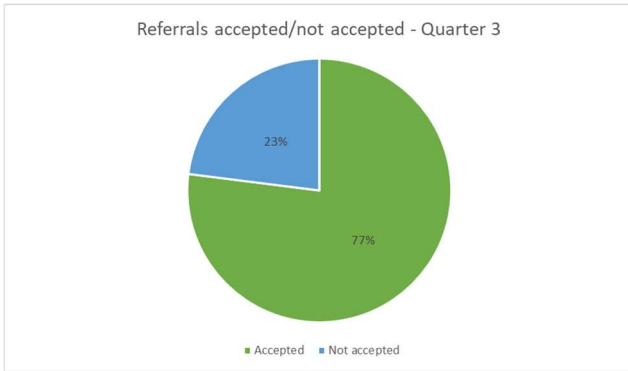
A variety of clinics are run including joint clinics with other health professionals – e.g. respiratory, rheumatology, paediatricians, feeding clinic, ASDAT. Also, a joint communication and play clinic staffed by an Occupational Therapist and Speech and Language Therapist from Children and Young People’s Therapy Service and an IT advisor from Sensory, Physical and Occupational Therapy (SPOT) services.

In addition, the service offers an occupational health service, universal interventions offered by occupational therapists including the provision of training, mentoring, information and literature to ensure parents, carers and the children’s workforce can support children and young people to develop the skills and resilience they need to realise their potential.

The physiotherapy service help to develop or restore movement and function to as near normal as possible when a child or young person is affected by injury, illness, developmental delay or other disability. They assess and treat children and young people helping them achieve mobility and function. Treatment might include specific exercises, positions or hands on therapy.

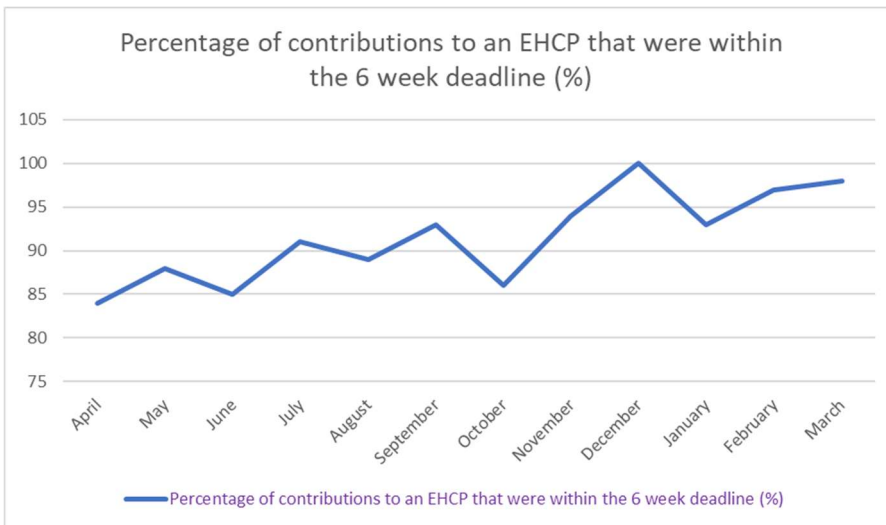
Referrals accepted/not accepted, 2021/22





Source: Somerset CCG

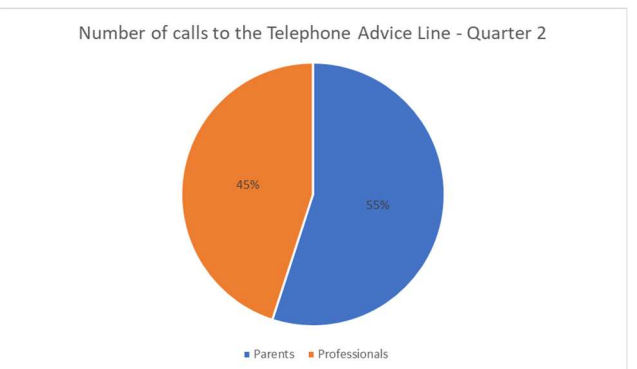
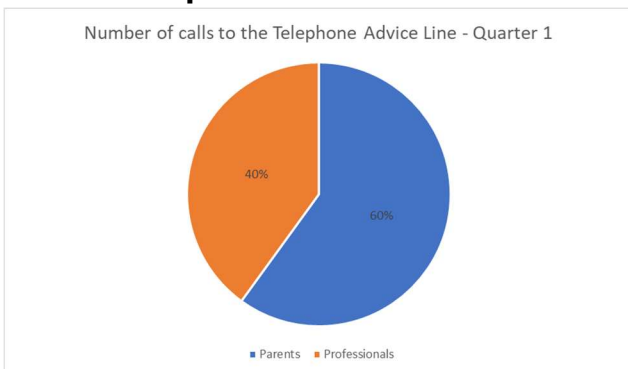
EHCP contributions, 2021/22

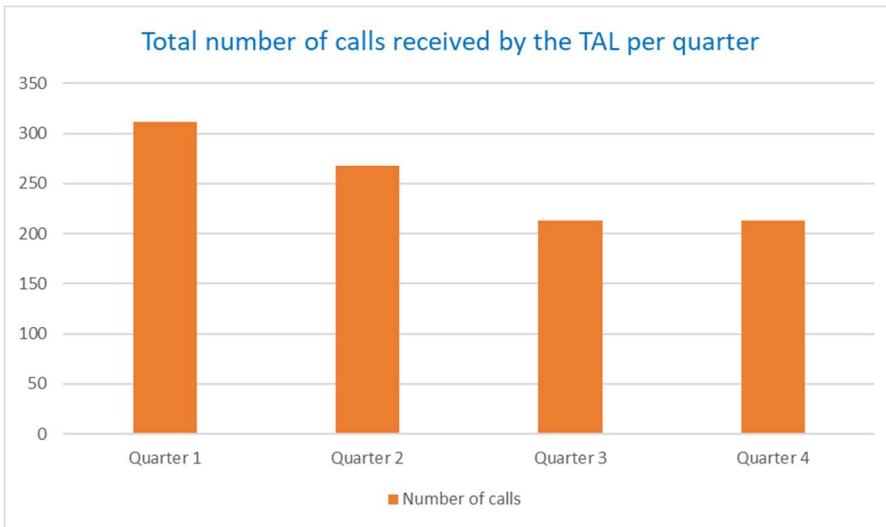


Source: Somerset CCG

A telephone advice line runs four mornings a week for anyone in Somerset to speak to a therapist from the Children and Young People’s Therapy Service, typically it receives 55% of calls from parent carers and 45% from professionals. Approximately 321 phone calls a year relate to Occupational Therapy.

Calls to Telephone Advice Line, 2021/22





Source: Somerset CCG

Somerset’s Graduated Response Tool has been co-produced to set out the barriers to learning that children and young people may have and the strategies and provision that could be in place to support them. The Quick Checker helps professionals to step back and identify other needs that may have been lost under the presenting symptoms or behaviours. The tool sets out the provision that is ordinarily available in Somerset schools at both the Universal and Special Educational Needs (SEN) Support levels. Examples include providing adaptations and commercially available equipment, differentiation and modification of the school day, handwriting programmes, sensory tent/resources for use by whole class, PSHE lessons using Jigsaw or SEAL for self-regulation skills. Part of this guidance for practitioners also includes the Sensory Processing Handbook, which has been viewed 1,769 times since its publication in October 2021.



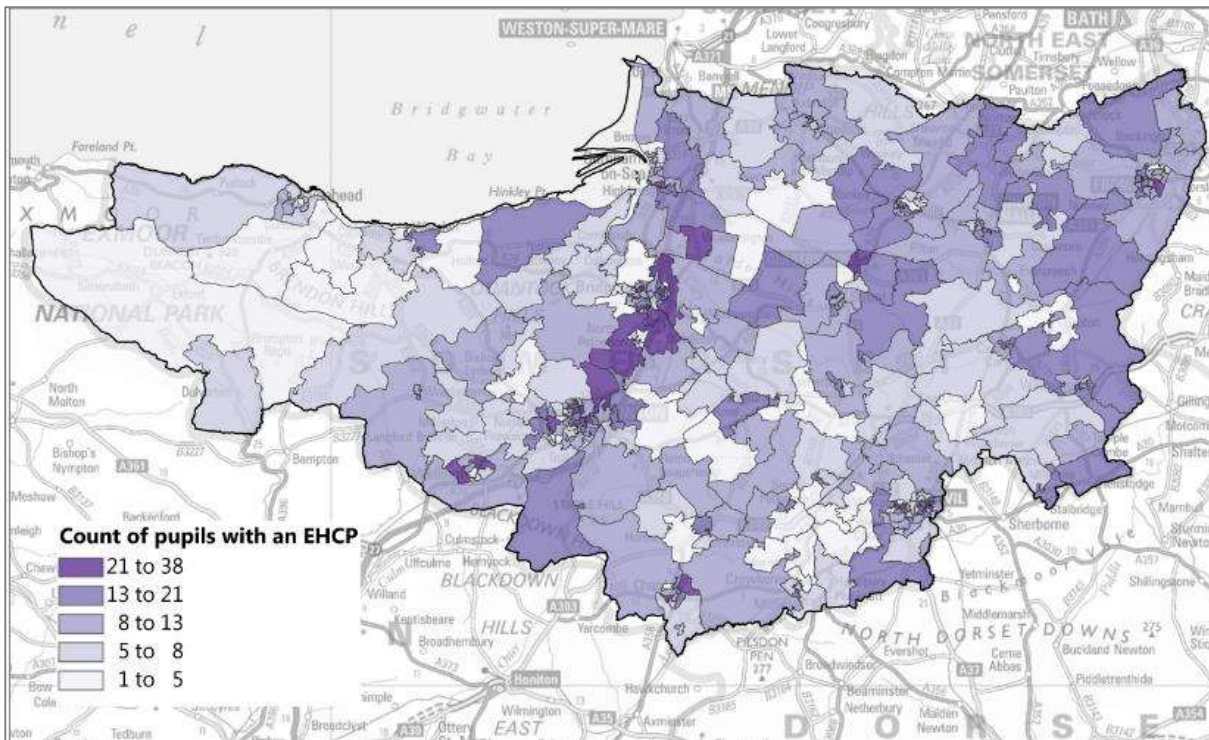
2. Children and young people with SEND in Somerset

The purpose of this section is to describe the population and characteristics of children and young people in Somerset with identified SEND.

2.1 Numbers of children and young people with identified SEND

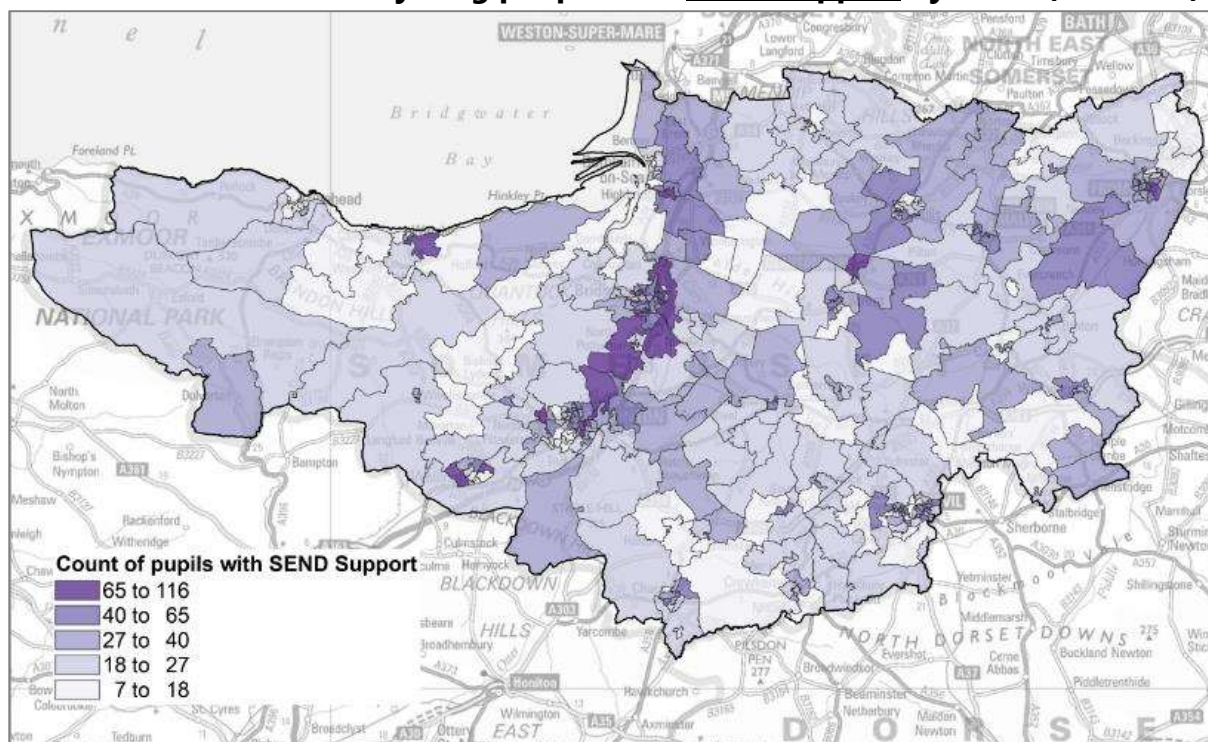
- A snapshot in January 2022 indicated 14,459 children in young people living in Somerset with identified SEND, of which 4,246 had an EHC Plan and 10,213 were SEND Support. (*Source: SCC SEND Dashboard*)
- Highest concentrations of children with SEND are generally located in and around the county's principal urban areas. See maps, below.

Locations of children and young people with an EHC Plan, by LSOA (Jan 2021)



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Locations of children and young people with SEND Support by LSOA (Jan 2021)



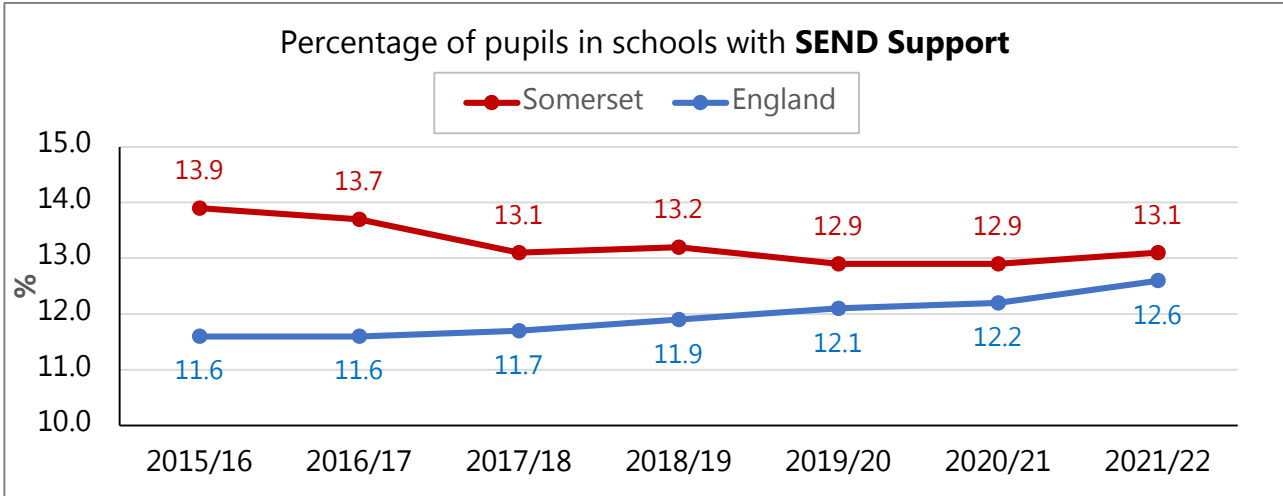
Crown copyright and database rights OS 100038382 (2022). LSOA (Lower-layer Super Output Area) is a unit of geography for the collection and publication of small areas statistics. Each LSOA equates to around 1,500 people, or 600 households.

2.2 Numbers of pupils in schools with SEND

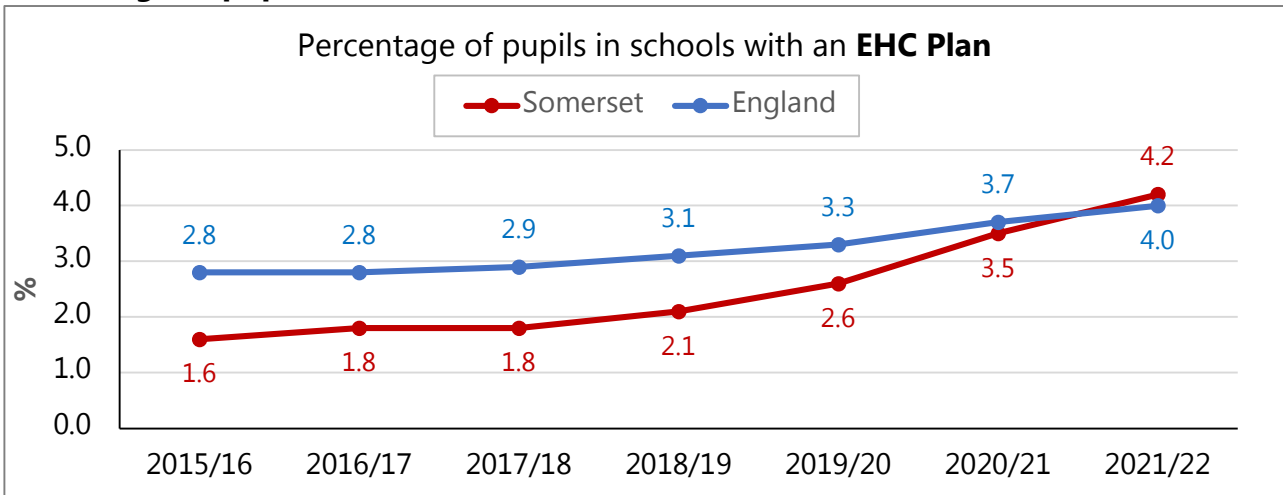
- In January 2022 there were a total of 80,224 children attending schools (state-funded and independent) across Somerset. Of these, 13,823 were identified as having SEND. This equates to 17.2% of the school population, or one in every six children.
- There were a total of 10,475 children accessing SEND Support, equating to 13.1% of the school population.
- There were a total of 3,348 school pupils with an EHC Plan, representing 4.2% of the school population.
- Proportions of pupils accessing SEND Support have been in general decline, while numbers of EHC Plans have been increasing. This is due, at least in part, to historic funding arrangements whereby pupils accessed High Needs Funding without an EHC Plan. Differences between Somerset and national average rates are now narrowing – see charts, below.
- Final work in moving pupils with High Needs Funding to an EHC Plan is expected to be completed during 2022.



Percentage of pupils in schools with SEND Support



Percentage of pupils in schools with an EHC Plan

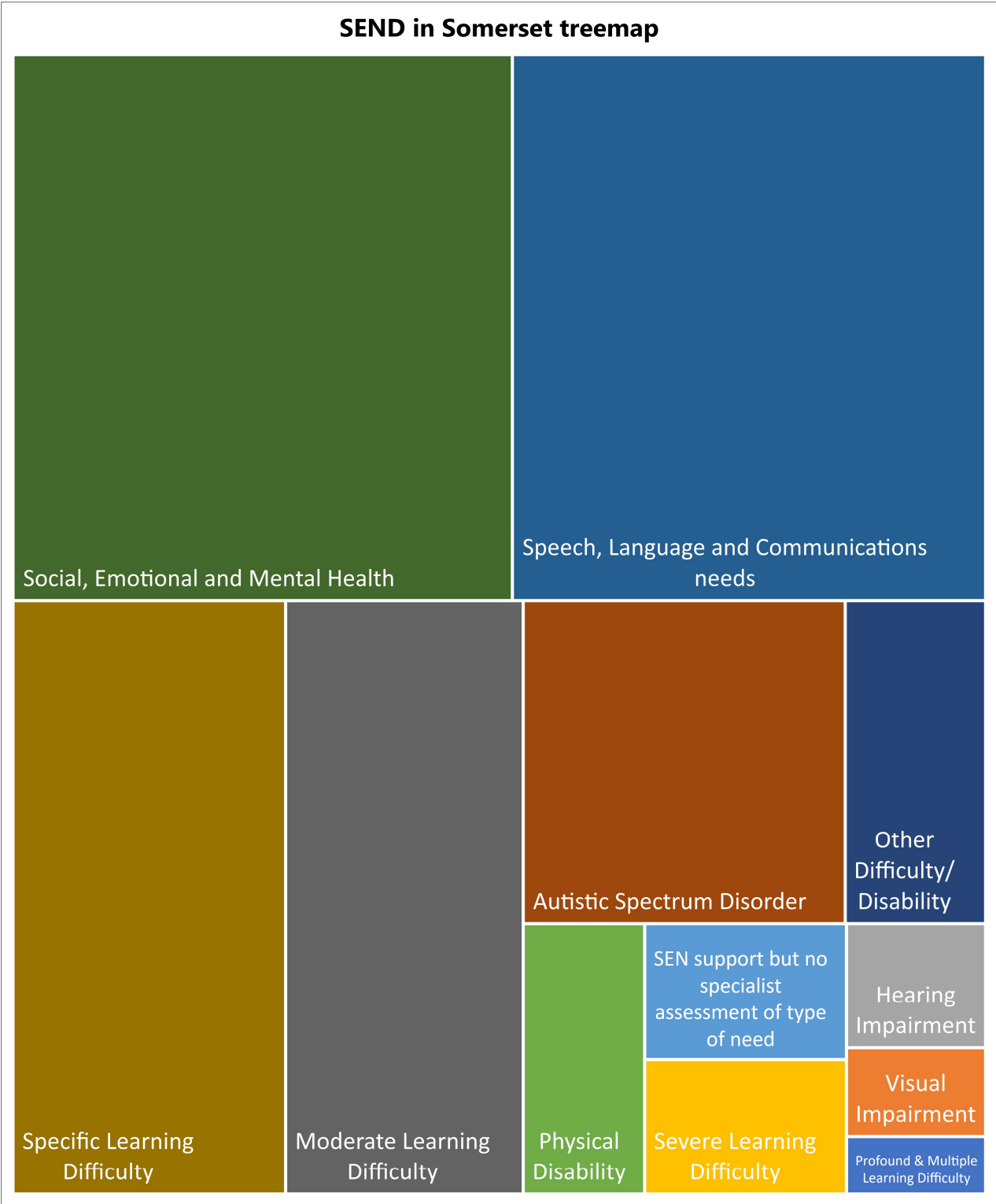


Source: DfE. Data as at January school census. Figures include state-funded nursery, primary, secondary, and special schools, non-maintained special schools, pupil referral units and independent schools.

2.3 Primary SEND Needs of pupils in schools

- The most common primary needs of pupils in Somerset schools are: Speech, Language and Communication, and Social, Emotional and Mental Health. Below is a visual representation of the relative size of each group. This does not include Independent schools, for which pupil characteristics data is not published.





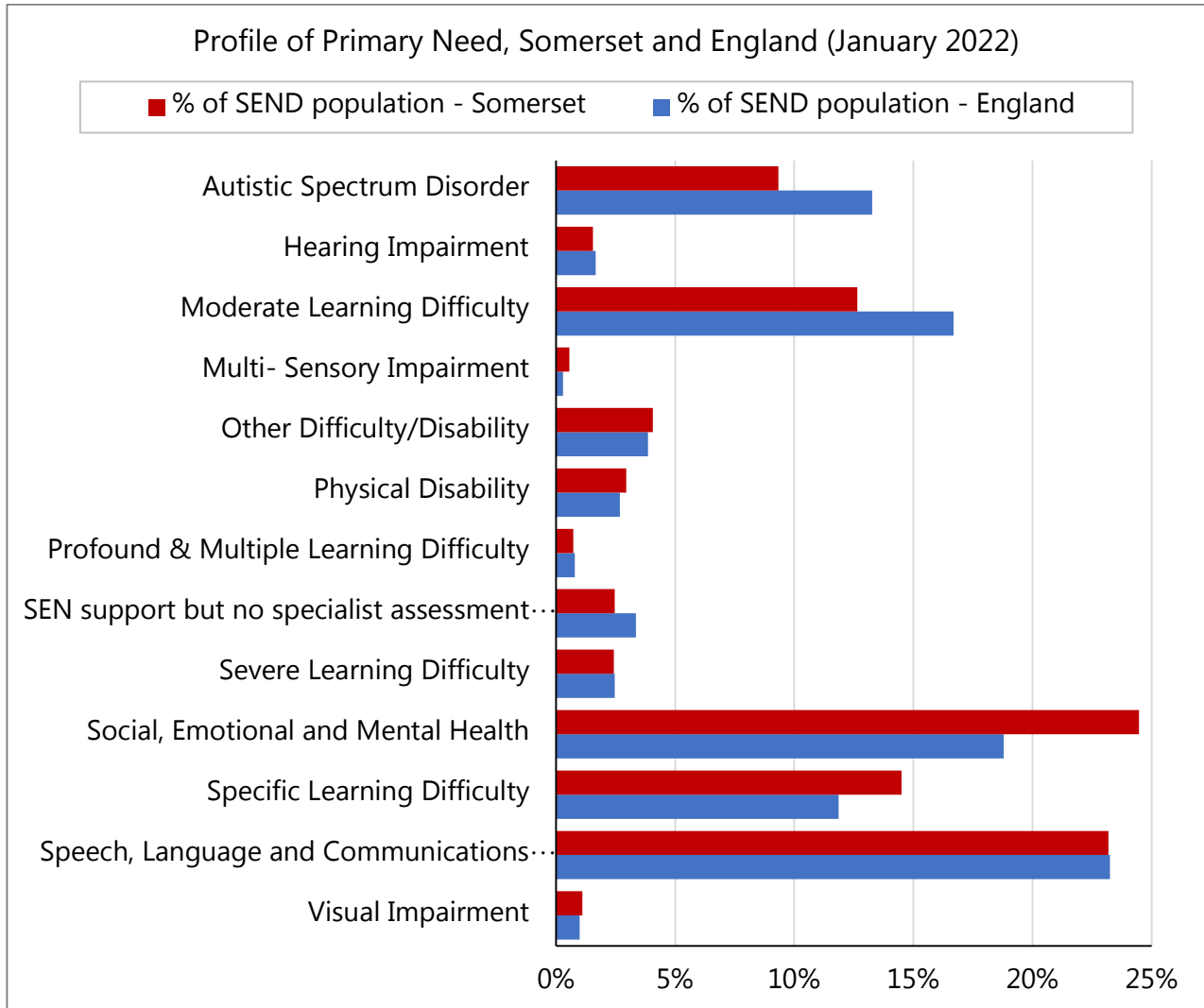
Source: Derived from DfE 'SEN in England' 2021/22 release. Covers state-funded nursery, primary, secondary, special schools and PRUs. Includes pupils with SEND support and pupils with an EHCP.

- Compared to the national average profile, Somerset has a higher proportion of its SEND pupil population with Social, Emotional and Mental Health needs (24.5%, compared to 18.8% nationally). Somerset has a lower proportion of its SEND



population with Moderate Learning Difficulty (12.7% compared to 16.7%) and Autistic Spectrum Disorder (9.3% compared to 13.3%). See chart, below.

Profile of Primary Need, Somerset and England (January 2022)



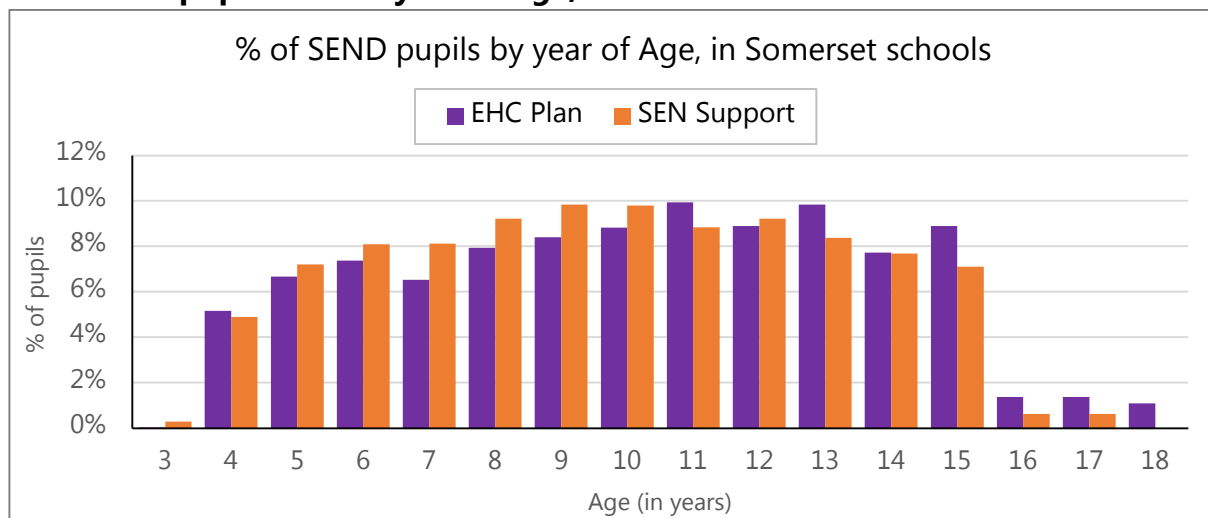
Source: Derived from DfE 'SEN in England' 2021/22 release. Includes pupils with and EHC Plan and SEND Support. Covers state-funded nursery, primary, secondary, special schools and PRUs.

2.4 Ages and Genders of pupils with SEND in Somerset schools

- Numbers of pupils with SEND varies in each phase and year group, with current peaks in the 9 to 11 age range. The chart below shows the age profile.



% of SEND pupils in each year of Age, Somerset

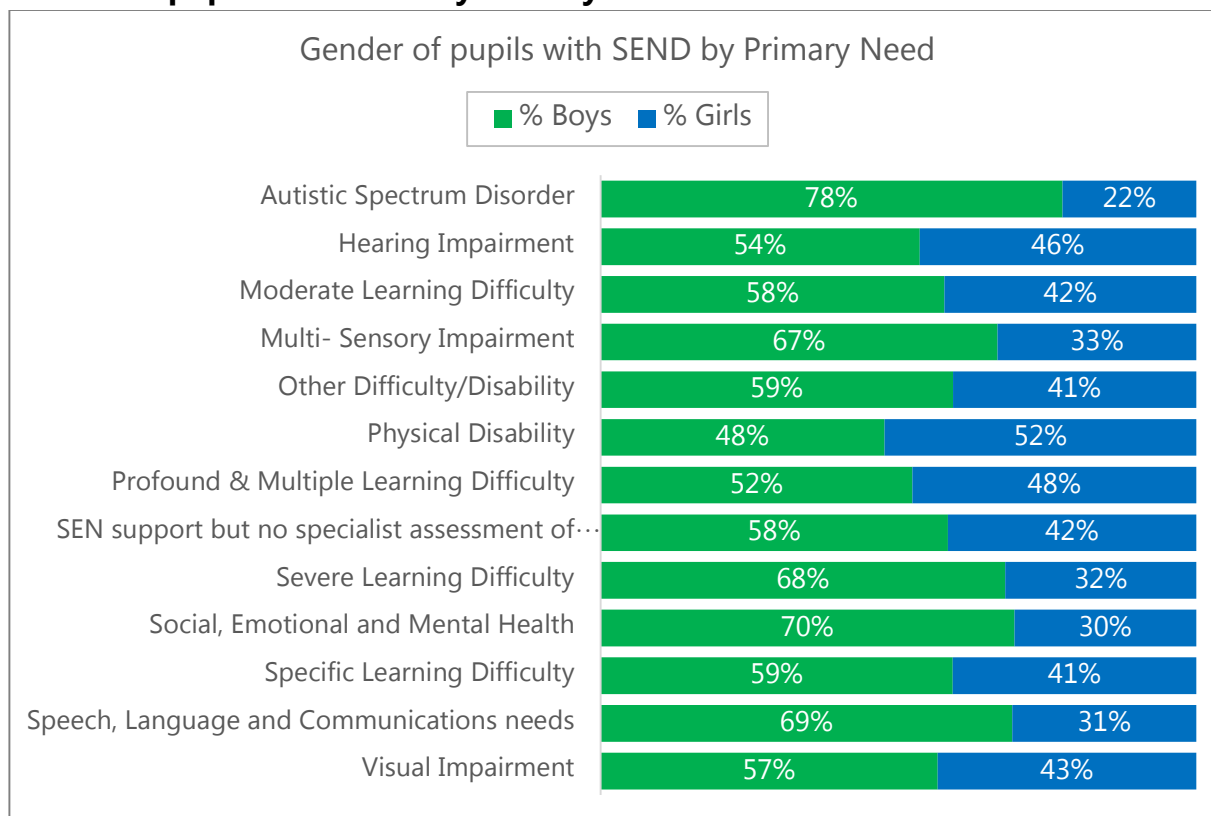


Source: DfE SEN in England 2021/22 statistical release. Figures cover state-funded primary, secondary, special and PRU schools.

- Most pupils in Somerset schools with SEND are boys: 72% of pupils with an EHC Plan are boys; 63% of pupils with SEND Support are boys. These proportions are consistent with national averages.
- In terms of primary needs, boys outnumber girls across most types of need. This is most prevalent in Autistic Spectrum Disorder (78% boys) and Social, Emotional and Mental Health (70% boys). See chart, below.



Gender of pupils with SEND by Primary Need



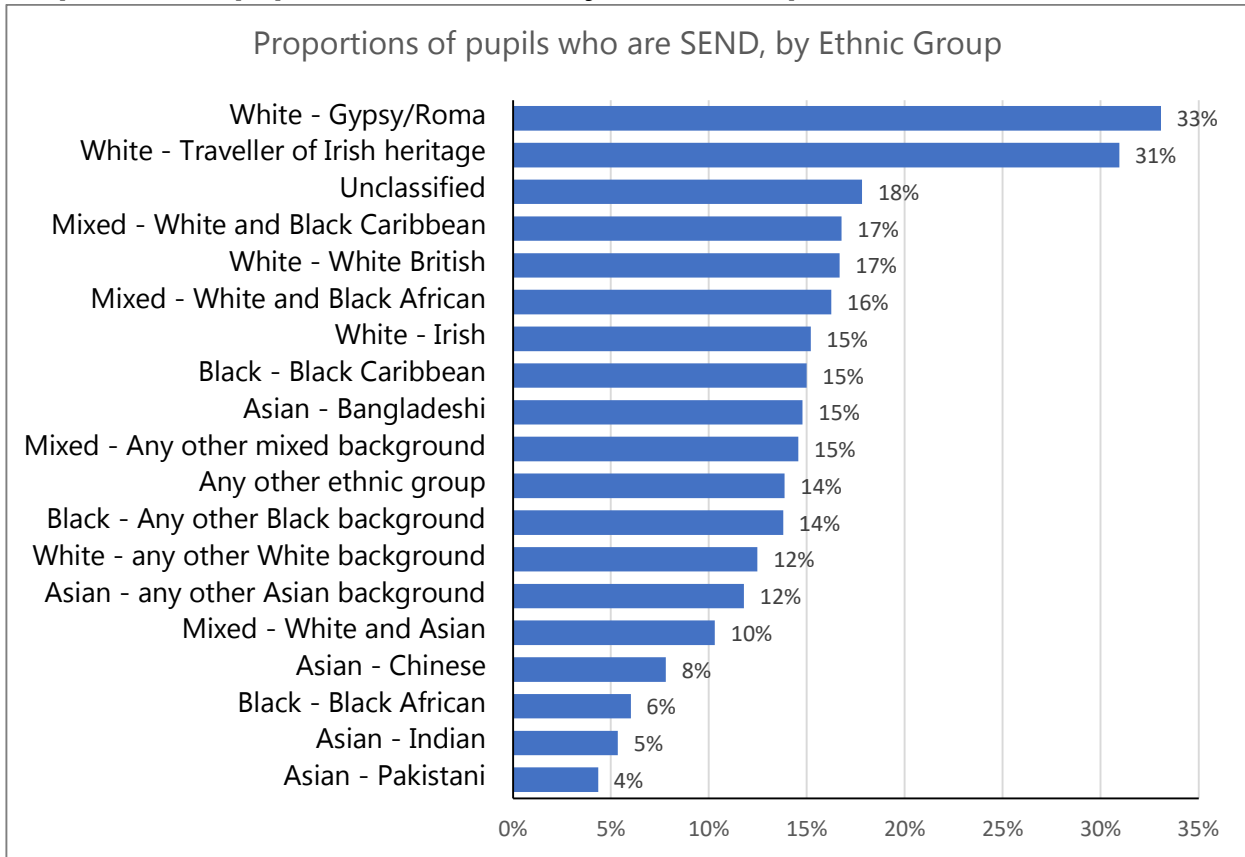
Source: DfE SEN in England 2021/22 statistical release. Covers pupils with an EHC Plan and SEND Support.

2.5 Ethnicity of pupils with SEND

- SEND is most prevalent in the 'White – Gypsy/Roma' ethnic group. Pupils with a Gypsy/Roma ethnicity are around twice as likely as their peers to have identified SEND (86 of 260 pupils, equating to 33% of all Gypsy/Roma pupils). There is a similar picture within this ethnic group nationally.
- Some ethnic groups have relatively low SEND identification: Indian (26 of 486 pupils, equating to 5% of Indian pupils); Black African (16 of 266 pupils, equating to 6% of all Black African pupils) – see chart, below.



Proportions of pupils who are SEND, by Ethnic Group

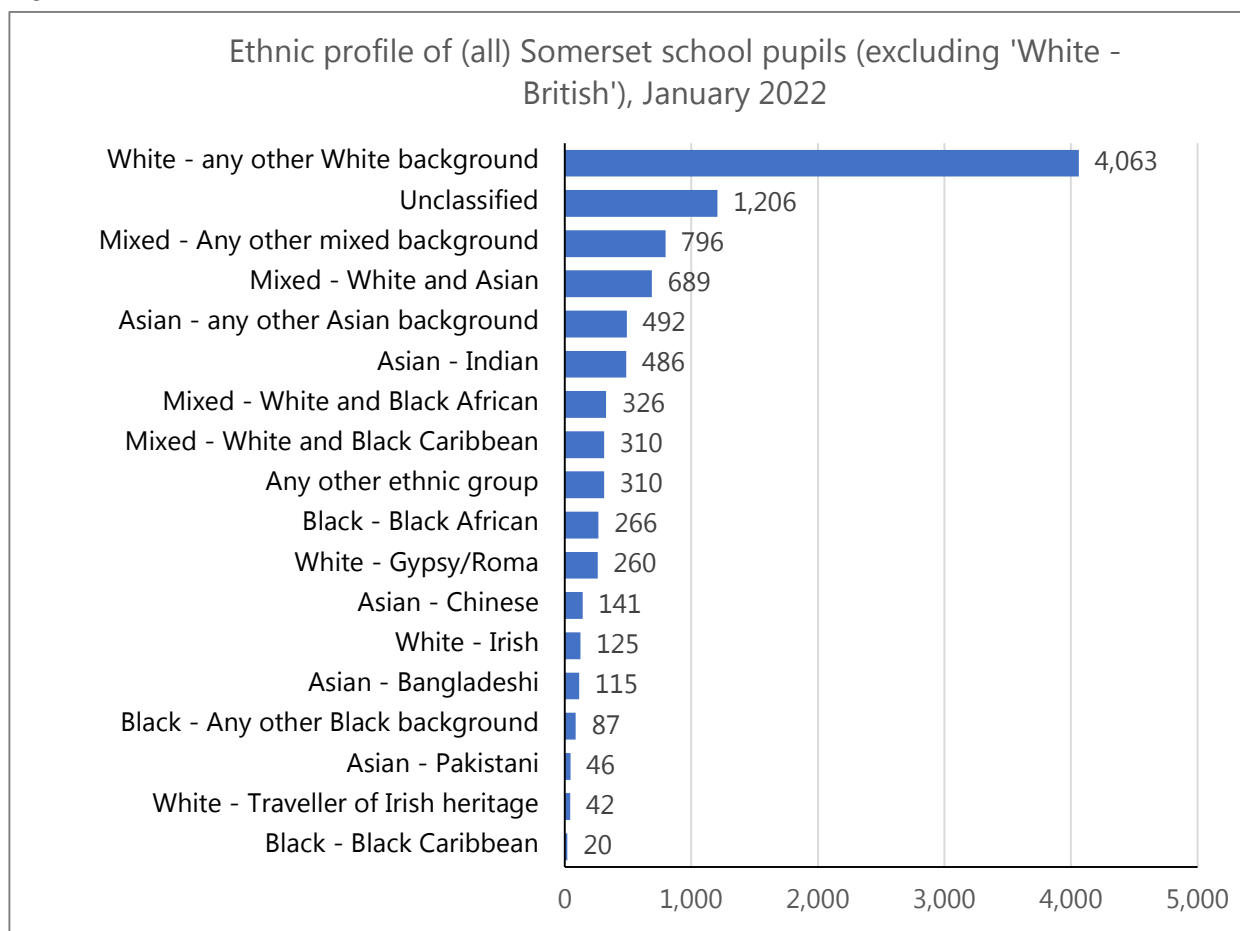


Source: DfE SEN in England 2021/22 statistical release. Figures cover state-funded primary, secondary, special and PRU schools. Includes pupils with SEND Support or an EHC Plan.

- In terms of context within the overall pupil population (SEND and non-SEND), 'White – British' ethnicity accounts for the great majority of Somerset pupils (86%). The next most common group is 'White – any other White background', at 6%. Excluding those pupils for which an ethnic group is not recorded, 16 different ethnic groups account for the remaining 6% of pupils (see chart, below). 'White–British' is excluded from the chart to give a clearer picture of the relative size of the non-'White British' ethnic groups.



Ethnic profile of (all) Somerset school pupils (excluding 'White-British'), January 2022



Source: DfE SEN in England 2021/22 statistical release. Figures cover state-funded primary, secondary, special and PRU schools.

2.6 Free School Meal eligibility of pupils with SEND

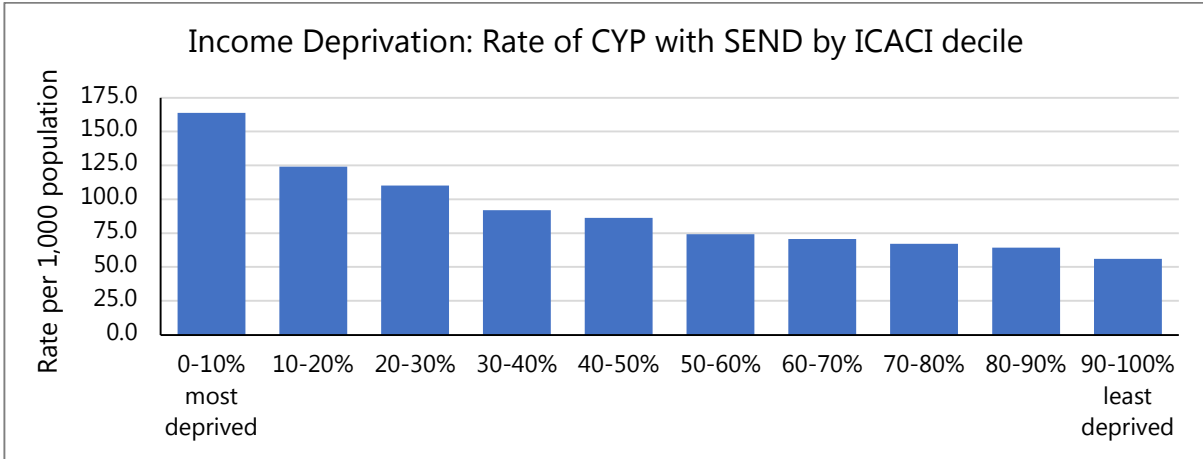
- Approximately one-in-three pupils with SEND in Somerset are eligible for free school meals (FSM), compared to one-in-seven of pupils with no identified SEND. Similar proportions are seen nationally.
- The January 2022 Somerset School Census (covering state-funded schools) indicated a total of 1,148 pupils eligible for FSM with an EHC Plan, and 2,962 pupils eligible for FSM with SEND Support. This was from an overall total of 13,877 FSM-eligible pupils.

2.7 Local Area Deprivation of children with SEND

- The chart below indicates the rate of children with SEND living in each ICADI deprivation decile, ranked from most to least deprived areas. Children living in the most

deprived neighbourhoods of Somerset are more than twice as likely to have identified SEND than those living in the least deprived areas.

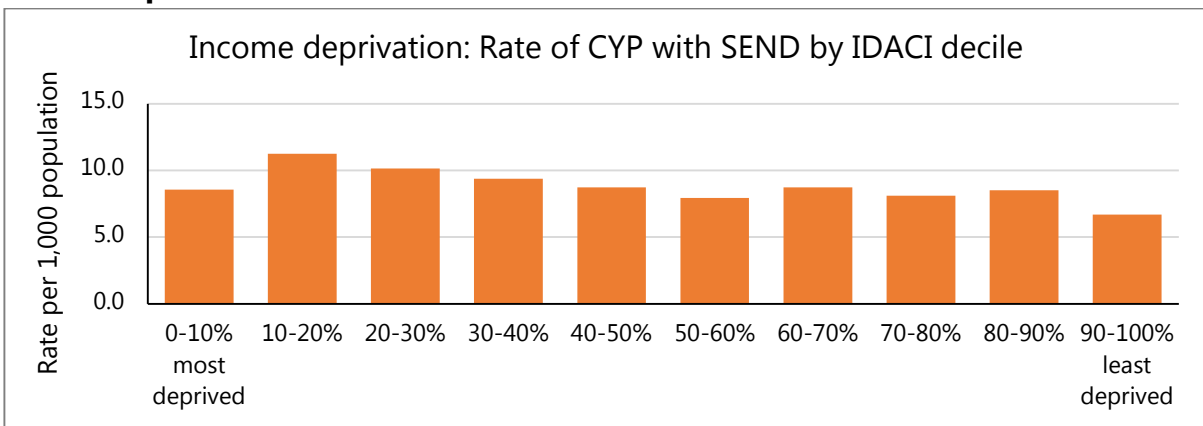
Income Deprivation: Rate of CYP with SEND by ICACI decile



Source: Derived from MHCLG Indices of Deprivation 2019 / Capita One / ONS population estimates

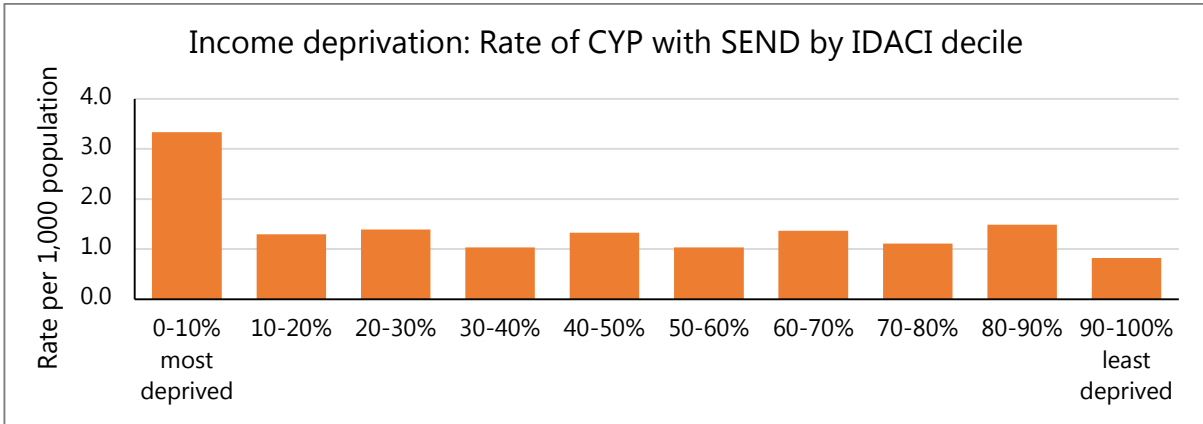
- In terms of the different SEND primary needs, the deprivation profile is more varied. For example, there appears to be little association between income deprivation and Autistic Spectrum Condition or Specific Learning Difficulty, but stronger association between deprivation and Social, Emotional and Mental Health, and Speech, Language and Communication needs. See charts, below.

Autistic Spectrum Condition

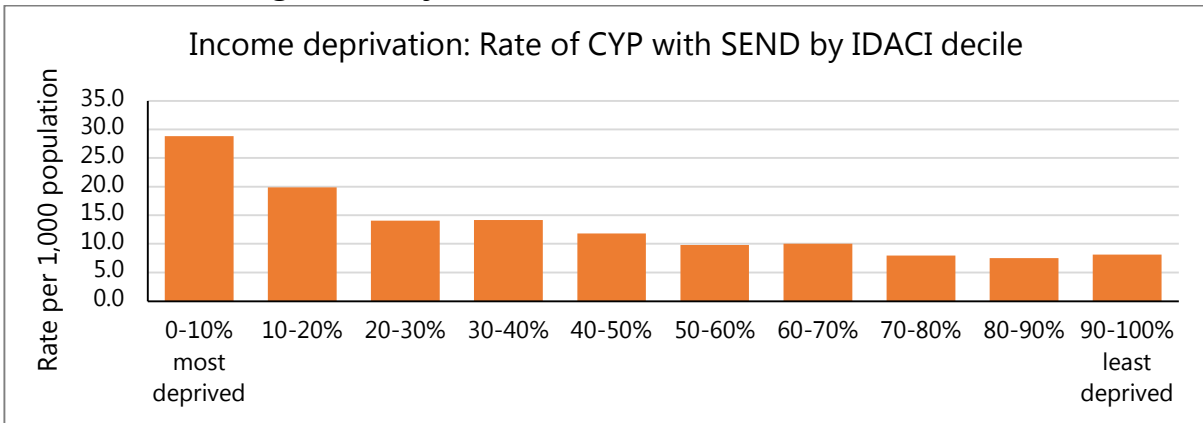




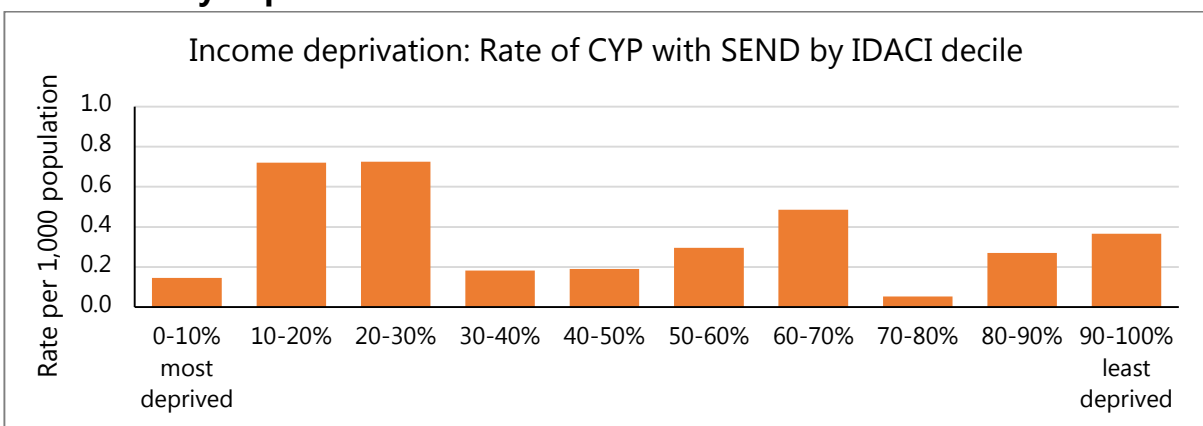
Hearing Impairment



Moderate Learning Difficulty

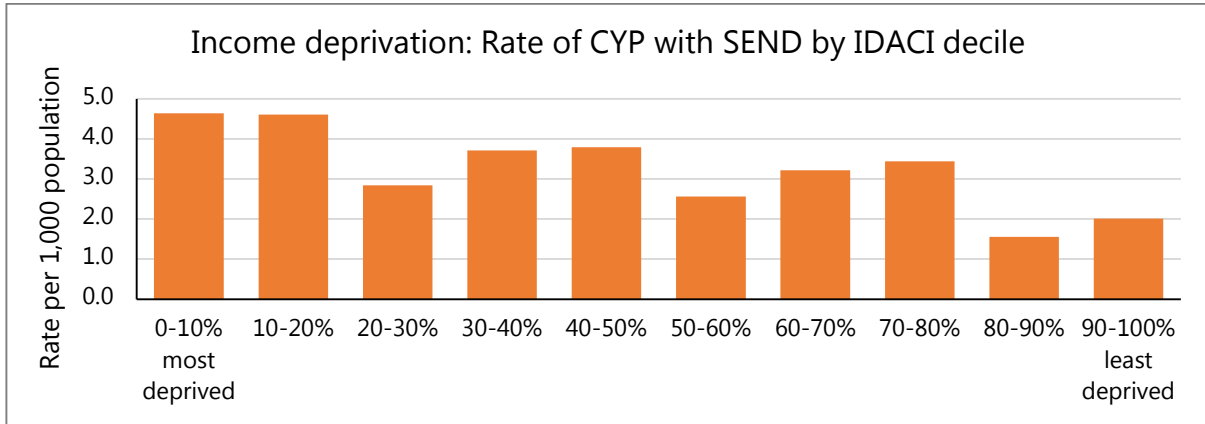


Multi-Sensory Impairment

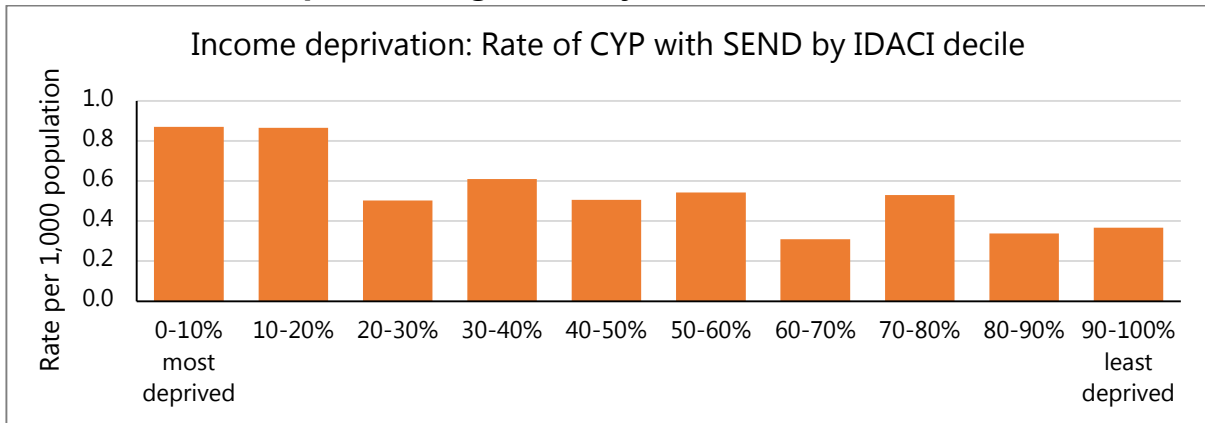




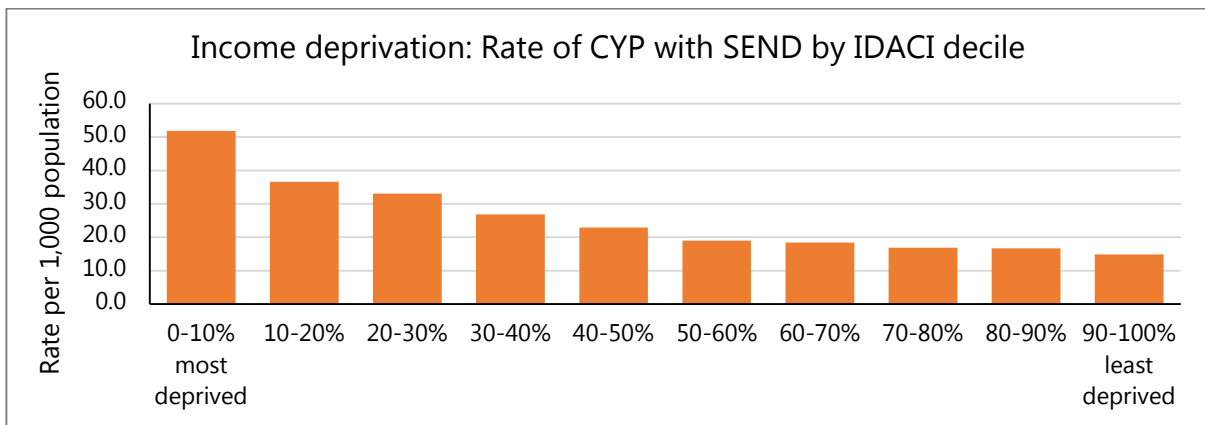
Physical Disability



Profound and Multiple Learning Difficulty

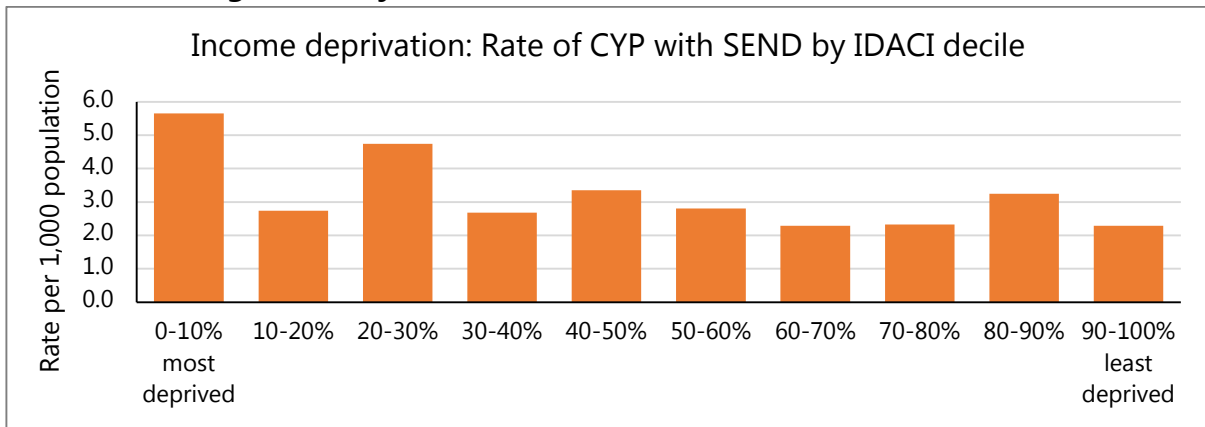


Social, Emotional and Mental Health

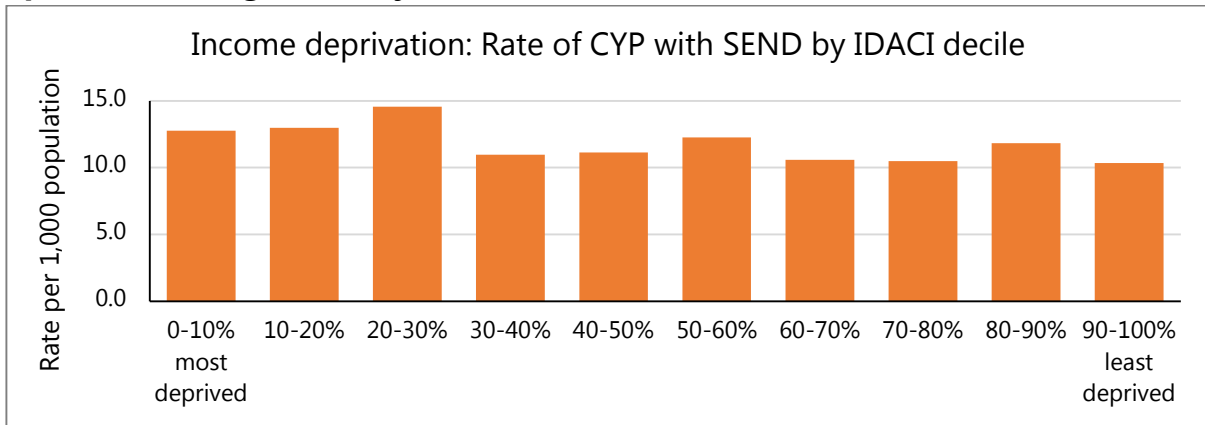




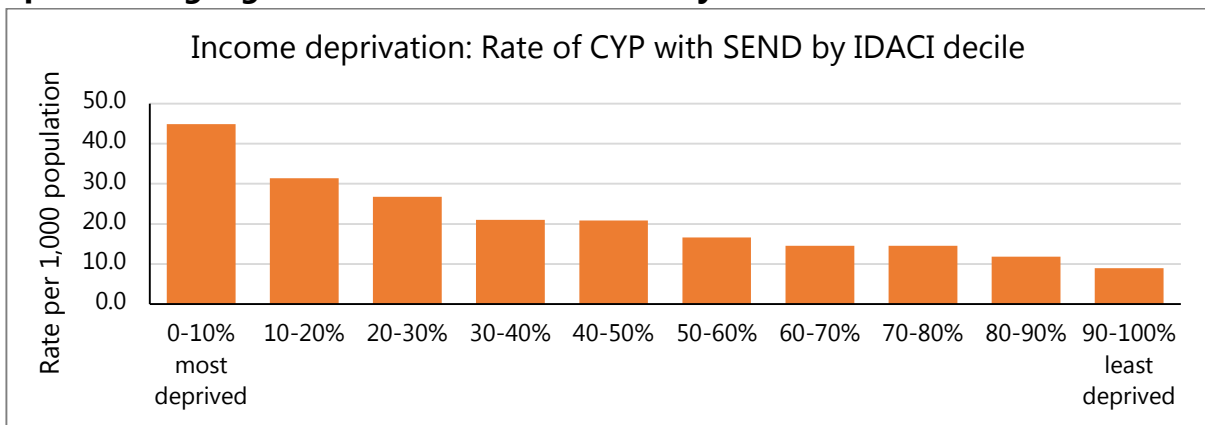
Severe Learning Difficulty



Specific Learning Difficulty

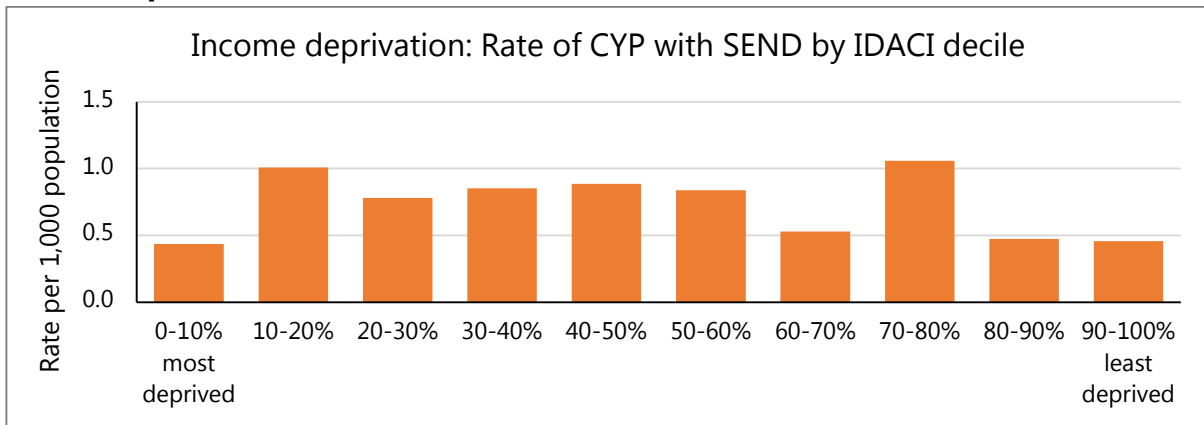


Speech, Language or Communication Difficulty





Vision Impairment

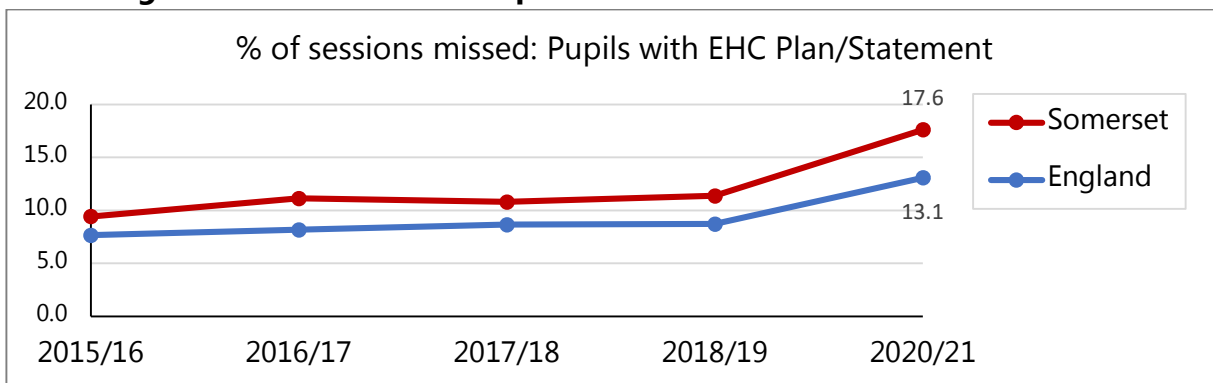


Source: Derived from MHCLG Indices of Deprivation 2019 / Capita One

2.8 Absence from school of pupils with SEND

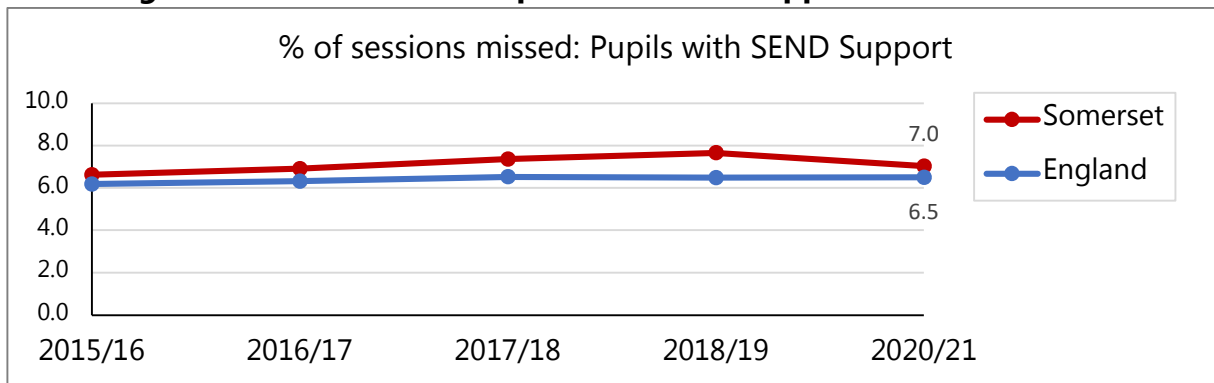
- Absence rates of pupils with SEND in Somerset are consistently above national average rates.
- Latest comparative data (for 2020/21) indicates that the absence rate for pupils with an EHC Plan in Somerset was 17.6%, compared to 13.1% nationally.
- The absence rate for pupils with SEND Support was 7.0% in Somerset compared to 6.5% nationally.
- Absence rates for pupils with no identified SEND are broadly in line with national averages.

Percentage of sessions missed: Pupils with and EHC Plan

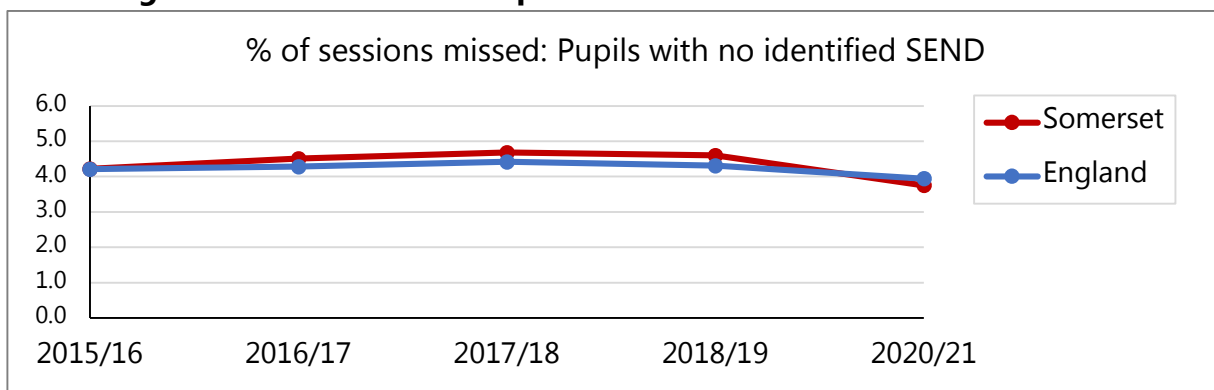




Percentage of sessions missed: Pupils with SEND Support



Percentage of sessions missed: Pupils with no identified SEND.

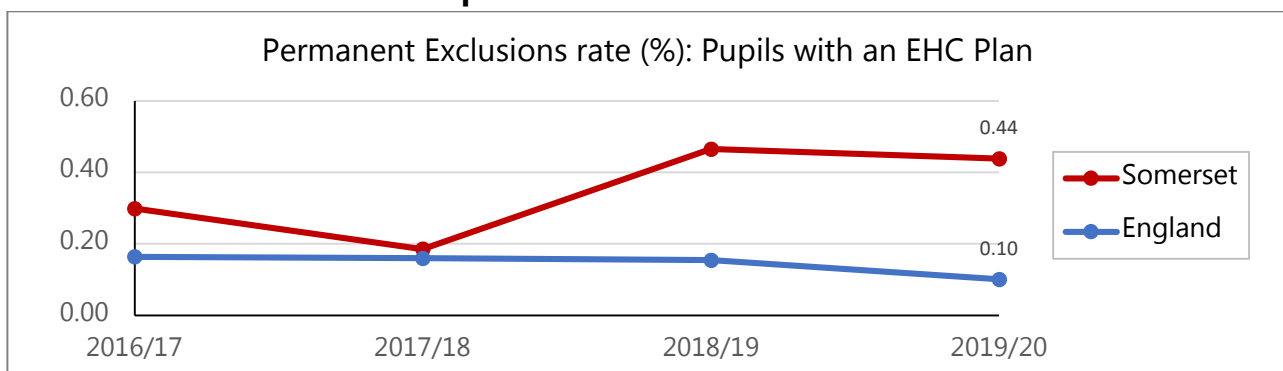


Source: Derived from DfE 'Pupil absence in schools' underlying data. A session is half a school day – AM or PM. State-funded schools only. No data available for 2019/20, due to impact of Covid19.

2.9 Permanent Exclusions and Suspensions of pupils with SEND

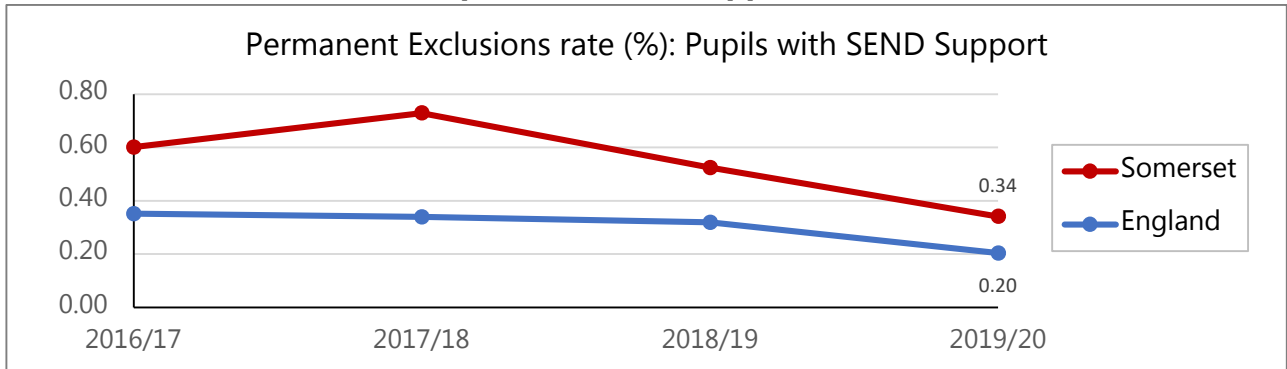
- Rates of permanent exclusions of pupils with SEND in Somerset (as a percentage of the pupil population) are consistently higher than national average rates, for both those with an EHC Plan and those with SEND Support.

Permanent Exclusions rate: Pupils with an EHC Plan





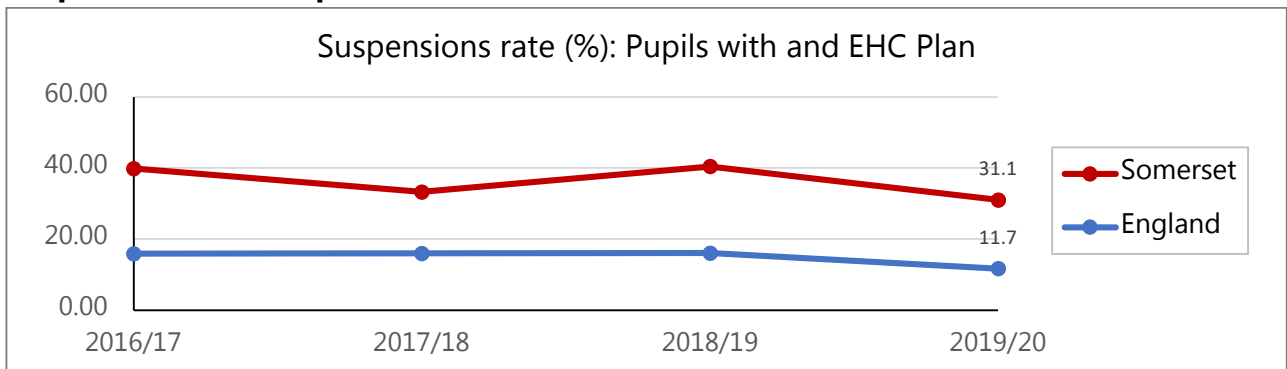
Permanent Exclusions rate: Pupils with SEND Support



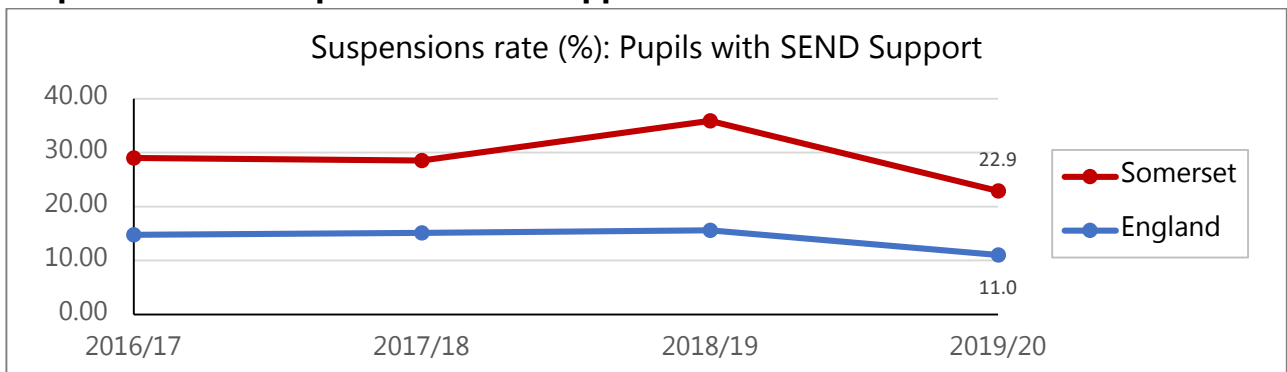
Source: DfE 'Permanent exclusions and suspensions in England'. State-funded primary, state-funded secondary, and special schools only.

- Rates of suspensions (fixed-term exclusions) of pupils with SEND in Somerset are also consistently higher than national average rates.

Suspensions rate: Pupils with an EHC Plan



Suspensions rate: Pupils with SEND Support



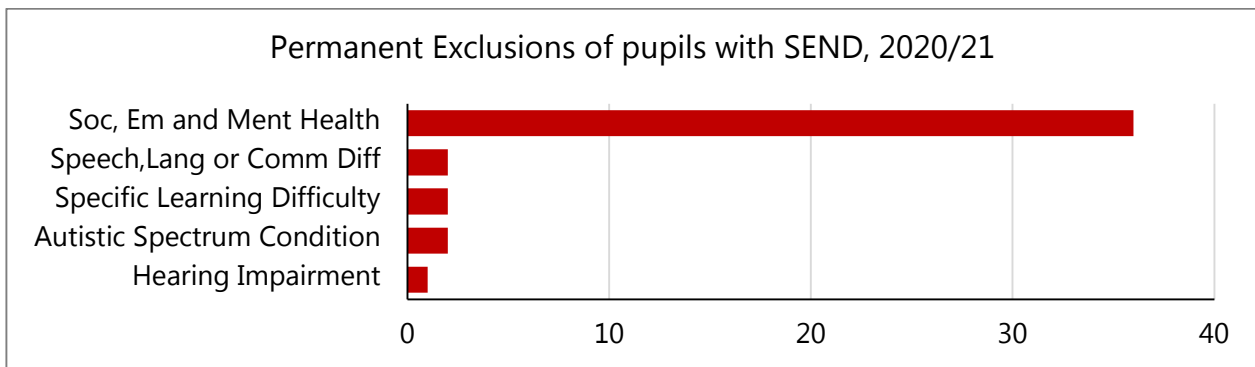
Source: DfE 'Permanent exclusions and suspensions in England'. State-funded primary, state-funded secondary, and special schools only.



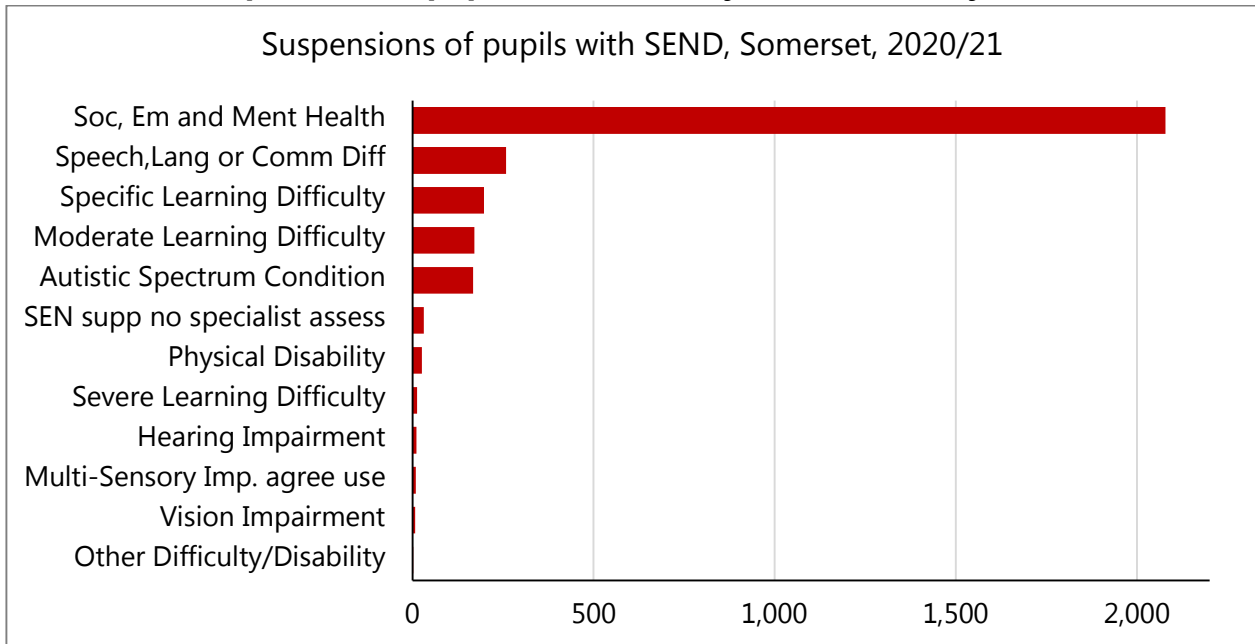


- Rates of exclusions and suspensions of pupils with no identified SEND in Somerset are also consistently above national average rates. In 2019/20, the permanent exclusion rate was 0.05 in Somerset, compared to 0.04 in England. The suspension rate was 3.81 in Somerset, compared to 2.44 in England.
- Pupils with a primary need of Social, Emotional and Mental Health (SEMH) account for the majority of exclusions and suspensions of SEND pupils. In Somerset in 2020/21, pupils with SEMH needs accounted for 66% of all suspensions of SEND pupils, and 78% of all permanent exclusions of SEND pupils.

Numbers of Permanent Exclusions of pupils with SEND, by current Primary Need, 2020/21



Numbers of Suspensions of pupils with SEND, by current Primary Need, 2020/21



Source: SCC/SEND Dashboard. Includes pupils with SEND Support and pupils with an EHCP.





2.10 Social Care Needs of pupils with SEND

- In Somerset, nearly half (47%) of Children Looked After (CLA) have an EHC Plan. This is well above the national average rate of 29%.
- 21% of Somerset CLA are accessing SEND Support, below the national average of 27%.
- The large majority of Somerset CLA with SEND have a primary need of Social, Emotional and Mental Health (67%). This compares to 49% of the national CLA cohort.
- In Somerset, 19% of Children in Need (CiN) have an EHC Plan. This is below the national average of 28%.
- In Somerset, 26% of CiN are accessing SEND Support, above the national average of 21%
- The most common primary need of Somerset CiN with SEND is Social, Emotional and Mental Health (40%), followed by Speech, Language and Communication (14%).
(Source: DfE Outcomes for children in need 2021)

2.11 Children and Young People with SEND on the Youth Offending Service case list

- Approximately half of young people on the Somerset Youth Offending Service case list have identified SEND. In March 2022, there were a total of 41 young people on the case list, of which 15 had an EHC Plan and 6 were classed as SEND Support.
- The most common primary need of those with an EHC Plan is Social, Emotional and Mental Health (accounting for 14 of 15 young people in March 2022).

2.12 Children and young people with SEND educated at home

- In January 2022, a total of 283 children and young people with SEND were known to be electively home educated (EHE), of which 53 had an EHC Plan and 230 were SEND Support.
- Numbers of EHE children with SEND have been increasing marginally year-on-year. A snapshot in January 2020 indicated 265 EHE cases, and in January 2021, a total of 274 EHE cases.
- The most common primary need for EHE children and young people with SEND is Social, Emotional and Mental Health (28%), followed by Speech, Language and Communication (16%) and Moderate Learning Difficulty (13%).

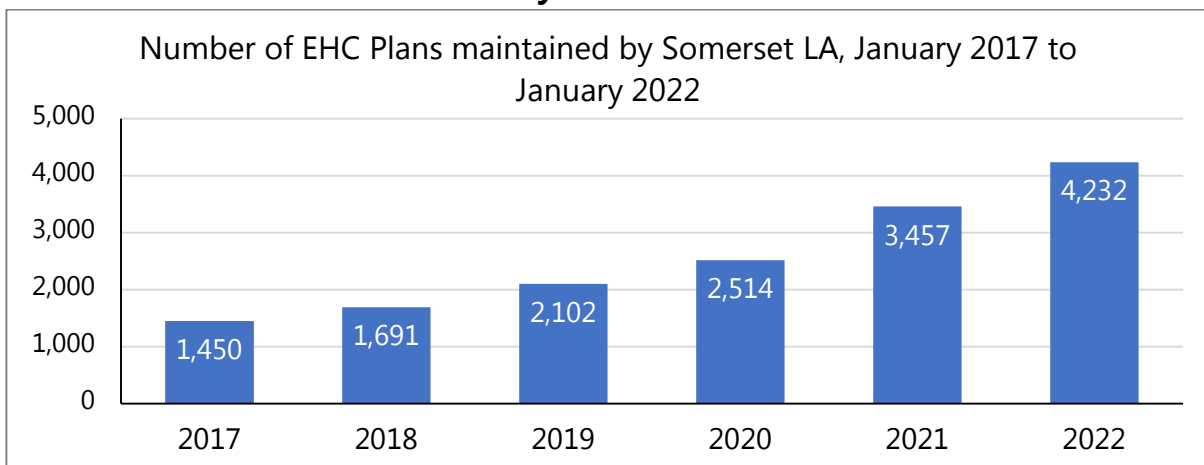
3. Children and young people for whom the local authority maintains an EHC Plan

The purpose of this section is to describe the characteristics, needs and educational provision of children and young people for whom Somerset Local Authority maintains an EHC Plan, and how this population has been changing over time.

3.1 Numbers of EHC Plans

- In January 2022, there were a total of 4,232 children and young people for whom Somerset local authority maintained an EHC Plan.
- The total number of EHC Plans maintained by the local authority has been increasing significantly year-on-year – see chart, below.

Number of EHC Plans maintained by Somerset LA



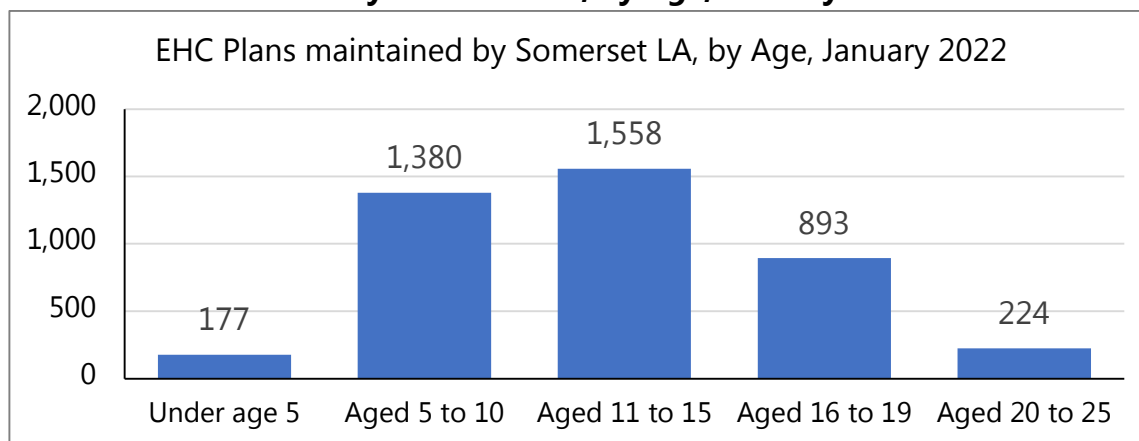
Source: SEN2 data return

- The 22.4% increase in EHC Plan numbers in Somerset between January 2021 and January 2022 represented the second highest increase of any local authority area in England (behind the Isles of Scilly). The national average increase was 9.9%.

3.2 Ages of children and young people with an EHC Plan

- The great majority (91%) of children and young people with an EHC Plan are aged between 5 and 19 years. Approximately 4% are aged under 5 years (177 Plans), and 5% are aged 20 years or over (224 Plans).

EHC Plans maintained by Somerset LA, by Age, January 2022



Source: SEN2 annual data return

3.3 Education Provision of children and young people with an EHC Plan

- Of the 4,232 children and young people with EHC Plans in January 2022, four-in-five (80%) were attending a state-funded school or college, and 7% were attending an independent/non-maintained special school or specialist post-16 institution. See table, below.
- 5.6% were NEET (Not in Education, Employment or Training).

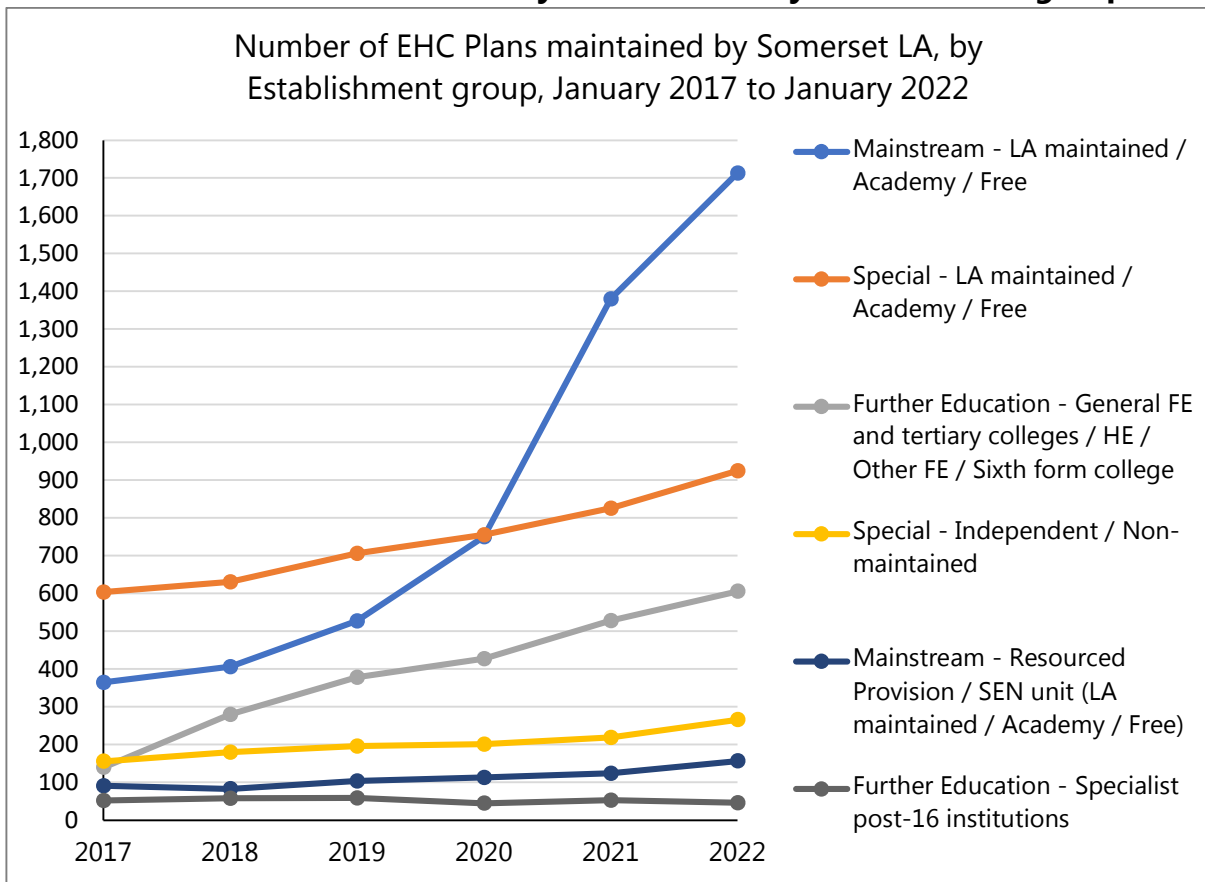
EHC Plans maintained by Somerset LA, by Establishment Group, January 2022

Establishment Group	Number of EHC Plans	% of EHC Plans
Mainstream - LA maintained / Academy / Free	1,713	40.5%
Special - LA maintained / Academy / Free	925	21.9%
Further Education - General FE and tertiary colleges / HE / Other FE / Sixth form college	606	14.3%
Special - Independent / Non-maintained	266	6.3%
NEET	235	5.6%
Educated elsewhere	167	3.9%
Mainstream - Resourced Provision / SEN unit (LA maintained / Academy / Free)	157	3.7%
Alternative provision/Pupil referral unit	76	1.8%
Further Education - Specialist post-16 institutions	46	1.1%
Non-maintained early years	25	0.6%
Mainstream - Independent	16	0.4%

Source: SEN2 annual data return

- The main reasons for individuals in Somerset who are NEET being referred to the 'Somerset Works' programme are mental health reasons and not having the skills to be able to sustain an education, employment or training outcome. A current programme snapshot indicates 97 individuals out of education with an EHC Plan.
- Most of the recent overall growth in EHC Plan numbers in Somerset has been seen in state-funded mainstream schools, although most establishment types (except for specialist post-16 institutions) have seen increasing demand – see chart, below.

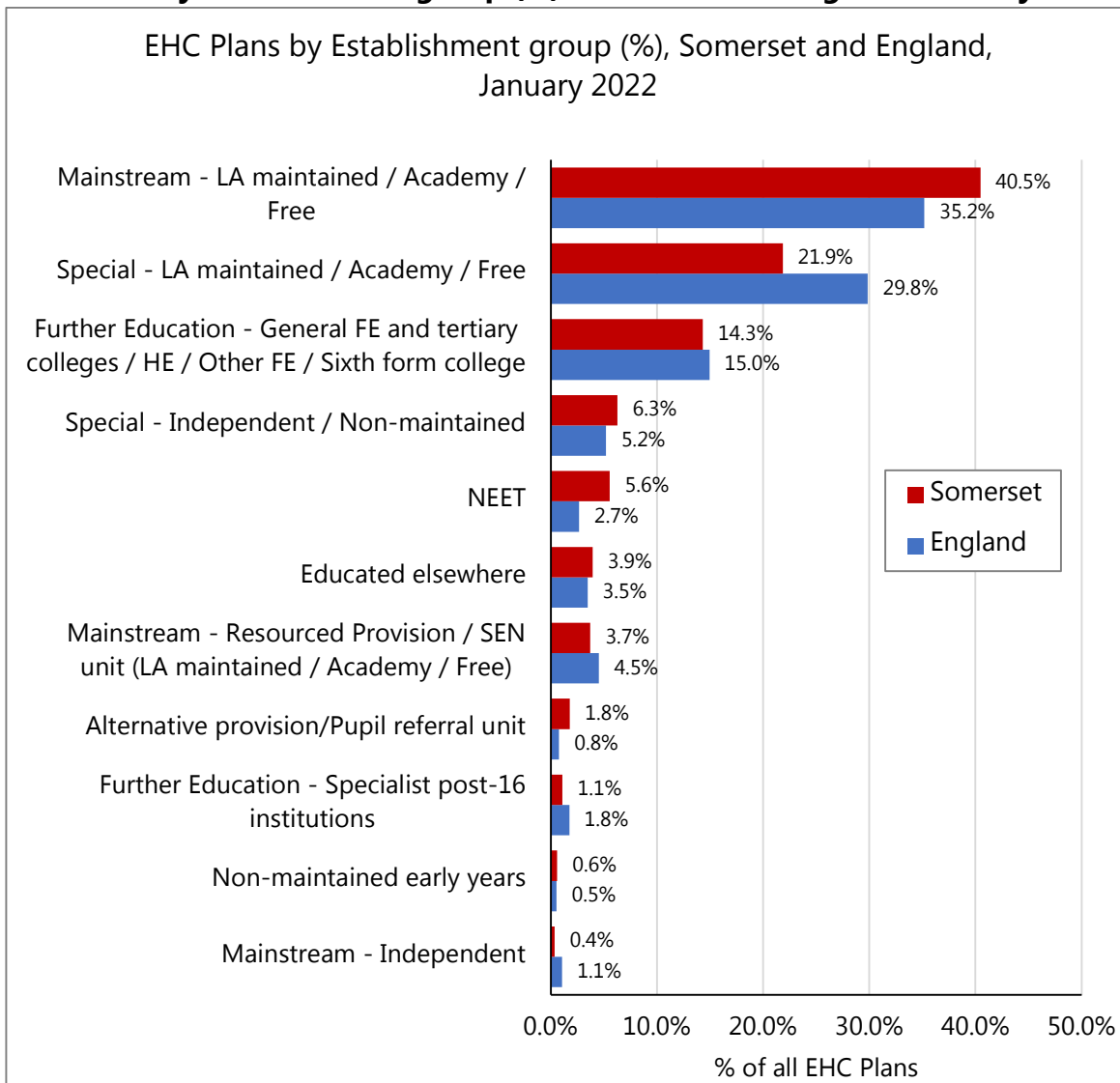
Number of EHC Plans maintained by Somerset LA, by Establishment group



Source: SEN2 annual data return

- Compared to the national profile, Somerset currently has a higher proportion of children with an EHC Plan attending state-funded mainstream schools, and a lower proportion of children attending state-funded special schools. Somerset has a slightly higher proportion of children attending independent or non-maintained special schools.
- Somerset has a higher proportion of children and young people with an EHC Plan recorded as NEET.

EHC Plans by Establishment group (%), Somerset and England, January 2022

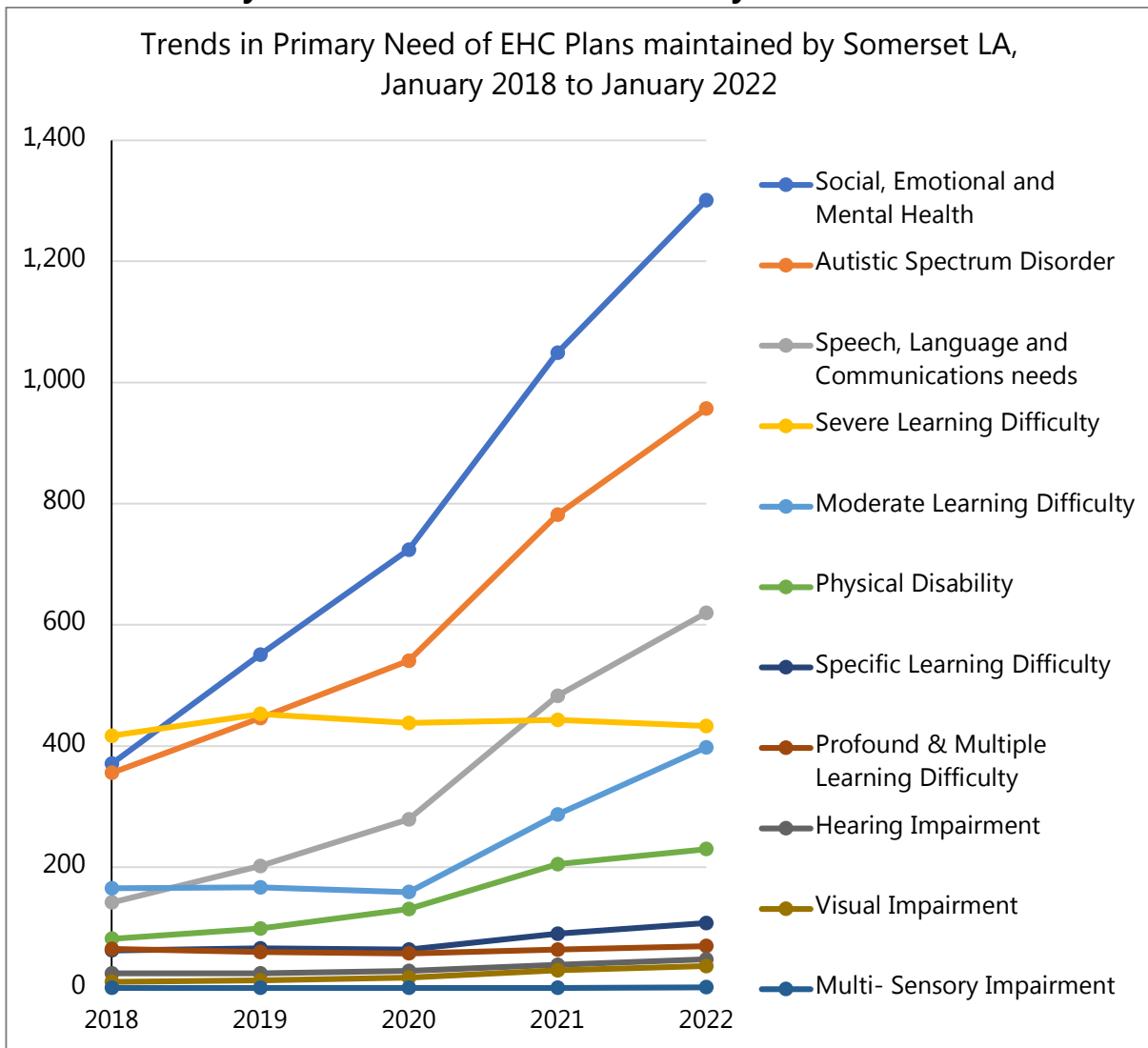


Source: DfE 'EHCPs' statistical release

3.4 Primary SEND Needs of children and young people with an EHC Plan

- The most common primary needs of children and young people with an EHC Plan are Social, Emotional and Mental Health; Autistic Spectrum Disorder; and Speech, Language and Communication. All three types of need have seen significant growth in recent years.
- Severe Learning Difficulty (SLD) is now the fourth most common primary need of children and young people with an EHC Plan, having been the most common in early 2018. See chart below. This is linked to the fact that through previous funding models, children and young people attending mainstream schools did not have an EHC Plan whereas those attending a special school did, meaning that higher numbers had a need type of Severe Learning Difficulty, or Profound & Multiple Learning Difficulty.

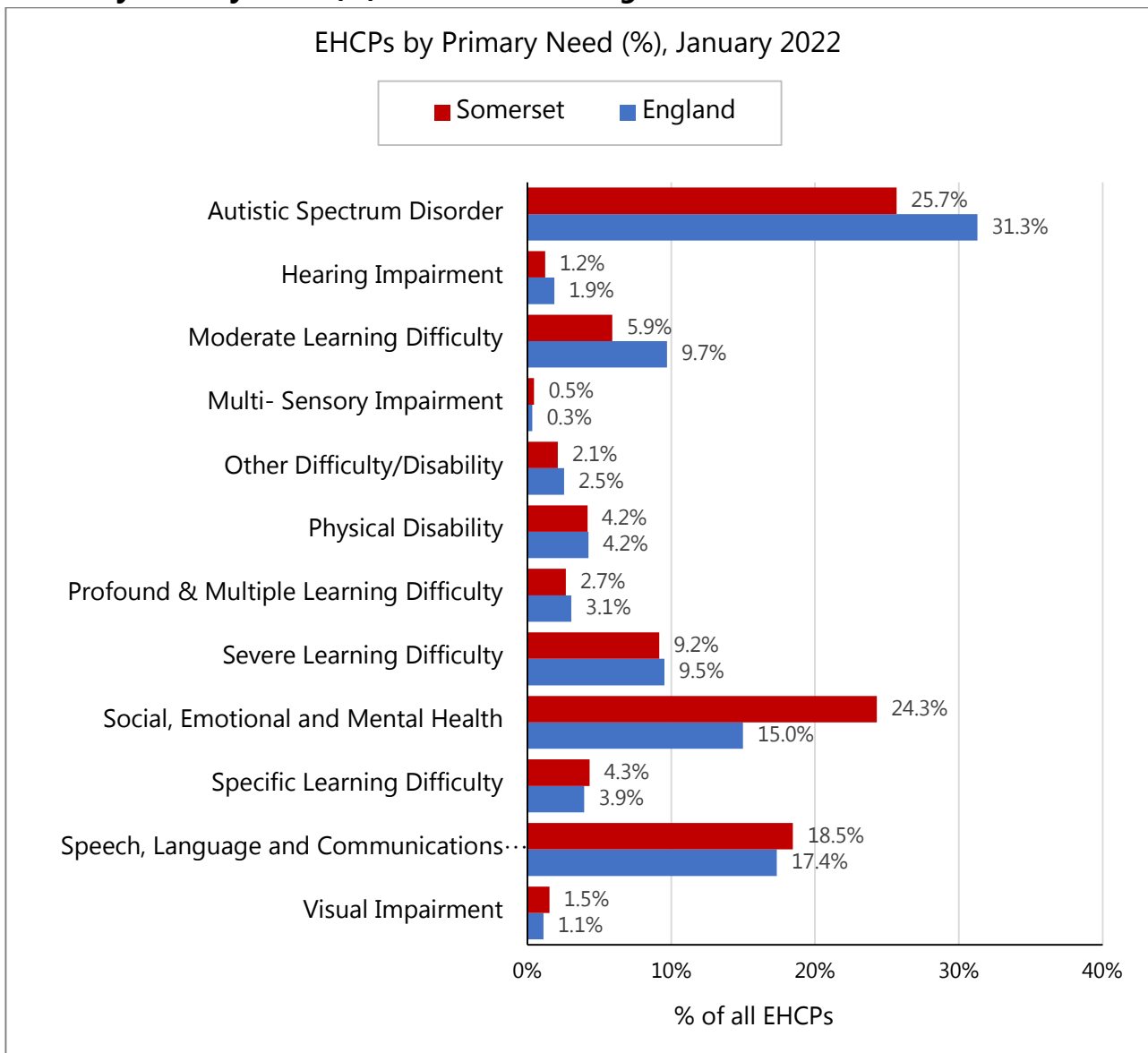
Trends in Primary Need of EHC Plans maintained by Somerset LA



Source: SCC Capita One

- Compared to the national picture, Somerset has a higher proportion of EHC Plans made for Social, Emotional and Mental Health (24.3% of all EHC Plans, compared to 15.0% of all EHC Plans nationally). Somerset has a lower proportion of EHC Plans made for Autistic Spectrum Disorder (25.7%, compared to 31.3% nationally), and for Moderate Learning Difficulty (5.9%, compared to 9.7% nationally). This comparison is based on available data on children in state-funded schools (only) in January 2022. See chart, below.

EHCPs by Primary Need (%), Somerset and England

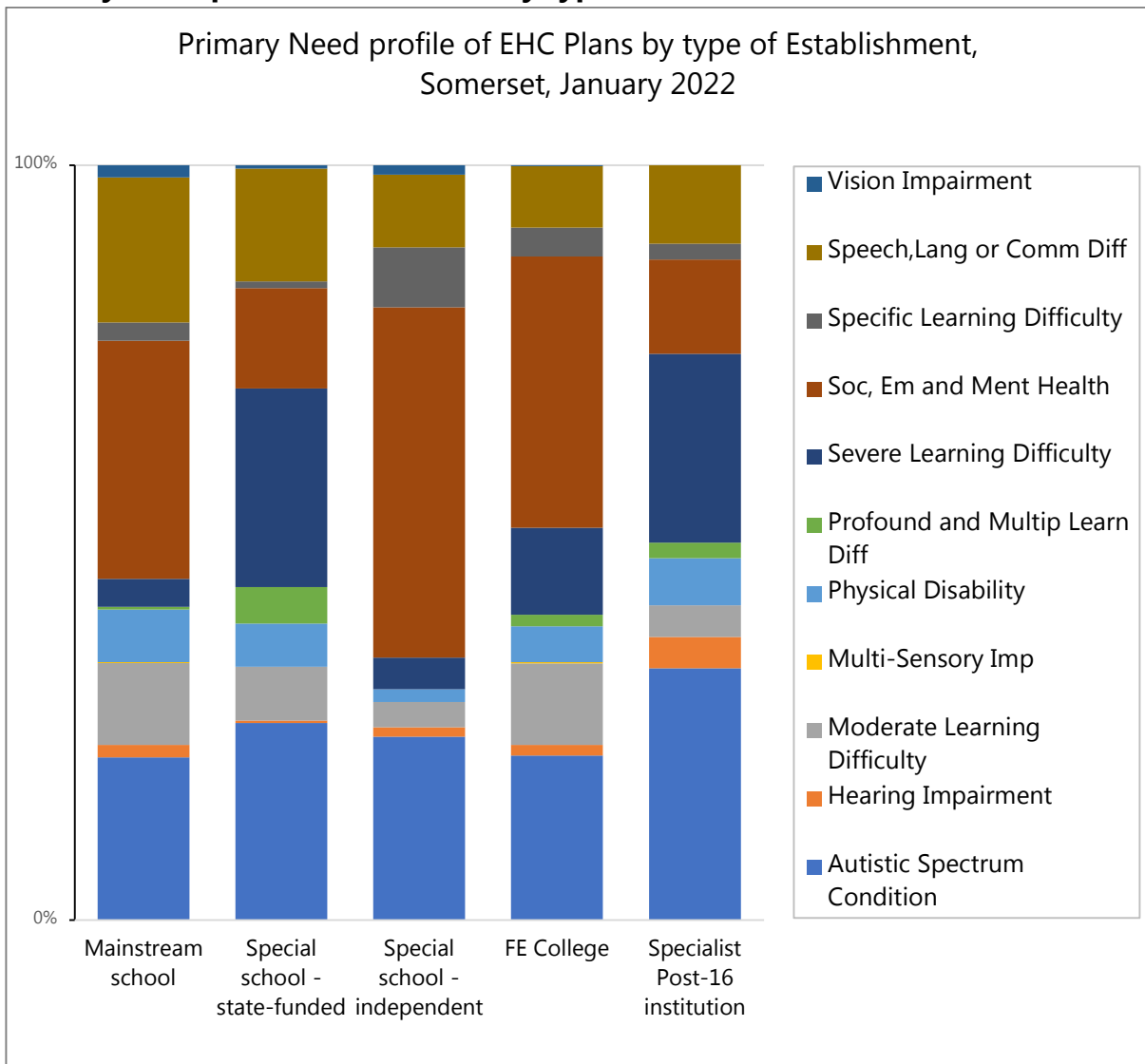


Source: Derived from DfE 'SEN in England' 2021/22 release. State-funded nursery, primary, secondary, special schools and PRUs only.



- The profile of need varies between different types of establishments. The most common primary needs in state-funded special schools are Autistic Spectrum Condition and Severe Learning Difficulty. The most common need in independent special schools is Social, Emotional and Mental Health. See chart, below.

Primary Need profile of EHC Plans by type of Establishment



Source: Capita One (SCC)

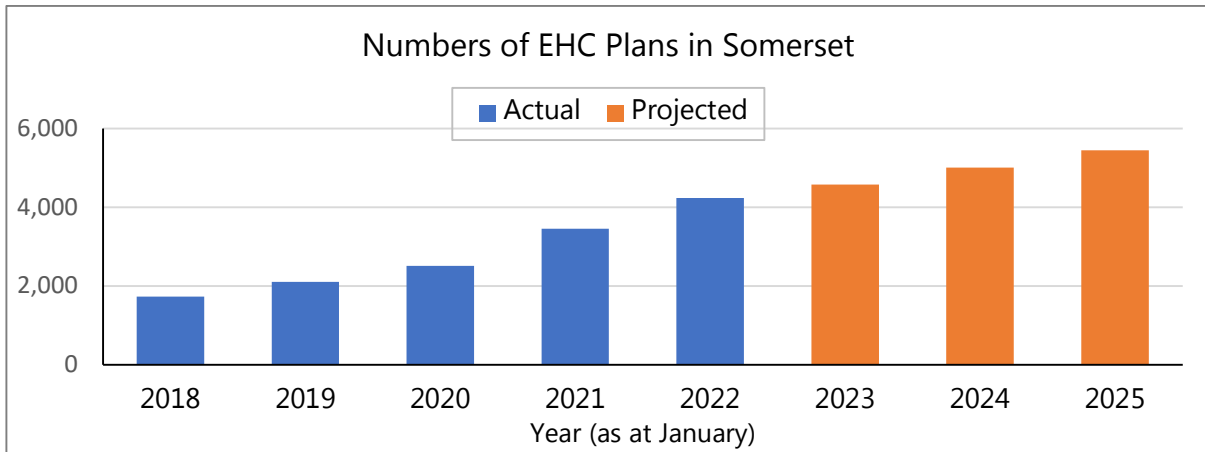
3.5 Projecting future numbers of EHC Plans

- Should the current upward trend in overall numbers of EHC Plans continue in Somerset there could be 4,600 Plans held by January 2023; 5,000 Plans by January 2024; and 5,400 Plans by January 2025. See chart, below.



- Projections for 2023 to 2025 are based on previous years' data, and past data may not be an accurate indication of future trends. Projections do not take account of factors such as changes to services or political decisions.

Trends in numbers of EHC Plans



Source: SEN2 data return (for 2018 to 2022).

- Prevalence and trends in EHC Plans range significantly between different local authorities. Somerset currently occupies the 'middle ground' in relation to other local authorities in the South West of England. There are 267.5 children in Somerset with an EHC Plan per 10,000 population. Rates in other authorities range from 202.6 per 10,000 (Bristol) to 458.4 per 10,000 (Torbay).
- By way of context, if Somerset were modelled on the Bristol rate it would currently maintain approximately 3,000 EHC Plans; and if modelled on the Torbay rate it would have 7,000 EHC Plans.

(Source: SW Benchmarking Report 2021-22 Quarter 3)

4. Identification and Assessment of Need

The aim of this section is to describe the stages in a child's journey where services have an opportunity to identify developmental concerns.

4.1 Ages and Stages Questionnaires (ASQ)

- The Ages & Stages Questionnaires (ASQ) provides developmental and social-emotional screening for children between birth and age 6.

- The table below shows the number of children below cut-off (not at the expected level of development in at least one domain) by year at the 2 to 2.5-year review. The table provides the percentage of all children below cut-off and the percentage of those where an ASQ result was recorded.
- Possible explanations for the decrease in numbers of children reported as below cut-off are being explored.

Children below cut-off in Ages and Stages Questionnaire (ASQ)

	2016/17	2017/18	2018/19	2019/20	2020/21
Below Cut-Off	652	1,170	1,175	1,086	600
Below Cut-Off %	22%	21%	20%	19%	11%
Below Cut-Off (% of recorded)	37%	30%	28%	27%	15%

Source: SCC Public Health

- Around 1%-2% are declined or did not attend (this applies to each year's data, but instances are rare and if an appointment is missed and then rearranged the record is superseded).
- A further 1%-2% were recorded as the ASQ being "not applicable". This may reflect the children who have severe needs and already receiving support for whom undertaking the ASQ would not benefit them and may even be detrimental.
- Unfortunately, there are still issues with the ASQ domains specifically so we cannot provide data on those.

4.2 MAISEY (Multi-Agency Identification and Support in the Early Years)

- MAISEY meetings bring together people from different early years services to look at how they might help a child.
- In the 2020/21 academic year there were a total of 273 referrals to MAISEY in Somerset. In the first six months of 2021/22 there have been 200 referrals.
- Health Visiting continues to account for the majority of MAISEY referrals, with EY settings the next most common source. See chart, below.

MAISEY referral sources, 2021/22 to date

	2020/21	2021/22 to March (part of year)
Health Visiting	158	107
EY Settings	64	63
CYPTS (NHS)	23	16
EYAS	12	7

SPOT	10	3
Children With Disabilities Team	2	0
Children's Community Nursing	2	2
Family Intervention Service	1	0
Neurology (NHS)	1	0
Paediatrics (NHS)	0	1
Child and Family Practitioners	0	1

Source: SCC.

- Age 2 is the most common age at which children are referred to MAISEY, particularly in relation to Health Visiting. See table, below.

CYP Age at time of referral to MAISEY, 2021/22 to date

Referred by	Under 1 y/o	1 y/o	2 y/o	3 y/o	4 y/o
Health Visiting	4	24	47	25	7
EY Settings	0	4	19	36	4
CYPTS	0	1	10	5	0

Source: SCC

4.3 Early Years Foundation Stage Profile (EYFSP)

- The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which a child turns five-years-old (that is, at the end of Reception Year). The EYFSP assesses children across 17 Early Learning Goals (ELGs), with a score between 17 and 51 points. A higher score indicates a greater level of development.
- In 2019 (latest annual data), the average EYFSP score for children in Somerset with an EHC Plan was 18.7 (based on 61 children), compared to a national average of 19.5.
- The average EYFSP score for children accessing SEN Support was 27.9 (based on 446 children), compared to a national average of 26.6.
- The average EYFSP score for non-SEND children in Somerset was 35.3.

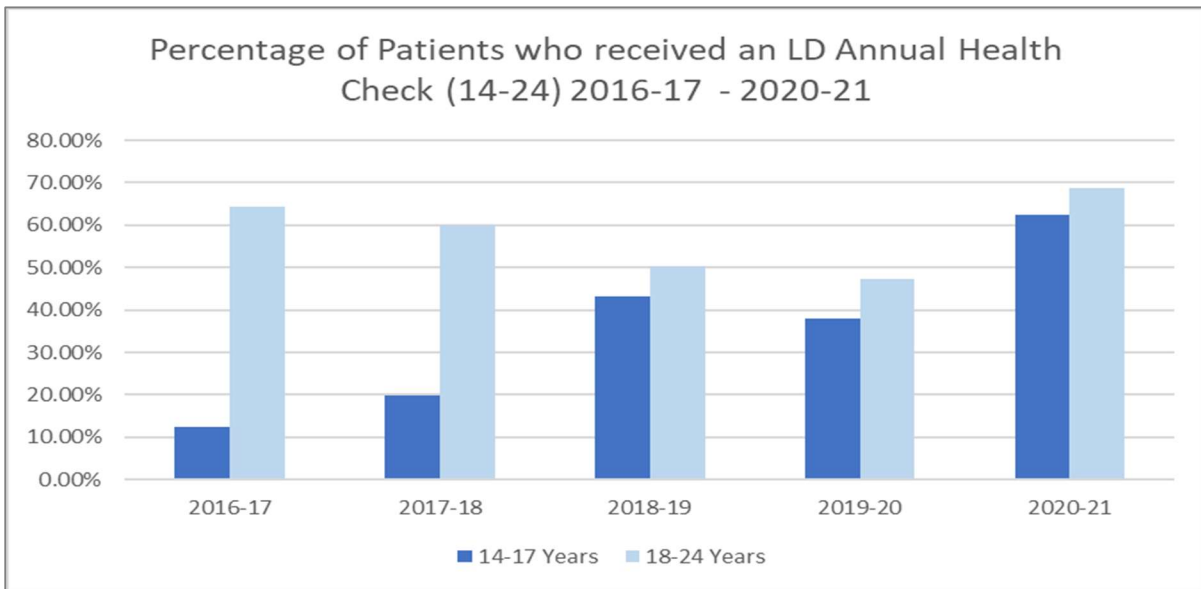
4.4 Annual health checks for people with learning disabilities

- Annual health checks are available for all those aged 14+ on their GPs Learning Disability Register. The checks cover a range of routine checks, check of vaccination and screening status, advice on healthy living, discussion of medications and care needs.



- The completion rate of annual health checks for people with learning disabilities has been improving over the last five years for children aged 14-17. Completion rates for those aged 18-24 are overall better but have remained fairly static in the last five years.
- Completion of health checks for young people is worse than the overall rate of 78% across the whole Somerset CCG eligible population in 2020/21.

Percentage of Patients who received an LD Annual Health Check



Source: Somerset CCG

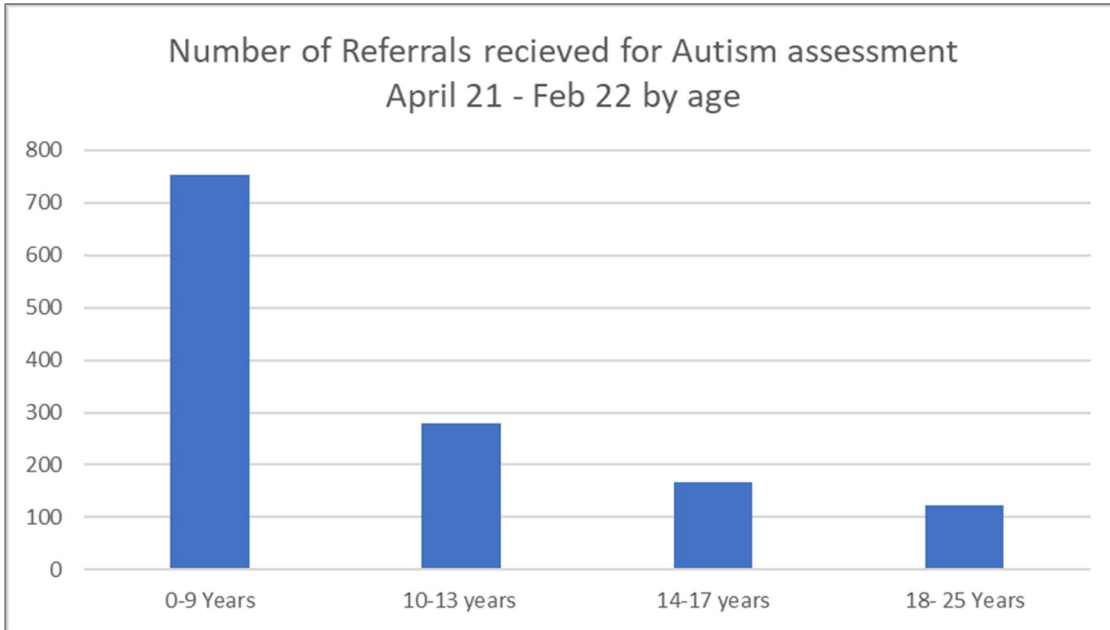
4.5 Referrals for Autism and ADHD Assessment

- The following graph is the number of referrals received for an autism assessment from our SEND Data for April 2021 to Feb 2022.



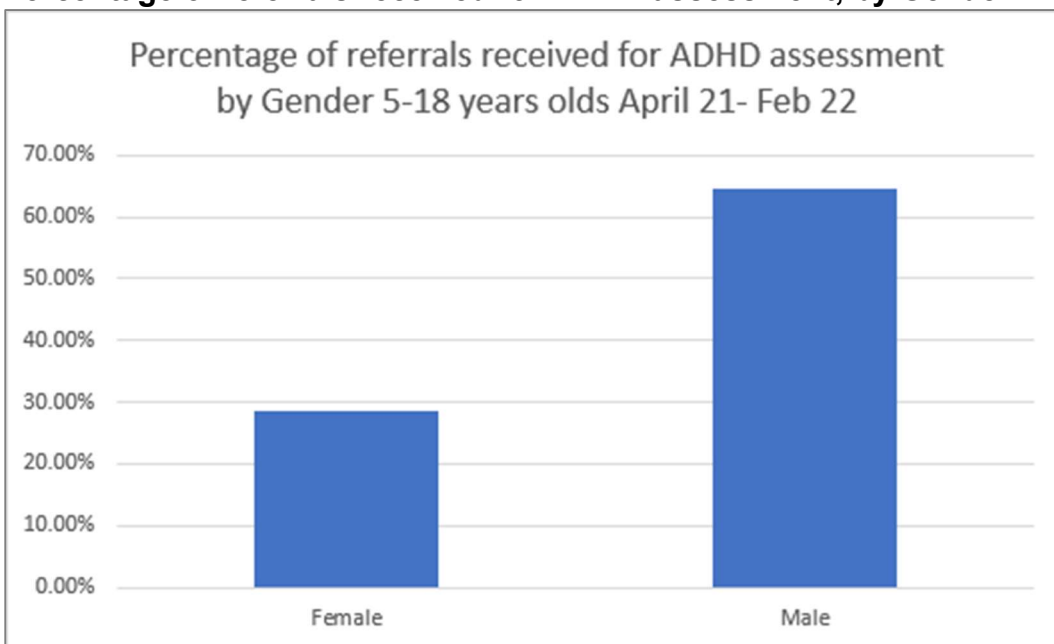


Number of Referrals received for Autism assessment



Source: Somerset CCG

Percentage of referrals received for ADHD assessment, by Gender

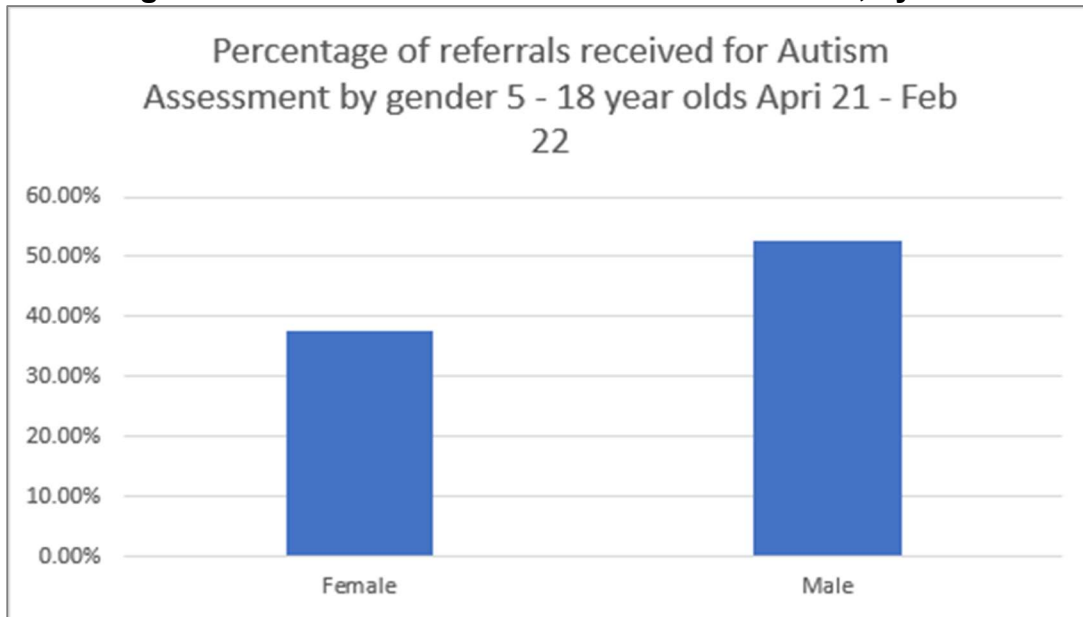


Source: Somerset CCG



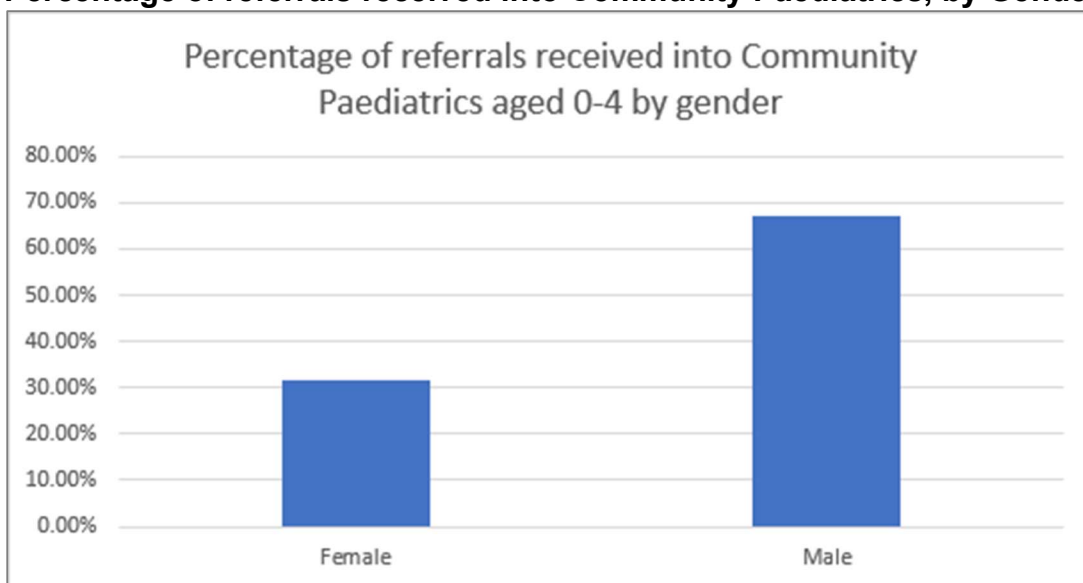


Percentage of referrals received for Autism Assessment, by Gender



Source: Somerset CCG

Percentage of referrals received into Community Paediatrics, by Gender



Source: Somerset CCG

4.6 Recording of SEND in Mental Health Services commissioned by Somerset CCG

- Whilst CYP MH Services commissioned by Somerset CCG do not have a consistent mechanism to report the number of CYP with SEND, those with needs are identified on an individual basis and given any additional support as necessary.





CAMHS, Somerset NHS FT

- CAMHS Single Point of Access (SPA) records if the young person has SEND if the information is available, however not all referrals include this.
- Overall, there were 2,473 patients referred to SPA since April 2021, giving 3,118 referrals. Of those 3,118 referrals only 247 have been recognised as having SEN on their most recent personal circumstances assessment.

Kooth (Online Counselling for CYP aged 11-18)

- Kooth does not record if the C/YP has SEND at sign up but does record SEND within the presenting issues in assessments. This is including LD & ASC.

Mental Health Support Teams (for CYP aged 5-16)

- Currently, the MHSTs identify if a C/YP has SEND within the referral, triage, assessment and/or appointment stage, and then record within the clinical record 'progress notes'. There is no standardised system to capture SEND therefore, to produce an audit for the existing caseloads would need to be done manually.
- However, the MHSTs have updated the current referral form to capture this information at the point of the referral and have also added a 'Parent / Carer View' section.

2BU (LGBTQ+ Youth Support Service)

- Over the past 12 months, 2BU have identified 6 C/YP with SEND that have accessed the service. 2BU's new Outreach Worker has expertise in supporting CYP with SEND. The service is finding the expertise invaluable due to high numbers of SEN, ASD and ADHD.

Young Somerset's Community Wellbeing Service (for CYP aged 11-18)

- If a C/YP has SEND, this is recorded on 'Current View' on IAPTUS, which is one of the questionnaires completed by a Children's Wellbeing Practitioner (CWP). There is also a tab on IAPTUS to record where session adaptations have been made.
- From 1/1/22 to 29/4/22, 42 CYP with a disability/SEND have accessed the Community Wellbeing Service.
- There have been inconsistencies with recording this information historically. Young Somerset has improved the way they are recording this information now and any future data will be more accurate and detailed with the ability to identify specific diagnosis such as ASC.

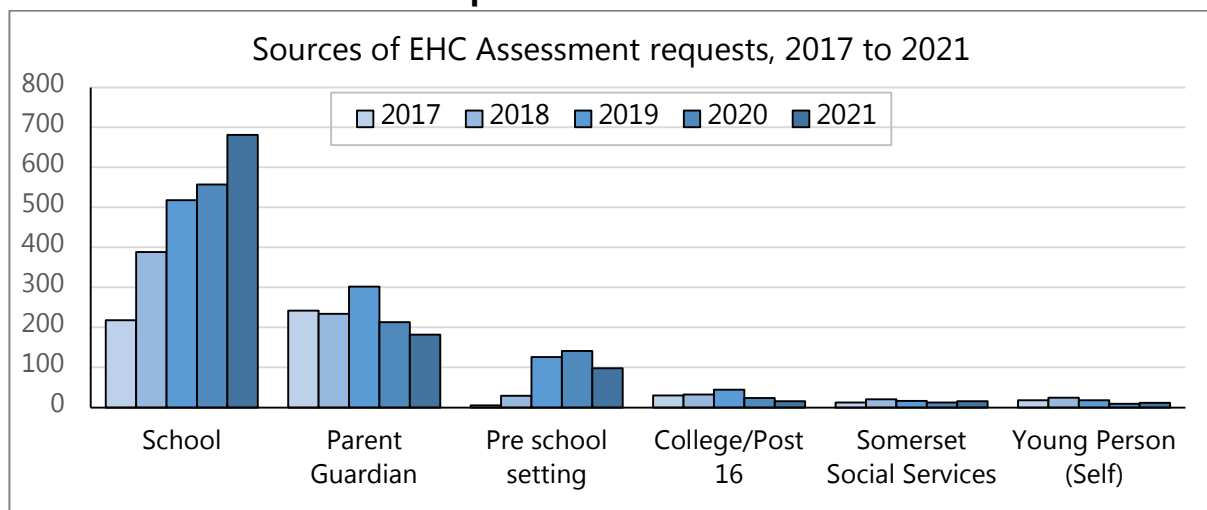
The Space (Counselling Service in Cheddar)

- The Space have not had any CYP with SEND referred to the service as of yet (April 2022).

4.7 EHC Needs Assessment requests

- During 2021, a total of 1,021 requests for an EHC needs assessment were received by Somerset local authority.
- Schools continue to be the main source of EHC assessment requests, accounting for 67% of requests during 2021. Parents were next most common source, at 18%.
- While numbers of requests from parents have remained broadly stable, requests from schools have been increasing – see table, below.

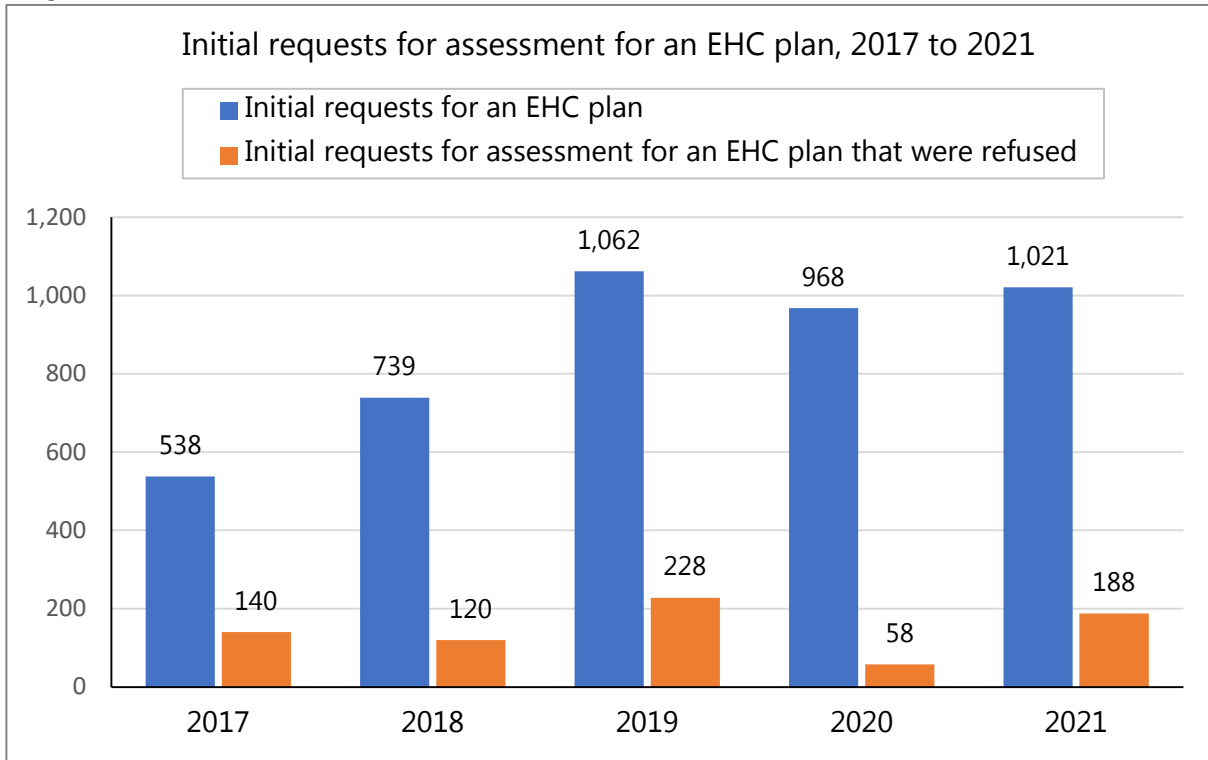
Sources of EHC Assessment requests



Source: SCC Capita One. Data is by calendar year. Chart does not include the following sources: 'Other Social Services', 'Somerset LA Request', 'Mediation', 'SEN Dis Tribunal'.

- Of the 1,021 initial requests for assessment for an EHC plan made in 2021, a total of 188 were refused (representing 18% of requests). This was an increase on the number of requests refused during 2020 (58 refused, 6.0%), but lower than the total refused in 2019 (228 refused, 21.5%). See chart, below.

Numbers of initial requests for assessment for an EHC Plan, and numbers of initial requests that were refused, 2017 to 2021



Source: SEN2 data return. Data is by calendar year.

- Nationally, approximately 22% of initial requests for assessment have been refused in each of the last two years.

5. Experiences of being a child or young person with SEND, or a parent carer or family member

The aim of this section is to help understand the 'lived experience' of children and young people with SEND, their parent carers and family members.

5.1 Pupil Health and Wellbeing Survey (2021)

- The latest Somerset Pupil Health and Wellbeing Survey captured the views of 283 primary and 502 secondary pupils with SEND.

5.1.1 Top 5 Biggest Worries for Children and Young People

- The most common worries of primary children with SEND were 'school/homework', followed by 'coronavirus', and 'problems with friends'.
- The most common worries of secondary pupils with SEND were 'school work/homework' and 'exams/tests', followed by 'the way you look'.

Top 5 Biggest Worries for Children and Young People

	Yr 2	Yr 4	Yr 6	Yr 8	Yr 10	Primary SEND	Secondary SEND
School work/homework	3 (40%)	3 (34%)	1 (46%)	1 (60%)	2 (67%)	1 (54%)	1 (66%)
Exams/Tests			2 (44%)	2 (60%)	1 (72%)	5 (42%)	1 (66%)
Being ill/Health Problems	2 (48%)						
Coronavirus/COVID-19		1 (54%)	3 (40%)			2 (48%)	
Your Mental Health					5 (50%)		3 (51%)
The way you look	5 (22%)		5 (34%)	3 (52%)	3 (56%)		2 (54%)
Family Problems	1 (50%)	5 (31%)				4 (43%)	
Problems with Friends	4 (34%)	2 (36%)	4 (37%)	5 (43%)		3 (45%)	4 (47%)
The Future				4 (45%)	4 (52%)		3 (51%)
The Environment		4 (32%)					
Physical Health							5 (45%)

Source: Pupil Health and Wellbeing Survey

5.1.2 Top 5 Coping Strategies for dealing with worries

- The most common coping strategy for primary pupils with SEND was 'talking to an adult at home'.
- The most common strategy for secondary pupils was 'think carefully about the problem myself', followed by 'keep it to myself'



Top 5 Coping Strategies for dealing with worries

	Yr 4	Yr 6	Yr 8	Yr 10	Primary SEND	Secondary SEND
Talk to an adult at home	1 (66%)	1 (61%)			1 (68%)	
Talk to a sibling/friend	2 (38%)	2 (40%)	5 (42%)	4 (40%)	2 (39%)	4 (39%)
Talk to an adult at school	3 (38%)		4 (45%)		2 (39%)	
Listen to music	4 (33%)	4 (36%)	1 (53%)	2 (59%)	4 (37%)	
Watch TV/Netflix/Online Videos	5 (32%)	3 (38%)	3 (48%)	3 (46%)	2 (39%)	3 (48%)
Play computer games		5 (35%)			3 (37%)	5 (37%)
Keep it to myself			2 (51%)	1 (61%)		2 (55%)
Think carefully about the problem by yourself				5 (36%)	5 (29%)	1 (61%)

Source: Pupil Health and Wellbeing Survey

5.1.3 Personal Safety of pupils with SEND


- Primary aged SEND pupils:
 - 14% reported they are 'always' pressurised by someone into doing something they don't want to do at school and online, compared to 9% of other pupils.
 - Feel less safe at school, with 10% v 4% stating they 'never' feel safe at school.
 - Fewer children reported feeling safe at home (67% v 74%).
 - Less likely to feel safe in outdoor spaces.
- Secondary aged SEND pupils:
 - 15% v 9% reported they are 'always' pressurised by someone into doing something they don't want to do at school, and online (9% v 4%).
 - Significantly less likely to feel safe at school, home, in the community or in the park.

5.2 Experiences of using SEND Services in Somerset

Key themes from engagement with children and young people, parent carers and family members on SEND Services in Somerset include: acknowledgement that nearly everyone has the same goals; the importance of strong trusting relationships; a perceived lack of information sharing between services (having to tell a story more than once); a lack of perceived change following feedback; seemingly 'hostile' services; unidentified mental health needs; the need for clearer referral pathways; and a desire to simply 'belong'.

- **Nearly everyone has the same goals** - The coproduced Outcomes Framework for Somerset outlines how children, young people and their families along with practitioners want children to be able to achieve. Everyone wants children and young





people to have a purpose, feel valued, form friendships and be as independent as possible.

- *"I feel like part of a community when I am at school." (Child 360 2021 survey)*
- *Parents across survey data all say that they want their children to feel 'valued', 'part of a community' and to experience 'friendships'.*

- **Personal interactions** – People's interactions with others have a huge impact on their perceptions of themselves and services. An individual's whole perception of a service can be altered by their interaction with one practitioner. Staff should remain careful of the language they use and how they treat people, particularly those who are being difficult as they don't know what they are going through. People who access services are often desperate and under stress and this can cause them to act in a certain way. Negative interactions and also diminishing of young people's problems can cause them to not engage in the future and seek help from inappropriate sources.

- *"I normally go straight to the team at YOG [Yeovil Opportunity Group] but am worried about who to go to during the transition period and I won't have as much contact with the school, face to face as [name withheld] is going on the bus." (Parent Carer 360 Survey, 2021)*
- *"Think this is extremely variable on which service you are trying to access. Experience with our son when he was younger and working with health visitor and the Early Years SENCO team was fantastic, they were extremely pro-active and very easily contactable. However, recently when we move homes and we needed to change our son's school placement, due to our son having an EHCP we had to request this from the SEN team at SCC - unfortunately this was not a good experience, it took 7 months from requesting a change of placement to this actually occurring, for 2 months the SEN team at SCC were completely uncontactable and it was impossible to speak to anybody in the team." (Parent Carer 360 Survey, 2021)*

- **Importance of relationships** – Parent carers reported being bounced around between professionals and services and the impact this can have. This means they can't build strong trusting relationships and also feel like they are a burden that nobody wants. People prefer receiving information and sharing their story with people they have a trusting relationship with.


- *"Different people contradict each other all the time" – (ADHD/Autism Parent Carer Survey, 2021)*
- *"Teachers are not always receptive to his needs because he masks his difficulties and finds it difficult to ask for help. He has a couple of trusted adults at school that he will speak to." (Parent Carer 360 Survey, 2021)*
- *"It's a conversation not an interrogation." - young people on receiving mental health assessments (Young Listeners Report, Healthwatch, 2021)*
- *"From my experience my son's case worker constantly changes and I have to chase for updates and communication from them to me is poor" (Parent Carer 360 Survey, 2021)*



- *Throughout the responses young people talked about not being taken seriously, commenting on how this often made them not want to go back to services through fear of being condescended to again (Young Listeners Report, Healthwatch, 2021)*
- *“Child has had 3 SW [social workers] in 4 months, a locum who never saw her and then left Somerset without doing any SW duties (his manager’s words) the allocated SW was not updated on LCs so when Ofsted views it it will look as if the child has less SW allocated than is reality.” (Parent Carer 360 Survey, 2021)*
- **Retelling of story** – 63% of parent carers reported being involved in the decisions about their child’s needs (*Parent Carer Post Inspection survey 2020*). However, people being referred between services feel there is little information sharing, constantly having to retell story and start from scratch.
 - *Having to repeat information and re-tell their story is resulting in negative experiences and feeling a lack of progression for some families. (Closing the Loop Report 2021)*
 - *Repeated theme was that young people found it “annoying” having to constantly repeat their problems and did not understand why it appeared as though the various services were not communicating with each other. (Young Listeners Report, Healthwatch, 2021)*
 - *“Even something as simple as a blood test they didn’t know my daughter was autistic. I had to flag it. At a recent appointment I told the health care professional she was non-verbal that day and they said shall I speak to you then!!! My daughter can communicate and should never be ignored.” (Parent Carer 360 Survey, 2021)*
- **Engagement** – This can feel like justification of a project rather than a genuine desire to collaborate. Over engagement e.g., surveys, creates apathy but also anger and frustration when feedback doesn’t lead to perceived change. 60% of parent carers reported that they did not feel or know if the feedback they gave was used to improve services (*Parent Carer Post Inspection survey 2020*). More effort needs to be made to communicate changes that results from engagement, or the reason why changes were unable to be made.
 - *“This section has really angered me actually. Ofsted report was damning and seems things have gotten worse not better. I have filled out a few of similar surveys from yourself in recent months but when are the services going to get better? Trying to find a suitable school for my son has been a nightmare and trying to get advice from anyone has been near impossible.” (Parent Carer 360 Survey, 2021)*
 - *“Stop producing surveys and start making changes!! More staff are needed, and better training provided.” (Parent Carer 360 Survey, 2021)*

Some parents reported that they were unaware of the engagement opportunities held around Somerset’s Improvement plan, or were unable to attend events. This means engagement methods need to change and a wide range of options need to be given to capture more voices. Communication needs to be strengthened to ensure a wide range of people know about the opportunities to get involved and have their say.



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- **Experience of services being hostile** – many families see SCC and other support as hostile. Something to be fought in order to get help. Failure to identify SEND needs and also a culture of parent blaming in early help and SEND fuels this.
 - *“I think you will struggle to find any parent, carer or family who has had a positive experience. Children are being discriminated against which is against the law. Families and lives are being destroyed due to the stress of constantly fighting for something which should be normal provision for children. A considerable number of children have SEN, which go unrecognised, unassessed and untreated unless parents run themselves dry mentally, physically and financially. Most parents can't do this, and schools and the LA seem to revel in this fact and twist the knife in at any possible opportunity. It is a disgrace and shameful.” (Parent Carer 360 Survey, 2021)*
 - *“I had to complain to my local MP, CEO of the NHS and the CEO of CAMHS to have my child seen” (ADHD/Autism Parent Carer Survey, 2021)*
 - *Throughout the responses young people talked about not being taken seriously, commenting on how this often made them not want to go back to services through fear of being condescended to again. (Young Listeners Report, Healthwatch, 2021)*
 - *“Social Care don't offer support they just parent blame too or if they can't blame you for anything they say you don't meet criteria” (Parent Carer 360 Survey, 2021)*

 - **Mental health and SEND.** Some parents and young people report not receiving the mental health support they need due to a perception that their mental health needs are attributed to their special educational needs. Similarly, some families and young people describe how mental health is worsened due to special educational needs not being appropriately identified.
 - *“My son went into a downward spiral of self-harm and depression through lack of support in school and his ADHD being blamed for his behaviour. My daughter's severe anxiety gets the better of her and manifests in psychosomatic episodes, but she also has autism.”*
 - *“Just because you can't see my mental health does not mean it's not there.”*

 - **Better collaboration between services** – 73% of parent carers felt that improvements were needed to partnership working across education, health and social care (*Parent Carer Post Inspection survey 2020*). There is a need for clear referral pathways that are explained properly to ensure people know where they are being referred and why.
 - *When asked what they wanted to see – “Maintaining good relationships with parents and keeping communication open with all professionals alongside parents so everyone knows the plans that need to be in place for each child and no misunderstandings can happen because everyone knows what is expected of each other” (ADHD/Autism Parent Carer Survey, 2021)*



5.3 Somerset Inclusion Inquiry

- At the beginning of 2021, an Inclusion Inquiry was launched to assess if education in Somerset is inclusive and accessible for all children and young people. The focus of the Inquiry was on the inclusion of children and young people with SEND.
- As part of the Inquiry, the views of a wide range of children and young people, parents, schools, and other professionals across Somerset were gathered. Findings included:
 - Children and young people did not always feel that their voice was heard at school or within the wider Somerset community. They recommended that schools need to educate themselves and their students about the issues facing students with SEND so that everyone has a better understanding of what it takes to navigate education with additional needs.
 - Parents felt that they had to fight to get the support and services they needed when in crisis.

6. Impact of Covid19 pandemic


The aim of this section is to describe the impact of the Covid19 pandemic on children and young people with SEND, their parent carers and families, and on services for children and young people with SEND.

6.1 Reflections of 'The Unstoppables' SEND participation group

- Almost exactly two years after the first lockdown was announced in March 2020, 'The Unstoppables' SEND participation group used a meeting to reflect back on their experiences. This is what they had to say...

First, we talked about the biggest challenges we faced. Some were about finding our feet when it all started and then living with 'the new normal.'

- **Not having carers at the start:** It was hard to get the support we needed when people who would normally help us needed to protect themselves as well.
- **Masks:** We found breathing in them hard and wearing them gave some of us panic attacks. They also made it harder to communicate with or to hear/lip read other people.
- **Our homes became schools and offices:** We had to be quiet when family members were on meetings and couldn't use our home as our home.
- **Businesses changed their standard operating procedures:** Supermarkets had to change the way customers moved around them. They also changed the timing of shelf stocking, both of which made it hard for some of our members to move around the aisles and made the familiar space less predictable.




Other challenges for us were about the isolation and vulnerability and how that impacted us.

- **The silence around our villages and towns** was really uncomfortable and hard to bear for some people.
- **Bad internet connections** added to the general sense of disconnection.
- **Not being able to see family members, not leaving our homes, and not meeting people** all had a very negative effect on our mental health.
- **Health anxiety** was so hard for one member to manage that they had to stop working as a key worker.
- **Some members who expected to be classed as vulnerable weren't**, which left them unvaccinated for longer and caused higher anxiety.

It wasn't all bad, though. We talked about some of the things that worked for us and some of the things we got to do that we can't normally do.

- **Everything went online:** For some people this was a negative, but for others it made meetings and events **more** accessible. They didn't need to navigate transport or find carers to come with them. They could just jump online from their bedroom.
- **Less travel times:** We didn't have to travel to school or college or meetings, so we could sleep longer, and didn't have to race home to be in time for family things.
- **Time for gaming:** We used gaming to connect with friends and to relax and we had lots more time to do that.
- **2m distance gave us room to move:** Our wheelchair users found they could move around more easily, because social distancing measures meant that people gave them space.
- **Focus on physical health:** Some of us had more time to focus on our physical health and get outside to exercise.
- **We learned new skills:** We completed courses in mentoring and British Sign Language, and we learned new ways to communicate online, like Zoom and Microsoft Teams.
- **We felt warm and safe:** We appreciated how lucky we were to feel safe, warm and to be with people who love us. We also appreciated having a room to go to when we need space.
- **The vaccine experiences:** One of our members had a really positive and inclusive vaccine experience. They were given a quiet space to wait in, so they didn't have to queue, the staff were kind, respectful and explained everything carefully. They were patient and waited for the young person's consent before they gave them the vaccine.
- **Dogs:** Our animals gave us comfort and companionship and made it all just a bit more bearable.



We finished our reflections by talking about what's challenging as we start to come out of the pandemic and try to go back to 'normal.' The readjustment is difficult and there are lots of things that we're having to navigate.

- **The changes are confusing:** The government has ended all the restrictions, but different businesses and venues have kept some of the requirements. Knowing what to do and where is hard. And even though the restrictions are finished, lots of us are still concerned and trying to be careful, so it's hard to know what people expect. Should we still wear a mask sometimes? Are people comfortable with hugs? Do we still try and stay two metres apart? How often should we wash our hands? Should we still sanitise as much?
- **No social distance:** This is hard for those of us who were getting used to being able to move around more freely in our wheelchairs, but it's also hard to get past feeling a bit afraid of being close to people.
- **Fear of change:** Change is hard for some of us. It's difficult now that we're used to protecting ourselves and understanding the way the restrictions work. It makes some of us anxious to have to go back to more relaxed environments.
- **Friendships and social interactions:** Social stuff in general is hard. Remembering how to interact with each other, how to be physically comfortable around people again and even how to make social arrangements.
- **Recovering mental health:** It's been a tough couple of years and lockdowns, health anxiety and all the other challenges have left us needing some support to recover our mental health. We're trying to feel less anxious, but it's difficult even if we keep reminding ourselves that we're vaccinated, and that Covid-19 is no longer as deadly as it was to start with.

Source: SEND Participation Team

6.2 Impact of Covid 19 on Parent Carers

- During the pandemic, many parent carers reported having extended caring responsibilities due to external care support stopping. With children not being able to access school, parents often had no break from caring.
 - *Post covid activities have not restarted and some of the clubs have stopped completely. (Short Breaks provision 2022)*
- **Vaccine** - Challenges/delays in accessing the vaccine were experienced by parent carers due to unclear national advice, with 50% of eligible parent carers initially reporting being unable to get the vaccine. *(Covid Vaccination survey 2021)*
 - *I called my surgery and asked if I could register as a carer for my son. They told me that if this was about the COVID jab it doesn't work that way and I would not be entitled. (Covid Vaccination survey 2021)*

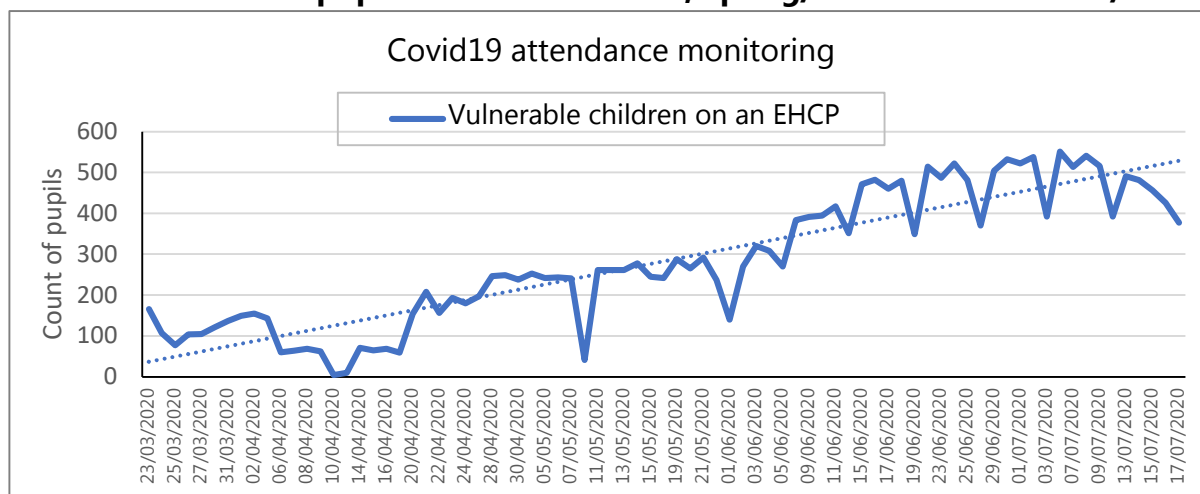


- *I was told that the Government have not authorised all carers to receive the vaccine, so not eligible. (Covid Vaccination survey 2021)*
- Initially there was confusion about how vulnerable children could access the vaccine which caused confusion for parent carers.
 - *"I am trying to get a COVID jab for my daughter. I have spoken to doctors as well as specialist charity, but nobody can help." (Parent Carer 2021)*
- **Social Isolation** – During the pandemic parent carers reporting feeling isolated.
 - *"I have not spoken to another adult for 4 months" (Parent carer 2021)*
 - *"We are unable to leave the house, so I don't get to see anyone." (Parent carer 2021)*

6.3 Attendance at school for pupils with SEND during the covid pandemic

- At the beginning of the Covid19 pandemic (March 2020) schools remained open to vulnerable children (including those with an EHC Plan) and children of critical workers.
- Initially, attendance of pupils with an EHCP was low, but increased gradually over time – see chart below.

Time series of EHCP pupil on-site attendance, Spring/Summer Term 2019/20



Source: DfE education status form daily returns. Data was not returned from all schools. Schools were not required to maintain an attendance register during this time (meaning more detailed information on pupil characteristics, e.g., SEND primary need, is not available).

- By the start of the 2020/21 academic year, 87% of pupils with an EHC Plan in Somerset were attending school 'on site', according to DfE figures. This declined to 40% at the beginning of the second lockdown (January to March 2021), rising again to 85% in the summer term.
- In the latest (2021/22) Autumn Term, the overall on-site attendance rate for pupils with an EHCP was 84%. This compared to a national average of 86%.

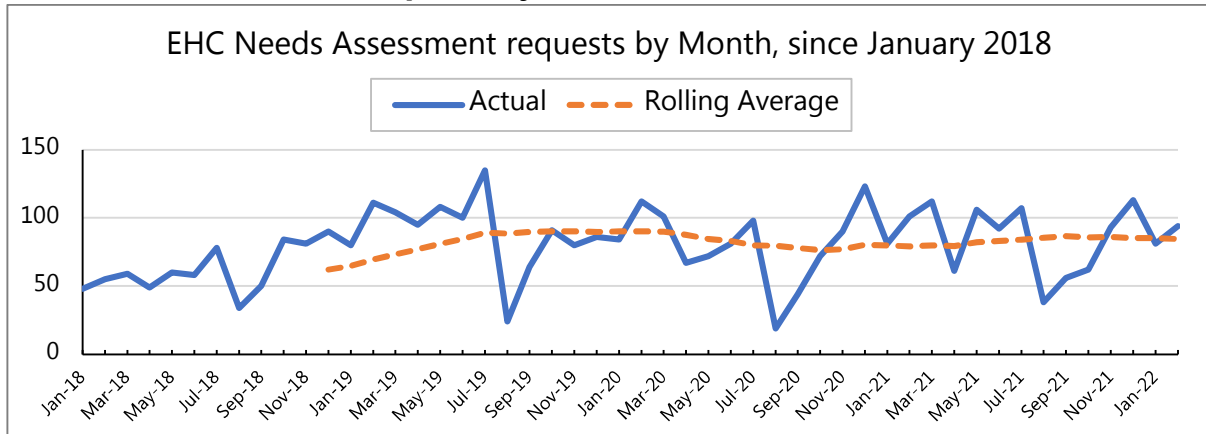




6.4 Requests for EHC needs assessments during the covid pandemic

- Numbers of requests for EHC needs assessments have remained broadly stable since the start of the Covid-19 pandemic. Although numbers fluctuate significantly from month-to-month, the average has been consistently around 80 requests per month. See chart, below.

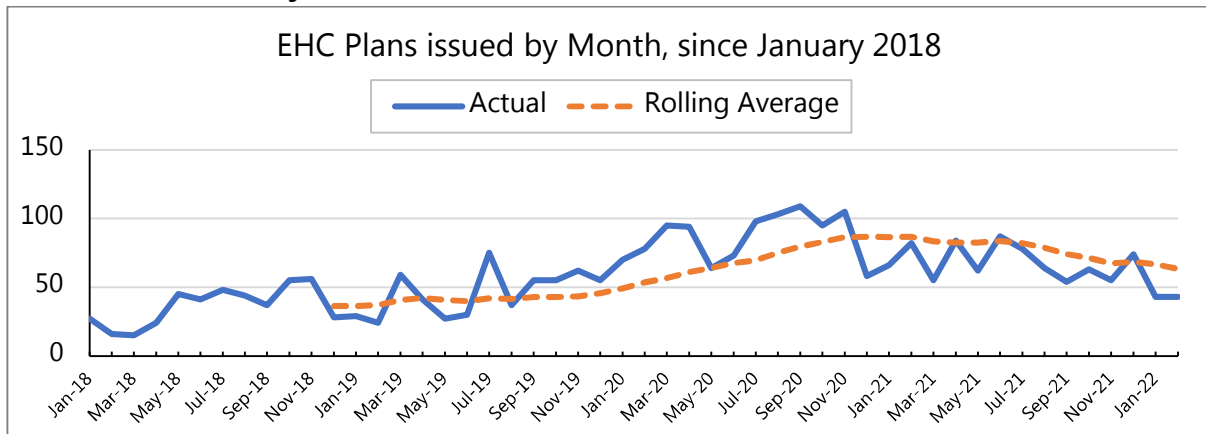
EHC Needs Assessment requests by Month



Source: Derived from Capita One (SCC).

- Numbers of EHC Plans issued rose throughout 2020, since when there has been a gradual decline. See chart, below.

EHC Plans issued by Month



Source: Derived from Capita One (SCC).

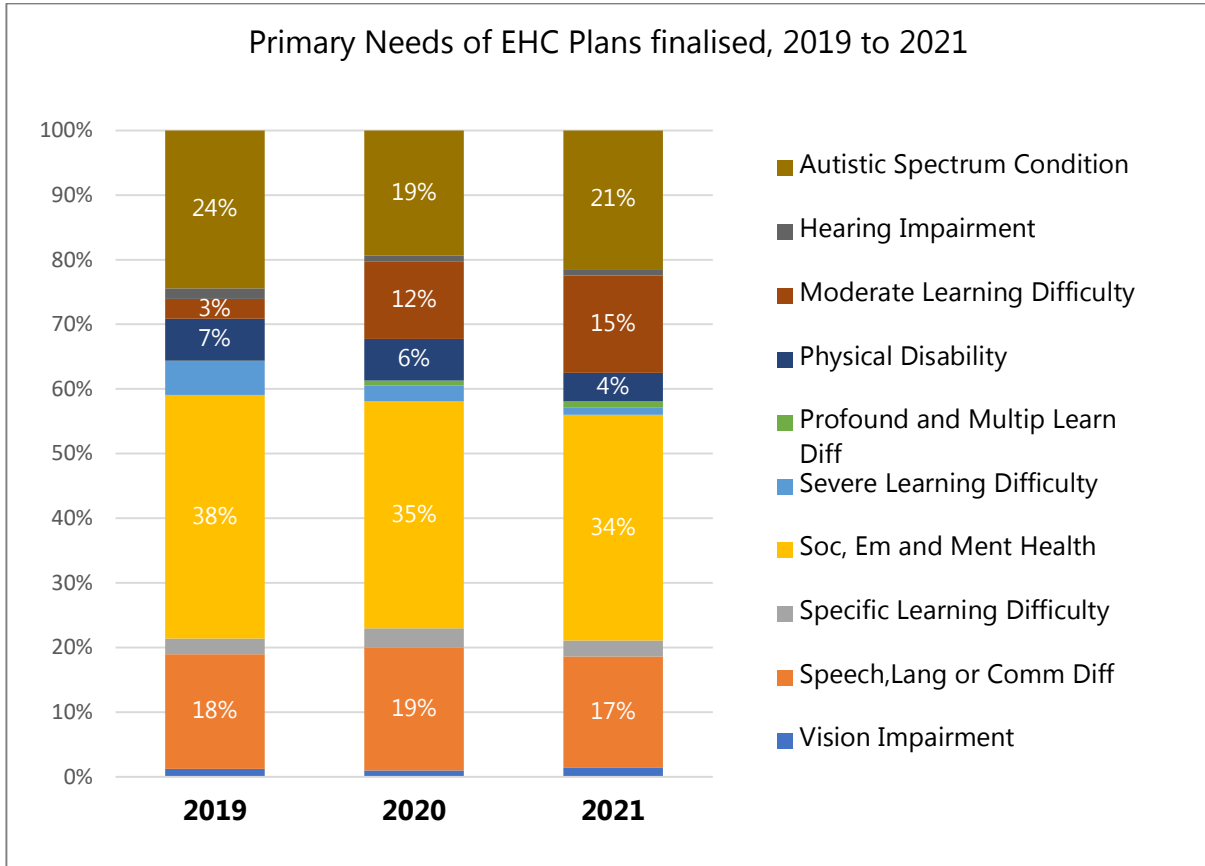
6.5 Primary Needs of new EHC Plans issued

- The needs profile of new EHC Plans made before and since the start of the pandemic has remained broadly consistent; the exception being an increase in plans made for



Moderate Learning Difficulty (from 3% of all new plans in the 2019 calendar year, to 15% of new plans in 2021). See chart, below.

Primary Needs of EHC Plans finalised



Source: Derived from Capita One (SCC)

7. Preparation for Adulthood

The purpose of this section is to describe the outcomes for young people with SEND transitioning into adulthood, including educational attainment and employment. It is acknowledged that the scope of data in this section is currently limited.

7.1 Population of young people with SEND

- A snapshot in January 2022 indicates a total of 1,241 young people aged 16 to 25 with an EHC Plan maintained by Somerset LA.
- Latest Somerset School Census data indicates a total of 1,018 pupils with SEND in Year 9; 899 pupils with SEND in Year 10; and 878 pupils in Year 11.



7.2 Educational Attainment of pupils with SEND

- The educational attainment of pupils with SEND in Somerset is consistently below national and statistical neighbour averages at the end of Key Stage 4.
- In 2021, the average Attainment 8 score for Somerset pupils with an EHC Plan was 14.3, compared to 15.7 for England as a whole.
- In 2021, the average Attainment 8 score for Somerset pupils accessing SEND Support was 34.4, compared to 36.7 nationally.
- There is a similar picture in terms of pupil progress, although latest available data is from 2019, due to the covid pandemic.
- In 2019, the average Progress 8 score for Somerset pupils with an EHC Plan was -1.46, compared to -1.17 nationally.
- In 2019, the average Progress 8 score for Somerset pupils accessing SEND Support was -0.60, compared to -0.43 nationally.

7.3 Destinations of Key Stage 4 pupils with SEND

- The proportion of Key Stage 4 pupils with SEND in Somerset going to, or remaining in, education, employment, or training (EET) is above national average rates.
- In 2020, 91.1% of Somerset pupils with SEND Support remained in EET, compared to 88.9% nationally.
- In 2020, 91.9% of Somerset pupils with and EHC Plan remained in EET, compared to 89.9% nationally.
- There is currently no national data to indicate the split between those in education, those in employment, and those in training.


7.4 Young People not in Education, Employment or Training (NEET)

- A snapshot in January 2022 indicated 44 Somerset young people in Years 12-13 (aged 17-18) with SEND who were NEET, accounting for 13% of all identified NEET. At the same point a year earlier, there were 45 young people with SEND who were NEET (accounting for 12% of the NEET cohort).

7.5 Post-16 Attainment of young people with SEND

- Overall academic attainment by age 19 of young people with SEND in Somerset is below national averages.



- 
- Latest data indicates that in 2019, 29.2% of Somerset students who accessed SEND support were qualified to Level 2 by Age 19 (equivalent to 5 or more GCSE passes, including English and maths), compared to 35.9% nationally.
 - In 2019, 8.1% of Somerset students with an EHC Plan were qualified to Level 2 by Age 19, compared to 14.9% nationally.

7.6 Employment of adults with learning disabilities

- In Somerset, 4.8% of adults with learning disabilities who are known to the Council are in employment. This compares to a national average of 5.1%.
(Source: Adult Social Care Outcomes Framework, October 2021)

7.7 Accommodation status of adults with learning disabilities

- In Somerset, 80.8% of adults with learning disabilities who receive support from social services live in their own home or with families, above the England average of 78.3%.
(Source: Adult Social Care Outcomes Framework, October 2021)

8. Services for children and young people with SEND

The aim of this section is to provide an overview of the services available for children and young people with SEND in Somerset.

8.1 SEND Local Offer

- A snapshot in July 2021 indicated a total of 344 service providers listed on the Somerset SEND Local Offer. Somerset's Local Offer provides information on the services available for children and young people with SEND and how to access them. The following types of service were identified:
 - 197 Information and Advice providers
 - 87 Care and Support providers
 - 73 Health providers
 - 84 Education providers
 - 83 Support Group providers
 - 20 Equipment providers

(An organisation may offer more than one type of service.)




8.1.1 Information and Advice providers

- Service providers listed in this category include:
 - **SENDIAS:** Somerset SENDIAS (Special Educational Needs and Disability Information, Advice and Support) provides children, young people and their parent carers with information, advice and support about SEND. This can include information on Education, Health and Care (EHC) Needs Assessments and Plans.
 - **Educational Psychology Service:** The EPS aims to improve outcomes for children and young people with SEND by assessing communication, language and interactional skills; cognition and learning skills; social, emotional and mental health needs; sensory and physical and/or medical needs; and environmental factors.
 - **Sensory, Physical and Occupational Therapy Service (SPOT):** The SPOT service is made up of four specialist teams: Hearing Support Team; Vision Support Team; Physical Impairment and Medical Support Team; and Occupational Therapy Team. The SPOT service aims to support a child or young person's independence in their educational setting and at home.

8.1.2 Care and Support providers

- Service providers listed in this category include:
 - **Children and Young People's Therapy Service:** Provides occupational therapy, physiotherapy and speech and language therapy for children and young people aged up to 19 years. This is a community service for people who have, for example, difficulties with: talking and communicating; eating, drinking, or swallowing; mobility and posture; physical skills such as balance and co-ordination; movement (motor); sensory processing; and thinking (cognition).
 - **Community Teams for Adults with Learning Disabilities:** The Teams assess people's requirements and provide statutory care and support as needed for adults over 18. The aim is to promote a person's wellbeing, independence, choice and control, with the support of a Transitions Worker for under 18s.
 - **Community Inclusion and Activity Team:** The Community Inclusion and Activity Team (formerly the Short Breaks Team) helps and supports children and young people 0 to 18 years with a disability or additional need and their families, to try out new things, have fun and access their local community.



- 
- **Paediatric Continence Service:** The paediatric continence service is a community-based team consisting of paediatric continence nurses, health visitors and school nurses. The service provides assessment, treatment, support and advice to children and young people with bladder and bowel problems.

8.1.3 Health providers

- Service providers listed in this category include:
 - **Child and Adolescent Mental Health Services (CAMHS):** Specialist mental health service for children and young people aged 0 to 18 (up to 19 for young people with additional requirements), who may be experiencing a range of mental health problems.
 - **Adult Community Mental Health Teams:** Specialist mental health services for people with illnesses such as severe depression, severe anxiety, schizophrenia, Bi-polar, personality disorders and other severe mental health problems.
 - **Somerset-Wide Integrated Sexual Health Service (SWISH):** A 'one stop shop' offering a free and confidential service for patients who have or are concerned about sexually acquired infections and offering a full range of contraceptive methods.

8.1.4 Education providers

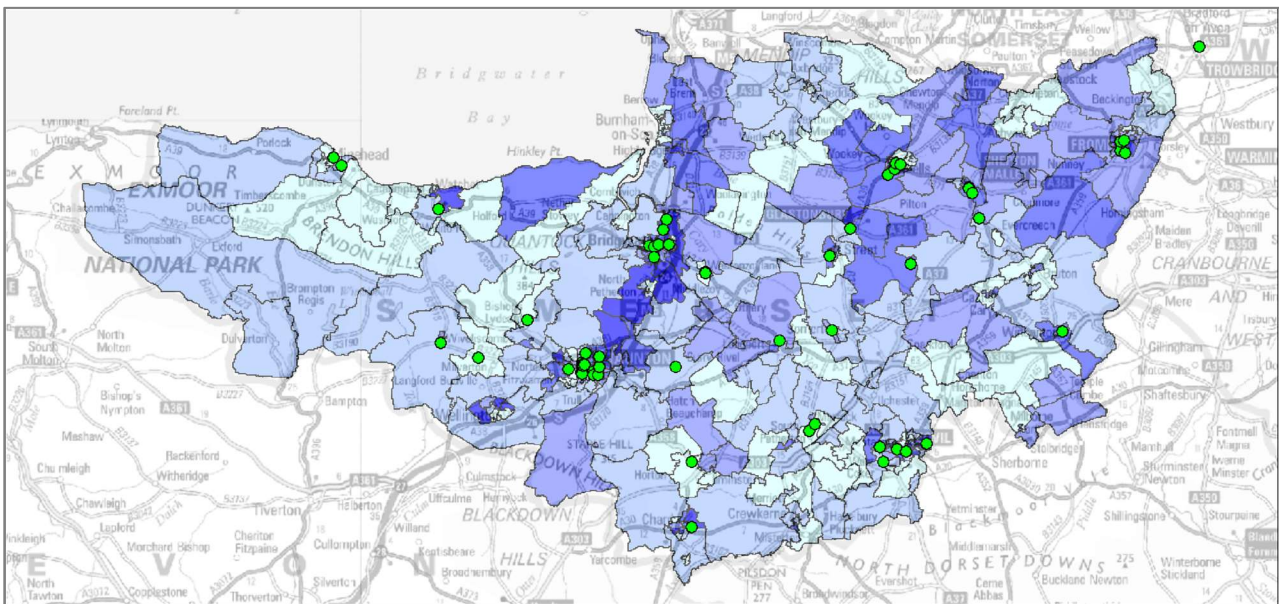
- Service providers listed in this category include:
 - **Young Somerset:** Young Somerset is the largest youth work charity in Somerset. Their aim is to work with young people, encouraging them to take responsibility for themselves and become actively involved in shaping the communities in which they live. Young Somerset works to achieve social and economic outcomes with young people.
 - **Somerset Portage Service:** Portage is a home visiting service for pre-school children with special educational needs. It aims to support families to develop their child's learning through play and develop confidence and enable families to feel included in the community.



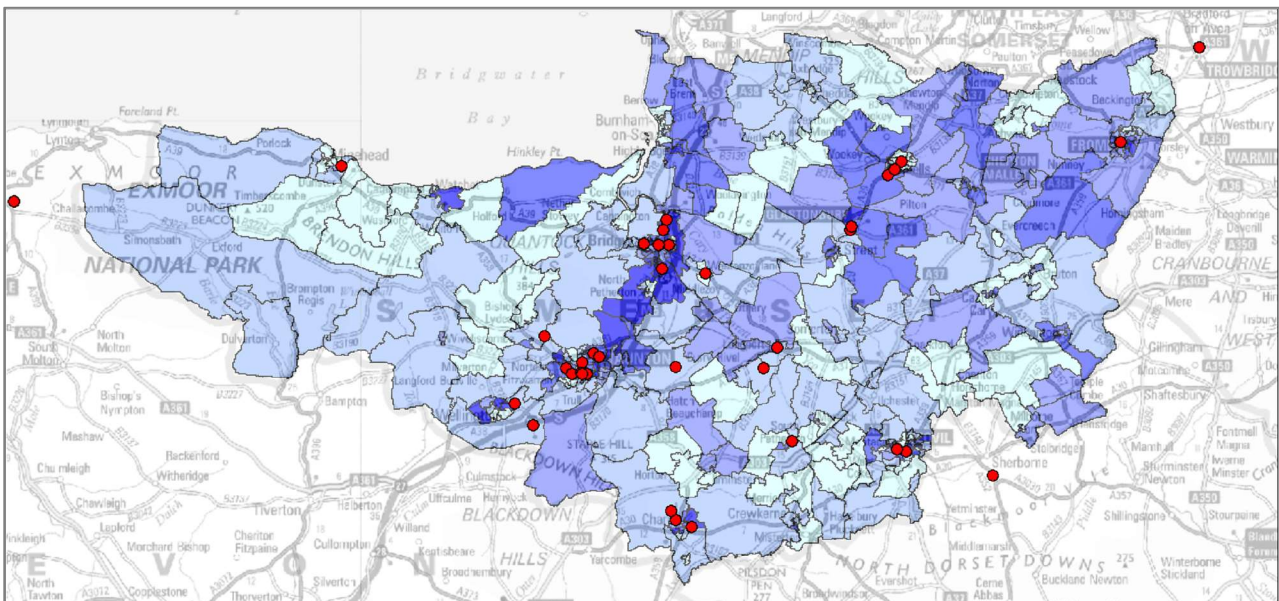
8.2 Geographical distribution of SEND Local Offer providers

- The following maps provide an overview of the locations of SEND Local Offer providers, based on the address of the service (and not necessarily where services are delivered).
- Most providers are based in the county's principal urban areas.
- The dark blue shaded areas on the maps indicate where higher numbers of children and young people with SEND live; the lighter areas have the fewest residents with SEND.

Information and Advice providers

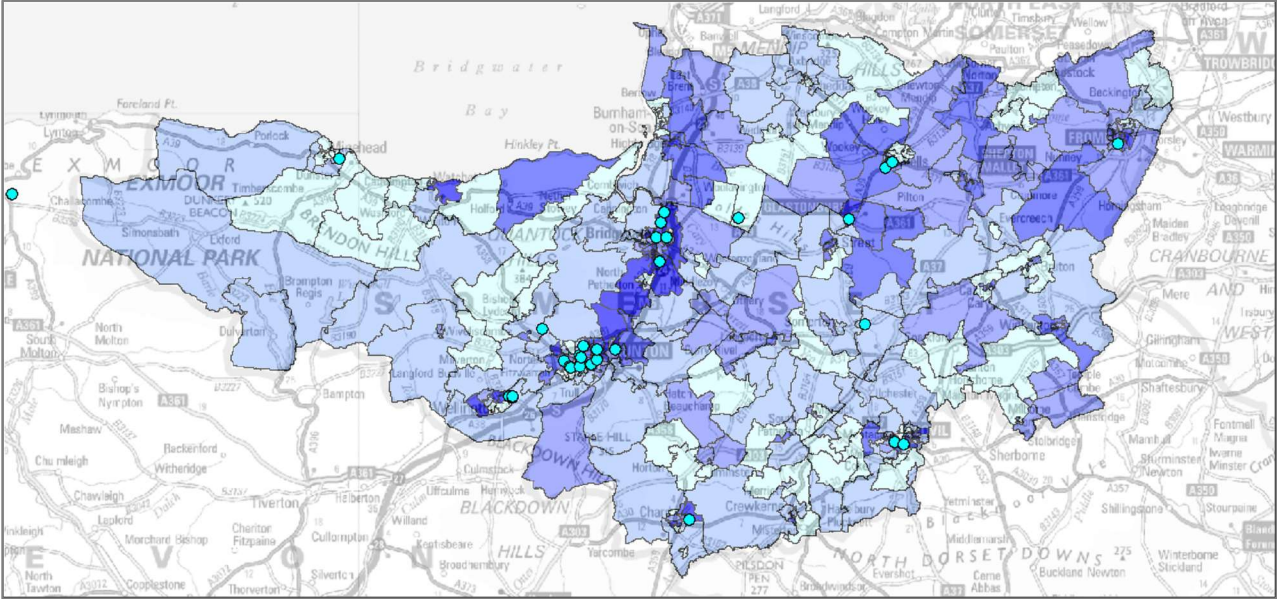


Care and Support providers

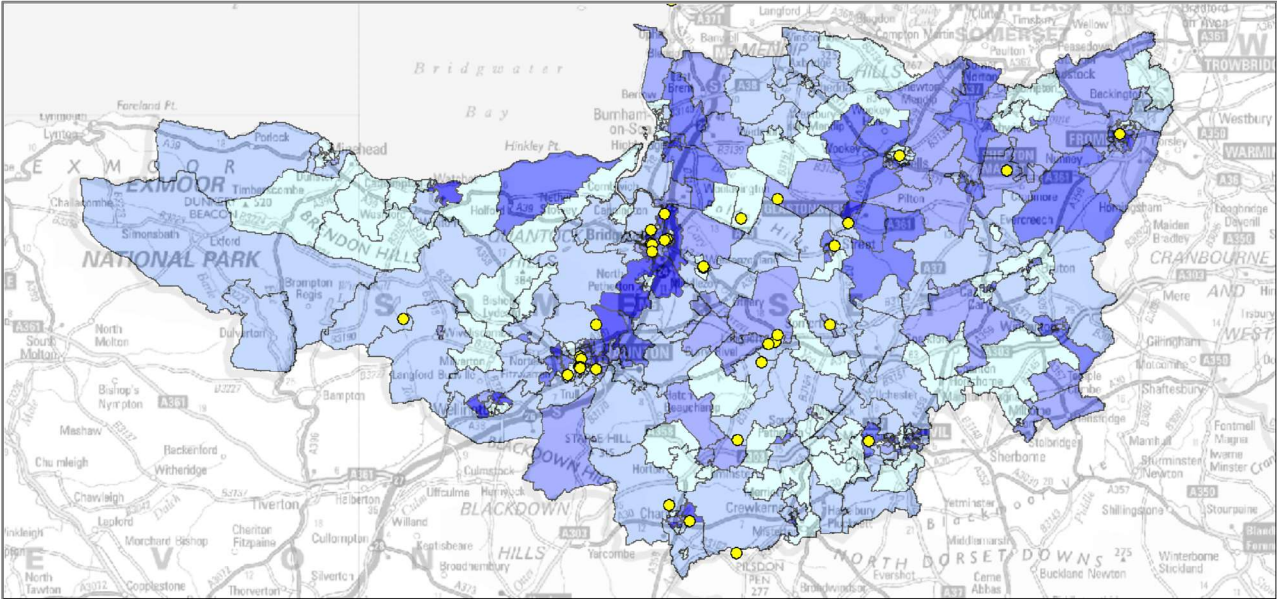




Health providers



Education providers



Source for all maps: SEND Local Offer website / SCC SEND Dashboard. © Crown copyright and database rights OS 100038382 (2022).





8.3 Holiday Activities & Food Programme (2021)

- Places are 4 hours with activity and food.
- 12% of the places accessed at winter provision were children with SEND (815 total / 6,842).
- For Easter 2022, 15% of the places booked are for children with SEND (713 / 4,704).
- For Summer 2021, 13% (2,140 / 16,402).
- Anecdotally the service found that in the summer the number of SEND places was under-reported by parents, fearful that they would not be able to accommodate their child's needs. The service now details how many high ratio places they have with providers. Parents have grown in confidence with the provision that it will be able to cater for their child's additional needs. The service will look to do more around targeting children with more profound needs.

9. Observations and Commissioning Implications

- Key themes from engagement with children and young people, parent carers and family members on SEND Services in Somerset include: acknowledgement that nearly everyone has the same goals; the importance of strong trusting relationships; a perceived lack of information sharing between services (having to tell a story more than once); a lack of perceived change following feedback; seemingly 'hostile' services; unidentified mental health needs; the need for clearer referral pathways; and a desire to simply 'belong'. All services in Somerset need to work to look at where things need to be done differently to improve the experience of children and young people, parent carers and family members.
- Somerset has a comparably high number of EHCP plans where the primary need of the child or young person is Social, Emotional and Mental Health (24% of all EHC Plans, compared to 15% of all EHC Plans nationally). This increased indication of mental health needs is also reflected in Somerset health service measures, including higher than average rates of CYP self-harm admissions to hospital and higher than average CYP alcohol related and substance misuse admissions. In addition, Somerset rates of permanent exclusion and suspension are persistently much higher than national average rates and those with SEMH needs are more likely to be excluded.
- The data reflects the fact that SEMH needs as a category encompasses a variety of needs and can be quite transient as other needs are identified, such as neurodevelopmental conditions or moderate learning difficulties. This raises the importance of ensuring accurate and early identification of need and commissioning of multi-agency assessment where required for those displaying complex presentations. Continuing progress on the neurodevelopmental pathways and embedding the graduated response tool will be key moving forward.



- Commissioners should also consider the support that educational settings need to offer timely and effective early support for SEMH needs, to avoid escalation and exclusion. Commissioners need to be aware that this diverse group of children and young people will require a range of support solutions which will not be restricted to mental health services. Listening to children and young people and understanding their diverse needs is a key priority within the [Children and Young People Mental Health Transformation Plan](#).
- Linked to the above points, a higher-than-average number of children and young people with EHC plans have speech, language, and communication difficulties as their primary need. Needs, outcomes and provision data is being looked at in more depth to allow us to fully understand and therefore jointly target resources such as Speech and Language Therapy in the right places to meet need better.
- This needs analysis highlights the need for placed based commissioning across Somerset for SEND services and interventions. Children living in the most deprived neighbourhoods of Somerset are more than twice as likely to have identified SEND than those living in the least deprived areas. However, there appears to be little association between income deprivation and Autistic Spectrum Condition or Specific Learning Difficulty. This should be explored when targeting services at a local level and forms part of the development of Local Community Networks and a family hubs model across Somerset.
- The analysis shows that around 50% of people with learning disabilities have a comorbid physical health condition. This is thought to be due to a combination of factors. Commissioners should make full use of joint commissioning mechanisms to meet the needs of children and young people who have needs requiring support across health and education.
- In line with the national picture, pupils with a Gypsy/Roma ethnicity in Somerset are around twice as likely as their peers to have identified SEND (86 of 260 pupils, equating to 33% of all Gypsy/Roma pupils). This is similar for children and young people who are classed as White – Traveller of Irish heritage (31%). Commissioners may wish to explore the issues faced by this community as part of the response linked to the [Inclusion Inquiry](#) recommendation.
- In Somerset, boys outnumber girls across most types of need. This is most prevalent in Autistic Spectrum Disorder (78% boys) and Social, Emotional and Mental Health (70% boys). Anecdotally children, young people and parents tell us that girls sometimes remain undiagnosed or overlooked due to the way in which the conditions differ in terms of presentation within girls. When understanding the effectiveness of the graduated response this may need further research.
- In Somerset, nearly half (47%) of Children Looked After (CLA) have an EHC Plan. This is well above the national average rate of 29%. Commissioners should explore initiative elsewhere which has helped to address this balance and understand what might work for Somerset as part of the improvements for services for looked after children managed by the Corporate Parent subgroup.



- Listening to the voice of children, young people and their families is vital to ensure services are effectively meeting the identified needs. Parents, carers, or children and young people themselves are the real experts with regards to the needs and specific situations.
- The data we have available with regards to the effectiveness of services which prepare our children and young people for adulthood requires improvement. We have good information regarding the education and training outcomes, but very little with regards to their independent living skills arrangements, such as how many transition effectively to adult services and how many are able to live independently when the time is right.
- We have good health predictor information regarding smoking in pregnancy but less around alcohol consumption. This intention is embedded within the Health and Social Care joint commissioning plan for children and families.
- Due to the limited data around CYP with SEND alongside the high levels of SEMH, it is important that mental health commissioners and providers are fully aligned with SEND and understand overlapping cohorts to adopt consistent ways of working.
- Somerset County Council and Homes2Inspire (part of The Shaw Trust Charity) have begun a 10-year strategic partnership to ensure we do better for our most vulnerable children and young people in care who have multiple challenges and adversity. At any one time up to 50 children and young people are part of this group. They are likely to have had multiple relationship and home breakdowns and may have spent time in inpatient or secure settings. Somerset NHS Foundation Trust (mental health and wellbeing services) are key partners who are aligning and jointly investing in this development, recognising that the needs of this group span our organisations.

10. Further development of the Needs Assessment

It is recognised that there is some data which is not yet included in this Needs Assessment that would add value and provide a more complete overview:

- Premature Births: Mapping of data to assess any geographical links to deprivation.
- Perinatal Mental Health: Mapping of data to assess geographical links to deprivation.
- Smoking in pregnancy: Geographical analysis.
- Hospital Admissions: Further information on locations (Yeovil or Taunton), and national comparisons.
- Continuing Health Care (CHC) Plans: Current data.
- Mental Health: Further information on emotional health and wellbeing, e.g., from Young Somerset.
- SEND in Mental Health Services commissioned by Somerset CCG: Cohort data.
- Mental Health: Findings of the Somerset CYP Mental Health Benchmarking Analytics Workshop.



- Mental Health: Further narrative on the denominator in '% children in receipt of CAMHS with a PCP' indicator and how this differs from the CAMHS open caseloads measure.
- Audiology: Information on support offered to CYP via SPOT.
- Hospital Admissions for CYP with a Learning Disability diagnosis: Include information on the LD/Autism long-term plan.
- Paediatric health services, specifically community paediatricians.
- Age profile of children and young people with SEND: Investigating links with school transitions.
- NEETs: Reasons why individual NEET referred to Somerset Works are not currently able to engage. Breakdown of Year 12/13 NEET data by EHC Plan and SEND Support.
- Children in Need (CIN): Update on proportion of CiN with an EHC Plan.
- Children Looked After (CLA): Investigate if the high rate of EHC Plans is linked to Somerset having a lower rate of CLA – i.e., children don't come into care until it's at crisis and SEMH is more likely at that point?
- Social Care: Information on demand for short breaks or respite provision. Does anyone need support with housing due to disability? What support do parents need? Are all of the social care needs of children with SEND addressed by the CWD team, or do they have other social care/early help needs?
- Ages and Stages Questionnaires (ASQ): Explanation for decline in numbers of children below 'cut-off'.
- MAISEY: Further context on sources of referrals, and comparisons with previous year's data.
- Early Years Funding: Numbers of children accessing 2-year-old childcare entitlement through having Disability Living Allowance. Numbers of children/settings accessing the Disability Access Fund at age 3-4, compared to numbers of children entitled. Whether children identified with SEND are taking their full early years entitlement hours compared to those without SEND. Numbers of children with SEND in early years who are also eligible for the Early Years Pupil Premium, and take-up of EYPP.
- Early Years: Data on Gypsy Roma Traveller children with SEND.
- Childcare Provision: Numbers of children with SEND accessing childcare provision (Out of School Clubs/Holiday provision).
- Annual Health Checks for people with Learning Disabilities: Further context and narrative.
- Referrals for Autism and ADHD Assessment: Further context and narrative. Data on number of conversions to diagnosis of autism.
- Recording of SEND in Mental Health Services commissioned by Somerset CCG: Do CAMHS accept referrals for CYP with autism?
- EHC Needs Assessment requests: Understanding changes in profile of referral sources.
- Projections of future EHCP numbers: Supplement annual EHCP figures with year-to-date/monthly figures on EHCPs finalised to understand in-year trend.



- Identification and Assessment of Need: Include identification and assessment undertaken by wider advisory teams such as SPOT, LST A&C team, Social Care support and referrals for CYP with SEND.
- Regional comparisons of SEND cohorts: Is there an effect of SEND children being placed in residential settings in Somerset, or out of Somerset, on rates?
- Pupil Health and Wellbeing Survey: Assess links between survey findings and overall SEND needs profile.
- Preparation for Adulthood: Expanding scope to include, for example, housing and living skills. Do we have the right pathways to employment/independent living? Transitions to adult services?
- Somerset's Local Offer: data held on SEND providers in the area needs to be refreshed and the fields recorded need to be reconsidered to allow us to utilise more information effectively, as part of Somerset's Local Offer website development plan.
- Feedback on use of SEND Services: From a health perspective, most services provided for children with SEND are not SEND-specific and are designed to cater for all children – do the parents of non-SEND children give the same responses, i.e., is something a SEND problem or a more generic children services problem?
- Trauma and SEND: Linking up ACEs (adverse childhood experiences), social care and CIN data, and mental health/exclusion links.
- Scope of JSNA: A focus on the inclusiveness and effectiveness of local area systems, so as well as data about CYP themselves, the JSNA becomes about measuring the provisions, e.g., inclusivity of schools, with a range of measures here too.
- Scope of JSNA: Bring in what we know about what makes a good needs assessment from our models in individual child work – i.e., more analysis and formation – taking the data and ensuring this flows into a clear idea of the local area strengths and needs.
- Developing measures and aligning data with the Outcome Framework for SEND.

11. List of Acronyms

Acronym	Definition
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
ASDAT	Autism Spectrum Disorder Assessment Team
ASQ	Ages and Stages Questionnaire
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CI	Confidence Interval
CIN	Children In Need
CLA	Children Looked After

CYP	Children and Young People
CYPTS	Children and Young People's Therapy Service
DfE	Department for Education
EET	Education, Employment and Training
EHCP	Education, Health and Care Plan
EHE	Elective Home Education
ELG	Early Learning Goal
EYFS	Early Years Foundation Stage
FT	(NHS) Foundation Trust
GLD	Good Level of Development
GP	General Practitioner
HI	Hearing Impairment
ICD	International Classification of Disease
IDACI	Income Deprivation Affecting Children Index
IMD	Index of Multiple Deprivation
ITS	Integrated Therapy Services
KS4	Key Stage 4
LA	Local Authority
LD	Learning Disability
LSOA	Lower-layer Super Output Area
MAISEY	Multi-Agency Identification and Support in the Early Years
MHST	Mental Health Support Team
MLD	Moderative Learning Difficulty
MSI	Multi-Sensory Impairment
NA	National Average
NCY	National Curriculum Year
NEET	Not in Education, Employment or Training
ONS	Office for National Statistics
OT	Occupational Therapy
PCHI	Permanent Childhood Hearing Impairment
PD	Physical Disability
PMLD	Profound and Multiple Learning Difficulty
PNMH	Perinatal Mental Health
PRU	Pupil Referral Unit
PSHE	Personal, Social, Health and Economic (Education)
RWM	Reading, Writing and Maths
SALT	Speech and Language Therapy



SCC	Somerset County Council
SEAL	Social and Emotional Aspects of Learning
SEMH	Social, Emotional and Mental Health
SEN/SEND	Special Educational Needs or Disability
SFT	Somerset NHS Foundation Trust
SHEU	Schools and Students Health Education Unit
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SPLD	Specific Learning Difficulty
SPOT	Sensory, Physical and Occupational Therapy Service
SW	South West (region)
VI	Visual Impairment

