



Children and Young People with Special Educational Needs and/or Disabilities (SEND)

Joint Strategic Needs Assessment (JSNA) Report 2023

Sunderland SEND Local Area Partnership

(due to be refreshed in September 2025)

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1 Executive Summary

A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support, we shorten this to SEND.

The Sunderland local area has high ambitions for all children and young people to have a good start in life. For children and young people this means that their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place quickly, and their parents will know what services they can reasonably expect to be provided. Children and young people and their parents or carers will be fully involved in decisions about their support and what they want to achieve. Importantly, the aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence.

The needs of children and young people with SEN or a disability can be complex and varied. The primary purpose of this assessment is to inform commissioning at a partnership and single agency level, so that services are effective, tailored to need and based on evidence. It brings together a wealth of data and information to aid our understanding of the needs of children and young people with special educational needs and/or disabilities (SEND) in Sunderland.

This assessment will be regularly updated as new data or intelligence becomes available to allow the SEND Strategic Board and associated subgroups to keep a clear line of sight on the relationship between changing needs and the development of the local offer of education, health and care provision, services and support for children and young people with SEND.

1.1 Main Findings

Outcome	Findings
Sunderland SEND & primary needs	<ul style="list-style-type: none">• Sunderland is above average in terms of the proportion of children and young people with SEN support.• Numbers of EHCPs are particularly increasing in the 5 to 10 age group.• Future projections are likely to put pressure on the sufficiency of school places and increase demand on services across education, health, and social care.• Across all pupils in Sunderland, Autistic Spectrum Disorder¹ is the most prevalent primary need.• There is also a higher than national prevalence of pupils with Social, Emotional and Mental Health in Sunderland (SEMH).
Meeting needs in schools	<ul style="list-style-type: none">• The rate of children and young people with Autism in Sunderland is significantly higher than national and has steadily increased over the last five-year period across primary, secondary, and special schools.• Whilst there are several capital developments proposed for placements in Autism provisions to address current demand, any further upward trends will lead to sufficiency pressures.• The rate of children and young people with SEMH continues to increase, particularly in secondary, and special schools and is higher than national rates.• Whilst the recent expansion of resource provision for children with SEMH needs and complex SEMH needs is helping to meet current need, any further upward trends in secondary and special schools will lead to future resource pressures.

¹ The term Autistic Spectrum Disorder is used here in line with Department for Education categorisations but is acknowledged that Autism is a preferred term for many young people who have this diagnosis

<p>I feel safer and supported</p>	<ul style="list-style-type: none"> • In Sunderland the percentage of mothers smoking at the time of delivery is far higher than the national average, presenting a higher risk factor relating to baby growth and development. • Levels of deprivation remain high in Sunderland and 27.3% of children are living in low-income families presenting a higher risk factor relating to health outcomes for children and their families. • Overall, there are notable inequalities in health outcomes in Sunderland when compared to the rest of the country and within the city. • In Sunderland just under half of the young people currently open to Youth Offending Service have a SEND status. • Sunderland has a higher than national proportion of children and young people with SEND open to children's Social Care and Early Help teams. This places increasing demands on SEND and Social Care services to meet multiple complexities of need.
<p>I feel healthy</p>	<ul style="list-style-type: none"> • The latest 2-2½ year review data is showing Sunderland is performing better than the North East and England in all five areas of development. • Over the last 3 years there is an increasing trend in the number of referrals to the Learning Disability Community Treatment Team (LDCTT) pathway for specialist assessment and treatment to adults aged 18 and over. • Referrals to Community Child and Adolescent Mental Health Service (CCAMHS) have steadily increased in line with education provisions fully reopening following the lifting of the pandemic restrictions. • The mental health and wellbeing service Kooth, are reporting anxiety and stress as a continued top concern in their latest data but with a notable increase in suicidal thoughts as a presenting factor for all genders. • In addition to their caseloads, the two paediatric nurses providing care within two special schools in Sunderland are providing ad-hoc support to a further 210 children, many of which have complex health needs and disabilities requiring clinical tasks.
<p>I'm can learn</p>	<ul style="list-style-type: none"> • The percentage of pupils with EHCPs achieving expected level in reading, writing and maths has increased in 2021/22, and is higher than regional, statistical neighbours and national rates. • Performance for children with SEN support has been maintained for reading and has seen a small decrease in phonics, writing, maths and science. Overall, performance in reading, writing and maths is higher than regional and national rates. • KS4 and post 16 data is available for 2020/21 and shows both EHCP and SEN support attainment is below North East and England comparators with the exception of English Bacc Entry where children with SEN Support are performing above the North East average. • Overall, there are gaps between learners across all areas of education, but especially for children with EHCPs. • EHCP assessment timeliness within 20 weeks has seen a dramatic increase and is higher than regional and national rates. • Most children who were excluded or had a fixed term suspension in 2021/22 had social, emotional and mental health needs, particularly in primary and secondary schools. • Mediations have increased significantly, and Tribunals have shown a modest increase in one year. Although the number of mediations followed by Tribunals has reduced for the fourth year in a row since 2018 as a result of the positive impact of mediation approaches.
<p>I'm in control of my life</p>	<ul style="list-style-type: none"> • In 2022/23 the percentage of 16–17-year-olds with SEN remaining in education and training increased to 95% its highest rate in 5 years, outperforming the North East and National figures.

	<ul style="list-style-type: none"> • In 2020/21 the percentage of KS4 pupils with a EHCP remaining in education, employment and training also decreased is lower than North East and National comparators. • Overall destinations data for 2020/21 KS4 cohort is lower than in previous years at 83.5% sustained education destination. • Notwithstanding improvements, access to vocational education, training and employment for vulnerable young people who have SEND remains a priority. • There are only 68 children in receipt of Direct Payments in Sunderland and a much lower number of children with personal budgets. • There is an increased demand for short break services. • The number of children accessing continuing care funding is notably low in Sunderland but an increase in numbers is expected in the next year.
I'm happy and my voice is heard	<ul style="list-style-type: none"> • STARS and the Young Commissioners are helping to shape services across the city and advocate for inclusion and accessibility. • Improving transitions, education provision for post 16, accessibility and inclusion in new developments across the city, and having access to Holiday Activity and Food (HAF) Programme events for children and young people with SEND are important aspirations for STARS. • The Parent Carer Fund survey of parents around their experience of transition, will help us to inform strategy in this key area of improvement work. • Children and families would like to see improvements around the navigation of the Sunderland Local Offer site, access to drop-in health services and virtual clinics, the advertising of services through social media and earlier access to information and support.

Summary of Progress in response to Findings:

- To ensure children can attend education provision locally, a review of school places in the context of current and expected need is underway together with a review of the contractual agreements with providers of special school places to increase clarity of expectations and to facilitate closer management of individual arrangements against outcomes. More effective and innovative ways to make best use of high needs funding is also in development.
- To meet the significant upward trend in the percentage of children with SEMH and ASD needs in Sunderland, we are expanding Additional Resource Provisions (ARPs) and the therapeutic education model for children with complex SEMH needs. We are working in partnership with the Prosper Learning Trust to deliver specialist autism provision for up to 96 children aged 5-16 at the new Harry Watts Academy. There are also several capital developments in proposal for student placements in Autism ARPs over the next three years to address current demand. However, any further upward trend linked to a diagnosis of ASD will lead to further sufficiency pressures. We are also reviewing the Neurodevelopmental diagnostic pathway to fully implement a new model of delivery including foetal alcohol spectrum disorder (FASD) and ADHD.
- It is recognised that the COVID 19 pandemic has resulted in an increase in language delay within the pre-school age group. We are supporting this key age group and their transition from Nursery to Key Stage 1, through the introduction of a Communication Hub, and within the two existing Language ARPs across the City. This hub will provide an 8–10-week block of assessment and support for children from 2-6 (Nursery 1 to Year 1), partially funded through the Early Year's inclusion fund. The exit route for these children will be clearly mapped for these children and the hope is for most children it will provide a bridge to an effective Key Stage 1 experience with language development in line with their peers. For those children exiting the assessment hub still experiencing significant language delay there will be a route to statutory assessment, ASD diagnostic pathway or a place in the Developmental Language Delay full time provision.

- The SEND strategy outlines how greater support is to be provided to early years settings, mainstream schools, and Post 16 establishments to improve inclusion, provide good or better provision and educational outcomes to narrow the gap for all underachieving groups.
- Early reading will be a priority in training and when working with schools to ensure pupils are supported to learn to read confidently and accurately. Schools will be encouraged and supported to access the funding and support available from the English Hub network. A new part time Literacy Specialist appointed by the Hub will support schools.
- Training for schools on the DFE recommended intervention programmes to support disadvantaged and vulnerable pupils in reading and writing will continue to be promoted to schools.
- A group of mathematics subject leaders will be developing practice linked to learning mathematics outdoors with a specific focus on meeting the needs more effectively for vulnerable pupils. This will result in a publication of exemplar materials at a best practice conference launch later this academic year.
- Termly subject network meetings, often chaired by Specialist Leaders in Education, are in place to support colleagues with a range of school improvement activities and to signpost leaders to where best practice can be found and shared. This will be refocused with the involvement of our new teaching school hub.
- Four secondary schools within the city will benefit from the ONE Project (Hetton, Farringdon, Biddick, Monkwearmouth) where additional resourcing and support for improvement will be provided.
- Further work is planned to explore existing provision and develop new opportunities to offer bespoke courses, work experience placements, internships, and apprenticeships for young people with SEND. This includes developing links with local employers and further enhancing the Disability Confident Agenda to develop realistic Education, Employment and Training opportunities.
- Referral pathways and provision for SEND in Health, Education and Care is available on the Local Offer website and will continue to be driven forward by the Local Offer task and finish group.
- Our SEND Strategic Commissioning Plan is in place and includes joint commissioning arrangements to provide a more flexible approach to families.
- In anticipation of an expected increase in the numbers of children accessing continuing care funding, we are making improvements to the NHS Continuing Care processes and arrangements for the joint assessment, commissioning, and procurement of services for children with complex needs. We will recruit a Continuing Care Nurse Assessor and implement a revised framework to ensure there is a clear process for assessing and decision making.
- In response to the low uptake of personal budgets and integrated personal commissioning, a review into the use of personal health budgets for children in receipt of continuing care funding will be launched and consideration to the extension of personal health budgets to a wider group of children and young people who have complex health needs and wheelchair users. We will explore the development of social prescribing to support a focused, person-centred thinking and planning approach to understanding families' skills, knowledge, resilience, finances, social networks, and involvement in community activities. We will also consider the viability of having a ring-fenced integrated budget for personalisation.

1.2 Next Steps

- Recognising the need for stronger joint commissioning arrangements, an integrated commissioning function for children's services across Sunderland ICB and TfC is in development with joint funding

and a vision to deliver inclusive, needs-based, outcome-focused care and support for 0- to 25-year-olds and their families. The Head of Integrated Commissioning is leading the transformation of services across the shared priorities outlined in the Shaping Sunderland's Future Together Strategy.

- A SEND Strategic Commissioning Plan has been developed in partnership with children and their families to address the commissioning of services and support for children and young people aged 0 to 25. This will involve bringing together support across education, health, and social care from early childhood through to adult life and improving planning for transition points such as between early years, school, and college, between children's and adult social care services, or between children's and adult health services. The plan currently sets out the following seven key priorities that continue to be informed by the key trends and challenges identified in our SEND JSNA:
 - **Priority 1:** To build capacity in local education provision
 - **Priority 2:** To Develop new models to meet demand in relation to our SEMH and ASD cohorts
 - **Priority 3:** To Align pathways into services, including points of access and initial referral processes
 - **Priority 4:** To deliver high quality and timely commissioned services which are targeted to the needs of children with SEND
 - **Priority 5:** Review and redesign the short breaks offer
 - **Priority 6:** Increase personalisation, including the uptake of personal budgets and integrated personal commissioning
 - **Priority 7:** Improve NHS Continuing Care processes and arrangements for the joint assessment, commissioning and procurement of services for children with complex needs

2 Introduction

The Joint Strategic Needs Assessment (JSNA) is how the Sunderland SEND Partnership Board can understand and agree the needs of all children and young people with SEND, aged 0-25. Local partners will work together to establish what targeted commissioning is needed to address the needs identified in the assessment. This will shape the joint commissioning strategy for children and young people with complex needs aged 0-25, which will inform the re-commissioning of services and redesign of pathways.

2.1 Legislation & Guidance

The Children and Families Act 2014 brings together the duties and responsibilities under a variety of Acts covering education, health and care and placed a duty on Local Authorities to ensure integration between provision for education and training, and health and social care where this would promote the wellbeing and improve the for disabled young people and those with SEND.

The SEND Code of Practice published in 2014 provides statutory guidance for organisations who work with and support children and young people who have special educational needs or disabilities to implement the Children and Families Act. The Code of Practice places a requirement on local Health and Well Being Boards to develop a JSNA which provides a clear assessment of locals needs of children and young people with SEND aged 0-25. This is required to enable the development of strategy and joint commissioning arrangements to meet the needs identified within the JSNA.

All commissioning intentions and improvement actions identified through this needs assessment are underpinned by the current legislation and guidance for SEND, which is set out below:

- Education Act 1996
- Human Rights Act 1998
- Equality Act 2010
- The Children and Families Act 2014
- The Care Act 2014
- Local Area SEN Inspection Framework
- The SEND Code of Practice
- Special Educational Needs and Disability Regulations 2014
- Special Educational Needs (Personal Budgets) Regulations 2014

2.2 Local Strategies and Plans

The JSNA forms part of the local area approach towards identifying and meeting the needs of children and young people with SEND and should be read in conjunction with the following strategies and plans:

- [Sunderland Children's Joint Strategic Needs Assessment](#)
- [Sunderland City Plan](#)
- [Health Inequalities Strategy - Sunderland City Council](#)
- [Sunderland Healthy City Plan](#)
- [Sunderland Healthy City Implementation Plan](#)

2.3 Methodology, Data Sources & Limitations

A range of data sources were used to generate the charts and tables including local data from partner organisations and public available data. Local information has been used to supplement information from the national datasets with qualitative data where available.

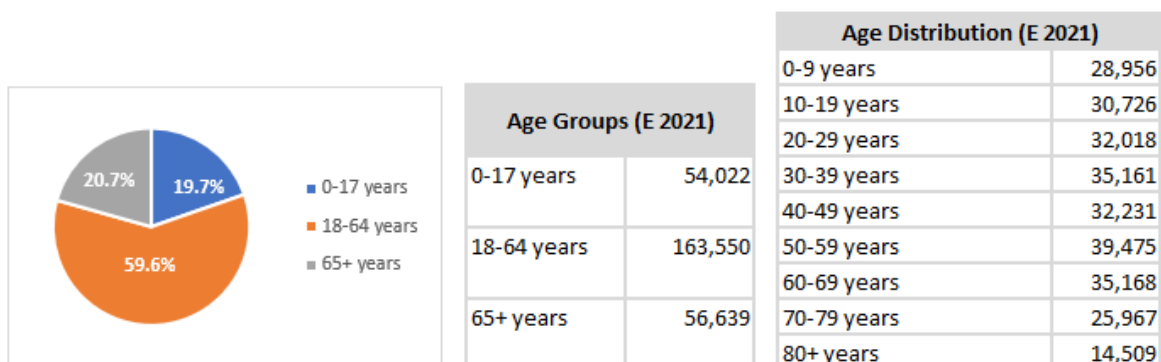
Currently the data relating to physical and mental health services is limited as it is not possible to identify all the children and young people with SEND on the data management systems. This means that

for some charts, the information presented may not be truly specific to all children and young people with SEND, but more the wider child population.

3 Sunderland SEND

3.1 Our population

ONS mid-year estimates for 2021 show Sunderland had an estimated population of **274,211** of which **51.5%** are females and **48.5%** are males. 2021 saw **707** live births; this is down **76%** from the 2017 figure from five years ago at **2,943**. The tables below show the age groups and distributions.



Source: Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk)

The population has fallen from close to **300,000** in the early 1990s. Recently, this fall has levelled out and the population is predicted to remain stable as the projected population figure for 2025 is **277,445** and for 2030 is **276,925**.

The SEN and Disability Code of Practice 2015 states that a child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of children of the same age; or
- has a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or in mainstream post-16 institutions.

Although Local Authorities have responsibility to carry out their functions with a view to identifying all children and young people in their area who have or may have SEN or a disability, the initial identification can happen in several different ways. This can include a parent or carer identifying a difficulty at home, health professionals identifying concerns, and teachers expressing concerns with learning. Referrals for very young children tend to come from health professionals including health visitors, therapists, paediatricians, and specialists within a particular field such as Hearing and Visual impairment.

A child's parents, young people, schools, and colleges have specific rights to request a needs assessment for an Education Health Care Plan (EHCP) and children and their parents and young people should feel able to tell their school or college if they believe they have or may have SEN. Children and young people with an EHCP are those who need more assistance to access their education than is available through SEN support.

3.2 Children and Young People with SEND in Sunderland

Sunderland is above the national average for the proportion of children and young people with SEN support (14.8% compared to 13.0% nationally). The gender split in Sunderland is 68.1% male to 31.9% female for children with SEND (both EHCP and SEN Support cohorts) based on 2023 data. This figure is in line with both regional and national comparators.

For the proportion of learners with an EHCP Sunderland is broadly in line nationally (4.4% compared to 4.3% national) and slightly below the regional figures of 4.6% (based on 2023 data). The table shows the prevalence of SEND in Schools within Sunderland compared to the North East and England (source DfE).

3.2.1 – SEN provision in Schools (Sunderland)

	Sunderland SEN Provision in Schools			
	2019/20	2020/21	2021/22	2022/23
No of Children	41,694	41,608	41,715	42,044
EHCP	1,330	1,484	1,663	1,860
EHCP %	3.2%	3.6%	4.0%	4.4%
SEN support	5,597	5,660	5,971	6,239
SEN support %	13.4%	13.6%	14.3%	14.8%

3.2.2 – SEN provision in schools (Sunderland and England)

	North East SEN Provision in Schools				England SEN Provision in Schools			
	2019/20	2020/21	2021/22	2022/23	2019/20	2020/21	2021/22	2022/23
EHCP %	3.5%	3.8%	4.1%	4.6%	3.3%	3.7%	4.0%	4.3%
SEN support %	12.8%	12.9%	13.5%	13.9%	12.1%	12.2%	12.6%	13.0%

The number of EHCPs maintained by Sunderland continues to increase. The latest published data shows a 39.8% increase over the past four years in Sunderland (1,330 to 1,860), compared to a 32% increase nationally and a 31.8% increase regionally. The increase in Sunderland continues to put pressure on sufficiency of places and puts increased demand on services across education, health and care.

3.2.3 – Sunderland EHCPs

Sunderland: EHCP by age January 2019 to 2023						% Change from 2019 to 2023
Age Group	2019	2020	2021	2022	2023	
Under 5	3.1%	2.6%	2.4%	3.8%	2.9%	-0.2%
Age 5 to 10	29.7%	31.2%	32.0%	30.3%	31%	1.3%
Age 11 to 15	36.6%	35.6%	35.9%	35.5%	35.1%	-1.5%
Age 16 to 19	24.4%	23.9%	23.0%	22.7%	22%	-2.5%
Age 20 to 25	6.2%	6.7%	6.7%	7.7%	9.1%	2.9%

Source: Explore Education Statistics: Education, health and care plans <https://explore-education-statistics.service.gov.uk/data-tables/permalink/0f5d00a0-d680-4b68-ce19-08db9969b0eb>

The table above shows that although the age group to have the highest percentage of EHCP in Sunderland across the five years (2019 to 2023) is age 11-15, there has been a decrease of 1.5% across the five years for this age category.

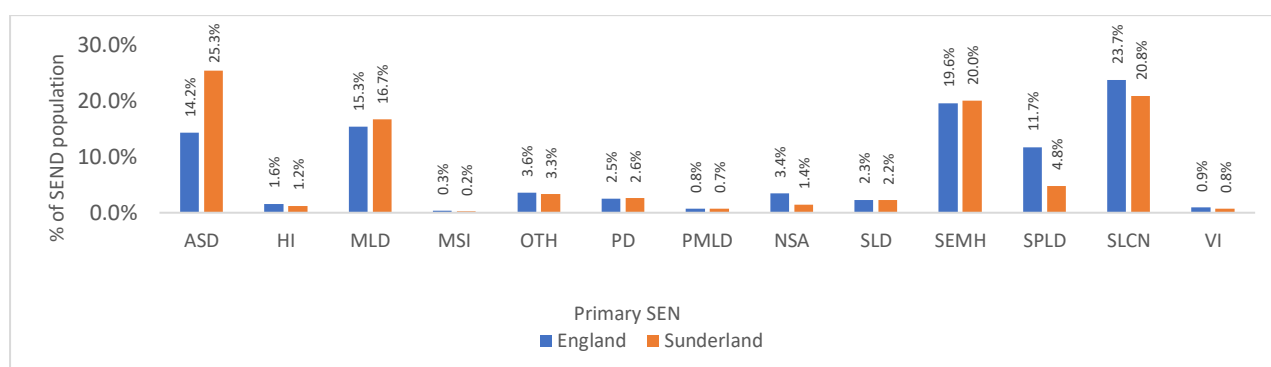
All age groups have seen a decrease, except for ages 5-10 and 20-25, the older group having the largest increase (2.9%) in the period. In recent years and continuing from 2019 the gap between the 5-10 age group and the 11-15 age group has narrowed. This correlates with data in the table below which shows the age groups for new EHCP in the same period. The data shows that the 5-10 age group has been the largest for each of the 5 years with an increase of almost 15% from 2017 to 2022. This places continuing increased demand on age 5-10 provision, with over half of new plans being assigned to pupils in this age group.

3.2.4. – New EHC plans - by age between 2019 and 2022

Age Group	2019	2020	2021	2022
Under 5	14.2%	15.3%	19.4%	15.9%
Age 5 to 10	49.1%	52.2%	52.0%	51.3%
Age 11 to 15	34.1%	29.8%	25.8%	30.9%
Age 16 to 19	2.2%	2.4%	2.8%	2.0%
Age 20 to 25	0.4%	0.4%	0.0%	-

Source: Explore Education Statistics: Education, health and care plans <https://explore-education-statistics.service.gov.uk/data-tables/permalink/0dffd718-95c0-4fc8-777d-08db997aeba0>.

3.3 SEND Primary Needs



Across all pupils in Sunderland schools with SEND (both EHCP and SEN Support cohorts) Autistic Spectrum Disorder (ASD) is the most prevalent primary need. At 25.3% this is significantly higher than national figure (14.2%). There is also higher than national prevalence rates of pupils with Moderate Learning Difficulty (MLD) (16.7%) and Social, Emotional and Mental Health (SEMH) (20.0%). In Sunderland there is lower rates of pupils with Specific Learning Difficulty (SpLD) (4.8%) compared to the national figure (11.7%).

The table below shows the proportion of SEN support and EHCP pupils in Sunderland schools with each type of need (Source: DfE).

Primary Need 2022/23	SEN Support		Statement or EHC		All SEND	
	England	Sunderland	England	Sunderland	England	Sunderland
Autistic Spectrum Disorder	8.3%	19.3%	32.2%	47.4%	14.2%	25.3%
Social, Emotional and Mental Health	21.0%	21.3%	15.2%	15.5%	19.6%	20.0%
Speech, Language and Communications needs	25.5%	23.8%	18.4%	10.0%	23.7%	20.8%
Moderate Learning Difficulty	17.3%	19.3%	9.1%	7.0%	15.3%	16.7%

Specific Learning Difficulty	14.2%	5.7%	4.1%	1.5%	11.7%	4.8%
Physical Disability	2.1%	2.7%	4.0%	2.5%	2.5%	2.6%
Severe Learning Difficulty	0.2%	0.1%	8.7%	9.9%	2.3%	4.8%
Other Difficulty/Disability	4.0%	3.9%	2.4%	1.2%	3.6%	3.3%
Hearing Impairment	1.6%	1.1%	1.7%	1.7%	1.6%	1.2%
SEN support but no specialist assessment of type of need	4.6%	2.0%	0.0%	0.0%	3.4%	1.4%
Visual Impairment	0.9%	0.9%	1.0%	0.4%	0.9%	0.8%
Profound & Multiple Learning Difficulty	0.1%	0.1%	2.8%	2.8%	0.8%	0.7%
Multi- Sensory Impairment	0.3%	0.2%	0.3%	0.1%	0.3%	0.2%
Total	100%	100%	100%	100%	100%	100%

Types of SEND need

The table below shows how Sunderland top three types of need for children with SEND overall compares to England. The most notable difference is within Sunderland the top need is Autistic Spectrum Disorder which is ranked fourth nationally.

Sunderland Top 3 Types of Need		England Top 3 Types of Need	
1	Autistic Spectrum Disorder (25.3%)	1	Speech, Language and Communications needs (23.7%)
2	Speech Language and Communications needs (20.8%)	2	Social, Emotional and Mental Health (19.6%)
3	Social, Emotional and Mental Health (20.0%)	3	Moderate Learning Difficulty (15.3%)

EHCP

For children with an EHCP in Sunderland, the most prevalent types of need are Autistic Spectrum Disorder (47.4%), Social, Emotional and Mental Health (15.5%) and Severe Learning Difficulty (10.0%). Nationally, Autistic Spectrum Disorder (32.2%) is also the most prevalent type of need, however, the figure reflects a much smaller percentage than in Sunderland. This is followed by Speech, Language and Communications needs (18.4%), Social, Emotional and Mental Health (15.2%).

SEN Support

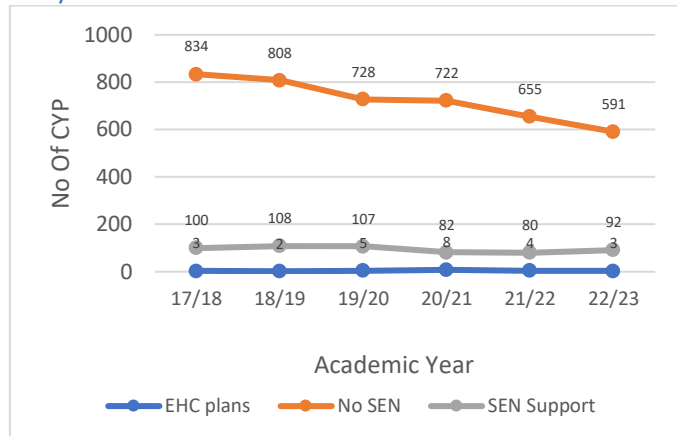
For children in receipt of SEN support in Sunderland, Speech, Language and Communications needs (23.8%), Social, Emotional and Mental Health (21.3%) and Moderate Learning Difficulty (19.3%) are the top three most prevalent types of need. This is reflected nationally, however the percentages vary slightly Speech, Language and Communications needs (25.5%), Moderate Learning Difficulty (21.0%) and Social, Emotional and Mental Health (17.3%).

SEN Stage Recorded in Schools Census

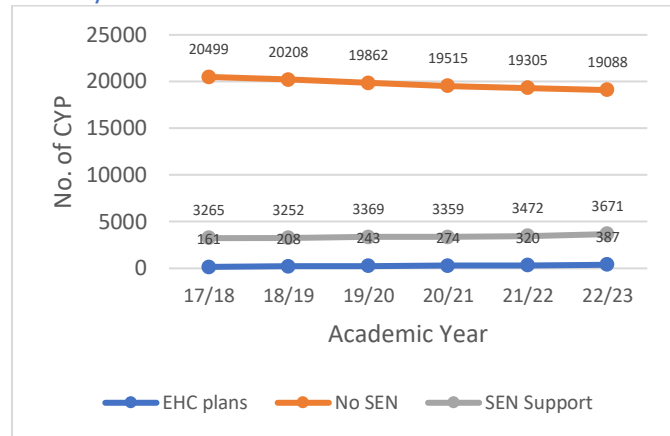
The graphs below show the SEN stage in Early Years and Schools by academic year in Sunderland.

(Source [DfE](#))

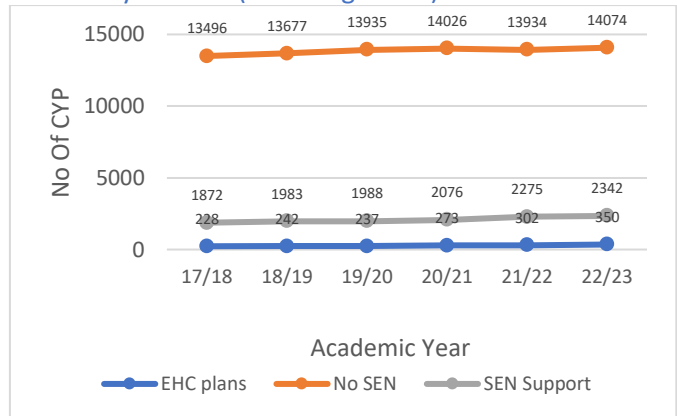
Early Years



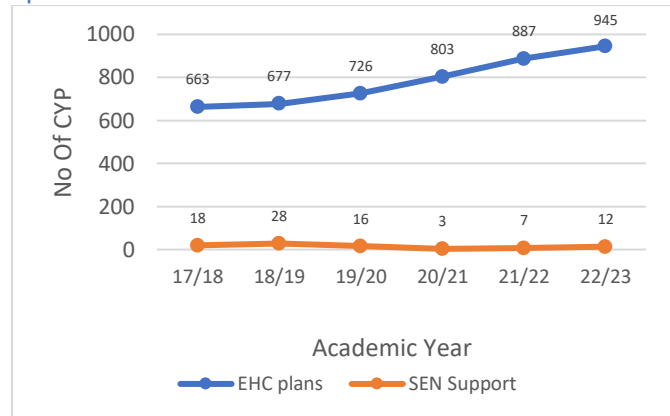
Primary Schools



Secondary Schools (Including 16-18)

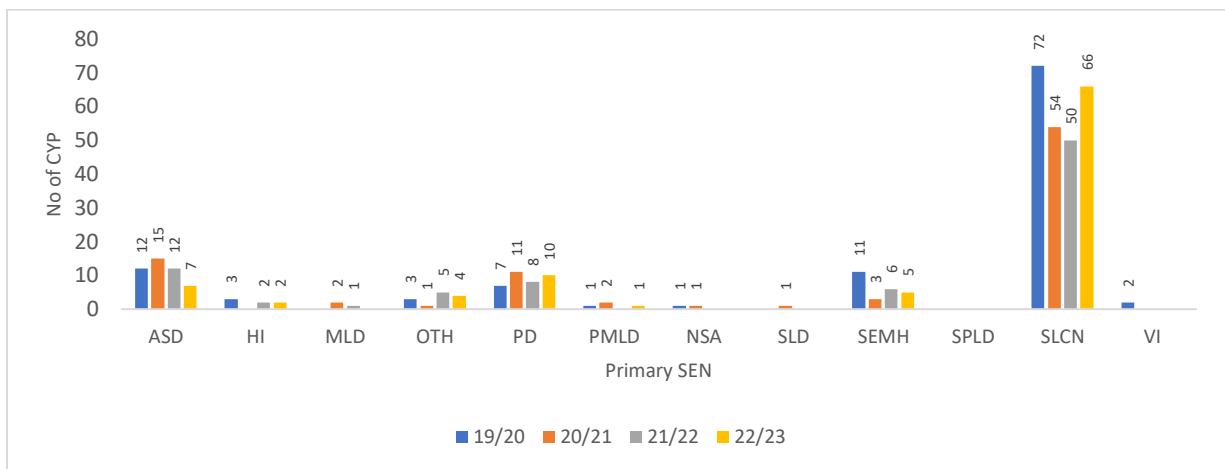


Special Schools



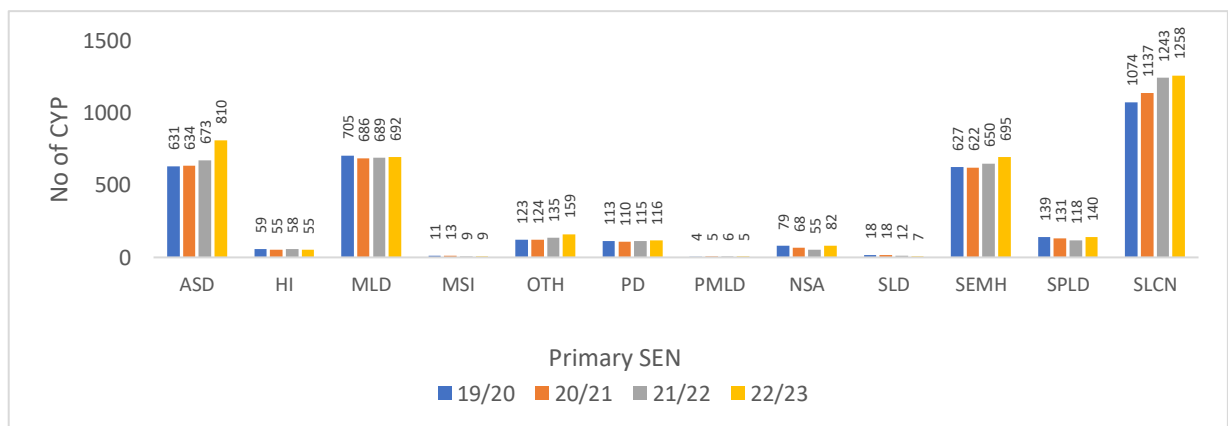
- **Early Years** - In 2022/23, 3 children attending early years settings had an Education Health Care Plan (EHCP) and 92 were receiving SEN support. Numbers remain consistent with 2018 figures.
- **Primary** - In 2022/23, 387 pupils in primary school had a statement/EHCP. There has been an increase of 144 children from 2020 and demonstrates a sustained 3 year rising trend. 3,671 children in primary schools were receiving SEN support in 2022/23 which is an increase on the 2020 figure.
- **Secondary** - In 2022/23, 350 young people had an EHCP or statement in secondary schools, showing a steady increase over the last 3 years. 2,342 young people in secondary schools received SEN Support in 2022/23 which represents a steady year on year increase over the last 3 years.
- **Special** - In 2020/21, 945 children had an EHCPs in special schools. This figure has increased year on year with an increase of 219 children since January 2020.

Primary Needs - Early Years (Source DfE)



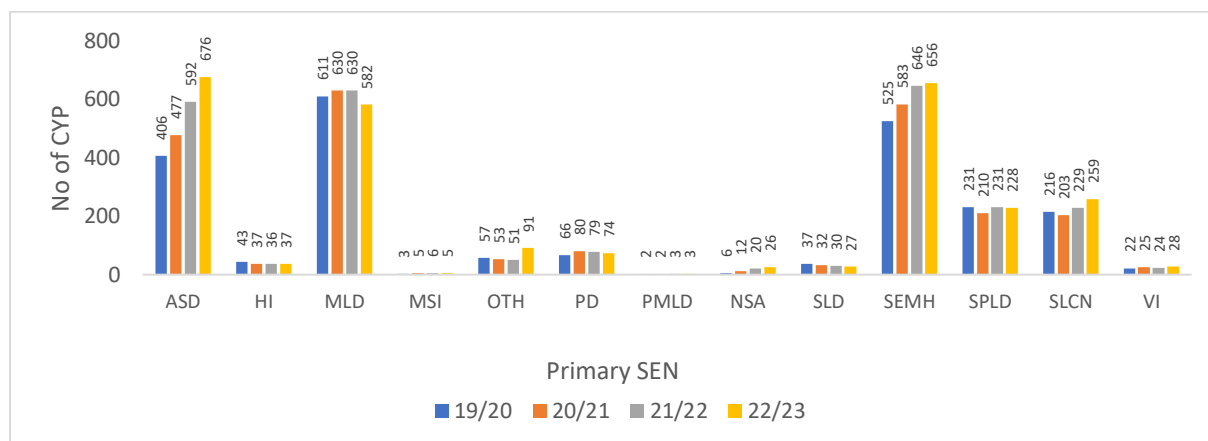
- Speech, Language and Communication Difficulties (SLCD) continues to be the area of greatest primary need for children in early years settings, followed by Autistic Spectrum Disorder (ASD).

Primary Needs - Primary Schools (Source DfE)



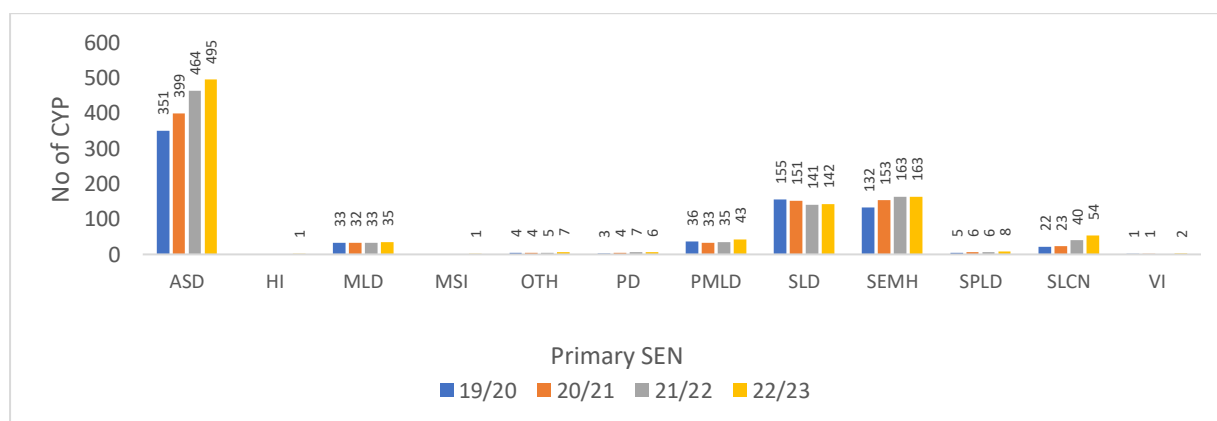
- Speech, language and communication difficulties (SLCN) continue to be the greatest area of need in the primary sector (5.44%), followed by Autism Spectrum Disorder (ASD) (3.50%)
- The number of children presenting with Autism Spectrum Disorder (ASD) has steadily increased between 2020 and 2023, as predicted in 2021 this has become the second most prevalent area of need in this sector (taking over Moderate Learning Difficulty which was previously second most prevalent area of need this figure stands at 2.99%).
- The prevalence of Social, Emotional and Mental Health (SEMH) needs is also increasing although at a less dramatic rate (currently the figure stands at 3.0%).

Primary Needs - Secondary Schools Including 16-18 (Source DfE)



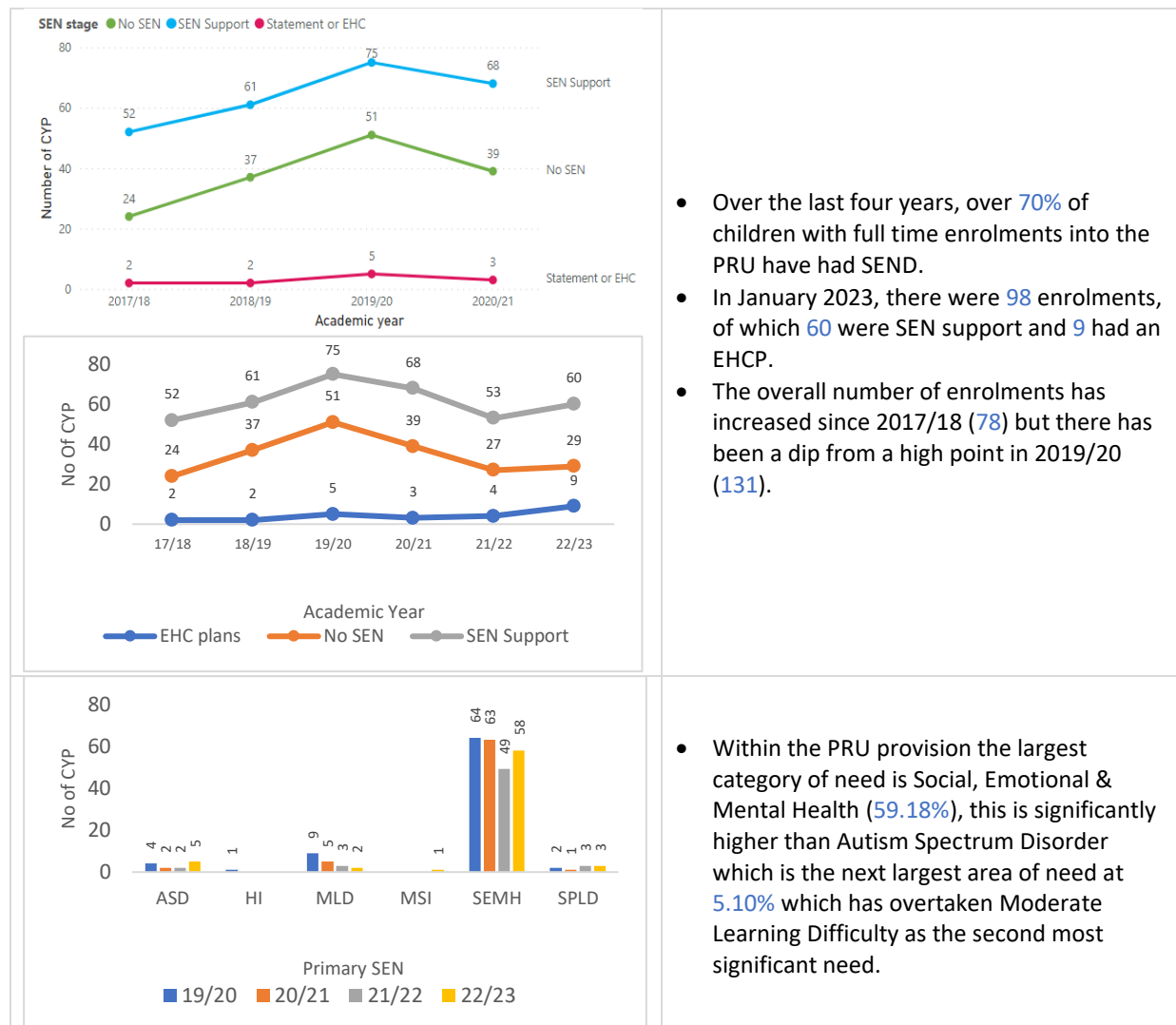
- There has been a steady increase in numbers and proportion of young people with Autism Spectrum Disorder attending mainstream secondary schools(4.03%) This has overtaken Moderate Learning Difficulty (MLD) as the most prominent need in secondary schools.
- Social, Emotional and Mental Health difficulties continues to remain the next most significant area of need (3.91%), this category has been broadly consistent, albeit with an increase recorded in 2020/21.
- Moderate Learning Difficulty (MLD) previously the most prominent need in secondary schools (3.47%), has decreased in numbers and proportion in comparison to both Autism Spectrum Disorder and Social, Emotional and Mental Health difficulties.

Primary Needs - Special Schools (Source DfE)



- The most prominent need across children in special school is Autism Spectrum Disorder (51.72%), followed by Social, Emotional & Mental Health (17.03%) and Severe Learning Difficulties (14.84%).

Pupils with SEND in Sunderland Pupil Referral Units (PRU)



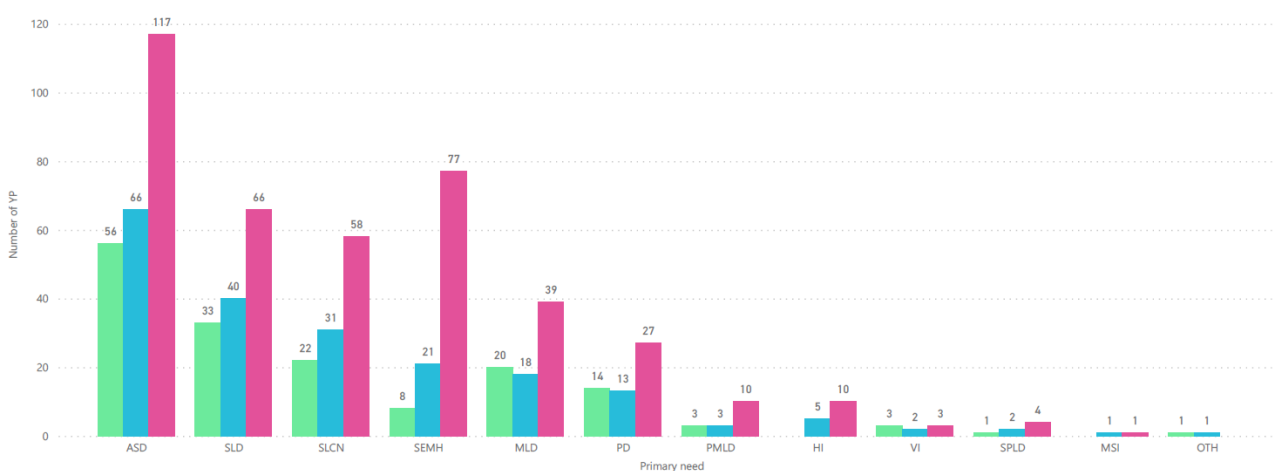
Primary Needs for 19–25-Year-Olds with an EHCP -

A total of 415 adults aged 19 to 25 had an EHCP in January 2021 compared to 203 in 2021. In terms of primary need, Autism Spectrum Disorder is highest at 28%, followed by Social, Emotional and Mental Health at 19%, then Severe Learning Difficulty at 16%. The graph below shows the primary needs for 19–25-year-olds with an EHCP by age in Sunderland.

Source: SEN2 Return – graph excludes two young people in both 2020 and 2021 and 3 young people in 2022).

Primary Need by Age 19-25

SEN2 year ● 2020 ● 2021 ● 2022



Summary and Trends

- Sunderland is above average for the proportion of children and young people with SEN support.
- Numbers of EHCPs are particularly increasing in the 5 to 10 age group.
- Future projections would put pressure on the sufficiency of school places and increase demand on services across education, health, and social care.
- Across all pupils in Sunderland Autistic Spectrum Disorder is the most prevalent primary need.
- There is also a higher than national prevalence of pupils with social, Emotional and Mental Health in Sunderland.

4 Meeting Need in Schools

4.1 Changing Primary Needs in Schools

The table below shows the percentage and number of children in primary, secondary, and special schools by their primary need together with the percentage change in numbers from 2017/18 to 2022/23.

Primary Need	State-funded primary			State-funded secondary			State-funded special school		
	17/18	22/23	% Change	17/18	22/23	% Change	17/18	22/23	% Change
Communication & Interaction:									
Autistic Spectrum Disorder	427	810	89.7%	307	676	55.4%	314	495	57.6%
Speech, Language and Communications needs	1,057	1,258	19.1%	183	259	120.2%	20	54	170.0%
Cognition & Learning:									
Specific Learning Difficulty	161	140	-13.4%	259	228	-11.9%	7	8	14.2%
Moderate Learning Difficulty	812	692	-14.8%	607	582	-4.1%	23	35	52.2%
Severe Learning Difficulty	14	7	-58.8%	32	27	-15.6%	149	142	1.3%
Profound & Multiple Learning Difficulty	5	5	0.0%	2	3	50.0%	36	43	-4.7 %
Social, Emotional and Mental Health:									
Social, Emotional and Mental Health	616	695	12.8%	503	656	30.4%	120	163	35.8%
Sensory & Physical Disability:									
Visual Impairment	22	30	36.4%	24	28	16.6%	-	2	200.0%
Hearing Impairment	54	55	1.9%	52	37	-28.8%	2	1	-50.0%
Multi- Sensory Impairment	6	9	50.0%	2	5	150.0%	-	1	100.0%
Physical Disability	113	116	2.7%	59	74	25.4%	4	6	50.0%
Other Difficulty/Disability:									
Other Difficulty/Disability	106	159	50.0%	48	91	89.6%	6	7	16.7%
SEN support but no specialist assessment of type of need	33	82	148.5%	22	26	18.2%	-	-	0.0%
No SEND:									
Children with no SEND	20,499	19,088	-6.9%	13,496	14,074	4.3%	-	-	0.0%
Total	23,925	23,146	-3.3%	15,596	16,766	7.5%	681	957	40.5%

4.2 Communication and Interaction

Autistic Spectrum Disorder (ASD)

Sunderland has a high rate of children with Autism on roll in primary, secondary, and special schools compared to national and regional rates. Sunderland's rate has steadily increased over the last four-year period. In 2022/23 there are **810** children with Autism in primary schools, **676** in secondary and **495** in special schools. We have seen an increase in the numbers of children with Autism in the last 4 years; **89.7%** increase in primary, **55.4%** in secondary and **57.6%** in special schools.

There are three commissioned special schools in Sunderland for children with Autism:

- Columbia Grange School for children aged 4-11 with severe learning difficulties, significant communication and interaction difficulties and an Autism diagnosis.
- Harry Watt School for 5–16-year-old children with severe or moderate learning difficulties and an Autism diagnosis. Provides specialist Autism provision for up to 96 children
- Barbara Priestman Academy for young people aged 11-19 with Autism and complex learning difficulties.

Additionally, North View Academy for children 4-11 specialises in children with both SEMH and Autism and Trinity New Bridge is a specialist SEMH school however currently, around 40% of its cohort has an Autism diagnosis alongside a primary need of SEMH.

There are also Additional Resourced Provisions (ARPs) attached to four mainstream schools for pupils with Autism. Although we work very hard in Sunderland to ensure the needs of children and young people can be met in mainstream schools, whilst maintaining an appropriate special school offer, in the last four years we have seen a significant shift in parents' preference for specialist provision. This, coupled with the increasing numbers of children and young people being diagnosed with Autism, led to the decision to build the new Free School for Autism (Harry Watts).

Whilst the building of Harry Watts school goes some way to ensuring adequate provision, further work is ongoing work to review provision at other sites and there are several capital developments in proposal for student placements in Autism provisions over the next three years. The additional places generated through these developments will however only address current demand and any further upward trend in the number of children with SEND needs linked to a diagnosis of Autism will lead to further sufficiency pressures.

Speech, Language and Communication Needs (SLCN)

The rate of children on roll in Sunderland primary schools with SLCN identified as a primary need is close to the national rate and marginally lower than regional rate. In 2022/23 there are 1,258 children with SLCN in Sunderland primary schools and we have seen a slight increase in numbers of 19.1% over the last 4 years.

There has been a significant increase in the rates of young people with SLCN attending secondary and special schools in 2022/23 with 259 on roll in secondary schools and 54 in special schools. This is an increase in numbers over the last 4 years of 120.2% and 170% respectively. Sunderland is lower than the national and regional averages for secondary and special schools, all of whom have seen a steady increase in the last 4 years.

The number of children identified with SLCN significantly reduces between primary and secondary school. This is likely to be because of the formal and full-time nature of the learning environment in Key Stage 1 accelerating children's language skills.

There are 2 specialist language units in primary Sunderland schools and 1 Secondary provision:

- Northern Saints Primary School – 7 places
- Valley Road Primary School – 10 places
- Hetton Secondary School – 10 places.

In 2022 a Communication Assessment Hub will open at New Penshaw Primary School with a focus on assessment and early intervention to support Reception and Key stage 1 children with SLCN through a 12-week block of targeted intervention.

4.3 Cognition & Learning

Learning disabilities cover a wide range of needs, including Specific Learning Difficulties such as Dyslexia, Dyspraxia, Dyscalculia; Moderate Learning Difficulties (MLD); Severe Learning Difficulties (SLD), through to Profound and Multiple Learning Disabilities (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

Specific Learning Difficulties (SLD)

In primary schools, the rate of children with SLD is significantly below regional and national averages and there has been a decrease in pupil numbers of -13.4% in the last 4 years with 140 children on roll in 2022/23. Secondary schools show a similar decrease of -11.9% with 228 pupils on roll while special schools 14.2% with 8 pupils on roll in 2022/23. Regionally and nationally the rates remain mostly stable for secondary and special schools but are higher than Sunderland.

There is no special or resourced provision in mainstream schools for Specific Learning Difficulties. However, schools can access the Language and Learning Partnership (LLP) as an outreach service to support with aspects of specific Literacy and Numeracy difficulties.

Learning Difficulties (LD)

The SEN Code of Practice 2015 separates Learning Difficulties into categories, depending on their severity and complexity. These are Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD) and Profound and Multiple Learning Difficulties (PMLD). In Sunderland we have:

- 1,309 children with a Moderate Learning Difficulty
- 176 children with a Severe Learning Difficulty
- 51 children with a Profound and Multiple Learning Difficulty.

Moderate Learning Difficulties (MLD)

In primary schools, the rate of children with MLD has fallen in the last 4 years and is above national but below regional rates. The number of children with MLD in primary schools in 2022/23 is 692 which is a decrease of -14.8%. Across secondary schools there is also higher rates in Sunderland compared to the national and regional figures. In 2022/23 there are 607 young people with MLD in secondary schools representing a -4.1% decrease and 35 in special schools which is an increase of 52.2% in the last 4 years. Although there has been an increase in numbers in special schools the rate remains significantly lower than the national and regional comparators as most children have their needs met in the mainstream sector. For this reason, there is no special or resourced provision for MLD as children's needs are met through their own schools SEN provision.

Severe Learning Difficulties (SLD)

There has been a significant decrease of children with SLD in primary schools of -58.8%, since 2017/18 there are only 7 children on our primary school roll with SLD in 2022/23. The Sunderland rate is in line with the regional and national rates. It is a similar picture in secondary schools with 27 on roll with -15.60% change in the last 5 years and 142 pupils on roll in special schools representing a 1.3% increase.

There are two special schools in Sunderland that cater for children and young people with severe learning difficulties:

- Sunningdale School 2-11 Children with profound and multiple learning difficulties and severe learning difficulties
- Portland Academy 11-19 Children with severe learning difficulties.

In addition, there are two Curriculum Access Provisions (CAP) at Academy 360 and Washington School. A review of commissioned places is carried out annually to ensure that there is sufficient capacity to meet need.

Profound and Multiple Learning Difficulties (PMLD)

Like SLD there are very few children and young people with PMLD attending mainstream schools. In primary schools there are 5 pupils in 2022/23 representing 0% change in the last 5 years and there are 5 pupils in secondary schools also representing 50% change. In special schools there are 34 pupils representing a -4.7% change in the last 5 years. Sunderland rates are in line with national and regional comparators for primary and secondary schools but slightly below for special schools.

There are two special schools in Sunderland that cater for children and young people with profound and multiple learning difficulties:

- Sunningdale School 2-11 Children with profound and multiple learning difficulties and severe learning difficulties
- Portland Academy 11-19 Children with profound and multiple learning difficulties and severe learning difficulties

4.4 Social, Emotional and Mental Health (SEMH)

There are 695 pupils in primary schools with SEMH, 656 in secondary and 163 in special schools. The rate of pupils with SEMH in primary schools is higher than the national rates. In secondary and special schools, we have seen a greater increase in numbers in the last 4 years by 30.4% and 35.8% respectively. The rates are also higher than the national comparators.

There are two special schools in Sunderland that cater for children and young people with social, emotional and mental health difficulties:

- North View Academy 4-11 - Children with emotional and behavioural difficulties and/or an autism spectrum disorder
- The New Bridge Academy 11- 18 - Children with emotional and behavioural difficulties.

There is additional short-term intervention provision for children with SEMH needs; two early intervention assessment hubs have been established providing 24 places to identify appropriate pathways for children at primary and secondary level. Also, in partnership with Hope Springs, there is a facility to offer 12 places for children with complex SEMH needs through the therapeutic education model. A potential expansion of this therapeutic educational model is being explored due to the positive educational outcomes that are already being evidenced.

There are also a number of alternative provisions, as follows:

- Key stage 1 nurture provision – 12 part time places & 6 full time places
- Key Stage 2/3 Link school – 48 pupils
- Key Stage 4 Link School - 74 places.

Together for Children is working with all schools to support them in identifying children and young people presenting with SEMH as early as possible. As a result, we have:

- established a mental health lead role in a number of schools (Healthy Heads)
- signed up to the Psychological Wellbeing Practitioner pilot
- established CAMH school cluster meetings
- developed a school charter mark for mental health in partnership with Sunderland Youth Parliament

4.5 Sensory and Physical Disability

Visual Impairment

Many children and young people with sensory impairments also have other disabilities, and it is generally those disabilities that are recorded as the primary need. It should be noted therefore that there are other children and young people in Sunderland who need support for sensory difficulties that are not reflected in the summary figures.

There are 30 pupils in primary schools with visual impairment identified as their primary need, 24 in secondary and 2 in special schools. The rate of pupils with visual impairment in primary and secondary schools are in line with regional and national rates. However, in special schools Sunderland is lower than the comparator rates. In Sunderland, 0 children with a visual impairment attended a special school from 2012/13 to 2017/18. Across the last 4 years the percentage of children with a visual impairment has increased by 36.4% in primary schools and 16.6% in secondary schools.

All children with visual impairment as a secondary or subsequent need are supported by the Children's Sensory Team within their mainstream school, in line with the minimum quality standards. To support the needs of children and young people with a visual impairment, TFC has commissioned Guide Dogs to deliver a Habilitation Service for all children and young people who are blind or who have significant visual difficulties which inhibit their ability to travel and live independently. The Service assesses children in the home, in school and in the public environment and teaches them to move around as safely, efficiently and independently as possible. The service may also help children take charge of their own personal care and take part in a full family life.

Hearing Impairment

There are 55 pupils in primary schools with hearing impairment identified as their primary need, 37 in secondary and 1 in special schools. The rate of pupils with hearing impairment in primary school is in line with regional and national rates however in secondary and special schools Sunderland is lower than the comparator rates. Across the last 5 years the percentage of children with a hearing impairment has increased by 1.9% in primary schools but has reduced by -28.8% in secondary schools. In Special schools it has increased by 200% since 2017/18.

In Sunderland there are two schools with specialist resourced provisions for hearing impairment, these are:

- Thorney Close Primary School
- Sandhill View School.

The numbers of children and young people accessing this provision has reduced over the last four years as most children and young people with a hearing impairment are attending mainstream schools.

Multi-Sensory Impairment

There are 9 pupils in primary schools with multi-sensory impairment identified as their primary need, 5 in secondary and 1 in special schools. The rate of pupils with multi-sensory impairment in primary and secondary schools is in line with regional and national rates. Across the last 4 years the percentage of children with a multi-sensory impairment has increased by 50% in primary schools and 150% in secondary schools however it should be noted that the numbers are small (9 pupils in 2022/23 compared to 6 in 2017/18 in primary schools and 5 compared to 2 in secondary). There has been 1 child with multi-sensory impairment in special schools in the last 5 years.

Physical Disabilities

There are 116 pupils in Sunderland primary schools with a physical disability, 59 in secondary and 6 in special schools. In the last 5 years there has been a slight increase of 2.7% in the numbers of pupils with a physical disability in primary schools but an increase of 25.4% in secondary schools. Numbers in special schools have remained stable. The rate of prevalence of physical disability is higher than regional and national rates in primary and secondary schools but is lower in special schools.

Sunderland has a specialist hub where children and young people with physical and/or medical difficulties can access mainstream education in the city and be fully included in school life. Provided by Oxclose Community Academy, Oxclose Primary Academy and Oxclose Nursery, the hub comprises a range of highly skilled and highly qualified teachers, support staff and health professionals all based on site. Diverse personalised learning opportunities are available for students at Oxclose Community Academy in its new Learning Resource Centre at the heart of the school.

Summary and Trends

- The rate of children and young people with ASD in Sunderland is significantly higher than national and has steadily increased over the last five-year period across primary, secondary, and special schools.
- Whilst there are several capital developments proposed for placements in ASD provisions to address current demand, any further upward trends will lead to sufficiency pressures.
- The rate of children and young people with SEMH continues to increase, particularly in secondary, and special schools and is higher than national rates.
- Whilst the recent expansion resource provision for children with SEMH needs and complex SEMH needs is meeting current need, any further upward trends in secondary and special schools will lead to future resource pressures.

5 I feel safer and supported

5.1 Risk Factors

There are some risk factors at birth which, if high in prevalence in Sunderland could increase our population of children with additional needs, most notably low birth weight as well as smoking and consuming alcohol during pregnancy.

Smoking in pregnancy can have detrimental effects on the growth and development of the baby and health of the mother. Smoking during pregnancy can cause health problems relating to complications during labour and an increased risk of miscarriage, premature birth, still birth and low birthweight and sudden unexpected death in infancy. In Sunderland, the percentage of mothers smoking at the time of delivery is 17.5% which is far higher than the national average of 10.6% but not as high as the worst figures in the country at 25.7% (source: Sunderland Director of Public Health Report 2019).

Drinking alcohol during pregnancy can result in mental and physical problems in the baby known as foetal alcohol syndrome (FASD). Babies may be left with lifelong problems such as poor growth, movement and coordination problems, learning difficulties, problems with their organs and hearing or vision problems. Although it's still under-diagnosed, statistics suggest that approximately 1% of all babies born may have some form of FASD, meaning around one baby is born each day in the North East with some form of the disorder. The incidence of FASD is not accurately known although early treatment and support can limit their impact.

Health Visitors in Sunderland undertake assessment of a child's growth and development during their visits. Early identification of a delay in a child's growth and development is essential to ensure that relevant services are assessed in a timely way.

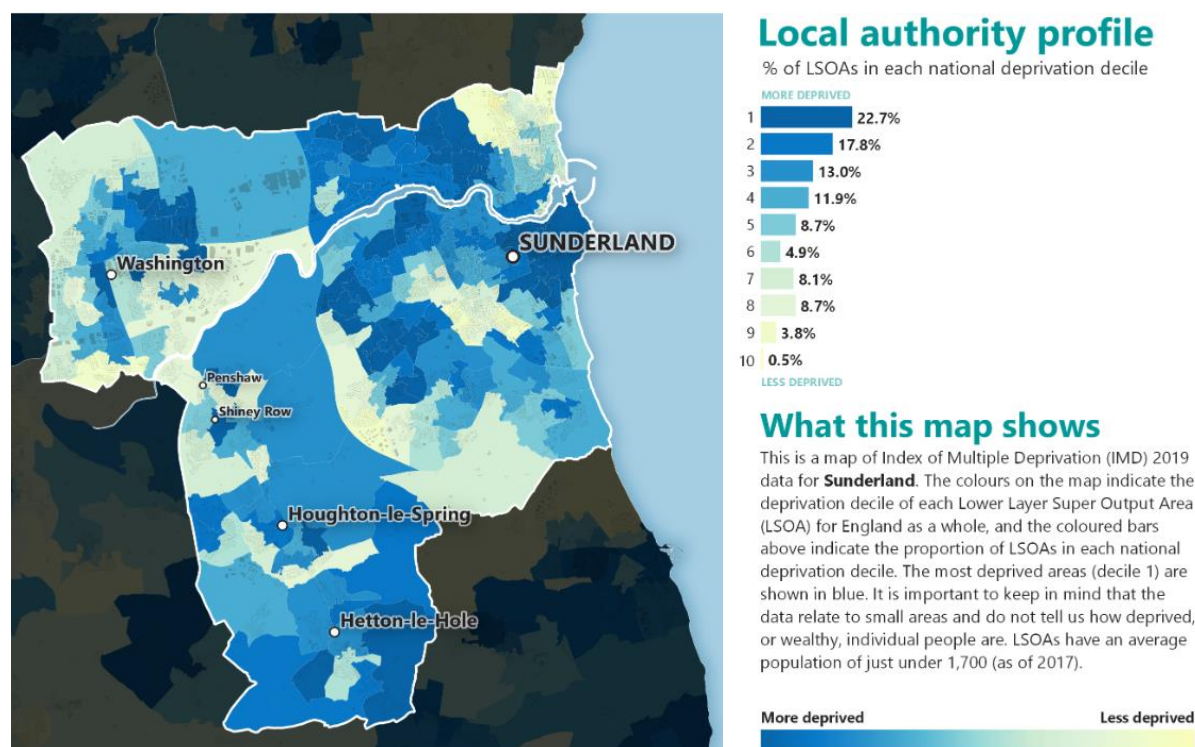
Overall, in Sunderland there are notable inequalities in health outcomes when compared with the rest of the country and within the city itself. The [Sunderland City Council Health Inequalities Strategy](#) sets out a framework for reducing health inequalities and preventing poor health taking account of Covid-19 and the impact it has had. The [Healthy City Implementation Plan](#) supports the delivery of the strategy. There are nine workstreams to the plan including 'Best Start in Life' which includes a focus on risk factors at birth and improving the health of the most disadvantaged communities.

The link between social and economic deprivation and poor health has long been recognised. People living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas. Research by the Joseph Rowntree Foundation highlights a strong link between poverty and SEND. This research suggests that children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood and are less likely to move out of SEND categories while at school.

The Index of Multiple Deprivation (IMD) 2019 provides an overall deprivation score for Lower Super Output Areas (LSOAs) based on seven domains:

- income
- employment
- health
- education
- barriers to housing and services
- crime
- living environment

Levels of deprivation remain high within Sunderland. Data is published by LSOA that have an average population of 1500. 75 of Sunderland's 185 LSOAs are within the most deprived quintile in England, with 40.6% of the Sunderland population living within these super output areas. This position has worsened relative to IMD2015 when 71 of Sunderland's LSOAs were among the most deprived quintile across England, and 38% of the population lived within those LSOAs. The deprivation levels across Sunderland are illustrated on the map below.



The five Sunderland wards with the highest levels of deprivation in 2019 and may in turn see higher levels of SEND are: Hendon, Redhill, Southwick, Sandhill and Pallion.

Socioeconomic disadvantages can lead to wider health inequalities and are one of the primary risk factors linked to many maternal and infant health outcomes.

- 27.3% of children are living in low-income families in Sunderland compared to 26.8% regionally and 19.1% nationally.
- Children born to teenage mothers have a 63% higher risk of living in poverty Sunderland has a higher proportion of teenage mothers (1.4% compared to 1.2% in North-East and 0.7% in England).
- Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health.

Detailed information on Best Start in Life and the 0-19 Full JSNA profile are available online at: [Children and young people - Sunderland City Council](#). A more detailed overview of health needs in Sunderland is available at: [Joint Strategic Needs Assessment - Sunderland City Council](#)

5.2 Early Help & Social Care

As of 31st March 2022, there were 554 cared for children (CfC) in Sunderland which equates to 102 per 10,000 children. Sunderland has the 6th lowest rate amongst the North East Authorities and is above the national rates (70), but below our statistical neighbours (111.8). From our local records,

145 cared for children (CfC) have SEN, of which 46 have an EHCP and 99 have SEN Support. Provisionally, as at 31st March 2023, there were 500 cared for children (CfC) in Sunderland which equates to 93 per 10,000 children.

Source: 903 2021/22; Spring 2022 School Census; LAIT.

As of 31st March 2022, there were 2,114 children in need (CiN) in Sunderland which equates to 385 per 10,000 children. Sunderland has the 2nd lowest rate amongst the North East Authorities and is above the national rates (334.3), but below our statistical neighbours (452.9). From our local records, 538 children in need (CiN) have SEN, of which 228 have an EHCP and 310 have SEN Support. 228 310 Provisionally, as at 31st March 2023, there were 1,994 children in need (CiN) in Sunderland which equates to 363 per 10,000 children.

Source: CIN Census 2021/22; Spring 2022 School Census; LAIT

As of 31st March 2022, there were 325 children subject to a child protection (CP) plan in Sunderland which equates to 59 per 10,000 children. Sunderland has the 9th lowest rate amongst the North East Authorities, in line with our statistical neighbours (59.4), however, it is above the national rate (42.1). From our local records, 69 children subject to child protection (CP) plans have SEN, of which 6 have an EHCP and 63 have SEN Support. Provisionally, as at 31st March 2023, there were 297 children subject to a child protection (CP) plan in Sunderland which equates to 54 per 10,000 children.

Source: CIN Census 2021/22; Spring 2022 School Census; LAIT.

5.3 Youth Offending

Since the launch of 'Outcome22', which is a diversionary option to prevent and reduce further criminalisation of young people, in Sunderland we have seen a significant reduction in rate of first-time entrants into the youth justice system.

Published data which covers October 2022 to September 2023 reports Sunderland at an FTE rate of 140 per 100,000 (this equates to 36 young people). This is better than both the National average of 172 and the North East average of 169. Local data shows that 16% of the young people currently open to Youth Offending Team have an EHCP. Currently 46% of the young people have some level of SEND (16% EHCP & 30% SEN Support).

Summary and Trends

- In Sunderland the percentage of mothers smoking at the time of delivery is far higher than the national average, presenting a higher risk factor relating to baby growth and development.
- Levels of deprivation remain high in Sunderland and 27.3% of children are living in low-income families presenting a higher risk factor relating to health outcomes for children and their families.
- Overall, there are notable inequalities in health outcomes in Sunderland when compared to the rest of the country and within the city.
- In Sunderland just under half of the young people currently open to Youth Offending Service have a SEND status.
- Sunderland has a higher than national proportion of children and young people with SEND open to children's social care and Early Help teams. This places increasing demands on SEND and social care services to meet multiple complexities of need, particularly higher-level need places.

6 I feel healthy

6.1 Health Data

Nationally, information held about health trends tends to be activity led and process driven. It is not SEND specific and data is often limited to 0-18 or 18+. This national picture is mirrored locally with Sunderland data collection having similar constraints. The following data therefore relates to all children and young people and is not SEND specific. In Sunderland, work is underway to address this via the creation of a shared data platform across key partners using pseudonymisation.

6.2 Antenatal & Postnatal Screening Services

In 2020-21, South Tyneside and Sunderland Foundation Trust had **5,382 referrals** to maternity services, and **3,723 live births**. Due to our regional geographical location, women often choose to receive antenatal and postnatal care with local midwives but deliver in one of the many surrounding Trusts. This is a similar pathway found in all regional units.

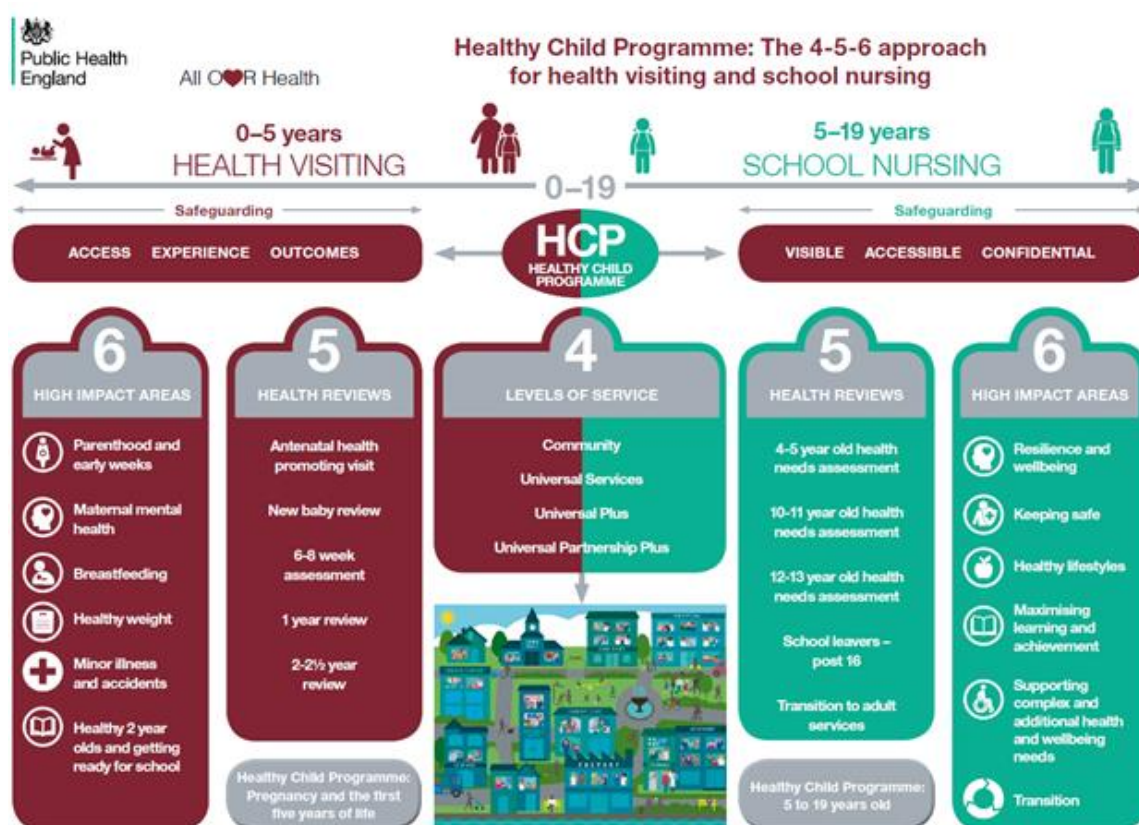
The National Antenatal and Newborn (ANNB) screening programme pathways are embedded in practice, driven by set standards and monitored closely with key performance indicators by regional quality assurance and NHSE teams. The Trust has dedicated screening midwives and a failsafe officer to monitor quality assurance and risk manage screening services. All screening pathways provide clinical and supportive information to parents to afford reproductive choices, timely pathways of care and early access to treatment both locally and regionally. This early antenatal and postnatal diagnosis of structural, neurological or metabolic abnormalities with subsequent plans of care, affords parents' control and choice and the opportunity to prepare and plan for the future.

Infectious Disease Screening involves first trimester screening for HIV, Syphilis and Hepatitis B. Early pregnancy diagnosis, timely referral to specialist services and treatment, can significantly reduce mother to child transmission and prevent congenital infection and malformations. Our Trust continuously has a **99% uptake** of infectious disease screening which is above national standards. Multidisciplinary collaboration to ensure timely referral and treatment ensures positive outcomes for families.

Sunderland Black and Minority Ethnic (BAME) pregnant population remains consistent annually at **11-13%**, but with peaks in Q3 (Oct-Dec) with overseas university admissions. The sickle cell and thalassaemia screening pathway offers early parental diagnosis of sickle cell and thalassaemia carrier status and identifies any potential risk to the unborn of congenitally inherited haematological conditions. This programme is also linked directly with the Newborn Bloodspot programme to identify babies who are carriers. Where there is an antenatal diagnosis of an affected baby and need for early care and treatment, there are robust referral pathways with regional specialist nurses who support and care for families as a direct result of sickle cell, thalassaemia and new-born screening.

All women are offered early Foetal Anomaly screening tests to identify their individual chance of having a baby with either Down's syndrome, Patau's syndrome or Edward's syndrome or all three in early pregnancy. In Sunderland there is a consistent **72 % uptake** rate with more than **95% of results being low risk**. The screening coordinator and deputy, care and counsel women with high chance results and offer additional tests for diagnosis.

6.3 Healthy Child Programme



The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. There is an enhanced commissioned Healthy Child Programme in Sunderland for 0-25 years.

The 0 to 5 element of the Healthy Child Programme is led by Sunderland Health Visiting Services that offer an intervention programme consisting of screening tests, antenatal contact, immunisations, health reviews, preschool contact for transition and information and guidance to support parenting and healthy choices.

Health visitors undertake comprehensive assessment of the child and family with additional personalised and targeted services offered to families where need or risk is identified/ requested. At each developmental review the Health Visitor provides health promotion around key public health messages, and information to promote and stimulate the next stages in development and promote safety.

There are five health reviews conducted by health visitors including the 2-2½ review which aims to optimise child development and emotional well-being. Specifically, as part of the 2-½ year review an Ages and Stages Questionnaire (ASQ-3) is carried out which is a developmental screening tool that pinpoints developmental progress in children between the ages of one month to 5 ½ years. Evidence shows that the earlier development is assessed, the greater the chance a child has to reach his or her potential. The latest published annual data shows that in 2020/21 98.1% of children received their 2-2½ year review and 97.3% of these had an ASQ-3. In the last published quarter in 2021/22 (Q2) 96.6% of children received their review and 97.3% had an ASQ-3. There may be cases, where due to the child's additional needs the ASQ-3 is not carried out.

The table below shows the percentage of children in Sunderland who received a 2 to 2½ year review who are at or above the expected level in five areas of development. In 2020/21, Sunderland performance was above National performance in all five areas of development but slightly below the North East performance, specifically relating to communication skills. In 2021/22, Q1 and Q2 data is showing Sunderland is performing better than the North East and England in all five areas of development even though the percentage of children who were at or above the expected level in communication skills has not improved.

% at or above expected level	2020/21 Annual Data			2021/22 Q1 Data			2021/22 Q2 Data		
	Sunderland	NE	ENG	Sunderland	NE	ENG	Sunderland	NE	ENG
Communication skills	88.7%	90.4%	86.8%	88.0%	86.3%	87.1%	88.4%	88.2%	87.0%
Gross motor skills	95.0%	94.8%	91.8%	96.5%	93.0%	93.5%	96.4%	95.0%	94.0%
Fine motor skills	95.7%	94.7%	92.0%	96.3%	92.2%	93.6%	97.1%	94.5%	93.9%
Problem solving skills	95.7%	94.5%	91.9%	96.0%	91.9%	93.2%	96.4%	94.0%	93.3%
Personal to social skills	95.0%	93.7%	90.2%	95.0%	91.0%	91.6%	95.1%	92.6%	91.5%
All five areas of development	85.8%	87.2%	82.9%	85.3%	82.7%	82.3%	86.8%	84.3%	81.4%

The percentage not reaching the expected level in all five areas in Q2 (2021/22) equates to **73** children compared with **361** which is the annual (full year) figure for 2021/22. Identifying children who are not at their expected level may result in an increase those who require additional support but identifying this at a young age allows interventions to be put in place and children are re-assessed.

The 2 to 2½ year review is key to effective identification and assessment of each child's needs to support school readiness. The service offers a range of preventative and early intervention strategies that are personalised to respond to families' needs in changing context and across time. More targeted, intensive or specialised support and evidence-based interventions and place-based approaches may be offered where additional needs are identified.

The 5-19 element of the Healthy Child Programme is led by Sunderland nursing services within the 0-19 service. School age children receive a universal health promotion programme and are supported by the Growing Healthy Sunderland School Nurse Team with named nurses providing weekly drop-ins for both open access for children and young people to attend as needed as well as appointments for those children referred by teachers, parents, Early Help or other partner services.

There is an identified team of nurses and Early Years Practitioners that focus on the needs of children and young people with SEND. They support school transitions and work closely with the special education settings and mainstream schools to support all children with identified additional needs. The universal child health promotion programme including puberty sessions are adapted and delivered in small groups or 1:1 according to needs of the children.

There is an emotional resilience team in Sunderland that works jointly with the SEND practitioners to provide first level interventions for children and young people with SEND who present with emotional distress including sleep problems, anxiety, relationship issues and bullying. The service refers to CYPS if required for more complex needs.

6.4 Social Communication Disorders

Children who are referred for social communication disorders under 5 years old are assessed and diagnosed within a dedicated MDT pathway this includes community based CAHMS service, neurodisability outpatient and speech and Language services. These services also work in collaboration with community children's nursing services, specialist and mainstream schools along with other children's hospital-based services within and outside of the city. STSFT also works in collaboration with CNTW in the management of children with Social Communication Disorders. Currently there is work underway to make improvements through the establishment of improved pathways to better focus care on the basis of need. The expectation is that this will improve the offer not only to children with social communication disorders, but also children with other neurodevelopmental and neurodisability disorders.

Paediatric Neurodisability Service - assesses and treats children with developmental delay neurodisabilities, social communication disorders, autism. South Tyneside and Sunderland NHS Foundation Trust (STSFT) provides assessment, investigation and management of children presenting with;

- Disordered development
- Posture and movement disorders (including cerebral palsy, dystonia etc.)
- Social communication difficulties including ASD (Under 5's)
- Other complex medical or developmental needs including epilepsy
- Onward referral for children requiring tertiary care and joint-care provision

Asthma, type 1 diabetes and epilepsy are the most common long-term physical health conditions in children. The Children and Young People Diabetes Service works closely with children who have SEND, their family and various professionals that are involved in their care aiming to empower the child or young person to their greatest ability. It is recognised that diabetes can affect child or young person resulting in low mood/depression due to it being a lifelong condition so we have a Child Clinical Psychologist attached to the team who will work one to one with the child or young person as well as with the family / school if needed.

There is a dedicated service as part of the Neurodisability service for children with epilepsy. Dedicated clinics are supported by a consultant Paediatrician (Neurodisability) and specialist epilepsy nurse. The Specialist Nurse also provides home visits and is available for telephone advice and support (in-hours). In accordance with NICE Quality Standards, children and young people presenting with a suspected seizure are seen by the service within 2 weeks of presentation.

6.5 Learning Disability

Annual Health Checks - offered to adults and young people aged 14 and over who are identified as having a learning disability. The annual health checks which include the production of a Health Action Plan are offered by GPs and a register is maintained.

In 2020/2021, **78.2%** of all people on the learning disabilities register in Sunderland had a health check within the last 12 months. This is above the **75%** national target and **67%** local target for the year. Also Sunderland delivered **71.8%** of flu immunisations for those individuals on a learning disability register against a local target of 70%.

Heath Transition Team - supports children with a learning disability from the age of 14-25 through their period of transition into adult services. The team promote and support children to attend their annual health checks with their GP from the age of 14 and offer young people a Health Action Plan

and Transition Plan, identifying children early who may require on-going specialist support, to ensure a smooth transition into adult services. The team work closely with schools in Sunderland, attending consultants' clinics; Educational Health Care Plan meetings - for all children with identified learning disabilities and health needs.

Sunderland Learning Disability Community Treatment Team (LDCTT) - provides specialist assessment and treatment to adults aged 18 and over who have a diagnosed learning disability and additional complex health needs. The adult may require a specialist Learning Disability Service and/or integrated approach to care and treatment that cannot be met through mainstream services and primary care.

The LDCTT offers a multidisciplinary approach to an adult's care and treatment. It comprises of several specialist professionals including:

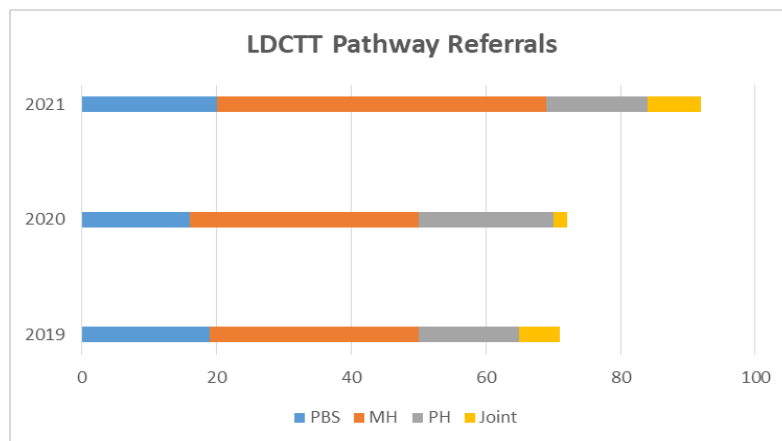
- Learning Disability Nurses
- Assistant Practitioners
- Clinical Support Assistants
- Occupational Therapists
- Speech and Language Therapists
- Physiotherapists
- Psychology
- Psychiatry
- Pharmacy

The LDCTT offers a person-centred approach to the adults care and treatment, ensuring carer's needs are considered during this process. The LDCTT is made up of three pathways:

- **Positive Behaviour Support (PBS) Pathway** – a functional behavioural assessment will be offered to the adult, following this a person-centred behavioural support plan will be developed in conjunction with carers, Multidisciplinary Team and the adult where possible.
- **Mental Health (MH) Pathway** – offers access to mainstream mental health services depending on the adult's level of learning disability.
- **Physical Health (PH) Pathway** – offers support around the adults Dysphagia needs, Dementia, Epilepsy, Postural care management, Mobility, Continence, Palliative/End of Life needs, Sex Education and Personal Relationships.

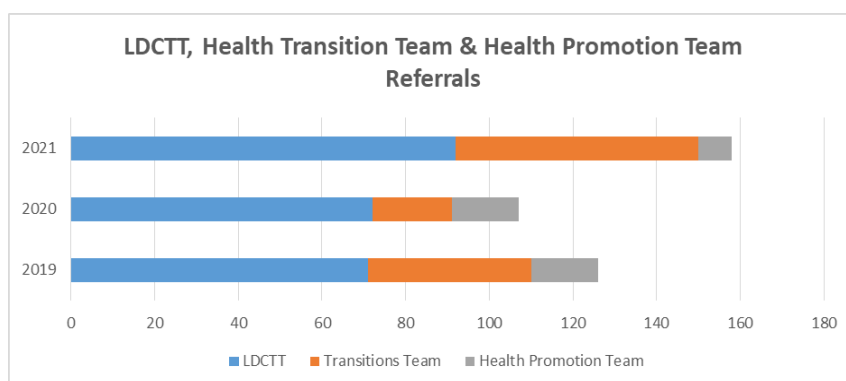
Health Promotion Team - and are part of the wider Community Treatment Team for Learning disability. They ensure people with learning disability in Sunderland are supported to navigate health services and are enabled to gain equal access to all health services appropriate to their health need. The service accepts referrals for those with a diagnosed learning disability and who are on the GP learning disability practice register.

The graph below highlights the number of referrals into LDCTT, across the different pathways.



In 2021 the total referrals were 92 compared with 72 in 2020 and 71 in 2019.

The chart below highlights the number of referrals combined for LDCTT, Health Transition Team and Health Promotion Team for adults' aged under 25.

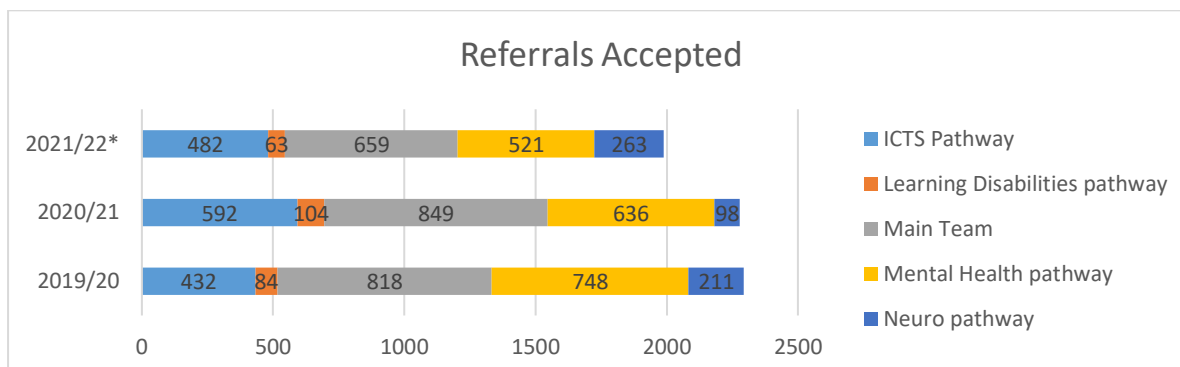
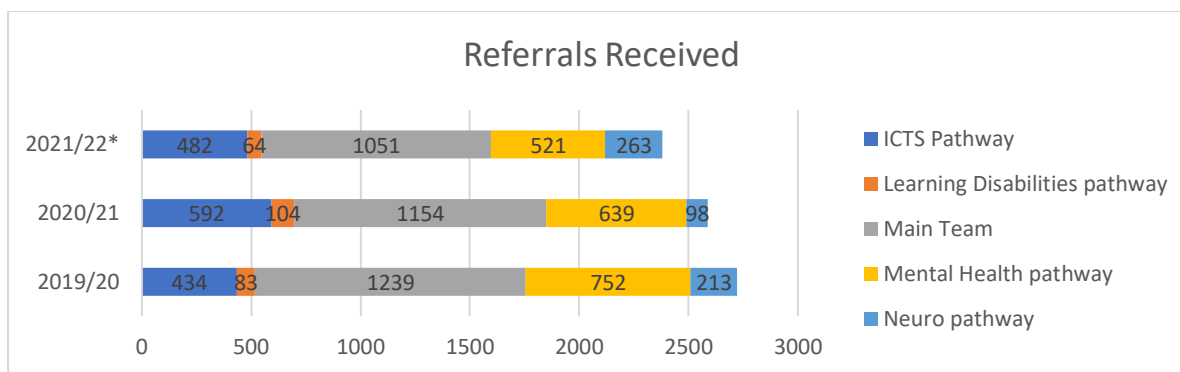


In 2021 the total referrals across the services were 158 compared to 107 in 2020 and 126 in 2019. In respect of Health Promotion Team, there are a limited number of referrals for those patients aged 18 to 25 as the nature of the service means that those of an older age are supported. Also, due to the ongoing pandemic, the team were unable to provide pop up clinics to young people during 2020 and 2021, which consequently resulted in a reduction in referrals.

6.6 Mental Health

Children and Young People's Service (CYPS) – North East and North Cumbria Integrated Care Board (NENC ICB) commissions Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust to provide CYPS. The service accepts referrals for children and young people aged 0-18 with severe and complex mental health needs including those with a learning disability. Referrals come from a variety of professionals including GP's, social workers, teachers and paediatricians and also takes self-referrals.

The tables below highlight the number of referrals to CYPS and the different pathways.



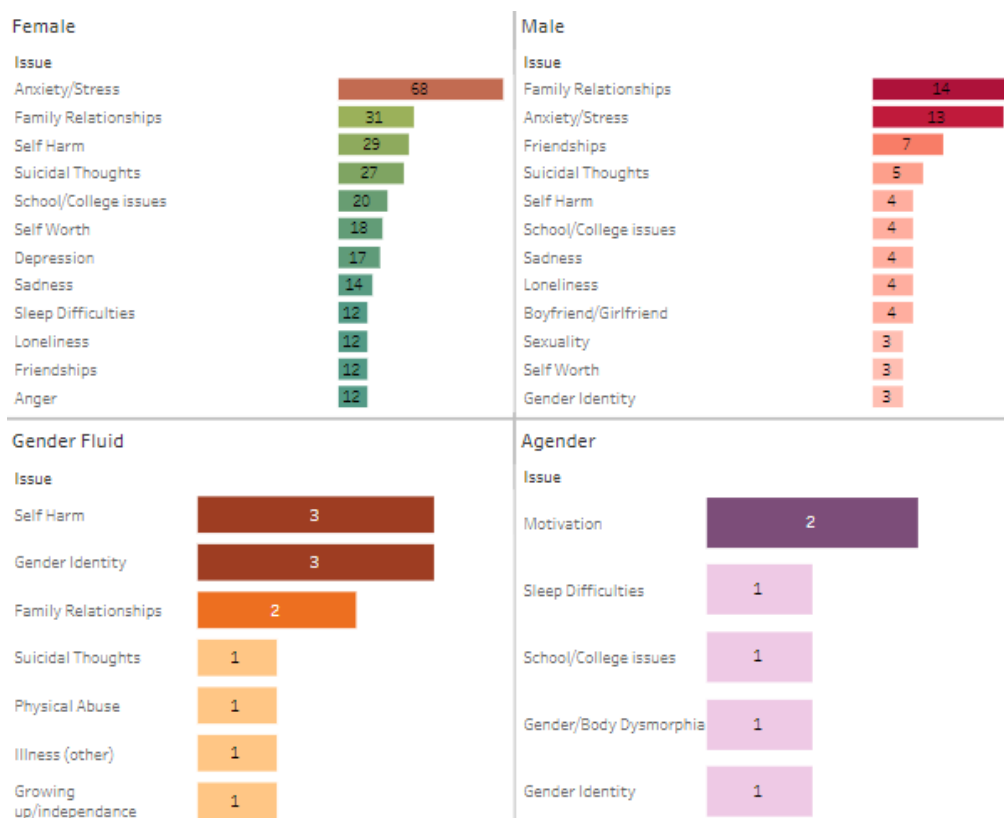
There has been a decrease in referrals from 2,293 in 2019/20 to 2,279 in 2020/21. The pandemic has had a notable impact on children with SEND and mental health needs with less access to education and social activities and an increase in stress on families. Although this has not yet resulted in a significant increase in referrals, CYPS have provided resources and support to families throughout this time.

Community Child and Adolescent Mental Health Service (CCAMHS) - is provided by South Tyneside and Sunderland NHS Foundation Trust and is jointly commissioned by NENC ICB and Sunderland Together for Children. It provides evidence based therapeutic services for children, young people and their families with low to moderate levels of mental health need.

Initially there was a decline in referrals at the start of the pandemic. This has since steadily increased mainly in line with the education provisions opening. The service is currently experiencing the highest levels of referrals.

Kooth - is a mental health and wellbeing service which is commissioned in Sunderland to provide free, safe and anonymous online counselling and support for children and young people aged 10 to 25. Data shows that the service is much more heavily used by females than males. A range of measures have been implemented to better engage with young men, including promotional events at Nissan and the Foundation of Light.

In 2020/21, anxiety / stress and family relationships were the top presenting issues for young people during counselling chat sessions and messages:



In the first three quarters of 2021/22, anxiety/stress remained a top concern but there was also an increase in suicidal thoughts as a presenting issue for all genders:



6.7 Chronic Fatigue Syndrome (CFS) and Post Covid-19 Syndrome

A CFS team works with children and young people with a diagnosis of CFS in a person-centred manner. The team work closely with schools and colleges to consider suitable provision for the child or young person. Often this comprises of devising a care plan involving a reduced academic timetable, which will be reviewed collaboratively, and progressions planned and coordinated. The team utilise a range of therapy approaches, activity management, graded exercise training and cognitive behavioural therapy are the main NICE guidance approaches used.

Referral numbers vary year on year, but there has been a noted increase of those coming into the service since the onset of COVID-19. The South of Tyne CFS service is linked with the regional Long-Covid service and discussions are happening about how to implement meaningful Post Covid-19 Syndrome interventions across our wider region.

6.8 Referrals and waiting times across all hospital based paediatric services

Non-urgent referrals reduced dramatically due to lockdown measures associated with the first phase of the pandemic, this was related to school and nursery closure and restricted arrangements for access to non-urgent primary health care services these being the normal referral routes.

Community based services were effectively maintained and some hospital staff were deployed to support community teams particularly in the observation and surveillance of children with long term conditions such as asthma, epilepsy and other neurological and physical conditions to avoid the need for them to travel to hospital for assessment or treatment.

Although throughout the pandemic the number of referrals reduced across all paediatric services, the requirement for the hospital to prepare for the pandemic impacted on the delivery of routine activity. This resulted in delaying appointments and increasing waiting times.

6.9 Children's Community Nursing Team

This team provides support in the community for children and they visit children in a range of settings including schools and educational establishments, their work includes:

- Support and management of children with life limiting or long-term conditions and avoidance of late diagnosis.
- Maximising health outcomes through appropriate timely and appropriate recognition and through utilising a MDT approach, including paediatric physiotherapy, wheelchair and specialised equipment services, dietetics, and nurse specialists for children with epilepsy, asthma and allergy.

Specific arrangements are currently in place for Paediatric Nurses to provide care within special school nursing service currently consists of two nurses in two schools: Portland and Sunningdale covering a caseload of approximately 75 children with ad-hoc support to a further 210 children within the schools.

Many these children have complex health needs and disabilities requiring tasks that need essential training from a health professional and children that require complex clinical tasks that must be undertaken by the nurses.

6.10 SEND School Nursing Team

This is a team of nurses and early year practitioners that support children with additional needs and their families throughout school from transition into school and at Year 6 and 9.

- Provide individualised and adapted universal healthy child programme and health promotion sessions to children and young people in special schools e.g. puberty, hygiene. These may be in small group or 1:1 as required
- Offer weekly /monthly drop in and parent support to all special schools.
- Support those children and young people with additional needs in mainstream schools with any identified health issues.
- Provide health updates for annual EHCP reviews where there is no other named health professional involved.

The Vulnerable Young Persons Nurse and Named Junior Public Health Nurse is linked with the PRU's and provides weekly health drop-ins and interventions to support identified health issues and emotional resilience support.

The Emotional Resilience Team provide support to children and young people who are identified as vulnerable in transition to secondary schools through nurture groups and buddy systems in collaboration with secondary schools. They also provide 1:1 brief interventions to support anxiety, bereavement, bullying etc. and includes children and young people with additional needs in mainstream schools.

6.11 Designated Clinical Officer

The Designated Clinical Officer for NENC ICB supports the commissioning of accessible services for children with Special Educational Needs and Disabilities (SEND) from age 0-25. Key responsibilities are to provide a point of contact for local authorities, schools and colleges seeking health advice on children and young people who may have SEN or disabilities and oversight of the health contribution to the EHCP process and drive forward improvements around quality and assurance.

Summary and Trends

- The latest 2-2½ year review data is showing Sunderland is performing better than the North East and England in all five areas of development although the expected level in communication skills is not performing as high as the four other areas.
- Over the last 3 years there is an increasing trend in the number of referrals to the Learning Disability Community Treatment Team (LDCTT) pathway for specialist assessment and treatment to adults aged 18 and over.
- Although there has been a decrease in referrals to Children and Young People Service (CYPS), the pandemic has had a notable impact on children with SEND and mental health needs due to reduced access to education and social activities thus increasing stress to families.
- Referrals to Community Child and Adolescent Mental Health Service (CCAMHS) have steadily increased in line with education provisions fully reopening following the lifting of the pandemic restrictions.
- The mental health and wellbeing service Kooth, are reporting anxiety and stress as a continued top concern in their latest data but with a notable increase in suicidal thoughts as a presenting factor for all genders.
- The 2 Paediatric nurses providing care within 2 special schools in Sunderland have a caseload of 75 children and are providing ad-hoc support to a further 210 children, many of which have complex health needs and disabilities requiring clinical tasks.

7 I can learn

7.1 Education Outcomes

Education Outcome Data

In response to the COVID-19 pandemic, the Department for Education cancelled the 2019/20 and 2020/21 national curriculum assessments. The Early years foundation stage profile (EYFSP) 2019/20 statistical release was cancelled together with the 2020/21 data collection and subsequent statistical release. In 2020/21, GCSE awards returned to exam-based assessments, for the previous two years, exams were replaced with centre assessment grade (CAGs) and teacher assessed grades (TAGs). For this reason, all assessment data is compared to pre-Covid performance year 2018/19.

Early Years Foundation Stage (EYFS)

2021/22 was the first result year using the reformed Early Years Foundation Stage Profile, therefore performance is not directly comparable to the old framework. The percentage of children with an EHCP or statement at a Good Level of Development across all learning goals was 1.7%. This is below the North East (2.8%) and England figures (3.6%).

The percentage of children achieving a Good Level of Development with SEN support in Sunderland is 21.1%, this is slightly below the North East (22.4%) and England (22.9%) levels. The percentage of children without SEND achieving a Good Level of Development at Early Years Foundation Stage is 71.7%, children in this cohort out-perform both the North East (70.5%) and England (70.9%).

Source: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/b6b0462d-ce83-41da-777f-08db997aeba0>

Phonics Screening Check

% Y1 Pupils achieving expected standard in:		2018/19			2021/22		
		Sunderland	NE	ENG	Sunderland	NE	ENG
Phonics Screening	EHCP	7%	13%	19%	9%	15%	19%
	SEN Support	45%	48%	48%	44%	42%	44%
	No SEND	88%	89%	88%	82%	82%	82%

The percentage of year 1 children with an EHCP in Sunderland who met the expected standard in the phonics screening check improved from 7% in 2019 to 9% in 2022, however this remains below North East and national performance. The percentage of children with SEN support in Sunderland who met the expected standard has decreased from 45% in 2019 to 44% in 2022. This is in line with a decline in national and North East performance, more children with SEN Support now meet the expected standard in Sunderland than in the region. The percentage of children without SEND achieving the required standard is in line with the North East and national performance, which has dipped across the country.

Source: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/501655c9-7431-4f4d-ce1c-08db9969b0eb>

Key Stage 1

% Pupils achieving expected level in KS1:		2018/19			2021/22		
		Sunderland	NE	ENG	Sunderland	NE	ENG
READING	EHCP	7%	12%	13%	6%	10%	12%
	SEN Support	33%	34%	33%	33%	29%	30%
	No SEND	84%	85%	83%	76%	75%	75%
WRITING	EHCP	6%	7%	9%	3%	6%	7%
	SEN Support	27%	26%	25%	25%	21%	20%
	No SEND	81%	81%	78%	67%	67%	66%
MATHS	EHCP	10%	12%	14%	10%	11%	14%
	SEN Support	37%	38%	36%	36%	32%	33%
	No SEND	86%	85%	84%	78%	76%	75%
SCIENCE	EHCP	11%	14%	16%	7%	11%	16%
	SEN Support	45%	46%	46%	42%	42%	44%
	No SEND	90%	91%	90%	85%	85%	85%

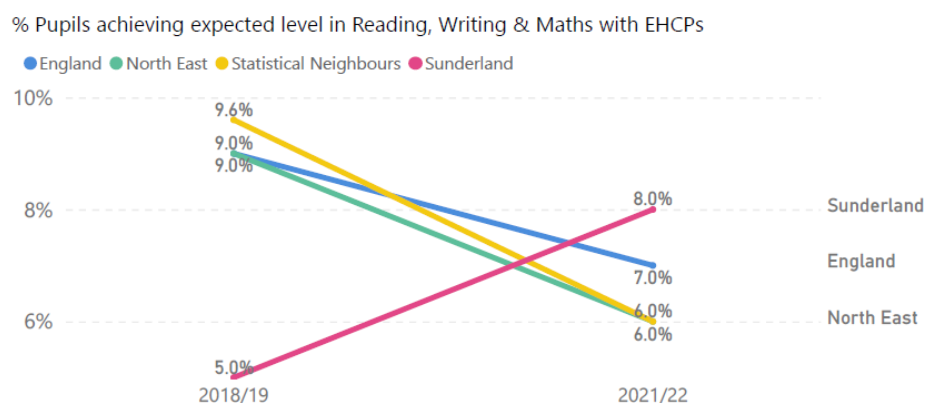
The percentage of children with an EHCP achieving expected levels at Key Stage 1 in 2021/22 is lower than North East and England comparators across all subjects but most notably in Reading and Science. The gap in Sunderland performance to the region has reduced in Reading and Maths, however, there has been no improvement compared to national performance, with the gap widening from 5% to 9% in Science.

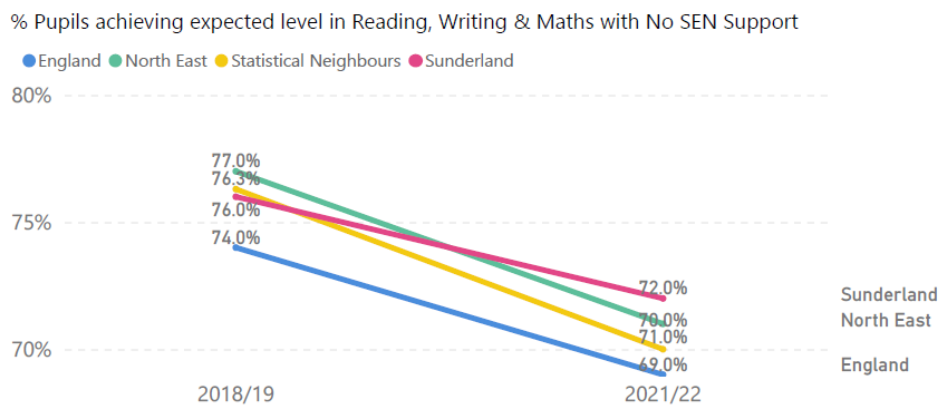
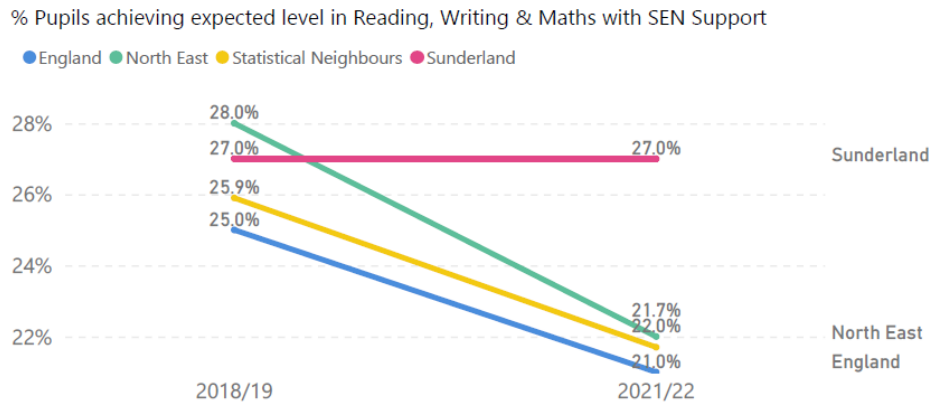
Children with SEN support perform better in Sunderland than North East and England comparators across all 4 subjects, although the percentage achieving expected levels has decreased nationally post Covid.

The percentage of children achieving the expected level with no SEN has fallen across the country compared to 2018/19. The sharpest decrease was in writing. However, Sunderland is performing slightly better than North East and England in all subjects apart from Science, where performance is in line.

Source: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/fb8eef88-df35-4a75-ce1d-08db9969b0eb>

Key Stage 2





The percentage of children with an EHCP achieving the expected level in Reading, Writing and Maths at Key Stage 2 has improved from 5% to 8% in 2021/22 and is above North East, England and Statistical Neighbour performance.

The rate of achievement for children receiving SEN support has remained stable since 2018/19, and in 2021/22 was above all comparators. The rate of achievement for children with no SEND has declined in 2021/22 but is higher than all comparators.

Source: LAIT

Key Stage 4

Pupil Attainment KS4		2018/2019			2021/2022		
		Sunderland	NE	ENG	Sunderland	NE	ENG
Grade 5 or above in English & Maths GCSE	EHCP	3.2	3.8	5.5	3.5	4.2	7.0
	SEN Support	12.7	14.8	16.8	17.8	19.3	22.5
	No SEND	42.8	44.6	48.4	48.4	52.6	56
English Bacc Entry	EHCP	1.6	2.3	4.0	0.7	1.9	4.1
	SEN Support	11.1	9.8	16.9	13.5	11.9	17.8
	No SEND	45.1	37.7	44.6	47.5	39.4	43.6
Attainment 8 score	EHCP	10.5	11.6	13.7	10.5	11.3	14.3
	SEN Support	28.4	31.6	32.6	31.5	34.1	34.9
	No SEND	46.7	48.2	50.1	50.1	51.3	52.6
Progress 8*	EHCP	-1.44	-1.47	-1.17	-1.69	-1.7	-1.33
	SEN Support	-0.74	-0.5	-0.43	-0.83	-0.6	-0.47
	No SEND	-0.29	-0.14	0.08	-0.32	-0.11	0.10

Source: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/ea10f9ce-82ec-4217-1a4e-08dba8813182>; *LAIT

Post 16

Pupil Attainment Post 16		2018/2019			2021/2022		
		Sunderland	NE	ENG	Sunderland	NE	ENG
% Pupils in year 11 achieving level 2 (equivalent to 5+ A*-C/ 9-4 at GCSE) including English and mathematics (GCSEs only) by age 19	EHCP	10.5	10.77	14.91	16.26	13.88	17.24
	SEN Support	24.8	33.26	36.03	35.95	37.63	42.81
	No SEND	71.15	73.93	75.32	71.29	73.90	77.85

The percentage of 19-year-olds qualified in level 2 English and Maths with an EHCP has increased by 5.8 percentage points compared to 2018/19, for the first time in recent years performance now exceeds the region but is below the national average. The percentage of 19-year olds qualified with SEN support has increased by 11.2%, although this remains below the North East and national average.

Source: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/1d827217-9c6a-4d68-a1c3-08dba8804379>

EHCP Assessments & Annual Reviews

The number of EHCPs maintained by Sunderland continues to increase, placing additional pressures on the SEND team to undertake assessments and annual reviews in timescale. The timeliness of initial EHCP assessments within 20 weeks was 54.1% in 2021 which was below the national average of 59.9%. However, timeliness for 2022 has increased significantly to 73.4%, which is significantly higher than North East region and National.

Source: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/7545cd97-8b3e-4b21-509f-08dbb397f37b>

There is work underway to address the historic under-capacity within the SEND team and to improve the quality of data in the next reporting year so that we can effectively report and understand our current position. A Team Officer has recently been recruited with a specific focus on annual review work.

7.2 Exclusions & Suspensions

Exclusion & Suspension Data

The data presented covers the 2021/22 academic year. This included a period in the Spring term when schools were only open to key worker and vulnerable children. There has been an increase in permanent exclusions since 2020/21. However, this is lower than the last full academic year prior to the pandemic in 2018/19. Across all schools, permanent exclusions were highest in the Summer term in 2021/22. There has also been an increase in suspensions from the previous year 2020/21 and is also higher than pre-pandemic levels in 2018/19, with the largest increase seen in secondary schools. While permanent exclusions and suspensions were still possible throughout the academic year, school closures have had a substantial effect on the number of permanent exclusions and suspension and therefore caution should be taken when comparing figures across years.

Permanent Exclusions and Fixed Term Suspensions

Permanent Exclusions 2021/22				Fixed Term Suspensions 2021/22		
Census	Total	EHCP	SEN Support	Total	EHCP	SEN Support
Primary	3	0	3	308	31	224
Secondary	43	0	19	2,700	111	958
Special	1	1	0	253	253	0
All	47	1	22	3,261	395	1,182

Source: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/a1ec9c97-08d8-4433-ce35-08db9969b0eb>

In 2021/22 there were 47 permanent exclusions across all schools, a rate of 0.12; this was lower than regional and higher than national average exclusion rates (0.13 and 0.08 respectively). Of the 47 permanent exclusions, 1 child had an EHCP and 22 were receiving SEN support. The permanent exclusion rate for pupils with an EHC plan is 0.07, and for pupils with SEN support is 0.38, compared to 0.07 for those without SEN. Of those children, 11 (48%) had a primary need of social, emotional and mental health.

In 2021/22 there were 3,261 suspensions across all schools, a rate of 8.05; this was lower than regional and higher than the national average suspension rates (10.69 and 6.91 respectively). Of the 3,261 suspensions, 395 children had an EHCP and 1,182 were receiving SEN support. The suspension rates for pupils with an EHC Plan is 26.18, and for pupils with SEN with no EHC plan (SEN support) is 20.54, compared to 5.07 for those without SEN. In secondary schools, of the children with SEND receiving a fixed term suspension, 483 (18%) had a social, emotional and mental health need, and 215 (8%) had a moderate learning difficulty.

In primary schools, of all children with SEND receiving a fixed term suspension, 154 (50%) had a social, emotional and mental health need, and 40 (13%) had speech, language and communications needs. Of all children with a suspension from a special school, 178 (70%) had a social, emotional and mental health need, and 38 (15%) had autistic spectrum disorder.

Alternative Provision Offer

Children in Sunderland who struggle to access traditional education settings have access to a broad range of alternative provisions. These include Consilium Evolve (a provision for anxious children at risk of school refusal), Young Mums, Hope Springs (therapeutic provision), the Hub assessment bases (key stages 2 and 3), Links schools places at Key stages 1,2 and 3 and the Beacon of Light, offering tailored SEMH provision from ages 13-16. Access to these provisions is via the Vulnerable Pupil's

Panel which is made up of Head Teachers and other professionals who can consider the needs of each individual child through the school's application. Most children considered at the Vulnerable Pupil's panel are not yet at the stage of consideration for Statutory Assessment and although a significant proportion will go on to require an EHCP in the future early intervention can help to ensure a successful re-integration into a mainstream placement.

[Alternative Provisions Directory](#)

Schools can access a much broader offer locally for children and young people who require an alternative curriculum with providers specialising in Sport, Hairdressing and a range of vocational trades. The Sunderland Behaviour and Attendance Partnership (BAP) works collaboratively to improve challenging behaviour and reduce absenteeism and suspensions/permanent exclusions in schools. The Partnership has developed an Alternative Provisions Directory for schools to access when an alternative curriculum may be required to support children in education. This directory provides free and impartial information to schools regarding local alternative provision and/or services that can support children with social, emotional and mental health difficulties.

[7.3 Education Support](#)

Within TfC the SEND Team is responsible for all aspects of statutory related SEND processes for children and young people across Sunderland. A team of caseworkers and co-ordinators manage processes working closely with parents and children to ensure that their views are represented and gather and collate advice by consulting with multi agencies including schools health and others who know the child/young person well. This information is used when conducting needs assessments, writing /co-producing EHCPs and completion of Annual and Emergency Reviews. School placements funding and resources are allocated via the multi-agency Resource Panel. In Sunderland there is also a new centralised Specialist SEND Support Team that consists of Autism Outreach, Portage, Language and Learning, Physical Disability and Sensory.

The SEND service has a strong relationship with the Virtual School in supporting cared for children with emerging SEND. Together with schools and SEND colleagues the Virtual School is encouraging the use of the SEND Ranges to focus on the SEMH needs of cared for children as well as any other identified needs. The Head of the Virtual School is a member of the SEND Panel and this ensures all cared for children who are put forward for an EHCP assessment are viewed through the lens of trauma and attachment and ACES as well as Cognition and Learning, Communication and Interaction, SEMH and Physical and Sensory needs. There is a Senior Caseworker within the SEND Team with named responsibility for Cared for Children and the Strategic Lead for SEND attends the Educational Placement Panel for Cared for Children.

[7.4 School Improvement Offer](#)

All schools, regardless of their status are offered a school improvement review and prioritised according to local intelligence. Schools with new SENDCos in post are also prioritised for support from the School Improvement Service. The service offers regular network opportunities, a regular SEND Newsletter and a range of training opportunities and keynote speakers.

[7.5 Tribunals, Mediations & Appeals](#)

There are routes for young people and their families to seek resolutions to disputes within Statutory SEND processes. Together for Children commissions Barnardo's for its mediation service. The service provides an effective opportunity for parents and carers to discuss issues with the SEND Team Manager (or Senior Caseworker). Schools also usually form part of these meetings creating an

opportunity to resolve disputes without recourse to tribunal by ensuring the people who can effect change can work together to resolve issues. The operation of the contract is reviewed monthly with senior staff and commissioning.

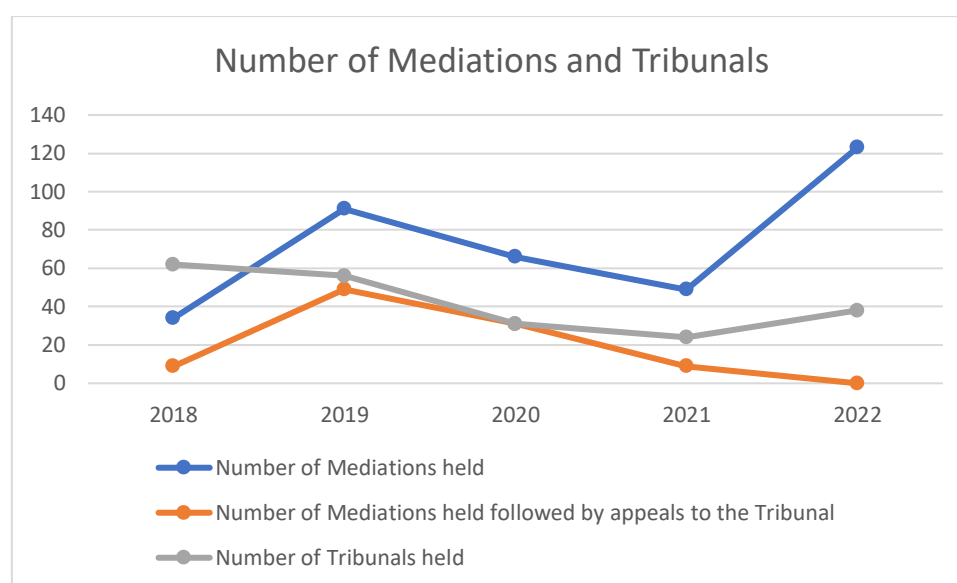
In recent years, both the number of mediations and tribunals were declining, however this trend has shifted as in 2022 the number of Mediations held was more than double the previous last year.

The number Tribunals also presented a modest increase in 2022 compared to previous year, although the number of mediations followed by appeals to tribunal has continued to decline.

Overall, this does evidence the positive impact of mediation approaches.

Number of Mediations and Tribunals in Sunderland (2018-2022 calendar years)

	2018	2019	2020	2021	2022
Number of Mediations held	34	91	66	49	123
Number of Mediations held followed by appeals to the Tribunal	9	49	31	9	<5
Number of Tribunals held	62	56	31	24	38



Source: Internal reports; <https://explore-education-statistics.service.gov.uk/data-tables/permalink/4267577f-e0e4-48f2-dd8d-08db8e99978c>

Parents and carers also have access to the SEND Information, Advice and Support Service (SENDIASS) who work collaboratively with the SEND team to resolve issues at the earliest opportunity, whilst also providing unbiased advice on their rights under SEND law. The SENDIASS is commissioned from Sunderland Carers' Centre, which ensures holistic support and signposting to relevant information sources and services for families. Additional funding from NENC ICB has been secured and a joint commissioning approach is now in place for the SENDIASS.

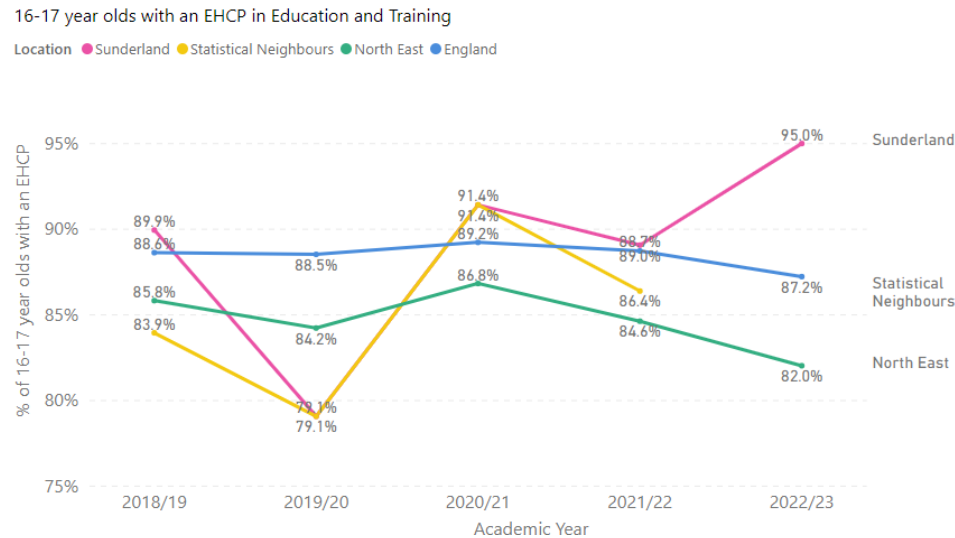
Summary and Trends

- The percentage of pupils with EHCPs achieving expected level in reading, writing and maths has increased in 2021/22, and is higher than regional, statistical neighbours and national rates.
- Performance for children with SEN support has been maintained for reading and has seen a small decrease in phonics, writing, maths and science. Overall, performance in reading, writing and maths is higher than regional and national rates.
- KS4 and post 16 data is available for 2020/21 and shows both EHCP and SEN support attainment is below North East and England comparators with the exception of English Bacc Entry where children with SEN Support are performing above the North East average.
- Overall, there are gaps between learners across all areas of education, but especially for children with EHCPs.
- EHCP assessment timeliness within 20 weeks has seen a dramatic increase and is higher than regional and national rates.
- Most children who were excluded or had a fixed term suspension in 2021/22 had social, emotional and mental health needs, particularly in primary and secondary schools.
- Mediations have increased significantly, and Tribunals have shown a modest increase in one year. Although the number of mediations followed by Tribunals has reduced for the fourth year in a row since 2018 as a result of the positive impact of mediation approaches.

8 I'm in control of my life

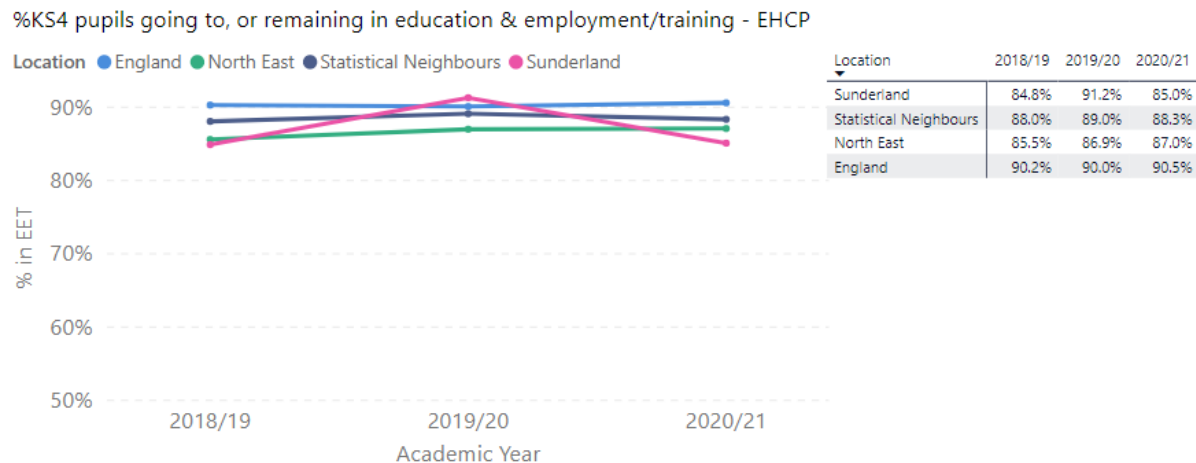
8.1 Education, Employment and Training

It is important that children and young people with SEND are supported to make a positive transition to adulthood including pathways to education, employment, and training. The graph below shows the percentage of 16–17-year-olds with an EHCP remaining in education:



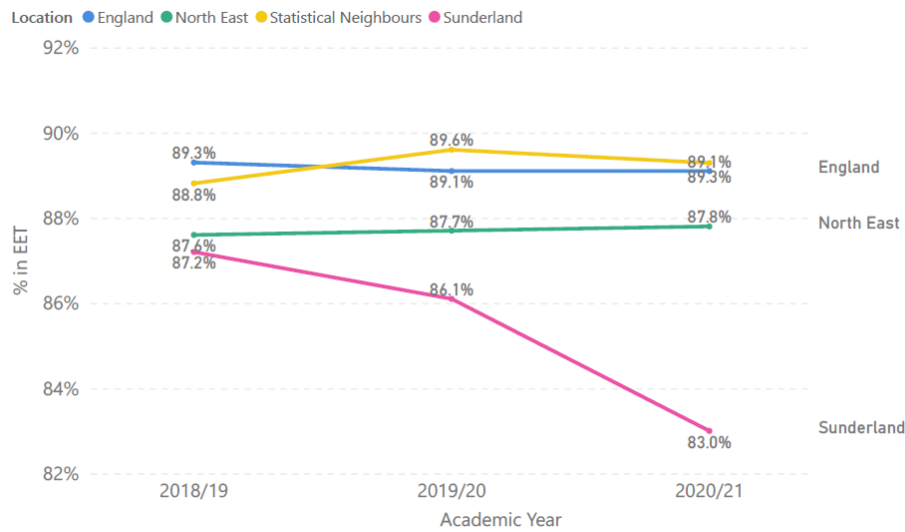
In 2022/23, 95% of 16–17-year-olds with SEN remained in education and training. This was a 6% increase on the previous year and is higher than the national average, and the North East comparators (Source: [DfE](#); LAIT).

The following graph shows that in 2020/21, 85% of pupils in Key Stage 4 with an ECHP remained in Education, Employment and Training. This was a 6.2%-point decrease on the previous year and is now below the national and regional average (Source: [DfE](#); LAIT).



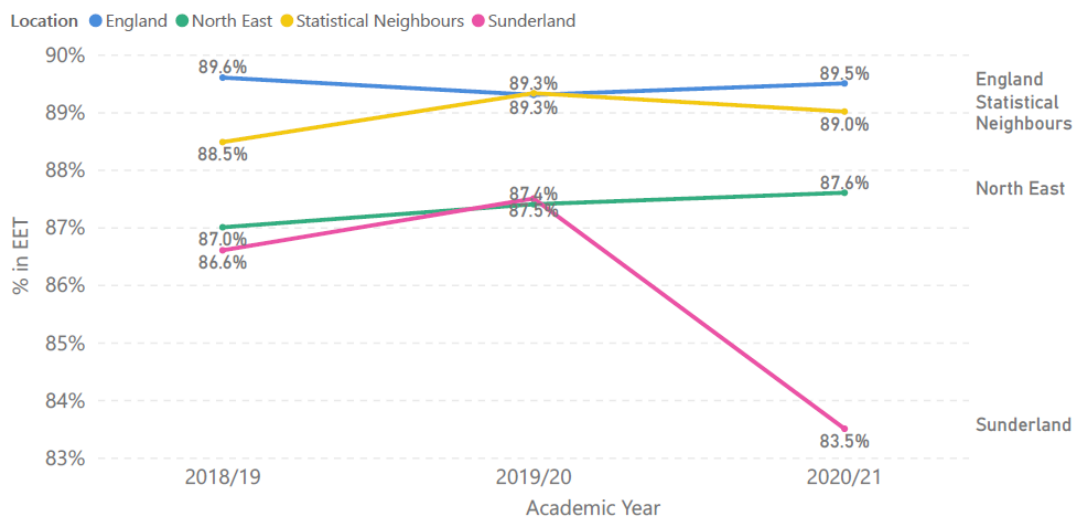
The following graph shows that in 2020/21, 83% of pupils in Key Stage 4 receiving SEN Support remained in Education, Employment or Training. There was a sharp decrease (3.1% points) on the previous year and puts Sunderland approximately 6.3% points below the national average (Source: [DfE](#); LAIT).

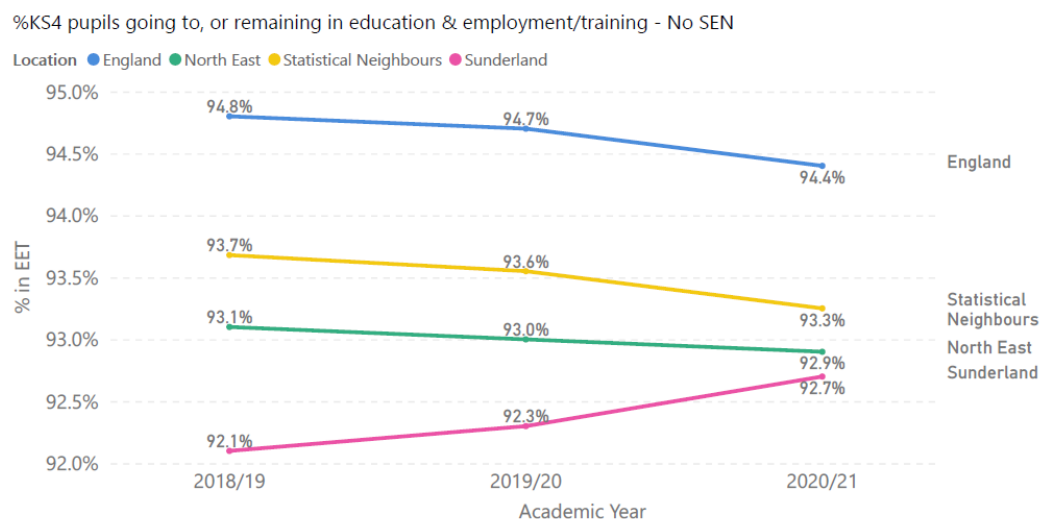
%KS4 pupils going to, or remaining in education & employment/training - SEN Support



The graphs below show that overall destinations data for the 2020/21 KS4 SEND cohort indicates that 83.5% have a sustained education destination compared to 92.7% of young people with no SEND and 89.5% of the SEND cohort nationally (Source: [DfE](#); LAIT).

%KS4 pupils going to, or remaining in education & employment/training - All SEN





8.2 Preparation for Adulthood

Sunderland Adult Social Care (ASC) continues to work with partners, to develop and improve the transition pathway for children and young people who meet the eligibility criteria of the Care Act (2014) at 18 years of age and beyond. To be effective this work needs to be informed by clear and accurate data, that is available across the Health, Education and Social Care systems to support to identify children and young people from year 9 who may require support into adulthood.

Recent work has been undertaken to improve the quality of Education Health and Care Plans (EHCPs) and ensure joined up and person- centred approaches linked to Preparation for Adulthood (PFA) outcomes. PFA focuses on support for young people in four areas:

- Good health
- Education, training and finding employment
- Developing independence
- Relationships and community inclusion

The Multi-Agency Preparing for Adulthood Protocol and Pathway for young people with SEND has recently been reviewed to provide smooth, well-coordinated transitions. The commissioning focus of the Transitions Management Group has been strengthened and mapping of 19-25 SEND pathways across the city completed to maximise opportunities for all cohorts to access employment and lifestyle.

Carers and young people have told ASC they want information and support earlier to help them think about preparing for adulthood and help make any transition to adulthood smoother and more consistent across the city.

By collectively sharing information and a more intelligent use of the data through the Multi-Agency Transition management Group (TMG), the aim of ASC is to clearly identify young people and families who may need support and then become involved earlier in the planning and support to adulthood. This will enable children and young people to be identified from the age of 14 years, who are more likely to require significant health and social care services in adulthood and better predict and

identify at an earlier stage the range of social care support/information and advice that individuals may require to support them.

8.3 Personal Budgets and Direct Payments

Young people and parents of children who have EHC plans have the right to request a Personal Budget to fund the support set out in the EHC Plan. This may contain elements of education, social care and health funding. Personal Budgets can be used to help children and young people to access activities that promote greater independence and learn important life skills.

For Personal Budgets, the parent or young person does not actually manage the funds directly. However, with agreement from the local authority a Direct Payment can be arranged whereby the parent or young person is given the money for some services and manages the funds themselves. Young people with EHC plans may consider the transition to adult services a good opportunity to start exercising their right to start receiving their Personal Budget as a Direct Payment.

There are currently 232 children in receipt of Direct Payments in Sunderland and a much lower number of children with Personal Budgets. A task and finish group has been set up to review the use of Personal Budgets for children and progress the extension of personal health budgets to a wider group of children and young people who have complex health needs and wheelchair users.

8.4 Housing

Currently Adult Social Care support people in specialised supported housing with a range of conditions, but predominantly people with learning disabilities. The Adults Social Care Outcomes Framework 2020/2021 provides data on the accommodation and employment status for adults (aged 18-65) with learning disabilities. It shows:

- In Sunderland 92.9% of adults with learning disabilities who were receiving support from ASC lived in their own home or with families compared 85.4% in the North East and the England average of 78.3%.
- In Sunderland, 3.3% of adults with a learning disability in Sunderland are in paid employment compared to 4.3% in the North East and the England average of 5.1%

8.5 Short Breaks Services & Continuing Care

Short breaks services provide disabled children and young people with time away from their parents and carers to try out new things, have fun and make new friends. They also support the parents and carers of the young person to take time for themselves, spend time with other family members and to do ordinary things such as shopping, catching up with friends and relaxing. There are a range of services offered in Sunderland based on different types of need:

Grace House - overnight short breaks for disabled children and young people aged 5 to 17 years. The service is currently delivered by Sunderland Care and Support. There are currently 40 children accessing the service, 5 children transitioning in and 21 children awaiting provision. The lease arrangement with Grace House will end in November 2023 and TfC are currently securing an alternative delivery site.

St Oswalds - overnight short breaks for children and young people aged 0 – 25 years who have progressive, life-limiting and life-shortening conditions. There are currently 2 children from Sunderland accessing the service and 1 child waiting to begin stays.

Community Opportunities – activity sessions and holiday clubs for children and young people who have SEND and an EHCP. As at November 2021, 61 individual children and young people have been referred to attend the service. From these referrals, 56 individual children have taken part in a visit resulting in 52 children and young people taking part in sessions regularly. The number of children attending the sessions on a weekly basis remains consistent, however, some sessions have not been at full capacity of 15 children due to the increased staffing requirements for children with more complex needs attending.

Short breaks grant programme - this scheme enables families with children with SEND to apply for small grants to purchase items such as garden equipment and sensory toys and activities or leisure support. An evaluation of the Summer 2021 offer evidenced positive impacts on children's emotional and physical wellbeing which enabled the scheme to continue to 2022.

Children's continuing care – some children and young people may have complex health needs. These may be the result of congenital conditions, long term or life limiting or life-threatening conditions, disability, or the aftereffects of serious illness or injury. These needs may be so complex that they cannot be met by existing universal or specialist services alone, and therefore a package of additional health support is needed, known as continuing care. Within Sunderland we currently have 6 children accessing continuing care which from a recent benchmarking exercise, is notably lower than our Statistical Neighbours. This has resulted in approval for additional resources to support continuing care assessment and planning and we anticipate an increase in these numbers over the next financial year.

8.6 Access to information

Local Offer Website - Together for Children's website has recently been revamped to ensure parents can easily access information available to support children and young people and inform them of the local offer and of the agencies/services they can access to support them when dealing with any concerns they may have.

Disabled Children Register (DCR) – This is a voluntary list of children and young people in Sunderland who have SEND. The information is used to help plan and develop services in Sunderland for families. Families are kept up to date about new services or information. There were 1165 children and young people in Sunderland signed up to the Register as at December 2021.

Together for Children promotes the Register through the Local Offer and offers families a free MAX Card. With this card families can enjoy free or discounted rates on various venues, such as castles, zoos, bowling alleys, etc. The aim is to provide a sense of community through stimulating learning experiences and enjoyable days out for everyone. In addition, the more families signed up, the better the organisation can plan and deliver services based on need.

8.7 Specialist Teams and Services

School settings and families can draw on a wide range of specialist support teams within the city to support children and young people with SEND. These teams include Portage, Language and Learning Partnership, Autism Outreach, Educational Occupational Therapy, the Behaviour Support Service and the Children's Sensory Team (for hearing and visual impairment).

The Language and Learning Partnership benefits from both specialist teachers and the services of a Speech and Language therapist, working to provide packages of support that are delivered within school settings in addition to training and support for schools.

The Behaviour Support Service is running under the management of The Link's School and provides an outreach service to schools in terms of behaviour support for children at the pre-statutory level in order to provide strategies which will successfully enable them to remain supported in mainstream placements.

Summary and Trends

- In 2022/23 the percentage of 16–17-year-olds with SEN remaining in education and training increased to 95% its highest rate in 5 years, outperforming the North East and National figures.
- In 2020/21 the percentage of KS4 pupils with a EHCP remained in education, employment and training also decreased is lower than North East and National comparators.
- Overall destinations data for 2020/21 KS4 cohort is lower than in previous years at 83.5% sustained education destination.
- Notwithstanding improvements, access to vocational education, training and employment for vulnerable young people who have SEND remains a priority.
- There are only 68 children in receipt of Direct Payments in Sunderland and a much lower number of children with personal budgets.
- There is an increased demand for short break services and families who can benefit from the grant scheme.
- The number of children accessing continuing care is notably low in Sunderland but an increase in numbers is expected in the next year.

9 I'm happy and my voice is heard

9.1 STARS Young Persons Group

STARS is a group of young people aged 12 to 25 with Special educational needs and disabilities who help shape services across the city and advocate for inclusion and accessibility. Some examples of recent consultation and joint working that have involved the STARS group include:

- National Children Bureau views on lockdown
- Make your Mark
- Refresh of the TfC Business Plan
- Sunderland Cultural Education Partnership regarding Cultural and Art Activities for children and young people with SEND
- Meetings with Ofsted during the SEND Inspection in 2021
- Speech and Language therapy – support with updating their offer to children and young people
- Support NENC ICB with Kooth mystery shop
- Support and feedback on the Local Offer

STARS have identified the following priorities that are important to them and will be working with services in Sunderland to deliver their aspirations:

- Improving transitions
- Improving education provision for post 16
- Ensuring accessibility and inclusion in new developments across the city e.g. - Culture House/Riverside development
- Designing the Holiday Activity & Food Programme for children and young people with SEND
- Supporting the design of the Purple Book App for families and children.

9.2 Parent Carer Forum (PCF)

The PCF is a proactive body within Sunderland who have recently expanded their active group to ensure they are effectively embedded into all current working groups and initiatives in development. The group participate fully at all levels across the SEND Governance structure, acting as a critical friend to Together for Children in its development of SEND. Regular Keeping in Touch (KIT) meetings began during lockdown and have proved an effective means of strengthening communication. These meetings have become an established forum to share feedback with colleagues across Together for Children, Health, SENDIASS and Sunderland Care and Support.

In terms of the PCF's wider work with families across the city. The forum has been proactive throughout the pandemic in terms of surveying families for feedback on key issues. The group have an active social media presence and hold regular meetings and events to engage directly with families. Plans are underway for the PCF to facilitate a survey of parents around their experience of transition, which will help us to inform strategy in this key area of our improvement work.

9.3 Views of Children and Families in Commissioning Services

In line with the SEN and Disability Code of Practice 2015, the views of children, young people and their families are at the heart of commissioning for SEND services. The improvement actions and commissioning intentions arising from our needs assessment will be shaped by the feedback already gathered, and we will look to improve our coproduction and engagement mechanisms for children, young people and their families to ensure that they continually have a strong voice in developing and designing services and are involved in decisions that affect them.

We are integrating our joint commissioning arrangements through strengthening co-production with families by:

- Agreeing our integrated procedure with families which sets out how we will work together from the start to the end of any commissioning activity, so they can be fully involved in creating and monitoring the services we provide.
- Creating a participation group for children with special educational needs and/or disabilities or ensure that this cohort can meaningfully be included in existing groups.
- Developing a toolkit to support good participation and co-production which will be available to partners and families as part of our Local Offer.
- Developing a process for all services and teams working with children, young people and young adults with SEND to complete an annual participation audit with a focus on improving participation.
- Reviewing processes for the assessment and coproduction of EHC plans.

9.4 Views of Children and Families within the SEND Process

Views of individual parents, carers, children and young people are captured through the statutory SEND process during both initial assessment and annual review. There is a specific proforma to capture family views and an age differentiated document for the views of children and young people. Further work is currently on-going as part of the SEND action plan to strengthen the voice of families undertaking transition reviews. As part of this process the PCF will facilitate a survey of families and a series of consultations are underway with the STARS young person group to capture the lived experience of children and young people undergoing transition.

9.5 Consultations and Joined Up Working with Children and Families

Services are committed to consulting with children and their families to hear their views, learn from their experiences, use their ideas to shape and influence future services and to deliver joined up work.

Some examples of what children, parents and carers have told us in recent consultations include:

- A refresh of the Sunderland Local Offer is required as families have told us that the site can be difficult to navigate.
- Children, parents, and carers would like more drop-in health services available in the community and out of school hours and would like access to virtual clinics.
- Greater consideration is needed of where services can be advertised and how social media platforms can be used to promote services and increase access to information.
- Families want information and support earlier to help them think about preparing for adulthood and help make any transition to adulthood smoother and more consistent across the city.

Summary and Trends

- STARS is helping to shape services across the city and advocate for inclusion and accessibility.
- Improving transitions, education provision for post 16, accessibility and inclusion in new developments across the city, and having access to Holiday Activity and Food Programme events for children and young people with SEND are important aspirations for STARS.
- The PCF survey of parents around their experience of transition, will help us to inform strategy in this key area of improvement work.
- Children and families would like to see improvements around the navigation of the Sunderland Local Offer site, access to drop-in health services and virtual clinics, the advertising of services through social media and earlier access to information and support.