

Delivering better outcomes together

JSNA ANALYSIS SUMMARY



Introduction

Under the Delivering Better Outcomes Together (DBOT) contract, funded by the Department for Education, the Council for Disabled Children (CDC) has a support offer around joint working and the SEND Reforms. More information on this contract is available [here](#).

A number of requests have been made through this contract for analyses of Joint Strategic Needs Assessments (JSNAs), identifying good practice and areas for improvement either at a regional or local level. The learning from these analyses may well be useful for other areas.

JSNAs, when done well, are a highly useful document that enable local areas to understand their population and chart current and future need, thereby supporting commissioning decisions. However, many local areas are not actively using their JSNAs as a 'living' document and therefore they are not always being used to their full potential.

There is no mandated template for JSNAs, however there is a [statutory guidance document provided by the Department of Health](#).¹ This following extract summarises the guidance's approach to JSNAs:

While we do not intend this document to provide a template, it may be used as a supplementary guide, highlighting core elements of successful JSNAs.

“The purpose of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public’s health and reduce inequalities [...] Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.”

Department of Health, 2011

While we do not intend this document to provide a template, it may be used as a supplementary guide, highlighting core elements of successful JSNAs.

1. Department of Health (2011), *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*

About this document

CDC has conducted this analysis by drawing on the principles in the statutory guidance document, along with [‘The Joint Strategic Needs Assessment: A vital tool to guide commissioning’²](#) and the team’s experience of working with local areas. CDC has developed a series of questions to guide their analysis, which can be found in the [Appendix](#).

As the DBOT contract has a SEND-focus, CDC has only reviewed documents explicitly pertaining to children and young people (CYP) with SEND, supplemented where appropriate with related documents which have a strong SEND element, such as CYP Mental Health.

This document also serves as the foundation for a webinar on JSNAs, including a best practice case study from Luton, [which can be accessed here](#).

Contents

[Overview – what makes a good JSNA](#)

[General recommendations](#)

[Appendix](#)



2. ‘The Joint Strategic Needs Assessment: A Vital Tool to Guide Commissioning’ in *NHS Confederation (July 2011)*, Issue 221. [Available at https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Briefing_221_JSNA.pdf]

Overview – what makes a good JSNA?

The JSNAs we have reviewed vary considerably in depth and quality. Below are some key themes drawn from the analysis, supported by the statutory guidance:

1. Having a SEND-specific document is crucial.

There are a couple of notable instances where there is no particular JSNA document focusing on CYP with SEND, and this is worrying. The statutory guidance does not insist on topic-specific documents, but it does recommend them:

“JSNAs can also be informed by more detailed local needs assessments such as at a district or ward level; looking at specific groups (such as those likely to have poor health outcomes); or on wider issues that affect health such as employment, crime, community safety, transport, planning or housing.”

Given that we know that CYP with SEND have poorer life outcomes, it seems remiss not to have a focus on this demographic.

2. The ‘so what’ factor makes or breaks a JSNA document.

Many documents lack recommendations for action based on the data they contain, meaning that they have limited clear implications for commissioning. Those that do ask ‘so what’ of the data link well with policies, strategies and on-going work, and the reader can see the trajectory from ‘what have we got’ to ‘what do we want to see’.

[Luton’s SLCN document](#) is an excellent example of this.

3. Good quality data is a vital foundation for understanding the population.

The evidence base for many JSNAs could be stronger; it often seems to be based on ‘what we know’ rather than ‘what we need to find out’. The complex lives of disabled children and young people are not always fully captured in the data, and some groups of CYP are missing entirely from the picture.

Equally, on occasion there is too much data or the data does not have a clear purpose. There is a wealth of national and local data available; however, good JSNAs ensure that the data included is of use in understanding the population and informing commissioning. Good data tells us something meaningful about the lived experiences of disabled CYP and their families.

For example, a lot of consideration is given to comparisons with national averages or with local/ statistical neighbours, without consideration of what this means; the ‘so what?’ factor is missing.

Following a [Life Course Approach](#) may help with robust data collection, as it encourages local areas to consider how changes in environment and developmental stage intersect with their condition/s.

4. A Joint Strategic Needs Assessment should have a focus on needs.

Many weaker JSNAs give data which focuses on primary need or diagnosis. This does not give the full picture of a child's needs; one child with a diagnosis of ASD will vary considerably from another, and so will the provision they need in place to support them.

Furthermore, many weaker JSNAs focus on data about the services or support currently accessed by CYP. This can only give a partial picture; a good JSNA acknowledges what is missing as well as what is available. This requires direct engagement with CYP and families, although aggregating Education, Health and Care plan data may also be helpful.

5. Clarity around what is meant by disability helps to ensure CYP are not lost in the JSNA.

The majority of local areas have different JSNA documents to focus on different issues, which is very sensible. In a good JSNA, this creates a lattice where CYP characteristics are cross-referenced; for example, it is acknowledged in the SEND JSNA that CYP with SEND are more likely to face mental ill-health, or that mental ill-health can result in disability, and this is linked to the CYP Mental Health JSNA (and vice versa).

6. Stakeholder engagement promotes a fuller picture and a more relevant commissioning tool.

Robust JSNAs are a collaborative, if not co-produced, piece of work, including the perspectives of CYP and parent carers. Working in this way should also provide qualitative data with which quantitative data can be triangulated.

JSNAs should also be developed with stakeholders from different agencies in order to develop meaningful recommendations.

The co-production of the Key Lines of Enquiry for the JSNA with CYP and parent carers, following a Life Course Approach, is highly recommended. This should also highlight the experiences of CYP and families on specific care pathways, be they condition-specific or related to life situation.

[Stockport's SEND 0-25 JSNA document](#) is a good example of including qualitative input from CYP and families, using their own words where possible.

[Luton's SLCN document](#) is a good example of the inclusion of qualitative parent carer input- Section 8: Engagement and Perceived Needs.



7. Ensuring the document is regularly reviewed and refreshed promotes a more relevant commissioning tool.

While we acknowledge that refreshing a JSNA document is a large undertaking, those that are not regularly reviewed and refreshed are unlikely to be useful commissioning tools. Including a clear timeline for review and adhering to it will help to keep a fresh understanding of the population and their needs. This can be combined with other pieces of work so as not to duplicate or create excessive additional work.

8. A good JSNA is not just a snapshot of the present, but also an opportunity to consider 'future need'.

A few JSNAs project how their demographics are likely to change in the coming years. However, very few give consideration to what this means for commissioning; the 'so what?' factor is lacking. While CYP's and families' needs shift over time, tracking past and forecasting future trends support local areas in anticipating needs, as well as identifying and disrupting negative trends.

9. Well-considered JSNAs recognise and mitigate data gaps.

Data in general appears to be an area of challenge for many local areas across the country, particularly when it comes to qualitative data from CYP and families. Where this (or any other useful data set) is missing from the JSNA, good documents recognise the gap and make recommendations for plugging it in future iterations.

10. A good JSNA is not a standalone document, but is linked with strategies and programmes of work.

An up-to-date, relevant and meaningful JSNA explicitly references on-going or future programmes of work, as well as linking to policies and strategies. This helps it to be a working document and promotes a clear link between 'what we know' and 'what we would like to see', by indicating 'how we are going to get there.'

[Luton's SLCN document](#) does this very well.



General recommendations

We have developed 10 recommendations based on the above learning points. We have included commentaries on each local area's strengths and weaknesses in later sections, but the below table summarises the recommendations made to each local area from this list.

1. **Develop a SEND specific document.**
2. **Develop or strengthen recommendations for action.**
3. **Strengthen the evidence base, particularly for qualitative data.**
4. **Give more attention to CYP needs rather than diagnosis or services accessed.**
5. **Ensure all CYP with SEND are captured in this or another document.**
6. **Strengthen the co-production of the document.**
7. **Consider the timeline for review.**
8. **Consider 'future need' and implications for commissioning.**
9. **Acknowledge and plan for data gaps.**
10. **Link the JSNA more closely with wider work and strategies.**

Appendix

We developed the following questions as a guide for our analysis of the JSNAs. These questions are developed from the Statutory Guidance, combined with CDC's own experience of JSNAs.

1 Is there a specific document focused on CYP with SEND **OR** are CYP with SEND embedded into other documents related to CYP?

a. Is the age range 0 – 18 or 0 – 25?

b. How do they define SEND?

2 Is the JSNA as a whole structured in such a way that all children with SEND are captured?

3 Is there consideration given to the intersecting nature of disabled children's vulnerabilities and the implications of these?

4 Does it consider 'current **and future** health needs' as per the guidance?

5 Is there a strong evidence base, and is the evidence clearly presented?

6 Is there evidence of both CYP and parent carer participation in developing the JSNA?

a. Does it include both qualitative and quantitative data?

7 Is it a descriptive document, or does it consider implications for commissioning? I.e., is the 'so what?' factor included?

8 Does it look 'live'? Is it connected into other documents, policies and strategies?

a. When was it last updated?

b. Is there a timescale for review?



About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector with a membership of over 200 voluntary and community organisations and an active network of practitioners and policy-makers that spans education, health and social care. Their aim is to see a fully-inclusive society where disabled children and young people and those with special educational needs can lead full and happy childhoods and rewarding adult lives. They do this by working with the sector to find out what is and isn't working on the ground and use what they learn to influence policy and improve practice.

CDC hosts the following networks and projects:

Early Years SEND Partnership

IASS Network

Making Ourselves Heard

Special Educational Consortium

The Information, Advice and Support Programme

Transition Information Network

CDC is proud to be part of the National Children's Bureau (NCB), a leading children's charity working to build a better childhood for every child.

CDC is also part of the consortium that delivers the Every Disabled Child Matters campaign.