

# Northumberland JSNA – July 2025

Author: Dionne Illingworth, Education and SEN Improvement and Development Manager, NCC

Date updated: July 2025

Review date: July 2026

## What is a JSNA

The Joint Strategic Needs Assessment (JSNA) is a process by which Local Authorities and NHS Integrated Care Boards assess the current and future health, care and wellbeing needs of a local community to inform local decision making. This JSNA is about children and young people with SEND aged 0-25 and identifies priorities for commissioners.

### The JSNA:

- Describes the characteristics of children and young people with SEND aged 0-25
- Identifies inequalities
- Illustrates trends
- Describes local community views
- Highlights the key findings

## What information do we use?

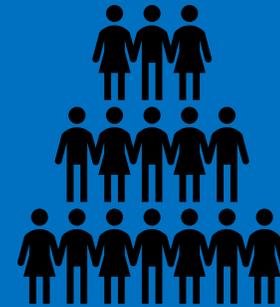
Information from many different sources are looked at, including

- Nationally published datasets on education, health and social care
- Information from services in Northumberland County Council and NENC ICB
- Internal data systems within Northumberland County Council and NENC ICB
- Findings from the co-produced Northumberland Parent Carer Survey 2024 (401 respondents)

A list of published datasets used to write the JSNA is available at the end of the JSNA

It is not possible to get a fully definitive picture of the needs of children and young people with SEND because organisations collect different information, in different ways and on different timescales. However, putting together the information that is available allows us to more fully understand the needs of children and young people with SEND in Northumberland. Engaging with children and families and not just relying on the collection of statutory data is also an important way of helping partners understand need

# About the SEND Population





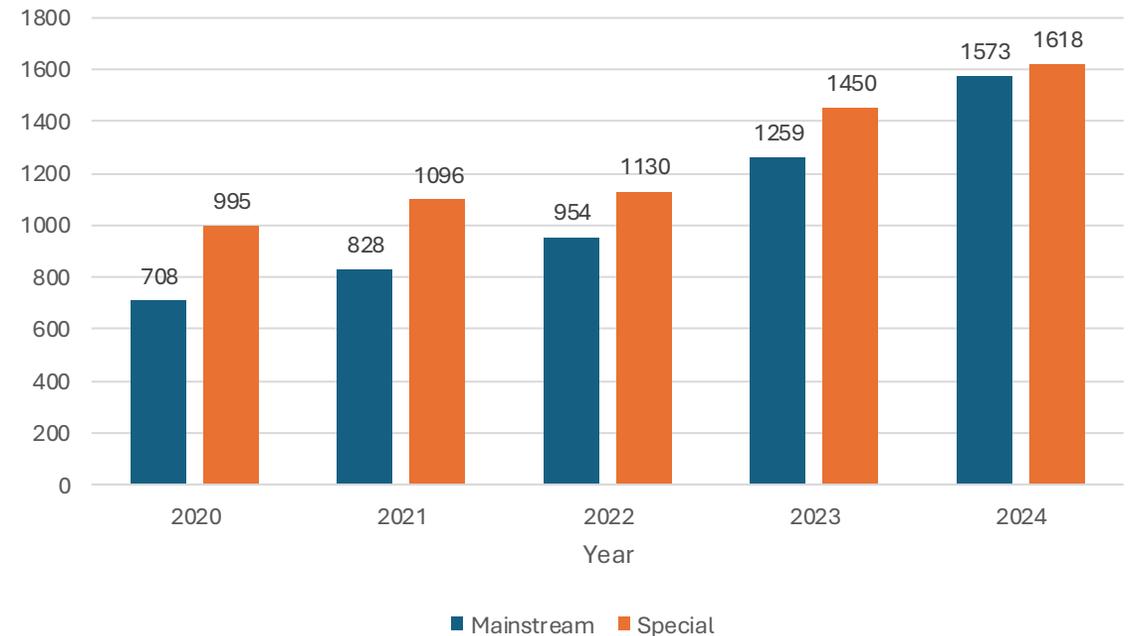
# EHCPs : Mainstream vs Special Schools

## SEND specific Educational Provision

- 10 Special Schools and academies
- 7 primary support bases
- 1 primary SEND unit
- 1 secondary additionally resourced provision

- Mainstream schools are showing an increasing trend of more children and young people with EHCPs having their needs met as close to home as possible

Mainstream vs Special School



# Northumberland SEND population

Northumberland has just over the national average of pupils identified with SEND

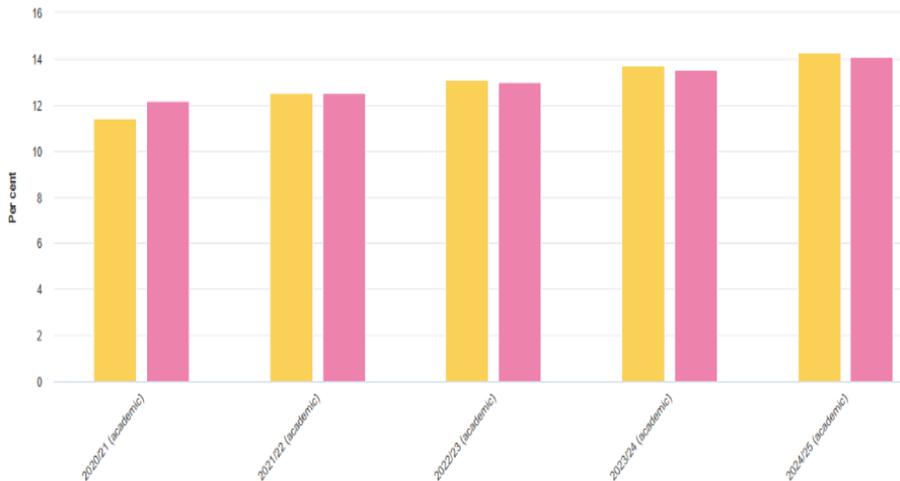
National average = 18.4%  
Northumberland = 19.5%

More children have an Education Health Care Plan (EHCP) in Northumberland than the national average

National average = 5.4%  
Northumberland = 6.9%

Source : LG Inform 24/25

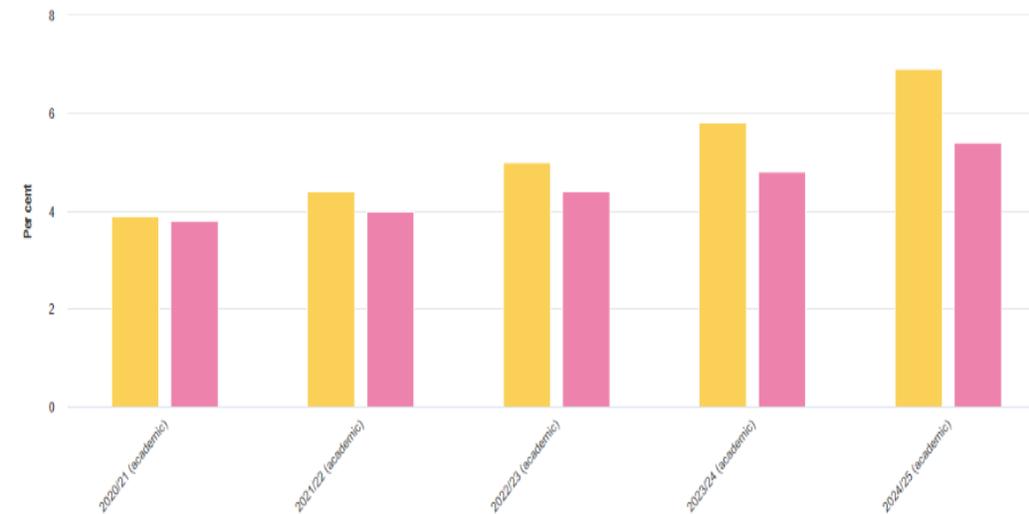
% of pupils with SEN Support in all schools (from 2020/21 (academic) to 2024/25 (academic))



Northumberland % of pupils with SEN Support (All schools) Mean for All English single tier and county councils % of pupils with SEN Support (All schools)

Numbers of children and young people with identified SEND have continued to grow year on year.

% of pupils with a statement or EHC Plan (from 2020/21 (academic) to 2024/25 (academic))

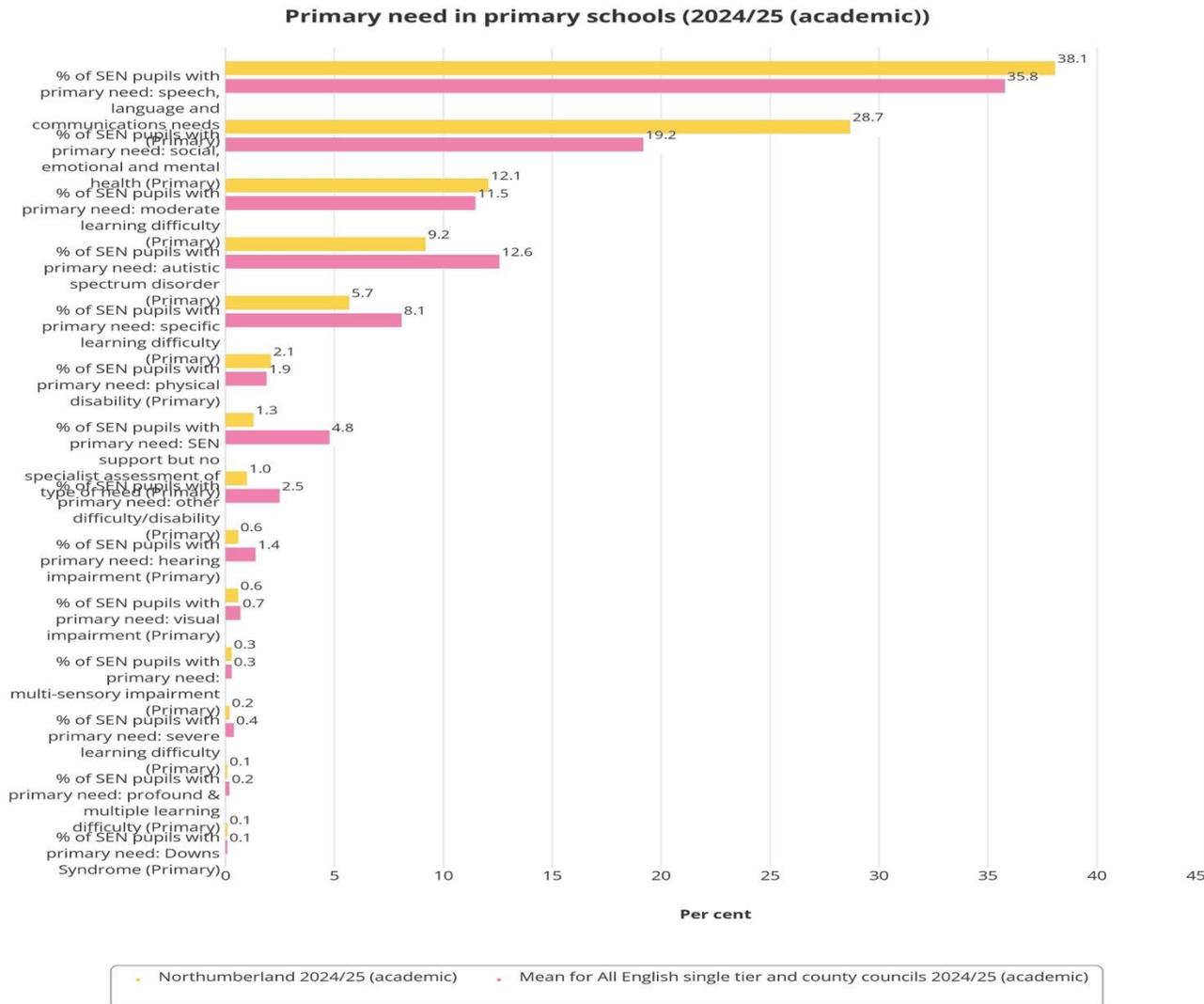


Northumberland % of pupils with SEN statements or EHC plans (All schools) Mean for All English single tier and county councils % of pupils with SEN statements or EHC plans (All schools)

Source : LG Inform 24/25

# SEND population : Primary Need in Primary School

## ALL SEND

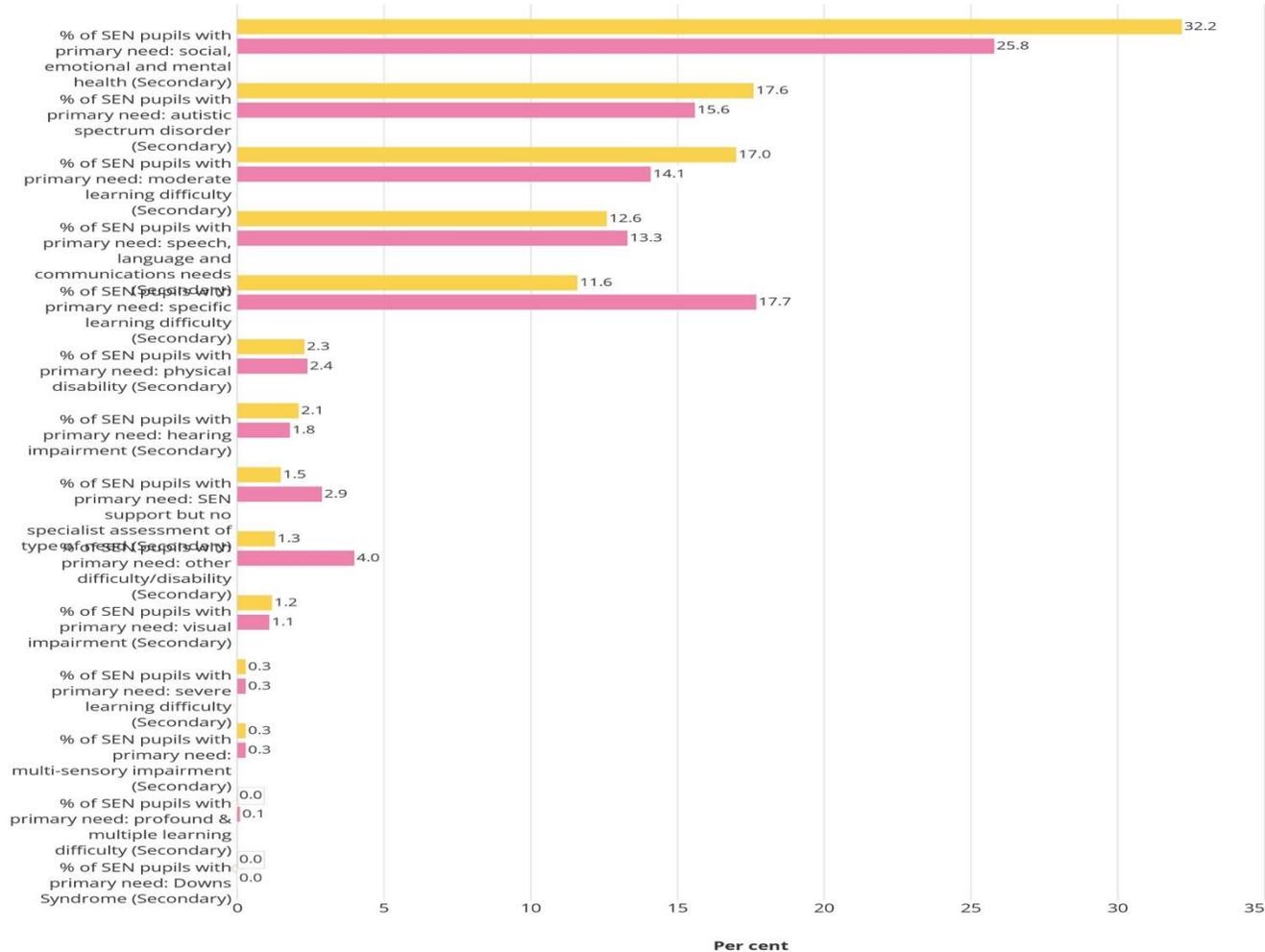


In Northumberland’s primary schools, Speech, Language & Communication Needs (SLCN) are the most commonly identified area of Special Educational Needs and Disabilities (SEND) among pupils. Current data also shows that our region has a higher proportion of pupils identified with SLCN compared to the national average

# SEND population : Primary Need in Secondary Schools

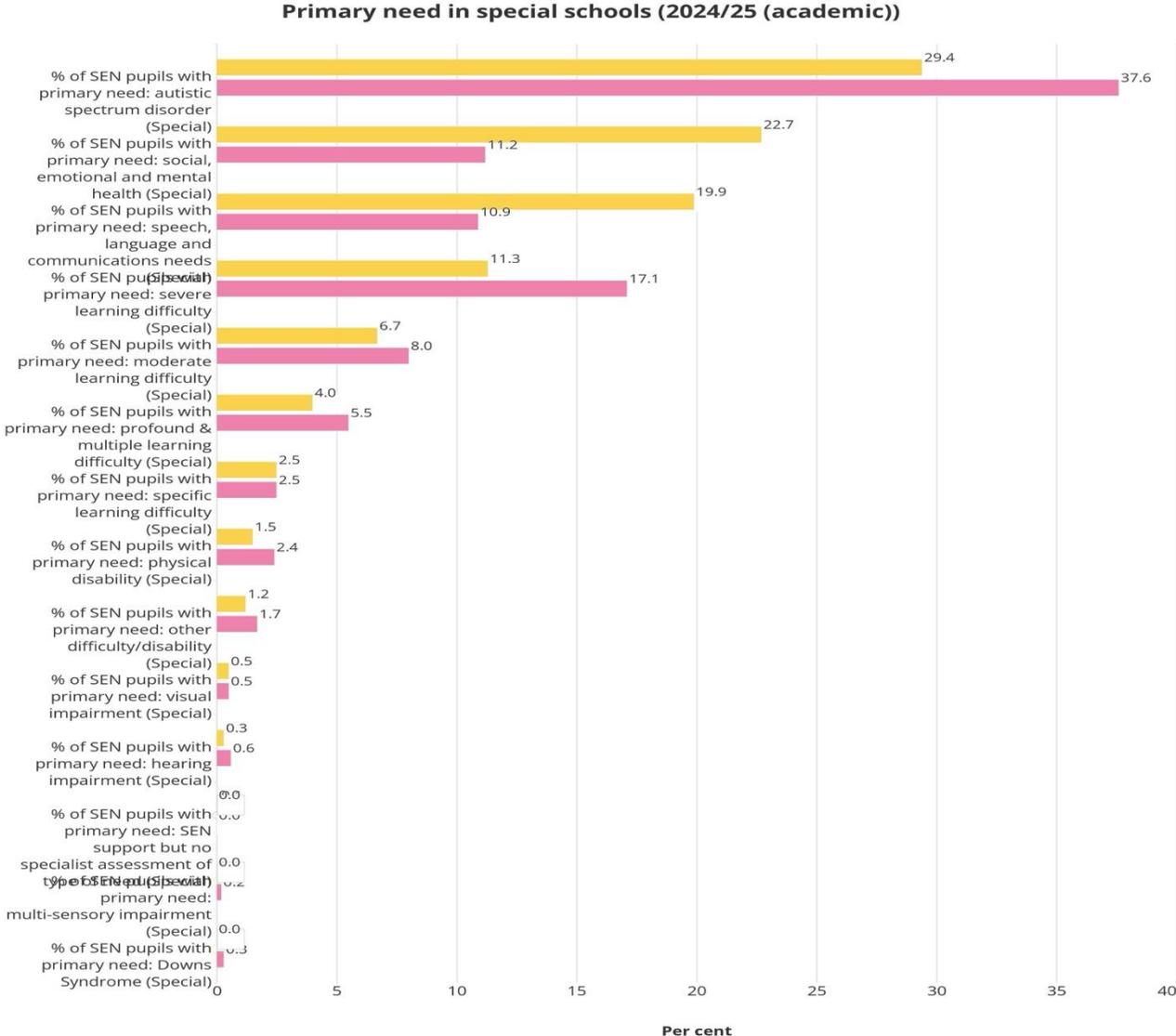
## ALL SEND

Primary need in secondary schools (2024/25 (academic))



In Northumberland's secondary schools, Social, Emotional & Mental Health (SEMH) needs are the most prevalent, with rates 6.4% above the national average. Autistic Spectrum Disorder (ASD) is the second most commonly identified need and is also higher than the national average

# SEND population : Primary Need in Special Schools



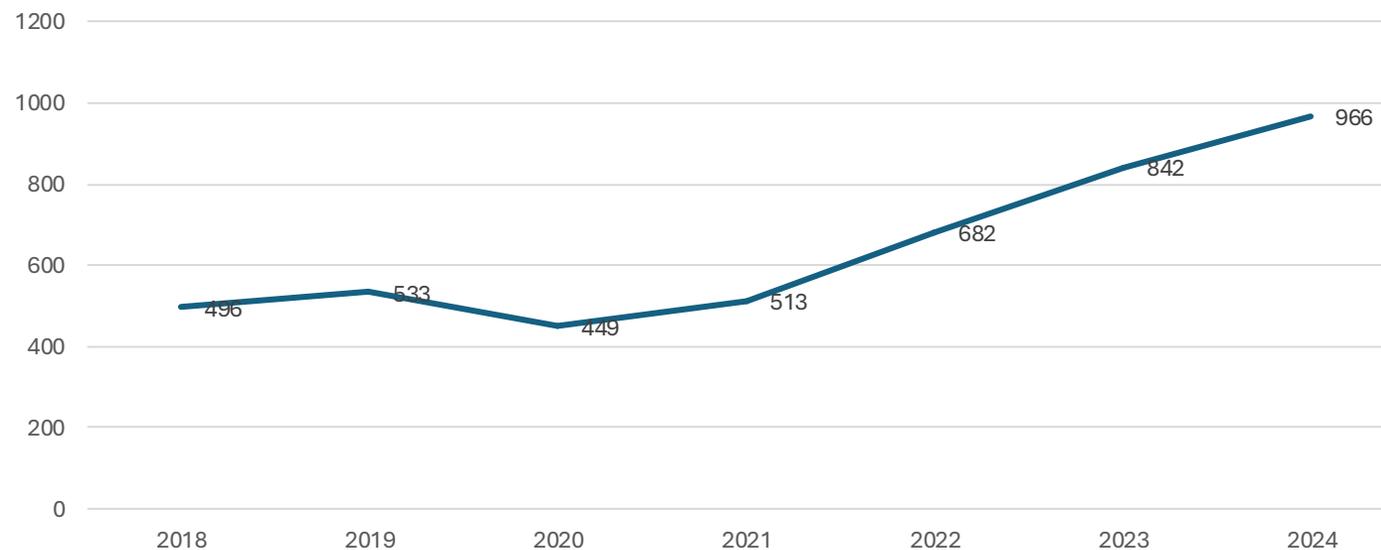
In Northumberland’s special schools, Autistic Spectrum Disorder (ASD) is the most commonly identified need among pupils, though our rates are below the national average. The next most prevalent need is Social, Emotional & Mental Health (SEMH), which—while lower than ASD—exceeds the national average

# EHCP Statutory process

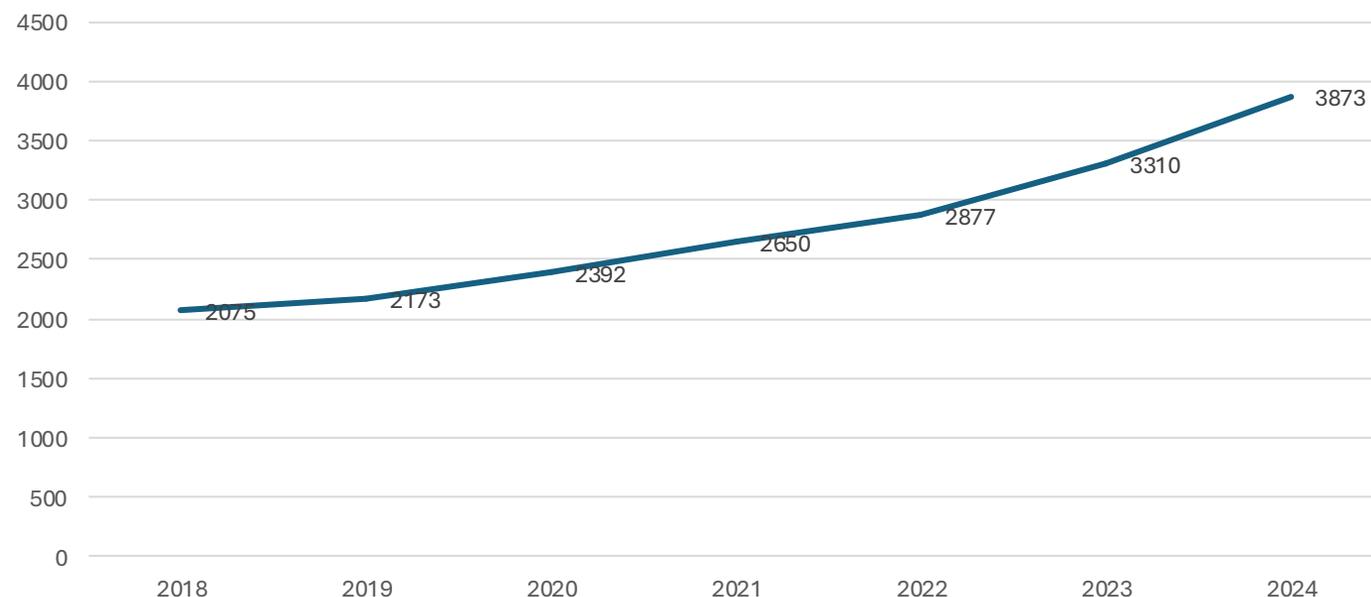
The number of requests for EHCPs has continued to rise steadily since Covid resulting in a significant increase in the overall number of EHCPs in Northumberland.

Source : SEN2 data (Data January to December each year)

### Number of New Requests



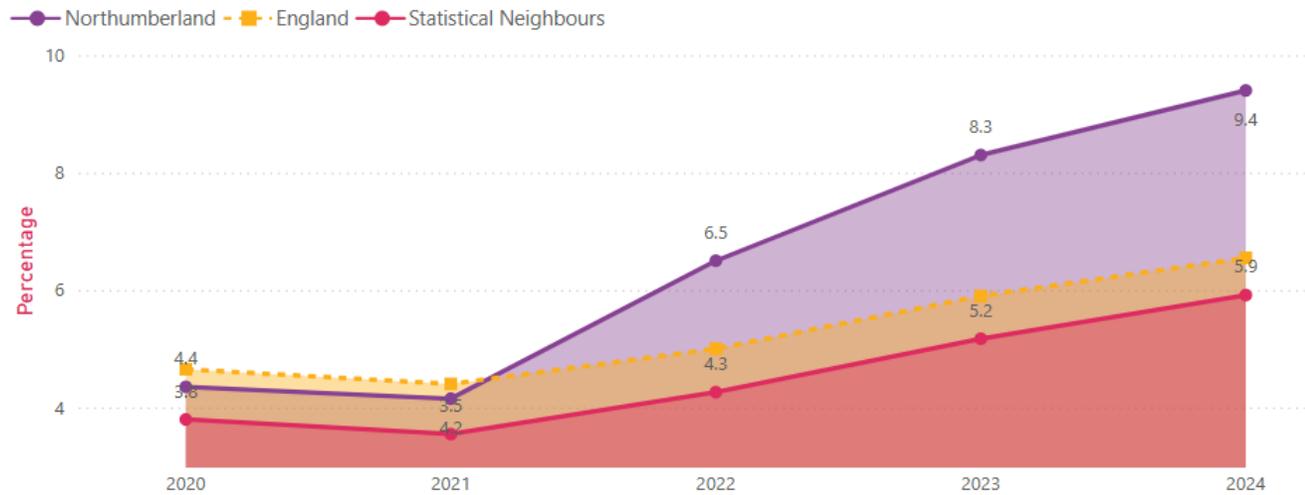
### Number of Active Plans



# SEND population : Early Years

All children aged three or four years old in England are entitled to 15 hours free early years education a week, and many are entitled to 30 hours a week. Some children aged two are also entitled to free early years education, which includes children on an EHC plan.

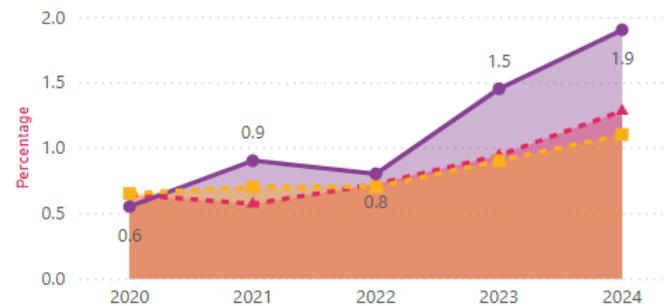
2, 3 and 4 years with SEN accessing 15 or 30 hours of early education



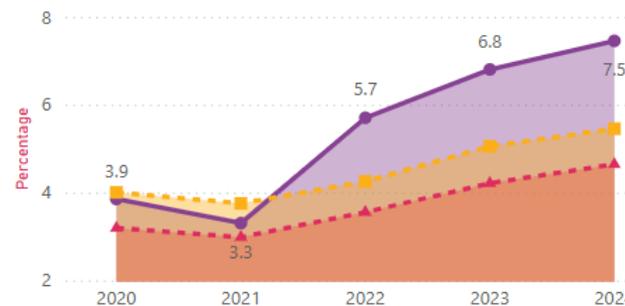
**All SEND:** The percentage of All SEND 2, 3- and 4-year-olds in Northumberland accessing 15 or 30 hours of early education has increased to 9.4% in 2024, from 4.4% in 2020. Throughout this period, the percentage of those children accessing hours of early education have remained significantly above both the England average and our Statistical Neighbours.

**EHC Plans:** 1.9% of 2, 3 and 4 years in Northumberland with EHC plans accessed 15 or 30 hours of early education, which is above both the England average (1.1%) and our Statistical Neighbours (1.2%).

Pupils with an EHC plan



Pupils receiving SEN support



**SEN Support:** 7.5% of SEN Support 2, 3 and 4 years olds accessed 15 or 30 hours of early education. This is 2.95 percentage points above the England average and 2.3 percentage points above our Statistical Neighbours.

# SEND population : Exclusions and Suspensions

Suspensions and PEX data (as of August 2025)							
	Permanent Exclusions			Pupil population	Suspensions		
	Total	EHCP	SEN Support		Total	EHCP	SEN Support
<b>2020/21</b>	44	0	12	40,070	2144	172	642
% of total		-	27%			8%	30%
<b>2021/22</b>	92	1	26	40,059	4027	372	1100
% of total		1%	28%			9%	27%
<b>2022/23</b>	105	0	38	40,036	6148	981	1687
% of total		-	36%			16%	27%
<b>2023/24</b>	140*	9	62	41,899	6102	1170	1817
% of total		6%	44%			19%	30%
<b>2024/25</b>	123**	13	45	39,878	6228	1262	1908
% of total		11%	37%			20%	31%

\* Includes 12 primary PEX of which 6 had EHCP's  
 \*\* Includes 15 Primary PEX of which 7 had EHCP's

The main reason for permanent exclusions in Northumberland continues to be persistent disruptive behaviour, followed by physical assault which also mirrors the national picture. In the 2024/25 academic year 77 out of 123 (59%) pupils were excluded for persistent disruptive behaviour and 22 out of 123 (18%) were excluded for physical assault.

The table below shows a year on year increase (with the exception of the years affected by the Covid-19 pandemic) in permanent exclusions and suspensions until 2024/25.

Data for 2024/25 shows a downward trend in PEX; there was a 12% reduction in PEX compared to the previous academic year. However permanent exclusions of C&YP of Primary School age and those with EHCP's across all phases has risen mirroring the National picture.

# SEND population : Cared for Children

At 31st July 2025

- 134 school age cared for children belonging to Northumberland with an EHCP (41% of the school-aged cared for population)
- Every child has an Education Psychology consultation on entering care to clearly identify need
- A SEND EHCP Co-Ordinator ensures statutory process, transitions and school placements are smooth
- The SEND Partnership sets targets for Cared for Children with an EHCP to increase alignment of Cared for Children reviews with the EHCP annual review. Audit of practice found alignment of reviews valuable

The 2023-24 annual report of the Virtual School headteacher reported that:

- At the beginning of September 2024 70% of the year 13 cared for children and care leavers cohort were in EET (Education, Employment and Training). 65% have an EHCP. This is an improvement since 2023.
- For year 11 school leavers who were cared for children, 67% of young people with an EHCP were in EET. This means that 5 out of the 6 NEET young people had an EHCP. Of the 6 NEET, 2 were waiting to hear if providers can meet their needs, 2 had start dates agreed, and 2 felt unable to engage in EET having been in EOTAS Health Needs during Year 11 with mental health needs.

# SEND population : Missing Education & Elective Home Ed

## Children at risk of Missing Education / Attendance

At July 2025,

- 377 of CME cohort have an EHCP (38%), SEND disproportionately represented and slowly rising over time
- Top 3 reasons for CME > Non-Attendance, AP Support, Part-Time Timetables
- Health Needs provision (section 19) > all have SEMH needs and were severely or persistently absent before entering provision
- Health Needs attendance for pupils with mental health needs, who are open to the CYPS service, is poor overall but improves significantly when children engage with the service

Source : NCC data

## Elective Home Education

At July 2025,

- 649 children were EHE, lower than the national average for EHE (rate in pupil population)
- Numbers starting EHE are higher following the pandemic over the last three years (from 20/21 = 237 to 23/24 = 323)
- 13% have an EHCP, 22% at SEND support and 66% with no SEND, the proportion is rising over time
- Families citing mental health as a reason to EHE started in 2021 (4.3%) and has risen to 23.2% in 2025.

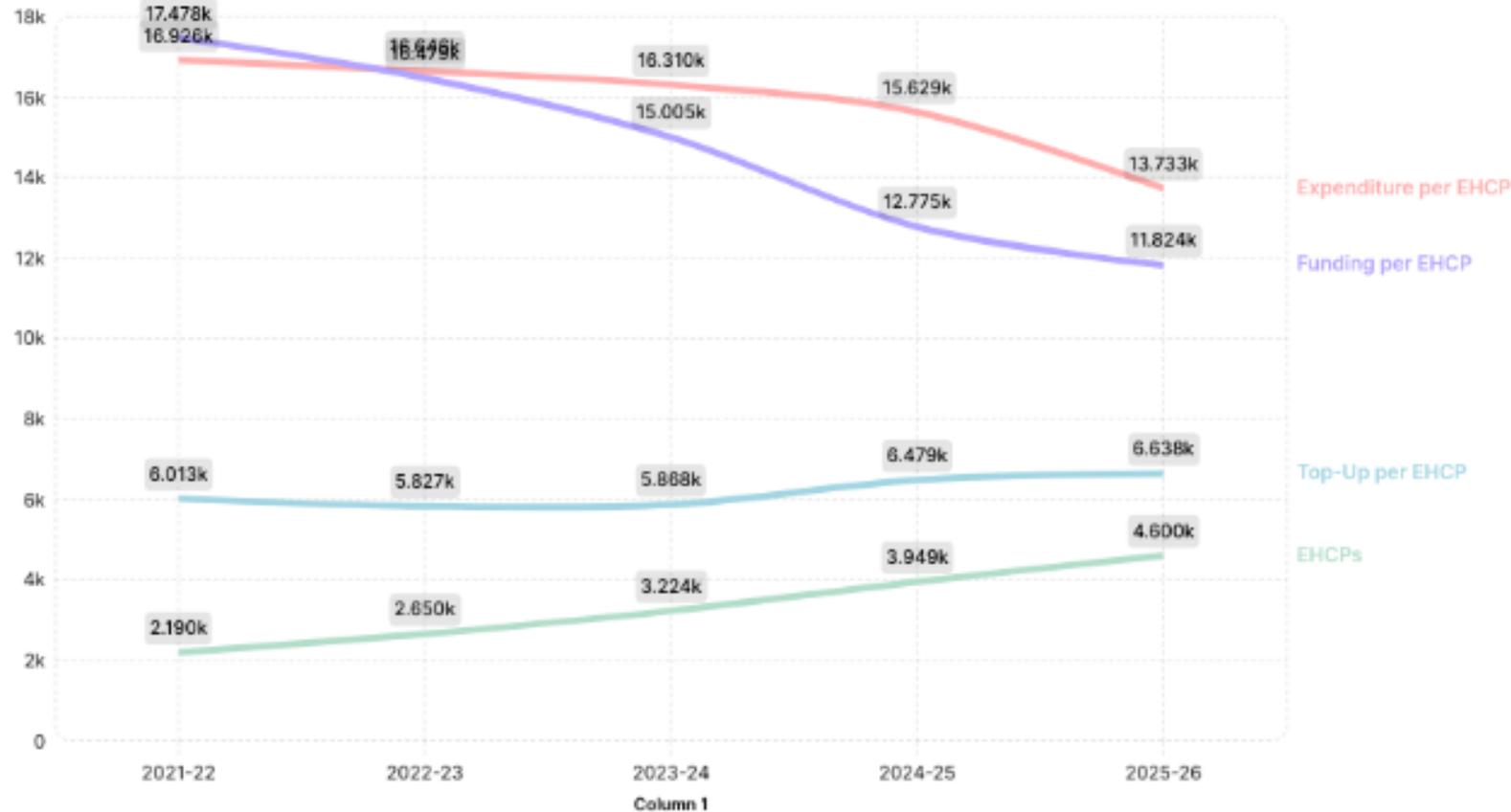
### SEND code (EHCP, Send Support)



# High Needs Block Finance

## Fluctuations in EHCPs and education funding from 2021 to 2025

Change in numbers, funding and expenditure as a proportion of EHCPs from 2021 to 2025



Made with Graphy

The growth in EHCP's has not been matched by the growth in funding. This has led to a fall in the average expenditure per EHCP and a HNB budget deficit.

The impact is significant additional pressures on all services as they strive to make efficiencies whilst still meeting need.



# Education and Employment

# Education Outcomes

Key educational attainment headlines for SEND- 7 of 8 key measures are higher or in-line with national outcomes in 23/24 for SEND Support and EHCP pupils in Northumberland. Direction of travel is positive in 7 of 8 key measures.

		Outcomes 2022		Outcomes 2023		Outcomes 2024		Outcomes 2025		N'Land 2024 - 2025 DOT
		Northumberland	National	Northumberland	National	Northumberland	National	Northumberland	National	
GLD	SEN Support	24.1	22.9	28	24.4	32	25	28.4	26.4	↓
	SEN EHCP	5.1	3.7	5.4	3.8	6.6	3.9	4.8	3.9	↓
Phonics	SEN Support	48.1	43.5	51.4	48.5	55	51.5	57.4	52.1	↑
	SEN EHCP	15.2	18.8	18.5	19.8	19.8	20.2	24	19.9	↑
KS2 - RWM	SEN Support	20.4	21	25.3	23.6	25.4	25.7	29.6	28.6	↑
	SEN EHCP	7.2	7.1	10.9	8.4	6.5	8.8	6.6	9.4	↑
KS4 - Basics 5+	SEN Support	18.0	22.3	17.4	20.7	18.4	21.6	NYA	NYA	
	SEN EHCP	4.8	6.9	1.9	6.9	5	6.8	NYA	NYA	

Source : DfE/NEXUS 2023/24 (please note 2025 data is unvalidated)

# SEND NEET and Not Known

NEET = young people aged 16-25 who are not in education, employment or training

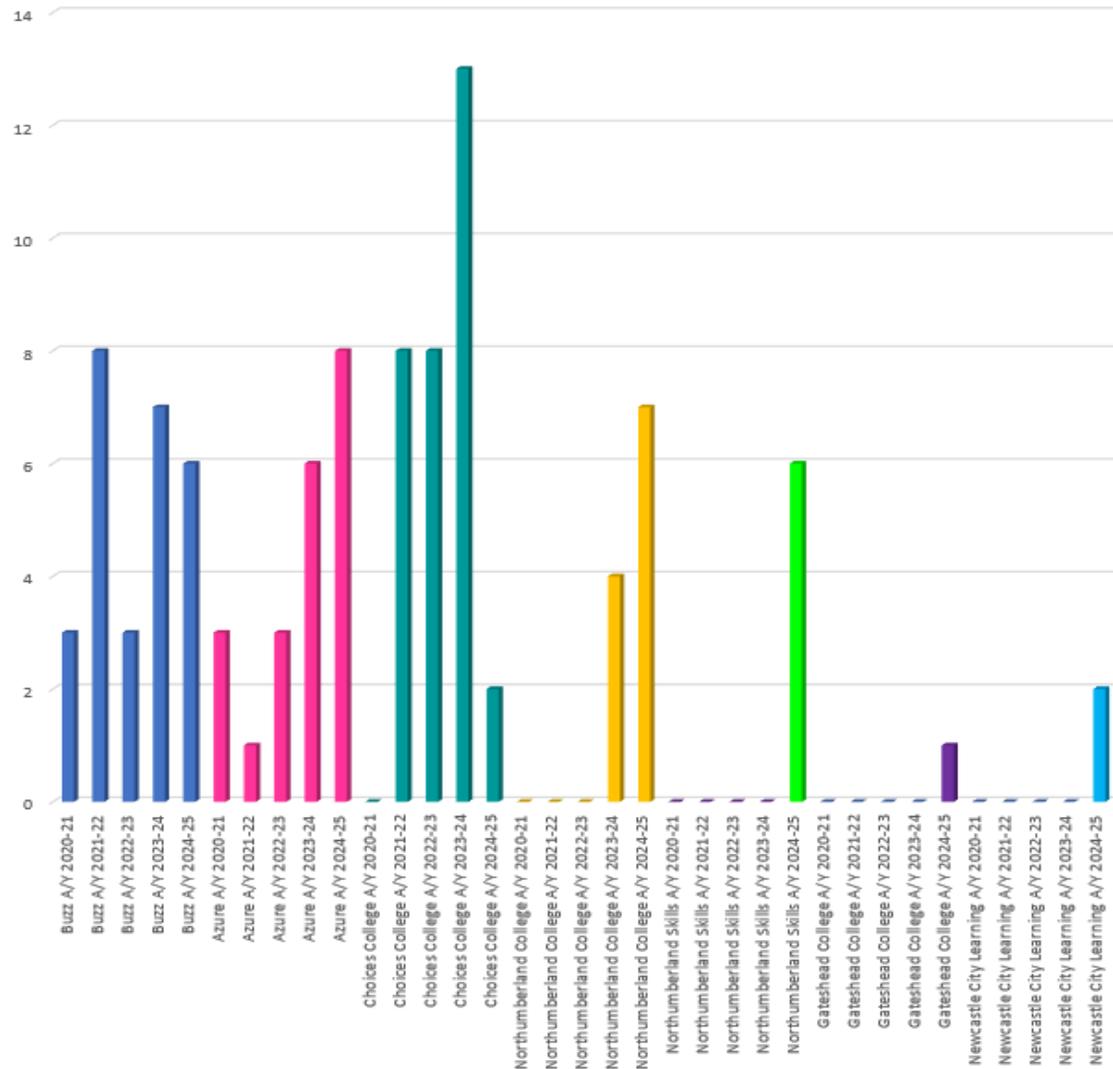
	NEET	Current activity not known	NEET and not known combined
Northumberland	11.7%	0.7%	12.4%
North East	15.2%	15.2%	30.4%
National	10.3%	33.5%	39.5%

Northumberland Not Known is strong in comparison to national and North East comparisons.

There is more to do in relation to supporting C&YP who are NEET

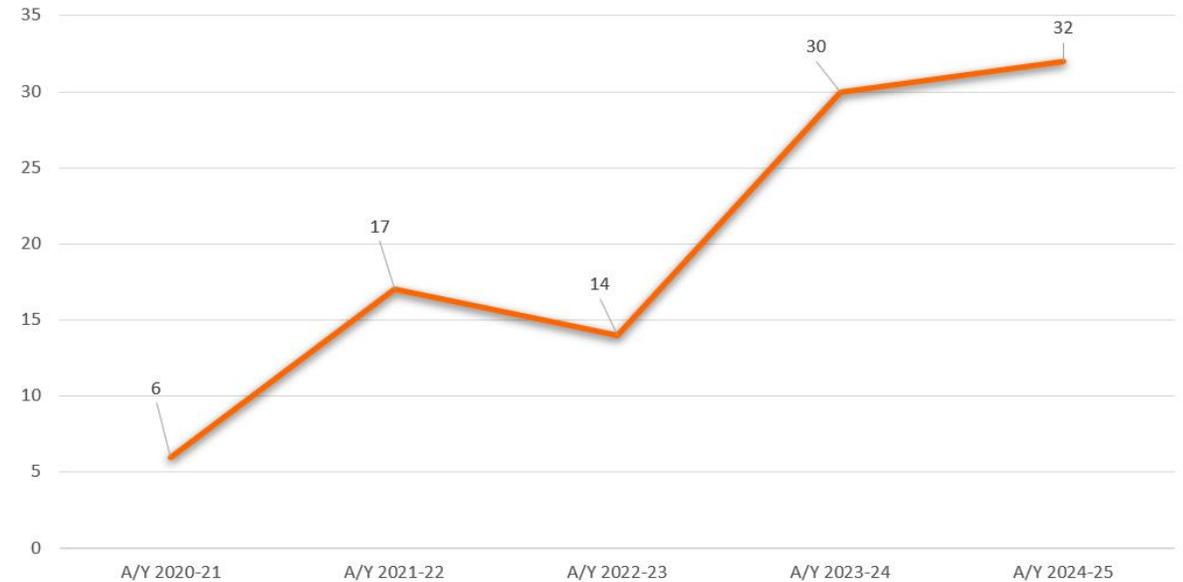
# Supported Internships

Supported Internship Starts by provider, by academic year



Source : NCC data

Northumberland Supported Internship Starts by Academic Year



Growth continues in 2024-25 with 32 interns compared to 30 in the previous academic year.

This growth (2) is very small but the reason for this is that the provider with the largest supported internship cohort (Choices College, part of NHS) had a gap year with no delivery owing to wider NHS staffing/structure constraints.

Rising to 32 without Choices College in play gives reassurance that growth will accelerate in 2025-26 when Choices College are in delivery and the aggregation of each providers individual growth.

The councils own supported internship programme delivered by Northumberland Skills and Northumberland Colleges SI programme with Places Leisure (the councils appointed leisure operator across council owned leisure venues) are both contributing to the growth figures.

# Education needs identified :

- *Development need within mainstream schools for greater inclusive practice with SEND learners, particularly at secondary level*
- *Workforce development to better support learners across the highest areas of need of social, emotional and mental health, neurodiversity, and speech, language and communication needs*
- *Improve timely transition planning between settings ensuring child and parent carer voice are heard*
- *Increased need for specialist educational provision across the board, particularly for pupils with SEMH and Autism at secondary phase*
- *Increase the range of options for Post 16 SEND learners within Northumberland*
- *Reduce the numbers of young people who are NEET and SEND*
- *Increase the number of supported internships which result in employment.*
- *Increase the timeliness of EHCPs and Annual Reviews*



**Health**

# Health Data

Base line (Jan-Mar 2024)		Health	Most Recent (Jan-May 2025)		
<b>92.5%</b>	% of children who received a 2-2.5 development year review	<b>99.3%</b>	% Primary Mental Health Support patients seen within 18 weeks	<b>95.3%</b>	% of children who received a 2-2.5 development year review
<b>93.1%</b>	Waiting time to assessment for Neurodevelopmental Diagnostic Pathway within 18 weeks	<b>100%</b>	Children and Young People accessing Mental Health Support within 12 weeks of referral	<b>79.6%</b>	Waiting time to assessment for Neurodevelopmental Diagnostic Pathway within 18 weeks
<b>46</b>	Average waiting time to assessment for Neurodevelopmental Diagnostic pathway (average in days)	<b>116</b>	Waiting time from referral to treatment neurodevelopmental diagnostic pathway (average in days)	<b>72</b>	Average waiting time to assessment for Neurodevelopmental Diagnostic pathway (average in days)
<b>100%</b>	% SLT (Paediatrics) within 18 weeks (referral to 1 <sup>st</sup> treatment)	<b>97.0%</b>	& Occupational Therapy (Paediatrics) within 18 weeks referral to 1 <sup>st</sup> appointment	<b>99%</b>	% SLT (Paediatrics) within 18 weeks (referral to 1 <sup>st</sup> treatment)
<b>TBC</b>	Housing adaptations: average waiting time (weeks) for the Paediatric OT service is from referral received until the young person is assessed	<b>23.3</b>	Housing adaptations: longest waiting time (weeks) for the Paediatric OT service is from referral received until the young person is assessed	<b>15.6</b>	Housing adaptations: average waiting time (weeks) for the Paediatric OT service is from referral received until the young person is assessed
<b>91.0%</b>	% physiotherapy (paediatrics) within 18 weeks			<b>46.6%</b>	% physiotherapy (paediatrics) within 18 weeks
<b>94.3%</b>	OT sensory processing support: % children seen within 18 weeks referral to treatment			<b>100%</b>	OT sensory processing support: % children seen within 18 weeks referral to treatment
				<b>100%</b>	% Primary Mental Health Support patients seen within 18 weeks
				<b>100%</b>	Children and Young People accessing Mental Health Support within 12 weeks of referral
				<b>201</b>	Waiting time from referral to treatment neurodevelopmental diagnostic pathway (average in days)
				<b>98.3%</b>	& Occupational Therapy (Paediatrics) within 18 weeks referral to 1 <sup>st</sup> appointment
				<b>33.6</b>	Housing adaptations: longest waiting time (weeks) for the Paediatric OT service is from referral received until the young person is assessed
				<b>75.7%</b>	(NEW) % of patients on the QOF (Quality & Outcomes Framework) Learning Disability register aged 14 to 24 years inclusive who received a Learning Disability Annual Health Check between the start of the financial year and the end of the reporting period (Note - New FY Started in Apr 25)

# Health Data

## July 2025

- Healthy Child Programme 2.5 yr development checks (95%) – consistently better than Nat. Average of 93%, and better across all domains (ranging from 86% - 94%)
- OT Sensory Processing Support : % children seen within 18 weeks (Northumbria) referral to treatment (66%). Quality improvement work is underway.

## Waiting times / appointments for :

- % Primary Mental Health Support (Northumbria) within 18 weeks (100% in qtr 4).
- Children and Young People accessing Mental Health Support within 12 Weeks Of Referral (100% in qtr 4).
- % SLT (Paediatrics) within 18 weeks (Northumbria) (referral to 1st treatment) (99% in qtr 4).
- % Occupational Therapy (Paediatrics) within 18 weeks (Northumbria) referral to 1st appointment (98% in qtr 4).
- Housing adaptations: average waiting time (weeks) for the Paediatric OT service from Northumbria ie from referral received until the young person is assessed (15.6 weeks in qtr 4, reduced from 17 weeks in qtr 2 when reporting began).
- LD aged 14-24 who have had their annual health check is better than the national average if declines are included (79% compared to 75%). The figure is 71% if declines are excluded.
- Neurodevelopment diagnostic pathway waiting times from referral to treatment are rated as amber with average waiting times in the 18+ weeks category

NB It is not yet possible to identify the SEND cohort of C&YP within NHS data therefore this data relates to ALL C&YP

# Accessing services

- Speech and Language Therapy, Occupational Therapy consistently see new referrals for children and young people within the national 18 week waiting time
- Referrals for children and young people to access support for mental health have increased significantly during the pandemic and are placing demands upon the capacity of existing resources
- The number of children and young people referred for a neurodevelopmental assessment has continued to increase year on year. As a result pre-school and school aged waits for a neurodevelopmental assessment have increased with waiting times currently over a year
- There has similarly been an increase in wait times for post diagnostic support to access post diagnostic support
- As the numbers of children attending specialist provision has increased, this has had an impact on the capacity of therapies and school nursing to meet need

NB It is not yet possible to identify the SEND cohort of C&YP within NHS data therefore this data relates to ALL C&YP

# Accessing services

- 94.3% of young children received their 2 and a half year health check for 23/24, compliance for 24/25 is 93.3% for the first three quarters of the year
- Children and young people who require equipment at home and / or at school receive it in a timely way
- Children and young people who require assessments for housing adaptations have experienced long waits though these are now coming down
- Wheelchair waits are longer for those with mild needs, those with medium and high levels of need are seen within four weeks
- As the numbers of children attending specialist provision has increased, this has had an impact on the capacity of therapies and school nursing to meet need
- 75.7% Annual Health Checks were completed for 14-17 year olds in the year 2023-2024

# Health needs identified :

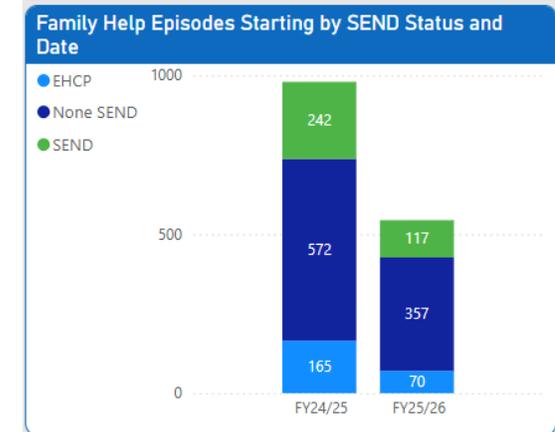
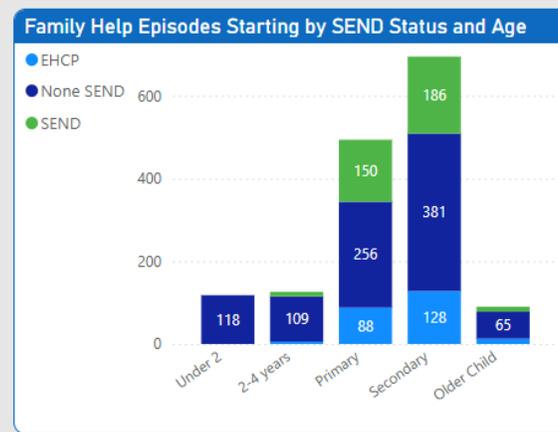
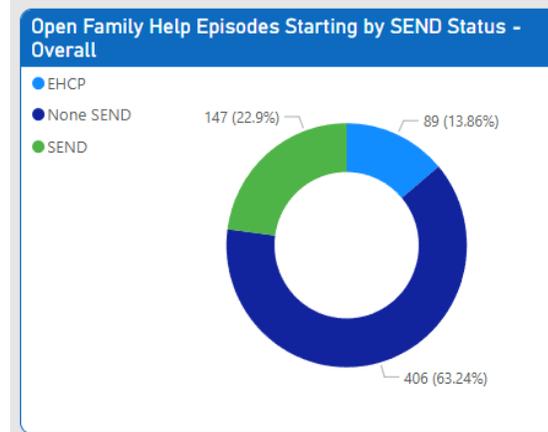
- *Workforce development need around increased understanding of neurodiversity*
- *High level of need around social, emotional and mental health needs and a need to review the coordinated multi-agency approach, particularly for those children and young people whose mental health is affecting their school attendance*
- *Strengthen the voice of SEND children and young people and their parents and carers in the planning of their support*
- *Mental health support for parents and carers of children and young people with SEND*
- *For practitioners across education, health and care to communicate more with each other as well as with children, young people and their families, particularly around transition into adult services*
- *Waiting times for neurodevelopmental assessments are long*
- *Increase the number of young people who receive an Annual Health Check*
- *Understand the impact of the increase in specialist educational provision on delivery of nursing and therapeutic capacity and identify any steps that need to be taken*



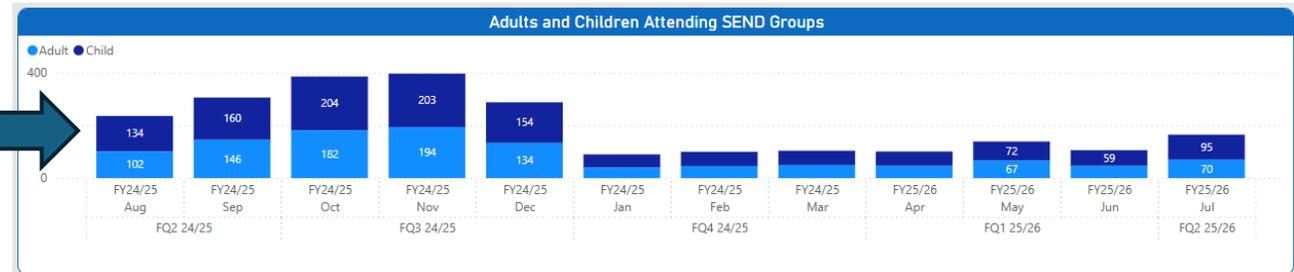
# **Independent Living & Community Inclusion**

# Independent living and community inclusion

**Aug 24 - Jul 25**  
Family Help Data shows that children and young people with SEND made up 35% of the families accessing Family Help.



**Aug 24 - Jul 25**  
Numbers of children and parents and carers who attended Additional Needs and Disability Groups in Family Hubs.



# Transitions into adult social care

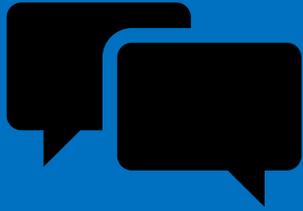
- Monthly transition planning meetings take place to oversee the transition from children to adult social care
- Indicators show adult social care is working with more young people under the age of 18
- For the year 2024/25, 87% of under 18 year old clients had a completed adults social care assessment prior to their 18th birthday in place, this compares to 61% in 2019/20.
- Transitions for young people with complex needs have experienced a delay in services being identifier to support them before they turn 18

# Short breaks and respite

- Holiday Activities Fund have increasing numbers of C&YP accessing provision > 883 in 2022, 2983 in 2023, and 2292 in 2024
- There are a number of local providers who deliver community based group activities for disabled children but these are not consistently spread across Northumberland. In July 2025, Monksfield short break care ceased operating.
- Northumberland Home Support Service delivers domiciliary care into children's homes in response to challenges in recruitment and retention for direct payment workers
- The location of overnight provision does not align with areas of greatest need across the county and there is insufficient provision for crisis responses and support for children with very complex needs.

## Independent living & community inclusion needs identified :

- *Explore short break activities across Northumberland and identify areas for development*
- *Continued engagement with prospective providers to try and secure more provider options on the framework*
- *Embed and understand impact of adult social care transition posts to support young people with complex needs moving into adult social care*
- *Clearer accessible information about moving into adulthood across all areas*
- *Develop and support consistent person centred approaches in supporting young people into adulthood*
- *Develop a business case in relation to provision to meet the needs of children requiring overnight short break support going forward including residential and family based options*
- *Identify SEND footprint within the provision of existing support*



# Co-production and Voice

# What parents and carers have told us

It would make a positive difference to their child's **learning** if

- More staff had a greater understanding of neurodiversity and how to support neurodivergent children in the classroom
- Reasonable adjustments were consistently made and communicated to all staff
- Moving to a new school or setting was planned early and collaboratively with both settings, the child and their family
- Individualised support is given to children and young people according to their needs, irrespective of any diagnosis
- Communication between home and school was consistent and they knew how their children were making progress and what support they were receiving
- Parents and carers were listened to and heard more often
- The school curriculum could be more balanced between life skills and exam based content for some children and young people
- EHCPs and Annual Reviews were held in a timely way

# What parents and carers have told us

It would make a positive difference to their child's **physical and mental health** if

- It was clearer where you can get mental health support from, and how to be referred to services
- Their children were more actively involved in planning their own support
- Parents and carers were listened to and heard more often
- Staff had a greater understanding of neurodiversity and recognised mental health needs separately from any diagnosis their child may have (diagnostic overshadowing)
- Communication between services and families was consistent
- Health and social care practitioners and schools and settings communicated more between each other to coordinate supporting their child
- Waiting times were shorter for neurodevelopmental diagnoses and wheelchair services
- There was mental health support available for parents and carers of children and young people with SEND
- Support as you moved between children and adult services was well planned

# What parents and carers have told us

It would make a positive difference to supporting their child to be as **independent as possible and be included in the community** if

- Services and support are planned at every age for the next step in their child's life with children, young people and their families (from birth through to adulthood)
- Practitioners supporting their child consistently coordinate and communicate between each other and the child and their family about next steps
- There were a wider range of activities available across the County and that those that were already in place were more inclusive
- More information was available to inform families about what support and what community activities are available
- It was clearer how and when you can access support from social care

# Co-production and Voice needs identified :

- *Development of a co-production Charter*
- *Co-production to be consistent at the level of strategic planning, at the level of delivering services and at the level of each family and child*
- *Development work should ensure accessible information is readily available to parents and carers*
- *Increased communication about what that is planned, work that is happening and outcomes be clearly communicated across the system*
- *Continued promotion of the Local Offer*

## Published datasets used to inform this JSNA

- [LG \(Local Government\) SEND report](#) *(opens in external window)*
- [SEN2 data](#) *(opens in external window)*
- [Local Authority Interactive Tool \(LAIT\)](#) *(opens in external window)*
- [A Multi-Agency Data Dashboard for SEND 0-25](#) *(opens in external window)*
- [Mental Health Services Data Set](#) *(opens in external window)*
- [Public Health Profiles](#) *(opens in external window)*
- [Personal Health Budgets](#) *(opens in external window)*
- [Learning Disabilities Annual Health Checks](#) *(opens in external window)*
- [Local area Special Educational Needs and Disabilities report for Northumberland Council | LG Inform](#) *(opens in external window)*