



Special Educational Needs & Disabilities (SEN&D) JSNA

Derby City Council

Version 2 – July 2016



Derby City Council

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Key Points

- Children with disabilities face a range of inequalities, including accessing services, health outcomes, and educational attainment.
- It is hard to obtain accurate information regarding the exact numbers of children with disabilities living in Derby City. There are Children recorded with Special Educational Needs & Disability (SEND).
- Numbers are likely to rise, with medical advances and increased awareness of the conditions such as Autistic Spectrum Disorder (ASD). There are currently 1,373 children with statements or EHCPs in Derby City.
- The number of children and young people diagnosed with ASD has increased considerably over the last 4 years.
- There are a range of highly valued services provided in Derby City.
- Anecdotally there is also a number of issues that have been highlighted such as access to services, information and communication and a lack of a joined up approach between agencies. Delays have also been reported in provision of services, therapy and equipment.
- Development of pathways, shared records, clear information and better communication could address many of the issues identified.

Executive Summary

The Government's Children and Family Act is transforming the system for children and young people with Special Educational Needs and disabilities (SEND) so that services consistently support the best outcomes for them.

One of the key priorities for Derby is to develop, agree and implement a response to the new SEND legislation. The introduction and progress of the SEND reforms are overseen by the SEND Commissioning Group. The reforms address the needs of children from 0-25 years.

To inform further commissioning under the SEND reforms a comprehensive needs assessment was commissioned by the governance board which follows the methodology of a Joint Strategic Needs Assessment (JSNA) carried out by the CYP Commissioning Division.

This Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local population, and aims to bridge the nationally recognised gap in information on the needs of children and young people who have SEND, by collating and analysing both national and local information and data to create a more comprehensive picture of children and young people who have special educational needs and/or are disabled in Derby.

Children with special educational needs and disabilities are a diverse group, who may require extra help or support across health, social services and education for highly complex needs, while others require much less support.

The measure of a child's vulnerability and resilience is determined by the complexity of their needs. In order to best invest resources for these children, young people and their families, it is necessary to understand these needs.

One of the principal aims of the JSNA is to support the development of evidence-based priorities for local commissioning plans and activity; developing the whole health and social care response so it more closely meets the wants and needs of local people.

This JSNA presents a range of information on local vulnerable children and young people showing their journey through our services, identifying their needs and concluding with our priorities and recommendations.

This report:

- **Describes the population of children with a disability living in Derby City and projects the future population.**
- **Describes existing services in place**
- **Identifies gaps or issues for further consideration**
- **Provides recommendations for further work to support the prioritisation of resources and commissioning process**

The JSNA aims to establish a shared, evidence based consensus on the key local priorities, through which difference organisations can understand the needs of our children and young people with special educational needs and disabilities.

Executive Summary

Methodology:

This Joint Strategic Needs Assessment (JSNA) analyses the evidence for children with special educational needs and disabilities within Derby, combined with nationally published statistics. The evidence base looks at current literature and statistics about the prevalence and trends in special educational needs and disabilities. This JSNA considers the health and social care needs of children and young people with:

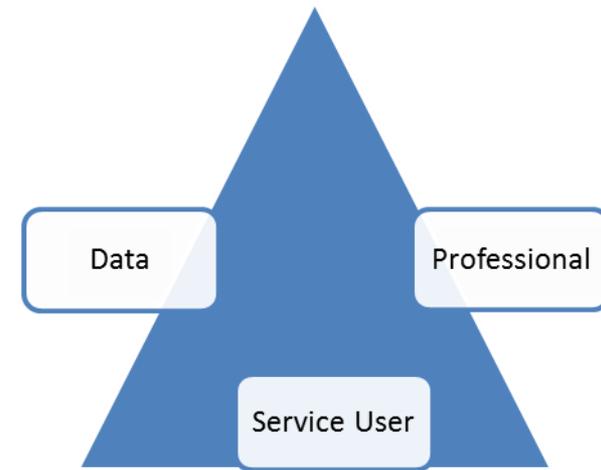
- Physical disabilities
- Profound and multiple disabilities
- Complex health needs
- Special Educational Needs
- Severe Learning Disabilities
- Mild & moderate learning disabilities
- Autistic spectrum disorder

The Derby City approach:

The JSNA is an on-going process that provides a comprehensive analysis of current and future needs of children and young people within Derby City to inform commissioning of services that will improve outcomes and reduce inequalities. To do this, needs assessments gather together local data, evidence from the public, patients, service users and professionals, plus a review of research and best practice.

A steering group has taken responsibility for the JSNA, key decisions regarding the development and maintenance of our JSNA are made by this group and this is implemented by a dedicated coordinator and a larger group across the local authority, involved in producing the content. Our JSNA is published online and is designed to be user friendly, publicly accessible and interactive.

We use a standard template for our chapters to ensure quality and consistency across the JSNA. We have a rolling update programme in Derby City and aim for all chapters to be updated within a yearly cycle as latest data becomes available. Please reference 'Derby City JSNA' if making use of any of our content.



JSNA links to the following plans locally:

- Children and young people plan
- SEND programme plan
- SEND commissioning plan

Executive Summary

Joint understanding: Joint Strategic Needs Assessments:

There is a clear relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans.

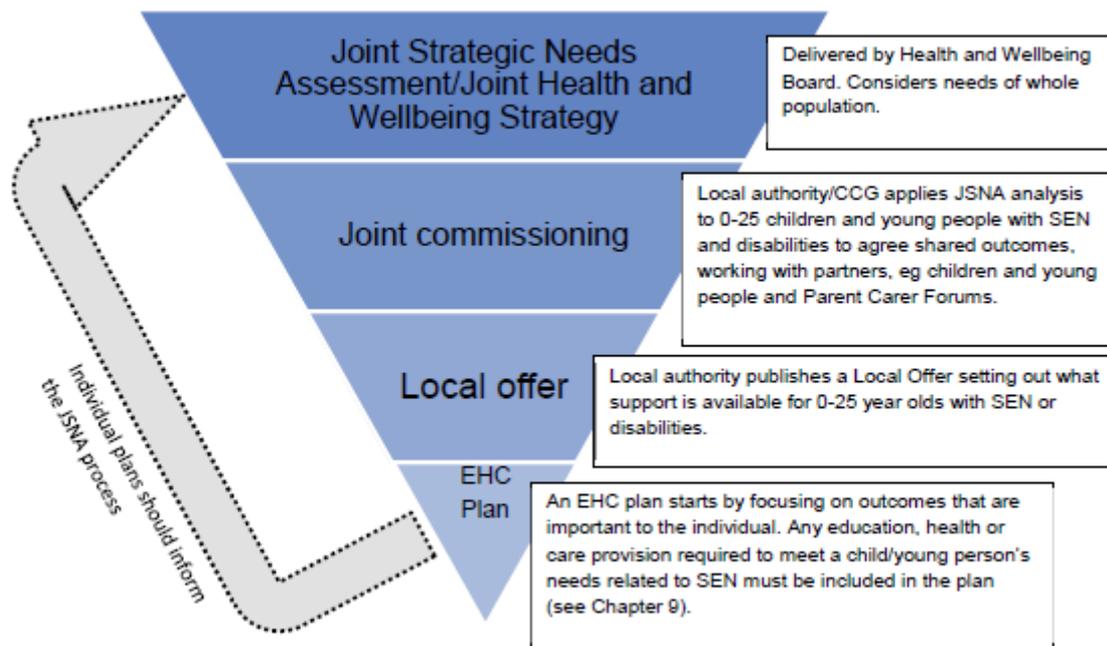
There is a clear relationship between population needs, what is procured for children and young people with SEND, and individual EHC plans.

The Joint Strategic Needs Assessment (JSNA) is the means by which the Health and Wellbeing Board understands and agrees the needs of all local people. It is the basis for the joint health and wellbeing strategy which sets the priorities for joint action.

The JSNA considers the needs of the local community as a whole, including specific analysis of the needs of vulnerable groups including disabled children and young people and those with SEN, those needing palliative care and looked after children. Local partners across education, health and social care should work together to establish what targeted commissioning is needed to address the needs identified.

The JSNA will inform the joint commissioning decisions made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer.

At an individual level, services should co-operate where necessary in arranging the agreed provision in an EHC plan. Partners should consider how they will work to align support delivered through mechanisms such as the early help assessment and how SEN support in schools can be aligned both strategically and operationally. They should, where appropriate, share the costs of support for individual children and young people with complex needs, so that they do not fall on one agency.





Introduction



Derby City Council

Scope of the Assessment:

Identifying the population

- The 2010 Equalities Act definition will be used to define disability - *“A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities”*.
- The age range will be 0-25 and data analysis will be broken down into ranges of: 0-4, 5-10, 11-15, 16-19 (transition) and 20-25 which fits with the new Children and Families Act
- Data will be collected for Derby City residents.

Aims and Objectives

To provide a systematic assessment of the health needs of disabled children living in Derby City, inform the commissioning of services and support meeting the requirements of the Disabled Children's Charter by:

- Identifying the population of children with a disability.
- Understanding the current demand for services and project future demand.
- Identifying the perceptions of children and young people, their parents and other stakeholders regarding needs and unmet needs.
- Providing an evidence base to inform the main commissioning process.

Data Collection

- Population profiling
- Services
- Views of children, parents and stakeholders

Data will be obtained from all known existing available sources. It is acknowledged that each source will have its limitations regarding accuracy but this approach will triangulate the existing information and provide the best available data within existing resources and timescales.

Sources of data to be gathered will include:

Information to be analysed (if available):

- Age, Gender, Postcode, Ethnicity, Type of disability – to provide a demographic profile of the population, including projections for the future.
- Services available to disabled children in Derby City broken down by age group.
- Feedback from parents and children already provided.

Defining Special Educational Needs:

This report uses data from sources reporting on special educational needs. It is useful to understand the definitions used when interpreting the information provided in this report.

For children and young people of compulsory school age, they have a special educational need/learning difficulty or disability if they:

- a) A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her..
- b) 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 others of the same age, or
 - has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions
- c) For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.
- d) A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph b. above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).
- e) Post-16 institutions often use the term learning difficulties and disabilities (LDD). The term SEN is used in this Code across the 0-25 age range but includes LDD.

Source: Department of Education Code of Practice Jan 2015

Special educational provision means:

- a) for children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the LEA, other than special schools, in the area
- b) for children under two, educational provision of any kind.

Source: Section 312, Education Act 1996

Defining Special Educational Needs:

Per Code of Practice:

1. Cognition and Learning Needs
2. Communication and Interaction Needs
3. Social, Emotional and Mental Health Needs
4. Sensory, Medical and/or Physical Needs
5. Behaviour, Emotional and Social Difficulties

Classification changes

There have been changes to the classification of type of need in 2015: the previous code of 'Behaviour, Emotional and Social Difficulties (BESD)' has been removed. A new code 'Social, Emotional and Mental Health (SEMH)' has been introduced, although this shouldn't be a direct replacement.

Within statements and school action plus, the child or young person will be given a type of SEN. A minimum of a primary type of SEN is given, but for those with complex needs, a secondary or tertiary SEN type can also be given. The SEN types are as follows:

SEN Type:	
ASD	Autistic Spectrum Disorder
BESD	Behavioural, Emotional and Social Difficulties
HI	Hearing Impairment
MSI	Multi-Sensory Impairment
MLD	Moderate Learning Difficulty
PMLD	Profound and Multiple Learning Difficulty
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulties
SpLD	Specific Learning Difficulty
VI	Visual Impairment

Introduction

Defining Special Educational Needs:

The Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014 were introduced on 1 September 2014. From September, any children or young people who are newly referred to a local authority for assessment are considered under the new EHC plan assessment process. The legal test of when a child or young person requires an EHC plan remains the same as that for a statement under the Education Act 1996.

Pupils with SEN are currently categorised as follows:

SEN Support	<p>Extra or different help is given from that provided as part of the school's usual curriculum. The class teacher and SEN Coordinator (SENCO) may receive advice or support from outside specialists.</p> <p>This category replaces the former 'School Action' and 'School Action Plus' categories.</p>
Statement/EHC Plan	<p>A pupil has a statement of SEN or an EHC plan when a formal assessment has been made. A document is in place that sets out the child's needs and the extra help they should receive.</p> <p>Transferring children with statements to EHC plans will be phased and timescales set out in Transition to the new 0 to 25 special educational needs and disability system.</p>

Defining Disability:

There are a number of statutory definitions of disability used by central government, and no common definition is used across health, local authority or other relevant groups. Overall within health, the assumption is that the World Health Organization (WHO) definition is used:

World Health Organisation (WHO) 2013:

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions:

- An impairment is a problem in body function or structure;
- An activity limitation is a difficulty encountered by an individual in executing a task or action;
- A participation restriction is a problem experienced by an individual in involvement in life situations.

Source: <http://www.who.int/topics/disabilities/en/>

Defining Disability:

1. A person (P) has a disability if:
 - P has a physical or mental impairment, and
 - The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

You're **disabled under the Equality Act 2010** if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Definition of Disability (Equality Act 2010)

Definition of Children with Disabilities (Children Act 2004):

A child is disabled if he is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

Source: Section 17 (11), Children Act 1989

Definition of Children with Disabilities (Disability Discrimination Act 1995):

A person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to day activities.

Source: Section 1(1), Disability Discrimination Act 1995

Definition of Disability (Equality Act 2010):

A person is disabled, if he or she has a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to do normal daily activities: 'substantial' is more than minor or trivial - e.g. it takes much longer than it usually would to complete a daily task like getting dressed 'long-term' means 12 months or more - e.g. a breathing condition that develops as a result of a lung infection.

Source: Equality Act 2010



Local Context



Derby City Council

Key Points:

- Derby is home to more than 252,463 people (2014, ONS) – 20% of the population have a long term illness.
- 0-25 population in 88,788 children and young people (35% of the population of Derby)
- There are 1,344 children with statements of EHCPs – 974 males and 370 females
- 37.5% of school children are from a minority ethnic group.
- The health and wellbeing of children in Derby is mixed compared with the England average. Infant and child mortality rates are similar to the England average.
- The level of child poverty is worse than the England average with 22.9% of children aged under 16 years living in poverty.
- The rate of family homelessness is worse than the England average.
- Derby has the 2nd largest deaf population in England next to London.
- 9.1% of children aged 4-5 years and 20.8% of children aged 10-11 years are classified as obese.
- GCSE achievement is worse than the England average. Only 47.6% of young people gain five or more GCSEs at A* to C grade including maths and English.
- There were 470 children in care at 31 March 2015, which equates to a higher rate than the England average.
- A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.

Source: ChiMat National Child Health Profile Derby UA March 2016

Local Context

Demography:

Derby is a small, culturally diverse city with a population of **252,463 (2014 MYE, Office of National Statistics)** representing **182 nationalities, speaking 71 languages and 83 distinct dialects** lies upon the banks of the River Derwent and is located in the south of the county of Derbyshire. It is an internationally renowned centre for advanced transport manufacturing, en Rolls-Royce, Bombardier Transportation and Toyota Manufacturing.

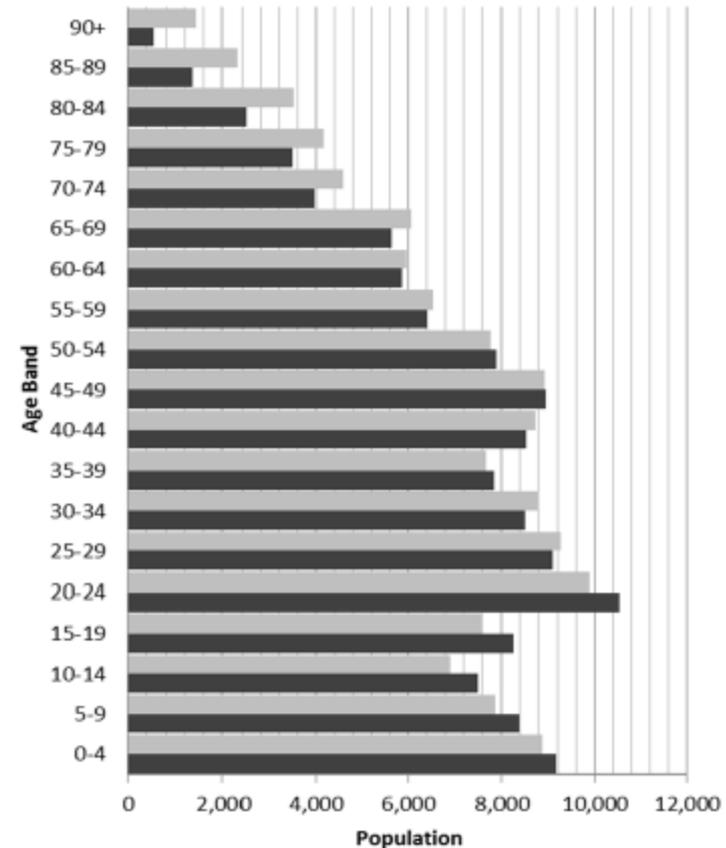
Approximately 25% of Derby's population are from BME communities, with its largest ethnic group comprised of the Asian/ Asian British community (**approx. 12.5%, ONS Census 2011 QS201EW**). **Derby's ethnic diversity is mirrored by its great variations in levels of deprivation.**

Overall, the city is within the 17% most deprived areas in the country , ranked 55th out of 326 local authorities (rank of average score – IMD 2015 , Communities and Local Government). Pockets of deprivation are mainly concentrated within Arboretum, Normanton, Sinfin an Alvaston, **Derwent and Boulton**, all within the top 20% most deprived areas in England. These wards are characterised by **higher than average** rates of unemployment and households with a lower than average annual income. Conversely, Allestree and Mickleover are amongst the least deprived wards in the country.

This translates into vast health inequalities between Derby's wards. For example, a child born in Allestree could expect to live up to **10 years** longer than a child born in Arboretum – **males 10 years females 12 years (Public Health England, Life Expectancy for Males and Females, 2008-2012.)**

Derby is served by one upper-tier local authority, Derby City Council and one clinical commissioning group – Southern Derbyshire CCG (which also covers the south of the county). The city has 17 electoral wards. NHS Southern Derbyshire CCG is organised into four localities, two of which are within Derby City. The CCG localities are formed of groups of interested practices rather than being based on specific geographies.

Derby is home to more than 250,500 (**2014 MYE, Office of National Statistics**) residents living in 102,000 households, 8,000 single parents , 357 couples in a same-sex relationship, 335 British Sign Language (BSL) users , 3,500 **Households** people without central heating , **almost 20%** of the population with a long-term illness, over 180 nationalities, 29% of households without a motor vehicle , 30% of households being home to a sole person (**Census 2011, Key Statistics, Office of National Statistics**). **Source: Derby and Derbyshire Pharmaceutical Need Assessment 2015**



Population:

Derby's population has changed significantly since the last Census in 2001 when it was recorded at 221,716. The population has increased by approximately **31,000** people (**13.9%**), **when comparing to the Office of National Statistics 2014 Mid Year Estimate (Office for National Statistics)**

- **4,300** more children aged 0-4 years;
- an additional **8,100** people aged 20-29;
- **5,900** more people aged 60 plus,
- including **2,600** more people aged 75 plus
- and **1,800** more people aged 85 plus.
- Our BME community has increased from 15.7% to almost 25%.
- Immigration is a key consideration for the city. In total, 34,600 individuals (14%) were born outside of the UK.

Source: Derby and Derbyshire Pharmaceutical Need Assessment 2015

Population Projections:

These projections show what population levels would result if assumptions about future migration, fertility and mortality were exactly realised. The assumptions underlying the calculation of the projections are based on recent demographic trends and do not reflect the impact of future policies:

	2012	2017	2022	2027	2032	2037	Change 2012-37 (number)	Change 2012-37 (%)
Males	123,900	129,300	134,100	138,400	142,500	146,300	22,400	18.08%
Females	126,700	130,600	134,400	138,100	141,700	145,000	18,300	14.44%
Total	250,600	259,900	268,400	276,500	284,200	291,300	40,700	16.24%

The Derby City population is projected to increase by 25,900 to over 270,000 by 2027. This increase is equivalent to an average annual rate of growth of 0.6 per cent.

If past trends continue, the population will continue to grow, reaching over 290,000 by 2037. This is due to natural increase (more births than deaths) and because it is assumed there will be more immigrants than emigrants (a net inward flow of migrants).

Source: Office of National Statistics , 2012 Based Projections

Local Context

Ward/Locality Structure:

Derby City Council is a Unitary Local Authority and together with Leicester and Nottingham, forms part of the ‘three cities’ sub region of the East Midlands.

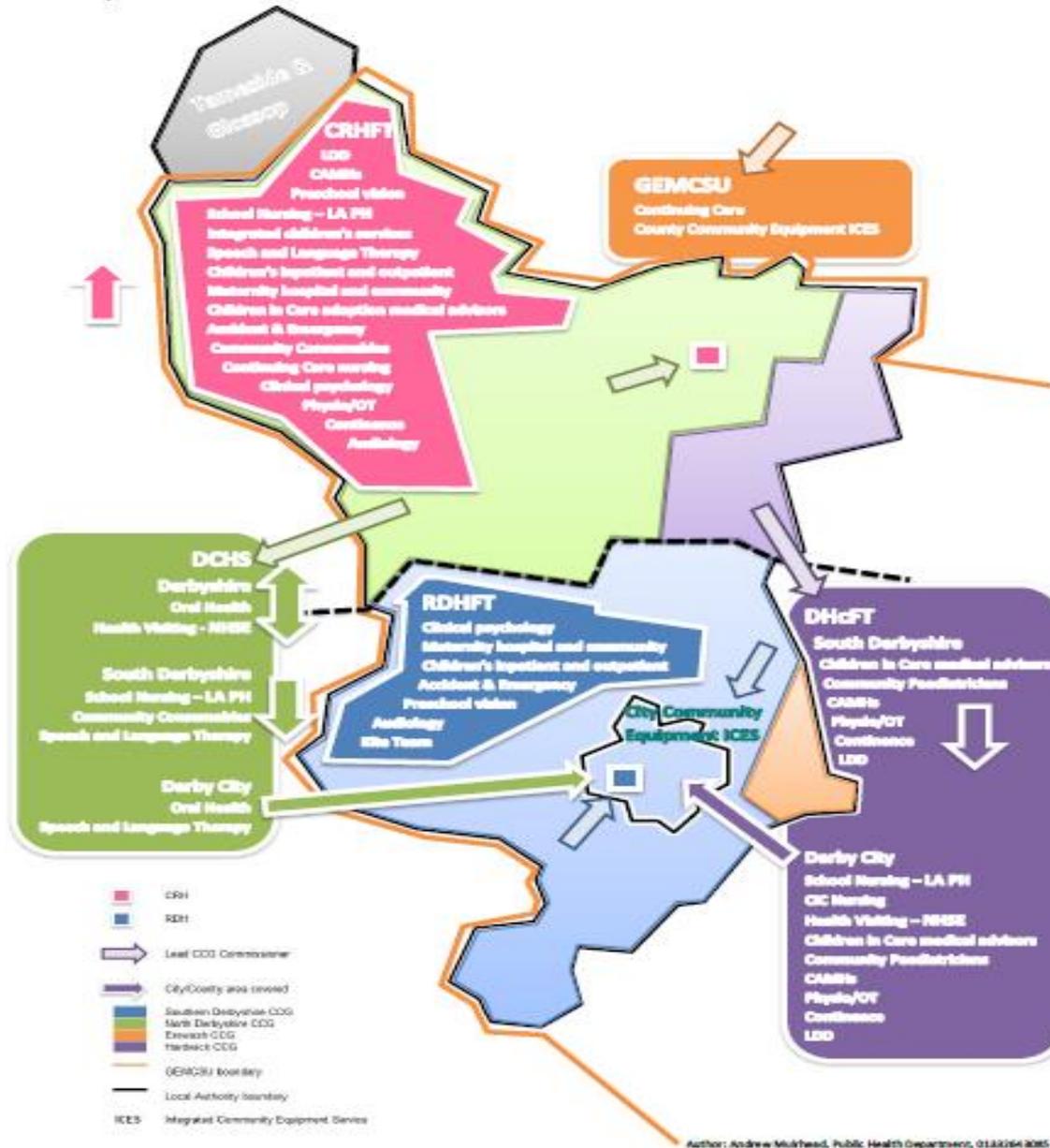
Derby is essentially an urban area with green areas of open land that help to maintain separate community identities and boundaries. The city is divided into five localities which are broken down further to ward level and incorporates 17 wards in total.

Locality 1:	Chaddesden
	Derwent
	Oakwood
	Spondon
Locality 2:	Alvaston
	Boulton
	Chellaston
	Sinfin
Locality 3:	Abbey
	Arboretum
	Normanton
Locality 4:	Blagreaves
	Littleover
	Mickleover
Locality 5:	Allestree
	Darley
	Mackworth



Figure 1. Ward/Localities Structure

Southern Derbyshire – Commissioning & Provider Landscape :



Priorities for Derby: Working together to close the gap:

As described in the Children and Young People's Plan.

Working together to target services effectively towards vulnerable groups including; children in care and children living in poverty to increase their opportunities, reduce inequalities and improve outcomes against the Boards' four priority outcomes.

- **Children, young people and their families are safe** - Partners of the Children, Families and Learners Board will work together and with the Derby Children's Safeguarding Board to keep children and young people safe through making sure that they have access to good quality services at the earliest opportunity, reducing the likelihood of them being exposed to or participating in 'risky' behaviours. In 2016/17 the focus for the CFLB will be on *early help, Child Sexual Exploitation (CSE) and neglect*.
- **Children and young people are supported to achieve and become work ready** - Working together with all education settings across the city to prepare children and young people for school and providing access to 'good quality' educational provision to raise achievements at all levels supporting in more young people being work ready. In 2016/17 the focus for the CFLB will be on **outcomes at Key Stage 4 and supporting our young people in preparing for work**.
- **Improved health, emotional well-being and mental health for children and young people** - Working together with Derby's Health and Well-Being Board to improve the health and well-being of children and young people through preventative initiatives, clear pathways to care and the delivery of the Derby's seven agreed integrated commissioning intentions. In 2016/17 the focus for the CFLB will be on **emotional health and well-being including suicide prevention and building resilience**.
- Improve delivery of the **Children and Family Act (2014)** - To deliver the *SEND reform programme* across the Local Area and Partnerships.

Source: Children and Young People Plan 2016-17 Refresh



Identifying Need – Level of need in the population



Derby City Council

Identifying Need

Key points:

- **Measuring the numbers of children with Special Educational Needs and Disabilities is very difficult as there is no one comprehensive and accurate data source.**
- **There are 1,344 children with statements or EHCPs – 974 males and 370 females.**
- **The top primary needs (ASD, MLD and BESD) account for 58% in total, 28% for ASD alone**
- **Higher than average incidence of ASD (5.2% higher), Hearing Impairment (4.5% higher) and PMLD (5.7% higher) than the national average**
- **32% of statement pupils in mainstream provision compared to 50% national average**

Measuring Need:

Measuring the numbers of children with a disability is very difficult as there is no one comprehensive and accurate data source available. There are also difference perceptions of the difficulties a child may be experiencing.

The sources of information in this assessment are:

- Information from national surveys
- Estimates of prevalence from research applied to the Derby City population
- Local data from services and the School Census

It is important to note that the information used to provide a snapshot of the numbers of children with Special Educational Needs and Disabilities is from varying sources. Care must be taken when interpreting this information. There may be duplicated information and also difference definitions and timescales are used.

Identifying Need

Overall prevalence:

- There are over 11 million people with a limiting long term illness, impairment or disability.
- The most commonly-reported impairments are those that affect mobility, lifting or carrying.
- The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age.

The numbers of children with disabilities and the complexity of their needs, is increasing due to improvements in medical science and interventions as well as earlier and more robust assessments.

It is estimated that the mean percentage of disabled children in English local authorities is between 3 and 5.4%. If applied to the population of Derby this would equate to between 2,663 and 4,794 children experiencing some form of disability. However, it is recognised that there is a lack of clarity in defining longstanding illness and disability which add to the challenge of providing robust data on which to plan and commission services.

The lower and upper bounds for Derby are calculated as:

	Lower Bound	Lower Bound %	Upper Bound	Lower Bound %
2014	1,629	3.0%	2,932	5.4%
2016	2,663	3.0%	4,794	5.4%

These estimates show a significant rise of 19% in the number of children experiencing some form of disability in derby between 2014 to 2016.

Local Activity:

Demands around SEND continue to be high in Derby City:

- 286 statutory assessments agreed in total since September 2014 – this means we have agreed to assess, not how many we received in total.
- 184 referrals for Education, Health and Care Plan received since September 2015
- 78 new Education, Health and Care Plans issued since September 2014 – work on conversions is on-going.

Identifying Need

Overall prevalence:

The table below shows estimated numbers for mild disability. Children aged 0 to 4 years display lower prevalence than children in the higher age groups. This can be contrasted with the data from the second table which indicates the estimated of severe disability and where the rates are higher for children in the 0 to 4 age group.

Age-specific estimates (population aged 0 to 19 years):

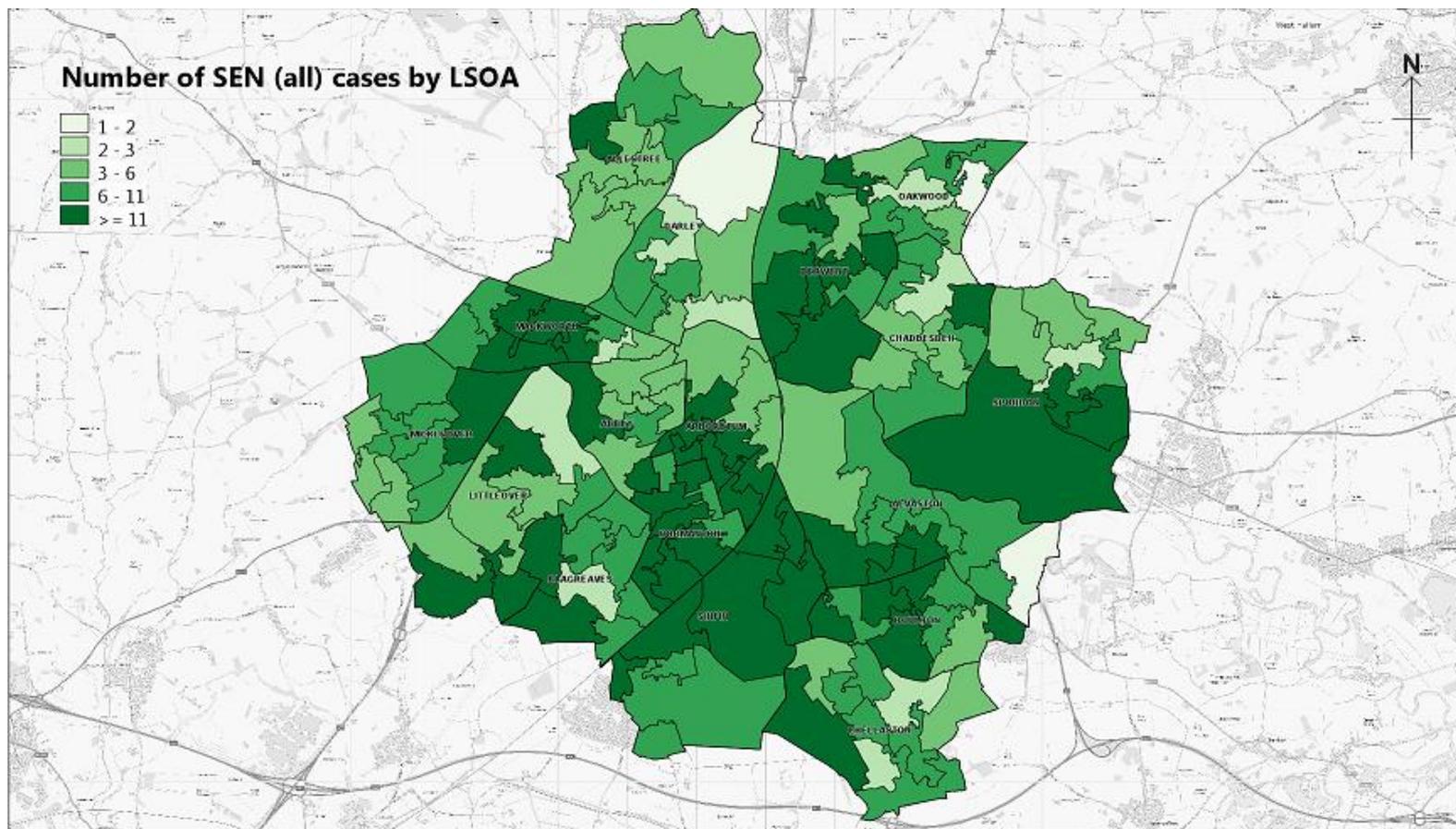
	Long-standing illness or disability:	Severely disabled population
Boys age 0-4 living with longstanding illness or disability estimate (ONS) (2011)	1,274	14
Boys age 5-9 living with longstanding illness and disability estimate (ONS) (2011)	1,950	9
Boys age 10-14 living with longstanding illness and disability estimate (ONS) (2011)	1,520	6
Boys age 15-19 living with longstanding illness and disability estimate (ONS) (2011)	1,530	3
Boys age 0-19 living with longstanding illness and disability estimate (ONS) (2011)	6,274	32
Girls age 0-4 living with longstanding illness and disability estimate (ONS) (2011)	1,131	7
Girls age 5-9 living with longstanding illness and disability estimate (ONS) (2011)	1,296	4
Girls age 10-14 living with longstanding illness and disability estimate (ONS) (2011)	1,368	3
Girls age 15-19 living with longstanding illness and disability estimate (ONS) (2011)	1,264	2
Girls age 0-19 living with longstanding illness and disability estimate (ONS) (2011)	5,059	15

Identifying Need

Overall prevalence:

SEN cases by neighbourhood areas (LSOA's) within the city:

- Higher numbers of SEN are within the areas of the City that are dark green.



Source: All Special Educational Needs cases on Synergy

Identifying Need

SEND& in schools:

As at 1 September 2015, there were 42,533 children and young people attending Derby City's 83 local authority maintained schools and 19 academies or free schools. 39,033 of these pupils live within Derby's wards.

It should be noted that the 5-19 population is projected to grow steadily, increasing by 5,500 from 2012 to 2029 resulting in more demand for school places going forward.

The percentage of pupils with special education needs reduced by 9.2% between 2013 to 2013 and the percentage with statements has increased 5% over the same period. The general reduction is in line with national trends, an increase in statements has also been seen.

Statements or Plans:

The number of young people with a statement in Derby has risen by 4% between 2010 and 2015, which is an increase of 236 pupils. This rise is inline with both national and regional figures.

Primary Need:

There has been a continuing year on year upward trend of pupils with SEN provision for across all primary needs, the most common type of need during 2015 was Multiple Learning Difficulties (MLD) which saw a rise from 255 pupils in 2013 to 974 in 2015.

Secondary Need:

The most common secondary need for children and young people allocated a statement or school action plus during 2015 was also Multiple Learning Difficulties (MLD) which saw the most notable rise.

Identifying Need

SEND& in schools:

The tables below shows information on pupils with special educational needs at schools - **Pupils with statements of Special Educational Needs (SEN) or Education, Health and Care (EHC) Plans, based on where the pupil attends school:**

		England	East Midlands	Derby
2010	Total Pupils	8,098,360	689,380	40,351
	Pupils with statements	223,945	17,455	1,013
	%	2.8	2.5	2.5
2011	Total Pupils	8,123,865	687,955	40,508
	Pupils with statements	224,210	17,510	1,056
	%	2.8	2.5	2.6
2012	Total Pupils	8,178,200	689,205	40,820
	Pupils with statements	226,125	17,520	1,032
	%	2.8	2.5	2.5
2013	Total Pupils	8,249,810	693,085	41,625
	Pupils with statements	229,390	17,735	1,136
	%	2.8	2.6	2.7
2014	Total Pupils	8,331,385	697,915	41,972
	Pupils with statements or plans	232,190	17,730	1,157
	%	2.8	2.5	2.8
2015	Total pupils	8,438,145	705,015	42,533
	Pupils with statements or plans	236,165	17,775	1,249
	%	2.8	2.5	2.9

Identifying Need

Geography and socio-demography:

The highest numbers of children with SEN&D can be found within Derby's most deprived wards including Arboretum and Normanton. There is a national link between deprivation and special education needs and disabilities.

Prevalence rates by socio-economic background:

The prevalence rates of children and adolescents with mild disabilities were found to be higher for those from semi-skilled manual and unskilled manual family backgrounds. The prevalence of children with mild disabilities from professional family backgrounds were lower in comparison to the other socio-economic groups. The rate of severe disability was found to be greatest amongst children from semi-skilled manual family backgrounds, whilst the lowest rates were for children from professional and managerial family backgrounds.

Ward Data - Pupils living in Derby wards and attending Derby schools:

- The majority of children with SEND are located central and east of the City in Localities 3 (4.9% - 1,932 pupils), 2 (4.6% - 1,796 pupils) and 1 (3.8% - 1,485 pupils).

Source: based on School census January 2016 (validated) Includes all maintained schools, PRUs and academies

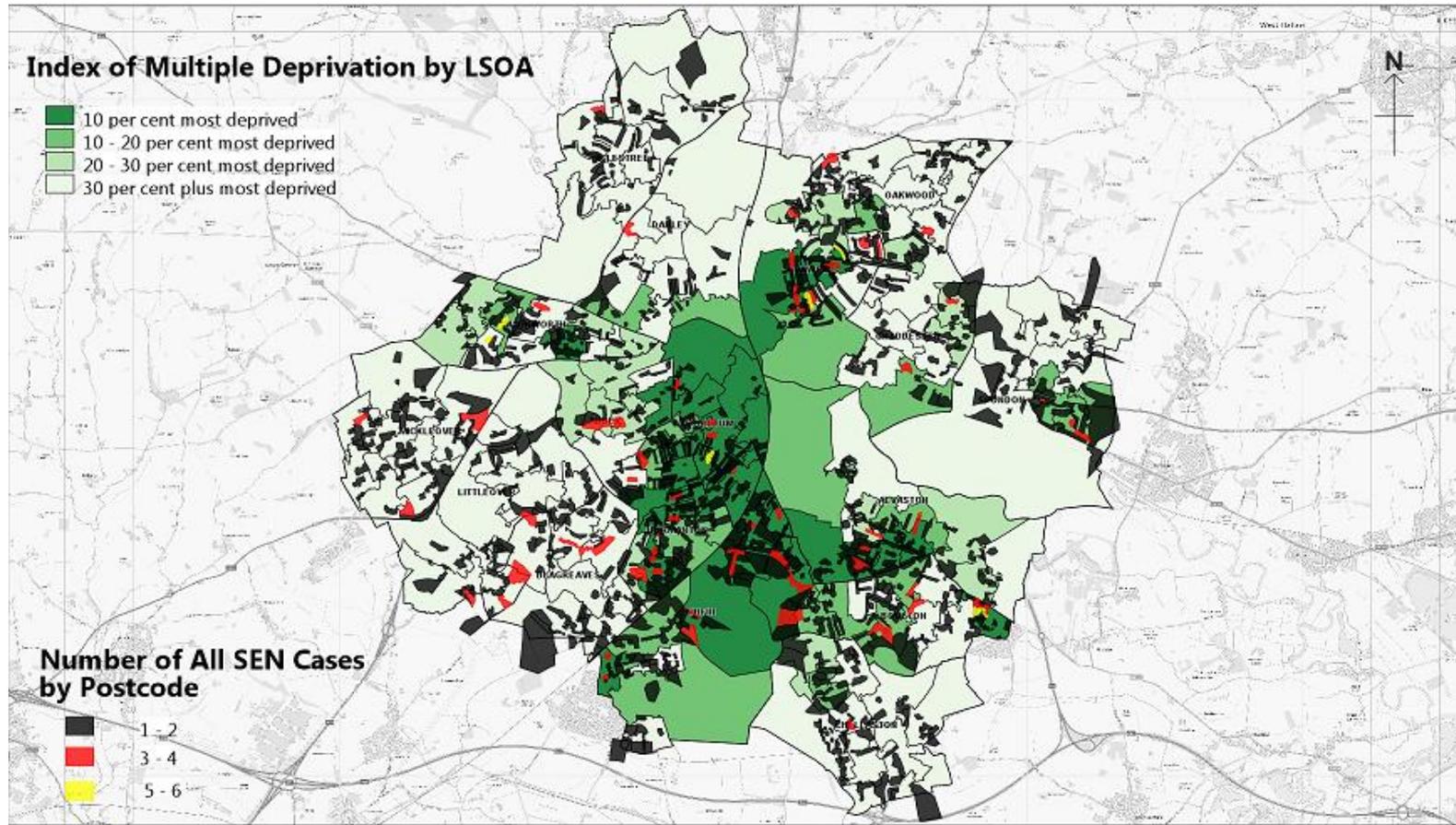
Ward	S - Statement		K – SEN Support		E - EHCP		No SEND	
	Number of pupils in ward	% of Pupils	Number of pupils in ward	% of Pupils	Number of pupils in ward	% of Pupils	Number of pupils in ward	% of Pupils
Locality 1	174	2.1	1,217	15.0	63	0.8	6,673	82.1
Locality 2	252	2.2	1,504	13.4	92	0.8	9,391	83.6
Locality 3	175	1.8	1,614	16.8	61	0.6	7,767	80.8
Locality 4	104	1.8	563	9.7	42	0.7	5,108	87.8
Locality 5	84	1.7	675	13.8	72	1.5	4,071	83.0
Derby ward total	789	2.0	5,573	14.0	330	0.8	33,010	83.1

Identifying Need

Geography and socio-demography:

SEN cases by neighbourhood areas (LSOA's) within the city:

- SEN cases by postcode overlaid on a map showing the most deprived areas of the city (IMD) in darker green.



Source: All Special Educational Needs cases by postcode on Synergy

Identifying Need

Statements and EHCP:

- There are 1,373 children with statements or EHCPs – 974 males and 370 females
- The largest percentage of children and young people with statements/EHCP are in year 6 (12%) and the lowest is nursery 2 age (1%)
- The top 3 primary needs (ASD, MLD and BESD) account for 58% in total, 28% for ASD alone
- Higher than average incidence of ASD (5.2%), Hearing Impairment (4.5% higher) and Profound MLD (5.7% higher)
- 32% of statement pupils in Mainstream provision compared to 50.3 % national average
- The highest number of statements are for White British (65%) followed by Pakistani (7.4%)

Total pupils at schools:

Derby versus national average number of pupils by school type

Derby VS National Average:	Total pupils at schools*:						SEN&D Statements:	
	Nursery	Primary	Secondary	Special	PRU	Independent	Total	OOA
Derby %	1.3%	55.4%	38.6%	1.5%	0.4%	2.8%		18.9%
Derby Number	545	23,237	16,214	636	155	1,185	1,157	248
National %	0.5%	53.0%	38.2%	1.2%	0.2%	6.9%		
National Number	39,970	4,416,710	3,181,355	101,475	12,895	578,975	232,190	

** As per the Department for Education, Special Educational needs in England: January 2014, Local authority tables: SFR26/2014

*** Based on the actual Number of SEN&D Statements at 31 August 2014 per Tribal (1,309 Total Statements in Derby)

Identifying Need

Statements and EHCP:

An analysis of the pupil level data for children and young people with a Statement/EHCP has been undertaken. The following tables are a summary of the overall numbers of children and young people in Derby with a statement/EHCP.

Gender:

- The majority of children and young people with a statement/EHCP are male (72.5%) compared to female (27.5%)

Gender	Numbers	Percentages
Male	974	72.5%
Female	370	27.5%
Total	1344	100%

Age distribution:

- The highest percentage of children with a Statement/EHCP are aged between 10-14 years (41.2%) closely followed by 15-19 year olds (30.9%). The year group with the largest cohort of children with a Statement/EHCP is year 6.

	Numbers	Percentage
Aged 0-4	27	2%
Aged 5-9	336	25%
Aged 10-14	554	41.2%
Aged 15-19	415	30.9%
Aged 20+	12	0.9%
Total	1344	100%

Source: Synergy

School Year	Number of CYP
Nursery 1	3
Nursery 2	15
Reception	34
Year 1	62
Year 2	71
Year 3	74
Year 4	70
Year 5	80
Year 6	107
Year 7	119
Year 8	123
Year 9	124
Year 10	131
Year 11	126
Year 12	86
Year 13	66
Year 14	49

Identifying Need

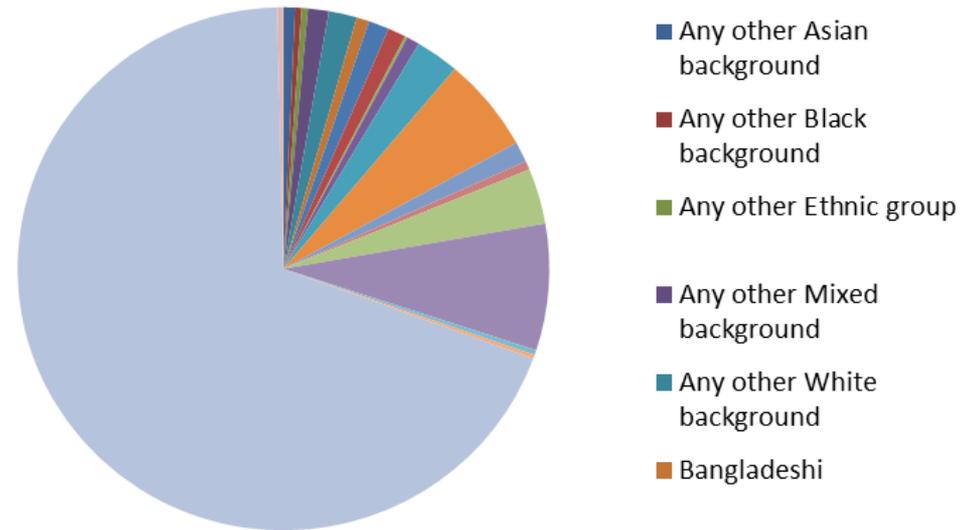
Statements and EHCP:

Ethnicity:

- 64% of children with a Statement/EHCP are white, followed by Asian or Asian British (14%) mixed ethnicity (6.1%).

Ethnicity	Numbers	Percentages
Black or Black British	35	2.6%
Asian or Asian British	188	14%
Mixed	83	6.1%
White	859	64%
Other	18	1.3%
Information not obtained	161	12%
Total	1344	100%

Ethnicity of CYP with Statements/EHCP



*Some categories have been combined and small numbers have been suppressed for confidentiality reasons.

Special educational needs January 2016: SEND stage (number of pupils and percentage of school cohorts):

	SEND stage S (statemented)		SEND stage K (SEN support)		SEND stage K (EHC plan)		All SEND	
	No. of pupils	% of school pop	No. of pupils	% of school pop	No. of pupils	% of school pop	No. of pupils	% of school pop
Total	848	2.0	5,787	13.8	349	0.8	6,984	16.6

Identifying Need

Statements and EHCP:

Primary Need:

- The top three primary needs recorded are (ASD) Autistic Spectrum Disorder (26%), (BESD) Behavioural, Emotional & Social Difficulties (10.7%) and (SLD) Severe Learning Difficulty (7.7%).
- ASD is growing at a higher rate in Derby than the national average. There is a prevalence of children with a hearing impairment (likely due to the RSD).

Source: Synergy

The quotes outlined below give context to the national landscape:

- The number of pupils with Special Educational Needs continues to decline.*
- The most common types of primary need for pupils with SEN&D are speech, language and communication needs and behaviour, emotional and social difficulties.*
- For pupils with statements the most common primary type of need is autistic spectrum disorder (22.9%). The most common at School Action Plus are behaviour, emotional and social difficulties and speech, language and communication needs (both 23.8%) and moderate learning difficulty (21.3%). These have consistently been the most common types of need over the past few years.*

Source: National data obtained from the 'Children with special educational needs: an analysis – 2014' published by the Department of Education on 12 September 2014

Primary SEN&D need on Synergy	Numbers	Percentages
Autism Spectrum Disorder (STePS)	15	1.1%
Autistic Spectrum Disorder	362	26%
Behaviour, Emotional & Social Difficulties	145	10.7%
Epilepsy	1	0.7%
Hearing Impairment	97	7.2%
Hearing Impairment (STePS)	5	0.3%
Moderate Learning Difficulties	242	18%
Multi-Sensory Impairment	1	0.7%
Other Difficulty/Disability	9	0.6%
Physical Disability	67	4.9%
Physical Disability (STePS)	2	0.14%
Profound & Multiple Learning Difficulty	84	6.2%
Severe Learning Difficulty	104	7.7%
Social, Emotional Mental Health	10	0.7%
Social, Mental Health	12	0.8%
Specific Learning Difficulty	18	1.3%
Specific Learning Difficulty (Dyslexia)	20	1.4%
Speech Language & Comm. Difficulty	80	5.9%
Visual Impairment	19	1.4%
Visual Impairment (STePS)	1	0.7%
Unknown	50	3.7%
Total	1344	100%

Identifying Need

Children and young people with a statement of special educational needs (SEN) or EHC plans:

- 16.61% of children in Derby had SEN Support in 2015. This is a decrease of 4.7% since 2011. Nationally, SEN Support have decreased by 5.2% to 12.6% since 2011.
- The percentage of pupils with statements or EHC plans in state-funded primaries was 1.2% in 2015 (1.4% nationally). 14.4% of pupils had SEN Support in the same period (13.0% nationally).
- The percentage of pupils with statements or EHC plans in state-funded secondary's was 1.5% in 2015 (1.8% nationally). 14.0% of pupils had SEN Support in the same period (12.4% nationally).
- The percentage of Derby children for whom statements of SEN or EHC plans were newly made has increased between the years 2013 and 2014 by 21.3% (nationally there has been a drop of 3.2%).
- 51.2% of Derby's statemented children are placed in maintained special schools (compared to 34.5% nationally).
- The percentage of Derby children placed in resourced provision in maintained mainstream schools has remained higher than the national average (16.2% in 2013, 8.9% in 2014 and 14.1% in 2015, compared to around 3% nationally).
- Of the new statements issued in 2014 (excluding cases where exceptions apply), 66.7% were issued within the 26 week time limit, compared to 82.5% in 2013 (nationally, 89.0% and 89.7% respectively).
- Including exception cases; 39.0% of new statements were issued within the 26 week time limit, compared to 75.0% in 2013 (nationally, 79.1% and 81.8% respectively).
- Nationally, of the new EHC plans issued in 2014, 64.3% were within the 20 week time limit when excluding exception cases. Derby had no EHC plans issued at this time. Our comparator authorities Coventry, Dudley, Peterborough, Sheffield and Walsall also had no EHC plans issued at this time. Nationally, including exception cases; 61.5% were issued within the 20 week time limit.
- From 1 September 2014 to 15 January 2015 nationally there were 2,735 EHC plans issued following transfers from statements and 30 EHC plans issued following transfers from Learning Difficulties Assessments (LDAs). Coventry Derby, Dudley, Peterborough, Sheffield, Telford & Wrekin and Walsall had no EHC plans issued at this time.

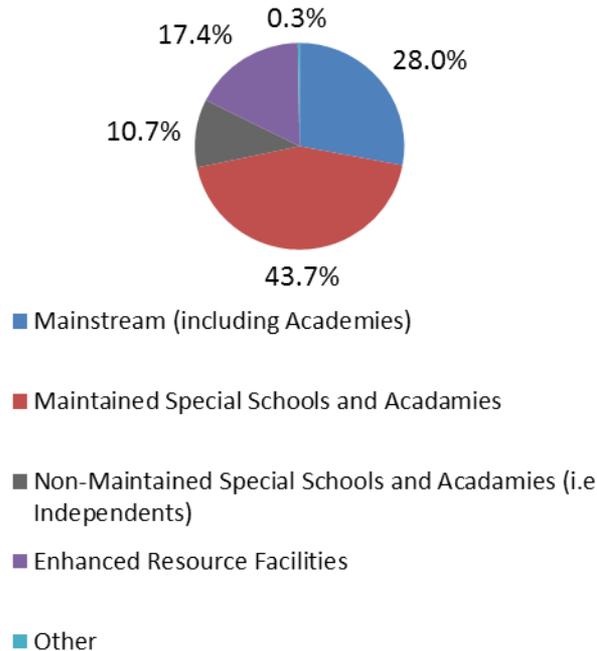
Identifying Need

Children and young people with a statement of special educational needs (SEN) or EHC plans:

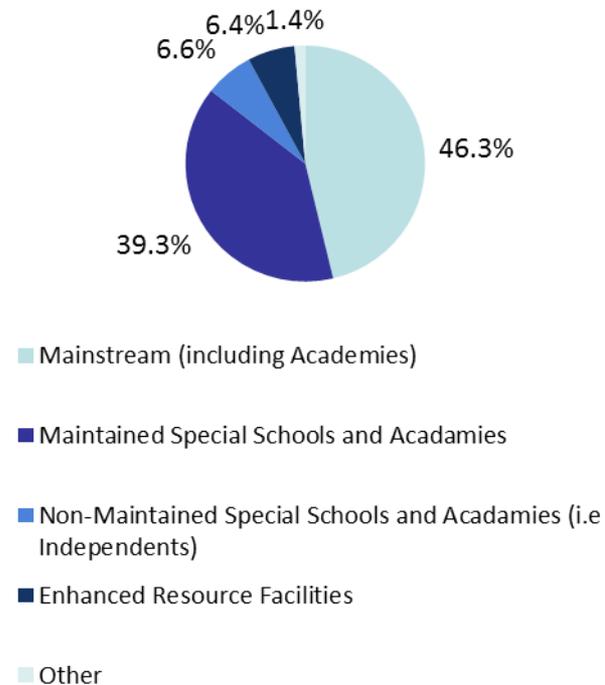
The pie charts below compare the local allocation of SEN&D placements with the national allocation based on the '*Special educational needs in England: January 2014*' published by the Department for Education (up dated on 14 October 2014).

This shows the local profile is considerably different, especially in the amount of placements in Mainstream Schools (significantly lower than the national average), and Enhanced Resource Facilities (significantly higher than the national average).

% of SEN&D Pupils in Derby



% of SEN&D Pupils Nationally



Source: IMPOWER – A case for change report

Identifying Need

SEN primary needs trend analysis for Derby (for stages P, S, K and E):

There are 11 main types of SEND, plus 1 "Other" category. When being allocated a statement or school action plus a child or young person will also be allocated an SEN type, or in some cases, two SEN types of which one will be the primary SEN type. For the purpose of this analysis, only the primary SEN type is used.

		ASD	BESD	HI	MLD	MSI	NSA	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD	VI	TOTAL
Secondary	2013	121	331	42	268	-	-	33	59	2	-	63	32	110	37	1098
	2014	126	270	37	250	1	-	35	58	1	-	74	39	109	30	1030
	2015	119	-	43	769	1	152	94	87	-	298	94	44	207	43	1951
Primary	2013	152	252	56	255	2	-	61	85	9	-	418	27	73	47	1437
	2014	178	272	71	301	3	-	50	88	12	-	426	33	69	56	1559
	2015	220	-	84	974	5	1	75	114	11	511	932	37	204	59	3227
All-through	2013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2014	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2015	30	-	-	6	-	-	1	-	1	17	6	1	5	-	67
Free School	2013	-	1	-	-	-	-	-	-	-	-	-	-	1	-	2
	2014	-	7	-	3	-	-	-	-	-	-	1	-	-	-	11
	2015	-	-	-	5	-	-	-	-	-	10	6	-	-	1	22
Nursery	2013	6	9	2	-	-	-	1	-	5	-	18	2	1	2	46
	2014	8	9	2	3	-	-	2	1	3	-	24	2	-	3	57
	2015	7	-	3	7	-	5	1	1	3	8	34	-	-	2	71
Special (Inc PRU)	2013		200	-	185	2	-	4	3	66	-	14	105	14	-	678
	2014		175	-	159	1	-	4	4	74	-	17	98	25	-	647
	2015		-	-	178	1	-	5	6	78	156	25	103	30	-	692
Total	2013		793	100	708	4	-	99	147	82	-	513	166	199	86	3261
	2014		733	110	716	5	-	91	151	90	-	542	172	203	89	3304
	2015		-	130	1939	7	158	176	208	93	1000	1097	185	446	105	6030

Identifying Need

SEN trend analysis:

Children and young people with a statement of special educational needs (SEN) or EHC plans:

Includes maintained and direct grant nursery schools, maintained primary and secondary schools, city technology colleges, university technology colleges, studio schools, primary and secondary academies including free schools, special schools, special academies including free schools, pupil referral units, alternative provision academies including free schools and independent schools.

- 2.9% of children in Derby had a statement of SEN or a EHC plan in 2015. This is an increase of 0.3% since 2011. Nationally, statements of SEN or EHC plans have remained at 2.8% in the last 5yrs.

	% of pupils with statement of SEN or EHC plan				
Comparator authorities	2011	2012	2013	2014	2015
Bolton	2.3	2.4	2.5	2.6	2.6
Coventry	2.4	2.3	2.3	2.3	2.4
Derby	<u>2.6</u>	<u>2.5</u>	<u>2.7</u>	<u>2.8</u>	<u>2.9</u>
Dudley	3.5	3.6	3.6	3.3	2.9
Kirklees	2.7	2.8	2.7	2.7	2.8
Leeds	1.7	1.7	1.7	1.7	1.8
Medway	3.1	3.1	3.0	2.9	3.0
Peterborough	3.9	4.0	3.8	3.8	3.6
Sheffield	2.6	2.6	2.5	2.5	2.5
Telford & Wrekin	3.8	3.9	3.9	3.6	2.5
Walsall	2.1	2.1	2.2	2.3	2.3
Comparator authorities' average	2.8	2.8	2.8	2.8	2.8
East Midlands	2.5	2.5	2.6	2.5	2.5
National	2.8	2.8	2.8	2.8	2.8

% of pupils with a statement of special educational needs or EHC plans:

Source: DfE SEN SR May 2015 and July 2015

Identifying Need

Prevalence of SEN&D – Out of Area:

The definition of OOA placements is:

Children who are in independent placements that are not under control of a local authority, excluding academies.

Analysis of the SEN&D budget has shown:

- Between 2012 and 2014, there was an **increase of 65% in OOA placements**
- This represents a **£2,166,153 increase in expenditure** since 2012

Average unit costs:

- The average unit cost for a Derby maintained school is: £22,368 (£246,048 over 11yr school lifetime)
- Out of area school: £35,544 (£390,984 over 11yr school lifetime)
- Over an **11yr school lifetime**, on average this represents an **additional £144,936 per OOA pupil**

- There are **145 children who are currently placed in an ‘Out of Area’ (OOA) placement:**

- The top 3 primary needs for OOA placements are (**ASD, BESD and MLD**) which account for **73% of the total OOA population**, with ASD accounting for 47% alone.

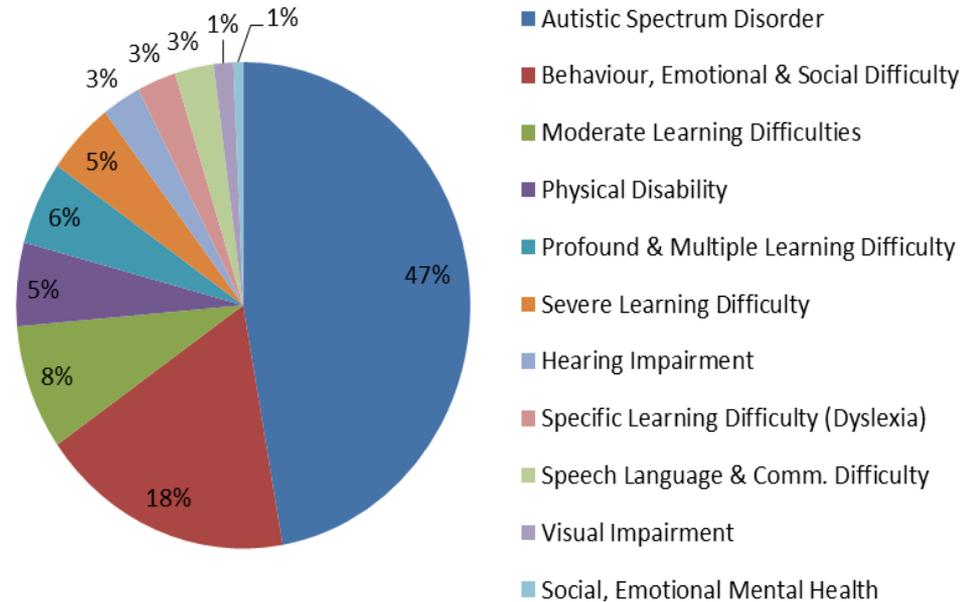
- **Most children**, both male and female, who are placed **OOA** are also aged between **14 – 16 years old**.

- **The most common age** for a child to be **placed OOA** is either **4, 7 or 11 years old**. This is in line with the key transition points in a child’s education.

- **16 years are a critical age** group to target when considering **providing in area support and provision for them**.

- 26% of the total OOA placements are children aged 16yrs +

Primary need (OOA)



Identifying Need

Changes in levels of statements and OOA placements in Derby:

Statements:

Statements (EHCP's) are expected to increase by over 10% in the next 3 years, maintaining above the national average.

There is also an estimated 35% increase in OOA placements in the next 3 years (to 2017).

Source: **IMPOWER – A case for change report**

Year	ASD	BESD	HI	MLD	MSI	OTH	PD	PMLD	SLCN	SLD	SPLD	VI	TOTAL
2010	159	131	35	152	2	12	41	67	74	142	36	19	870
2011	190	117	38	150	1	16	38	70	62	133	64	22	901
2012	212	105	31	142	2	16	40	77	67	127	58	25	902
2013	217	116	29	210	2	14	48	76	66	133	52	22	985
2014	235	122	35	191	2	10	41	84	77	135	52	18	1002
2015	256	113	31	210	2	12	45	87	72	130	58	21	1036
2016	274	111	30	224	2	11	46	91	73	128	60	20	1071
2017	292	109	29	238	2	11	47	95	74	127	62	20	1106
Difference 2014-17	57	-13	-6	47	0	1	6	11	-3	-8	10	2	104
% Increase	24.30	-10.90	-16.86	24.61	15.00	6.00	13.66	12.86	-3.64	-5.93	20.00	12.22	10.38

Prevalence of SEN&D – Placement Levels

Changes in levels of statements and OOA placements in Derby:

Derby City placements in independent and non-maintained schools:

Year	ASD	BESD	HI	SLCN	SLD	SPLD	VI	TOTAL
2010	14	4	42	7	0	2	1	70
2011	16	4	46	5	0	2	1	74
2012	23	6	49	3	0	1	1	83
2013	40	13	57	3	1	2	1	117
2014	54	19	55	2	2	2	1	135
2015 (est)	65	25	53	2	3	2	1	151
2016 (est)	76	31	51	1	4	2	1	166
2017 (est)	87	37	49	1	5	2	1	182
Est increase from 2014-17	33	18	-6	-1	3	0	0	47

Current and predicted school capacity:

Type of school (all across Derby City)	Actual number of SEN&D places (2014)	Predicted number of SEN&D pupils (2017)	Predicted shortfall in capacity (2017)
Special schools	503	536	-33
ERF	204	318	-114

- St Clare’s School is anticipated to have the greatest shortfall of all special school places, with an additional 16 places needed to meet demand in 2017.
- Lees Brook Community Sports College is anticipated to have the greatest shortfall of all ERF places, with an additional 44 places needed to meet demand in 2017.
- Followed by The Bemrose School with a shortfall of 19 places, and Brackensdale Junior school with a shortfall of 15 places in 2017

Identifying Need

Identification of SEN by health referring to Derby City Council

The initial identification of a potential disability or special educational need can happen in a number of different places but primarily the main areas are: within the home where a parent or carer identifies a difficulty; within health where a health professional identifies concerns; or within an educational establishment where a teacher may express concern with learning. Within SEND learner support, the majority of referrals for very young children come from health professions including health visitors, therapists, paediatricians, other consultants and specialists within the field of HI/VI e.g. audiology professionals, although very few referrals are actually via GPs.

Services for children with SEN and complex packages

There are a wide variety of services provided within the local area; Occupational Therapy, Speech and Language Therapy, Physiotherapy, Audiology, Paediatric Care and School Nursing.

Health service:	Number of children attending
Occupational Therapy	392
Physiotherapy	341
Speech and language therapy	1,539
School Nurse	6,428

Child and Adolescent Mental Health Services (CAMHS)

Across Derby 3,675 children are identified as having a mental health disorder, although this covers a wide range of needs, and not all of this cohort will be in need of support from CAMHS.

	Estimated number of children aged 5-10	Estimated number of children aged 11-16	Estimated number of children aged 5-16	Estimated number of boys aged 5-10	Estimated number of boys aged 11-16	Estimated number of boys aged 5-16	Estimated number of girls aged 5-10	Estimated number of girls aged 11-16	Estimated number of girls aged 5-16
Derby	1,590	2,085	3,675	1,075	1,200	2,270	520	890	1,405



Meeting Need – Current services in relation to need



Derby City Council

Meeting Need

Children and young people with disabilities and their families face distinct and challenging issues that require a range of dedicated and specialist responses from public services. Children, young people and family's needs are unique to them. They can be complex and change over time. The challenge for services is to understand these needs and develop a flexible and responsive system around them to provide support.

In order to reach their potential, children and young people with disabilities and their families require coordinated and effective support from health, education, social care and voluntary services. Integrated, joint agency approaches need to be further enhanced to ensure the most effective and efficient commissioning and targeting of resource.

Current need:

Many children and young people with disabilities require multi-agency input from a range of agencies, AND, through the implementation of the SEND reforms there is an increased evidence of services to working together in meeting the needs of disabled children and young people and those with SEN.

Providers delivering care for children with disabilities are reporting an increase in demand. Some of this demand is related to an increase in numbers of children requiring provision and can be quantified. However a significant issue is the increase in complexity of need which is much more challenging to evidence and mechanisms to capture this need to be explored.

Service Provision:

Within Derby City Council, a number of services can be involved in provision of services to children and young people with special educational needs or disabilities.

- **Universal services** - for all children and their families 0 to 16 years and 16 to 19 years in full time education, including: Information about services available; parental and professional advice, guidance and training (including settings and schools).
- **Targeted services** - for specific children and their families 0 to 16 years and 16 to 19 years in full time education, including: Specific advice and guidance to parents and practitioners; support to address language delay/impooverished language, SEN (less severe clinical needs), mild neurological problems, children under 11 with ASD and sensory processing.
- **Specialist services** – Including services for home adaptations/equipment and orthotics prescription; SEN and Disability (severe clinical need); Life limiting conditions; dysphasia (feeding /swallowing); Augmentative and Alternative Communication (high end need); Specialist assessment.

Meeting Need

Local Authority Service Provision – Support:

Children under 5:

SEN support for children under 5 includes:

- a written progress check when your child is 2 years old
- a child health visitor carrying out a health check for your child if they're aged 2 to 3
- a written assessment in the summer term of your child's first year of primary school
- making reasonable adjustments for disabled children, e.g. providing aids like tactile signs

Nurseries, playgroups and child-minder's registered with Ofsted follow the Early Years Foundation Stage (EYFS) framework. The framework makes sure that there is support in place for children with SEN.

Children between 5 and 15:

Talk to the teacher or the SEN coordinator (SENCO) if you think your child needs:

- a special learning programme
- extra help from a teacher or assistant
- to work in a smaller group
- observation in class or at break
- help taking part in class activities
- extra encouragement in their learning, e.g. to ask questions or to try something they find difficult
- help communicating with other children
- support with physical or personal care difficulties, e.g. eating, getting around school safely or using the toilet

Young people aged 16 or over in further education:

The college and your local authority will talk to your child about the support they need.

Independent support for children of all ages:

Independent supporters can help you and your child through the new SEN assessment process, including:

- replacing a statement of special educational needs with a new education, health and care plan (EHCP)
- moving a child from a learning difficulty assessment (LDA) to EHCP

Local Authority Service Provision for Children and Young People with SEN&D

Local Authority Services:

Schools:

Within mainstream schools all teaching staff will have a sound knowledge and evidence based practice of child development in: cognition and learning, communication and interaction, physical and sensory, and behaviour, emotional and social including nurture. All mainstream schools will also have a Special Educational Needs Co-ordinator (SENCo) who is a qualified teacher with training and knowledge in child development in SEN.

Derby has seven special schools and three pupil referral units, there are also a number of other nursery schools in Derby City with enhanced resources for special provision.

Early Years Support:

Provides support to the youngest children in Derby, aged 0-4 years old, with special educational needs or disabilities.

Flying start for two year olds provides 15 hours per week free early years childcare to all children in precept of disability living allowance, personal payments or an Education, Health, Care plan.

Free early education for all 3 and 4 year olds. The term after a child turns three they are entitled to 15 hours per week of free early education.

Children's centres:

Derby City Council has 18 children's centres situated City wide, providing a range of services to children younger than 5 years old and their families. The multi-agency services are based around a core offer of child & family health, early education & childcare, family support and employment & training. Special educational needs are at the heart of the children's centre offer with early education, full day care and family support among the services available to children with special educational needs. Some children's centres offer more specialist activities and sessions that are planned around the needs of children with disabilities and special needs, and some children's centres have multi-sensory areas/rooms and specialist sensory equipment.

People's Service:

The purpose of the People's Service is to improve outcomes for young people in their personal, social and educational development and support them to have voice, influence and a place in society in a period of their transition from childhood dependence to adult independence. The service provides targeted youth support to vulnerable young people, including those with learning difficulties and/or disabilities (LDD) aged from 13 years to 25 years old.

Service Provision – Local Authority:

The Local Offer for Special Needs and Disabilities:

The local offer for special needs and disabilities aims to set out in one place, information about provision across education, health and social care for children and young people aged between 0 and 25.

The Local Offer is for children and young people who have Special Educational Needs (SEN) or disabilities. The Local Offer is available to everyone including those without an Education, Health and Care Plan (EHC) Plan.

The Local Offer is a listing of services and activities for children and young people aged 0-25 and their families.

- Includes information about the support and provision that families can expect from a wide range of agencies for children and young people with Special Educational Needs and/or disabilities (SEND) from birth to 25 years old
- Covers support and provision for children and young people with and without an Education, Health and Care Plan or Statement of Special Educational Need
- Set out in one place so families and professionals have access to the same information
- Describes available support and services that families may also be able to access has been co-produced with families and professionals from a wide variety of agencies

The Local Offer provides information on a wide range of areas, including:

- Education and training
- Health provision
- Care provision
- Childcare
- Things to do
- Money and Benefits
- Moving into adult life
- Advice and support
- Getting Around (travel arrangements)
- How to tell us what you think about the Local Offer

Specialist Services:

STePS – Specialist Teaching and Psychology Service:

STePS is an education service employing psychologists, advisory teachers, specialist staff and early years practitioners. The service is made up of three teams.

- **Early intervention Team (EIT)** provides advice and support for pre-school children with special educational needs (SEN) and disabilities, their parents, early years setting staff (private, voluntary and independent settings) and transition into first school placement. We do not charge schools for this service.
- **Educational Psychology Service (EPS)** provides statutory and non-statutory psychological advice to children and young people, parents, schools, early years settings (PVI) and the Local Authority. We may apply charges for this service.
- **Specialist Support Teaching Service (SSTS)** provides support and advice for children and young people with a range of diagnosed conditions including sensory impairment, physical impairment and autism spectrum disorders. We may apply charges for part of this service

The Light House:

The Integrated Disabled Children's Service (IDCS) is based at the Light House. The Light House is a purpose built environment for disabled children and the staff who work with them. The IDCS is jointly funded by Derby City Council and Southern Derbyshire CCG.

It is a multi-disciplinary, multi-agency service aiming to meet some of the needs of disabled children and their families. The team work with children and their families in Derby and some children and families in the south of Derbyshire, aged 0-17 years.

- Community and home support.
- Residential short breaks – 6 beds for children with multiple disabilities and 4 for children and young people with challenging behaviours.
- Community short breaks.
- Social workers.
- Children's practitioners
- Occupational therapists
- Physiotherapists
- Community Learning Disability Nurse
- Specialist nursery for under 5s.

Health Services:

A variety of services are provided for children aged 0-19 who live in Derby City with some specialist services for children with additional needs provided for children who live in Southern Derbyshire.

Working in partnership with CAMHS, GPs, Children's Hospital, Schools, Sure Start Children's Centres, Social Care, Children and Young People's Departments and many voluntary agencies which specialise in services for children.

Links with adult services are also made when children with additional needs are reaching adulthood.

The services are provided in many different settings, including children's own home, health centres, schools, residential homes, and children's centres, with the aim of providing services which are as accessible as possible for the children and their families.

A wide variety of qualified professionals, support staff and administrative staff provide the services, including Health Visitors, School Nurses, Specialist Nurses, Nurses for Disabled Children, Paediatricians, Occupational Therapists and Physiotherapists. Services provided:

- Disabled Children's Health Visiting Team – under 5
- Specialist Nurses for Children with disabilities
- Nursery Nurse Co-ordinator
- School Nursing / Special School Nurses
- Community Paediatric Service
- Children's occupational therapy and physiotherapy
- Lighthouse short break nurses (Lighthouse)
- Child and adolescent community services
- Continence advice
- Learning Disability Services
- Child and Adolescent Mental Health Services (CAMHS)

Health Services:

Derby Hospitals Foundation Trust Children's Health:

The Derbyshire Children's Hospital, at the Royal Derby Hospital was purpose built in 1996 to provide high quality care for children and young people.

The children's out-patient department provides care and expert management for all general paediatric medical and surgical conditions, as well as many specialist problems.

As part of the Royal Derby Hospital the children's services are rated excellent for quality of service (Healthcare Commission ratings 2009).

The children's emergency department (accident and emergency) reviews over 25,000 children and young people per year. All patients are seen by trained paediatric staff in child-friendly surroundings. All the wards are supported by play specialists and there is a hospital school during term times.

There is a dedicated paediatric team of therapists to support the care of children and young people. These include: physiotherapists, occupational therapists, dieticians, and clinical psychologists.

The KITE (kids in their environment) team of community and specialist nurses provide outreach support to children with chronic conditions in their home.

Derbyshire Community Health Services NHS Trust:

Wheelchair Services:

The wheelchair service is delivered by highly trained health professionals and rehabilitation engineers who have specialist skills, knowledge and experience in the assessment and provision of complex wheelchairs and seating systems.

The service provides specialist wheelchairs to meet the needs of the people of Derbyshire with specific postural problems, complex or multiple disability and long-term conditions.

The type of wheelchair prescribed will be entirely dependant upon the current medical problem and presenting needs of the client. The overall goal is to find the most appropriate solution for the client, taking into account of their clinical and lifestyle needs. The service is also supported by a responsive repair and maintenance service.

Meeting Need

Charities/Support Groups:

Umbrella:

Supports parents and carers who have children with additional needs (supported by Derby City Council, Derbyshire County Council and the NHS)

- Family Support Service / Parents/carers support groups.
- School Holiday Play Scheme – 5-17 with moderate to severe learning disabilities.
- Activities such as daytrips, play schemes, Saturday clubs and side by side groups.
- Side by Side project enables friendship and peer groups focussing on life and social skills up to 18 years without parents or carers (supported by Derby City Council).
- Youth club 8-12 and 13-18 (costs apply).
- Young Adult Services 18-25 years.
- TEAM project – for young adults to promote life skills (payment required).
- INDE project – for young adults with low to moderate needs (payment required).
- Parent and Carer support.

Disability Direct:

Information service in Derby. Derby City Council have support their 'Just Fun' project which organises a range of sports and community activities for 11-19 year olds.

Short Breaks:

Derby City Council currently offer up to a maximum of 50 hours of short break service per child per year for children with severe physical or learning difficulties, complex health needs or severe Autistic Spectrum Disorder and have published a short breaks statement. Our Short Breaks are run by 'Fun-abil8y Services' and 'Umbrella Services' who offer specialist groups and 1:1 support in the community.

Activities:

A range of activities take place across the City:

- Swimming – special facilities for the disabled and Learn to Swim courses for disabled children, including 1:1 lessons.
- Derby Dippers Disabled Swimming Club.
- Sportsability Club – structured coaching with the chance to develop skills in football, trampolining and athletics.
- Disabled trampolining sessions.
- Large number of Youth clubs for young people with disabilities and learning difficulties.
- PACE (Promote Ability Community Enterprise)– supporting people with life skills.
- Derby Wheelblazers – wheelchair basketball.
- Cricket.
- Blind cricket.
- Fun-abil8y - Mini-fun-abil8y/ Sports-abil8y/ Play-abil8y
- Afterschool club.
- Outdoor challenge club.
- Computer and games.
- Youthabi8y.
- Cool Kids Club.
- Disability Snow Sport UK
- QUAD – supportive environment/soft subtitle film screenings



Outcomes



Derby City Council

The Department for Education (DfE)¹⁷ has stated that disabled children and young people face multiple barriers which hinder them from achieving the outcomes their peers can expect as:

- 29% of disabled children nationally live in poverty.
- The educational attainment of disabled children is lower than that of non-disabled children and fewer than 50% of schools have accessibility plans.
- Disabled young people aged 16-24 are less satisfied with their lives than their peers and support tends to fall away at key transition points between child to adult services.
- Families with disabled children report high levels of unmet needs, isolation and stress.
- Only 4% of disabled children are supported by social services
- The prevalence of severe disability is increasing.

Source: Child and Maternal Health Observatory (Accessed 23/07/13) Disability Needs Assessment Selection: East Sussex Geographies: Top level local authority.

Early years

Derby is **above** both national and comparator averages **for the percentage of pupils on SEN Support (Foundation) achieving a good level of development** (Derby 26%, National 24% and Comparator average 22%)

In contrast to this, **for those children with a statement or EHC plan outcomes are much lower** (Derby 0% achieved a GLD, National 4% and comparator average 7%)

The attainment gap with vulnerable groups in 2015 was 60% as no child with an EHCP that was either LAC, CIN, BME or FSM achieved a GLD

Phonics

Derby City pupils were below both national and comparator averages for the percentage of pupils meeting the expected standards in phonics...

% of year 1 pupils meeting the expected standard of phonic decoding by SEN provision - SEN Support

Derby 39% National 42% Comparator average 42%

% of year 1 pupils meeting the expected standard of phonic decoding by SEN provision - statement or EHCP

Derby 6% National 18% Comparator average 14%

Public Health Outcomes: School readiness indicators for pupils with SEN:

School Readiness:	Derby
Achieving good level of development – EYFS	26%
Achieving good level of development – EYFS with FSM	24%
Achieving good level of development – Phonics	36%
Achieving good level of development – Phonics with FSM	29%

Source: DfE statistical releases 2015 and Nexus LA reports 2015

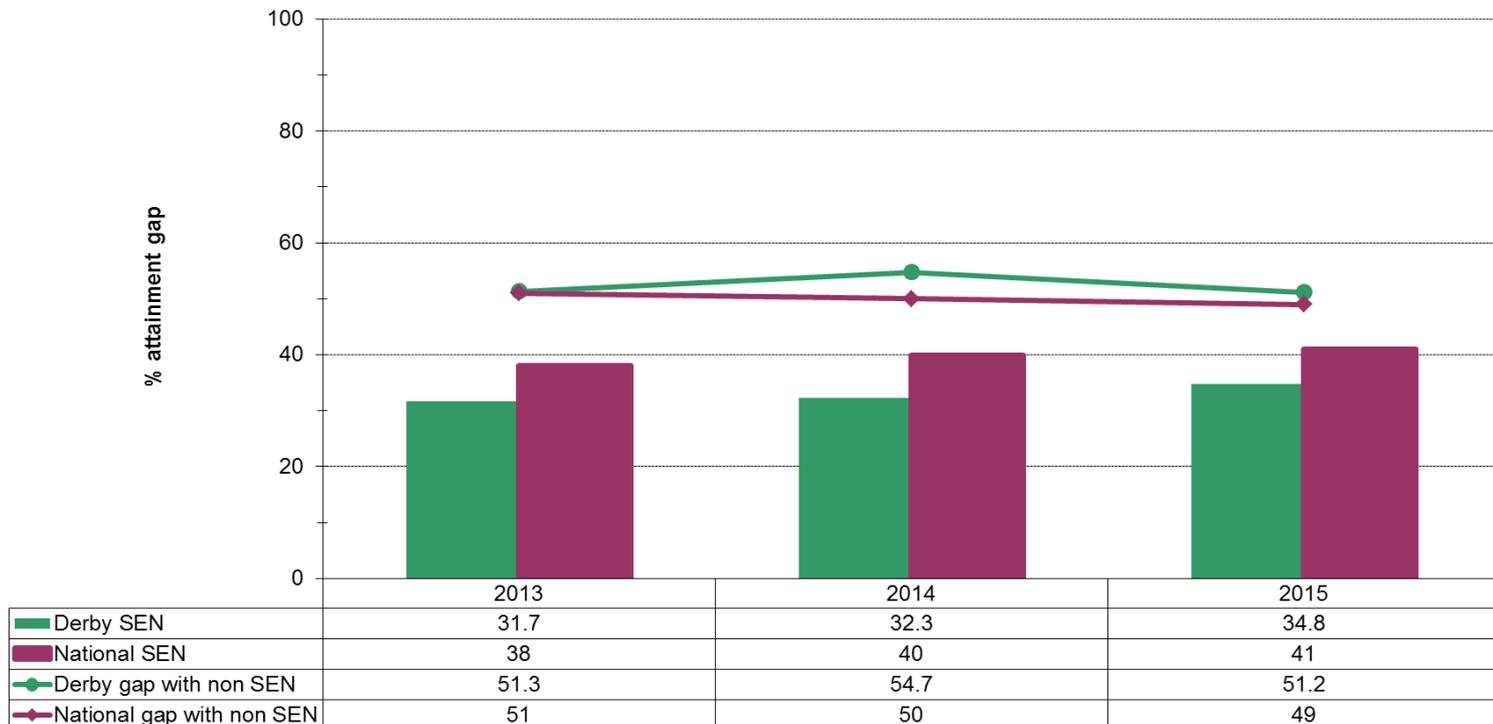
Attainment Outcomes

Key Stage 1

Percentage of pupils with a SEN achieving level 2b or above - this reflects all children with an identified SEN, not just those with statements or EHCPs.

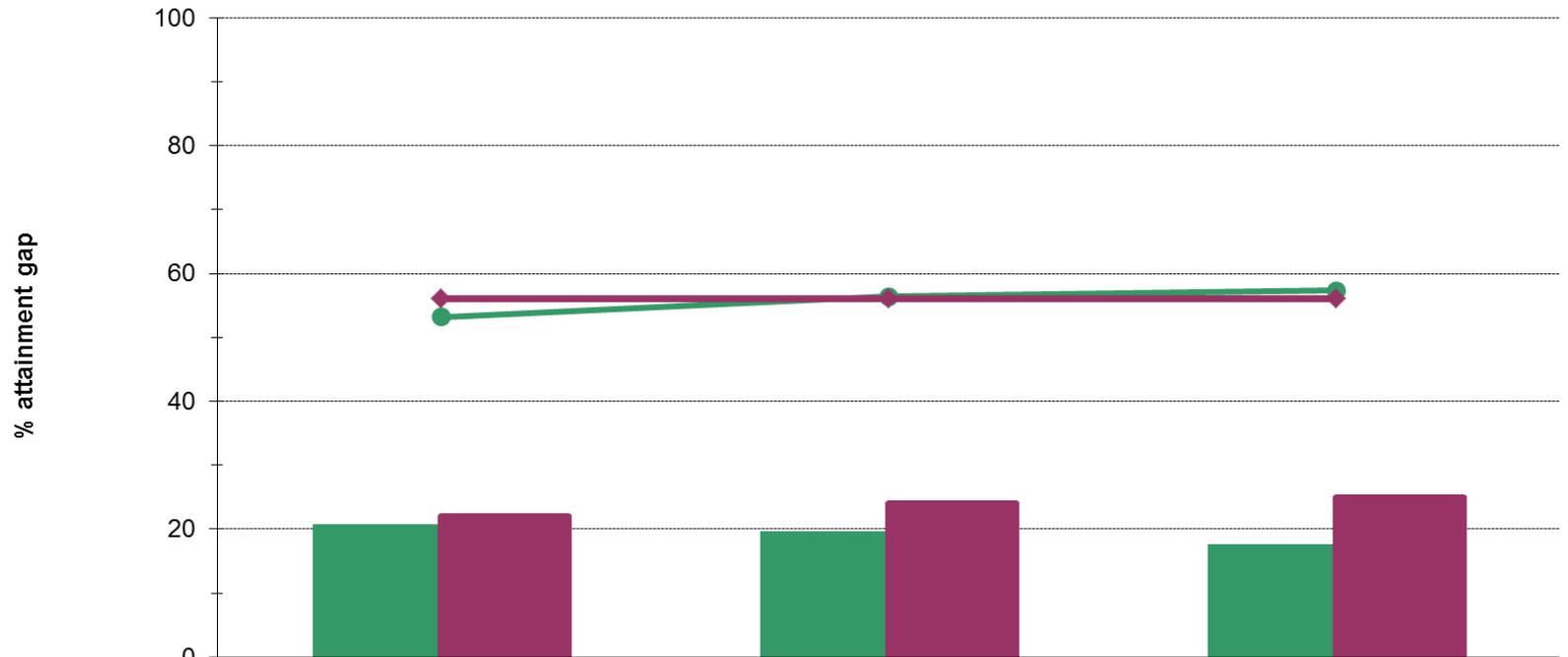
- 34% of pupils achieved L2b+ in reading a 2% improvement from 2014, which resulted in a 1% reduction in the gap with the national average (41% in 2015)
- 39% of pupils achieved L2b+ in maths which is a 4% improvement from 2014, resulting in a 4% reduction in the gap with the national average (41% in 2015)
- 18% of pupils achieved L2b+ in writing which is a slight fall from 2014 (20%) resulting in the gap with the national average (25% in 2015) widening

KS1 reading level 2B+ SEN gap:



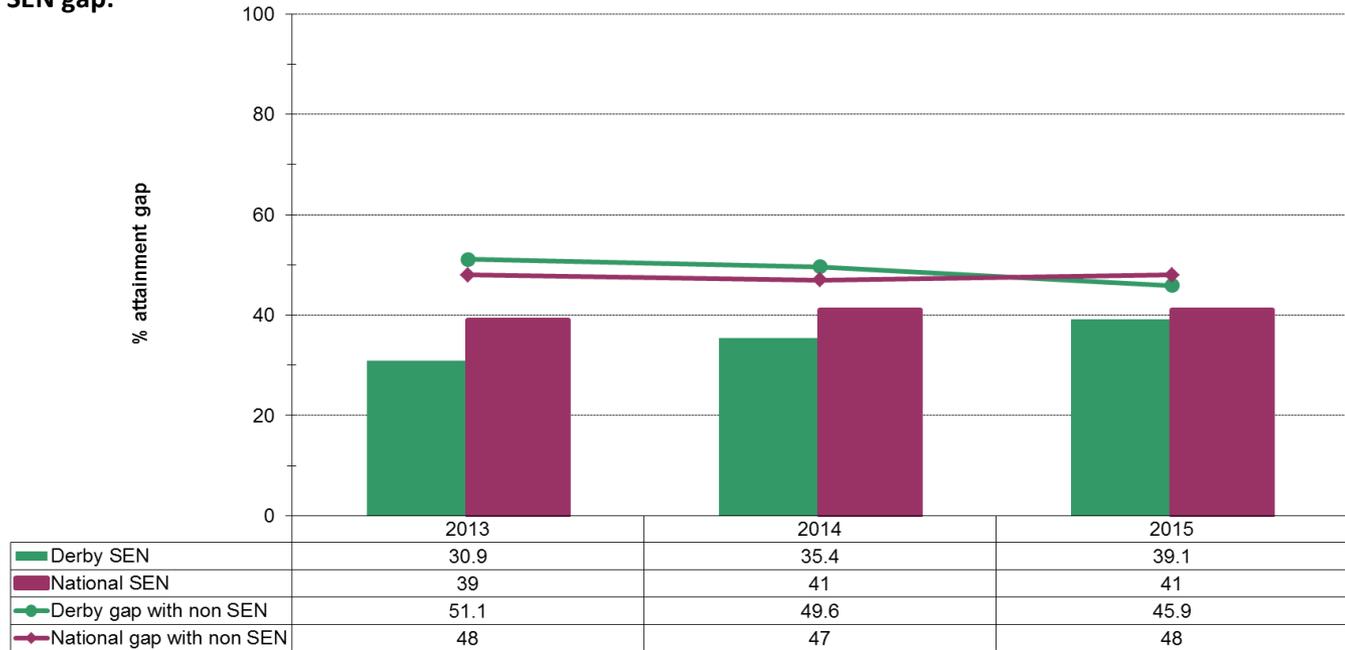
Attainment Outcomes

KS1 writing level 2B+ SEN gap:



	2013	2014	2015
Derby SEN	20.8	19.6	17.7
National SEN	22	24	25
Derby gap with non SEN	53.2	56.4	57.3
National gap with non SEN	56	56	56

KS1 mathematics level 2B+ SEN gap:



Key Stage 1 – Vulnerable Groups (ECHPs)

Overall outcomes are low and gaps are too wide...

- No looked after children with an ECHP took tests in 2015
- There were 3 CIN children with an EHCP in 2015 and **none of these pupils achieved L2B+** in either RWM
- BME children (24 pupils) with an EHCP performed slightly better with 17% achieving L2B+ in RM and 8% in W however **gaps with all pupils remain very wide in all instances**
- 21 FSM pupils with an EHCP took KS1 tests and 5% achieved L2B+ in RM however no pupils achieved L2B+ in W

Attainment Outcomes

Key Stage 2

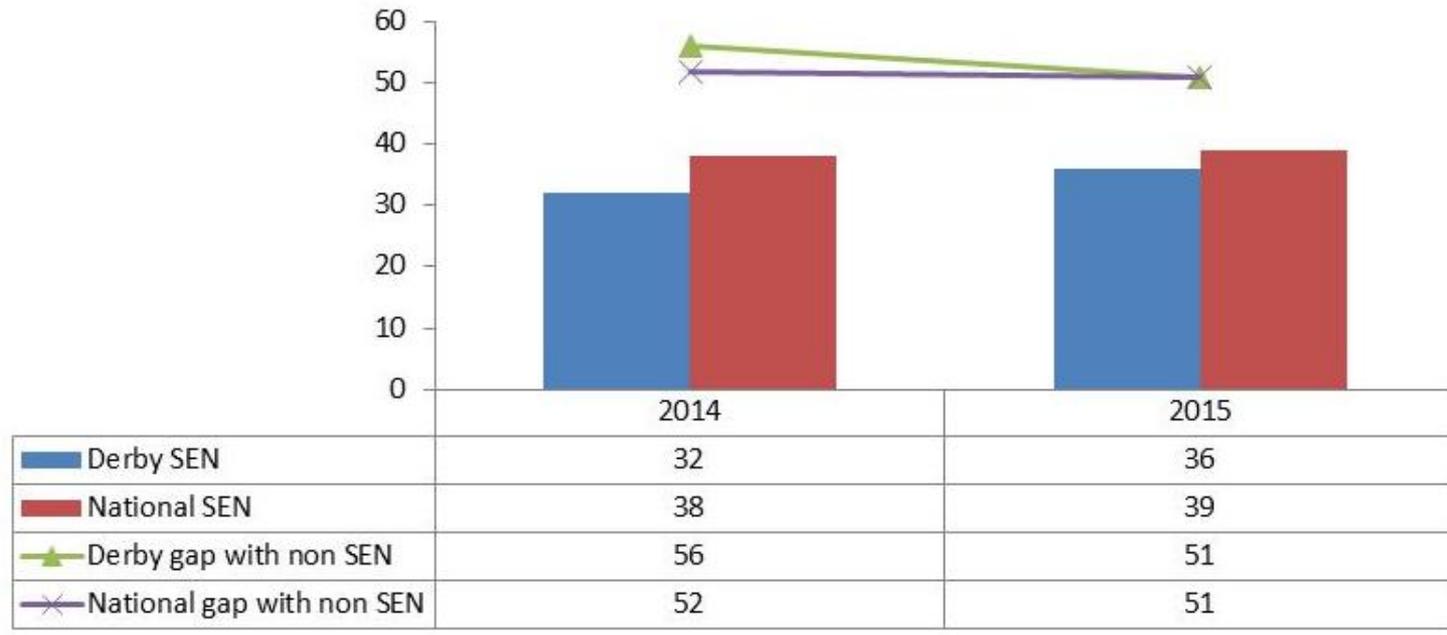
This reflects all children with an identified SEN, not just those with statements or EHCPs

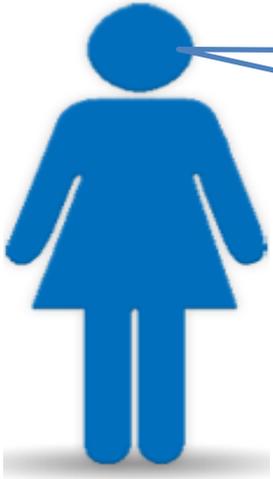
The percentage of pupils in Derby with a SEN achieving L4+ in RWM at the end of KS2 has **improved by 4%** from 2014 and the **gap with pupils without a SEND has closed to be almost in line with the national average**.

The gaps with national outcomes for pupils achieving L4+ in RWM at KS2 are slightly narrower for pupils on SEND support than those pupils with an EHCP

- Achievement of KS2 level 4 (RWM) for pupils on SEN support – Derby 40%, National 43% and Comparator average 41%
- Achievement of KS2 level 4 (RWM) for pupils with a statement or EHCP - Derby 12%, National 16% and Comparator average 14%

KS2 - Percentage achieving level 4 in reading, writing and mathematics





Overall a higher percentage of pupils receiving SEND support achieve better outcomes than those with a statement / EHCP...

- GCSE 5A*-C (inc E&M) – 14.1% SEN support and 7.6% EHCP
- GCSE 5A*-G – 79.8% SEN support and 30.3% EHCP

Despite those pupils in receipt of SEND support achieving higher outcomes overall the gaps with national outcomes for pupils with a statement / EHCP are lower for those pupils who achieved 5A*-C (inc E&M).

SEND support Derby outcomes were 9.4% lower than the national average whilst for those with a statement / EHCP the gap with national was only 1.2%



Attainment Outcomes

Attainment / qualification outcomes are mixed for Derby's 19 year olds who have received SEND support or have a statement / EHCP:

% 19yr olds qualified to Level 2 incl English and Maths - SEN Support

Derby 35.7% National 36.6% Comparator average 32.3%

% 19yr olds qualified to Level 2 incl English and Maths - with statement or EHCP

Derby 4% National 14.1% Comparator average 12.9%

% 19yr olds qualified to Level 3 - SEN Support

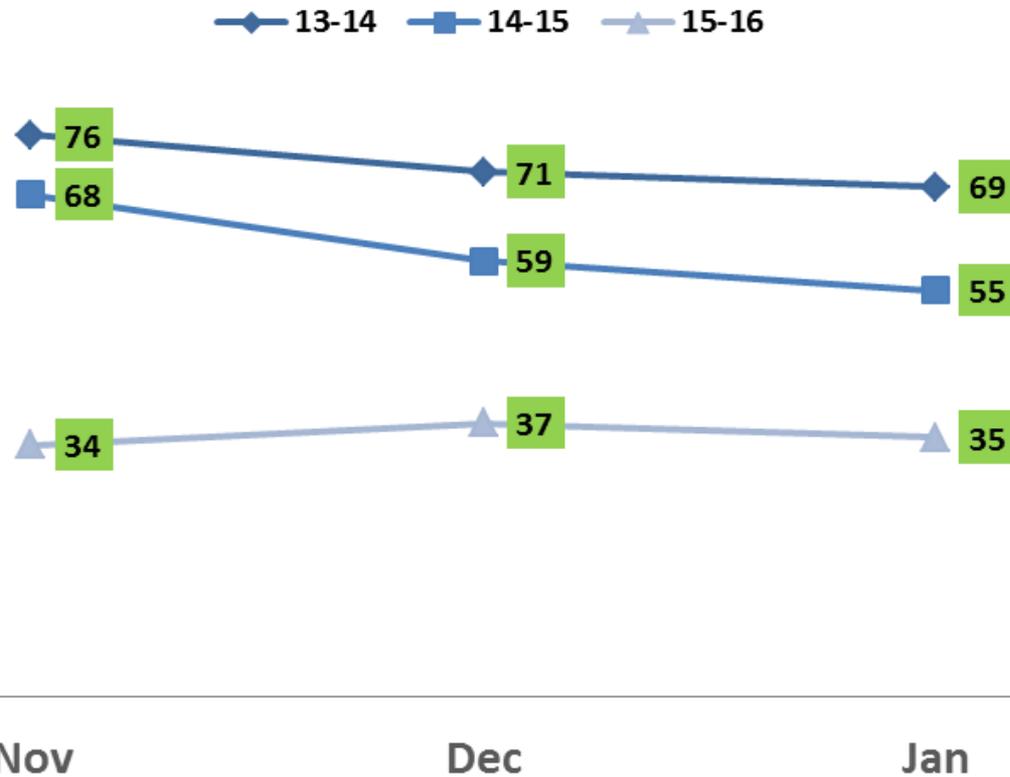
Derby 23.4% National 31.8% Comparator average 28.8%

- 86% of Derby's KS4 SEN cohort (2014) were in EET one year later which is in line with the national average (86%) and above the comparator average (85%)
- This improves to 88% of KS5 SEN cohort in EET one year later which is above both the national and comparator averages (86% and 87%)

Outcomes

16-18 year olds with SEND and are NEET in Derby

The number of young people with special educational needs and disabilities who are not in employment, education or training (NEET) has decreased in Derby over the last three years with a different of -42 between December 2014 and December 2015.



Outcomes

Breakdown of post-16 destinations for SEND

The destinations of participating, working towards and temporary break relate to the raising the participation age tracking.

Working towards and temporary break have remained static, the participating figure has seen a small increase of 2%.

The NEET figure decreased in January 2016 after a small rise over November and December 2015.

The Unknown figure decreased in December 2015 and January 2016 by 16.

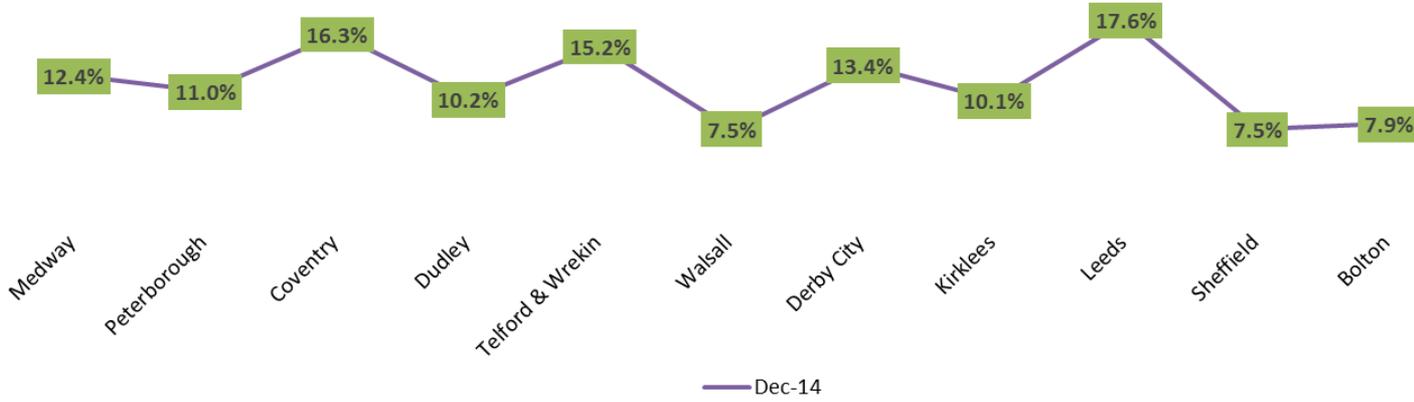
The In Learning figure has steadily increased over the 3 months by 1.6%.

SEND

	Nov 15			Dec 15			Jan 16		
	Total	%	%	Total	%	%	Total	%	%
Participating (Yr12-13)	207	81.8%	↑	212	83.8%	↑	212	83.8%	→
Working towards (Yr12-13)	0	0.0%	→	0	0.0%	→	0	0.0%	→
Temporary break (Yr12-13)	3	1.2%	→	3	1.2%	→	4	1.6%	→
NEET (Yr12-14)	34	8.5%	↑	37	8.9%	↑	35	8.4%	↓
Unknown (Yr12-14)	55	12.1%	↑	42	9.2%	↓	39	8.5%	↓
In Learning (Yr12-14)	348	76.3%	↑	354	77.5%	↑	356	77.9%	↑
Cohort Total	456			457			457		

Outcomes

% of 16-18 year olds with SEND and are NEET by Comparator Authority



Outcomes

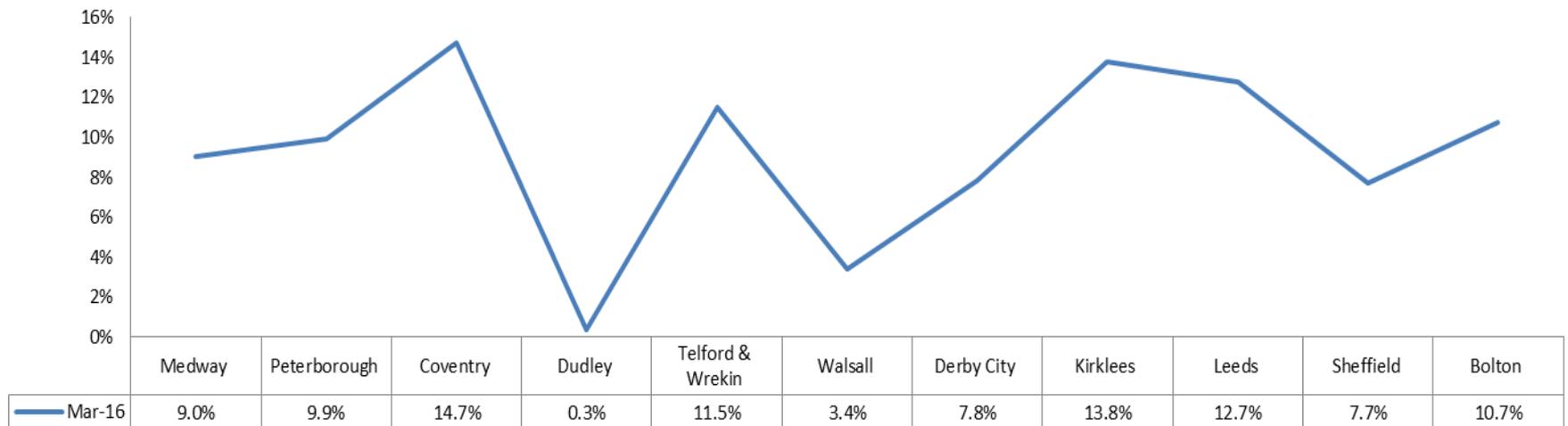
% of 16-18 year olds with SEND and are NEET by Comparator Authority

From December 2014 to March 2016, the number of SEND with NEET in Derby City has decreased by 5.6%

As at March 2016, Derby has 4th lowest % NEET against comparator authorities

The majority of comparators have seen a steady decrease of SEND with the exception of Bolton which has seen an increase of 2.8% since 2014.

Sheffield, Kirklees, Coventry and Peterborough experienced a decrease in 2015 and slight increase between December 2015 and March 2016.





User Views – Service user feedback



Derby City Council

Parent Engagement Feedback:

The implementation of the SEND reforms has provided the opportunity to work collaboratively with children, young people and their families, to hear and understand their views of the services and support that are most helpful to them in achieving best outcomes. Feedback includes:

1. Question:

If your child attends a school which is not a Derby City Local Authority school outside of Derby or a residential school, what are the reasons for this?

Response, why is it important:

Half of the parents felt Derby schools couldn't meet their need, but there was also a lack of trust of Derby schools amongst some parents.

Opportunity:

It is important to better promote the quality of DCC schools to parents locally.

2. Question:

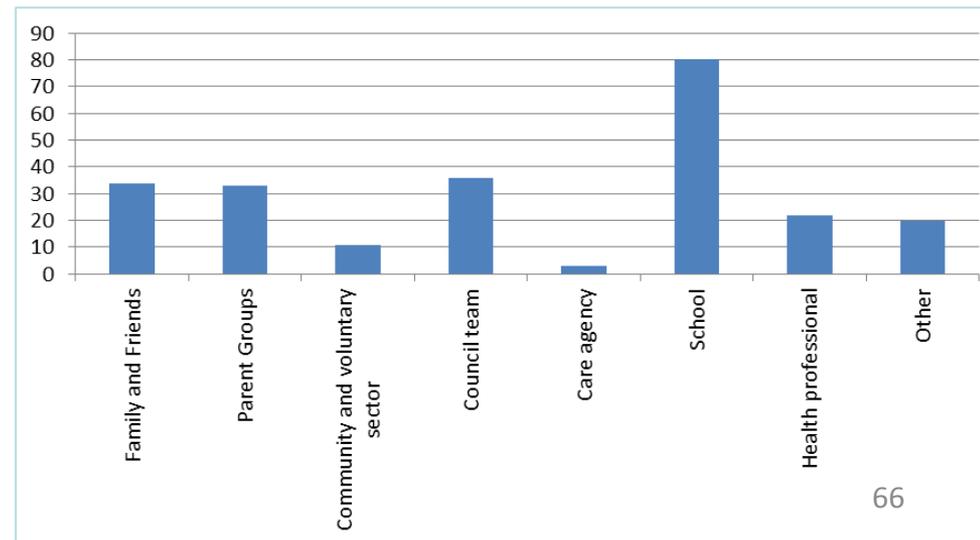
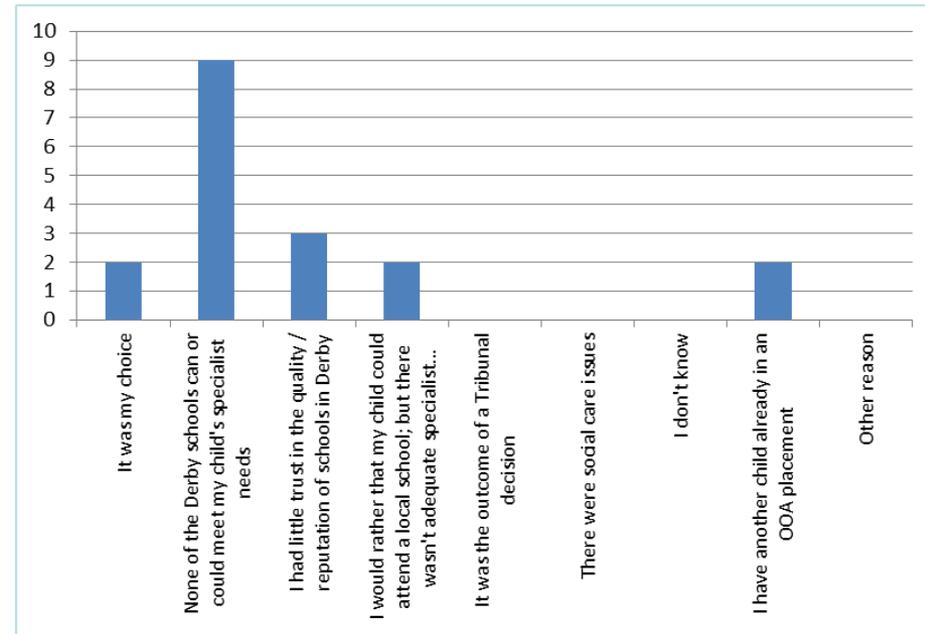
Out of the following list, where do you receive the most information from, in relation to the support on offer to your child?

Response, why is it important:

The responses to this questions clearly indicated that schools are the most trusted and most used source of information and advice.

Opportunity:

Work with schools to help them promote their local offer and services.



Parent Engagement Feedback:

3. Question:

When making decisions about support for your child, who do you listen to the most? (rank top 3)

Response, why is it important:

The responses to this questions clearly indicated that schools are the most trusted and most used source of information and advice.

Opportunity:

Building stronger relationships with schools can act as vehicles to engage parents more.

4. Question:

In terms of the recent (effective from 1st September) changes to national reforms to services for Children with SEN&D / Disabilities, to what extent do you know about them? Understand them? Feel positive about them?

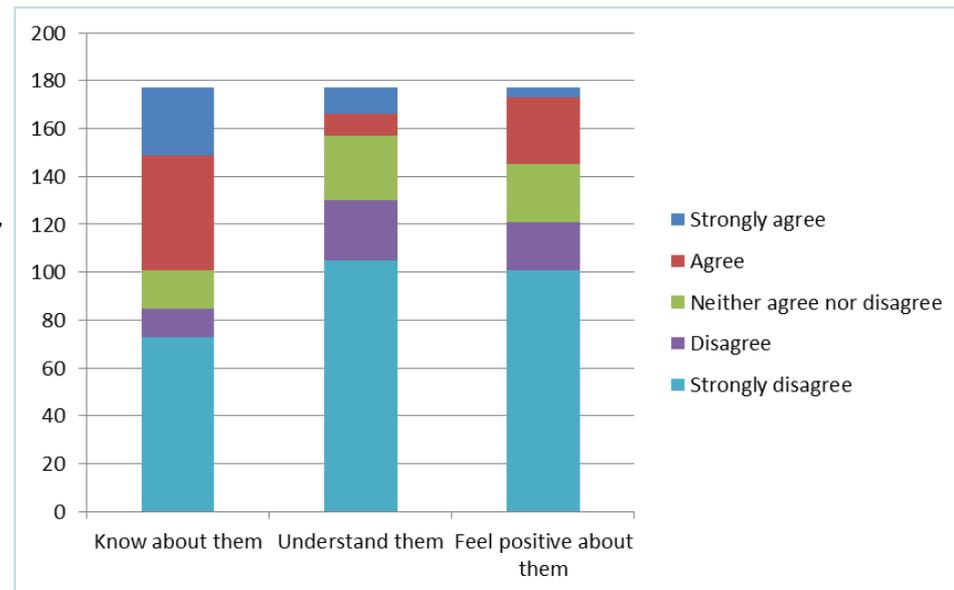
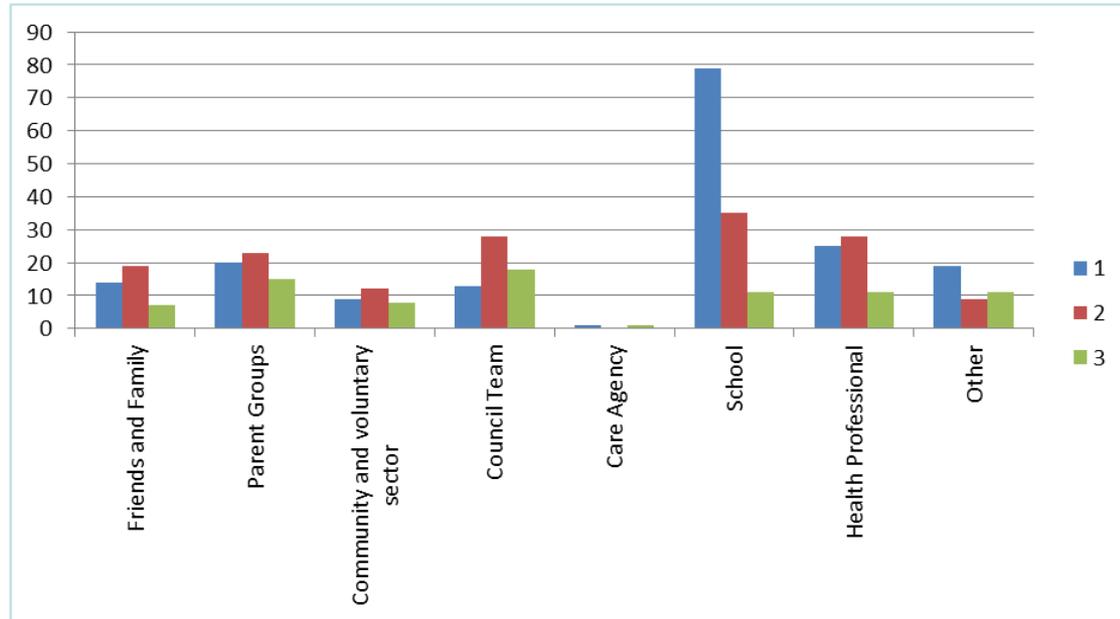
Response, why is it important:

Over half of parents disagreed or strongly disagreed with these statements, indicating that there is a lack of clarity, understanding about and disconnect from the reforms.

Opportunity:

Information needs to be more transparent and accessible to all.

Source: Parent engagement survey (August 2014)



Personal Outcomes Evaluation Tool (POET) Findings – Parents and Carers:

Parents were asked to say why their children needed additional support and what type of support their child received. The graphs in figures 1 & 2 show the main reason children needed support and the types of support being provided.

The responses from parents in Derby were broadly similar to those of parents from other areas of England in terms of the reason their children needed support, parents in Derby were slightly less likely to report their children having a learning disability and slightly more likely to report their children having a physical disability.

Parents from Derby were more likely to report their children had paid support to go out and about and less likely to have paid support for home compared to responses from other local authorities in England.

The POET survey also asked parents how long their child had had an EHCP and whether this was a result of a statement (or learning disability assessment) being converted to an EHCP. Parents in Derby were less likely to report their child having an EHCP for over a year (9%), compared to parents responding from other parts of England (28%), and less likely to report that the EHCP resulted from the conversion of a statement or learning disability assessment (29%) compared to parents responding from other parts of England (64%).

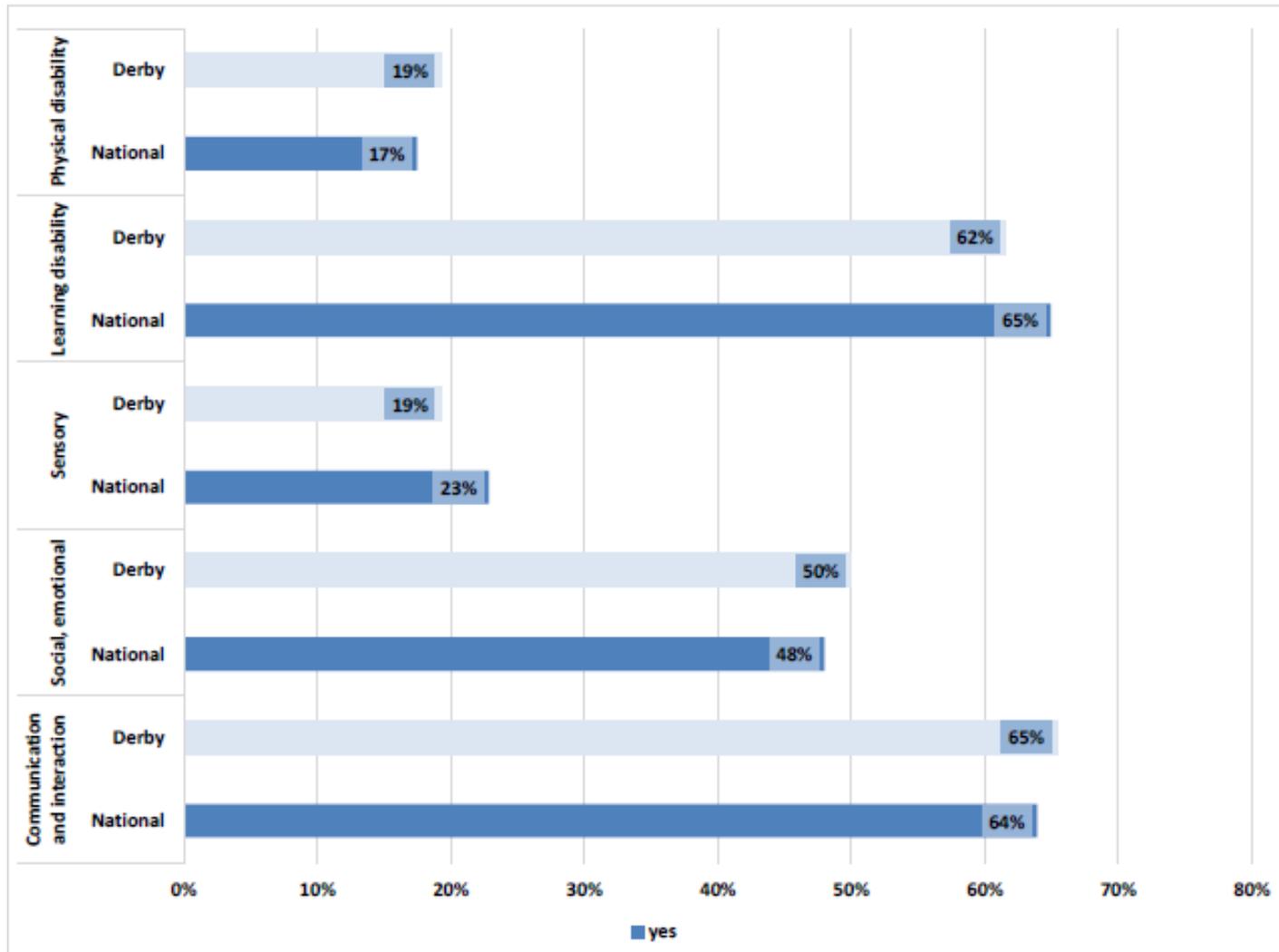
- Parents in Derby were more likely to report the involvement of an Education Specialist (73% compared to 47% nationally) and Health Specialist (65% compared to 42% nationally).
- 68% of parents said their views were included in EHCPs (74% nationally).
- 74% of parents reported the views of their child had been included (60% nationally).
- 39% felt the support their child received had improved their quality of life (58% nationally).

Source: Poet Parent Practitioner report (January 2016)

Personal Outcomes Evaluation Tool (POET) Findings – Parents and Carers :

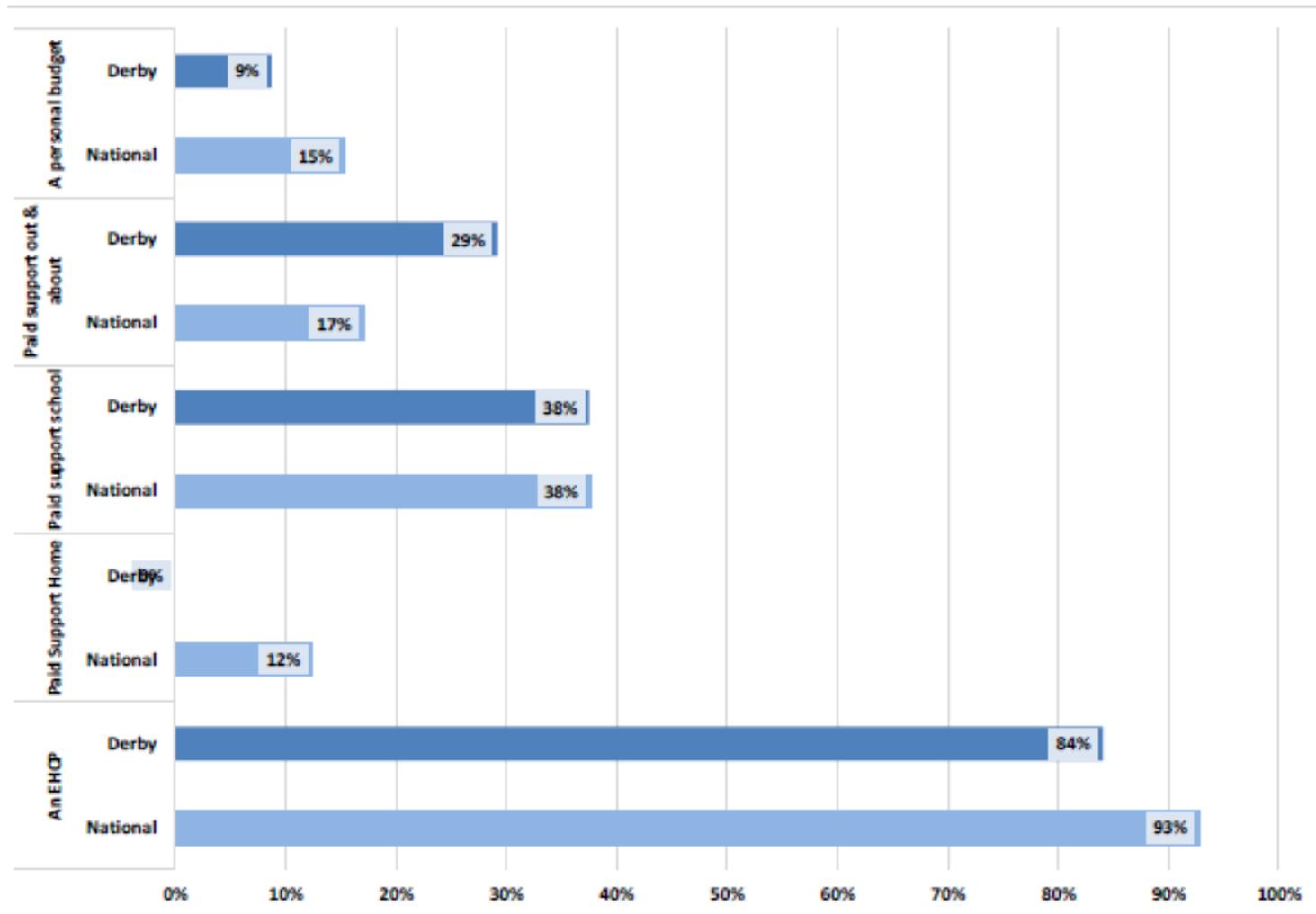
Parents were asked to say why their children needed additional support and what type of support their child received. The graphs in figures 1 & 2 show the main reason children needed support and the types of support being provided. **Source: Poet Parent Practitioner report (January 2016)**

Figure 1 – why do children need support?



Personal Outcomes Evaluation Tool (POET) Findings – Parents and Carers :

Figure 1 – why do children need support?



Personal Outcomes Evaluation Tool (POET) Findings – Parents and Carers :

How did parents experience the Education Health and Care plan process?

The POET survey asked parents to answer several questions about their experience of the Education Health and Care Plan process, including whether they had a personal budget, who was involved in developing the plan and whether they felt their views and the views of their child had been included in the plan. A wide range of professional people were actively involved in the development of the Education Health and Care plans.

What do parents feel about the support their child has received?

The POET survey asked parents to say what they thought about three different aspects of the support their child had received over the past 12 months:

- Choice about support: I could change the support my child gets if I need to.
- Amount of support: my child has the right amount of support
- Quality: my child is supported as an individual with dignity and respect

Well under half of parents from Derby (42% said the quality of support was good or very good compared to just under three quarters of parents from other parts of England (73%). A third of parents from Derby (33%) said the amount of support available to their child was good or very good, compared to just over half of parents from other parts of England (58%). Just under a third (32%) of parents from Derby reported that the degree of choice and control over support was good or very good, compared to under half of parents from other parts of England (46%).

Outcomes for parents:

Parents were asked whether and to what extent the support their child had received over the past year had made a difference to three aspects of their own life.

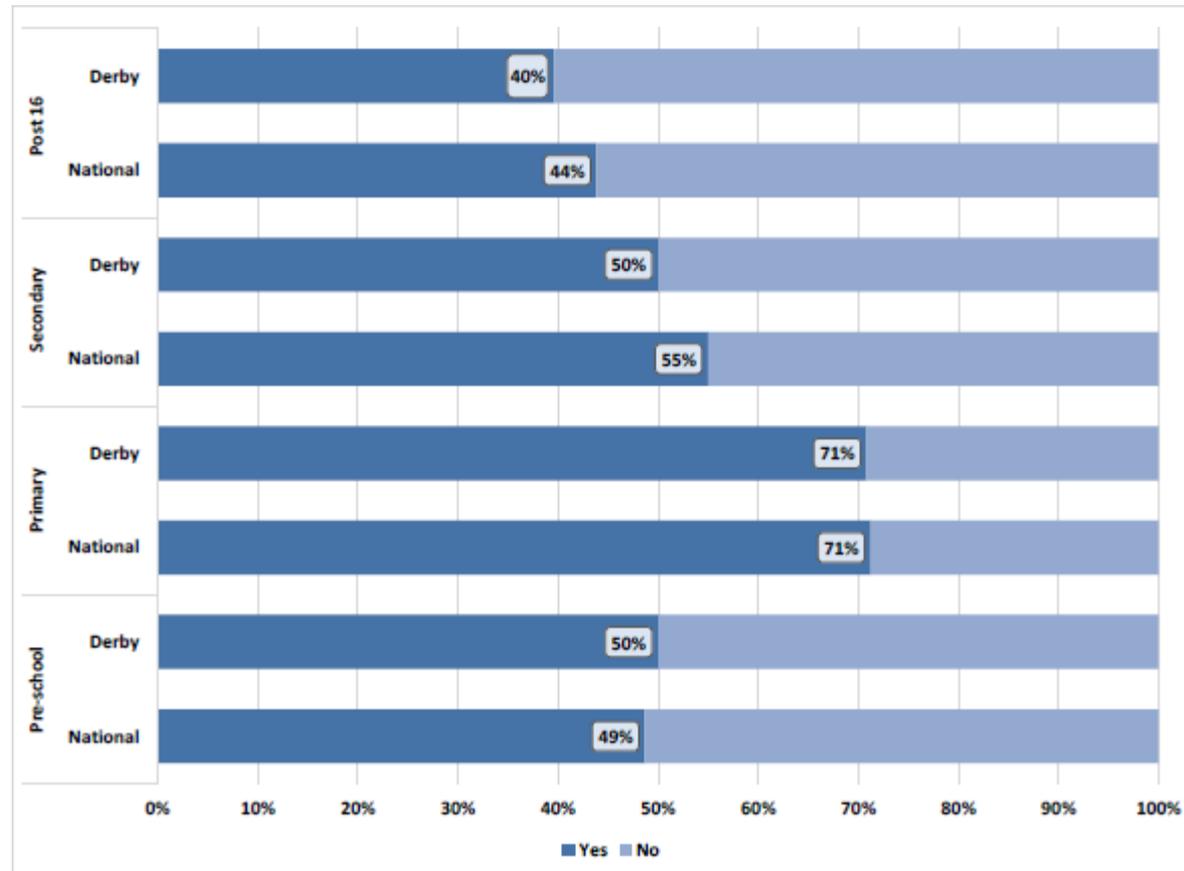
- Your quality of life
- The relationship you have with people who are paid to be involved in the support of your child
- The relation you enjoy with your child

Between one third and a half of parents said that the support their child receives had made things better or a lot better in all three areas. Less than 27% of parents said the support their child had received over the past year had made things worse or a lot worse.

Personal Outcomes Evaluation Tool (POET) Findings - Practitioners:

The POET survey asked practitioners a number of questions about their working role and the children they work with, including the type of school they work in, the reason children who they work with need additional support, the age group they work with and the main focus of their work.

- 77% of practitioners in Derby feel EHCPs had helped them to work with parents/carers (80% nationally).
- 67% felt EHCPs improved their understanding of needs of children in the context of their home, family and school (77% nationally).
- Lower reported outcomes for EHCPs helping to improve involvement in learning (63%), preparing for the future (50%), being as fit and healthy as they can be (22%) and being part of the community (13%).
- Practitioners were asked to say what age group they mainly worked with. The proportion of practitioners working within each age group were broadly similar in Derby and other parts of England. With Derby practitioners being slightly less likely to work in secondary school and in a post 16 setting.
- Just over three quarters of practitioners from Derby (77%) said that Education Health and Care plans had always or mostly helped them work in partnership with parents/carers. More than two thirds of practitioners from Derby said that Education Health and Care Plans had always or mostly helped them in one other area of their work: understanding the needs of children in the context of their home, family and school (67%).



Source: Parent engagement survey (August 2014)

Strengths:

The strengths identified within Derby City SEND provision include:

- **Established governance** in place to drive forward reforms.
- **Expertise across all services and good practice** in special schools and Lighthouse.
- **Good involvement**, relationships and feedback with Parent Carer Forum (PCF) and SENDIASS.
- **Strategic commissioning framework** agreed across health, education and social care.
- **Preparing for adulthood** (PFA) cross partner work.
- Positive feedback on **Local Offer** from users.
- There is a genuine commitment to improving outcomes for children and young people, their families / carers. Communication is improving also.
- There have been clear roles established in some partner agencies (i.e. Health – DMO).
- More capacity has been secured for the assessment process with system improvements being made to facilitate this process.
- Evidence of user voice has been collected through POET.
- There are active parent / carer forums (question on how representative this is) who have been involved in implementation processes.
- There has been positive feedback on the Local Offer, which has been reviewed (further work is required to evidence that this matches needs across the city and is therefore 'fit for purpose').
- Schools SEND Head teacher working group has been established and has a clear vision and work plan.
- There is a vision for transitions to adulthood supported by joint working with Adult Services colleagues (Social Care).



Conclusion – Strengths, challenges and opportunities



Derby City Council

Challenges / Opportunities:

Noted challenges and opportunities to improve practice within Derby City SEND provision include:

- Evidencing **local identification of need** – can we show a joint understanding across the area?
- **Increased demand for service** across many areas.
- **0-25 Vision and Inclusion Strategy** signed up by all partners.
- **Person centred, efficient and quality assured assessment process.**
- Regular **engagement with disabled children and young people** – showing feedback loop.
- **Different roles and responsibilities** pre and post 16.
- Breaking down **cultural barriers** between partners / different ways of working.
- **Raised expectations of parents/ carers.**
- Developing approach to **personalisation.**
- Evidencing Local Offer and interventions are **addressing local needs** and improving outcomes.



Recommendations – Evidence of what works and policy drivers



Derby City Council

Evidence of what works and policy drivers:

The involvement of children and young people and their families in the planning and commissioning of services is key and the value of participation, alongside ensuring evidence informed approaches, should not be underestimated:

“Effective participation should lead to a better fit between families’ needs and the services provided, higher satisfaction with services, reduced costs (as long-term benefits emerge) and better value for money. “

Source: Special Educational needs and Disability Code of Practice P11

Next Steps:

- Create consolidated **SEND vision for 0-25**.
- Consistent **understanding and identification of need**.
- Gather **evidence** and **better understand wider outcomes for children and young people** (for example, health and well-being, social care, leisure, employment, community involvement etc).
- Respond to POET and develop **user voice**.
- Draft SEND inspection **self-assessment**.
- Establish wider **improvement plan** with quick wins and longer term areas for development.
- **Communicate** with key stakeholders.

Intended Outcomes:

- Needs of SEND population widely understood and identified.
- Alignment of pre and post 16 assessment Pathways.
- Improved communication across and between agencies.
- Voice of families embedded at individual/service/strategic level.
- Early Help/preventative models support reduction in need for EHC Plans- schools, settings and colleges implement an effective SEN Support model, built upon family voice and access to inclusive approaches.
- Personalisation including PBs is developed across the City workforce to better support the 24/7 lives of families

Recommendations

What are the top issues/priorities from the needs assessment or analysis and what are we going to do as a result:

All recommendations are based on thorough evaluation of local and national evidence and guidelines in order to inform commissioning of SEND services .

1. Commissioning:

Considerations when developing commissioning for children with disabilities include:

- Aim to prevent or mitigate risk factors identified to reduce numbers of children and young people with disabilities.
- Demand management - anticipate the possible impact of increasing numbers of children and young people.
- Develop services to meet any unmet need.
- Improve effectiveness of commissioning and service provision by joint commissioning in a number of areas, such as early intervention.

2. Workforce development in the pre-EHC Pathway:

- Developing and commissioning schools and colleges to lead e.g. on embedding person-centred practice within SEN Support and EHC Pathway models
- Work with schools through the Inclusion Strategy to develop earlier non-statutory SEN Support Plans
- Consider health navigator model to promote the role of health within assessment processes

3. Engagement:

- Integration of the voice of families at the individual/service/strategic levels
- Focus upon the views of CYP and parents/carers, harnessing the VCS (Umbrella) PCF and potentially developing young people as Ambassadors/ IASS officers

Recommendations

What are the top issues/priorities from the needs assessment or analysis and what are we going to do as a result:

4. Personalisation as a strategic priority:

- Develop Person-centred workforce training across all agencies - HSA or MAPs etc approaches
- Develop Personal Budgets within assessment functions to promote personalisation – In Control models

5. Preparing for Adulthood – Care Act link to Children & Families Act:

- Develop a post-16 Pathway with Preparing for Adulthood in the region- offer of support from SEND Hub free of charge
- Consider using Planning Live to develop pathways for post-16s/link to PFA regarding employment/internships/traineeships for ‘older’ young people

6. Communications:

- Building upon emerging social media use and developing electronic plans- such as the Wiki/Iplanit/ES app

7. JSNA:

- Ensure this assessment is included in the wider Joint Strategic Needs Assessment and considered by the Derby City Health and Wellbeing Board and Children, Family and Learners Board.



Appendix



Derby City Council

Appendix 1

Geography and socio-demography: - ward data

	SEND Stage A		SEND Stage P		SEND Stage S		SEND Stage K		SEND Stage E		No SEND	
Ward	Number of pupils in ward	% of ward	Number of pupils in ward	% of ward	Number of pupils in ward	% of ward	Number of pupils in ward	% of ward	Number of pupils in ward	% of ward	Number of pupils in ward	% of ward
Abbey	37	2%	17	0.9	45	2.4	233	12.5	1	0.1	1,526	82.1
Allestree	40	2.5%	36	2.2	28	1.7	109	6.7	1	0.1	1,410	86.8
Alvaston	86	3.3%	39	1.5	75	2.9	267	10.2	5	0.2	2,156	82.0
Arboretum	223	6.3%	55	1.5	80	2.3	333	9.4	6	0.2	2,857	80.4
Blagreaves	48	2.6%	33	1.8	44	2.4	167	9.0	3	0.2	1,563	84.1
Boulton	44	1.8	23	1.0	75	3.1	255	10.7	1	0.0	1,986	83.3
Chaddesden	4	0.2	7	0.3	47	2.2	371	17.6	4	0.2	1,670	79.4
Chellaston	1	0.0	4	0.2	47	1.8	221	8.6	5	0.2	2,305	89.2
Darley	34	2.6	15	1.1	21	1.6	115	8.7	4	0.3	1,126	85.6
Derwent	24	0.9	19	0.7	86	3.1	394	14.3	10	0.4	2,227	80.7
Littleover	10	0.4	13	0.5	38	1.5	181	7.2	6	0.2	2,278	90.2
Mackworth	29	1.6	13	0.7	54	2.9	301	16.2	4	0.2	1,456	78.4
Mickleover	15	1.0	16	1.1	49	3.3	115	7.7	2	0.1	1,295	86.8
Normanton	287	7.4	76	2.0	78	2.0	456	11.7	5	0.1	2,995	76.9
Oakwood	6	0.4	8	0.5	37	2.4	167	10.6	4	0.3	1,350	85.9
Sinfin	62	1.8	22	0.6	114	3.3	417	12.2	6	0.2	2,794	81.8
Spondon	1	0.1	2	0.1	48	3.0	244	15.2	2	0.1	1,309	81.5
Derby ward total	951	2.4	398	1.0	966	2.5	4,346	11.1	69	0.2	32,303	82.8



Supporting Information



Derby City Council

National Context

The World Health Organization (WHO) estimates that 15 out of 100 people in the world have a disability, and between two and four people in 100 will have a severe disability.

- **15.4%** of pupils in schools in England have identified special educational needs (equating to 1,301,445 pupils). This has been decreasing since 2010 (21.1%) and is a fall of 2.5 percentage points since last year. This decrease is due to a decrease in SEN without a statement or Education, Health and Care (EHC) plan.
- **2.8%** of pupils in schools in England have statements of SEN or an EHC plan (equating to 236,165 pupils). This has remained at 2.8% since 2007.
- **23.8%** of pupils with a primary need were recorded as having 'Moderate Learning Difficulty' as their primary need – the most common primary need.

Source: DfE Special educational needs in England: January 2015 - SFR 25/2015

National Profile:

The number of pupils with SEN has declined since 2010 and there was a steeper drop in 2015

There has been a decline in the proportion with SEN since 2010 when 21.1% of pupils had SEN. In January 2015 there was a steeper drop and the number of pupils with SEN decreased from 1.49 million pupils (17.9%) in January 2014 to 1.30 million pupils (15.4%) in January 2015.

This has occurred because the number of children with SEN without statements/ EHC plans has declined which may be due to more accurate identification of those with SEN following implementation of the SEND reforms.

Proportion of children with a statement of SEN/ EHC plan has remained at 2.8% since 2007

The proportion of pupils with a statement/ EHC plan has remained at 2.8% since 2007. In 2015 there was an increase from 2014 of 3,975 in the number of pupils with a statement/ EHC plan to 236,165.

Number of pupils with SEN without a statement/ EHC plan (SEN support) has fallen since 2010

After an increase between 2007 and 2010, the percentage of pupils with SEN without statements/ EHC plans has fallen for the fifth year in a row, from 18.3% in 2010 to 12.6% in 2015.

The decline since 2010 in the number of children with SEN could be as the result of more accurate identification of those children who have SEN and those who do not. This may have been as a consequence of the 2010 Ofsted Special Educational Needs and Disability review which found that a quarter of all children identified with SEN, and half of the children at School Action, did not have SEN.

It is possible that the implementation of the SEND reforms in September 2014 has also led to more accurate identification which has led to the steep decline in the number with SEN in January 2015.

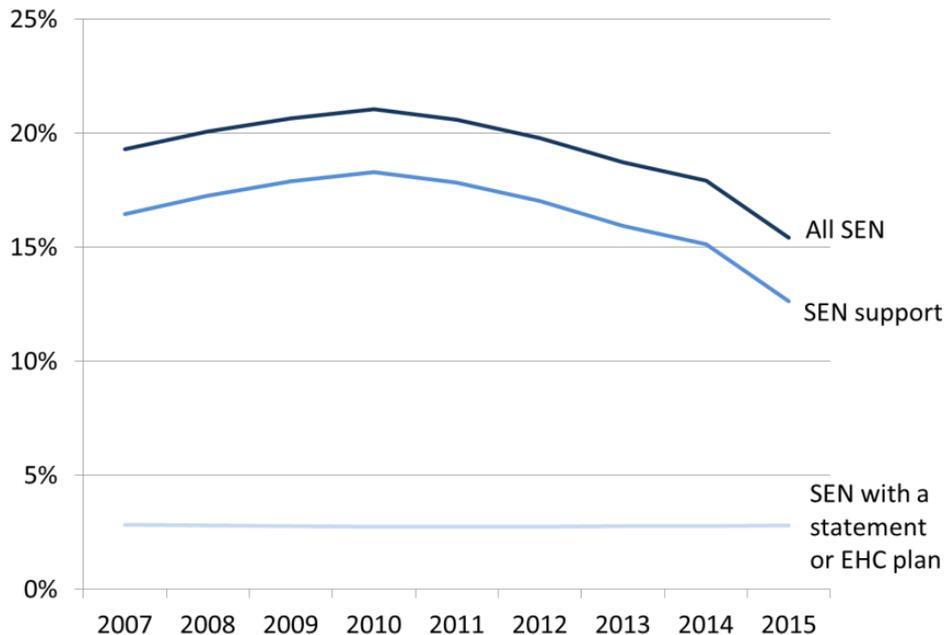
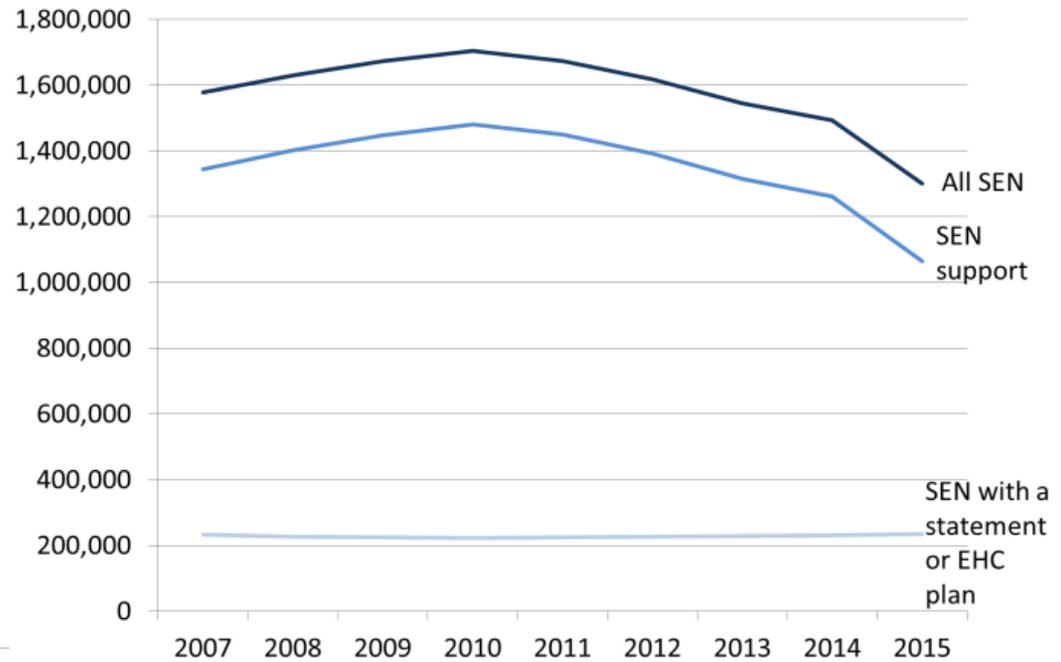
National Context

National Profile:

Number and percentage of pupils with SEN in all schools in England, 2007-2015.

Proportion of pupils with SEN without a statement/ EHC plan falls which may be due to more accurate identification of those with SEN following implementation of the SEND reforms whilst those with a statement or EHC plan shows no change.

Source: DfE Special educational needs in England: January 2015 - SFR 25/2015



The World Health Organization (WHO) estimates that 15 out of 100 people in the world have a disability, and between two and four people in 100 will have a severe disability.

The number of disabled children in England is estimated by the Thomas Coram Research Unit (TCRU) to be between 288,000 and 513,000. The mean percentage of disabled children in English local authorities has likewise been estimated to be between 3.0 and 5.4%.

Ofsted stated in September 2010 that just over one in five pupils (1.7 million school-age children in England) are identified as having special educational needs.

Determinants of Health:

There are a number of factors which may be regarded as having an important impact in determining the overall health of children and young people and the prevalence of disability and/or special educational needs.

Age: There is a lower prevalence of disability in younger children which is likely to be due, in part to the later manifestation of a range of conditions, some conditions becoming more activity limiting as the child gets older*, and the high reliance on school Special Educational Needs (SEN) data which may miss children of preschool age.**

Source: *Blackburn, C.M., Spencer, N.J., and Read, J.M. (2010) Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey *BMC Paediatrics* 2010, 10:21

**Department for Children, Schools and Families (2008) *Transition: moving on well. A good practice*

National data suggests that younger children are more likely than older children to have speech, language and communication needs as their primary type of special educational need than older children. Older children between the ages of 11 and 15 years are more likely than younger children to have specific and moderate learning difficulties and behavioural, emotional and social difficulties. The percentage of pupils at primary schools with special educational needs with and without statements has been increasing steadily in each year group, while at secondary schools there has been a decrease in pupils with SEN without statements in each year group up to the age of 15. The percentage of pupils with statements remains approximately 2% across all ages.

Source: National Audit Office (Nov 2011) *Oversight of special education for young people aged 16-25*

Gender: Most surveys show that proportionately more boys than girls have long-standing illness or disability.²⁵ Of the 10.6 million children with long term health problems or disabilities in England and Wales in 2011, 51% are boys and 49% girls.²⁶ In January 2013, boys (2%) were two and a half times more likely than girls (0.8%) to have statements of SEN at state-funded primary schools and were nearly three times (2.8%) more likely than girls (1%) to have statements at state-funded secondary schools. There were also more boys than girls with special educational needs without statements in January 2013. Just under 21% of boys at primary schools and 21% at secondary schools were at School Action and School Action Plus compared to just over 11% of girls at primary schools and 13% at secondary schools.

Source: Department for Education (July 2013) *Special Educational Needs in England January 2013: Statistical first release*

Determinants of Health:

Ethnicity: Nationally the percentages of disabled children by ethnic group fairly closely mirrors the percentages of children aged under 17 years by ethnic group in the population. However research suggests that there is a slightly lower percentage of White disabled children than might be expected, and a higher percentage of minority ethnic groups.

Source: Thomas Coram Research Unit (2008) Disabled Children: Numbers, Characteristics and Local Service Provision, Department for Children, Schools and Families. Thomas Coram Research Unit, Research Report DCSF-RR042

According to the school SEN returns in January 2013, Black pupils were most likely and Chinese pupils least likely to have SEN, compared with pupils of other ethnic groups.

Source: Department for Education (July 2013) Special Educational Needs in England January 2013: Statistical first release

Research suggests that some BME groups experience a disproportionately higher or lower rate of certain impairments, which may or may not be related to ethnicity. Poverty and social disadvantage appear to have a greater influence on the prevalence and impact of disability than ethnicity.

Source: Lombard, D. (2009) Meeting the Specific Needs of Children with Disabilities. CommunityCare.co.uk.

Travellers of Irish heritage and Gypsy/Roma ethnicities have the greatest percentage of pupils with SEN, however due to the small numbers of these groups recorded these figures must be interpreted with caution.

Source: Department for Education (July 2013) Special Educational Needs in England January 2013: Statistical first release

Wider determinants:

The **SEND and Disability Code of Practice** provides guidance to Local Authorities, Health Organisations, maintained schools, early education settings and others on carrying out their statutory duties to identify, assess and make provision for children's special educational needs. Children with disabilities may well require an Education Health and Care Plan (EHC) to ensure that appropriate support is available to access learning and education and thus ensure children and young people achieve their potential.

Research from Department for Education (DfE) outlines a number of barriers and circumstances that make disabled children and their families particularly vulnerable, these include:

- Disabled children and young people currently face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcomes their peers expect and to succeed in school
- 29% of disabled children nationally live in poverty
- The educational attainment of disabled children is unacceptably lower than that of non-disabled children
- Disabled young people aged 16-24 are less satisfied with their lives than their peers and there is a tendency for support to fall away at key points as young people move into adult services
- Families with disabled children report particularly high levels of unmet needs, isolation and distress
- Only 4% of disabled children nationally are supported by Children's Social Care services
- The prevalence of severe disability is increasing.
- Pupils with SEN are much more likely to be eligible for free school meals - Pupils with SEN are more than twice as likely to be eligible for free school meals than those without SEN (28.2% compared to 12.8%).
- Black pupils, Gypsy/Roma & Travellers of Irish heritage have seen the largest drop in rates of SEN support - Between January 2014 and January 2015 the percentage of Black pupils with SEN support fell by 4.0 percentage points compared to the overall decline of 3.0 percentage points. (The smaller groups of Travellers of Irish heritage saw a fall of 9.1 percentage points and Gypsy / Roma fell by 6.4 percentage points).
- SEN remains more prevalent in boys
- Older age groups are more likely to have statement of SEN/ EHC plan
- Likelihood of having SEN support peaks around age 9 and 10

National Context

Type of Special Educational Need and Disability:

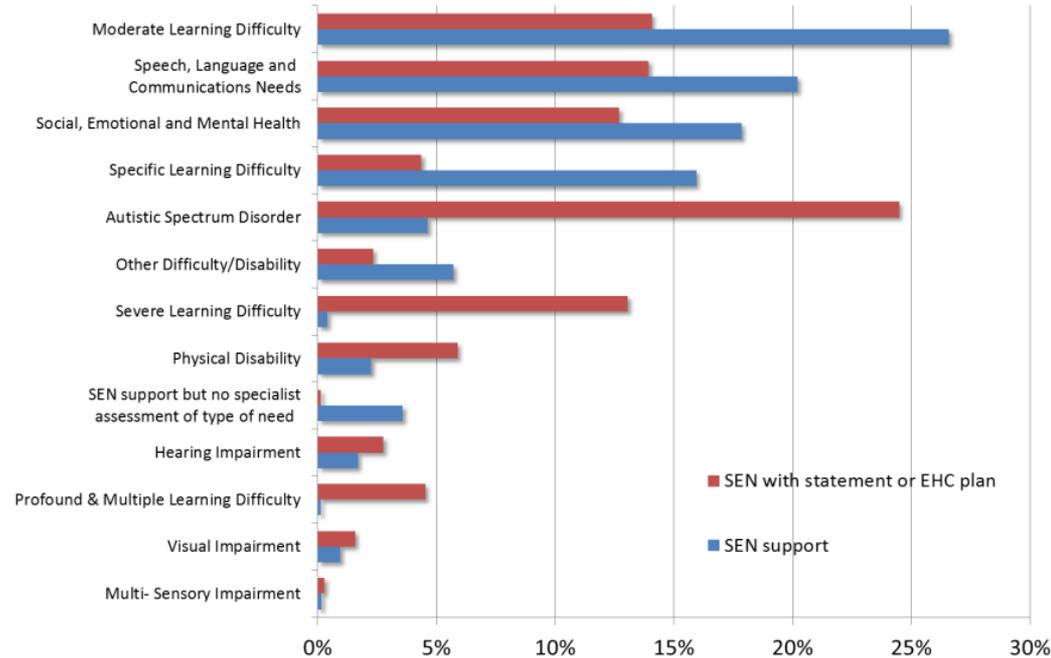
2015 school census data indicates that in state-funded primary schools the most frequent type of primary need was (23.8%) Moderate Learning, 24.5% of pupils with a statement or EHC plan in January 2015 had their primary need recorded as this type.

Primary need is collected for those pupils on SEN support or with a statement of SEN/ EHC plan.

The coverage for 2015 is different to previous years – pupils who were formerly School Action but have transferred to SEN support are now required to provide a type of need.

Physical disability (PD)

A child or young person is considered to have a physical disability if they have a physical or mental impairment that has a significant or adverse effect on their day-to-day activities. Physical disability therefore covers a number of medical conditions including, for example: cerebral palsy, spina bifida, muscular dystrophy, and can include associated sensory impairments, neurological problems or learning difficulties. A medical diagnosis does not mean that the child or young person has SEN if they are able to access the curriculum and learn effectively without additional educational Provision.



Source: Department for Education and Skills (2005) Data Collection by Type of Special Educational Need

The Thomas Coram Research Unit (TCRU) estimates that the mean percentage of disabled children in English local authorities is between 3% and 5.4%.³⁴ The complexity of disability for some children can cause difficulty in multiple aspects of daily living, including: mobility; lifting and carrying; manual dexterity; continence; communication; memory, concentration and learning; recognising physical danger; and physical coordination. Analysis of the Family Resources Survey (2010) found that one third of disabled children (as defined by the Disability Discrimination Act) experience difficulties in two to four aspects of daily living.

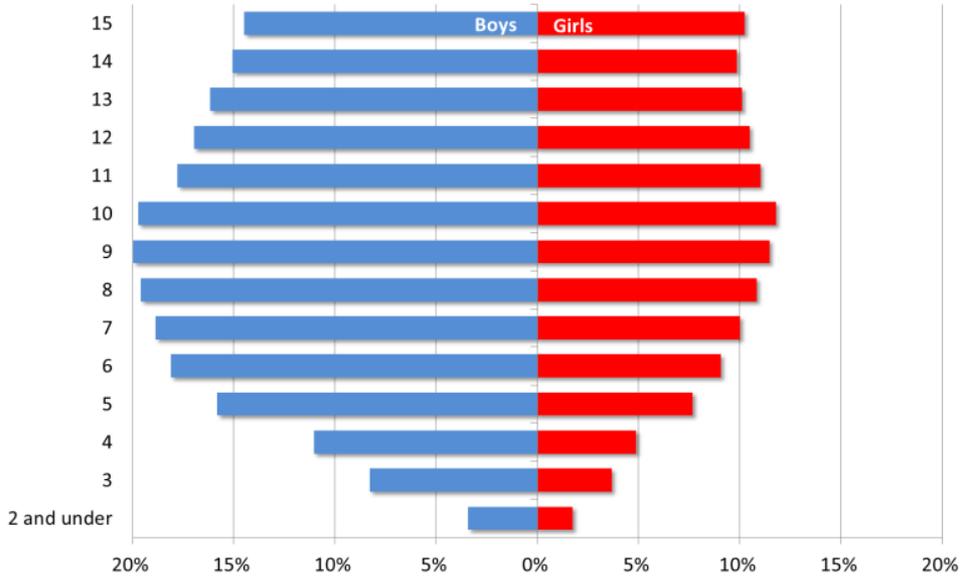
Source: Blackburn, C.M., Spencer, N.J., and Read, J.M. (2010) Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey BMC Paediatrics 2010, 10:21

National Context

Proportion with SEN by age and gender in state-funded primary, state-funded secondary and special schools, January 2015:

Statements are more prevalent in older age groups and SEN more prevalent in boys.

SEN support



SEN with a statement/ EHC plan

